Alcohol and Other Drug Prevention and Education Program (ADPEP)
Appendix C: Health Promotion & Prevention Frameworks
A Resource for ADPEP Programs

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Purpose

The purpose of this document is to provide an overview of some commonly used alcohol and other drug prevention frameworks. The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center for Substance Abuse Prevention (CSAP)'s six prevention strategies and Strategic Prevention Framework (SPF) are referenced in the ADPEP 2025-2027 Funding and Program Guidance. Those and additional frameworks are provided as a reference and resource for those new to the ADPEP role or those wanting to learn more about some key prevention frameworks as they can be very helpful when developing workplans.

A. Risk & Protective Factors

The Risk and Protective Factor theory is a field of study pioneered by David Hawkins and Richard Catalano. While prevention planners cannot change risky behaviors, mental or behavioral health disorders, or substance misuse problem directly, we can work through underlying risk and protective factors that influence the problems our communities face. Assessing the risk and protective factors that contribute to substance misuse or substance use disorders help practitioners select appropriate interventions.

Many factors influence a person's chance of developing a mental or behavioral health disorder and/or substance use disorder. Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed. What's important is we identify strategies in our communities that fit both our community and the root causes (underlying factors, risk factors, intervening variables).

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Risk factors vary greatly according to age, social and psychological development, ethnic/cultural identity, and surroundings.

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.

The Strategic Prevention Technical Assistance Center (SPTAC) has a comprehensive list of Risk and Protective Factors for Substance Misuse that Present in Childhood.

Though preventive interventions are often designed to produce a single outcome, both risk and protective factors can be associated with multiple outcomes. For example, traumatic life events are associated with substance use as well as anxiety, depression, and other

behavioral health issues. Prevention efforts targeting a set of risk or protective factors have the potential to produce positive effects in multiple areas.

All people will have some mix of risk and protective factors. What is important in the field of prevention is striking a balance between these so that the effects of protective factors outweigh the effects of risk factors.

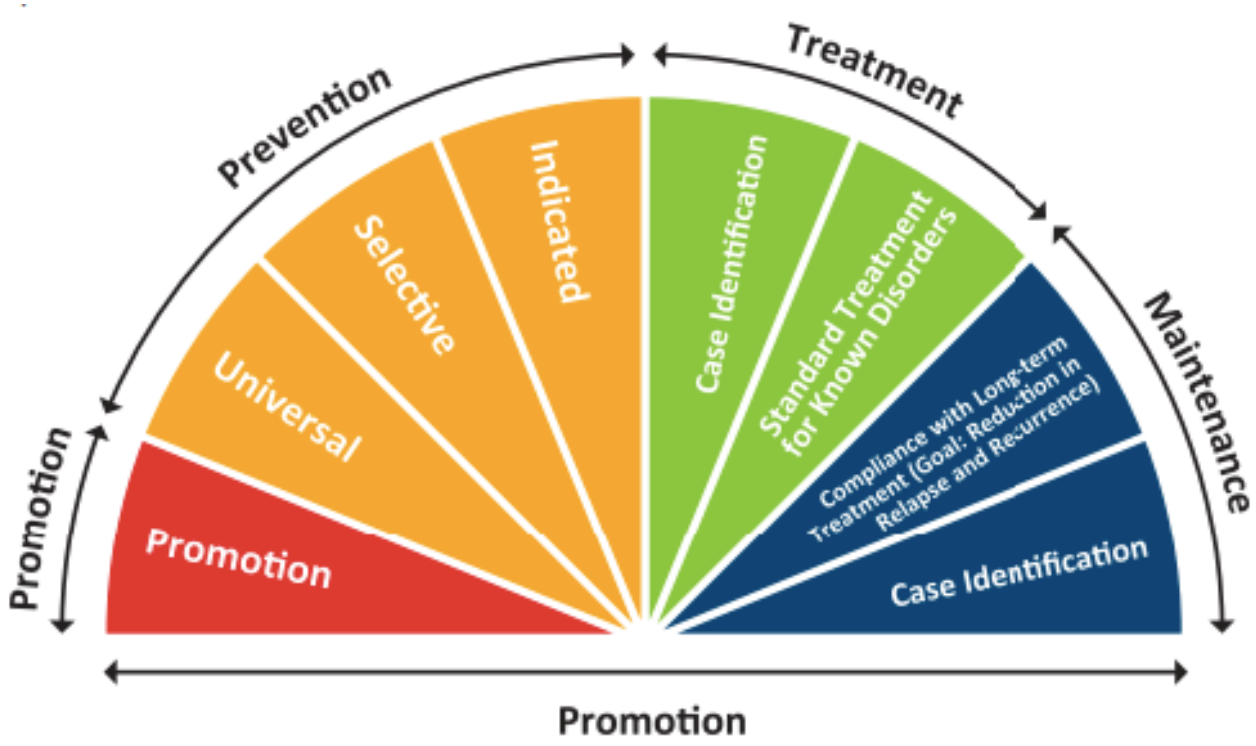
RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	**DOMAIN**	**PROTECTIVE FACTORS** Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
▪ Low community attachment ▪ Community disorganisation ▪ Community transitions and mobility ▪ Personal transitions and mobility ▪ Laws and norms favourable to drug use ▪ Perceived availability of drugs ▪ Economic disadvantage (not measured in youth survey)	COMMUNITY	▪ Opportunities for prosocial involvement in the community ▪ Recognition of prosocial involvement ▪ Exposure to evidence-based programs and strategies (some are measured in youth survey)
▪ Poor family management and discipline ▪ Family conflict ▪ A family history of antisocial behaviour ▪ Favourable parental attitudes to the problem behaviour	FAMILY	▪ Attachment and bonding to family ▪ Opportunities for prosocial involvement in the family ▪ Recognition of prosocial involvement
▪ Academic failure (low academic achievement) ▪ Low commitment to school ▪ Bullying	SCHOOL	▪ Opportunities for prosocial involvement in school ▪ Recognition of prosocial involvement
▪ Rebelliousness ▪ Early initiation of problem behaviour ▪ Impulsiveness ▪ Antisocial behaviour ▪ Favourable attitudes toward problem behaviour ▪ Interaction with friends involved in problem behaviour ▪ Sensation seeking ▪ Rewards for antisocial involvement	PEER / INDIVIDUAL	▪ Social skills ▪ Belief in the moral order ▪ Emotional control ▪ Interaction with prosocial peers

https://www.communitiesthatcare.org.au/risk-protective-factors

Hawkins JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention: https://pubmed.ncbi.nlm.nih.gov/1529040/

B. Continuum of Care

As we consider risk and protective factors, it is also important to distinguish between health promotion, prevention, treatment, and maintenance while showing the interrelation among each stage. The Institute of Medicine's (IOM) Continuum of Care helps illustrate this difference and makes a distinction between three levels of prevention: universal, selective, and indicated. It is important for ADPEP grantees to recognize their role in supporting prevention efforts within a broad continuum of care.



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

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

Universal Preventive Interventions: Targeted to the general public or a whole population (like a county, city, neighborhood, or school) that has not been identified based on individual risk. The intervention is desirable for everyone in that group.

Universal Direct Interventions

- Directly serve an identifiable group of participants
- Have not been identified based on individual risk
- Examples are school curriculums, after-school programs, parenting classes, party patrol
- Also include interventions involving interpersonal, ongoing and repeated contact, such as coalition building

Universal Indirect Interventions

- Support population-based programs and environmental strategies
- Examples include establishing alcohol, tobacco, and other drug (ATOD) policies

Selective Preventive Interventions: Targeted to subgroups of the general population that are considered at risk of engaging in substance misuse by their exposure to specific risk factors and are recruited to participate in the prevention effort specifically because of that group's risk profile.

> **Example:** Curriculum-based programs for children of parents who are using substances, and programs for families living in high-crime or impoverished neighborhoods. Programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, abuse, or community trauma, to reduce risk for adverse mental, emotional, and behavioral outcomes.

Indicated Preventive Interventions: Targeted to individuals who are experiencing early signs of substance use and other related problem behaviors associated with substance use, but who haven't reached the point where clinical diagnosis of substance abuse can be made. Indicated prevention approaches are used for individuals who may or may not be abusing substances but who exhibit risk factors such as school failure, interpersonal social problems, delinquency, and other antisocial behaviors. These individuals may also exhibit psychological problems such as depression and suicidal behavior, which increase their chances of developing a drug abuse problem. Indicated prevention strategies target these individuals with special programs. **[Person-first language suggests substituting "at risk" with "at promise" to reduce stigma associated with risk factors. For the simplicity of this learning objective, we have opted to remain consistent in the use of the term risk. Assess the cultural norms in your community to ensure you are sensitive in the language you select.]**

Example: DUI education program for individuals with a conviction for driving under the influence.[1]

C. Social-Ecological Model

The Socio-Ecological Model (SEM) portrays multiple levels of influence on a person's behavior. This model considers the complex interplay between an individual's influence on their own behavior to the social and environmental influences on a person's behavior. The SEM clarifies the range of factors that protect health or put people at risk for poor health. This model emphasizes behavior change at all levels, but places public policy as the most influential on behavior change across a population, while emphasizing other levels of influence that are particularly powerful on individuals. Each level has factors that interact with those at different levels and an approach that targets multiple levels is more likely to have a sustained impact.[2]

[1] National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.

[2] Ecological Approach (McLeroy, Steckler, Bibeau and Glanz, 1988. https://bu.digication.com/GH720_PublicHealthTheories/Socio-Ecological_Model

Level of Influence	Description
Individual (sometimes referred to as Intrapersonal) Gender, sexual orientation, racial identity	Individual characteristics that influence behavior: Knowledge, skills, beliefs, self-efficacy
Interpersonal Partners, family, friends, peers	Interpersonal processes and groups providing identity and support
Organizational Churches, stores, community organizations	Rules, regulation, policies, structures, constraining or promoting behaviors
Community Social networks, businesses, community and regional organizations	Community norms and values (community regulations)
Policy Local, state, federal, and national	Policies and laws that regulate or support healthy practices and actions

D. SAMHSA's Strategic Prevention Framework (SPF)

The SPF uses seven elements to guide communities in developing the infrastructure needed for community-based public health approaches leading to effective and sustainable reductions in substance use. The elements include:

- **Assessment:** Collect data to define problems, resources, and readiness within a geographic area to address needs and gaps.
- **Capacity:** Mobilize and/or build capacity within a geographic area to address needs.
- **Planning:** Develop a comprehensive strategic plan that includes policies, programs, and practices creating a logical, data-driven plan to address problems identified in assessment.
- **Implementation:** Implement evidence-based prevention programs, policies, and practices.
- **Evaluation:** Measure the impact of the SPF and its implemented programs, policies, and practices.
- **Cultural competence**: Interact effectively with members of diverse populations.
- **Sustainability:** Achieve and maintain long-term results.

CADCA Primer Series—Community Coalitions Handbook

The SPF places **cultural competence** and **sustainability** at its center, as key concepts that must be incorporated throughout implementation of the framework. Remember that the **communities or groups of people affected by the problem you are working on need to be involved** in ALL aspects of the work, from assessment and planning through implementation and evaluation. The best ideas and plans will fall flat unless solutions to the problems engage the target audience and are culturally appropriate. For more information on the SPF, visit A Guide to SAMHSA's Strategic Prevention Framework.

E. SAMHSA's Six CSAP Strategies

The SAMHSA CSAP has classified common prevention activities into six major categories termed "strategies." These CSAP strategies, and the associated activities, are basic definitions that broadly describe the most frequent types of efforts for each term. An effective prevention program should be knowledgeable of these strategies but base the program design on how to comprehensively address the actual needs of the target community(ies) through interventions and services with the proven ability to achieve the desired results.

1. **Environmental/Policy Strategy** - focuses on establishing or changing community standards, codes, and attitudes thereby influencing incidence and prevalence of alcohol, tobacco, and other drug use within the community. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. The strategy depends on engaging a broad base of community partners, focuses on places and specific problems, and emphasizes public policy. This strategy focuses on community-level impact, instead of focusing solely on individuals.

2. **Community-Based Processes Strategy** - focuses on enhancing the capacity of the community to address AOD issues through implementation of effective prevention strategies and programs in a community. Activities in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building, and networking.

3. **Information Dissemination Strategy** - focuses on improving awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It is typically delivered through "one-way" communication with the audience such as speaking engagements, health fairs, and distribution of materials. It also provides knowledge and awareness of available prevention programs and services. *[Note: Information dissemination alone has not been shown to be effective at preventing substance abuse, but rather as part of a comprehensive strategy. This is different than mass reach health communication strategies seeking to improve readiness for policy change]*

4. **Problem Identification and Referral Strategy** – focuses on identifying individuals who have infrequently used or experimented with AOD who could change their behavior through education (not therapy). The intention of the screening must be to determine the need for indicated prevention services and not treatment need. Examples of Problem Identification and Referral activities include employee assistance programs; student assistance programs; driving while under the influence or driving while intoxicated education programs.

5. **Prevention Education Strategy** – focuses on "two-way" communication between the facilitator and participants and aims to improve life/social skills. Curriculum-based activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, and critical analysis (e.g., of media messages), and systematic judgment abilities.

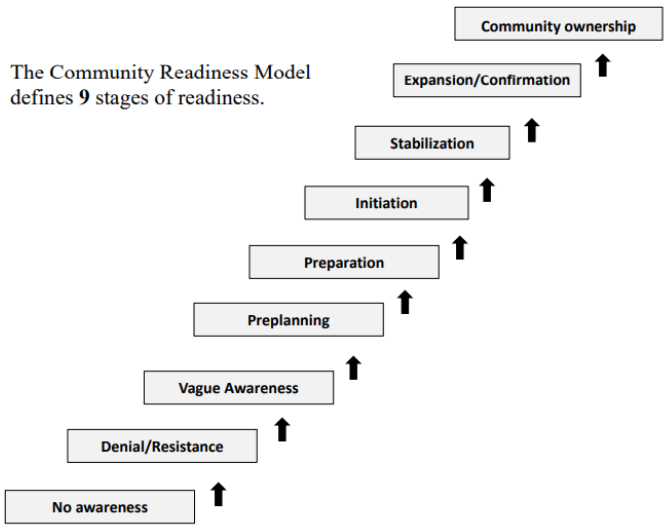
6. **Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives Strategy** – focuses on redirecting individuals from potentially problematic situations and AOD use by providing constructive and healthy events/activities. The assumption is that constructive and healthy activities offset the attraction to--or otherwise meet the needs usually filled by--alcohol and drugs and would, therefore, minimize or avoid the use of substances. More successful (in reducing risk or increasing protective factors) alternative activities are those that are integrated with skills based or other learning initiatives. [Note: Alternative activities alone have not been shown to be effective at preventing or reducing substance use or abuse.]

F. Community Readiness Model

The Community Readiness Model was developed at Colorado State University. It is community and issue specific and was designed to build cooperation between systems and individuals while incorporating the culture of the community into the resulting prevention and social marketing strategies. In a cost and resource effective manner, it helps mobilize communities to develop and implement culturally appropriate intervention strategies. The Community Readiness Model, a nine-stage multidimensional model, is designed to facilitate community change and engage and invest in the community. The purpose of the model is to determine the level of readiness of a community to address a specific issue. This level of readiness will assist in selecting the most effective types of interventions to implement. The model can be used for most any issue that a community is facing: child abuse, substance abuse, domestic violence, HIV/AIDS, heart disease, childhood obesity, etc.

Process for Using the Community Readiness Model:

1. Identify the issue;
2. Define “Community”;
3. Conduct key respondent interviews;
4. Score interviews to determine Readiness level;
5. Develop strategies and conduct workshops; and
6. Implement the strategies for community change.[3]



[3] https://tec.colostate.edu/communityreadiness/

G. Spectrum of Prevention (SoP)

The Spectrum of Prevention is a systematic tool that promotes a multifaceted range of activities for effective prevention. The Spectrum is based on the work of Marshall Swift in treating developmental disabilities. It has been used nationally in prevention initiatives targeting traffic safety, violence prevention, injury prevention, nutrition, and fitness. The Spectrum identifies multiple levels of intervention and helps people move beyond the perception that prevention is merely education. The Spectrum is a framework for a more comprehensive understanding of prevention that includes six levels for strategy development. These levels, delineated in the table below, are complementary and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity or linear initiative. At each level, the most important activities related to prevention objectives should be identified. As these activities are identified they will lead to interrelated actions at other levels of the Spectrum.

The Spectrum of Prevention	
Influencing Policy and Legislation	Changes in federal, state, and local laws have the potential for achieving the broadest impact across a community. Effective formal & informal policies lead to widespread behavior change & ultimately change social norms.
Mobilizing Neighborhoods and Communities	This includes meeting with communities to prioritize community concerns such as violence, unemployment and keeping families together, so that these needs may be addressed along with the health department goals.
Changing Organizational Practices	Changes in internal regulations and norms, allows organizations to affect the health & safety of its members and the greater community.
Fostering Coalitions and Networks	Coalitions and expanded partnerships are vital to public health movements and can be powerful advocates for legislative and organizational change. From grassroots partners to governmental coalitions, all have the potential to develop a comprehensive strategy for prevention.
Educating Providers	Providers have influence within their fields of expertise to transmit information, skills, and motivation to their colleagues, patients & clients. They can become frontline

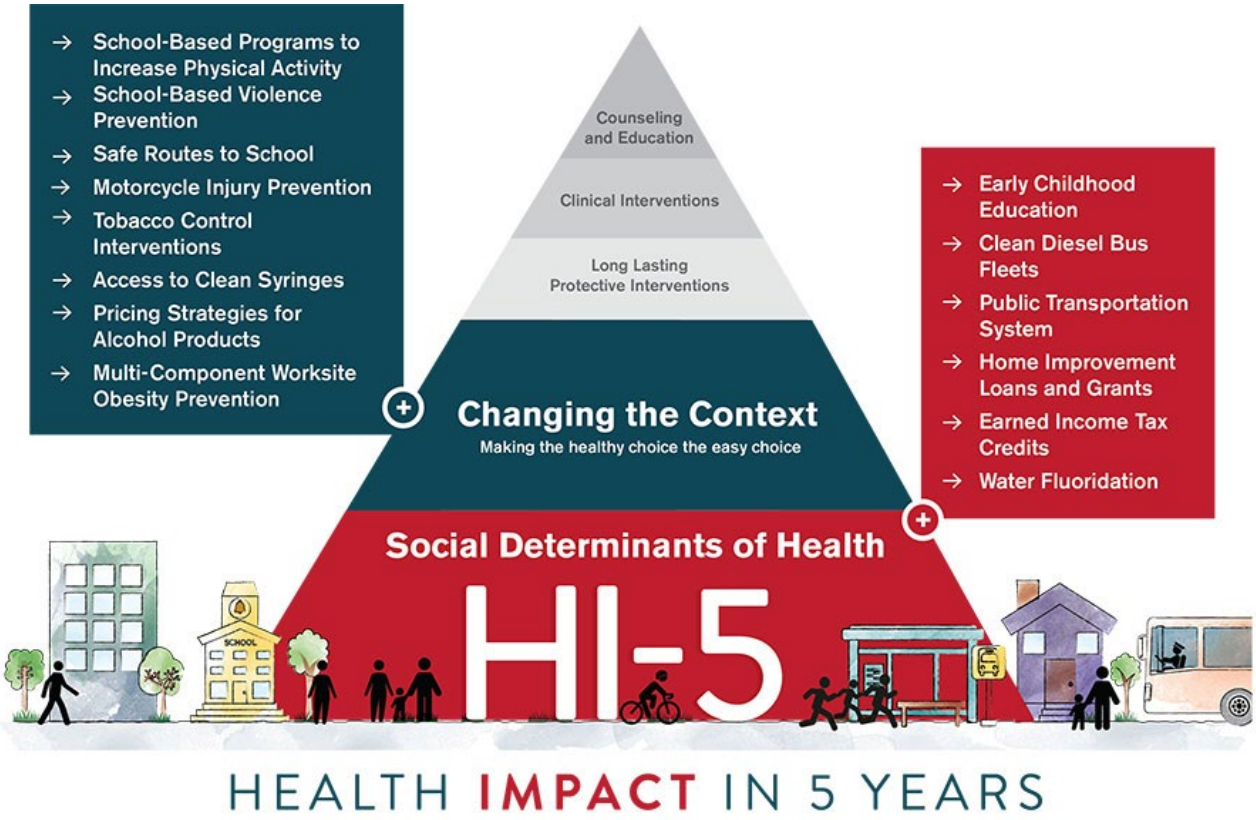
	advocates for public health encouraging the adoption of healthy behaviors, screening for risks, and advocating for policies and legislation.
Promoting Community Education	Community education goals include reaching the greatest number of people possible with a message as well as mass media to shape the public's understanding of health issues.
Strengthening Individual Knowledge and Skills	This is the classic public health approach and involves nurses, educators, and trained community members working directly with clients in their homes, community settings, or clinics to promote health.

The Spectrum of Prevention is a framework that delineates a systems approach to prevention practice. The Spectrum has been applied to health problems in communities worldwide. The Spectrum of Prevention is a tool that enables practitioners to move beyond a primarily educational approach to achieve broad impact through multifaceted activities. It can aid practitioners and policy makers in thinking through, evolving, and strategically developing prevention programming efforts. As communities seek to address increasingly complex social and health issues, they will face the challenge of devising new services and programs until they are committed to promoting prevention. When systematic methodology, like the Spectrum of Prevention, is applied and an overall strategy developed, prevention efforts have an excellent chance for success. A good strategy solves multiple problems, saves lives and money, reduces suffering, and enhances the prospects for community wellbeing. For more information on the Spectrum of Prevention, visit: http://www.preventioninstitute.org.[4]

H. Health Impact Pyramid (HIP)

The HIP is a 5-tier pyramid used to describe the impact of diverse types of public health interventions. At the base of the pyramid are interventions with the greatest potential impact and often include efforts to address social determinants of health. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protections, ongoing direct clinical care, and health education and counseling at the top.[5]

[4] https://www.samhsa.gov/sites/default/files/tribalactionplanguidelines_508c.pdf
[5] https://www.cdc.gov/policy/hi-5/



I. Developing Assets Framework

The Developmental Assets Framework is a positive youth development framework created by Search Institute, a non-profit organization that researches and works to strengthen the qualities and supports youth need to succeed. The framework focuses on a set of internal (social-emotional strengths, values, and commitments) and external (relationships and opportunities) assets that influence young people's development and support them to become caring, responsible, and productive. The program provides separate asset indicators for four age groups: early childhood (ages 3-5), children (ages 5-9), middle childhood (ages 8-12), and adolescents (ages 12-18). Here is an example of 40 Developmental Assets® for Adolescents (ages 12-18)[6]:

[6] https://www.search-institute.org/our-research/development-assets/developmental-assets-framework/

Developmental Assets® for Adolescents (Ages 12 – 18)

Search Institute® has identified the following building blocks of healthy development—known as Developmental Assets®—that help young people grow up healthy, caring, and responsible.

EXTERNAL ASSETS

SUPPORT

1. **Family support**—Family life provides high levels of love and support.
2. **Positive family communication**—Young people and their parenting adults communicate positively, and young people are willing to seek parenting adults' advice and counsel.
3. **Other adult relationships**—Young people receive support from three or more nonparent adults.
4. **Caring neighborhood**—Young people experience caring neighbors.
5. **Caring school climate**—Schools provide a caring, encouraging environment.
6. **Family-school partnerships**—Families and schools work together to ensure that young people are successful in learning.

EMPOWERMENT

7. **Community values youth**—Young people perceive that adults in the community value youth.
8. **Youth as resources**—Young people have useful roles in the community.
9. **Service to others**—Young people serve in the community one hour or more per week.
10. **Safety**—Young people feel safe at home, school, and in the neighborhood.

BOUNDARIES AND EXPECTATIONS

11. **Family boundaries**—Families have clear rules and consequences, and monitor young people's whereabouts.
12. **School boundaries**—Schools provide clear rules and consequences.
13. **Neighborhood boundaries**—Neighbors take responsibility for monitoring young people's behavior.
14. **Adult role models**—Parenting adults and other adults model positive, responsible behavior.
15. **Positive peer influence**—Young people's best friends model responsible behavior.
16. **High expectations**—Parenting adults and teachers encourage young people to do well.

CONSTRUCTIVE USE OF TIME

17. **Creative activities**—Young people spend three or more hours per week in lessons or practice in music, theater, or other arts.
18. **Youth programs**—Young people spend three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
19. **Religious or spiritual community**—Young people participate in activities or programs with positive peers and adults in a religious or spiritual organization one or more hours per week.
20. **Time at home**—Young people are out with friends "with nothing special to do," two or fewer nights per week.

INTERNAL ASSETS

COMMITMENT TO LEARNING

21. **Achievement motivation**—Young people are motivated to do well in school.
22. **School engagement**—Young people are actively engaged in learning.
23. **Homework**—Young people report doing at least one hour of homework every school day.
24. **Bonding to school**—Young people care about their school.

25. **Reading for pleasure**—Young people read for pleasure three or more hours per week.

POSITIVE VALUES

26. **Caring**—Young people place high value on helping other people.
27. **Equality and social justice**—Young people place high value on promoting equality and reducing hunger and poverty.
28. **Integrity**—Young people act on convictions and stand up for their beliefs.
29. **Honesty**—Young people "tell the truth even when it's not easy."
30. **Responsibility**—Young people accept and take personal responsibility.
31. **Restraint**—Young people believe it is important not to be sexually active or to use alcohol or other drugs.

SOCIAL COMPETENCIES

32. **Planning and decision-making**—Young people know how to plan ahead and make choices.
33. **Interpersonal competence**—Young people have empathy, sensitivity, and friendship skills.
34. **Cultural competence**—Young people know and are comfortable with people of different cultural, racial, ethnic, and other backgrounds than their own.
35. **Resistance skills**—Young people can resist negative peer pressure and dangerous situations.
36. **Peaceful conflict resolution**—Young people seek to resolve conflict nonviolently.

POSITIVE IDENTITY

37. **Personal power**—Young people feel they have control over things that happen to them.
38. **Self-esteem**—Young people report having a high self-esteem.
39. **Sense of purpose**—Young people report that their life has a purpose.
40. **Positive view of personal future**—Young people are optimistic about their personal future.

J. Community Anti-Drug Coalitions of America's (CADCA) Seven Strategies to Affect Community Change

Seven methods that can bring about community change have been adopted as a useful framework by CADCA's Institute. Each of these strategies represents a key element to build and maintain a healthy community. In the planning process, utilize all seven strategies to be as comprehensive as possible to achieve population-level change. When focusing on implementation of environmental strategies, consider the types of information, skill-building, and support activities necessary to move your interventions forward. You will see that the strategies overlap and reinforce each other.

The first three strategies—provide information, build skills, and provide support—assist in educating the public, raising awareness, and helping individuals make healthy choices. Generally, they affect small numbers of individuals and are too weak to impact the community at large. These strategies often are necessary if you are working in a community where denial of and limited knowledge about the current problem is prevalent. But they can provide initial information necessary to bring a community together around an issue.

Since the first three of the seven strategies focus on impacting individuals, they have obvious limitations and probably will not, by themselves, achieve measurable change in substance abuse rates in your community. However, the last four strategies are environmental in nature and, when utilized in a multi-strategy plan, can form the basis of a comprehensive approach along with the first three.

1. **Provide information.** One of the most common strategies used in prevention is providing information to community members. The goal of this strategy is to change knowledge and beliefs related to substance use, including accepting that a substance problem exists, understanding the physical and social consequences of substance use, and increasing awareness of what the community is doing to combat substance use.

2. **Build skills.** In addition to changing what people know, prevention efforts seek to give people new abilities to take action. These skill development efforts cross a broad range of abilities and audiences. Examples include refusal skills for youth; parenting skills for caregivers; professional development for teachers, police, youth workers or other support personnel; and advocacy skills for community residents and coalition members.

3. **Provide support.** Most of us are more likely to act on our knowledge and skills if someone encourages us or participates with us. For example, we know we should exercise more, and we may have learned some new exercise skills, but we still may fail to get adequate exercise. However, if we set a time to meet with friends to exercise or our spouse agrees to exercise with us three times a week, then we are more likely to follow through and get the exercise we know we need. Prevention puts this principle into practice in many ways including through peer support groups, alternative activities, and mentoring.

4. **Change access/barriers.** Let's continue with the earlier example of getting adequate exercise. We know we should exercise. We have skills to participate in different forms of physical activity. We even may have supportive family members or friends who will exercise with us. But what if the tennis courts are only open on weekends, the gym membership is too expensive, or our bike needs repair. Each of these illustrates a barrier. An important strategy in prevention is to ensure that there are no barriers to the behaviors in which we want people to engage, such as healthy after-school activities. Conversely, there should be numerous barriers to the behaviors we are trying to discourage, such as increasing the price of alcohol and limiting the hours during which it can be sold to discourage alcohol consumption.

5. **Change consequences/incentives.** Providing incentives or increasing penalties has a strong effect on the behavior choices people make. If an employer holds a contest and awards prizes such as a day off with pay to those who meet their exercise goals, then even more people will begin exercising. Information, skills, social support, and access may all be provided by the employer to encourage exercise. For example, an employer may create paycheck stuffers with exercise tips, provide a gym at the workplace, an exercise instructor to build skills, and form employee exercise teams. The addition of incentives will always increase the number of people who participate. Likewise, increasing penalties for behaviors you want to discourage can be effective too, such as increasing fines for providing alcohol to minors or stiffer penalties for selling substances.

6. **Change the physical design of the environment.** Studies show that if good sidewalks are available and connect to places people want or need to go, and if these sidewalks are reasonably "pedestrian friendly," (such as being offset from the road and having shade) more people will walk every day. No other changes are necessary. Simply change the environment and people's behavior changes. This is true of many behaviors that coalitions seek to promote or discourage. Crime can be affected by how the neighborhood is physically designed (For example C.P.T.E.D.— "Crime Prevention Through Environmental Design" programs) and changes can be made to reduce crime by increasing lighting or changing traffic patterns. Coalitions should always look at the relationship between the physical design of the local community and the behaviors they are trying to promote or discourage.

7. **Change policies, rules, practices, and procedures.** Many choices that people make are governed by rules that dictate what can and cannot be done. Rules in the workplace, school regulations, and laws in the community are just some examples. Ensuring these policies and rules are appropriately promoting positive behaviors and discouraging negative behaviors is an important role for coalitions. Often, policymakers are unaware of the unintended side effects of a given policy or an appropriate policy which lacks enforcement. Regardless of what a coalition learns through a community assessment, it is almost impossible to achieve community-level objectives without addressing some aspect of local policy.[7]

[7] http://www.preventmedabuse.org/about-the-tool-kit/7-strategies-to-effective-community-change/

K. Other Helpful Resources

- OHA's Opioid Settlement Webpage
- OHA's Reducing Opioid Overdose and Misuse webpage
- Community Engagement Strategies Checklist
- Prevention Technology Transfer Center Network
- Focus on Prevention | Strategies and Programs to Prevent Substance Use
- Prevention Institute – Tools
- Rural Health Information Hub
- SAMHSA's Evidence-Based Practices Resource Center
- SAMHSA's Evidence-Based Resource Guide: Implementing Community-Level Policies to Prevent Alcohol Misuse
- Community Toolbox
- The Community Guide
- CDC Efforts to Prevent Overdoses and Substance Use-Related Harms
- CDC Overdose Prevention
- County Health Rankings & Roadmaps
- Tri-Ethnic Center for Prevention Research (TEC)

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Contact the Health Promotion and Chronic Disease Prevention Section at HPCDP.Community@odhsoha.oregon.gov or 971-673-0984. We accept all relay calls.

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