The Governor's Comprehensive Strategy for Youth Substance Abuse Prevention

Presented by

The Governor's Council on Substance Abuse Prevention

A Message From the Governor

Earlier this year, I announced the formation of the Governor's Cooperative Agreement for Prevention, or G-CAP. This initiative grew out of the State Incentive Grant that the U.S. Center for Substance Abuse Prevention/Substance Abuse and Mental Health Services Administration (CSAP/SAMHSA) awarded to the Governor's Office in the fall of 2000. This three-year, $9 million grant, intended to reduce substance abuse among young people ages 12 to 17, is administered through the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS).

Just as I have made positive early-childhood development and readiness for school the focus of my First Steps initiative, I want G-CAP to be the starting point of a youth-development initiative emphasizing readiness for responsible living, productive work and good citizenship.

Therefore, I am directing my cabinet agencies and the community initiatives selected for participation in G-CAP to use this comprehensive prevention strategy to create youth-development and risk-prevention partnerships that engage all potential contributors to the success of youth. Specifically, these partnerships should develop the capacity to engage families, schools, community organizations, law enforcement, faith communities, healthcare providers, businesses, local government, the media and, most of all, young people themselves. Although South Carolina has a good track record of success in this area in the past, G-CAP will allow us to become more focused in our efforts to implement more effective strategies.

We begin with substance abuse because we know that the use of alcohol, tobacco and other drugs is linked to the types of behaviors we hope to discourage in our young people. Furthermore, I am asking the G-CAP communities and their partners to address the risk factors that are the root causes of adolescent risk behaviors, especially of substance abuse, violence, early sexual activity, delinquency, school failure, depression and suicide. Only through inclusive, community-wide partnerships can families, faith organizations, educators, youth workers and others be engaged in effective promotion of positive youth development and prevention of risk behaviors. If broad community partnerships energetically address the risk and protective factors that influence youth risk behaviors, then substance abuse will decline substantially along with violence, delinquency, sex and emotional problems.

I urge you to participate to the fullest extent in G-CAP to ensure positive youth development and prevention of substance abuse among our children. I will encourage private agencies and organizations to support the program and collaborate with us as well. The Governor's Council on Substance Abuse Prevention *(see Appendix 1)* will lead our efforts, and I thank them for their dedication to this important cause. I know that with youth and adults working together, we will create lasting solutions for a better South Carolina.

Governor Jim Hodges
November 2001

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Introduction

Building on a strong foundation...

South Carolina has a rich history of efforts focused on the prevention of alcohol, tobacco and other drug (ATOD) abuse. Since 1957, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) and its predecessors have worked steadily to fund, implement and evaluate prevention technology in this state, always enhancing their approaches as new research evidence emerged. DAODAS and the state's system of county alcohol and drug abuse authorities have a history of groundbreaking efforts supported by funding from the U.S. Center for Substance Abuse Prevention/Substance Abuse and Mental Health Services Administration (CSAP/SAMHSA), the Robert Wood Johnson Foundation and the federal Office of Juvenile Justice and Delinquency Prevention. In addition, the Governor's Office has successfully directed a portion of Drug-Free Schools and Communities Act funding through this system for a number of years. All services have been strengthened by the lessons learned in the prevention field.

For decades, the South Carolina Department of Education, the South Carolina Department of Public Safety and the South Carolina Department of Health and Environmental Control have also been involved in ATOD prevention, particularly among young people. These and other agencies and organizations have worked at the state and community levels to prevent ATOD-related problems.

Professional-development opportunities for those who work in the field of prevention have grown, and there is now a nationally affiliated state certification process for prevention professionals. Discussions among those who work in the fields of ATOD prevention, education, juvenile justice, health and law enforcement have begun to center on the recognition of shared prevention risk and protective factors.

While efforts have been persistent, funding sources, education on evidence-based prevention strategies and cooperative ventures have posed consistent challenges. Many of these challenges were limitations on funding sources that precluded collaboration, and as a result, there was no central point of connection for prevention efforts.

We have an opportunity...

The Governor's Cooperative Agreement for Prevention (G-CAP) provides an opportunity for South Carolina to become more effective in prevention efforts while ensuring the prudent use of available funding. In the fall of 2000, CSAP/SAMHSA entered into a cooperative agreement with Governor Jim Hodges and the state of South Carolina to reduce substance abuse among young people ages 12 to 17. DAODAS, one of the Governor's cabinet agencies, was designated by Governor Hodges to coordinate the venture.

As a result, the Governor's Council on Substance Abuse Prevention was created in January 2001. This body is composed of state agencies mandated to deliver substance abuse prevention funding or services and non-governmental agencies representing the age,

gender, racial/ethnic and cultural diversity of South Carolina's population *(see Appendix 1)*. With leadership from Rick C. Wade, director of DAODAS, the council will leverage and/or redirect, as appropriate, substance abuse prevention resources directed at communities, schools, families and workplaces; and will work to achieve a reduction in the use of marijuana, alcohol, tobacco and other illicit drugs by youth ages 12 to 17. In addition, representatives of the member agencies and organizations were also asked to develop the statewide comprehensive prevention strategy that is outlined in this document, which is intended for the leaders of public and private agencies and organizations in South Carolina, legislators, community planners and anyone with an interest in the prevention of high-risk behaviors among youth ages 12 to 17.

DAODAS provides project management for the Governor's council through a partnership with the Pacific Institute for Research and Evaluation (PIRE), which will deliver technical assistance, training and evaluation.

Council work groups have been assigned the following tasks:

- assessing current funding and resources;
- identifying needs;
- developing a comprehensive strategy for youth substance abuse prevention; and
- developing a process to request, review and recommend funding for competitive awards to community coalitions to: (1) develop a community prevention strategy; (2) link community systems; and (3) implement evidence-based community prevention projects focused on youth ages 12 to 17.

Products of the work groups are forwarded through the Prevention Steering Committee to the Governor's council for approval.

Why do we need a strategy?

Problems resulting from underage use of alcohol, tobacco and other drugs are serious and not to be lightly dismissed as an "unchangeable" fact of life. Other high-risk behaviors, such as teenage sexual activity (and pregnancy), school dropout, delinquency and violence, share common risk and protective factors with ATOD use. These problems affect all of our children, regardless of circumstances. Youth ages 12 to 17 are at highest risk.

This strategy provides a guide for South Carolina in working to prevent high-risk behaviors among young people. While the focus of this multi-million dollar effort is on underage use of alcohol, tobacco and other drugs, the overall picture is more complex. The good news is that many of the "risk factors" that contribute to ATOD use, as well as the "protective factors" that help guard against ATOD use, are the same as for other high-risk behaviors. By focusing on the most salient risk and protective factors and using prevention methods that have been proven to be effective, we can make a difference. This document is the result of months of shared research and exchange of ideas to determine the best and most effective direction for prevention for our state and communities. The concepts and approaches recommended herein have worked in other states and communities. By actively partnering together, we can make South Carolina communities safer for our young people.

Why begin with alcohol, tobacco and other drugs?

The overall purpose of the Governor's Comprehensive Strategy for Youth Substance Abuse Prevention is to address all high-risk behaviors among youth ages 12 to 17. While recognizing the fact that a more universal approach is the long-range goal of G-CAP, CSAP/SAMHSA has directed that the project initially focus on alcohol, tobacco and other drugs, leading to the establishment of the following four goals for G-CAP:

- Intentionally Linked System: G-CAP will coordinate and redirect, as appropriate, those prevention resources within South Carolina that are directed at communities, families, schools and workplaces to reduce the use of alcohol, tobacco and other drugs and other high-risk behaviors by youth.
- Comprehensive Prevention Strategy: G-CAP will develop a comprehensive statewide strategy aimed at reducing ATOD use and other high-risk behaviors among South Carolina youth ages 12 to 17 by implementing effective community-based prevention efforts that are derived from sound scientific research findings.
- Reduction in Use: G-CAP will seek to reduce ATOD use among 12- to 17-year-olds by funding evidence-based programs in selected communities. Long-range goals also include a reduction of other high-risk behaviors in this age group.
- Awareness and Support of Prevention: G-CAP will promote awareness of effective evidence-based prevention programs and increase the involvement of youth and adults in prevention.

We don't do it that way around here...

Most of the time, we find that communities have their own ways of doing things. Each community is unique, and that quality is valued. Only when one lives in a community can one really know the "ins and outs" of that community.

Agencies and organizations themselves have unique cultures. It is important to preserve unique qualities while finding new ways for systems to work together. As Albert Einstein said, "The height of insanity is doing the same thing over and over again and expecting different results." But the time has come to identify ways to obtain those "different results."

While finding new ways to collaborate, we must focus on "what works best." Not all approaches are equal in effectiveness. An old German proverb says, "To change, and to change for the better, are two different things." Research in the past decade has provided a number of proven strategies that should be ranked according to their level of effectiveness. The strategy for South Carolina incorporates these basic concepts:

- a new type of collaboration among state-level systems;
- a new type of collaboration among community-level systems;
- a comprehensive approach to using proven strategies; and

- an increased awareness and involvement of diverse groups of people, including youth, in prevention planning and implementation.

Here's the bottom line...

Working together to use the most effective approaches to prevention makes sense. However, there must be a change in the way existing systems operate for this approach to work. This plan for change includes systems at the state and community levels. It includes public and private entities. It includes directors of state agencies and community volunteers. It includes young people, and it includes grandparents. It includes boards that make policy and parents who make house rules. This plan offers an opportunity for South Carolina to focus widespread efforts in a coordinated direction.

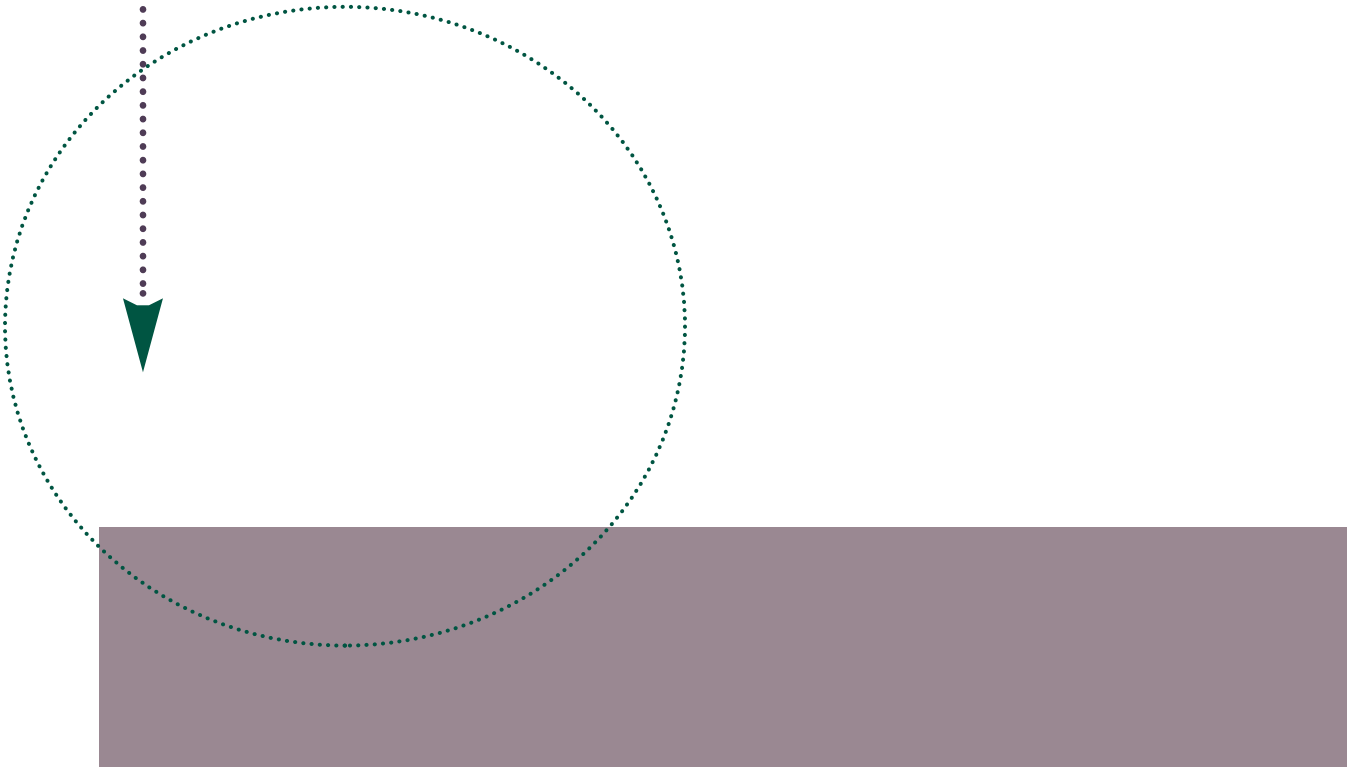
The Governor's council recognizes that clarifying the terms "substance abuse prevention" and "community capacity" is critical to avoiding confusion. Hence, the council defines these terms as follows:

Definition of substance abuse prevention

Substance abuse prevention is the use of evidence-based approaches to create or enhance environmental conditions within communities, families, schools and workplaces that protect individuals from substance abuse and that help them develop personal decision-making skills to reduce the risk of ATOD-related problems.

Definition of community capacity

G-CAP is committed to developing within communities throughout the state the capacity to conduct meaningful needs assessments; select evidence-based prevention programs based on needs; and implement and evaluate these programs by using the Governor's Comprehensive Strategy for Youth Substance Abuse Prevention.



Governor's Comprehensive Strategy for Youth Substance Abuse Prevention

The Governor's Comprehensive Strategy for Youth Substance Abuse Prevention is based on the four purposes of the Governor's Cooperative Agreement for Prevention (G-CAP):

- intentionally linked systems;
- comprehensive prevention strategy;
- reduction in alcohol, tobacco and other drug (ATOD) use and other high-risk behaviors among youth ages 12 to 17 in targeted communities; and
- increased awareness and support of prevention.

The Governor's Comprehensive Strategy is the result of numerous meetings of members of the Governor's Council on Substance Abuse Prevention to explore strategies to achieve these purposes. It is a beginning point, and the council is committed to perfecting its capacity to select, implement and evaluate effective substance abuse prevention programs and related efforts targeting our state's young people.

Strategies

The following sections represent the first set of strategies developed by the council to address youth prevention efforts in the state. The six areas addressed should represent the key starting points as identified by the council. Each contains the following summary:

- **The Mark** – The goal for prevention efforts targeting youth in the state
- **The Players** – The entities most affected by the recommended strategies
- **The Leaders** – Those entities encouraged by the Governor to take a leading role in the education, support and implementation of the strategy

Following the summary, additional information is provided about the strategy and selected milestones, along with more detailed background information.

If state and community organizations across the state adopt and implement the following six strategies, the resulting widespread efforts in a coordinated direction will foster healthy, safe and productive youth, families and communities in South Carolina.

The Six Strategies

Use a Common Risk- and Protective-Factor Framework

Use Evidence-Based Prevention

Blend Individual and Environmental Approaches

Coordinate Approaches at the State and Community Levels

Use a Logic Model

Promote the Universality of Prevention

How do we know these strategies will have an impact? Research and experience show that successful substance abuse prevention efforts involve the elements reflected in these strategies. A solid framework, good planning and coordination of resources are all keys to providing a comprehensive approach based on research and experience in the prevention field. Finally, making changes in the operation of key systems that provide prevention services at the state and community levels is critical to the long-term sustainability of these services in South Carolina. Each agency and organization involved in substance abuse prevention is encouraged to explore how these six strategies can affect relevant policy and practice.

1

Use a common risk- and protective-factor framework

The Mark To adopt and use a common risk- and protective-factor framework for the planning, implementation and evaluation of prevention initiatives in South Carolina

The Players Public and private entities (state, county, community) that fund and/or promote the prevention of substance abuse and/or other high-risk behaviors among youth

The Leaders Agency members of the Governor's Council on Substance Abuse Prevention and G-CAP community awardees

Strategy

*Seek the adoption and use of a **common risk- and protective-factor framework** for the planning, implementation and evaluation of prevention by public and private entities that fund and promote the prevention of substance abuse and/or other high-risk behaviors among youth*

Activities:

- Educate decision-makers about the most powerful risk and protective factors for ATOD use and other high-risk behaviors among youth ages 12 to 17

Milestones:

- Adopt the risk- and protective-factor framework as the conceptual model for planning, implementing and evaluating G-CAP

Background:

Risk- and protective-factor prevention is based on consistent patterns of information about why some adolescents are at greater risk of using alcohol, tobacco and other drugs than others and why some adolescents who appear to be at great risk do not use substances.

Just as medical researchers have found risk and protective factors for heart disease and other health problems, research has defined a common set of risk and protective factors for ATOD abuse, delinquency, violence, unwanted teen pregnancy and school dropout. Sometimes these risk and protective factors are referred to as "determinants," "causal factors" or "root causes."

Risk- and protective-factor prevention is based on the premise that to prevent a problem from happening, we need to first identify the factors that increase risk and use evidence-based ways to reduce those risks or increase the potency of factors that buffer individuals from those risks. The chart on Pages 11-12 shows the risk and protective factors in six life areas or "domains."

Data trends have identified the following factors as consistently placing children and youth at risk and/or buffering them from substance abuse and related problem behaviors:

1. parental attitudes toward the problem behavior;
2. community laws and norms that are favorable or unfavorable toward the problem behavior;
3. friends' involvement in the problem behavior;
4. availability of alcohol, tobacco and other drugs; and
5. attitudes toward the problem behavior (degree of "rightness" or "wrongness").

In addition to the above, CSAP/SAMHSA has identified other factors that place youth at high risk, including the following:

- being a child of a substance abuser;
- being a victim of child abuse; and
- being economically disadvantaged.

Among the lessons learned from programs based on a risk-factor framework are the following:

- Risks exist in multiple domains – individual, family, peer, school, community and society. Hence, the focus of programs should be on reducing risks across domains.
- The more risk factors present, the greater the risk. Research shows that exposure to a greater number of risk factors increases a young person's risk. Hence, it is important that prevention providers identify high-risk youth and ensure that prevention efforts reduce the multiple risk factors present. However, no adolescent is at zero-percent risk (completely risk free) of substance abuse or other high-risk behaviors, or at 100-percent risk (a lost cause).
- Some risk factors share a commonality among diverse problem behaviors, such as substance abuse, delinquency, teen pregnancy, school dropout and violence. Hence, when a risk factor is reduced, it has the potential to impact a number of different problem behaviors.
- Risk factors appear to be consistent in effects across different races, cultures and classes. Although the levels of risk may vary, the risk factors appear to operate in similar ways in different groups.
- Building strong relationships between adolescents and adult mentors, their families, schools, peers and neighborhoods/communities helped protect or buffer youth from substance abuse.
- The progression from non-use to problem use in high-risk populations is very rapid when ATOD use is introduced.

Risk- and Protective-Factor Framework

Domain	Protective Factors	Risk Factors
Individual	• Positive personal characteristics including social skills and social responsiveness; cooperativeness; emotional stability; positive sense of self; flexibility; problem-solving skills; and low levels of defensiveness • Bonding to healthy societal institutions and values, including attachment to parents and extended family; commitment to school; regular involvement with religious institutions; and belief in society's values • Social and emotional competence, including good communication skills; responsiveness; empathy; caring; sense of humor; inclination toward pro-social sense of purpose and of the future (e.g., goal-directedness); and self-discipline	• Inadequate life skills • Lack of self-control and assertiveness • Low self-efficacy • Emotional and psychological problems • Favorable attitudes toward substance use, including early first use • Rejection of commonly held values and religion • School failure • Lack of school bonding • Early antisocial behavior, such as lying, stealing and aggression, particularly in boys, often combined with shyness or hyperactivity • Underestimation of harm • Genetic risk factors • Sensation-seeking personality • Low attachment to family
Family	• Positive bonding among family members • Parenting that includes high levels of warmth and avoidance of severe criticism; sense of basic trust; high parental expectations; and clear and consistent expectations, including children's participation in family decisions and responsibilities • An emotionally supportive parental/family milieu, including parental attention to children's interests; orderly and structured parent-child relationships; and parent involvement in homework and school-related activities • Parental involvement in school	• Family conflict and domestic violence • Family disorganization, including substance abuse or addiction • Lack of family cohesion • Social isolation of family • Heightened family stress • Family attitudes that are favorable or ambivalent toward substance use • Ambiguous, lax or inconsistent rules and sanctions regarding substance use • Poor child supervision and discipline • Unrealistic expectations for development • Low parental involvement with or attachment to children • Past behavioral problems of siblings

Domain	Protective Factors	Risk Factors
Peer	• Association with peers who are involved in school, recreation, service, religion or other healthy organized activities	• Association with delinquent peers who use or value dangerous substances • Association with peers who reject mainstream activities or pursuits • Susceptibility to negative peer pressure • Strong external locus of control
School	• Caring and support; sense of "community" in classroom and school • High expectations from school personnel • Clear standards and rules for appropriate behavior, including a written policy addressing administration and student behavior • Youth participation, involvement and responsibility in school tasks and decisions	• Ambiguous, lax or inconsistent rules and sanctions regarding substance use and student conduct • Favorable staff and student attitudes toward substance use • Harsh or arbitrary student-management practices • Availability of dangerous substances on school premises • Lack of school bonding
Community	• Caring and support • High expectations of youth • Opportunities for meaningful youth participation in community activities	• Community disorganization • Lack of community bonding • Lack of cultural pride • Lack of competence in majority culture • Community attitudes that are favorable toward substance use • Ready availability of dangerous substances • Inadequate youth services and opportunities for pro-social involvement • Transitions and mobility (e.g., youth moving from middle to high school, youth moving with families from community to community)
Society	• Opportunties and skills to become involved and contribute in a meaningful way, including recognition of contributions • Media literacy (resistance to pro-use messages) • Decreased accessibility • Higher purchase age and enforcement of underage purchase laws • Stricter laws to deter driving while under the influence	• Impoverishment • Unemployment and underemployment • Discrimination • Pro-drug-use messages in the media • Low cost of alcohol and tobacco products

Sources: CSAP; Arthur, Hawkins, Catalano and Pollard; Johnson, O'Malley and Bachman; Hawkins, Catalano and Miller; NIDA; National PTA (Henderson and Burla)

Effective April 10, 2002

2

Use evidence-based prevention

The Mark To adopt and use a system of selecting, delivering and evaluating evidence-based prevention among youth ages 12 to 17 through the intentional linking of resources at the community level

The Players Public and private entities (state, county, community) that fund and/or promote the prevention of substance abuse and/or other high-risk behaviors among youth

The Leaders Agency members of the Governor's Council on Substance Abuse Prevention and G-CAP community awardees

Strategy

*To increase the capacity of communities to develop a coordinated approach to selecting, delivering and evaluating **evidence-based prevention** among youth ages 12 to 17 through the intentional linking of resources at the community level*

Activities:

- Develop and distribute information on effective prevention practices
- Provide technical assistance and training to communities on effective prevention practices
- Fund, through a competitive proposal process, selected community coalitions to meet the purposes of G-CAP
- Increase awareness and support of effective prevention among community members

Milestones:

- Publication and distribution of a resource document on effective prevention practices
- Development of community youth substance abuse prevention strategies
- Implementation and evaluation of evidence-based intervention

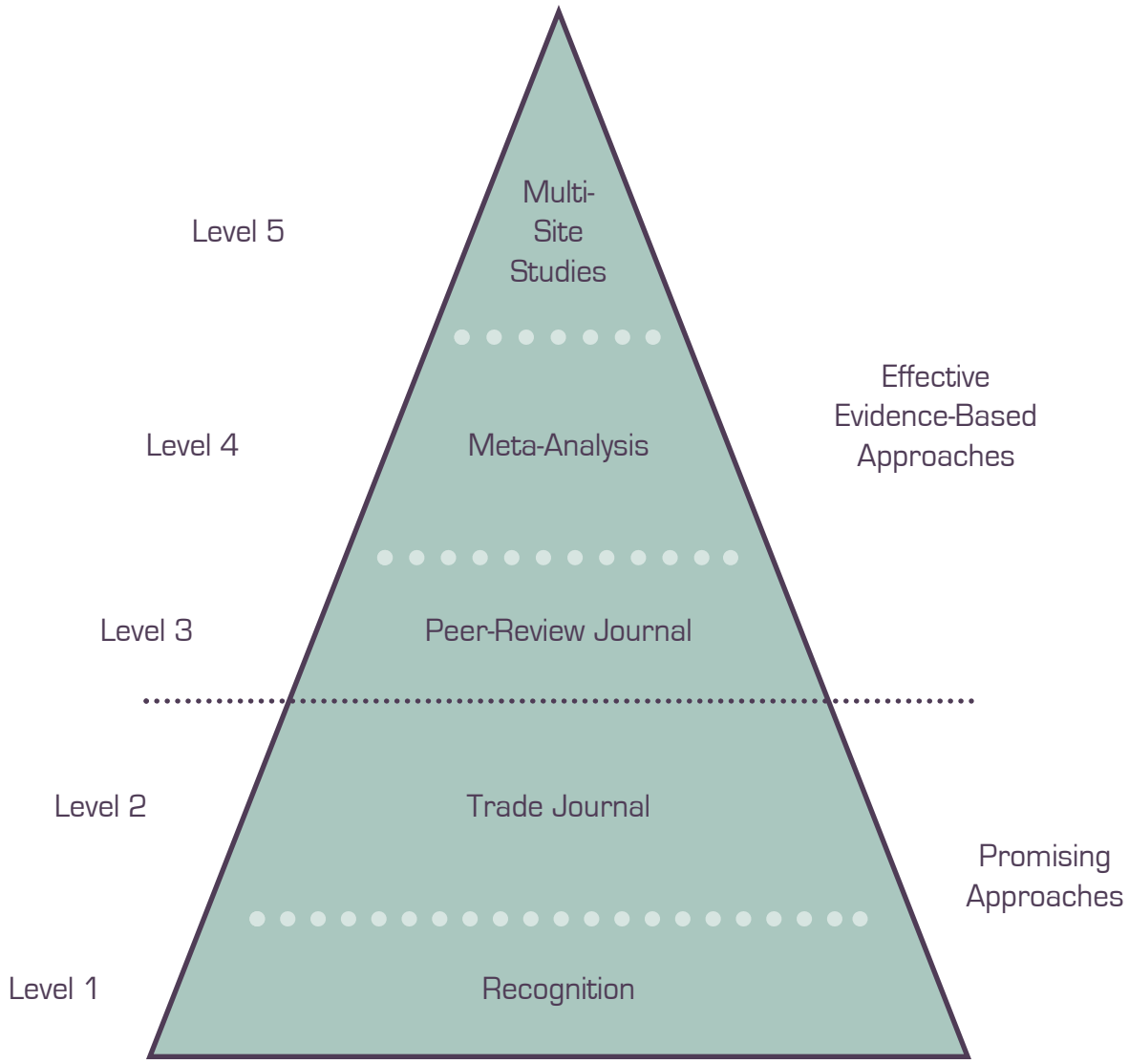
Background:

The Governor's Comprehensive Strategy for Youth Substance Abuse Prevention is built on a foundation of prevention science and research of effective prevention practices. The strategy is committed to applying the lessons learned from evidence-based theories and programs, or as the process is sometimes referred to, research- or science-based. Why? Because use of evidence-based theories or programs increases the likelihood that the interventions selected will have a greater probability of success.

"Evidence- or science-based" refers to the process by which experts use commonly agreed upon criteria for assessing the outcomes of an intervention and achieve consensus that the findings are credible and can be substantiated. It begins with the question *"How much evidence indicates that this intervention will have results with this problem and target population?"* CSAP/SAMHSA recommends that substance abuse prevention providers determine the level of credibility that best meets their needs through applying the following five levels of scientific-review processes:

- **Level 1:** The program or principle has been identified or recognized publicly, received awards, honors or mentions. At this level, there is not sufficient evidence to ensure that the intervention is effective.
- **Level 2:** The program has appeared in a non-refereed professional publication or journal. At this level, there is suggestive value but professional journals do not have the same standards for expert review by peers, as do peer-reviewed journals.
- **Level 3:** The program's documented outcomes have been subjected to thorough scrutiny by an expert/peer-consensus process for the quality of implementation and evaluation methods and/or appeared in a peer-reviewed journal. Many substance abuse prevention providers believe this is the minimum acceptable level for selecting a program for implementation. At this level, the cautious substance abuse provider – before implementing the program – will still closely examine how well the program's activities are suited for the setting and target population.
- **Level 4:** The program has undergone an expert/peer process of qualitative and/or quantitative meta-analysis. At this level, multiple studies show consistently positive conclusions.
- **Level 5:** Replication of the program has appeared in several refereed professional journals. The best level of evidence of a program's effectiveness is that it can be replicated across settings and populations.

The above levels reflect the rigor of the research with Levels 1 and 2 consisting of programs or practices that have some quantitative data showing some positive outcomes but do not have enough research to support generalized outcomes and are therefore considered to be "promising approaches." Levels 3 and 4 consist of programs or practices that have undergone process evaluation or single-site experimental research outcomes. Level 5 is the most intensive. Level 5 programs or practices are defined by their replication and multi-site studies over time. Levels 3, 4 and 5 are all considered to be "effective evidence-based approaches."



Applying the above criteria to evidence-based programs allows for the identification of what are commonly referred to as "best practices." The National Institute on Drug Abuse conducted an analysis of "best practices" and found that prevention programs should:

- be based on sound research and assessment of needs and resources;
- be long term, over a lifetime from birth through senior years, with interventions that are age-specific, developmentally appropriate and culturally sensitive;
- be designed to enhance protective factors and move toward reversing or reducing known risk factors;
- become more intensive as the target population experiences a higher level of risk;
- be designed to target all forms of social and health problems resulting from use and abuse based on the specific nature of the problem in the local setting (family, community, school, workplace, etc.);

- be based on skill-building to resist high-risk ATOD use, including research-based social competency skills and social resistance skills that enhance self-efficacy within the family, school, community and workplace;
- be planned to include a family or caregiver component;
- be a blend of environmental and individual approaches within the six domains;
- be planned in collaboration with the target population and other related prevention efforts;
- coordinate with efforts targeting the same population; and
- be designed to incorporate both process and outcome evaluation.

Blend individual and environmental approaches

The Mark To adopt and use a blending of individual and environmental approaches to prevention

The Players Public and private entities (state, county, community) that fund and/or promote the prevention of substance abuse and/or other high-risk behaviors among youth

The Leaders Agency members of the Governor's Council on Substance Abuse Prevention and G-CAP community awardees

Strategy

*To provide state and community prevention planners with models that **blend individual and environmental approaches** to prevention*

Activities:

- Provide education and training on models that combine individual and environmental approaches

Milestones:

- Community strategies that address both individual and environmental approaches

Background:

Traditionally, prevention strategies have focused on changing the behavior of individuals. Consistent reports from the substance abuse prevention literature question the outcomes of strategies that are one-dimensional and focus exclusively on changing individual behavior.

Individual approaches to substance abuse prevention define the problem as one of poor decision-making by individuals. Health is seen as a personal concern, and prevention

approaches are directed at improving decision-making or resistance skills. Individual approaches are critical to successful prevention programs, especially those that target small groups of individuals or high-risk populations. However, a focus only on individual approaches causes prevention providers to be one-dimensional in their efforts.

Environmental approaches to substance abuse prevention define the problem at the "policy" level. In operational terms, "policy" is defined as "how we do things around here." Community norms, voluntary policies in the business world, regulations, ordinances, school rules, and written and unwritten expectations of behavior all fall into this category that can include state and federal laws.

Enforcement of policy is another important aspect. No policy, ordinance or regulation is effective unless consistently enforced. In addition, the degree of enforcement of public laws and ordinances is often a reflection of community norms.

Health is seen as a social issue, and prevention approaches are directed at changing community standards of behavior, public laws, policies and practices to create environments that decrease the probability of substance abuse.

Environment is defined as: (a) a community of place or a geographically bound location where people live (e.g., neighborhoods, small towns, subdivisions); (b) a community of administration or geographic locations defined by political or administrative boundaries (e.g., counties, school districts); or (c) a community of purpose (e.g., workplaces, schools, religious institutions). A two-dimensional approach to prevention can be illustrated by the following:

Individual	Environmental
Individual problems that place a person at risk are defined.	Problems are defined at the policy level (norms, ordinances, regulations, laws, etc.).
Substance use is seen as a personal choice.	Substance use is seen as both an individual and a systems issue.
Approaches consist of short-term programming.	Approaches involve long-term policy changes.
Programs are used to changed individual behavior.	Strategies are used to influence changes in policies.
Strategies address limited numbers of people.	Strategies address large numbers of people.
The strength (magnitude of the effects or dosage) of strategies is usually stronger.	The strength (magnitude of the effects or dosage) of strategies is usually less strong.

4

Coordinate approaches at the state and community levels

The Mark To develop and use coordinated approaches to plan, select, implement and evaluate prevention efforts at the state and community levels, including funding and the gathering and presentation of data

The Players Public and private entities (state, county, community) that fund and/or promote the prevention of substance abuse and/or other high-risk behaviors among youth

The Leaders Agency members of the Governor's Council on Substance Abuse Prevention and G-CAP community awardees

Strategy

To develop a systematic approach to ***coordinated planning, implementation and evaluation*** *of substance abuse and other high-risk behavior prevention* ***at the state and community levels***

Activities:

- Educate and train prevention planners on the use of a risk- and protective-factor framework
- Foster the means for cross-agency collaboration
- Develop common state- and community-level indicators of risk and protective factors that can be measured

Milestones:

- Develop common criteria for state-level requests for proposals for prevention of substance abuse and other high-risk behavior that use an agreed-upon risk- and protective-factor framework
- Coordinate development of a state risk- and protective-factor profile that can assist in identifying areas of need

Background:

The federal and state systems outlined on the chart found on Page 19 fund and promote the majority of substance abuse prevention for youth in South Carolina. Developing a list of other organizations that fund substance abuse prevention within the state, along with funding streams for other high-risk behaviors among youth, will be a future task.

Major Public Funding for Substance Abuse Prevention in South Carolina

Federal Agency	Federal Department(s)	State Agency Administering Funds	Estimated Funding per Year	Focus
U.S. Dept. of Education	Safe & Drug-Free Schools Program	State Dept. of Education	$4.4 million	To school districts for ATOD and violence prevention initiatives
U.S. Dept. of Education	Safe & Drug-Free Schools Program	Office of the Governor S.C. Dept. of Alcohol and Other Drug Abuse Services (DAODAS)	$1.1 million	To community grantees for initiatives focusing on ATOD prevention needs for youth not otherwise provided by schools
U.S. Dept. of Health and Human Services (HHS)	U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP)	DAODAS	$3.9 million	To county alcohol and drug abuse authorities and other grantees for ATOD prevention initiatives
HHS	SAMHSA CSAP	Office of the Governor DAODAS	$2.9 million (ending 9/03)	To G-CAP grantees at the state and community levels to generate positive changes in ATOD prevention systems at the state and community levels
HHS	Centers for Disease Control and Prevention (CDC)	S.C. Dept. of Health and Environmental Control (DHEC)	$1.1 million (ending 5/04)	To community health agencies for tobacco-control initiatives
U.S. Dept. of Justice	Office of Justice Programs Bureau of Justice Assistance Byrne Grants	S.C. Dept. of Public Safety (DPS)	$7 million	To grantees at the state and local levels to address violent and drug-related crime and serious offenders and fostering multi-jurisdictional and multi-state efforts to support national drug-control priorities
U.S. Dept. of Justice	Office of Juvenile Justice and Delinquency Prevention	DAODAS	$360,000	To grantees at the state and community levels focusing on Enforcing Underage Drinking Laws (EUDL)
U.S. Dept. of Transportation	National Highway Traffic Safety Administration	DPS	$1.1 million	To grantees at the state and community levels to reduce the threat of drivers impaired by alcohol and other drugs
		State Tobacco Settlement Funds DHEC	$1.6 million (amount can vary based on appropriations by Legislature)	

5

Use a logic model

The Mark To adopt and use a logic model for planning, evaluating and sustaining effective prevention practices

The Players Public and private entities (state, county, community) that fund and/or promote the prevention of substance abuse and/or other high-risk behaviors among youth

The Leaders Agency members of the Governor's Council on Substance Abuse Prevention and G-CAP community awardees

Strategy

*To increase the capacity of prevention planners at the state and community levels to **use a logic model** for planning, selecting, evaluating and sustaining effective prevention practices*

Activities:

- Provide training on *Getting to Outcomes* (GTO) for all community coalitions seeking G-CAP funding
- Develop a request for cooperative agreements using GTO as the logic model for planning
- Utilize a logic model to further develop the Governor's Comprehensive Strategy for Youth Substance Abuse Prevention and to develop a community youth substance abuse prevention strategy within funded communities

Milestones:

- GTO training
- Development and distribution of the Governor's Comprehensive Strategy for Youth Substance Abuse Prevention and community youth substance abuse prevention strategies at the state and community levels

Background:

A logic model of planning enables a program or intervention to follow a logical design. Most logic models have the following components in common:

- Planning begins with an assessment of the needs and assets of a population or a community.
- Program strategies and practices are grounded in clearly stated goals and objectives.
- Program strategies and activities are based on science-based theories and models.

- Efforts are evaluated with a built-in feedback loop to further improve outcomes. (CSAP/SAMHSA has begun the identification of an outcomes process with perception of risk, age of first use, attitudes toward use, intention to use and 30-day use, with no finalization of prevention outcomes determined at this point.)
- Overall community efforts need a balance of the six CSAP/SAMHSA prevention categories: information dissemination, prevention education, alternatives, problem identification and referral, community-based processes and environmental strategies. A single program may only address one or two of these strategies, but the community needs to address all of them.

The Governor's Strategy is encouraging substance abuse prevention providers to use the GTO model, developed by Abraham Wandersman, Ph.D., Pamela Imm, Ph.D., and Matthew Chinman, Ph.D., as the logic model for planning, delivery and evaluation. CSAP/SAMHSA has nationally supported the GTO model.

The GTO model uses a set of 10 questions to assist prevention providers in planning and accountability as follows:

1. What are the underlying needs and conditions that must be addressed?
2. What are the goals, target populations and objectives (i.e., desired outcomes)?
3. Which science (evidence)-based models and best practices should be used in reaching the goals?
4. What actions need to be taken so the selected program or strategy "fits" the community context?
5. What organizational capacities are needed to implement the program or strategy?
6. What is the plan for this program or strategy?
7. How will the quality of program or strategy implementation be assessed?
8. How well did the program or strategy work?
9. How will continuous quality improvement strategies be incorporated?
10. If the program or strategy is successful, how will it be sustained?

Application of the logic model of programming, as outlined above, frequently requires a shift in thinking on the part of the individual prevention provider and the organization, primarily because the emphasis changes from "doing programs" to learning how to improve the performance of programs. Without an ongoing process of improving actions through better knowledge and understanding, changes in policies and programs frequently are cosmetic and short-lived.

6

Promote the universality of prevention

The Mark To promote the universality of prevention within systems that address high-risk behaviors among youth

The Players Public entities at the state level that fund and/or promote the prevention of substance abuse and/or other high-risk behaviors among youth

The Leaders Agency members of the Governor's Council on Substance Abuse Prevention

Strategy

*To promote and sustain the **universality of community prevention** efforts through a coordinated approach at the state level that will leverage and/or redirect, as appropriate, funds that are directed at the prevention of substance abuse and other high-risk behaviors among youth*

Activities:

- Identify all funding streams available at the state level for substance abuse prevention among youth ages 12 to 17
- Identify all funding streams available at the state level for the prevention of other high-risk behaviors among youth ages 12 to 17

Milestones:

- Develop state- and community-coordinated strategies for sustaining effective prevention practices

Background:

Building community and state prevention resource systems: A collaborative systems approach to substance abuse prevention is supported by research that recognizes the interrelationships that exist among risk and protective factors, and by the experience of many prevention planners who have created outstanding programs but have seen these "pillars of excellence" wither over time as funding or priorities changed.

A prevention-resource system is a conscious, intentional linkage among all agencies and organizations that have a mandate to deliver substance abuse and other high-risk-behavior prevention to collaboratively promote science-based prevention through planning, funding, training and evaluation of outcomes.

The Governor's Comprehensive Strategy for Youth Substance Abuse Prevention is predicated on building – at the state and community levels – partnerships that bring to the table all the agencies and organizations that have a mandate to deliver prevention of substance abuse or other high-risk behaviors or are concerned about the impact of these behaviors on the individuals, families, schools and workplaces within their communities.

Research connecting substance abuse prevention among youth with prevention of other problem behaviors: Young people ages 12 to 17 in South Carolina are exposed to an array of factors that place them at risk of using alcohol, tobacco and other drugs. Studies of research over the past decades have shown which factors are key in the process. In addition, research shows that young people who become involved in substance abuse, delinquency, violence, teen pregnancy and school dropout share many of the same risk factors.

Hence, substance abuse prevention strategies must be developed in collaboration with other efforts to reduce these problem behaviors among youth. The chart on Page 24, based on research findings, provides an overview of several problem behaviors that exist among youth, the risk factors for each and the interconnectedness of many of the risk factors.

Although the funding for this effort stems from a cooperative agreement between the Governor of South Carolina and CSAP/SAMHSA to reduce ATOD problems among youth ages 12 to 17, both recognize that an effective prevention strategy must engage all efforts directed toward problem behaviors among our youth.

Shared Risk and Protective Factors

Domains	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence
Individual					
Alienation and rebelliousness	•	•		•	
Favorable attitudes toward the problem behavior	•	•	•	•	
Early initiation of the problem behavior	•	•	•	•	•
Constitutional factors	•	•			•
Family					
Family history of the problem	•	•	•	•	
Family-management problems	•	•	•	•	•
Family conflict	•	•	•	•	•
Favorable parental attitudes and involvement in the behavior	•	•			•
Peer					
Friends who engage in problem behavior	•	•	•	•	•
Favorable attitudes toward the problem behavior	•	•	•	•	
School					
Early and persistent antisocial behavior	•	•	•	•	•
Academic failure in elementary school	•	•	•	•	•
Lack of commitment to school	•	•	•	•	
Community					
Availability of drugs	•				
Availability of firearms		•			•
Community laws and norms favorable toward drug use, firearms and crime	•	•			•
Transitions and mobility	•	•		•	
Low neighborhood attachment and community disorganization	•	•			•
Extreme economic deprivation	•	•	•	•	•
Society					
Availability of drugs	•				
Availability of firearms		•			•
Media portrayals of violence					•
Extreme economic deprivation	•	•	•	•	•

A Model for Preventing Substance Abuse Among Youth Ages 12 to 17

Adoption of a common model for preventing substance abuse and other high-risk behaviors among youth ages 12 to 17 is a major element of G-CAP. A brief explanation of the model found on Page 28 and suggestions on how it can be used will assist in understanding the Governor's Comprehensive Strategy for Youth Substance Abuse Prevention.

What is a prevention model?

A prevention model is a conceptualization of the processes for which there is research evidence of effectiveness. Prevention, by its very nature, targets behaviors that have not yet occurred. Therefore, prevention efforts must address conditions that make these behaviors more or less likely to occur. A prevention model identifies a number of evidence-based factors that contribute to the behavior that is to be prevented and illustrates how these factors interact and influence one another.

How is a prevention model used?

Persons using the same conceptual model share a common understanding of the strategies, goals and objectives of prevention programming. Persons from various professional and experiential backgrounds begin "to speak the same language" when examining prevention strategies. A shared vocabulary facilitates clear communication, a basic requirement of effective collaboration. The model provides an example of a comprehensive approach to prevention that guides the Governor's Comprehensive Strategy for Youth Substance Abuse Prevention. Program developers at the community and state levels can use the model to guide planning for specific strategies. Seeing where each proposed activity fits within the model helps to keep planning focused on the overall vision of preventing problems caused by the use of alcohol, tobacco and other drugs. To this end, the model can assist communities in integrating program components so that they support one another and identifying program elements that might have been overlooked.

Elements of the model

An explanation of each element of the model depicted on Page 28 is provided below.

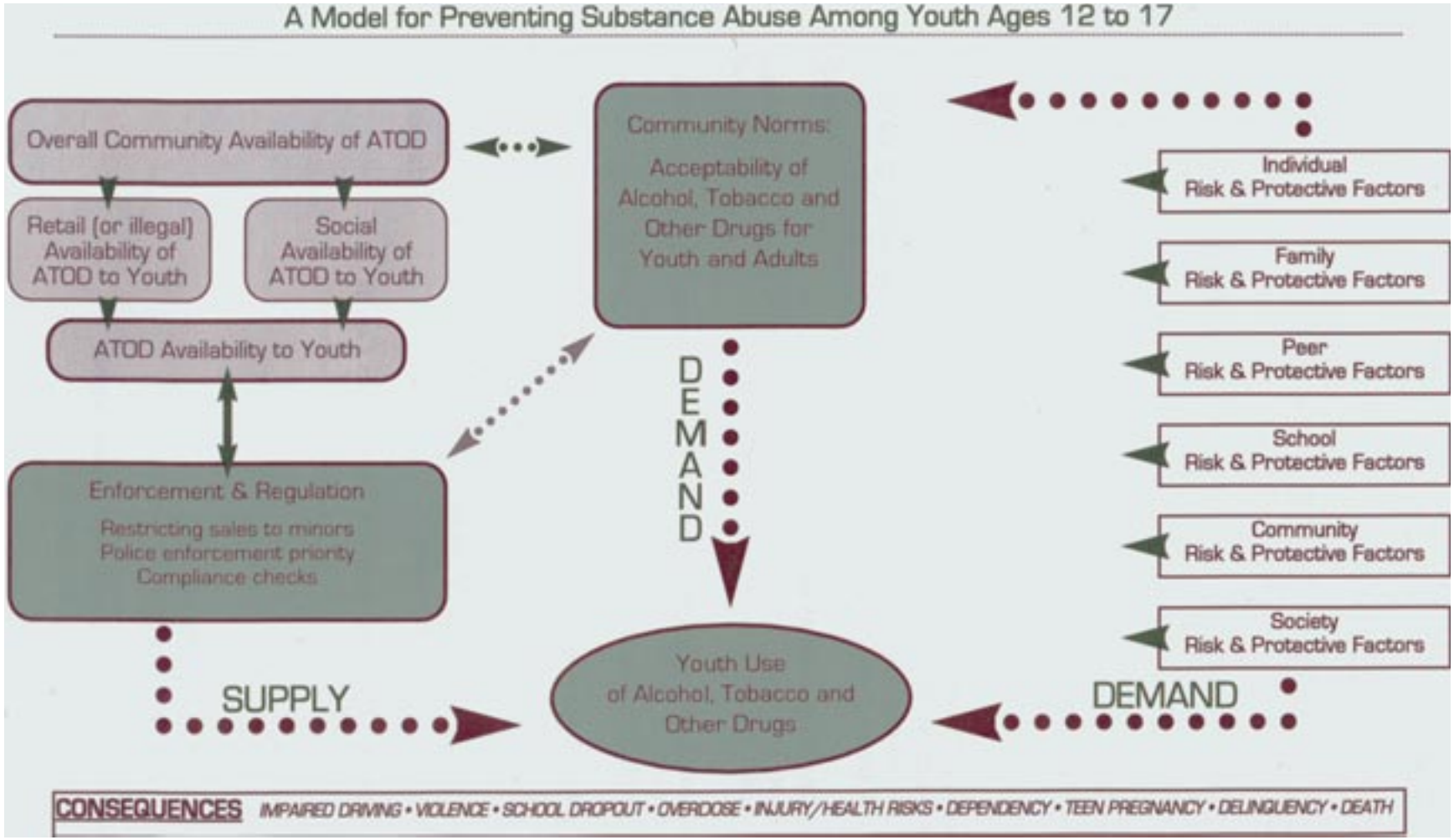
- **Youth use of alcohol, tobacco and other drugs (ATOD)** – This element is found in the oval shape toward the bottom center of the model. Youth ATOD use is the behavior that substance abuse prevention activities seek to combat. All the other elements in the model focus on this target, either directly or indirectly, through their effect on other elements.

- **Consequences** – The box at the bottom center of the model lists a few examples of the problems that result from ATOD use by youth. These consequences are highlighted to remind policymakers of why efforts are needed to reduce youth substance abuse and the problems that stem from this behavior.
- **Community norms** – The model places community norms, represented by the large box centered at the top of the page, in a central position. This illustrates the strength of community norms as an influence on ATOD use by youth. Norms are commonly held beliefs, attitudes and behaviors that, in this case, express approval, disapproval or tolerance of ATOD use by youth. Norms vary according to the drug in question – alcohol, tobacco, marijuana, heroin, etc. Youth are more likely to engage in ATOD-use behaviors that are accepted or tolerated by the community. The model illustrates how community norms affect both the supply of and the demand for alcohol, tobacco and other drugs.
- **ATOD availability to youth** – The box in the middle of the left quadrant of the model represents how available a particular drug is to young people (i.e., how easy it is for youth to obtain alcohol, tobacco and other drugs). ATOD use is higher where access is easier. Availability is viewed in the model as a foundation of the other factors illustrated on the left side of the page.
- **Enforcement and regulation** – Laws and community policies, represented by the box at the bottom left of the model, are helpful in regulating the supply of alcohol, tobacco and other drugs to youth. The arrows that link this box and "community norms" illustrate the reciprocal influence between these two elements. Community attitudes can support or hinder policy efforts. On the other hand, effective policies can add to changes in community attitudes and beliefs. Policies supported by the community are most likely to be effective in preventing ATOD use.
- **Retail or illegal availability of alcohol, tobacco and other drugs to youth** – This phrase refers both to the illegal sale of tobacco products and alcohol to minors by community retail establishments and to illegal trafficking of other drugs. Arrows to and from this box show that the effectiveness of enforcement and regulatory efforts affects this factor, as does the overall community supply of a particular drug.
- **Social availability** – This is the extent to which a particular drug is available to youth within their social environment – at parties, from friends, family members, etc. Community norms are the greatest influence on this factor. Overall community supply of the drug interacts with norms to increase or decrease social availability.
- **Overall community availability of alcohol, tobacco and other drugs** – This box at the top left of the model represents the overall availability of specific substances in the community through drug trafficking, alcohol retail outlets, tobacco outlets and any other source. This factor has an effect on community norms as well as on the retail and social availability of alcohol, tobacco and other drugs to youth. Perhaps more importantly, community norms that encourage use of a particular drug support the easy access to that drug in the community.

- **Risk and protective factors** – The six shapes at the right side of the model represent the domains of risk and protective factors that might exist within a given community or within an identified group of youth. Researchers have identified a large number of factors correlated with ATOD use. The predictive value of these factors – i.e., the extent to which they are believed to influence ATOD use – varies greatly. The model only illustrates the domain of these factors.

Conclusion

Although the model presented here can serve as a guide for prevention efforts, the process of prevention is much more complex than can be illustrated in a graphic model. However, the model can assist state- and community-level prevention planners with understanding the strategies, goals and mileposts discussed throughout this strategy.



For a detailed description of this model, refer to Page 25.

Appendix 1
Governor's Council on Substance Abuse Prevention

South Carolina Department of Alcohol and Other Drug Abuse Services
Rick C. Wade, Director, Council Chairman
Alternate: Bob Hill

South Carolina Department of Health and Environmental Control
C. Earl Hunter, Commissioner
Designee: James Coleman, Ed.D.
Alternate: Tom Gillette

South Carolina Department of Education
Inez Tenenbaum, State Superintendent of Education
Designee: Lynne Rogers
Alternate: Melissa Lindler

South Carolina Department of Public Safety
B. Boykin Rose, Director
Designee: Burke Fitzpatrick

South Carolina Law Enforcement Division
Robert M. Stewart, Chief
Designee: Capt. Stacy Drakeford

South Carolina Department of Juvenile Justice
Gina Wood, Director
Designee: Brett MacGargle

Alliance for South Carolina's Children
Walter Waddell, Executive Director

South Carolina Budget and Control Board, Kids Count
Baron Holmes, Director

X-Press Software
Mary Louise Resch

Greenville Family Partnership
Carol Reeves, Director

South Carolina Recreation and Parks Association
James E. Headley, Executive Director

South Carolina Council of Alcohol and Drug Abuse Authorities
William J. Walker
Alternate: Dan Sharpe

South Carolina Coalition of Black Church Leaders Inc.
The Rev. Joseph Darby
Designee: Randall Jackson

South Carolina Army National Guard
Sgt. Jimmy Martin

South Carolina Association of Prevention Professionals and Advocates
Deborah B. Early, Past President
Alternate: Barbara Davidson

South Carolina Department of Mental Health
George Gintoli, Director
Designee: Louise Johnson

South Carolina Teen Institute Board of Directors
Charles Lee Young, Chairman
Alternate: Clyde Nance

South Carolina Society of Addiction Medicine
Timothy Fischer, D.O.

Southeast Center for the Application of Prevention Technologies
Charlotte Daley, Director
Designee: Knowlton Johnson, Ph.D.

U.S. Center for Substance Abuse Prevention/Substance Abuse and Mental Health Services Administration
Joyce Edwards, State Project Officer

Youth Representative
Breanne Keys, Columbia

Prevention Steering Committee

South Carolina Department of Alcohol and Other Drug Abuse Services
Elaine Dowdy

South Carolina Department of Health and Environmental Control
Tom Gillette

South Carolina Department of Public Safety
Burke Fitzpatrick

Southeast Center for the Application of Prevention Technologies
Charlotte Daley
Designee: Knowlton Johnson

South Carolina Budget and Control Board, Kids Count
Baron Holmes

Pacific Institute for Research and Evaluation
Jim Neal

South Carolina Department of Education
Melissa Lindler

Staff

South Carolina Department of Alcohol and Other Drug Abuse Services
Katie Altman
Michelle Nienhius
Linda Johnson
Curtis Wilson

Pacific Institute for Research and Evaluation
Steven Burritt
Jim Neal
Karen Pendleton
Chris Ringwalt, Ph.D.

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Douglas E. Bryant, former Commissioner of the South Carolina Department of Health and Environmental Control

Catherine Long, former alternate representative for the South Carolina Department of Education

Rosa Waipa, former youth representative from Columbia

Troy Williams, former youth representative from Columbia

Lisa Ramirez, former youth representative from Columbia

Appendix 2
Prevention and Evaluation Terms

Accountability
The ability to demonstrate to key stakeholders that a program works and that it uses its resources effectively to achieve and sustain projected goals and outcomes

Availability
The inverse of the sum of resources (time, energy, money) that must be expended to obtain a commodity (alcohol, marijuana, cigarettes)

ATOD
Alcohol, tobacco and other drug *("ATOD" should only be used as an adjective, e.g., "ATOD abuse")*

Best Practice
An effective program or strategy that has been developed and implemented in the field and has been shown to produce positive outcomes

Community Assessment (needs and resources)
A community assessment is a systematic process for: (1) examining the current conditions of a situation (such as substance abuse) and identifying the level of risk and protection in a community; and (2) examining the current resources in a community that are buffering risk factors and increasing protective factors.

Cooperative Agreement
A cooperative agreement is similar to a grant, but there are some important differences. The funding source typically is more involved in the entire process, including:

- participating in the design or direction of key elements to develop a research protocol, training or service-delivery model;
- assisting in the selection of contractors, trainees, project staff, etc.;
- coordinating or participating in the collection and/or analysis of data;
- coordinating or assisting in the training of project staff;
- assisting in the management and technical performance of the activity;
- participating in the preparation of results for publication; and
- reviewing and approving each phase of implementation of the project.

CSAP/SAMHSA
Center for Substance Abuse Prevention, a part of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services

Cultural Competency
A set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups

DAODAS
South Carolina Department of Alcohol and Other Drug Abuse Services, a cabinet-level agency

DHEC
South Carolina Department of Health and Environmental Control

Effectiveness
The ability of a program to achieve its stated goals and produce measurable outcomes

Goal
A broad, measurable statement that describes the desired impact or outcome of a specific program

Incidence
The number of people within a given population who have acquired a disease or other health-related condition within a specific time period

Domain
Every level at which an individual interacts with other people – and/or the society around him – can be considered a life domain. G-CAP works with the following domains: individual, family, peer, school, community and society.

Environmental Focus
Strategies that are focused on the "environment" can fall within various domains, as can those that focus on individuals and families. Environmentally focused strategies address policies, norms, expectations, regulations and enforcement within a shared environment with others in a community. Such strategies tend to: (1) have greater reach (affecting more individuals) and less strength (intensity per individual); (2) be longer in duration; and (3) show more rapid results.

Evidence-Based
This term refers to a process in which experts, using commonly agreed-upon criteria for rating research interventions, come to a consensus that evaluation research findings are credible and can be substantiated. This process is sometimes referred to as "science-" or "research-based."

Framework
A general structure supporting the development of a theory

G-CAP
Governor's Cooperative Agreement for Prevention

Generalizability
The extent to which program findings/principles/models apply to other populations and/or settings

GTO
Getting to Outcomes, a 10-step process developed by Abraham Wandersman, Ph.D., Pamela Imm, Ph.D., and Matthew Chinman, Ph.D., will be used as the G-CAP logic model for planning, delivery and evaluation. CSAP/SAMHSA has nationally supported GTO.

Impact
The net effect observed within an outcome domain

Integrity
The level of credibility of study findings based on peer-consensus ratings of quality of implementation and of evaluation methods

Intervention
An activity conducted with a group in order to change behavior. In substance abuse prevention programs, interventions at the individual or environmental level may be used to prevent or lower the rate of substance abuse.

Logic Model
A decision framework, often recorded in writing, established on the premise that ATOD behavioral (long-term) objectives for a target population are accomplished by impacting the priority risk and/or protective factors relevant to the population. In the sequence of logic, a needs assessment determines the target population and forms the basis for desired ATOD behavioral changes and risk- and/or protective-factor (intermediate) objectives. Based on the established objectives, an intervention is chosen that has been proven effective at accomplishing the ATOD behavioral objectives by first achieving the intermediate objectives. Valid and reliable evaluation instruments and procedures are essential for measuring the degree of change for intermediate and long-term objectives.

Needs Assessment
A systematic process for gathering information about current conditions within a community that underlie the need for an intervention

Norms
The basic orientation concerning the "rightness or wrongness," acceptability or unacceptability, and/or deviance of specific behaviors for a specific group of individuals

Outcome
An immediate or direct effect of a program. Outcomes typically are described in terms of behavioral changes that occur as an internally validated result of specific interventions. An outcome is also change anticipated or observed on targeted measures (e.g., substance use behavior, risk/protective factor status). Outcomes are measurable changes observed on indicators related to specific objectives.

Outcome Evaluation
The systematic process of collecting, analyzing and interpreting data to assess and evaluate what outcomes a program has achieved

Prevalence
The total number of people within a population who have a disease or other health-related condition

Prevention Principle
A principle is prescriptive and can provide implementation directions and define effective practices. A principle can be derived from science-based program evaluations, either across multiple program implementations of the same type or of programs of different types through meta-analyses.

Prevention Strategies – CSAP/SAMHSA Categories
Interventions, programs or practices that target the delay of onset or the reduction of substance use/abuse by youth or adults. CSAP/SAMHSA has defined six categories of strategies:

- *Information Dissemination* – This strategy focuses on key and valid facts about the nature and extent of ATOD use, abuse and addiction, and their effects on individuals, families and communities, as well as information to increase perceptions of risk. It also provides knowledge and awareness of prevention policies, programs and services. It helps set and reinforce norms (e.g., underage drinking and drug dealers will not be tolerated in a particular neighborhood); it helps establish true norms of use (everyone is not using); and it helps increase perception of risk of use among a target population (e.g., I really could get caught for underage drinking and lose my driver's license; people really do die from alcohol poisoning).
- *Prevention Education* – This strategy aims to develop critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic and judgmental abilities.
- *Alternatives* – This strategy provides for the participation of targeted populations in activities that exclude ATOD use by youth. The theory is that constructive and healthy activities offset the attraction to – or otherwise meet the needs usually filled by – ATOD use. Evidence indicates that this strategy is more effective when it: (1) serves as an alternative to an event that would normally involve alcohol use and therefore helps to modify community norms (usually on a college campus); or (2) integrates key risk or protective factors into a long-term program. "One shot" events have generally not proven to be effective.
- *Problem Identification and Referral* – This strategy calls for identification, education and referral to services for those youth who have indulged in age-inappropriate use of tobacco products or alcohol, or who have indulged in the first use of illicit drugs. Activities under this strategy would include screening for tendencies toward substance abuse and referral for preventive treatment for curbing such tendencies.
- *Community-Based Processes* – This strategy aims to enhance the ability of the community to more effectively provide prevention services for ATOD problems. Activities include organizing, planning and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building and networking. Building healthy communities encourages healthy lifestyle choices.
- *Environmental* – This type of strategy establishes, modifies or enhances written and unwritten community standards, codes and attitudes that influence the incidence and prevalence of problems related to ATOD use in the general population. This includes community norms, local ordinances and laws to restrict availability and access, price increases and community-wide actions.

Program
A coordinated set of activities that has clearly stated goals from which all activities – as well as specific, observable and measurable outcomes – are derived

Protective Factor
An attribute, situation, condition or environmental context that works to shelter an individual from the likelihood of ATOD use; characteristics that some youth or adults possess that buffer the effects of risk factors. Protective factors are important, particularly when a great number of risk factors are present for a particular target population.

Reach
Some strategies have the ability to have an impact upon – or "reach" – entire populations and reduce collective risk. Altering the community system may produce widespread small changes in behavior among large populations that result in reduced problems for the entire community. Environmental strategies tend to have greater reach than individual approaches.

Regulations
Formalized laws, rules and policies that serve to control availability and codify norms and that specify sanctions for violations. Regulations may be instituted by governments, public agencies (e.g., police departments, school systems) or private organizations (e.g., HMOs, hospitality establishments, convenience stores).

Resource Assessment
A systematic examination of existing structures, programs and other activities potentially available to assist in addressing identified needs

Risk Factor
An attribute, situation, condition or environmental context that increases the likelihood of drug use or abuse, or that may lead to an exacerbation of current use

Risk/Protective Factor Framework
A theory-based approach to understanding how substance abuse happens, and therefore how it can be prevented. The theory highlights "risk factors" that increase the chances that a young person will abuse substances, such as a chaotic home environment, ineffective parenting, poor social skills and association with peers who abuse substances. This framework also holds that there are "protective factors" that can reduce the chances that young people will become involved with substance abuse, such as strong family bonds and parental monitoring (parents who are involved with their children's lives and set clear standards for their behavior).

SAMHSA
Substance Abuse and Mental Health Services Administration

SCAPPA
South Carolina Association of Prevention Professionals and Advocates. SCAPPA is an organization for prevention professionals in South Carolina. The association's mission is to establish a support system for prevention professionals and to promote public recognition of prevention as a viable, distinct personal and professional discipline. The organization offers two levels of certification. *(www.scappaonline.org)*

Science-Based
A classification for programs that have been shown through scientific study to produce consistently positive results

SECAPT
Southeast Center for the Application of Prevention Technologies *(www.secapt.org)*

Setting
The actual location in which an intervention takes place

Stakeholder
An individual or organization with a direct or indirect interest or investment in a project or program (e.g., a funder, program champion or community leader)

Strategic Planning
A deliberate set of steps that:

- assess needs and resources;
- define a target audience and a set of goals and objectives;
- plan and design coordinated strategies with evidence of success;
- logically connect these strategies to needs, assets and desired outcomes; and
- measure and evaluate the process and outcomes.

Strategy
An activity (e.g., policy) that can be implemented to achieve specific objectives and for which there may or may not exist a strong evidence base

Strength
The magnitude of the effects or dosage of a strategy. Individual strategies tend to have greater strength when directed at a smaller target audience

Target Population
The individuals or group of individuals, organizations, communities or other entities for which a prevention program has been designed and upon which the program is intended to have an impact

Appendix 3
Acknowledgments

U.S. Center for Substance Abuse Prevention/
Substance Abuse and Mental Health Services Administration

Kansas Planning Framework

Kentucky Incentive Program

Southeast Center for the Application of Prevention Technologies

Washington State Incentive Program

Western Center for the Application of Prevention Technologies (CAPT)

Michael Klitzner, Ph.D., Klitzner and Associates

Paul J. Brounstein, Ph.D., Western CAPT

Janine M. Zweig, Western CAPT

Stephen E. Gardner, D.S.W., Western CAPT

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G-CAP

Governor's Cooperative Agreement for Prevention

101 Business Park Boulevard • Columbia, SC 29203-9498