

OSA SPF-SIG Strategy Approval Guide

For OSA SPF-SIG grantees

November 2007



SPF SIG

*Working together for health promotion
and substance abuse prevention.*

Maine Department of Health and Human Services
Maine Office of Substance Abuse

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Purpose

The purpose of this *Guide* is to provide guidelines and tools to help OSA SPF-SIG grantees select and successfully implement the most appropriate strategies to attain population level change of state and community identified objectives and goals, and to request approval of strategies as “evidence-based” per SAMHSA guidelines.

OSA SPF-SIG grantees should contact the Cheryl Cichowski (287-4391) or Anne Rogers (287-4706) for technical assistance in utilizing this document and/or submitting the forms in this packet for any strategies needing approval.

All requests for strategy approval should be submitted to cheryl.cichowski@maine.gov.

OSA’s Strategy Approval Process Overview

The SPF-SIG Program specifically requires implementation of evidence-based interventions. Along with being evidence-based, effective strategies should match the needs of the community, include multiple activities, and involve multiple people.

Evidence-based strategy definitions:

1. Included on Federal Lists or Registries of evidence-based interventions; **OR**
2. Reported (with positive effects) in peer-reviewed journals; **OR**
3. Documented effectiveness based on the three new guidelines for evidence:

Guideline 1: The intervention is based on a solid theory or theoretical perspective that has been validated by research; **AND**

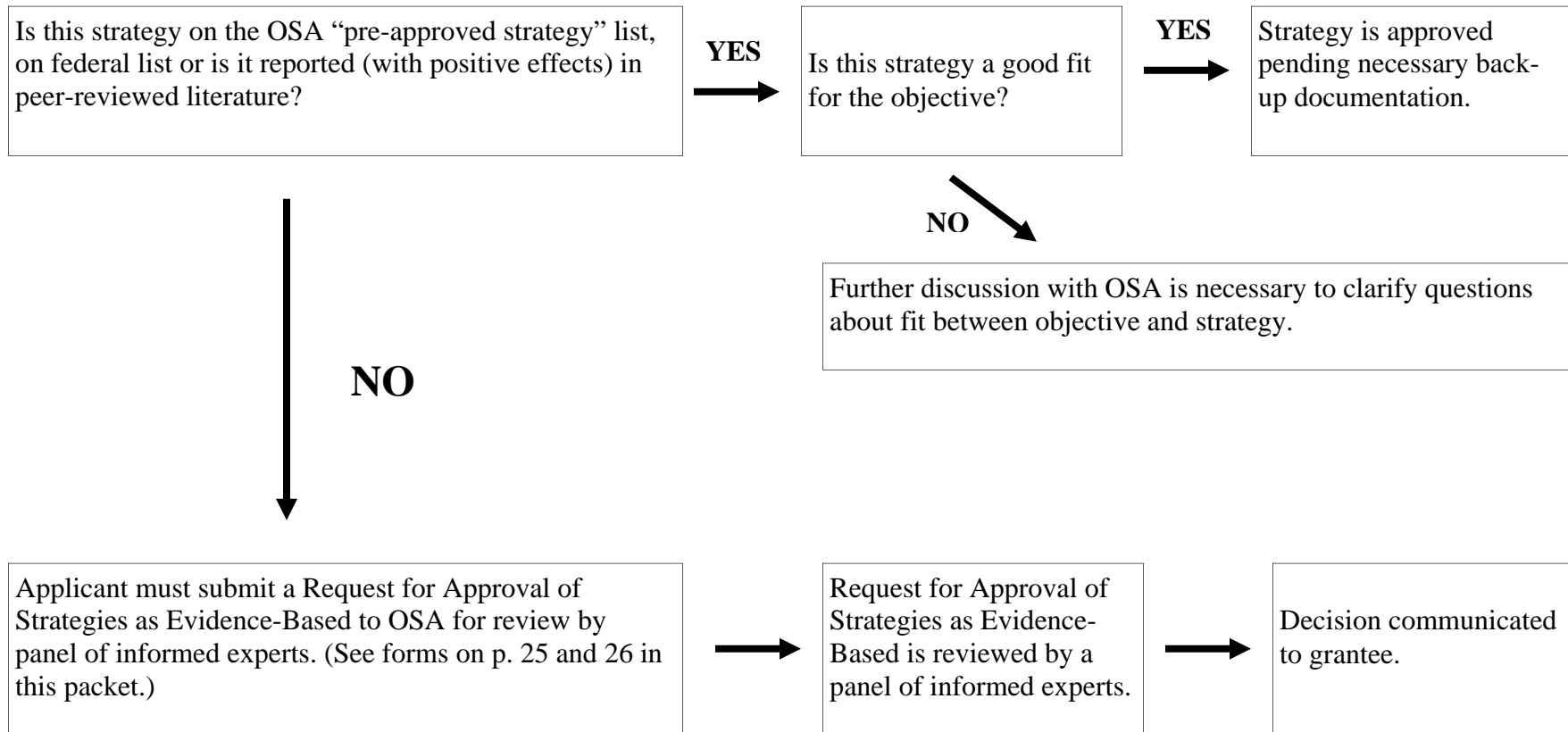
Guideline 2: The intervention is supported by a documented body of knowledge—a converging accumulation of empirical evidence of effectiveness—generated from similar or related interventions that indicate effectiveness; **AND**

Guideline 3: The intervention is judged by a consensus among informed experts to be effective based on a combination of theory, research, and practice experience. Informed experts may include key community prevention leaders, and elders or other respected leaders within indigenous cultures.

If you have selected a strategy that does not fall within the first two definitions in the box above, it will need to go through the process outlined in this guide.

Starting on page 15 are a number of OSA “pre-approved” strategies that are evidence-based and may be used by communities without submission for approval.

EVIDENCE-BASED STRATEGY APPROVAL PROCESS



Note: If strategies are not approved, grantees must work with OSA to identify other strategies that can be approved as evidence-based for substitution in the contract workplan.

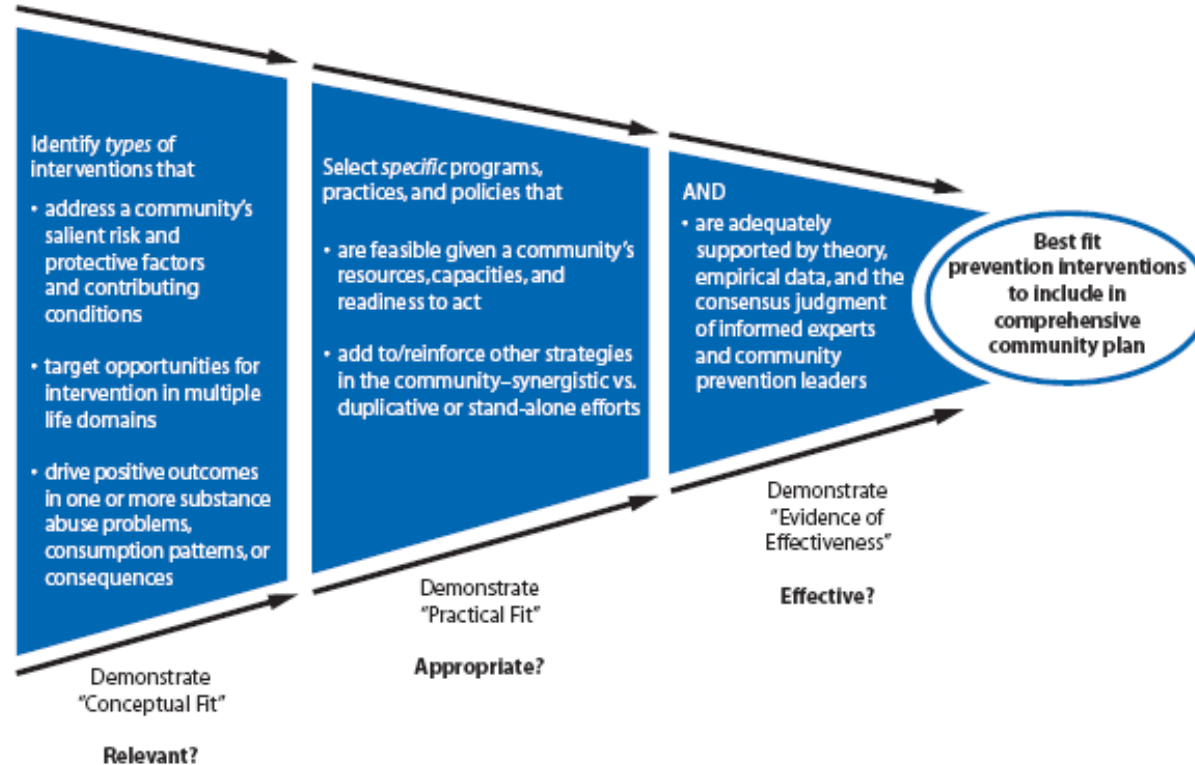
Determining Fit

It is important to choose strategies that are both evidence-based and are a strong fit to the objectives so that change is likely to occur. Fit includes both conceptual (relevance) and practical (appropriateness) fit in relation to the community and target population you plan to impact. [Figure 1 below is from January 2007 SAMHSA document, Identifying and Selecting Evidence-Based Interventions]

Relevance: If the prevention program, policy, or practice doesn't address the underlying intervening variables/contributing factors (risk and protective factors) that contribute to the problem, then the intervention is unlikely to be effective in changing the substance abuse problem or behavior.

Appropriateness: If the prevention program, policy, or practice doesn't fit the community's capacity, resources, or readiness to act, then the community is unlikely to implement the intervention effectively.

Figure 1: Selecting the Best Fit Prevention Interventions Process



To further determine if the strategy you plan to use is a good fit, ask yourself the following questions:

Mission, Goals, Objectives

- A. Does this strategy fit your community's mission?
- B. Does the strategy fit the values of your community?
- C. Is the strategy compatible with your community's current focus?

Implementation Capacity

- D. Does your community have the human resources to implement the strategy?
- E. Does your community have the material resources to implement the strategy?
- F. Does your community have the appropriate funding to implement the strategy?
- G. Can you implement the strategy in the manner it was designed?
- H. Does the strategy take into account the stage of readiness of the community and target population?

Cultural Relevance

- I. Is the strategy appropriate for the communities existing practices?
- J. Is the strategy appropriate for the culture and characteristics of the community being served?
- K. Does the strategy take into account the community's values and traditions that affect how its citizens and the targeted group regard health promotion issues?
- L. Has the strategy shown positive results in communities with similar cultural attributes?

Evidence-based Effectiveness

- M. Is the strategy based on a well-defined theory or model?
- N. Is there documented evidence of effectiveness?
- O. Have the results been replicated successfully by different researchers/providers?
- P. Has the strategy been shown to be effective for risk factors similar to those you will address?

If you answered **no** to any of the questions, think about how to overcome these barriers. Taking the proposed strategies through the logic model process on the following page will help you identify whether the strategy targets the outcome desired, whether you need to combine multiple strategies to reach the intended outcome, or whether you should consider a different strategy.

SAMPLE OSA SPF-SIG LOGIC MODEL TO TEST STRATEGY “FIT”

GOALS	INTERVENING VARIABLES/ OBJECTIVE	FOCUS POPULATION	STRATEGIES	“IF-THEN” STATEMENTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES
What is the consumption/ consequence (problem) to be changed?	What intervening variables or risk factors are driving or contributing to the problem?	Who are the people you are directly targeting with the intervention?	What strategies or programs do you want to implement? (i.e. social marketing campaign, etc)	Use the If-then approach to test the logic of your strategy.	What should you see to know these strategies were implemented well? (i.e. process measures)	What are the indicators of progress on targeted objective?
Example						
Reduce underage drinking	<p>Assessment shows youth are frequently buying alcohol from stores in town, and youth focus group participants consider it very easy to get alcohol through retail sources, since most know one or more stores that they believe will not ask for ID.</p> <p>Objective: Reduce retail access</p>	Store owners and clerks	Encourage store owners & managers to use the “Card ME” Responsible Retailing System (RRS), and work with local law enforcement (and DPS Liquor Licensing) to supplement statewide compliance checks with additional local compliance checks training.	If more stores in town receive the RRS training and compliance checks are performed, then clerks will be more aggressive about carding people who look under age 27 and refusing sales to those without ID so youth will believe they will be asked for ID.	More stores participate in the Card ME program. (All stores in town are approached, and a high percentage of them actively participate).	<p>Reduced sales to minors (as indicated by reduced compliance check failures and a reduction in underage drinking incidents investigated by police where retail sources were identified).</p> <p>Reduction in perceived ease of access to alcohol (MYDAUS)</p>

Example of Request for Strategy Approval as Evidence-Based

Objective Number	Objective	Intervening Variables/ Contributing Factors	Strategy	Theoretical Basis (the theory explains why/how the strategy can be expected to achieve the objective)	Documented positive results through evaluation or other materials
3.15	Reduce availability of prescription drugs for purposes other than prescribed, by increasing prescribers' and dispensers' awareness of and use of the Prescription Monitoring Program based on assessment-based local substance abuse prevention priorities	Easy availability, particularly related to "doctor shopping" and diversion of prescribed narcotics obtained through health care system Based upon key informant interviews with providers in X County, they have expressed willingness to learn more about the PMP and most dispensers are already participating in PMP	Health Care Provider educational meetings and presentations on the importance of utilizing the PMP system – motivate prescribers to become active users of PMP as a regular practice	By getting more health care providers signed up for and using the PMP system, providers will be better able to identify "doctor shoppers" and not give them additional prescriptions, reducing the amount of excess prescriptions on the street.	<p>An Evaluation of Prescription Drug Monitoring Programs, by Simeone and Holland, 2006 http://www.simeoneassociates.com/simeone3.pdf</p> <p>This Bureau of Justice Assistance-sponsored resource examines the effects of prescription drug monitoring programs on the supply and abuse of prescription drugs.</p>

Strategies Not Likely to be Approved as Evidence-Based for inclusion in SPF-SIG workplans¹

Strategy with Examples	Some reasons why these strategies may not be effective	References for more information
Alternative Activities		
<ul style="list-style-type: none"> • Drug Free Dances • Recreational Activities 	<p>These activities alone do not provide essential critical social and thinking skills.</p> <p>No evidence that they impact the identified priority intervening variables</p>	<p>What Does Not Work In Prevention http://www.nde.state.ne.us/federalprograms/sdfs/ATOD/PromisingPreventionPractices.htm#WhatDoesNotWork</p>
Instructional programs that focus on Information Dissemination, Moral Appeal, Self-Esteem enhancement, Fear Arousal, Social Influence		
<ul style="list-style-type: none"> • Awareness Days, assemblies for student audiences 	<p>One time events demonstrate little impact. Scare tactics can be counter productive - when exaggerated danger, false information, or biased presentations are delivered, teens tend to disbelieve the message and discredit the messenger, especially when youth have access to contrary information and experience.</p>	<p>What Does Not Work In Prevention http://www.nde.state.ne.us/federalprograms/sdfs/ATOD/PromisingPreventionPractices.htm#WhatDoesNotWork</p> <p>Research Supporting Alternatives to Current Drug Prevention Education for Young People http://www.drugpolicy.org/library/skager_drug_ed2003.cfm</p> <p>Don't Do It! Ineffective Prevention Strategies http://www.cde.state.co.us/cdeprevention/download/pdf/Ineffective_Damaging_Strategies.pdf</p> <p>Drug Prevention Programs Can Work: Research Findings http://www.ccapt.org/pagecontent/pdf.tobler92.pdf</p>

¹ Some highly publicized programs have been shown to be ineffective, especially when not part of a comprehensive strategy.

Strategy with Examples	Some reasons why these strategies may not be effective	References for more information
<ul style="list-style-type: none"> Self-esteem enhancement activities 	<p>Programs that are characterized by very little drug information but focus on the intrapersonal skills of participants demonstrate little impact on behaviors.</p>	
<ul style="list-style-type: none"> Mock Car Crashes 	<p>Students tend to remember the destruction, sadness or horror of the experience without relating it to their future behavior, reflection or intention – impact may be strongest on those who have already committed to not using.</p>	
<ul style="list-style-type: none"> Fatal vision goggles 	<p>Studies show that the effects of fatal vision goggles disappear after four weeks and do not result in a decrease in drunk driving behaviors.</p>	<p>Jewell J, Hupp SD. Journal of Primary Prevention. 2005 Nov. 26(6):553-65.</p>
Deterrent Punishment		
<ul style="list-style-type: none"> Making an example of offenders 	<p>Parents and youth are likely to remain silent in order to protect the offender from punitive policies. Observers fear only the associated consequence of the offender</p>	<p>Foster, S. E. & Richter, L. (2001). Malignant Neglect: Substance Abuse and America’s Schools. National Center on Addiction and Substance Abuse. Columbia University. http://www.casacolumbia.org/pdshopprov/files/80624.pdf</p>

Resources

Identifying and Selecting Evidence-Based Interventions

This guide, developed by CSAP, provides criteria on selecting appropriate strategies that are based on identified intervening variables (risk and protective factors). It also, provides definitions of evidence-based and practical fit.

<http://www.maine.gov/dhhs/osa/prevention/community/spfsig/documents/national/idenselectinterventions.pdf>

National Registry of Evidence-Based Programs and Practices The National Registry of Evidence-Based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field. As of March, 2007, NREPP is a new registry and currently has several dozen reviewed interventions. New intervention summaries are continually being added as reviews are completed. The registry is expected to grow to a large number of interventions over the coming months and years. Please check back regularly to access the latest updates. As of May 15, 2007 only two substance abuse prevention environmental strategies was on NREPP

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

To access SAMHSA's Model Program website (the old NREPP), go to <http://modelprograms.samhsa.gov>.

Northeast Center for Applied Prevention Technologies – Database of Effective Prevention Programs

Northeast CAPT staff collects and categorizes information on programs approved by a variety of federal and other research agencies. This is a searchable database of effective substance abuse prevention programs according to a variety of criteria. They have also included information about the sources those agencies used for their evaluations, contact information, websites, domains, relevant references, and a brief description of each intervention.

<http://www.hhd.org/capt/default.asp>

NIAAA College Drinking Prevention

This site contains comprehensive, research-based information on issues related to alcohol abuse and binge drinking among college students.

<http://www.collegedrinkingprevention.gov/>

National Institute on Drug Abuse

This website does not contain a registry in which the programs are categorized according to a judgment of their effectiveness. Instead, it provides examples of evidence-based drug abuse prevention programs. The website also contains links to other prevention resources.

<http://www.nida.nih.gov/prevention/examples.html>

The CDC Guide to Community Preventive Services

This guide was developed through systematic reviews of available evidence of effectiveness for selected interventions among three areas: a) improving health behaviors; b) reducing specific diseases, disabilities, injuries and impairments and c) addressing environmental and ecosystem challenges. Following completion of the reviews, the Independent Task Force on Community Preventive Services reviews the evidence and issues one of three findings: Strongly recommended, Recommended or Insufficient Evidence.

<http://www.thecommunityguide.org>

Office of Safe and Drug Free Schools <http://www.ed.gov/about/offices/list/osdfs/programs.html>

Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs 2001

<http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf>

Office of Justice Programs, Community-based Programs

This site covers promising and innovative programs in areas of community policing, violence prevention, crime and drug abuse prevention.

http://www.ojp.usdoj.gov/commprograms/field_tested_programs.htm

Maine OSA Learning Communities Training, Spring 2007

<http://www.maine.gov/dhhs/osa/prevention/community/spfsig/projects/learningcommunity07.htm>

Peer Reviewed Journal

A peer reviewed journal is a scholarly periodical which requires that each article submitted for publication be judged by an independent panel of experts (scholarly or scientific peers). Articles not approved by a majority of these peers are not accepted for publication by the journal.

Peer-reviewed journals can be identified by their editorial statements or instructions to authors (usually in first few pages of the journal or at the end). <http://www.library.uiuc.edu/alx/peer.htm>

Examples of Peer Reviewed Journals

- Alcohol
- Alcohol and Alcoholism
- American Journal of Evaluation
- Journal of Public Health
- Harm Reduction Journal
- Journal of the American Medical Association
- Journal of Epidemiology and Community Health
- Journal of Pediatrics
- Journal of Prevention and Intervention in the Community
- Morbidity and Mortality Weekly Report, CDC
- Substance Abuse

OSA's "Pre-Approved" Approaches/Strategies/Tools

Underage Drinking – Evidence-Based Comprehensive Strategies to Fit OSA’s Priority Intervening Variables

Objective	Sample comprehensive approach using evidence-based strategies	Tools/Resources/Citations <i>(Note: this is a sample, and not a comprehensive list)</i>
<p>3.3 Increase effectiveness of retailers policies and practices that restrict access to alcohol by underage youth [Required in OSA SPF-SIG workplan]</p> <p>3.8 Decrease alcohol advertising/pro motions that appeal to youth</p>	<p>Enforcement: Retail Compliance Checks; investigation of underage drinking incidents to ensure retail violations are addressed.</p> <p>Collaboration: Community organizing for policy changes to reduce youth access to alcohol; Collaboration with retailers to prioritize reducing underage access and implement strategies such as voluntary mystery shopper program.</p> <p>Education: Merchant education, Clerk training, Responsible Beverage Service Training (RBS)</p> <p>Communications: Alcohol Warning Posters; Strategic use of the Media to increase public perception that the laws are being enforced and that retailers will not sell to minors.</p> <p>Policy –Retailers: Minimum age of seller requirements, Training requirements, Checking age identification requirements , Responsible Retailing systems— management policies & practices.</p> <p>Policy-Community: Community festivals regulations; Zoning ordinances to limit alcohol outlet density</p> <p>Policy- State: Administrative Penalties; Minimum Age of Seller Requirements; Pricing strategies to make alcohol less available to minors.</p>	<p>Community Trials/PIRE: http://www.pire.org/CommunityTrials/ Treno, A.J. and Holder, H.D. (1997). Community mobilization: evaluation of an environmental approach to local action. <i>Addiction</i>. 92 (Supplement 2): S173-S187; and Grube JW. (1997). Preventing sales of alcohol to minors: results from a community trial. <i>Addiction</i> 92: S251-60.</p> <p>Responsible Sales Guides/UDET/PIRE/OJJDP: http://www.udetc.org/documents/PreventingSales.pdf - Merchant Education Programs http://www.udetc.org/documents/ReduceAlsal.pdf - Compliance Checks</p> <p>CMCA/University of Minnesota: http://www.epi.umn.edu/alcohol/cmca/index.shtm Wagenaar, A.C., Gehan, J.P., Jones-Webb, R., Toomey, T.L., Forster, J.L. (1999). Communities Mobilizing for Change on Alcohol: Lessons and results from a 15-community randomized trial. <i>Journal of Community Psychology</i>. 27(3):315-326.</p> <p>Sample Policies & Materials/ UMN: http://www.epi.umn.edu/alcohol/policy/access.shtm Wagenaar, A. C., T. L. Toomey, et al. (2005). Preventing youth access to alcohol: Outcomes from a multi-community time-series trial. <i>Addiction</i>, 100(3), 335-345.</p> <ul style="list-style-type: none"> • Compliance Checks – includes guide for law enforcement • Responsible Beverage Service Training • Regulations or Bans on Home Delivery of Alcohol • Alcohol Warning Posters <p style="text-align: right;">• Administrative Penalties • Checking Age Identification • Minimum Age of Seller</p> <p>Community Festivals Materials/UMN: http://www.epi.umn.edu/alcohol/festivals/index.shtm Toomey TL, Erickson DJ, Patrek W, Fletcher LA, Wagenaar AC. (2005). Illegal alcohol sales and use of alcohol control policies at community festivals. <i>Public Health Reports</i>, 120(2):165-173.</p> <p>Integrated Responsible Retailing Model: http://fcpr.fsu.edu/retail/integrated_RR_model.html http://fcpr.fsu.edu/retail/documents/BP_Report_Conference_Edition.pdf (CSAP document)</p> <p>Pricing Strategies: http://www.cspinet.org/booze/taxguide/TaxIndex.htm Chaloupka F, et al. (2002). The effects of price on alcohol consumption and alcohol-related problems. <i>Alcohol Research and Health</i>, 26(1):22-34.</p> <p>Maine-specific resources:</p> <ul style="list-style-type: none"> • State-Approved RBS Trainings: http://www.maine.gov/dps/liqr/Docs/CertTrain.doc • State-level policy change – Maine Association of Prevention Programs & Maine Alcohol Impact Coalition – mshaughnessy@masap.org • Card ME Program for Retailers (being piloted summer 2007) - Contact Maryann Gotreau at OSA: 287-5713; maryann.gotreau@maine.gov.

Underage Drinking – Evidence-Based Comprehensive Strategies to Fit OSA’s Priority Intervening Variables

Objective	Sample comprehensive approach using evidence-based strategies	Tools/Resources/Citations <i>(Note: this is a sample, and not a comprehensive list)</i>
<p>3.6 Reduce appeal of underage drinking by increasing knowledge of the health risks.</p>	<p><i>Enforcement:</i></p> <p><i>Collaboration:</i></p> <p><i>Education:</i></p> <p><i>Communications:</i></p> <p><i>Policy:</i></p>	<p>Refer to Resources in the OSA SPF-SIG Strategy Approval Guide for links to evidence-based strategies. The chosen evidence-based strategy needs to state that it increases the knowledge of the health risk of underage drinking to reduce its appeal.</p> <p>For strategies targeting parent/adult knowledge of health risks, please refer to resources listed under Objectives 3.2/3.3.</p>
Objective	Sample comprehensive approach using evidence-based strategies	Tools/Resources/Citations <i>(note: this is a sample, and not a comprehensive list)</i>
<p>3.5 Increase the effectiveness of school substance abuse policies</p>	<p><i>Enforcement:</i></p> <p><i>Collaboration:</i></p> <p><i>Education:</i></p> <p><i>Communications:</i></p> <p><i>Policy:</i></p>	<p>OSA is creating a “How to Guide” for development and implementation of effective school substance abuse policies and procedures. Expected completion date of this guidance document is early spring of 2008.</p>

Revised 7/18/07 MESAP: Maine's Environmental Substance Abuse Prevention Center mesap@mcd.org

Underage Drinking – Evidence-Based Comprehensive Strategies to Fit OSA’s Priority Intervening Variables

Objective	Sample comprehensive approach using evidence-based strategies	Tools/Resources/Citations <i>(Note: this is a sample, and not a comprehensive list)</i>
<p>3.2 Increase use of recommended parental monitoring practices for underage drinking [Required in OSA SPF-SIG workplan]</p> <p>3.7 Decrease counterproductive adult modeling behaviors</p>	<p>Communications: Social marketing campaign & materials targeting parents; publicize school policies and law enforcement policies regarding underage drinking.</p> <p>Collaboration: Partnership with local media, parent groups, schools, doctor’s offices, businesses, etc. to get the message out</p> <p>Enforcement: Increase enforcement of underage drinking laws (see below)</p> <p>Policy: Notification of parents required by school policy (within confidentiality regulations) and police department policy</p> <p>Education*: Community parent meetings to educate parents about effective monitoring practices</p> <p>* What about curriculum-based parent education programs? In the One ME evaluation, most communities did not report positive outcomes from curriculum-based programs. This was due to challenges with implementation, including difficulty getting enough participants to make the programs cost-effective. In designing a strategy to increase parental monitoring, consider issues of cost vs. benefit, reach, saturation, and dosage.</p>	<p>Parental Monitoring Beck, K.H., Shattuck, T., Haynie, D. Crump, A.D., and Simons-Morton, B. (1999). Associations between parent awareness, monitoring, enforcement and adolescent involvement with alcohol. <i>Health Education Research</i>, 14(6), 765-775. Shillington, A. M., S. Lehman, et al. (2005). Parental monitoring: Can it continue to be protective among high-risk adolescents? <i>Journal of Child & Adolescent Substance Abuse</i>, 15(1), 1-15.</p> <p>Parent Media Campaigns Stephenson MT, Quick BL. (2005). Parent ads in the National Youth Anti-Drug Media Campaign. <i>J Health Commun.</i> Dec;10(8):701-10. Surkan PJ, Dejong W, Herr-Zaya KM, Rodriguez-Howard M, Fay K. (2003). A paid radio advertising campaign to promote parent-child communication about alcohol. <i>J Health Commun.</i> Sep-Oct;8(5):489-95.</p> <p>OSA Parent Campaign/Social marketing materials Developing an effective social marketing campaign can be expensive and challenging and can end up doing more harm than good if not based in solid research and expertise (see <i>Why Bad Ads Happen to Good Causes</i>, by Andy Goodman). Rather than create stand-alone local campaigns, Maine communities are encouraged to expand local dissemination of the OSA Parent Campaign:</p> <ul style="list-style-type: none"> • Television ads: http://www.maineparents.net/tv_ads.html • Materials for parents: http://www.maineparents.net/useful_info_for_parents.html • Community parent forums & discussion guide: coming soon from OSA (summer/fall 2007), pilot materials available now <p>School policy guidelines: coming soon from OSA (early 2008)</p> <p>One ME evaluation of parenting programs: http://www.maine.gov/dhhs/osa/pubs/prev/2006/onemefinaleval.doc “Even with extensive recruitment efforts, most coalitions who selected programs targeting parents had little success in getting them to actually attend the sessions. Most coalitions will not sustain parenting programs because they weighed the effort and associated costs of recruitment and implementation with the numbers of parents served and decided the programs are not a good use of prevention resources” (p.117).</p>

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Underage Drinking – Evidence-Based Comprehensive Strategies to Fit OSA’s Priority Intervening Variables

Objective	Sample comprehensive approach using evidence-based strategies	Tools/Resources/Citations <i>(Note: this is a sample, and not a comprehensive list)</i>
<p>3.1 Increase effectiveness of local underage drinking law enforcement policies & practices (based on Maine Chiefs of Police/OSA model policy) [Required in OSA SPF-SIG workplan]</p> <p>3.9 Increase effectiveness of policies/practices affecting social access to alcohol by youth for underage drinking</p>	<p><i>Enforcement:</i> Increase enforcement actions related to underage drinking, furnishing, and hosting laws</p> <p><i>Collaboration:</i> Coalition-building between law enforcement and prevention community to establish underage drinking enforcement as shared priority</p> <p><i>Policy:</i> Departmental policy around underage drinking enforcement, based on model policy</p> <p><i>Education:</i> Training for officers regarding best practices, model policy implementation, & why it’s important</p> <p><i>Communications:</i> Work with police & DA’s office to publicize incidents of furnishers/hosts being caught & prosecuted. Publicize penalties for furnishing and hosting. Use media strategically to increase community support for enforcement.</p>	<p>Enforcement of possession laws & deterrence: Dent WC, Grube JW, Biglan A. Community level alcohol availability and enforcement of possession laws as predictors of youth drinking. <i>Preventive Medicine</i> 40 (2005) 355-362. Grovesnor, D., Toomey, T.L., Wagenaar, A.C. (1999). Deterrence and the Adolescent Drinking Driver. <i>Journal of Safety Research</i>. 30(3) 187-191.</p> <p>Enforcement of social host laws & deterrence: Jones-Webb R, Toomey T, Miner K, Wagenaar AC, Wolfson M, Poon R. Why and in what context adolescents obtain alcohol from adults: A pilot study. <i>Substance Use & Misuse</i>, (2):219-28, 1997. Wagenaar AC, Toomey TL, Murray DM, Short BJ, Wolfson M, Jones-Webb R. Sources of alcohol for underage drinkers. <i>Journal of Studies on Alcohol</i>, 57(3):325-33, 1996.</p> <p>Party Patrols: http://www.udetc.org/documents/UnderageDrinking.pdf</p> <p>Reducing Third-Party Transactions: http://www.udetc.org/documents/Reducing3rdParty.pdf</p> <p>Media Advocacy for Enforcement: http://www.udetc.org/documents/mediaadvocacy.pdf</p> <p>Maine Model Policy from Maine Chiefs of Police Association & OSA http://www.maine.gov/dhhs/osa/prevention/lawenforcement/policy.htm</p> <p>Sticker Shock (sample warning posters about furnishing): http://www.maine.gov/dhhs/osa/prevention/youth/sticker.htm</p> <p>Other OSA Resources for underage drinking enforcement: http://www.maine.gov/dhhs/osa/prevention/lawenforcement/resources.htm</p>

For a great summary of research related to substance abuse prevention and environmental strategies:

Birckmayer, JD, Holder, HD, Yacoubian, GS, & Friend, KB. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: Assessing the research evidence. *Journal of Drug Education*, 34(2), 121-153.

Revised 7/18/07 **MESAP: Maine’s Environmental Substance Abuse Prevention Center** mesap@mcd.org

High-Risk Drinking Among Ages 18-25 –Sample Evidence-Based* Comprehensive Strategies to Fit OSA’s Priority Intervening

Variables

Objective	Sample comprehensive approach using evidence-based strategies	Tools/Resources/Citations (Note: this is a sample, and not a comprehensive list)
<p>3.11 Decrease promotions and pricing that encourage high risk drinking among young adults [Required in OSA SPF-SIG workplan]</p>	<p><i>Collaboration:</i> Collaboration with retailers to limit promotions that encourage high-risk drinking, including cheap drink specials. Community mobilizing for local and state-level policy changes to limit promotions and increase pricing.</p> <p><i>Education:</i> Merchant education about the negative impacts of low pricing and promotions</p> <p><i>Communications:</i> Strategic use of the media to increase public awareness of negative impacts of low pricing and promotions.</p> <p><i>Policy –Retailers:</i> Bar Owners’ Agreement/Policy to limit pricing specials, limit serving sizes, only one drink per customer at a time, etc.</p> <p><i>Policy-College or Workplace:</i> Policies to reduce high-risk drinking among legal drinkers at college or workplace parties where alcohol service is appropriate. E.g. no self-service of alcohol; no free or low-cost alcohol; limit serving sizes; only one drink per customer at a time; comparably priced and equally appealing non-alcoholic beverages.</p> <p><i>Policy- State:</i> Limits on cheap drink specials and other promotions that encourage high-risk drinking. Increase price of alcohol.</p> <p><i>Enforcement:</i> Compliance checks to make sure pricing and promotions are compliant with law. Increase communication with law enforcement and Liquor Licensing regarding citizen concerns about promotions by local establishments. Ensure that Drug-Free Workplace Policies are followed when planning work-sponsored events.</p>	<p>Pricing: Chaloupka F., et al. (2002). The effects of price on alcohol consumption and alcohol-related problems. <i>Alcohol Research and Health</i>, 26(1):22-34. Kuo, M.C. et al. (2003) The marketing of alcohol to college students: The role of low prices and special promotions. <i>American Journal of Preventive Medicine</i>. 25:204-211.</p> <ul style="list-style-type: none"> • Alcohol taxes: http://www.cspinet.org/booze/taxguide/TaxIndex.htm • Limits on low pricing & promotions: <ul style="list-style-type: none"> ○ AMA literature review: http://www.alcoholpolicymd.com/alcohol_and_health/study_high_risk.htm <p>College setting: Gebhardt, T.L. et al. (2000). A campus-community coalition to control alcohol-related problems off campus: An environmental management case study. <i>Journal of American College Health</i>. 48(5):211-214.</p> <p>Workplace setting: National Institute on Alcohol Abuse and Alcoholism, Alcohol Alert: Alcohol and the Workplace (1999), #44: http://pubs.niaaa.nih.gov/publications/aa44.htm U.S. DOL Working Partners for an Alcohol and Drug-Free Workplace, Impaired Driving – Nine tips for Office Celebrations. www.dol.gov/asp/programs/drugs/workingpartners/sp_iss/ninetips.asp CSAP, Drugs in the Workplace Fact Sheet http://dwp.samhsa.gov/DrugTesting/Files_Drug_Testing/FactSheet/factsheet041906.aspx</p> <p>Maine-specific resources:</p> <ul style="list-style-type: none"> • State-level policy change – Maine Association of Prevention Programs & Maine Alcohol Impact Coalition – mshaughnessy@masap.org • Workplace policy change – Maine Office of Substance Abuse, Substance Abuse and the Workplace Program: www.maineosa.org/prevention/workplace • Title 28-A Maine Liquor Laws: http://janus.state.me.us/legis/statutes/

High-Risk Drinking Among Ages 18-25 –Sample Evidence-Based* Comprehensive Strategies to Fit OSA’s Priority Intervening

Variables

Objective	Sample comprehensive approach using evidence-based strategies	Tools/Resources/Citations <i>(Note: this is a sample, and not a comprehensive list)</i>
<p>3.10 Reduce appeal of high risk drinking by increasing knowledge of the health risks [Required in OSA SPF-SIG workplan]</p> <p>3.12 Establish mechanisms in health care systems that increase use of screening and brief intervention to address high risk drinking</p>	<p>Communications: Distribute information about available assessment-feedback services, educational programs and/or “self-help” materials including self-administered survey and feedback. Conduct media advocacy to increase public awareness of consequences resulting from high-risk drinking. Include information regarding health and safety risks and consequences of violating policy when employees are informed of the employer’s drug-free workplace policy.</p> <p>Collaboration: Work with colleges and workplaces to distribute informational materials and/or pass policies to institutionalize the program.</p> <p>Policy: College or workplace policies to offer personalized assessment-feedback to every student/employee, and/or require all students/employees to take evidence-based course as part of general orientation. Require those who break school/business substance abuse policy to participate in assessment-feedback and/or educational program.</p> <p>Education: Web-based assessment-feedback program such as e-CHUG, web-based course such as College-alc, or other evidence-based program.</p> <p>Enforcement: Drug-free workplace policy enforced consistently with communication of policy, education, assessment and referral to treatment as important supporting components.</p>	<p>Personalized assessment-feedback and brief intervention: There is promising evidence that personalized assessment-feedback (in person, on web, or even through the mail) may help to reduce high-risk drinking behavior and increase use of protective behaviors. Note: These brief interventions are meant for high-risk or problem drinkers who are not addicted or dependent (don’t need treatment). Below is a list of some of the latest studies and resources.</p> <p>Walters, S. et al. (2007). A controlled trial of web-based feedback for heavy drinking college students. <i>Prevention Science</i>. 8(1):83-88. (e-CHUG study)</p> <ul style="list-style-type: none"> • e-CHUG: www.e-chug.com <p>Saitz, R. et al. (2007). Screening and brief intervention online for college students: The iHealth study. <i>Alcohol & Alcoholism</i>. 42(1):28-36.</p> <ul style="list-style-type: none"> • iHealth survey: http://www.bu.edu/dbin/sph/research_centers/SurveyAudit.htm <p>Wild, T.C.et al. (2007).Controlled study of brief personalized assessment-feedback for drinkers interested in self-help. <i>Addiction</i>. 102(2):241-250. (aimed at general adult population)</p> <p>Larimer, M.E. et al. (2007). Personalized mailed feedback for college drinking prevention: a randomized clinical trial. <i>Journal of Consulting and Clinical Psychology</i>. 75(2):285-293.</p> <ul style="list-style-type: none"> • AUDIT – Alcohol Use Disorders Identification Test by the World Health Organization: http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf <p>Web-based courses:</p> <p>Bersamin, M.J. (2007). Effectiveness of a web-based alcohol misuse and harm-prevention course among high- and low-risk students. <i>Journal of American College Health</i>. 55(4):247-254.</p> <ul style="list-style-type: none"> • College-alc: www.preventionstrategies.com/CA_purpose.html <p>Alcohol and Drug-Free Workplace Programs:</p> <p>CSAP, Substance Abuse Prevention in the Workplace is Good Business, 2001: http://www.workplace.samhsa.gov/WPResearch/CollaborativeResearch/GoodBusiness.pdf</p> <p>National Institute on Alcohol Abuse and Alcoholism, Alcohol Alert – Alcohol and the Workplace (1999), #44. http://pubs.niaaa.nih.gov/publications/aa44.htm</p> <p>OSA SAW Program: www.maineosa.org/prevention/workplace (links to national resources)</p> <p>U.S. Department Of Labor Working Partners Drug Free Workplace: www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/dfwp.asp</p> <p>Other resources:</p> <ul style="list-style-type: none"> • www.alcoholscreening.org (a free service by Join Together) • Brief Alcohol Screening and Intervention for College Students- SAMHSA model program adaptable for non-students: http://modelprograms.samhsa.gov/pdfs/model/BASICS.pdf Maine’s Higher Education Alcohol Prevention Partnership has individuals who can conduct trainings on the model. Contact Becky Ireland: bireland@usm.maine.edu

High-Risk Drinking Among Ages 18-25 –Sample Evidence-Based* Comprehensive Strategies to Fit OSA’s Priority Intervening

Variables

Objective	Sample comprehensive approach using evidence-based strategies	Tools/Resources/Citations (Note: this is a sample, and not a comprehensive list)
<p>3.13 Increase effectiveness of retailers policies and practices that restrict availability of alcohol that encourages high risk drinking (i.e. reducing sales/service to visibly intoxicated adults)</p>	<p><i>Enforcement:</i> Bar checks and administrative penalties for service to visibly intoxicated persons of legal age.</p> <p><i>Collaboration:</i> Work with merchants to establish and enforce clerk/server policies through a “responsible retailing systems” management model, as well as implement ongoing training for sellers and servers.</p> <p><i>Policy-State:</i> Minimum age of seller. Required seller/server training. Effective enforcement of administrative liquor license violations.</p> <p><i>Policy-Retailers:</i> Minimum age of seller. Ensure seller/server training for all clerks and bartenders. Responsible retailing policies that regulate seller/server practices.</p> <p><i>Education:</i> Merchant education. Seller/server training.</p> <p><i>Communications:</i> Warning posters to remind servers of liability laws. Media to highlight retailers that are doing a good job and expose liability risks.</p>	<p>Holder, H.D. and Wagenaar, A.C. (1994). Mandated server training and reduced alcohol-involved traffic crashes: A time-series analysis of the Oregon experience. <i>Accident Analysis and Prevention</i>. 26:89-97.</p> <p>Policies to reduce sales to intoxicated patrons: http://www.epi.umn.edu/alcohol/policy/intox.shtm</p> <ul style="list-style-type: none"> ○ Administrative Penalties ○ Responsible Beverage Service Training ○ Minimum Age of Seller Requirements ○ Warning Posters re. Liability** ○ Compliance checks/Partnerships with law enforcement <p>** In Maine, servers are liable for damages that result from negligent service of alcohol to intoxicated individuals, per the Maine Liquor Liability Act: “A server who negligently serves liquor to a visibly intoxicated individual is liable for damages proximately caused by that individual’s consumption of the liquor.” (Title 28-A, Section 2052 et seq.)</p> <p>Maine-specific resources:</p> <ul style="list-style-type: none"> • State-Approved Seller/Server Trainings: http://www.maine.gov/dps/liqr/Docs/CertTrain.doc • Card ME Program for Retailers (being piloted summer 2007) - Contact Maryann Gotreau at OSA: 287-5713; maryann.gotreau@maine.gov.

For a great summary of research related to substance abuse prevention and environmental strategies:

- Birckmayer, J.D., et al. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: Assessing the research evidence. *Journal of Drug Education*, 34(2), 121-153.

Summaries of research related to college and 18-25 alcohol prevention:

- Wagenaar, A.C. et al. (2004/2005). Environmental influences on young adult drinking. *Alcohol Research and Health*. 28(4):230-235.
- Toomey, T.L. and Wagenaar, A.C. (2002). Environmental policies to reduce college drinking: options and research findings. *Journal of Studies on Alcohol*. Supplement No. 14: 193-205.
- Supporting research for the NIAAA Task Force on College Drinking: <http://www.collegedrinkingprevention.gov/SupportingResearch/>

Prescription Drug Misuse Among Ages 18-25 –Sample Evidence-Based Comprehensive Strategies to Fit OSA’s Priority Intervening Variables

Objective	Sample comprehensive approach using evidence-based strategies	Tools/Resources/Citations (Note: this is a sample, and not a comprehensive list)
<p>3.15 Reduce availability of prescription drugs for purposes other than prescribed, by increasing prescribers and dispensers awareness of and use of the Prescription Monitoring Program based on assessment-based local substance abuse prevention priorities</p>	<p><i>Collaboration:</i> Work with drug prescribers, dispensers, and their employers to increase use and usability of Maine’s Prescription Monitoring Program (PMP).</p> <p><i>Education:</i> Provide training for prescribers and dispensers regarding Maine’s PMP, why it is important, and how to use it.</p> <p><i>Communications:</i> Use media advocacy to increase public awareness and support for the need for prescribers and dispensers to utilize the PMP. Use media to increase public knowledge about proper storage and disposal of prescription drugs.</p> <p><i>Policy:</i> Work with providers (hospitals, college health centers, dentists, pharmacies, etc.) to enact policies that institutionalize consistent use of the PMP.</p> <p><i>Enforcement:</i> Work with providers to include a plan for enforcement of their PMP policy.</p>	<p>Unfortunately, there is no published research to date evaluating strategies to reduce prescription drug abuse. However, there is promising national evaluation data regarding the success of state-level Prescription Drug Monitoring Programs to reduce the supply and abuse of prescription drugs.</p> <p>Maine's Prescription Monitoring Program http://www.maine.gov/dhhs/osa/data/pmp/index.htm Includes resources for prescribers, dispensers, FAQ, and evaluation reports. Contact: Daniel Eccher, Prescription Monitoring Program Coordinator, OSA Phone: (207) 287-3363 Email: Daniel.Eccher@maine.gov</p> <p>An Evaluation of Prescription Drug Monitoring Programs, by Simeone and Holland, 2006 http://www.simeoneassociates.com/simeone3.pdf This Bureau of Justice Assistance-sponsored resource examines the effects of prescription drug monitoring programs on the supply and abuse of prescription drugs.</p> <p>Proper Disposal Guidelines from ONDCP: http://www.whitehousedrugpolicy.gov/publications/pdf/prescrip_disposal.pdf</p> <p>COPS Guide to Prescription Fraud (NOTE: This is <u>not</u> a list of evidence-based strategies, but a thoughtful discussion of various possible responses and considerations to keep in mind.) http://www.cops.usdoj.gov/mime/open.pdf?Item=1267 This guide from the Office of Community Oriented Policing Services (COPS) describes the problem of prescription fraud and reviews responses to the problem. <ul style="list-style-type: none"> o See pp 21-32 for discussion of strategies, summary chart on pp 33-36. </p>

Revised 7/18/07

MESAP: Maine’s Environmental Substance Abuse Prevention Center mesap@mcd.org

Prescription Drug Misuse Among Ages 18-25 –Sample Evidence-Based Comprehensive Strategies to Fit OSA’s Priority Intervening Variables

Objective	Sample comprehensive approach using evidence-based strategies	Tools/Resources/Citations <i>(Note: this is a sample, and not a comprehensive list)</i>
<p>3.12 Establish mechanisms in health care systems that increase use of screening and brief intervention to address high risk drinking</p> <p>3.14 Reduce appeal of the misuse of prescription drugs by increasing knowledge of health risks *</p> <p>3.16 Increase the number of employers with a substance abuse priority population workforce who use the HMP Worksite Health Framework to address underage/high risk drinking and misuse of prescription drugs</p>	<p><i>Collaboration:</i> Work with employers to adopt HMP Worksite Health Framework incorporating a Drug-Free Workplace Program.</p> <p><i>Policy:</i> Drug-free Workplace policy.</p> <p><i>Communications:</i> Provide information to employees regarding Drug-Free Workplace policy and program. Include information regarding health and safety risks and consequences of violating policy.</p> <p><i>Education:</i> As part of Drug-free Workplace program, require participation in evidence-based course & review the Drug-Free Workplace policy as part of general employee orientation. Require those who break policy to participate in assistance program and/or educational program.</p> <p><i>Enforcement:</i> Include a plan for consistent enforcement of the policy, including communication of policy, education, assessment and referral to treatment as important supporting components.</p>	<p>Maine Office of Substance Abuse SAW Program www.maineosa.org/prevention/workplace Contact: Geoffrey Miller, Prevention Specialist, OSA Phone: 207-287-8907 Email: Geoff.Miller@maine.gov</p> <p>CSAP, Substance Abuse Prevention in the Workplace is Good Business, 2001 http://www.workplace.samhsa.gov/WPResearch/CollaborativeResearch/GoodBusiness.pdf</p> <p>U.S. Department Of Labor Working Partners Drug Free Workplace www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/dfwp.asp</p>

For a great summary of research related to substance abuse prevention and environmental strategies:

- Birckmayer, J.D., et al. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: Assessing the research evidence. *Journal of Drug Education*, 34(2), 121-153.

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3.14 * Note that this Objective 3.14 replaces the Original Objective 3.14 that appeared in the HMP RFP MCP that read “Reduce appeal of high risk drinking or misuse of prescription drugs by increasing knowledge of health risks”. This is due to the fact that Objective 3.10 addresses “high risk drinking” as written, “Reduce appeal of high risk drinking by increasing knowledge of the health risks”.

Evidence-Based Approval Process Forms

APPLICATION FORM

This form must be submitted with application materials. Type responses inside the shaded areas.

Name of CCHC submitting the application

Contact Information

Name:

Address:

Telephone:

E-mail:

HMP Objective(s):

Describe the consumption/consequence (problem) the strategy will impact.

Intervening Variables/Contributing Factors:

Describe the focus population; include cultural characteristics and environmental characteristics:

Strategy:

What type of prevention approach is the proposed strategy? (Check all that apply)

Collaboration Communication Education Enforcement Policy

Describe the philosophical framework of why this strategy can be expected to achieve the objective(s).

Describe the theory of how the strategy can be expected to achieve the objective(s).

Expected materials: (put an x next to the items included in your application packet)

Documentation that shows positive results through evaluation.

Document results must show evidence of effectiveness and be generated from similar or related interventions that indicate effectiveness.

If strategy has curriculum and/or syllabus include a full copy.

If strategy does not have curriculum or syllabus, please include a copy of the

strategy's implementation plan or procedure.

- Logic model to test fit. (Page 25 in OSA strategy approval guide)
- Evidence based logic model (Page 26 in OSA strategy approval guide)
- Copy of Syllabus or outline (if applicable)
- Evaluation and tracking tools

Method

Describe the reach, dosage/intensity, duration of activities, practices, and products used by the strategy.

Will the lead person responsible for the strategy receive training on how to implement the strategy effectively?
If yes, please describe in detail.

Measuring Outcomes

What short-term outcomes do you expect to see if the strategy is effective?

Do you intend to measure the success of the strategy?

OSA SPF-SIG LOGIC MODEL TO TEST STRATEGY "FIT"

GOALS	INTERVENING VARIABLES/ OBJECTIVE	FOCUS POPULATION	STRATEGIES	"IF-THEN" STATEMENTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES
What is the consumption/ consequence (problem) to be changed?	What intervening variables or risk factors are driving or contributing to the problem?	Who are the people you are directly targeting with the intervention?	What strategies or programs do you want to implement? (i.e. social marketing campaign, etc)	Use the If-then approach to test the logic of your strategy.	What should you see to know these strategies were implemented well? (i.e. process measures)	What are the indicators of progress on targeted objective?

Return to: Cheryl Cichowski
 11 SHS, Marquardt Building, 3rd Floor
 Augusta, ME 04333-0011
 Fax 207-287-8910

Request for Strategy Approval Evidence-Based

Objective Number	Objective	Intervening Variables/ Contributing Factors	Strategy	Theoretical Basis (the theory explains why/how the strategy can be expected to achieve the objective)	Documented positive results through evaluation or other materials

Return to: Cheryl Cichowski
 11 SHS, Marquardt Building, 3rd Floor
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Acknowledgements

Our thanks goes out to several individuals and organizations for participating in the development of this guide.

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