

2023-2025 Alcohol and Other Drug Prevention

Workplan Instructions

Please use the **County Program Plan ADPEP 2023-2025** template.

Outcome Indicators

At least one outcome indicator and goal that addresses **alcohol or excessive alcohol use**, specifically. If you are addressing other substances, choose the outcome indicator, goal and planned strategies for one substance at a time

Alcohol

- 30-day alcohol use (underage use is excessive alcohol use)
- 30-day binge drinking (excessive alcohol use)
- 30-day heavy drinking (excessive alcohol use)
- Lifetime alcohol use
- Age of first alcohol use
- Driving after drinking
- Riding with a person that was drinking
- Perceived risk of harm from one or two drinks daily
- Perceived risk of harm of five or more drinks once or twice weekly
- Perception of parent disapproval of alcohol use nearly every day
- Availability of alcoholic beverages
- Alcohol abuse or dependence
- Perception of work place policy

Tobacco

- 30-Day Cigarette Use
- 30-Day Other Tobacco Product Use
- Lifetime Cigarette Use
- Lifetime Other Tobacco Product Use
- Age of First Use of Cigarettes
- Age of First Use of Tobacco Other than Cigarettes
- Perceived Risk of Harm of Smoking One or More Packs of Cigarettes Daily
- Perception of Parent Disapproval of Use of Cigarettes
- Availability of Cigarettes

Other Drugs

- 30-Day Marijuana Use
- Lifetime Marijuana Use

- Age of First Use of Marijuana or Hashish
- Perceived Risk of Harm of Use of Marijuana
- Availability of Marijuana
- Perception of Parent Disapproval of Use of Marijuana
- 30-Day Synthetic Substances Use
- Availability of Synthetic Substances
- 30-Day Illicit Drug Use
- Lifetime Illicit Drug Use
- Availability of Illicit Drugs
- Drug Abuse or Dependence
- 30-Day Use of Rx (not prescribed to individual)
- Non-Medical Use of Pain Relievers in Past Year
- Perception of Parent Disapproval for Using Rx Drugs without Prescription
- Perceived Risk of Harm of Use of Nonmedical Use of Prescriptions
- Family Communication Around Drug Use

Goals

Program goals are a statement of what the program intends to accomplish and indicates a change in direction of the outcome indicator. A well written goal will:

- Describe CHANGE, not activities
- Can be short or long-term
- Follow S.M.A.R.T. guidelines

Using S.M.A.R.T guidelines when writing goals:

Specific – 1) straightforward and well defined; and 2) clear to anyone who has a basic understand of the project/issue

Measurable – 1) ensure you can measure the change you want to make; and 2) identify indicators to know when you have achieved your goal/desired change

Attainable – 1) is the proposed goal attainable based upon the available resources?

Realistic/Relevant – 1) realistic with available resources, knowledge and time; and 2) the goal should be tied to the community’s needs and readiness level

Timely – 1) enough time to achieve the goal

Examples of goals

1. *By June 20XX, decreased binge drinking by 5% among 12-18 year olds in XXX County*
2. *By June 20XX, decreased 30-day alcohol use by 5% among 12-18 year olds in XXX County*
3. *By June 20XX, decreased availability of alcohol at retail environments in XXX*

Develop Objectives

You can develop more than one objective per goal. When writing your objective make sure it reflects the risk, protective, or causal factors that you have selected and that is impacting the issue you are working on.

Risk Factors are factors shown to increase the likelihood of risky behaviors such as problem gambling, substance abuse, risky sexual behavior, school drop-out, violence, and delinquency.

Protective Factors counter risk factors and the more protective factors that are present, the less the risk. Protective factors fall into three basic categories: individual characteristics, bonding, and healthy beliefs and clear standards.

Causal Factors are possible points of intervention for prevention of the community problem, and the selection of particular intervention components or activities that have sufficient strength to affect key intermediate variables.

Things to ask yourself when developing your objectives in your prevention plan:

1. What risk, protective, or causal factors are there that may be partially responsible for a particular problem or desired outcome?
1. How does your objective tie back to the specific goal you have created?
2. Will the prevention strategies that will be implemented address the “factors” that are selected, as well as be measurable in obtaining the goal?

Protective/Risk/Causal Factors

- School Climate
- Positive Youth Development
- Feeling Safe at School
- Academic Achievement/Performance
- Youth Perception of Parental Approval
- Perception of Parent Disapproval of Use/Activity
- Peer use
- Perceived Risk of Harm of Use/Activities (low perception of harm)
- Perception of workplace policy
- Truancy
- Facing Bullying/Harassment in School
- Retail Availability
- Social Availability
- Community Norms
- Promotion
- Law Enforcement

- Historical Trauma

Examples of Objectives

1. *Reduce retail availability of alcohol in XXX County. Factor – ease of access and retail availability.*
2. *Promote positive community norm that binge drinking is not acceptable in XXX Tribe. Factor – community norm.*

Prevention Program Strategies

Please indicate program strategies to address the chosen objectives and goals. Examples of prevention program strategies and Tribal Based Practices are listed Appendix A.

A focus on **policy, systems and environmental changes** is essential to a comprehensive prevention program. Public health prevention prioritizes population-level changes that support changes in systems and environments. Policy, systems and environmental changes support changing social norms to make healthy options easily available and within reach of all people, and protect people in the community from unhealthy options and influences.

At the community and state level, policy changes can range from workplace rules, school board decisions, insurance provisions, joint use agreements to limit use of tobacco, alcohol and other substances at a youth event or public or private venue, to ordinances and regulations that impose conditions in a local or statewide retail environment, or laws in statute that affect populations across the state.

National Academies of Science Institute of Medicine

Indicated - Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels.

Selective - Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

Universal Direct - Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

Universal Indirect – Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

CSAP Strategies

The ADPEP Plan is implemented through the Center for Substance Abuse Prevention's (CSAP) six strategies. These include: Prevention Education, Information Dissemination, Community Based Processes, Problem Identification and Referral, Alternative Activities and Environmental Strategies. Strategies must focus on the overall goal of reducing the use of alcohol, tobacco and other drugs.

Examples of services in each strategy include:

- a) **Information Dissemination** – local implementation of media campaigns;
- b) **Prevention Education** – assuring school policy supports evidence-based school curricula and parenting education and skill building;
- c) **Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives** - youth leadership and community service projects that support policy strategies and goals;
- d) **Community Based Processes** - community engagement and mobilization
- e) **Environmental/Social Policy** - school policies and community laws concerning alcohol, tobacco and other drugs;
- f) **Problem Identification and Referral** – sustainable referral systems.

Optional Tobacco Coordination

Programs may choose to coordinate with local TPEP to advance and coordinate tobacco prevention at the local or tribal level in the following priority areas:

- 1. Establishing tobacco-free properties and/or
- 2. Tobacco retail policy strategies

Below are examples of activities for tobacco strategies addressing the retail environment and/or tobacco-free county/campuses/facilities aligned under CSAP strategies as a reference only.

- 1. Information dissemination

- a. Example: Reposting/sharing Smokefree Oregon social media with tobacco retail content.
 - b. Example: Reposting/sharing Smokefree Oregon social media with tobacco cessation content.
 - c. Example: Develop decision-maker support for a local ordinance to require posting of quit line information at the point of sale.
2. Prevention education
 - a. Example: Presenting and discussing county-level tobacco retail assessment results with community coalition.
 - b. Example: Presenting and discussing county-level tobacco retail assessment results.
 - c. Example: Working with school districts to adopt evidence-based curricula for prevention education.
3. Alternative activities
 - a. Example: Work with agencies and organizations that are part of the local coalition to adopt tobacco-free policy for youth-focused events.
 - b. Example: Work with mental and behavioral health care providers to adopt tobacco free facility policies and gold standard tobacco benefit packages.
4. Community-based processes
 - a. Example: Support local substance abuse prevention coalition by writing a letter to the editor to support one or more of the tobacco retail priorities identified in the county tobacco work plan.
5. Environmental approaches
 - a. Example: Collaborate with county TPEP program to build support for Tobacco Retail Licensure.
6. Problem identification and referral
 - a. Example: Develop cessation referral systems for tobacco users who wish to quit and are served by agencies and organizations participating in local substance abuse prevention coalitions.

Appendix A

Prevention strategies and select resources for evidence-based programs are listed below.

- [Evidence-Based Practices Resource Center](https://www.samhsa.gov/resource-search/ebp) (SAMHSA)
<https://www.samhsa.gov/resource-search/ebp>
- [The Community Guide: Preventing Excessive Alcohol Use](https://www.thecommunityguide.org/topic/excessive-alcohol-consumption) (Centers for Disease Control)
<https://www.thecommunityguide.org/topic/excessive-alcohol-consumption>
- [Evidence-Based Practice Lists and Resources for Prevention](https://www.oregon.gov/oha/HSD/AMH/Pages/EBP-Practices.aspx) (Behavioral Health Services)
<https://www.oregon.gov/oha/HSD/AMH/Pages/EBP-Practices.aspx>

Description (formerly listed in Oregon's Prevention Data System for grantees)

Active Parenting Now
Advertising Restrictions
After-School Programs
Alcohol Outlets Compliance Surveys
Allies in Action
Applied Suicide Intervention Training (ASIST)
Ages and Stages Questionnaire (ASQ-SE)
Birth to Three Program
The Council for Boys and Young Men
Bullying Prevention
Child Development Project
Choosing Not To Use
Class Action
College/University Policies
Communities Mobilizing for Change on Alcohol
Communities That Care
Community Event Alcohol Use Regulations
Retail Compliance Checks
Counter Advertising
Drug Free Work Place Policies/Programs
Environmental Scans
Friendly PEERsuasion
Girls Circle
Guiding Good Choices
Here's Looking at You
Leadership and Resiliency Program
Lie/Bet Screen
Life Skills-Botvin's
Make Parenting a Pleasure

Media Campaign
Media Event
Media Ready Program
Mental Health First Aid
Mentoring Programs
On-Premise Alcohol Outlet Use Regulations
Parent & Family Skills Training
Parenting Classes
Parenting Now
Parents As Teachers
Parents 360
Peer Helper/Natural Helper Programs
Peer/Youth Leadership
Server or Retailer Education/Training
Positive Action
Positive Community Norms
Positive Parenting
Positive Youth Development
Prevention Education
Community Awareness Building - specify
Project Alert
Project Towards No Drug Abuse
Protecting You/Protecting Me
Public Availability Policies -specify
Question, Persuade, and Respond (QPR)
Reconnecting Youth Program
Safe Dates
SBIRT
Shoulder Tap Surveillance
Smart Moves
Social Host Ordinances
Stacked Deck
Social Marketing
START Screen for Adolescence
Strengthening Families Program
Strengthening Multi-Ethnic Families
Suicide Prevention Training
Teens Against Tobacco Use (TATU)
The Incredible Years
Too Good For Drugs
Wanna Bet?
Young Adults in the Workplace
Kids at Home in the Wild

Nurturing Parenting
Community Planning/Development and Support
Good Behavior Game
Prescription Drug Drop-Boxes
Public Policy Work/Efforts - identify
Pocket Full of Feelings - Emotional Literacy
Life of an Athlete
Rx for Understanding
Rx Abuse Prevention Toolkit
Children's Programming Kit
Reward and Reminder Programs
Youth Mental Health First Aid

Tribal Based Practices and Tribal Resources

[National American Indian and Alaska Native Prevention Technology Transfer Center \(PTTC\)](https://pttcnetwork.org/centers/national-american-indian-alaska-native-pttc/home)

<https://pttcnetwork.org/centers/national-american-indian-alaska-native-pttc/home>

Tribal Based Practices

<https://www.oregon.gov/oha/HSD/AMH/Pages/EBP-Practices.aspx>