Prevention Newcomer's Guide

OFFICE OF PREVENTION SERVICES

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Section 1

Introduction

NEWCOMER'S GUIDE INTRODUCTION

The Alabama Prevention Newcomer's Guide (APNG) was developed at the request of numerous Alabama prevention professionals searching for a single resource that could serve many functions. As such, this publication includes a range of information useful to prevention professionals on all levels.

For those new to the prevention field - both agencies and individuals - the Guide is made to serve as an orientation tool. You will find invaluable

information on agency and individual certification standards, available resources to aid you in your prevention efforts, a wealth of online references to help you gain an understanding of prevention on the state, regional and national levels, and publications to introduce you to the basics of prevention in theory and practice.

For experienced prevention professionals and established prevention agencies, the Guide will serve as a useful reference manual. Contact information for other Alabama prevention providers, 310 Board catchment areas, and important contacts at the state level are all included to keep you in touch with your counterparts from Huntsville to Mobile and all points in between.

Because the APNG is designed to help you, we encourage comments and suggestions for ways to make the Guide more beneficial.

This document was developed by the Alabama Department of Mental Health (ADMH), Division of Mental Health and Substance Abuse Services, Office of Prevention staff (Erin Burleson and Charon Douglass, Prevention Consultants under the review of Brandon Folks, Prevention Associate and Maranda Brown, Prevention Director)

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Section 2

Alabama Department of Mental Health

Central Office Organization

The Alabama Department of Mental Health (ADMH) is the state agency responsible for serving Alabama citizens with mental health, intellectual disabilities, and substance use disorders. The department was formally established by ACT 881 in 1965. [1]

Annually, ADMH serves more than 230,000 people through a broad network of state mental health and intellectual disability facilities, and community-based services.

The central office, located in Montgomery, consists of management and support personnel that facilitate all of the mental health services statewide that are provided through either state-operated facilities or community mental health services. Budget management, planning, legal representation, advocacy, consumer empowerment, information technology, and certification are but a few of the functions conducted by the 36 offices and/or bureaus operating in central office. Fewer than 200 of the 2,300 ADMH employees are housed at central office; included are the Commissioner and staff, as well as the Associate Commissioners for each division. [2]

The Division of Mental Health and Substance Abuse (MHSA) Services houses Mental Health and Substance Abuse Services. The Division of Mental Health Services (MH) provides a comprehensive array of treatment services and supports through six state-operated facilities and contractual agreements with community mental health centers across the state. The MH Central Office staff provides oversight and support for the continuum of care through its offices of quality improvement, consumer relations, deaf services, community programs, certification, facilities management, and the indigent drug program.

Over 3,000 individuals are served annually in the state-operated facilities, while over 100,000 receive services in certified community-based programs.

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[1] *Alabama Administrative Code* Establishment of ADMH; accessed online August 23, 2010.

[2] http://en.wikipedia.org/wiki/Alabama_Department_of_Mental_Health

MH promotes recovery-based services and involves all stakeholders in setting and prioritizing service goals designed to meet the needs of the citizens that we serve.[3]

Substance Abuse (SA) Services encompass the development, coordination, and management of a comprehensive system of treatment and prevention services for alcoholism/drug addiction and abuse. Responsibilities include contracting for services with local providers, monitoring service contracts, evaluating and certifying services programs according to departmental standards for substance abuse programs, and developing models for a continuum of treatment and prevention services.[4]

Substance Abuse services are comprised of:

- The Office of Advocacy and Recovery Support *serves as the SA liaison for community advocacy groups and the Public Information Office.* Responsibilities include developing the SA Advocacy and Public Marketing Plan, planning, developing and directing the preparation and dissemination of informational material and coordinating the SA incident reporting process.
- The Office of Contracts and Reimbursement manages all aspects of the billing contracts management processes, including client enrollment, contract utilization, claims adjudication, and provider reimbursement.
- The Office of Certification and Training manages the program certification process, provides certification and technical assistance services, and provides a comprehensive statewide training and workforce development program for SA.
- The Office of Information Technology is responsible for the data collection, dissemination and reporting for SA. Responsibilities include reporting for the Treatment Episode Data Set (TEDS), National Outcome Measures (NOMS), Substance Abuse Waiting List, client profile summaries, as well as the management of the Alabama Substance Abuse Information System (ASAIS).

[3] http://www.mh.alabama.gov/MI/?sm=b

[4] http://www.mh.alabama.gov/SA/?sm=d

- The Office of Prevention manages all aspects of substance abuse prevention within SA to include the strategic prevention framework, Alabama Epidemiological Outcomes Workgroup, State Prevention Advisory Board (SPAB), Synar (Tobacco Sales to Minors Program), and Strategic Prevention Framework State Incentive Grant (SPF-SIG).
- The Office of Treatment and Recovery Services manages all aspects of substance abuse treatment within SA to include Adolescent Treatment Services, Adult Treatment Services, Co-occurring Disorders, Opiate Replacement Therapy and Medicaid Services.[5]

Alabama Prevention Infrastructure

At the state level, prevention services are managed through the ADMH. The ADMH was established by Alabama Acts 1965, No. 881, Section 22-50-2. Act 881 defines "mental health services" as the diagnosis of, treatment of, rehabilitation for, follow-up care of, prevention of and research into the causes of all forms of mental or emotional illness, including but not limited to, alcoholism, drug addiction, or epilepsy in combination with mental health or intellectual disability. Among its designated powers, ADMH is authorized to plan, supervise, coordinate, and establish standards for all operations and activities of the State of Alabama, including the provision of services, related to intellectual disability and mental health.

ADMH Office of Prevention utilizes two sub-committees to assist in prevention planning and development and they include the AEOW and SPAB. The AEOW, originally, the Alabama State Epidemiological Workgroup (SEW), was established on April 11, 2006 by authorization of the Alabama Commission for the Prevention and Treatment of Substance Abuse (ACPTSA) and ADMH's Division of Mental Health and Substance Abuse Services' (DMHSAS) Associate Commissioner. Since the AEOW establishment in 2006, the AEOW has focused efforts on a systematic assessment of statewide need in order to assure wise use of limited resources. In addition to monitoring alcohol, tobacco, and other drug consumption and consequence patterns in Alabama, the AEOW has made it a goal to build epidemiological capacity among state and local prevention professionals to ensure use of accurate data in planning, programming,

[5] http://www.mh.alabama.gov/SA/CentralOfficeOrganization.aspx?sm=d_a

and prioritization. Also, the AEOW which is also designated as SPF-SIG Epidemiological Workgroup provides information and data about substance abuse to the SPAB.

The SPAB functions as an advisory board for prevention services in general, but it is also designated as the official SPF-SIG Advisory Board. The SPAB has representation from all of the state agencies that play a role in substance abuse prevention. School and community-based organizations are represented on the SPAB as well. Bringing these key stakeholders together in an advisory role has already helped to increase communication and collaboration between prevention agencies, and it is anticipated that it will continue to serve this function. The SPAB plays a large role in developing the state‘s prevention infrastructure and is the approving board of SPF-SIG operations.

In addition, the SPAB also collaborates with the Evidenced-Based Practice Workgroup (EBP) on selecting evidenced-based interventions. The EBP Workgroup has representatives from all four mental health regions and meet quarterly throughout the year. The role of the EBP Workgroup is to: a) advise the SPF-SIG on the use of evidence-based practices, b) explore various evidence-based resources, c) guide the formal process of selecting/approving evidence-based curricula, and d) identify potential research opportunities and make recommendations to the SPF-SIG. The EBP Workgroup will be actively involved in T/TA related to evidence based practices, program, and policies; as well as sustainability and cultural competence. Further evidenced-based interventions that are available for implementation can be located at the National Registry of Effective Programs and Practices (NREPP) programs’ website.

Alabama’s prevention providers work with partner agencies within the catchment areas to provide evidenced-based prevention services for children, adolescents, and adults. Many of the providers work with their school districts to implement evidence based prevention curriculum programs in the schools for elementary, middle and high school students. Prevention providers are encouraged to consider the cultural needs of the population when selecting the program that they plan to implement. Prevention providers are required to submit biannual prevention plans addressing the agency’s prevention philosophy and outline all prevention services provided by the organization. The plan states the amount and type of prevention services provided to each county within the catchment area

and is updated biannually, with specific off-year updates, and if any necessary plan amendments exist. The Prevention Plan Template also is embedded with the Strategic Prevention Framework process throughout.

To assist prevention providers in the application of prevention strategies, the “For the Prevention Provider” section on DMHSAS Office of Prevention webpage contains practices and standards for prevention. Resources developed to assist providers include documents on the maintenance of prevention records, reporting of prevention services and billing of prevention strategies.

Table 2.1 Prevention Providers

Prevention Providers			
AGENCY	**ADDRESS**	**PHONE**	**FAX**
Agency for Substance Abuse Prevention (ASAP)	2300-A McCoy Ave. Anniston, AL 36201	(256) 237-8131	(256) 237-7631
Alcoholism Recovery Services (ARS)	8017 2nd Avenue South Birmingham, AL 35206	(205) 836-7832	(205) 791-1592
Alethia House	201 Finley Avenue Birmingham, AL 35204	(205) 324-6502	(205) 324-7810
Aliceville Housing Authority	851 Franconia Rd, Aliceville, AL 35442	(205) 373-8333	(205) 373-8845
Baldwin County Mental Health	909 B Plantation Blvd, Fairhope, AL 36532	(251) 990-4233	(251) 928-0126
Cahaba Center for Mental Health	912 Jeff Davis Avenue Selma, AL 36701	(334) 874-2640	(334) 874-2640
CED Mental Health Center	425 5th Avenue Attalla, AL 35954	(256) 492-7800 ext. 138	(256) 691-0493
Cheaha Mental Health Center	1721 Old Birmingham Hwy. P.O. Box 1248 Sylacauga, AL 35150	(256) 249-2395	(256) 245-9548
Chilton/Shelby Mental Health	P.O. Box 689 Calera, AL 35040	(205) 685-9535	(205) 685-9538
Council on Substance Abuse-NCADD	828 Forest Avenue Montgomery, AL 36106	(334) 262-1629	(334) 262-6725
Covington County CPC	P.O. Box 1418 Andalusia, Al 36420	(334) 881-2319	(334) 881-2318
Cullman Area Mental Health Authority	1909 Commerce Ave., N.W. Cullman, Al 35055	(256) 734-4688	(256) 734-4694
Drug Education Council	3000 Television	(251) 478-7855	(251) 478-7865

	Avenue Mobile, AL 36606		
East Central Alabama Mental Health Center	200 Cherry Street Troy, AL 36081	(334) 566-6022 ext. 242	(334) 566-5346
Franklin Primary Health Center, Inc	P.O. box 2048 Mobile, AL 36604	(251) 432-4117	(251) 434-8199
Gateway	1401 South 20th St. Birmingham, AL 35205	(205) 510-2777	(205) 714-9951
JCCEO	228 2nd Avenue North Birmingham, AL 35204	(205) 787-3040	(205) 783-6542
Lighthouse Counseling Center, Inc.	1415 East South Blvd. Montgomery, AL 36116	(334) 286-5980	(334) 286-5993
Marshall-Jackson Mental Health Center (Mountain Lakes)	22165 US Highway 431 N Guntersville, AL 35976	(256) 582-4240	(334) 582-4161
Mental Health Center of Madison County	4040 S. Memorial Parkway Huntsville, AL 35802	(256) 705-6453	(256) 705-6356
Mental Health Center of North Central AL (Quest)	4110 Hwy 31 South Decatur, AL 35601-4317	(256) 260-7300	(256) 355-6902
Northwest Alabama Mental Health Center	1100 7th Avenue Jasper, AL 35501	(205) 302-9061	(205) 221-0732
Oakmont Center	2008 21st Street Birmingham, AL 35218	(205) 878-7100	(205) 787-6401
Riverbend Substance Abuse Services	635 West College Street Florence, AL 35630	(256) 764-3431 ext. 202	(256) 760-9255
Sylacauga Alliance for Family Enhancement (SAFE)	78 Betsy Ross Lane Sylacauga, AL 35150	256-245-4343	256-245-3675
SAYNO of Montgomery, Inc.	492 South Court Street Montgomery, AL 36104	(334) 265-1821	(334) 264-6154
Southern Prevention Associates	802 7th St So Clanton, AL 35045	(205) 755-1210	
SpectraCare	191 South Oates Street Dothan, AL 36301	(334) 794-3771	(334) 712-9262
Teens Empowerment Awareness with Resolutions, Inc. (TEARS)	1011 South Railroad St Phenix City, AL 36867	(334) 291-6363	(334) 291-6399
UAB Substance Abuse Programs	120 2nd Court Birmingham, AL 35204	(205) 325-5996	(205) 917-3721
West Alabama Mental Health Center	1401 Hwy 80 East Demopolis, AL 36732	(334) 289-2410 ext. 35	(334) 289-2416
Elmore County Partnership for Children	507 Alabama Street PO Box 1251 Wetumpka, AL 36092	(334) 514-3594	(334) 514-3956

For the most up-to-date listing of Prevention Organizations/Agencies, please visit: www.mh.alabama.gov

Table 2.2: 310 Catchment Areas

M - 1	Counties: Lauderdale, Colbert, Franklin	1. Riverbend MHC
M - 2	Counties: Limestone, Lawrence, Morgan	1. North Central AL MHC (QUEST)
M - 3	Counties: Madison	1. Huntsville-Madison MHC
M - 4	Counties: Fayette, Lamar, Marion, Walker, Winston	1. Northwest Alabama MHC
M - 5	Counties: Jefferson, Blount, St. Clair	1. Aletheia House, Inc. 2. ARS 3. Gateway 4. JCCEO 5. Oakmont Center 6. UAB
M - 6	Counties: Dekalb, Cherokee, Etowah	1. CED MHC
M – 7	Counties: Calhoun, Cleburne	1. ASAP
M – 8	Counties: Bibb, Pickens, Tuscaloosa	1. Indian Rivers MHC (Prevention services not provided)
M – 9	Counties: Talladega, Clay, Randolph, Coosa	1. Cheaha MHC
M – 10	Counties: Choctaw, Greene, Hale, Marengo, Sumter	1. West Alabama MHC
M – 11	Counties: Chilton, Shelby	1. Chilton Shelby MHC
M – 12	Counties: Chambers, Lee, Tallapoosa, Russell	1. East Alabama MHC
M – 13	Counties: Dallas, Perry, Wilcox	1. Cahaba Center for Mental Health
M – 14	Counties: Montgomery, Autauga, Elmore, Lowndes	1. Montgomery Area Mental Health Authority 2. COSA-NCADD 3. Lighthouse Counseling Center

		4. SAYNO
M – 15	Counties: Macon, Pike, Bullock	1. East Central MHC
M – 16	Counties: Mobile, Washington	1. Drug Education Council 2. Franklin Primary 3. AltaPointe
M – 17	Counties: Clarke, Conecuh, Escambia, Monroe	1. Southwest MHC (Prevention services not provided)
M – 18	Counties: Butler, Coffee, Covington, Crenshaw	1. South Central MHC (Prevention services not provided)
M – 19	Counties: Dale , Geneva, Henry, Barbour, Houston	1. SpectraCare
M – 20	Counties: Jackson, Marshall	1. Mountain Lakes Behavioral Healthcare
M – 21	County: Baldwin	1. Baldwin County MHC
M - 22	County: Cullman County: Lawrence, Limestone, Morgan	1. Mental Health Care of Cullman 1.North Central Alabama MHC

Section 3

PREVENTION THEORY AND PRACTICE

INTRODUCTION TO PREVENTION

Different approaches to prevent substance abuse have been used in past decades. What can be described now as scare tactics were popular in the 1960s. Information dissemination and later, affective education followed in the 1970s. Early in the 1980s alternatives were initiated, followed by a growing emphasis on comprehensive prevention approaches.

Comprehensive approaches are now increasingly science-based and outcome-focused. More than 20 years of research has facilitated the science of substance abuse that can predict successful interventions. Various approaches that have been scientifically evaluated clearly indicate theoretical foundations. As a result a knowledge-centered focus has expanded to include interventions based on theories of change that affect knowledge, attitudes and behavior. The knowledge gained through prevention research has led to the development of “best practices”.

Evidence-based initiatives are replacing programs that provide no evidence of scientifically proven effectiveness.

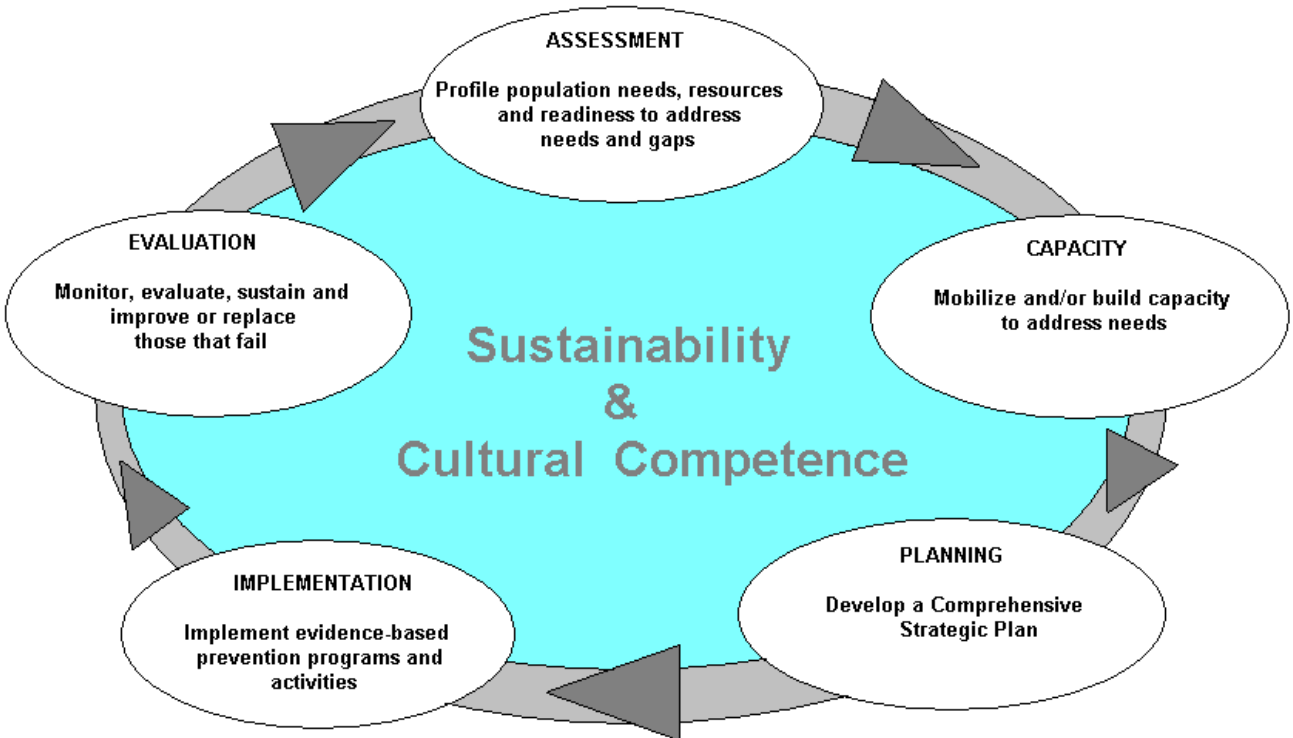
Theory and theoretical frameworks in substance abuse prevention have evolved over time based on applied empirical research. The Strategic Prevention Framework **(SPF**) is based on a community **risk and protective factors** approach to prevention that include guiding principles that can prevent problem behaviors across the life span. Findings from **public health research** along with evidence-based programs build capacity in the prevention field. The Institute of Medicine Framework **(IOM)** identifies that prevention is one sector of the Continuum of Health Care. Prevention types in that sector are designated to three levels of prevention strategies when dealing with substance use and other behavioral disorders. The Center for Substance Abuse Prevention (CSAP) promotes that a **comprehensive, multi-strategic approach is necessary** to provide effective prevention services. **CSAP's Six Prevention Strategies** provide a way to deliver prevention services.

Table 3.1: PREVENTION TIMELINE

Time	National Perspective	Strategy	Activities
1950s	Drugs are a problem of the ghetto, used to escape pain and to avoid reality	Scare tactics	Films and speakers
Early 1960s	Drugs are used the same, however, they are more than problem of the ghetto.	Scare tactics	Films and speakers
Early 1970s	A variety of drugs are used for a variety of reasons to speed up experiences, to intensify experiences, to escape, to expand	Drug Education	Curricula based on factual information

	perceptions, to relieve boredom, and to conform to peers.		
Mid to late 1970s	Users become more sophisticated and society develops increasing tolerance of drug use	Affective education and alternatives to drug use	Curricula based on communication, decision-making, values clarification, and self esteem
Late 1970s to early 80s	Parents begin to form organizations that combat the incidence of drug abuse	Affective education alternatives to drug use and training	Blaming and cooperation
Late 80s to Mid 1990s	Drug use is highly complex	Partnerships	Researched –based curricula, linkages and peer programs
Mid 90s to 2000	The gap between research and application is gradually being bridged	Replication of research based models and application of research based approaches	Environmental approaches, comprehensive programs many domains and targeting strategies, evaluation of prevention programs, media campaigns, and culturally sensitive programs.

Figure 3.2: SAMHSA's Strategic Prevention Framework



SAMHSA'S STRATEGIC PREVENTION FRAMEWORK

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels.

The idea behind SPF is to use the findings from public health research along with evidence-based prevention programs to build capacity within States/Tribes/Territories and the prevention field. This in turn will promote resilience and decrease risk factors in individuals, families, and communities.

The Strategic Prevention Framework Steps require States, Territories, federally recognized Tribes and Tribal organizations, and communities to systematically:

- Assess their prevention needs based on epidemiological data,
- Build their prevention capacity,
- Develop a strategic plan,
- Implement effective community prevention programs, policies and practices, and
- Evaluate their efforts for outcomes.

Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

STRATEGIC PREVENTION FRAMEWORK COMPONENTS

Assessment

The assessment phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to:

- Understand a population's needs
- Review the resources that are required and available
- Identify the readiness of the community to address prevention needs and service gaps.

To gather the necessary data, States and communities will create an epidemiological workgroup. The data gathered from this workgroup is vital because it will greatly influence a program's strategic plan and funding decisions.

Capacity
Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical aspects of building capacity. SAMHSA provides extensive training and technical assistance (TA) to fill readiness gaps and facilitate the adoption of science-based prevention policies, programs, and practices.

Planning
Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance abuse prevention needs of the community. During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation.

Implementation
The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

Evaluation

Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely.

Figure 3.3: SAMHSA's SPG SIG

Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

Sustainability

Sustainability refers to the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term.

Cultural Competence

Cultural competence is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. Becoming culturally competent is a dynamic process that

requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice.

Table 3.4: SAMHSA's Strategic Prevention Framework At-a-Glance

Step 1: Assessment	Step 2: Capacity	Step 3: Planning	Step 4: Implementation	Step 5: Evaluation
Profile population needs, resources, and readiness to address needs and gaps.	Mobilize and build capacity to address needs.	Develop a comprehensive strategic plan.	Implement evidence-based prevention programs, policies and practices	Monitor, evaluate, sustain, and improve or replace those that fail.
Conduct a needs assessment.	Create and maintain partnerships.	Select policies, programs, and practices to implement	Develop action plans for implementing policies, programs, and practices.	Collect and analyze evaluation data.
Assess your community's readiness for prevention.	Convene key stakeholders, coalitions, and service providers to plan and implement Steps 3 and 4.	Develop logic model and evaluation plan.	Implement policies, programs, and practices.	Write evaluation report.
Develop clear, concise and data-driven problem statements. Assess organizational, fiscal, and leadership capacity.	Plan and implement strategies to improve your community's readiness. Mobilize financial and organizational resources.	Create a comprehensive strategic plan, including strategic goals, objectives, and performance targets.	Implement strategic plan.	Recommend quality improvements based on evaluation data.
Assess resources and service gaps.				

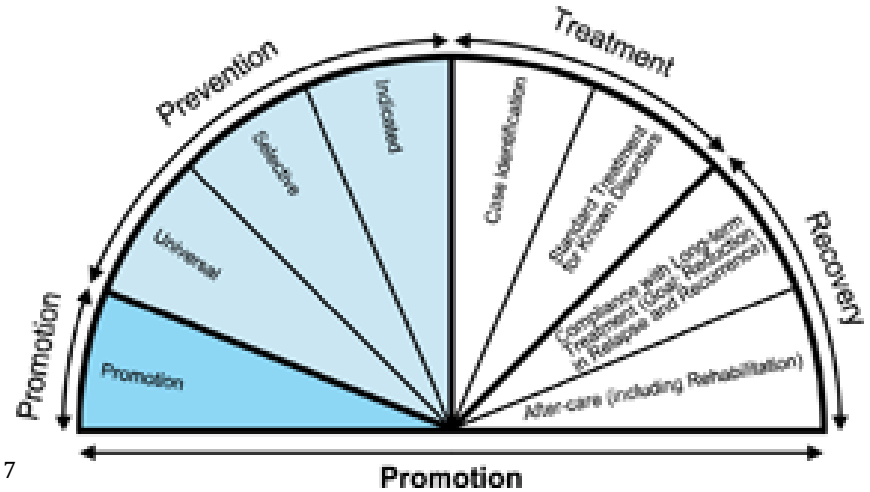
INSTITUTE OF MEDICINE FRAMEWORK (IOM)

Prevention is one sector of the Continuum of Health Care. The following will define prevention types in that sector. (See figure 1).

The Continuum of Health Care Model According to the Institute of Medicine When dealing with substance use and other behavioral disorders in clinical settings, the levels of prevention are less distinct than with physical illnesses. The tasks of identifying risk factors and detecting early stage disease are usually accomplished by patient or family interview. Initial management of both risk and early stage disease is often conducted via patient and family counseling by the primary care provider. Thus, the continuum of the health care model is more practical than the public health model when dealing with preventive behavioral health services.
The continuum of health care model is drawn from a 1994 report of the Institute of Medicine (IOM) (Mrazek & Haggerty, eds., 1994[6]), as originally proposed by Gordon (1983). It differs from the public health model in that it covers the full range of preventive, treatment, and maintenance services. There are three types of preventive services in the IOM model—universal, selective, and indicated. These do not correspond to the primary, secondary, and tertiary services in the public health model. Screening and follow-up preventive behavioral services correspond to secondary prevention within the public health model. Other preventive behavioral services, including most community-based services, correspond to primary or tertiary prevention.

[6] Mrazek, P. J., & Haggerty, R. J. (Eds.). (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research.* Washington,DC: National Academy Press.

Figure 3.5: Continuum of Health Care



[7]

In the IOM model, a "universal" preventive measure is an intervention that is applicable to or useful for everyone in the general population, such as all enrollees in a managed care organization. A "selective" preventive measure is desirable only when an individual is a member of a subgroup with above-average risk. An "indicated" preventive measure applies to persons who are found to manifest a risk factor that puts them at high risk (Mrazek & Haggerty, eds., 1994). All these categories describe individuals who have not been diagnosed with a disease.

Universal prevention strategies are designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience. The program is provided to everyone in the population, such as a school or community. An example would be universal preventive interventions for substance abuse, which include substance abuse education using school-based curricula for all children within a school district.

Selective prevention strategies target subgroups of the general population that are determined to be at risk for substance abuse. Recipients of selective prevention strategies are known to have specific risks for substance abuse and are recruited to participate in the prevention effort because of that group's profile. Examples of selective prevention programs for substance abuse include special groups for children of substance abusing parents or families who live in high crime or impoverished

[7] Copyright 1994: by the National Academy of Sciences, Courtesy of the National Academy Press, Washington, DC.

neighborhoods and mentoring programs aimed at children with school performance or behavioral problems.

Indicated prevention interventions identify individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and target them with special programs. The individuals identified at this stage, though experimenting, have not 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, and psychological problems such as depression and suicidal behavior, which increases their chances of developing a drug abuse problem. In the field of substance abuse, an example of an indicated prevention intervention would be a substance abuse program for high school students who are experiencing a number of problem behaviors, including truancy, failing academic grades, suicidal ideation, and early signs of substance abuse.

CSAP's SIX PREVENTION STRATEGIES

One way to consider how prevention services are delivered is through CSAP's Six Prevention Strategies. A comprehensive, multi-strategic approach is necessary to provide effective prevention services.

Several strategies are used effectively, especially in <u>combination</u>:

<u>Information dissemination</u> This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. [Note: Information dissemination alone has not been shown to be effective at preventing substance abuse.]

Examples: Media Campaigns, Brochures, Speaking engagements, Health fairs.

Education This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/ facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

Examples: Classroom/Group sessions, Parenting/family classes

Alternatives This strategy provides for the participation of target populations in activities that exclude substance use. 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 obviate resort to the latter. [Note: Alternative activities alone have not been shown to be effective at preventing substance abuse.]

Examples: Drug-free social and recreational activities, Community service activities

Problem identification and referral This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

Examples: DUI/DWI Education Classes, Student or employee assistance programs

Community-based process This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Examples: Multi-agency coordination and collaboration, Systemic Planning

Environmental This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. 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.
Examples: Compliance checks, Ordinances, Restrictions on advertising

PREVENTION PRINCIPLES

Evidence-based practices-These are programs and activities that scientific study has shown to produce predictable outcomes under certain conditions. These programs should be used whenever possible, however, when innovative programs are needed, they should be informed by scientific research, theory, and evaluation.

Accountability-Programs will be responsible to and respectful of the community at large by building trust and forwarding the public mission. Programs will be community-based and involve community members at all phases of development, including providing information in a format accessible by general populations*.

Data-based planning and programming- Collecting data and using data to inform policies and programs is a form of accountability. It should drive planning, allocation of funds, and decision-making at all levels. The evaluation, collection and distribution of consistent data are a foundation of the public health practice.

Collaboration-Federal, state, and local stakeholders must work together to achieve shared outcomes. In addition, practices will encourage opportunities for all cultures, races, genders, and special needs individuals to participate in all phases of program development.

Capacity building and support-The state will provide an outlet for training, technical assistance, and other prevention resources according to the level available.

Equitable resource distribution-Funding and resources will be equitably distributed.
These principles should guide program development and help inform prevention strategies.

**Promoting diversity and engaging all cultures, races, socioeconomic classes, genders, and special needs individuals is essential in developing effective prevention efforts.*

PREVENTION PRINCIPLES FOR CHILDREN AND ADOLESCENTS

These principles can be applied to either existing programs or for designing innovative programs.

- Prevention programs should be designed to enhance protective factors and decrease or address risk factors.
- Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana and inhalants.
- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use and increase social competency (e.g., in communications, peer relationships, self-efficacy and assertiveness), in conjunction with reinforcement of attitudes against drug use.
- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- Prevention programs should include a parent or caregiver component that reinforces what the children are learning -- such as facts about drugs and their harmful effects -- and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.

- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.
- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts. Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.
- Effective prevention programs are cost-effective. Every dollar spent on prevention, can save 4 to 5 dollars in costs for treatment and counseling.

RISK and PROTECTIVE FACTORS

"Among the most significant developments in substance abuse prevention in recent years has been a focus on risk/protective factors as a unifying descriptive and predictive framework. Prevention using a risk/protective factors approach is based on the premise that identifying factors that increase the risk of a problem developing and the finding ways to reduce the risk is effective. Identifying factors that buffer individuals from the risk factors in their environment makes it possible to increase protection…."
"**Young people are exposed to both risk and protective factors** for substance abuse. Risk factors place them at greater than average risk for substance use, whereas protective factors buffer youth from beginning or continuing use."

"**Risk factors exist in multiple domains** and all areas of life. Addressing a sing risk factor in a single area may have little effect; reducing risks across several areas is more productive."

"Protective factors may buffer exposure to risk. Protective factors buffer youth from the negative consequences of risks by reducing the impact of the risk or changing the person's response to the risk. Enhancing protective factor can reduce chances of problem behaviors."
*(Source: CSAP/NPN Prevention Works / Substance Abuse Prevention Handbook)

The SPF (Strategic Prevention Framework) is a system approach to prevention built on the community-based risk and protective factors approach to prevention and a series of guiding principles developed from proven evidence-based programs that promote resilience. **The resilient child** possesses: Social Competence, Problem Solving Skills, Autonomy, and a Sense of Purpose and Future. Protective factors that foster resilience include: Caring and Support; High Expectations; Opportunities for Participation; and Norms. *(Access the National Resilience Resource Center at www.cce.umn.edu/nrrc.)

Domains are "areas of activity and include the **individual, family, peers, school, community and environment.** Within each domain are characteristics and conditions that can function as risk or protective factors, thus each of these domains presents opportunities for prevention."

(National Resilience Resource Center www.cccc.umn.edu/nrrc or nrrc@cce.umn.edu)

INDIVIDUAL DOMAIN

Risk Factors

- Alienation/rebelliousness
- Friends who engage in problem behaviors
- Lack of knowledge of negative consequences of problem behaviors
- Favorable attitudes toward problem behaviors
- Early onset of use/initiation of problem behaviors
- Biological/psychological disposition
- Antisocial behavior
- Sensation seeking
- Lack of adult supervision

Protective Factors

- Build social and personal skills and problem solving
- Developing communication skills
- Developing responsiveness, empathy and caring, and a sense of humor
- Design culturally sensitive interventions
- Cite immediate consequences
- Information/Education/Media campaigns
- Positive alternative opportunities to develop persona/social skills
- Problem identification and referral

FAMILY DOMAIN

Risk Factors

- Parental and sibling drug use/approval of use
- Family history of other problem behaviors, i.e. violence
- Inconsistent/Poor family management
- Tolerant parental attitudes toward problem behaviors
- Lack of parental involvement
- Family conflict
- Low family bonding

Protective Factors

- Sponsored family outings/activities
- Target entire family
- Develop parenting skills through education/training
- Explore alternative community sponsors/sites
- Emphasize family bonding
- Promote family functioning through family therapy when indicated

PEER DOMAIN

Risk Factors

- Peer rejection in elementary grades
- Association with ATOD using peers
- Peers with problem behaviors

Protective Factors

- Provide positive alternative social activities
- Develop positive alternative meeting places
- Discourage association with peers engaging in problem behaviors

- Establish and enforce clear and consistent rules and consequences

SCHOOL DOMAIN

Risk Factors

- Lack of commitment to school
- Poor academic performance / school failure
- Early and persistent antisocial behavior
- Lack of attachment to school
- Negative school climate
- Lenient school policies/unclear norms

Protective Factors

- Academic skill building
- Implement methods to improve school climate
- Improve classroom management, organization and teaching methods
- Emphasize educator's positive attitudes towards students
- Establish and enforce clear and consistent rules and consequences
- Promote health and safety

COMMUNITY DOMAIN

Risk Factors

- Availability of alcohol, tobacco, or illicit drugs
- Substance use/abuse
- Lack of bonding/attachment to
- Lack of social and community institutions
- Lack of awareness of substance use problems

- Community norms favorable/tolerant toward use
- Transition and mobility
- Loss of neighborhood attachment / community disorganization
- Extreme economic deprivation
- Insufficient community resources / institutions
- Inability to address substance abuse

Protective Factors

- Develop community and religious institutions
- (i.e., Boys and Girls Clubs, and YMCA, workplaces)
- Promote healthy media messages and practices
- Facilitate communication/cooperation with law enforcement
- Collaborate/partner with health care professionals
- Establish community coalitions to address risk factors

ENVIRONMENT/SOCIETY

Risk Factors

- Norms tolerant of use/abuse
- Convenient access to alcohol, tobacco, or illicit drugs
- Low retail prices of alcohol, tobacco, or illicit drugs
- Exposure to mass media messages that appear to support substance abuse
- Policies enabling use/abuse
- Lack of enforcement of laws
- Inappropriate negative sanctions for use/abuse

***(Environment/society is not always identified as a separate domain and is addressed within the community domain in a number of sources.)**

Protective Factors

- Assess, establish and/or improve community laws and norms that discourage problem behaviors

- Consistently and clearly communicate unfavorable attitudes toward substance use and abuse
- Establish and/or improve enforcement policies and practices regarding substance use and abuse
- Develop systems of change

SAMHSA'S STRATEGIC INITIATIVES 2011 - 2014
A PLAN OF ACTION

SAMHSA (Substance Abuse and Mental Health Services Administration) is an operating division within the U.S. Department of Health and Human Services (HHS). The mission of SAMHSA is to reduce the impact of substance abuse and mental illness on America's communities. The United States has enacted health reform to improve how health care is delivered, paid for and monitored. Evidence of better outcomes for people with and at risk for mental and substance use disorders is based on "behavioral health" prevention, treatment, and recovery services. The intent is to build strong and supportive communities, prevent behavioral health problems and promote better health for all Americans. SAMHSA will work to:

- Improve understanding about mental and substance use disorders
- Promote emotional health and the prevention of substance abuse and mental illness
- Increase access to effective treatment
- Support recovery

SAMHSA has identified eight Strategic Initiatives to guide its work through 2014:

1. **Prevention of Substance Abuse and Mental Illness** – Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the Nation's high-risk youth, youth in Tribal communities, and military families.

2. **Trauma and Justice** – Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed

approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.

3. **Military Families** – Supporting America's service men and women - active duty, National Guard, Reserve, and veterans - together with their families and communities by leading efforts to ensure that needed behavioral health services are accessible and that outcomes are positive.

4. **Recovery Support** – Partnering with people in recovery from mental and substance use disorders and family members to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce discriminatory barriers.

5. **Health Reform** – Increasing access to appropriate high quality prevention, treatment and recover services; reducing disparities that currently exist between the availability of services for mental and substance use disorders compared with the availability of services for other medical conditions; and supporting integrated, coordinated care, especially for people with behavioral health and other co-occurring health conditions such as HIV/AIDS.

6. **Health Information Technology** – Ensuring that the behavioral health system, including States, community providers, and peer and prevention specialists, fully participates with the general health care delivery system in the adoption of health information technology (HIT) and interoperable electronic health records (EHRs).

7. **Data, Outcomes, and Quality** – Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.

8. **Public Awareness and Support** – Increasing the understanding of mental and substance use disorders and the many pathways to

recover to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

The Initiatives support the Affordable Care Act and the Mental Health Parity and Addictions Equity Act. Each Initiative has an overarching purpose, specific goals, action steps, and measures for determining success as part of the strategic plan to:

- Set budget and policy priorities
- Manage grants, contracts, technical assistance, agency staff, and interagency efforts
- Engage partners at every level
- Measure and communicate progress

For more information on the Eight Strategic Initiatives please visit: www.samhsa.gov

Section 4

PREVENTION STANDARDS

The Prevention Standards are a published document that establishes specifications and procedures designed to ensure the reliability of prevention standards throughout the state. The standards address a range of issues, including commonly used prevention terms and agency and program protocols.

To view the prevention standards, visit:
http://www.mh.alabama.gov/SAPV/

Section 5

ALABAMA ALCOHOL AND DRUG ABUSE ASSOCIATION (AADAA)

AADAA

Alabama Alcohol and Drug Abuse Association

The Alabama Alcohol & Drug Abuse Association is a non-profit organization dedicated to insure quality services for those we serve, the client. AADAA certifies Alcohol & Drug Counselors, Prevention Specialists, Criminal Justice Professionals and Clinical Supervisors. We are dedicated to insuring quality services through professional certification, education and advocacy both on a state and national level.[6]

Contact Information

AADAA may be contacted through McLemore Consulting. For any AADAA related matters, use the following contact information.
NOTE: The phone may be answered as McLemore Consulting or as Alabama Alcohol and Drug Abuse Association. If your call is not answered, please leave a message and you will be contacted.

McLemore Consulting
P.O. Box 310
Eva, AL 35621

Phone: 256-796-4490
Fax: Same
Web: www.aadaa.us
E-mail: aadaa4u@gmail.com

AADAA / McLemore Consulting
Office Hours

Monday…….8 a.m. – 4 p.m.
Wednesday…….8 a.m. – 4 p.m.
Thursday……5 p.m. – 9 p.m.
Friday……8 a.m. – 12 noon

[6] http://www.aadaa.us/

ALABAMA ALCOHOL AND DRUG ABUSE ASSOCIATION

CODE OF ETHICS

PREAMBLE

The Certification Board for Addiction Professionals of Alabama provides this Code of Ethics for each of its certified members. Certified Addiction Professionals believe in the dignity and worth of the individual. They are committed to increasing knowledge of human behavior, to the understanding of themselves and others, and to the relief of human suffering. While pursuing these endeavors they make every reasonable effort to protect the welfare of those who seek their services and to protect any subject who may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuses by others. While demanding for themselves freedom of inquiry and communication, addiction professionals accept the responsibility this freedom confers: competence; objectivity in the application of skills; and the concern for the best interests of clients, colleagues, and society in general. In the pursuit of these ideals, addiction professionals subscribe to the principles of Ethical Standards, which are presented in this document.

1. RESPONSIBILITY TO CLIENTS:

In their commitment to advancing the welfare of alcohol and drug dependent individuals and their families, addiction professionals value objectivity and integrity. They accept consequences of their work and make every effort to insure that their services are used appropriately. In providing services they maintain the highest standards.

ADDICTION PROFESSIONALS:

1.1 Do not discriminate against or refuse professional service to anyone on the basis of race, religion, natural origin, disability, gender, or sexual orientation.

1.2 Avoid exploiting the trust and dependency of their clients and make every effort to avoid dual relationships with clients that would impair professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, business or sexual relationships with clients.

1.3 Do not use their professional relationship with clients to further their own interests.

1.4 Continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. They assist persons in obtaining other therapeutic services if they are unable or unwilling, for appropriate reasons, to see a person who has requested professional help. They do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

2. **CONFIDENTIALITY:**

Addiction Professionals have a primary obligation to respect the confidentiality of client information. They reveal such information to others only with the written consent of the person or person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, addiction professionals inform clients of the legal limits of confidentiality.

ADDICTION PROFESSIONALS:

2.1 Cannot disclose client confidences to anyone, except: (1) as mandated by law; (2) to prevent a clear and immediate danger to a person or persons; (3) where the addictions professional is a defendant in a civil, criminal or disciplinary action arising from the therapy (in which case client confidences may only be disclosed in the course of the action); or (4) if there is a waiver previously obtained in writing; and then such information may only be revealed in accordance with the terms of the waiver.

2.2 Use clinical materials in teaching, writing, and public presentations only if a written waiver has been received in accordance with paragraph 2.1 (4), of when appropriate steps have been taken to protect client identity.

2.3 Store or dispose of client records in ways that maintain confidentiality.

3. **PROFESSIONAL COMPETENCE AND INTEGRITY:**

The maintenance of high standards of professional competence and integrity are responsibilities shared by all addiction professionals. They recognize the boundaries of competence and the limitations of techniques and only provide services; use techniques, or offer opinions as professionals meeting recognized

standards. Throughout their careers, addiction professionals maintain knowledge of professional information related to the services they render.

ADDICTION PROFESSIONALS:

3.1 Accurately represent their competence, education, training, and experience.

3.2 As supervisors, perform duties based on careful preparation so that supervision is accurate, up-to-date and scholarly.

3.3 Recognize the need for obligation to professional growth through continuing education, are open to new procedures, and are sensitive to differences between groups of people and changes in expectations and values over time.

3.4 Should have an understanding of counseling or educational measurement, validation problems, and other test research where they have the responsibility for decisions involving individuals or policies based on test results. Test users should know and understand the literature relevant to the tests used and testing problems with which they deal.

3.5 Do not attempt to diagnose, treat, or advise problems outside the recognized boundaries of their competence.

3.6 Seek appropriate professional assistance for their personal problems or conflicts that are likely to impair their work performance and their clinical judgment.

3.7 Do not engage in sexual or other harassment of clients, students, employees, supervisees, trainees, or colleagues.

3.8 Are aware that, because of their ability to influence and alter the lives of others, they must experience special care when making public their professional recommendations and opinions through testimony or other public statements.

4. **RESPONSIBILITY TO STUDENTS, EMPLOYEES, AND SUPERVISEES:**

Addiction Professionals do not exploit the trust and dependency of students and supervisees.

ADDICTION PROFESSIONALS:

4.1 Are cognizant of their potentially influential position with respect to students, employees, and supervisees; avoid exploiting the trust and dependency of such persons; and make every effort to avoid dual

relationships that could impair professional judgment or increase the risk of exploitation.

4.2 Do not permit students, employees, or supervisees to perform or to represent themselves as competent to perform professional services beyond their training, level of experience, and competence.

5. **RESPONSIBILITY TO THE PROFESSION:**

Addiction Professionals act with due regard to the needs and feelings of their colleagues in the field of addictions and other professions. They respect the prerogatives and obligations of the institutions or organizations with which they are associated.

ADDICTIONS PROFESSIONALS:

5.1 Understand the areas of competence of related professions and make full use of other professional, technical, and administrative resources which best serve the interest of clients.

5.2 Remain accountable to the standards of the profession when acting as members or employees or organizations.

5.3 As writers and researchers: (1) assign publication credit to those who have contributed to a publication in proportion to their contributions; (2) cite appropriately persons to whom credit for original ideas are due; (3) take accurately and factually promoted and advertised; and (4) are adequately informed of and abide by relevant laws and regulations regarding the conduct of research with human participants.

5.4 Recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

5.5 Are concerned with developing laws and regulations pertaining to the field of addiction that serve the public interest, and with altering such laws and regulations that are not in the public interest. They also encourage public participation in the designing and delivery of services and in the regulation of practitioners.

5.6 Having First-hand knowledge of an ethical violation, should attempt to rectify the situation. Failing an informal solution, addiction professionals should bring such unethical activities to the Certification Board for Addiction Professionals.

6. **FEES:**

Addiction Professionals charge fee only where they are licensed to do so. In such case they make financial arrangements with client's that conform to accepted professional practices and that are reasonably understandable.

ADDICTION PROFESSIONALS:

6.1 Do not offer or accept payment referrals.
6.2 Do not charge excessive fees for services.
6.3 Disclose their fee structure to clients at the onset of treatment.

7. **ADVERTISING:**

Addiction Professionals engage in appropriate informational activities, including those that enable laypersons to choose addiction professionals on an informed basis.

ADDICTION PROFESSIONALS:

7.1 Accurately represent their competence, education, training, and experience relevant to their practice as an addiction professional.
7.2 Claim as evidence of educational qualifications only those degrees from regionally-accredited institutions of from institutions accredited by states which license or certify addictions professionals.
7.3 Assure that advertisements and publications, whether in directories, announcement cards, newspapers, or on radio or television, are formulated to convey information that is necessary for the public to make an appropriate selection.
7.4 Do not use a name which could mislead the public concerning the identity, responsibility, source, and status of those participating under the name and do not represent themselves out as being partners or associates of a firm if they are not.
7.5 Do not use any professional identification (such as a professional card, office sign, letterhead, or telephone or association directory listing), if it includes statement or claim that is false, fraudulent, misleading, or deceptive.
7.6 Correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the addiction professional's qualifications, services, or products.

VIOLATIONS OF THIS CODE SHOULD BE REPORTED TO:

ETHICS CHAIR, AADAA, P.O. BOX 33, EVA, ALABAMA 35621[7]

[7] http://www.aadaa.us/ethics/

AADAA Prevention Certification

Minimum Criteria for Prevention Certification is as follows:

Associate Prevention Specialist (APS):

1. One year of experience in Prevention (2,000 hours or 240 Direct Service Hours)
2. 75 Hours of substance abuse education/training. 50% must be in prevention.
3. High School Diploma or GED.
4. Supervisor's Evaluations and two (2) Colleague Evaluations.
5. Must be supervised by CPS or CPM (or) one who meets the criteria for the same, including but limited to the required education of Prevention Specific AIDS/HIV Education/Prevention Ethics and Disruptive Audience.
6. Signed "Code of Ethics" and "Releases".
7. Additional Required Education: (4) hours of HIV/AIDS educations; (6) hours of Ethics education; (4) hours of Disruptive Audience Behavior education.*
8. Must reside or work in Alabama at least 51% of the time.

Reciprocal Level Notifications in Prevention (CPS & CPM)

Alabama Certified Prevention Specialist (ACPS):

1. Two years of experience in prevention (4,000 hours) (follow CPS Criteria).
2. HS or GED minimum + passage of ICRC Written Exam.

Certified Prevention Specialist (CPS):

1. Two (2) years of experience in prevention (4,000 hours).
2. 100 hours of substance abuse education training (50% in Prevention).
3. Bachelor's Degree in related field.
4. Supervisor's Evaluations and (3) Colleague Evaluations.
5. Signed "Code of Ethics" and "Releases".
6. Passage of ICRC Written Exam.
7. Additional Required Education: (4) hours of HIV/AIDS education; (6) hours of Ethics education; (4) hours of Disruptive Audience Behavior education.*

8. Must reside or work in Alabama at least 51% of the time.

Certified Prevention Manager (CPM):

1. Same as CPS, plus three (3) years of managerial/supervisory experience in substance prevention.

*To maintain all levels of certification, (4) hours of HIV/AIDS education and (4) hours of Ethics education must be completed every two (2) years.

Domains and Tasks of a Prevention Professional:
Program Coordination, Education & Training, Community Organization, Public Policy, Professional Growth and Responsibility, Planning and Evaluation.

Section 6

PREVENTION RESOURCES

STATE OF ALABAMA RESOURCES

Alabama Department of Mental Health
www.mh.alabama.gov
Toll Free: 1-800-367-0955
General Information: (334) 242-0727

Mental Health Services (MH) provides a comprehensive array of treatment services and supports through six state-operated facilities and contractual agreements with community mental health centers across the state. The MH Central Office staff provides oversight and support for the continuum of care through its offices of quality improvement, consumer relations, deaf services, community programs, certification, facilities management, and the indigent drug program.

Over 3,000 individuals are served annually in the state-operated facilities, while over 100,000 receive services in certified community-based programs.

MH promotes recovery-based services and involves all stakeholders in setting and prioritizing service goals designed to meet the needs of the citizens that we serve.

Substance Abuse services are comprised of:

- Contracts and Reimbursement which manages all aspects of the billing contracts management processes, including client enrollment, contract utilization, claims adjudication, and provider reimbursement.

- Certification and Training which manages the program certification process, provides certification and technical assistance services, and provides a comprehensive statewide training and workforce development program for SA.

- Information Technology which is responsible for the data collection, dissemination and reporting for SA. Responsibilities include reporting for the Treatment Episode Data Set (TEDS), National Outcome Measures (NOMS), Substance Abuse Waiting List, client profile

summaries, as well as the management of the Alabama Substance Abuse Information System (ASAIS).

- Prevention which manages all aspects of substance abuse prevention within SA to include the strategic prevention framework, Alabama Epidemiological Outcomes Workgroup, State Prevention Advisory Board (SPAB), Synar (Tobacco Sales to Minors Program), and SPF-SIG.

- Treatment and Recovery Services which manages all aspects of substance abuse treatment within SA to include Adolescent Treatment Services, Adult Treatment Services, Co-occurring Disorders, Opiate Replacement Therapy and Medicaid Services.

Alabama Department of Mental Health , Alabama Epidemiological Outcomes Workgroup (AEOW)

The AEOW

Alabama Department of Mental Health, State Prevention Advisory Board (SPAB)

The SPAB functions as an advisory board for prevention services in general, but it is also designated as the official SPF-SIG Advisory Board. The SPAB has representation from all of the state agencies that play a role in substance abuse prevention. School and community-based organizations are represented on the SPAB as well. Bringing these key stakeholders together in an advisory role has already helped to increase communication and collaboration between prevention agencies, and it is anticipated that it will continue to serve this function. The SPAB plays a large role in developing the state‘s prevention infrastructure and is the approving board of SPF-SIG operations.

Alabama Alcoholic Beverage Control Board
www. abcboard.alabama.gov/
Phone: (334) 271-3840

The Alabama ABC Board controls alcoholic beverages through distribution, licensing, and enforcement as well as education. The Board works to enforce State and Federal laws regarding youth access to tobacco and

provide to retailers and the general public information relative to the laws and their consequences. In effort to ensure well-managed distribution of alcohol, the Board also operates a chain of retail stores selling the majority of liquor purchased to consumers in Alabama. Revenues obtained from alcohol taxes and ABC stores fund various state agencies and other recipients, including the Departments of Mental Health and Human Resources, the Special Education Trust Fund, and the State General Fund. The Board's website serves alcohol vendors as well as the general public on in providing information related to ABC stores, licensing regulations and procedures, and enforcement of distribution and consumption laws.

Alabama Department of Economic and Community Affairs (ADECA)
www. www.adeca.alabama.gov/
Phone: (334) 242-5100

Part of the Office of the Governor, ADECA assists communities with economic development projects and administers a wide variety of federal and state programs that provide funding to local governments and non-profit agencies throughout the state. ADECA-administered grants work to create new jobs, spur economic development, support community enhancement, and improve public safety. The Department's website provides information on the various ADECA divisions and programs as well as recent and archived news releases and public hearings. Site users may also access Grant Resources Online, a tool developed by ADECA to assist state and local governments as well as community agencies, faith-based organizations, other non-profits, and individuals to find and apply for assistance programs.

Alabama Department of Human Resources
www.dhr.alabama.gov
Phone Number: (334) 242-1310

The Department of Human Resources was created in 1935 to administer to the assistance programs that were part of the Social Security Act. These programs were developed to help an American public that was suffering through the financial hardships of the Great Depression. The agency's original name was the Department of Public Welfare. In 1955, it was renamed the Department of Pensions and Security. The current name was adopted in 1986. Some programs have changed over the years to meet the changing needs of Alabama. However, the agency's primary goal has

always been and always will be to help people in need. The agency currently has about 4,200 State Merit System employees, most of who work in the agency's 67 county departments. Although the agency employs a wide variety of professionals, social workers represent the largest category of DHR employees.

Alabama Department of Public Health
www.adph.org
Phone: (334) 206-5300
1-800-ALA-1818

The Department of Public Health for the State of Alabama (ADPH) works with local communities to preserve and protect the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay. The Department's website provides information related to public health issues as well as information on department-provided health services. Site users may also access various ADPH publications and research state health programs and service providers.

Children's Trust Fund of Alabama (CTF)
www.ctf.alabama.gov
Phone: (334) 242-5710

Alabama's Child Abuse and Neglect Prevention Act, or ACANP, was adopted by the Alabama Legislature in 1983 to address the state's growing problem of child neglect and maltreatment. While several state agencies already existed to deal with different aspects of child abuse, none of these agencies specifically focused on solving the problem *before* it occurred. Alabama needed to create a state agency with its own board, funding and staff to be dedicated solely to preventing child abuse. To address the problem at it's origin, instead of merely addressing the symptoms of what *could have been* prevented The ACANP Act established The Children's Trust Fund. These state dollars are intended to provide annual funding of community based prevention programs throughout the state as well as create a self-sustaining pool of funds to provide for funding these programs in the future.

Criminal Justice Information Center, Alabama
www.acjic.alabama.gov
Phone: (334) 242-4900

The Alabama Criminal Justice Information Center is commissioned to collect, store, retrieve, analyze, and disseminate criminal justice data.

Department of Children's Affairs
www.children.alabama.gov
Phone: (334) 223-0502

The Alabama Department of Children's Affairs provides state leadership to identify, analyze, streamline and coordinate services for the 1.2 million children ages 0-19 throughout Alabama. The Department of Children's Affairs advises the Governor and Legislature in matters relating to children's issues and serves as a liaison between state agencies serving children; it coordinates state and local efforts through a network of policy councils; seeks grant funding for programs, provides training and facilitation of efforts in every county of the state. It established and maintains the only centralized registry of information concerning children's programs and receives and compiles needs assessments from all counties in order to provide a unified report to the Governor and Legislature regarding the needs of children and families.

Education Television, Alabama Public Television
www.aptv.org
Phone Number: (334) 264-9900

The mission of Alabama Public Television is to inspire, educate, inform and entertain the people of our state through noncommercial television and other communication technologies.

Military Department
www.alguard.state.us
Phone Number: (334) 271-7400

The Alabama National Guard is comprised of both Army and Air National Guard components. The Constitution of the United States specifically charges the National Guard with dual federal and state missions.

Postsecondary Education
www.accs.cc
Phone Number: (334) 242-2900

The Alabama Department of Post-secondary Education (DPE) oversees the state's system of community and technical colleges and a host of economic and workforce development programs.

Department of Public Safety
www.dps.alabama.gov
Phone Number: (334) 242-4371

The mission of the Alabama Department of Public Safety is to protect and serve Alabama's residents equally and objectively, enforce state laws and uphold the constitutions of the United State and State of Alabama. Department employees are dedicated to promoting a safe and secure environment for the public by developing and implementing programs to:

- reduce the number and severity of crashes through enforcement and education;
- enhance traffic safety by examining driver applicants, issuing driver licenses, maintaining driving records and removing driving privileges when necessary;
- curtail criminal activity by initiating investigations, providing investigative assistance to other agencies and apprehending criminals;
- educate Alabamians - targeting school-aged children, in particular - regarding all aspects of motor vehicle and traffic safety, drug abuse prevention, crime prevention, and other public safety issues;
- preserve life and protect property by responding to natural disasters, riots, and other emergencies to provide needed services in a timely manner;
- serve the public with courtesy, professionalism, and in fairness to all;
- manage departmental resources effectively and efficiently.

Public Service Commission
www.psc.state.al.us
Phone Number: (334) 242-5218

The mission of the Public Service Commission is to ensure a regulatory balance between regulated companies and consumers in order to provide consumers with safe, adequate and reliable services at rates that are equitable and economical.

Department of Rehabilitation Services
www.rehab.alabama.gov
Phone Number: (334) 281-8780

The Alabama Department of Rehabilitation Services' (ADRS) mission is to enable Alabama's children and adults with disabilities to achieve their maximum potential.

Department of Senior Services
www.alabamaageline.gov
Phone Number: (334) 242-5743

The Alabama Department of Senior Services supports a network of agencies and programs throughout the State of Alabama for the following purposes – Secure and maintain independence and dignity of older persons, Remove social and individual barriers, Assure the provision of a continuum of care for the vulnerable elderly, and Develop comprehensive, coordinated systems for older persons.

Department of Veterans Affairs
www.va.state.al.us
Phone Number: (334) 242-5077

With the ongoing scale down of the military and the aging of World War II veterans, the demands for assistance and services provided by this Department to the 413,000 Alabama veterans plus their dependents have remained constant from the past fiscal year.

Department of Youth Services
www.dys.alabama.gov
Phone Number: (334) 215-3800

The mission of the Alabama Department of Youth Services is to enhance public safety by holding juvenile offenders accountable through the use of institutional, educational, and community services that balance the rights and needs of victims, communities, courts, and offenders.

NATIONAL RESOURCES AND REFERENCES

Prevention of Substance Abuse and Mental Illness- SAMHSA
http://www.samhsa.gov/prevention/

Behavioral health is a component of service systems that improve health status and contain health care and other costs to society. Yet, people with mental and substance use disorders, because of their illness, have largely been excluded from the current health care system and rely on public "safety net" programs. Last year alone approximately 20 million people who needed substance abuse treatment did not receive it and an estimated 10.6 million adults reported an unmet need for mental health care. As a result the health and wellness of the individual is jeopardized and the unnecessary costs to society ripple across America's communities, schools, businesses, prisons & jails, and healthcare delivery systems.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America's communities. In order to achieve this mission, SAMHSA has identified 8 Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities.

Center for Substance Abuse Prevention- CSAP
http://www.samhsa.gov/about/csap.aspx

CSAP provides national leadership in the Federal effort to prevent alcohol, tobacco, and other drug problems.

To help Americans lead healthier and longer lives, CSAP promotes a structured, community-based approach to substance abuse prevention through the Strategic Prevention Framework (SPF). The framework aims to

promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the individual's life span. This approach provides information and tools that can be used by States and communities to build an effective and sustainable prevention infrastructure.

CSAP's Center for the Application of Prevention Technologies – CAPT
http://captus.samhsa.gov/

The Center for the Application of Prevention Technologies (CAPT) provides responsive, tailored, and outcomes-focused training and technical assistance to prevent and reduce substance abuse and associated public health issues across the lifespan. Funded by the Federal Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP), the CAPT assists CSAP grantees—including States, Jurisdictions, and Federally-recognized Tribes and tribal entities— in the application of data-driven decision-making to the selection and implementation of evidence-based practices and programs. Through CAPT efforts, CSAP enhances the skills, knowledge, and expertise of the prevention workforce across the country to support successful implementation of SAMHSA's Strategic Prevention Framework and other CSAP priorities.

The CAPT combines centralized core capacity to ensure overall program direction, management efficiency, and consistency with a decentralized regional network system—Regional Expert Teams (RETs) located in each of the National Prevention Network regions. These RETs consist of regionally-based experts who reflect the diversity of their regions and possess the experience and abilities to serve varied demographic, language, and cultural groups.

Centers for Disease Control and Prevention (CDC), DHHS
www.cdc.gov
Phone: 1-800-311-3435 (toll-free)
Phone: 404-639-3311

Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. Today, CDC is globally recognized for

conducting research and investigations and for its action oriented approach. CDC applies research and findings to improve people's daily lives and responds to health emergencies—something that distinguishes CDC from its peer agencies. The agency's website contains information on a wide range of health threats as well as the CDC's role in national health protection.

Community Anti-Drug Coalitions of America (CADCA)
www.cadca.org
Phone: 800-542-2322 (toll-free)

Composed of over 5,000 community coalition members committed to creating safe, healthy and drug-free communities, CADCA represents a comprehensive, community-wide approach to substance abuse and its related problems. As the principal national substance abuse prevention organization working with community-based coalitions and representing their interests at the national level,

CADCA supports its members with technical assistance and training, public policy, media strategies and marketing programs, conferences and special events. CADCA's website contains information related to membership and its current members as well as organization policies, programs, and events.

Communities That Care (CTC)
www.communitiesthatcare.net
Phone: (206) 685-7723

CTC is a coalition-based community prevention operating system, developed by SDRG's David Hawkins and Richard Catalano, that uses a public health approach to prevent youth problem behaviors including underage drinking, tobacco use, violence, delinquency, school dropout and substance abuse.

Military Homefront/Department of Defense (DOD)
http://www.defense.gov
http://www.militaryhomefront.dod.mil
http://www.militaryhomefront.dod.mil/l/substanceabuse
Phone: 1-800-342-9647 (Military Home Front)

Substance abuse prevention efforts in the military began as a result of drug and alcohol abuse problems that became apparent in the 1970s. In response to reports of widespread drug abuse among troops during the Vietnam War, and in recognition of the significance of the alcohol abuse problem in the Services, the Department of Defense (DoD) issued policy directives in 1972 aimed at prevention and treatment of all substance abuse among military personnel. DoD's zero tolerance policy towards drug use resulted in a decrease in the rate of illicit drug use from thirty-seven percent in 1980 to a current rate of below two percent, a decline of approximately ninety percent. However, the results of the DoD Survey of Health Related Behaviors show that the rates of binge drinking and heavy alcohol use continue to remain high amongst military members. The rates for heavy alcohol use are almost twice as high in comparison to the adjusted civilian rate.

Drug Enforcement Administration (DEA), Department of Justice (DOJ)
www.dea.gov
Phone: 202-307-1000

Created in 1973, the DEA serves to enforce the controlled substances laws and regulations of the United States and to bring to the criminal and civil justice systems of the United States, or any other competent jurisdiction, those organizations, and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of and demand for illicit controlled substances on the domestic and international markets. In carrying out its mission as the agency responsible for enforcing the controlled substance laws and regulations of the United States, DEA's primary responsibilities include: investigation and preparation for the prosecution of major violators of controlled substances laws operating at interstate and international levels; management of a national drug intelligence network in cooperation with federal, state, local, and foreign officials to collect, analyze, and disseminate strategic, investigative, and tactical intelligence information to U.S. law enforcement and intelligence agencies and foreign counterparts; seizure and forfeiture of assets traceable to illicit drug trafficking; enforcement of the provisions of the Controlled Substances Act; coordination and cooperation with federal, state, local, and foreign law enforcement officials on mutual drug enforcement efforts as well as programs designed to reduce the availability

of drugs on the U.S. market; responsibility as the single point of contact for the coordination of all programs associated with drug law enforcement counterparts in foreign countries.

Join Together
www.jointogether.org
Phone: 617-437-1500

Join Together is the nation's leading provider of information, strategic planning assistance, and leadership development for community-based efforts to advance effective alcohol and drug policy, prevention, and treatment. The organization supports advocacy for sound alcohol and drug programs and policies through online campaigns, partnerships with other organizations, direct technical assistance, and the development of research-based policy proposals. It also provides current news, research, and funding opportunities for people working in the fields of tobacco, alcohol, and drug prevention and sponsors national policy panels to study and recommend changes in public and private policies. The organization's website contains information about key issues related to drug and alcohol prevention and treatment policies as well as ways to get involved in the policy process. Site users can also access Join Together's publications, programs information, and literature recommendations.

National Association of State Alcohol and Drug Abuse Directors – NASADAD
http://nasadad.org/

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a private, not-for-profit educational, scientific, and informational organization. The Association was originally incorporated in 1971 to serve State Drug Agency Directors, and then in 1978 the membership was expanded to include State Alcoholism Agency Directors.

NASADAD's basic purpose is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every State. The Board of Directors is composed of a President, First Vice President, Vice President for Treatment, Vice President for Internal Affairs, Vice President for Prevention, Past President, Secretary, and Treasurer, as well as 10 regional representatives elected by the Association members in the region. The Washington, DC, office is headed

by an Executive Director and includes divisions concerned with Research and Program Applications, Prevention Services, and Public Policy. The office is headquartered at 1025 Connecticut Avenue NW, Suite 605, Washington, DC 20036; telephone (202) 293-0090.

National Clearinghouse for Alcohol and Drug Information (NCADI), SAMHSA, DHHS
www.ncadi.samhsa.gov
Phone: 1-800-729-6686
Phone: 301-468-2600

The National Clearinghouse for Alcohol and Drug Information (NCADI) is the Nation's one-stop resource for the most current and comprehensive information about substance abuse prevention and treatment. NCADI is one of the largest Federal clearinghouses, offering more than 500 items to the public, many of which are free of charge. Such items include the latest studies and surveys, guides, videocassettes, and other types of information and materials on substance abuse from various agencies, such as the U.S. Departments of Education and Labor, the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. NCADI staffs both English- and Spanish-speaking information specialists who are skilled at recommending appropriate publications, posters, and videocassettes; conducting customized searches; providing grant and funding information; and referring people to appropriate organizations.

National Institute on Alcohol Abuse and Alcoholism (NIAAA), NIH, DHHS
www.niaaa.nih.gov
Phone: 301-443-3860

NIAAA provides leadership in the national effort to reduce alcohol-related problems by: conducting and supporting research in a wide range of scientific areas including genetics, neuroscience, epidemiology, health risks and benefits of alcohol consumption, prevention, and treatment; coordinating and collaborating with other research institutes and Federal Programs on alcohol-related issues; collaborating with international, national, state, and local institutions, organizations, agencies, and programs engaged in alcohol-related work; and translating and

disseminating research findings to health care providers, researchers, policymakers, and the public. NIAAA's Web site provides access to pamphlets, brochures, and posters for the public covering a wide range of alcohol-related topics as well as publications for physicians, social workers, clinicians and other health care professionals. Provided also in full text are publications of NIAAA's quarterly, peer-reviewed scientific journal, Alcohol Research and Health.

National Institute on Drug Abuse (NIDA), NIH, DHHS
www.drugabuse.gov
Phone: 301-443-1124

As part of the National Institutes of Health (NIH) and committed to the use of science in the study of drug abuse and addiction and science-based prevention methods, NIDA supports over 85 percent of the world's research on the health aspects of drug abuse and addiction. NIDA's website provides information on all aspects of drug abuse and prevention, from the latest research and statistics on addiction and treatment to information related to grants and conferences within the drug abuse and prevention research community. The site provides access to publications and other resources for both the general public and researchers, physicians, and other health professionals.

National Institutes of Health (NIH), DHHS
www.nih.gov
Phone: 301-496-4000

Composed of 27 institutes and centers, the NIH is the Federal government's principal biomedical and behavioral research agency and provides leadership and financial support to research into the causes, treatments, and even cures for common and rare diseases. In addition to promoting the diagnosis and prevention of human diseases, the NIH conducts and supports research into the processes of human growth and development, the biological effects of environmental contaminants, and the nature of human physical and mental disorders. The agency also directs programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists

National Institute of Justice – NIJ
www.nij.gov
Phone: 202- 307-2942

The National Institute of Justice — the research, development and evaluation agency of the U.S. Department of Justice — is dedicated to improving knowledge and understanding of crime and justice issues through science. NIJ provides objective and independent knowledge and tools to reduce crime and promote justice, particularly at the state and local levels.

NIJ's pursuit of this mission is guided by the following principles:

- Research can make a difference in individual lives, in the safety of communities and in creating a more effective and fair justice system.
- Government-funded research must adhere to processes of fair and open competition guided by rigorous peer review.
- NIJ's research agenda must respond to the real world needs of victims, communities and criminal justice professionals.
- NIJ must encourage and support innovative and rigorous research methods that can provide answers to basic research questions as well as practical, applied solutions to crime.
- Partnerships with other agencies and organizations, public and private, are essential to NIJ's success.

National Institute of Mental Health (NIMH), NIH, DHHS
www.nimh.nih.gov
Phone: 1-866-615-NIMH (6464) (toll-free)
Phone: 301-443-4513

As a component of the National Institutes of Health (NIH), the NIMH serves to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior. In pursuit of its mission to promote greater understanding, treatment, and eventually prevention of disabling mental disorders, the NIMH conducts and supports research on mental disorders and the underlying basic science of the brain and behavior; collects, analyzes, and disseminates information on the causes, occurrence, and treatment of mental illnesses; supports the training of more than 1,000 scientists to carry out basic and clinical research; and communicates information to scientists, the public, the news media, and

primary care and mental health professionals about mental illnesses, the brain, behavior, mental health, and opportunities and advances in research in these areas

National Mental Health Information Center, SAMHSA, DHHS
www.mentalhealth.samhsa.gov
Phone: 1-800-789-2647 (toll-free)

Provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Mental Health Information Center provides information about mental health for users of mental health services and their families, the general public, policy makers, providers, and the media via a toll-free number, its website, and more than 600 publications. The Center's website contains information related to mental health and mental health services and initiatives as well as access to the Center for Mental Health Services (CMHS) publications and various other mental health resources for both professionals and the general public. The site also contains information on Federal grants, conferences, and other events within the mental health community or directed towards mental health issues.

National Prevention Network (NPN)
www.nasadad.org
Phone: 202-293-0090

The National Prevention Network (NPN), a component of the National Association of State Substance/Drug Abuse Directors (NASADAD), is an organization of State alcohol and other drug abuse prevention representatives that provides a national advocacy and communication system for prevention. In conjunction with NASADAD, the NPN works through its network of State prevention representatives to provide leadership, coordination, and communication to its member States and to the prevention field in general. Services provided by the NPN include communication among States to increase awareness and availability of effective and innovative prevention strategies; advocacy at National, State, and regional levels for prevention services; development of recommendations and policy guidelines to guide and enhance State use of prevention resources; and leadership of national campaigns to mobilize cooperation around national prevention efforts. Information on the NPN and its programs may be accessed via NASADAD's website.

National Registry of Evidence-based Programs and Practices - NREPP
www.nrepp.samhsa.gov
Phone: 1-866-436-7377

NREPP is a searchable online registry of more than 190 interventions supporting mental health promotion, substance abuse prevention, and mental health substance abuse treatment. It connects members of the public to intervention developers so they can learn how to implement approaches in their communities.

Office of Juvenile Justice and Delinquency Prevention (OJJDP), DOJ
www.ojjdp.ncjrs.org/pubs/substance.html
Phone: 202-307-5911
Juvenile Justice Clearinghouse (JJC): 800–851–3420 (toll-free)

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization, supporting states and communities in their
efforts to develop and implement effective and coordinated prevention and intervention programs and to improve the juvenile justice system so that it protects public safety, holds offenders accountable, and provides treatment and rehabilitative services tailored to the needs of juveniles and their families. The OJJDP sponsors numerous research, program, and training initiatives; develops priorities and goals and sets policies to guide federal juvenile justice issues; disseminates information about juvenile justice issues; and awards funds to states to support local programming nationwide through its five organizational components. Through its Juvenile Justice Clearinghouse, the OJJDP provides individuals and organizations with easy access to a comprehensive collection of information and resources on juvenile justice topics—the latest research, descriptions of promising programs, publications on youth-related issues, practical guides and manuals, announcements of funding opportunities, and other useful resources.

Office of National Drug Control Policy (ONDCP)
www.whitehousedrugpolicy.gov
Phone: 800-666-3332 (toll-free)

The ONDCP serves to establish policies, priorities, and objectives for the Nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences. Produced by the Director of the ONDCP, the National Drug Control Strategy directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and local entities. By law, the Director of ONDCP also evaluates, coordinates, and oversees both the international and domestic anti-drug efforts of executive branch agencies and ensures that such efforts sustain and complement State and local anti-drug activities.

Substance Abuse and Mental Health Data Archive (SAMHDA)
www.icpsr.umich.edu/icpsrweb/SAMHDA/

The Substance Abuse and Mental Health Data Archive (SAMHDA) is an initiative of the Office of Applied Studies at the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. The goal of the archive is to provide ready access to substance abuse and mental health research data, and to promote the sharing of these data among researchers, academicians, policymakers, service providers, and others. This sharing of data will serve to increase the use of the data in understanding and assessing substance abuse and mental health problems and the impact of related treatment systems. The data archive also is intended to expand the variety of media on which data are available and ensure that data are in a user-friendly format. Current SAMHDA holdings include Monitoring the Future, DAWN, and the National Household Survey on Drug Abuse.

Substance Abuse and Mental Health Services Administration (SAMHSA), DHHS
www.samhsa.gov
Phone: 240-276-2130

Created to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders, SAMHSA works with the States, national and local community-based and faith-based

organizations, and public and private sector providers to treat addiction and dependence, prevent substance abuse, and provide mental health services that ensure to people with or at risk for a mental or addictive disorder the opportunity for a fulfilling life. SAMHSA's budget and its policy and program activities - including discretionary grant programs and communications initiatives - are aligned to reflect a series of core priority areas, among them: co-occurring mental and substance abuse disorders, criminal justice, children and families, aging, substance abuse treatment capacity, strategic prevention framework for substance abuse, mental health system transformation, homelessness, disaster readiness and response, seclusion and restraint, and HIV/AIDS. SAMHSA supports programs, policy, and knowledge development about substance abuse prevention, addiction treatment, and mental health services through three major funding streams: (1) Block and Formula Grants; (2) Targeted Capacity Expansion Grants; and (3) Programs of Regional and National Significance. For detailed information about current grant opportunities, browse the SAMHSA website and click on "grant opportunities."

Treatment Improvement Exchange – TIE
www.treatment.org/

The Treatment Improvement Exchange (TIE) is a resource sponsored by the Division of State and Community Assistance of the Center for Substance Abuse Treatment to provide information exchange between CSAT staff and State and local alcohol and substance abuse agencies. TIE is funded by the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. Information pertaining to the Substance Abuse Prevention and Treatment Block Grant can be found through the TIE website.

Underage Drinking Enforcement Training Center (UDETC)
www.udetc.org

OJJDP established the Underage Drinking Enforcement Training Center (UDETC) in 1999 to support its Enforcing Underage Drinking Laws program. The UDETC provides a variety of science-based, practical, effective training and technical assistance services to support, enhance, and build leadership capacity and increase state and local community effectiveness in their efforts to enforce underage drinking laws, prevent

underage drinking, and eliminate the devastating consequences associated with alcohol use by underage drinking youth.

NATIONAL AWARENESS OBSERVATIONS

January
National Birth Defects Prevention Month
http://www.nbdpn.org/national_birth_defects_prevent.php

February
Children of Alcoholics Week
http://www.nacoa.org/coaweek_tools.html

March
Poison Prevention Week
http://www.poisonprevention.org/poison.htm

Inhalants and Poisons Awareness Week
http://www.inhalants.org/nipaw.htm

Kick Butts Day
http://www.kickbuttsday.org/

April
Alcohol Awareness Month

Child Abuse Prevention Month
http://www.childwelfare.gov/preventing/preventionmonth/index.cfm

Sexual Assault Awareness Month
http://www.nsvrc.org/saam

STD Awareness Month
http://www.cdc.gov/std/sam/

Alcohol-Free Weekend

Public Health Week

http://www.nphw2012.org/

May
Mental Health Month
http://www.mentalhealthamerica.net/go/may

Teen Pregnancy Prevention Month

Alcohol & Other Drug-Related Birth Defects Week
Children's Mental Health Week
http://www.childrensmentalhealthmatters.org/

Suicide Awareness Week

World "No Tobacco" Day

SAMHSA National Prevention Week

June
Home Safety Month

Safety Month

HIV Testing Day

July
Sobriety Checkpoint Week

September
Alcohol and Drug Addiction Recovery Month
http://www.recoverymonth.gov/

Suicide Prevention Week

World Suicide Prevention Day

October
Children's Health Month

Crime Prevention Month

http://www.ncpc.org/programs/crime-prevention-month

Depression and Mental Health Month

Domestic Violence Awareness Month

World Mental Health Day

Red Ribbon Week
http://www.imdrugfree.com/

November
Lung Cancer Awareness Month

Great American Smokeout Day
http://www.cancer.org/Healthy/StayAwayfromTobacco/GreatAmericanSmokeout/

December
Drunk and Drugged Driving (3D) Prevention Month
http://www.yourhealthinformation.com/HealthNews/drunkdriving.htm

World AIDS Day
http://www.worldaidsday.org/

ANNUAL CONFERENCES, MEETINGS AND SEMINARS

CADCA National Leadership Forum
Community Anti-Drug Coalitions of America (CADCA)
http://www.cadca.org/

National Conference on Methamphetamine, HIV& Hepatitis
www.methconference.org

National Conference on Juvenile Justice
Office of Juvenile Justice and Delinquency Prevention (OJJDP)
http://ojjdp.ncjrs.org

Alabama School of Alcohol and other Drug Studies (ASADS)
http://www.asadsonline.com/conference.html

SPR Annual Meeting
Society for Prevention Research (SPR)
www.preventionresearch.org

Appalachian School of Alcohol and other Drug Studies (ApSADS)
www.apsads.org

NASADAD Annual Meeting
National Association of State Alcohol/Drug Abuse Directors
www.nasadad.org

Annual Prevention Conference
Alabama Alcohol and Drug Abuse Association (AADAA)
www.aadaa.us

Annual National Leadership Conference
Underage Drinking Enforcement Training Center (UDETC)
www.udetc.org

National Prevention Network Annual Research Conference
National Prevention Network (NPN)
www.nasadad.org

White House Faith-Based Conference and Community Initiatives

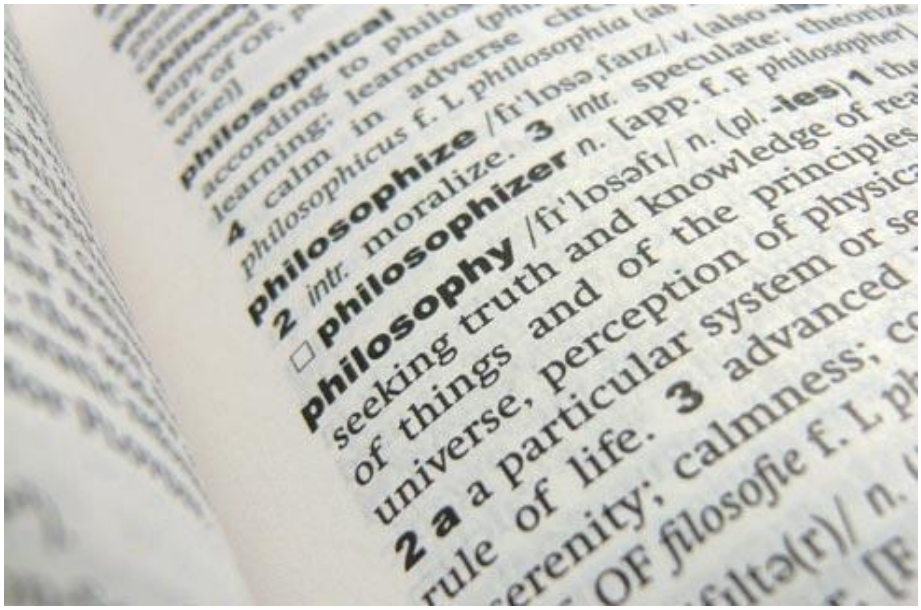
www.dtiassociates.com/FBCI/regionalConf.cfm

Gulf Coast Conference

Drug Education Council
www.drugeducation.org

Section 7

GENERAL PREVENTION INFORMATION



PREVENTION DEFINITIONS

A

Abstinence - Total avoidance or non-use of substances such as alcohol, tobacco, and illicit drugs.

Abuse - Occurs when alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs.

Access to Services - The extent to which services are available for individuals who need care. Ease of access depends on several factors, including availability and location of appropriate care and services, transportation, hours of operation, and cultural factors, including languages and cultural appropriateness.

Access to Substances - The extent to which illicit and licit substances are available in the home, community, or schools.

Accessing Services and Funding - Assisting States and communities in increasing or improving their prevention and treatment service capacity by developing resources to support those services. Examples include developing and maintaining a resource listing of Federal, State, and local funding programs; accessing and coordinating Federal, State, and local grants; and developing program budgets.

Accountability - Systematic inclusion of critical elements of program planning, implementation, and evaluation in order to achieve results.

Action Plan - Translates the conceptual map represented by a logic model into an operation application, detailing the key tasks that must be completed, including the measurement of outcomes.

Activities – Efforts to be conducted to achieve identified objectives.

Adaptation - Modification made to a chosen intervention's changes in audience, setting and/or intensity of program delivery. Research indicates that adaptations are most effective when underlying program theory is understood, core program components have been identified and both the community and needs of a population of interest have been carefully defined.

Addiction - A compulsive physiological craving for a habit-forming substance. Addiction is a chronic and progressive disease usually characterized by physiological symptoms upon withdrawal. The term "dependence" is often used synonymously to avoid the pejorative connotations of addiction.

Adolescents - 12-20 year olds

Advocacy –To promote the interest of cause of a particular initiative.

Age of Onset - In substance abuse prevention, the age of first use.

Agent - In the Public Health Model, the agent is the catalyst, substance, or organism causing the health problem.

Alcohol and Drug Abuse Agency (State) - The State agency designated as the Single State Agency/Authority for the management of Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, including the 20 percent required minimum set-aside for primary prevention.

Alcohol and Drug Abuse Prevention Provider - An entity (agency or organization) whose principal objective is the prevention of substance use or abuse, or a program whose activities are related to education of and/or early intervention with populations at risk for substance abuse or dependency.

Alternative Activities - One of the six (6)prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides for the participation of the target population in activities that are alcohol, tobacco and drug-free. Examples of alternative activities include drug-free dances and parties, youth and adult leadership activities, community drop-in

centers, community service activities and mentoring program. This strategy is based upon the assumption that constructive and healthy activities offset the attraction to drugs; or otherwise meet the needs usually filled by drugs; and can lead to the reduction or elimination of substance use. The use of alternative activities alone as a prevention strategy has not been shown to be effective, but alternative activities should be part of a comprehensive plan.

Ambulatory Care - All types of health services provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients. While many inpatients may be ambulatory, the term ambulatory care usually implies that the patient must travel to a location to receive services that do not require an overnight stay.

Anecdotal Evidence - Information derived from a subjective report, observation, or example that may or may not be reliable but cannot be considered scientifically valid or representative of a larger group or of conditions in another location.

Antisocial (and Other Problem Behaviors) - Acting disruptive or disrespectful of others. Such actions can be classified as behavior-related problems (e.g., poor conduct and impulsiveness), behavior-related disorders (e.g., attention deficit-hyperactivity disorder), or both.

Approach - A set of prevention strategies that typify a program and can be employed in an intervention setting without adopting the program in total.

Archival Data - Relative to the collection of data for needs assessment purposes, information that is collected and stored on a periodic basis.

Arrestee Drug Abuse Monitoring (ADAM) Program - A program of the National Institute of Justice, formerly known as the Drug Use Forecasting System, which tracks trends in the prevalence and types of drug use among booked arrestees in urban areas.

Assessing Community Needs - Implementing prevention-focused tasks to determine the need for prevention services, identify at-risk and high-risk populations, or determine priority prevention populations for service delivery. Examples are conducting / participating in statewide prevention

needs assessments, community prevention needs assessments, or neighborhood needs assessments.

Assets - In social development theory, the individual skills and strengths that can protect against substance abuse.

Assumptions- Suppositions that explain the connections between immediate, intermediate, and long-term outcomes and expectations about how your approach is going to work.

At Risk - For persons, the condition of being more likely than average to develop an illness or condition, e.g., substance abuse, because of some predisposing factor such as family history or poor environment.

Attribution - The ability to link a particular effect with a specific cause.

Audiences - Prevention messages/programs tailored to particular target population.

B

Baseline - Observations or data about the target area and target population prior to treatment or intervention, which can be used as a basis for comparison once a program, has been implemented.

Baseline Data - The initial information collected prior to the implementation of an intervention, against which outcomes can be compared at strategic points during and at completion of an intervention.

Behavioral Health - A managed care term that applies to the assessment and treatment of problems related to mental health and substance abuse.

Behavioral Healthcare - A continuum of services to individuals at risk of or suffering from mental, addictive, or other behavioral disorders.

Benchmark – A particular indicator or performance goal. Benchmarks can be described as steps to achieving an overall goal.

Best Practices - Programs, practices and policies that have been rigorously researched and evaluated and have been shown to effectively prevent or delay substance abuse.

Bias - The extent to which a measurement, sampling, or analytic method systematically underestimates or overestimates the true value of something. Bias in questionnaire data can stem from a variety of other factors, including choice of words, sentence structure, and the sequence of questions. Bias is also created when a significant number of respondents do not answer a question.

Buffer - A descriptive term to describe an asset, protective factor, condition, behavior, or attitude that serves as a shield or insulator against a harmful condition.

C

Capacity - The infrastructure necessary to support needed programs and services in communities. Examples include human resources (e.g. personnel with different skill sets), material resources (e.g. technical abilities and systems) and administrative resources (e.g. telephones).

Case Management - The monitoring and coordination of treatment rendered to covered persons with a specific diagnosis or requiring high-cost or extensive services.

Cause - Something that brings about an effect or a result.

Center for Substance Abuse Prevention (CSAP) - CSAP is a center within the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides national leadership in the effort to prevent alcohol, tobacco and other drug use. CSAP works with states and communities to develop comprehensive prevention approaches to promote healthy communities.

Child Abuse and Neglect - A contributing factor or risk factor for substance abuse.

Classroom Educational Services - Prevention lessons, seminars, or workshops that are recurring and are presented primarily in a school or college classroom.

Clearinghouse/Information Resource Center - A central repository of or a dissemination point for current, factual, and culturally relevant written and audiovisual information and materials concerning substance use and abuse.

COSAs/Children of Substance Abusers - Youth and adults who are children of substance abusers.

Coalition - A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy and drug free community.

Collaboration – Coming together to develop and/or generate outcomes with combined resources through mutual decision-making for the mutual benefit of all entities involved.

Community - A group of individuals who share cultural and social experiences within a common geographic or political jurisdiction. A community may be a neighborhood, town, part of a county, county school district, congressional district or regional area.

Community Awareness - A perception or recognition on the part of the community that there is a substance abuse problem.

Community-based Process Strategy - One of six(6)prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to enhance the ability of the community to provide more effective prevention and treatment services for substance abuse disorders by including activities such as organizing, planning, interagency collaboration, coalition building and networking.

Community Domain – One of the spheres of influences identified by the Center for Substance Abuse Prevention (CSAP) to prevent substance use.

Community encompasses the societal environments in which consumers live, work and socialize. Community domain risk factors include:

(a) Lack of bonding or attachment to social and community institutions.
(b) Lack of community awareness of acknowledgment of substance use problems.
(c) Community norms favorable to substance use and tolerant of abuse.
(d) Insufficient community resources to support prevention efforts.
(e) Inability to address substance abuse issues.

Community Drop-In Centers - Centers that provide community facilities and structured prevention services and that do not permit alcohol, tobacco, or other drug use on their premises. Activities held in these centers include recreation, activities for teens, senior citizens, and children.

Community Mobilization - Enhances the ability of the community to provide prevention services, and includes such activities as organizing, planning, inter-agency collaboration, coalition building, and networking.

Community Norms - The attitudes and policies toward substance use and crime that a community holds, which are communicated in a variety of ways such as laws, written policies, informal social practices and expectations that parents and other members of the community may have of young people.

Community Organization (Theory) - The process by which community groups are helped in order to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching goals they have set.

Community Readiness - The community's awareness of, interest in, and ability and willingness to support substance abuse prevention initiatives.

Compliance Checks- Enforcement of state and federal laws through monitoring and surveillance.

Comprehensive approach – A systemic and programmatic approach to prevention services that addresses risk and protective factors from multiple domains using different programs, practices and policies.

Consumer - An individual who receives care, who purchases care directly, or who selects among health plans purchased on his or her behalf by an employer or another entity.

Continuing education – Education and training experience designed to update knowledge and skills. Every activity offered for continuing education (CE) credit, regardless of its length, must have clearly defined educational objectives and goals that must be made available to participants prior to enrollment in the workshop or training. Prevention CE hours must focus on subject matter that is specific to prevention and have explicit prevention learning objectives.

Continuous Quality Improvement (CQI) - The systematic assessment, feedback, and use of information relevant to planning, implementation, and outcomes.

Continuum of Service - An interrelated continuum of service that includes prevention, intervention and treatment.

Control Group - In experimental evaluation design, a group of participants that is essentially similar to the intervention (i.e., experimental) group but is not exposed to the intervention.

Core Components - Program elements that are demonstrably essential to achieving positive outcomes.

Core Measures - As used in SAMHSA terminology, a compendium of data collection instruments that measure underlying conditions-risks, resources, attitudes, and behaviors of different populations-related to the prevention and/or reduction of substance abuse.

Core Measures Initiative - A CSAP initiative to identify soundly established measurements and factors proven to be successful with prevention.

Cost-Effectiveness Analysis (CEA) - A systematic method for valuing over time the monetary costs and non-monetary consequences of producing and consuming substance abuse program services.

Credentialing - The process of reviewing a practitioner's credentials, i.e., training, experience, or demonstrated ability, for the purpose of determining whether criteria for clinical privileges are met.

Criminal History Check – A listing of certain information taken from fingerprint submissions retained by federal and state law enforcement agencies in connection with arrests and, in some instances, federal employment, naturalization, or military service.

Culture – The behaviors and beliefs characteristic of a particular social, ethnic or age group. Deep culture includes those characteristics that are not visible by observation, which surface culture includes those characteristics that re visible by observation.

Cultural Competence - The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to substance abuse prevention and reduction. Cultural competence is maximized by diverse representation during every phase of the implementation process and the process and outcomes evaluation.

Cultural Diversity - Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation.

Cultural Sensitivity - The ability to recognize and demonstrate an understanding of cultural differences.

Culture - The behaviors and beliefs characteristic of a particular social, ethnic or age group. Deep culture includes those characteristics that are not visible by observation, which surface culture includes those characteristics that are visible by observation.

D

Data - Information or facts from which conclusions can be drawn; collected according to a methodology using specific research methods and instruments. A data driven process is whereby decisions are informed by and tested against systematically gathered and analyzed information.

Data Analysis - The assessment, interpretation, and/or appraisal of systematically collected information.

Data Driven - A process whereby decisions are informed by and tested against systematically gathered and analyzed information.

Data Source - The entity (person or device) providing responses to measurement devices.

Data Targets - The who or what that is being evaluated.

Defined Population -People whose attitudes, knowledge, skills, risks/assets, and behaviors are to be strengthened or changed. Also known as the target group, the population of interest, or the target population/group.

Delinquent/Violent Youth - Youth who display risk factors for delinquency or violence or who have been determined to be delinquent or violent.

Demographics - The characteristics of a human population, including sex, age, socioeconomic status (SES), and so forth.

Demographic Data – Data that describes a place and the people living in a community. Commonly collected demographic data include size, population, age, ethnic/cultural characteristics, socio-economic status, and languages spoken.

Dependence - A mental and sometimes physical state resulting from taking a drug, characterized by a compulsion to take a drug on a continual or periodic basis.
Descriptors - A word or phrase used to identify an item in an information retrieval system.

Documentation - Entails keeping records, collecting data, and making observations in order to obtain specific kinds of information, such as the rates of alcohol-related problems, consumption, and sales.

Domain - The spheres of influence (activity) that may affect substance use. The domains are individual (peer), family, school (work) and community (society/environment). Characteristics and conditions that exist within each domain of activity may act as risk or protective factors and present an opportunity for preventive action.

Domestic Violence - Domestic violence is violence occurring in the home and inflicted by one spouse on another, by a parent upon a child or children, or vice versa, or by one sibling on another. Domestic violence is a contributing factor or risk factor for substance abuse.

Drug Free Communities Act (DFCA) - This Act serves as a catalyst for increased citizen participation in our efforts to reduce substance abuse among our youth and provide community anti-drug coalitions with much needed funds to carry out their important missions. The Act provides for grants to coalitions of representatives of youth, parents, businesses, the media, schools, and other organizations.

Drug Free Workplace Act - The 1988 Federal act that laid the groundwork for subsequent regulation of workplace drug testing.

DUI/DWI/MIP Programs - In states that count Driving Under the Influence (DUI), Driving While Intoxicated (DWI), and Minor in Possession (MIP) programs as a prevention service, structured prevention education programs intended to change the behavior of youth and adults who have been involved in the use of alcohol and/or other drugs while operating a motor vehicle.

E

Economically Disadvantaged Youth/Adults - Youth and adults considered to be underprivileged in material goods due to poor economic conditions.

Education strategy - One (1)of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy involves interactive communication between the educator and participants and goes beyond information dissemination. Activities for this strategy aim to affect life and social skills, including decision making refusal and critical analysis skills. Examples of activities for this strategy include classroom and small group sessions, parenting and family management classes, peer leader and peer helper programs, education programs for youth groups and children of substance abusers.

Effect - A result, impact, or outcome.

Effective Prevention Programs - Effective Prevention Programs (as defined by CSAP's National Registry of Effective Prevention Programs [NREPP]) are science-based programs that produce a consistent, positive pattern of results.

Effective Program - In CSAP's terminology, an intervention that builds upon established theory, comprises elements and activities grounded in that theory, demonstrates practical utility for the prevention field, has been well implemented and well evaluated, and has produced a consistent pattern of positive outcomes.

Effectiveness - The ability to achieve stated goals or objectives, judged in terms of outcomes and impact.

Empirical Data- Relying on or derived from observation or experiment. Information derived from measurement made in “real life” situations (e.g. focus groups, one-on-one interviews).

Employee Assistance Programs (EAPs) - Programs to assist employees, their family members, and employers in finding solutions for workplace and personal problems.

Entity - An agency or organization that provides substance abuse prevention services as prescribed by the State in which it is located.

Environment - In the Public Health Model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

Environmental Analysis - An assessment of the formal and informal policies and the social, physical, or cultural conditions affecting an individual or a community.

Environmental Factors - Factors that are external or perceived to be external to an individual but that may nonetheless affect his or her behavior.

Environmental strategy - One(1)of six(6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the substance use in the general population. Examples of methods used include:

(a) Establishing and reviewing drug policies in schools.

(b) Reviewing and modifying alcohol and tobacco advertising practices.

(c) Product pricing (increases in tobacco or alcohol taxes).

(d) Enacting policies targeting underage drivers such as zero (0) tolerance laws for underage drinking and driving and graduated driving privileges.

(e) Interventions addressing location and density of retail outlets selling alcohol and tobacco.

(f) Implementing neighborhood anti-drug strategies, such as citizen surveillance and the use of civil remedies-particularly nuisance abatement programs, to reduce the number and density of retail drug operations.

(g) Restrictions on smoking/tobacco use in public and private indoor facilities to reduce tobacco use among adults and youth.

(h) Server-training programs combined with law enforcement to reduce serving alcohol to minors.

Epidemiological Profile – A summary and characterization of the consumption (use) patterns and consequences of the abuse of ATOD

(alcohol, tobacco and other drugs) or other substances. The epidemiological profile identifies the sources of data on consumption patterns as well as the indicators used to identify consequences (e.g., morbidity and mortality).

Epidemiology - The study of the determinants and distribution of disease with respect to person, place, or time. It is the basic science of developing and applying disease prevention and control.

Epidemiology Work Group-Designated professionals engaged in the collection of vital research data and statistics for the purpose of addressing the prevention of an identified issue, e.g. preventing alcohol and other drug problems.

Ethics – A state set of principles and behaviors designed to ensure the highest standards of professional practice. In Prevention Ethics areas covered typically include non-discrimination, competence, legal and moral standards, public statements, publication credit, client welfare, confidentiality, client relationships, inter-professional relationships and remuneration.

Ethnicity - Belonging to a common group-often linked by race, nationality, and language--that shares a cultural heritage and/or origin.

Evaluation - The systematic collection and analysis of data needed to make informed decisions about the effectiveness of a specific program or intervention. Effective evaluations assess whether programs are implemented as planned and whether positive outcomes occur among participants.

Evaluation Goal - Statement of the ultimate outcome of an evaluation.

Evaluation Instruments - Specially designed data collection tools (e.g., questionnaires, survey instruments, structured observation guides) to obtain measurably reliable responses from individuals or groups pertaining to their attitudes, abilities, beliefs, or behaviors.

Evaluation method- The method used to collect and assess program and outcome information (data).

Evaluation Objectives - Statements of shorter-term, measurable outcomes of an evaluation.

Evaluation Plan - The systematic blueprint detailing all the evaluation aspects of the project including the database structures to manage the project data.

Evidence-based Program - As described by SAMHSA , three categories of programming that are conceptually sound, consistent, and reasonably well implemented and evaluated. The three levels include Promising Programming, Effective Programming, and Model Programming.

F

Faith Community - A community that includes religious groups or churches.

Family - Parents (or persons serving as parents) and children who are related either through biology or through assignment of guardianship, whether formally (by law) or informally, who are actively involved together in family life and who share a social network, material and emotional resources, and sources of support.

Fidelity - Replicating a program model or strategy. A program having "fidelity" should be implemented with the same specifications of the original program. Fidelity can balance with adaptations to meet local needs.

Focus Group - A representative group of people questioned together about their opinions, usually in a controlled setting. Focus groups are widely used as a method of gathering qualitative data.

Framework - A general structure supporting the development of theory.

G

Gatekeeper Model - A situation in which a primary care provider, the "gatekeeper," serves as the consumer's contact for healthcare and referrals. Also called *closed access* or *closed panel*.

General Population - Youth and adult citizens of a State rather than a specific group within the general population.

Geographic Information System (GIS) - A Geographic Information System (GIS) is software that can graphically present any type of data that is associated with a geographic reference. It can help you map substance abuse risks and prevention priority locations. A demographic data example could be average family income levels (with levels indicated by different colors) displayed on geographic area maps such as census tracts, counties, or States.

Goal - The clearly stated, specific, measurable outcome(s) or change(s) that can be reasonably expected at the conclusion of a methodically selected intervention.

Grant Funding Announcement/Application (GFA) - Federal agencies periodically describe the types of programs and projects for which they intend to award grants, and publish these announcements in the *Federal Register* and other publications.

H

Health Disparities - Includes basic, clinical and social sciences studies that focus on identifying, understanding, preventing, diagnosing, and treating health conditions such as diseases, disorders, and other conditions that are unique to, more serious, or more prevalent in subpopulations in socioeconomically disadvantaged (i.e., low education level, live in poverty) and medically underserved, rural, and urban communities.

Health Education - Health education in schools can include an alcohol, tobacco, and drug educational program that teaches students about the dangers and risks associated with their use, fostering a more accurate perception of norms than they may receive from the media or peers.

Health Fair - Generally, a school or community-focused gathering, such as a carnival or bazaar, traditionally held for barter or sale of goods, often for charity. These events offer an opportunity to disseminate materials and information on substance abuse prevention and health-related issues.

Health Professionals - Individuals employed by or volunteering for health care services.

Health Promotion - A wide array of services and methods for dissemination of information intended to educate individuals, schools, families, and communities about specific substance abuse and health-related risks, risk-reduction activities, and other activities to promote positive and healthy lifestyles.

Homeless/Runaway Youth - Youth and adults who do not have a stable residence or who have fled their primary residence.

Host - In the Public Health Model, the host is the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Human Resources- Individuals that staff and operate an organization rather than its financial and material resources. Human resources can, and in coalition work generally do, include volunteers.

Human Services- The general study of human and social services that prepares individuals to work in public and private service agencies and organizations. Human services degrees of higher education that are accepted within the Prevention field are a Bachelor's Degree in:

(a) Applied Health Science (e.g. Community Heath, Industrial Hygiene).
(b) Communication Disorders (e.g. Audiology, Interpreting, Speech, Deaf Education).
(c) Criminal Justice.
(d) Environmental Health (e.g. Environmental Health, Health Administration, Occupational Safety and Health).
(e) Gerontology
(f) Medical Technology.
(g) Nursing.
(h) Social Work or Sociology.
(i) Kinesiology (e.g. Athletic Training, Exercise Science, Physical Education).
(j) Recreation Administration (e.g. Leisure Services, Therapeutic Recreation).
(k) Education
(l) Psychology or
(m) Another human service degree not reflected in the list to be evaluated by ADMH staff.

I

Illegal Drugs - Refers to drug use. For example, an underage person who buys or possesses alcohol, a licit drug, is doing so illegally.

Illicit - Refers to drugs themselves. All illegal drugs are illicit, but alcohol and tobacco may be either licit or illicit, depending on whether they are used legally or illegally.

Impact – The net effect observed within an outcome domain. This may also be referred to as the long-term effect.

Impact Evaluation - A type of outcome evaluation that focuses on the broad, long-term impacts or results of program activities (e.g., an impact evaluation could show that a decrease in a community's crime rate is the direct result of a program designed to provide community policing).

Impaired Driving - Impaired driving is the joint occurrence of (1) driving a vehicle and (2) having a BAC of 0.1 (0.08 in some States) or greater or being under the influence of some other psychoactive substance.

Implementation Assessment - In general, this term is used as a synonym for process evaluation. Process evaluation focuses on how a program was implemented and operates.

Implementation Plan - A plan that enables the program manager to gain control by identifying the functional and specialized requirements of the carefully chosen intervention; to pull together the team that must work together to produce a whole -- without gaps, friction, or unnecessary duplication of effort; and to identify performance expectations for each of the program components.

Incidence - A measure of the number of people (often in a defined population) who have initiated a behavior--in this case drug, alcohol, or tobacco use--during a specific period of time.

Indicated- The Continuum of Care classification for prevention interventions focused on high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow behavioral

health disorders, prior to the diagnosis of a disorder. The system was developed by the Institute of Medicine.

Indicator - A variable that relates directly to some part of a program goal or objective. Positive change on an indicator is presumed to indicate progress in accomplishing the larger program objective.

Individual domain- One of the spheres of influence identified by CSAP that focuses on an individual's beliefs, attitudes and actions and potential effects on substance use. Risk factors within the individual domain for substance abuse include:

(a) Lack of knowledge about the negative consequences associated with using illegal substances.
(b) Attitudes favorable toward use.
(c) Early onset of use.
(d) Biological or psychological predispositions.
(e) Antisocial behavior.
(f) Sensation seeking.
(g) Lack of adult supervision.

Information Dissemination - One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides information about drug use, abuse and addiction and the effects on individuals, families and communities. It also provides information on available prevention programs and services. Examples for this strategy include:

(a) Clearinghouses and other information resource centers.
(b) Media campaigns.
(c) Brochures and letters.
(d) Speaking engagements.
(e) Health Fairs.

Institute of Medicine Model (IOM) of "The Continuum of Care" - a classification system that presents the scope of behavioral health services that includes promotion of health, prevention of disease, treatment, and maintenance/recovery. Promotion and prevention are part of this system

and includes three commonly used classifications: Universal, Selective, and Indicated.

Instrument - An ordered set of measures or a device researchers use to collect data in organized fashion, such as a standardized survey or interview protocol.

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

Intervening Variables- Factors in a community that have been identified as contributing (being strongly related and/or influence) to the occurrence of substance use problems and consequences.

Intervention - The phase along the continuum of care between prevention and treatment. Intervention is concerned with those (usually youths) who have only recently begun to experiment with substances. The policies, programs and practices used for intervention experimentation progresses to the stage at which treatment is needed.

K

Key Informant Interview - Interview with a member of, or someone who is knowledgeable about, the social phenomena you wish to study.

L

Lead Agency - The organization responsible for fiscal management and performance accountability.

Licit Drugs - Drugs that are legal to use, such as medicines and alcohol and tobacco. Note that it is possible to misuse a licit drug, as occurs with some prescription drugs and when tobacco and alcohol are used by underage persons.

Lobbying- The practice of trying to persuade legislators to propose, pass, or defeat legislation or to change existing laws.

Logic Model - A graphic depiction of the components of a theory, program, initiative, or activity; shows the program's components and plausible linkages between the program components.

Long-term Outcomes - The change(s) that result from the program or intervention over time.

M

Mainstream – The ideas, attitudes, or activities that are shared by most people and regarded as normal or conventional.

Measure - An assessment item or ordered set of items (see Outcome Measure and Process Measure). Measures are the tools used to obtain the information or evidence needed to answer a research question. They are similar to indicators, but more concrete and specific. Often an indicator will have multiple measures. Indicators are statements about what will be measured; measures answer the question exactly how will it be measured.

Media - All the means of communication as newspapers, radio, TV that provide the public with news, entertainment, etc., usually along with advertising.

Media Advocacy - The use of television, radio, print or other mediums to influence community norms and policies. Traditionally, the role of media in prevention has been to increase general awareness about substance abuse and related problems in an attempt to change individual behavior regarding alcohol, tobacco and other drug use.

Media Campaigns - The use of television, radio, educational materials, websites and other publications to reach parents and youth. This is a multi-dimensional approach to educate and empower youth to reject substance use.

Medial literacy – The training and education of people to be able to critically analyze alcohol and tobacco messages seen via television, websites, movies, print and other entertainment mediums in order to gain an understanding of how companies may market alcohol and tobacco products.

Mentoring – Exposing youth to positive adult role models and encourages high academic and professional standards. Activities may include tutoring, recreational activities, attending sporting or cultural events, and performing community service.

Methodology - A procedure for collecting and analyzing data.

Milestone- A significant point of achievement or development which describes progress toward a goal.

Misuse - Occurs when people of legal age use legal substances in a harmful way.

Mobilization - The process of bringing together and putting into action volunteers, community stakeholders, staff, and/or other resources in support of one or more prevention initiatives.

Model Program - In CSAP's terminology, model programs have all of the positive characteristics of effective programs with the added benefit that program developers have agreed to participate in CSAP-sponsored training, technical assistance, and dissemination efforts.

Morbidity - Any subjective or objective departure from a state of physiological or psychological well-being. (Sickness, illness, and morbid condition are synonyms in this sense.); an actuarial determination of the incidence and severity of sicknesses and accidents in a well-defined class or classes of persons.

Mortality - An actuarial determination of the death rate at each age as determined from prior experience.

Memorandum of Understanding (MOU) and/or Memorandum of Agreement (MOA) - A Memorandum of Understanding, most commonly encountered, resembles a list of contractual terms that two parties have negotiated; maybe signed, but may expressly state that it is not enforceable. A Memorandum of Agreement is frequently encountered and may overlap the meaning of an MOU, but is more likely a summary of an actual contractual agreement, more likely to be final and enforceable, or evidence that a contract was formed; but not the actual contract itself.

Whether either one of these is enforceable as a contract depends upon its substance, not its label.

Multicultural - Intended for or about two or more distinctive cultures.

N

National Outcome Measures (NOMS) – The Substance Abuse Mental Health Service Administration (SAMHSA) has collaborated with states in an effort to measure the outcomes for clients in all SAMHSA funded programs with the goal of using information to improve services for communities..

Needs assessment – A tool used to understand the nature and extent of a health or social problem in a community with the intent to respond appropriately to programmatic, policy and budgetary decisions. Needs assessments are research-based to permit planning, programming and resource expenditure guided by data rather than subjective judgments or political consideration.

Non-quantifiable - Costs, such as social costs, which cannot be measured. Sometimes ad hoc methods are used to put estimates on non-quantifiable costs, rather than leave them out of the evaluation altogether.

Norms – The conduct or typical way of behaving for a certain group or community.

Number of Units - The number of prevention items counted, disseminated, or developed (e.g., number of brochures). It is not the number of participants, attendees, unit costs, or units of time such as hours.

O

Objectives – To identify what is to be accomplished during a specific period to move toward achievement of a goal.

Outcome Evaluation - The systematic assessment of the results or effectiveness of a program or activity; a type of evaluation used to identify the results of a program's effort. It seeks to answer the question, "What difference did the program make?" It yields evidence about the effects of a program after a specified period of operation.

Outcome Measures - Assessments that gauge the effect or results of services provided to a defined population. Outcomes measures include the consumers' perception of restoration of function, quality of life, and functional status; as well as objective measures of mortality, morbidity, and health status.

Outcomes - A short-term or long-term measure of changes in substance use and its consequences related to the implementation of a prevention program.

P

Parenting/Family Management Services - Structured classes and programs intended to assist parents and families in addressing substance abuse risk factors, implementing protective factors, and learning about the effects of substance abuse on individuals and families.

Participant - An individual formally enrolled or registered in a recurring prevention service. Demographic data (age, race/ethnicity, and gender) are collected for participants.

Partnerships – Groups or organizations that work together on specific issues or projects.

Peer Leader/Helper Programs - Structured, recurring prevention services that utilize peers (people of the same rank, ability or standing) to provide guidance, support, and other risk reduction activities for youth or adults.

Policy- A governing principle pertaining to goals, objectives, and/or activities; a decision on an issue not resolved on the basis of facts and logic only. For example, the policy of expediting drug cases in the courts might be adopted as a basis for reducing the average number of days from arraignment to disposition.

Post-test - The test administered at the end of the data gathering sequence of an evaluation; usually after the program or activity being evaluated has been completed.

Practice- A customary way of operation or behavior

Precipitating Factors - Conditions or events that prompt or facilitate another condition or event.

Predictive - One variable is considered to be predictive of another if there is a systematic relationship between the two. However, the fact that there is a relationship does not mean that one thing causes the other.

Pretest - The collection of measurements before an intervention to assess its effects.

Prevalence - The number of instances of a given disease or other condition in a given population at a designated time; in general epidemiological terms, the number of new plus old cases existing at or during a specified time.

Prevention - A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is to foster a climate where:

(a) Alcohol use is acceptable only for those of legal age and when the risk of adverse consequences is minimal.

(b) Prescription and over-the-counter drugs are used for the medical purposes for which they were intended.

(c) Other substances that may be abused (e.g. aerosols, paint thinners, glue) are used for their intended purposes.

(d) Illegal drugs and tobacco are not used at all.

Prevention Assessment and Referral Services - Refers to those activities intended to provide a risk screening, assessment, and referral to prevention service populations for placement in prevention or other appropriate services.

Prevention Strategies - The SAPT Block Grant regulations require that each State receiving a block grant adopt a comprehensive prevention

program that includes a broad array of prevention strategies for individuals not identified to be in treatment. These strategies (defined separately in this glossary) include information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental approaches.

Prevention/Treatment Professionals - Individuals employed as substance abuse prevention or treatment professionals, e.g., counselors, therapists, prevention professionals, clinicians, prevention or treatment supervisors, and agency directors.

Principles of Effectiveness (U.S. Department of Education) - According to the Department of Education, to ensure that recipients of Title IV funds use those funds in ways that preserve State and local flexibility and are most likely to reduce drug use and violence among youth, a recipient shall **(1)** base its programs on a thorough assessment of objective data about the drug and violence problems in the schools and communities served; **(2)** with the assistance of a local or regional advisory council where required by the SDFSCA, establish a set of measurable goals and objectives and design its programs to meet those goals and objectives; **(3)** design and implement its programs for youth based on research or evaluation that provides evidence that the programs used prevent or reduce drug use, violence, or disruptive behavior among youth; and **(4)** evaluate its programs periodically to assess its progress toward achieving its goals and objectives; use its evaluation results to refine, improve, and strengthen its program; and to refine its goals and objectives as appropriate.

Problem Identification and Referral strategy - One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to identify those who have indulged in the use of illicit drugs or underage use of tobacco and alcohol in order to determine whether their behavior can be reversed through education. This strategy does not include any activity designed to determine whether an individual is in need of treatment. An example of an activity for this strategy is the development of a student assistance program.

Process Evaluation - Process evaluation focuses on how a program was implemented and operates. It identifies the procedures undertaken and the decisions made in developing the program. It describes how the program

operates, the services it delivers, and the functions it carries out. It addresses whether the program was implemented and is providing services as intended. However, by additionally documenting the program's development and operation, it allows an assessment of the reasons for successful or unsuccessful performance, and provides information for potential replication.

Process Measures - Measures of participation, "dosage," staffing, and other factors related to implementation. Process measures are *not* outcomes, because they describe events that are inputs to the delivery of an intervention.

Program evaluation - The systemic collection and analysis of data needed to make informed decisions about a specific program or intervention.

Promising Program - The first of three categories of science-based programs on a continuum, that concludes with model programs. Promising programs are those that have been reasonably well evaluated, but the positive findings are not yet consistent enough or the evaluation not yet rigorous enough, for the program to qualify as an effective program. CSAP's hope is that promising programs, through additional refinement and evaluation, will evolve into effective and model programs.

Protective Factors - Factors that may prevent substance use, particularly among youth in vulnerable environments. Examples include norms against drug use and social skills to resist drug use.

Provider (Participating Provider) - Individuals and/or organizations that directly deliver prevention, treatment, and maintenance services to consumers within the defined plan.

Provider ID - The identification number or code of a specific prevention agency or organization.

Public Health Model of Prevention - This model can be illustrated by a triangle, with the three angles representing the agent, the host, and the environment. (The **agent** is the substance, the **host** is the individual using the substance, and the **environmen**t is the social and physical context of use.) A public health model, using the science of epidemiology, stresses

that problems arise through the relationships and interactions among host, agent, and environment. Primary prevention is the focus of CSAP.

Public Policy Efforts - Activities intended to reflect efforts to change public policy about ATOD and to provide a community standard in the management of underage drinking and smoking and related behaviors.

Q

Qualitative Data - Qualitative data is information that is difficult to measure, count, or express in numerical terms (for example, the nature of relationships among various groups in a community). These types of data are used in research involving detailed, verbal descriptions of characteristics, cases, and settings. Qualitative research typically uses observation, interviewing, and document review to collect data. The strength of qualitative data is their ability to illuminate evaluation findings derived from quantitative methods.

Quality Assurance (QA) - A formal set of measures, requirements, and tasks to monitor the level of care being provided; such programs include peer or utilization review components to identify and remedy deficiencies in quality. The program must have a mechanism for assessing effectiveness and may measure care against pre-established standards.

Quality of Care - The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Quantitative Data - Quantitative data is information that can be expressed in numerical terms, counted, or compared on a scale. In evaluation studies, quantitative data includes measures that capture changes in targeted outcomes (e.g., substance use) and intervening variables (e.g., attitudes toward substance use). The strength of quantitative data is their use in testing hypotheses and determining the strength and direction of effects.

R

Race - A socially defined population based on visible, genetically transmitted physical characteristics.

Recurring Prevention Service - A prevention service provided to a fixed group of people at risk for substance use or abuse, which is enrolled for a fixed period of time in a planned sequence of activities. The activities, through the practice or application of recognized prevention strategies, are intended to inform, educate, develop skills, alter risk behaviors, deliver services, and/or provide referrals to other services.

Recurring Service Session Number - An incremental number denoting the session number of a recurring prevention service (01 for the first session, 02 for the second session). For single prevention services, the number in this field will always be 00 (zeroes).

Reliability - The consistency of a measurement, measurement instrument, form, or observation over time. The consistency of results (similar results over time) with similar populations, or under similar conditions, confirms the reliability of a measure.

Representative Sample - A segment of a larger body or population that mirrors the characteristics of the larger body or population.

Research- A systematic study or investigation of a field of knowledge to discover or establish facts or principles

Resilience - Refers to the ability of an individual to cope with or overcome the negative effects of risk factors or to "bounce back" from a problem. This capability develops and changes over time, is enhanced by protective factors, and contributes to the maintenance or enhancement of health.

Resistance Skills Training - Resistance skills training programs are designed to increase the ability of youth to withstand the pressure of temptation to use alcohol, tobacco, or drugs.

Resource - Social, fiscal, recreational, and other community support that presently target substance abuse prevention and/or reduction.

Resource development – The enhancement of existing resources and the creation of new resources to facilitate community coalitions, educate the community about public health initiatives and collect, analyze and organize public health data.

Risk Factor - An exposure that is statistically related in some way to an outcome.

S

School Survey - Using a specially designed instrument, to collect information relevant to school administration, student attitudes and behavior, and/or student performance.

School-Based Prevention - Schools as a venue for prevention programs; as the Department of Education ensures that schools include substance abuse prevention. School-based prevention can be sustained over a long period of time (theoretically throughout most of a child's developmental stages); it is given to a more or less "captive audience".

Science-Based Prevention - "Science-based" refers to a process in which experts use commonly agreed-upon criteria for rating research interventions and come to a consensus that evaluation research findings are credible and can be substantiated. From this process, a set of effective principles, strategies, and model programs can be derived to guide prevention efforts. This process is sometimes referred to as research- or evidence-based.

Science-Based Program - A program that is theory-driven, has activities related to theory, and has been reasonably well implemented and well evaluated.

Screening - A clinical screening is a preliminary gathering and sorting of information used to determine whether an individual has a problem with AOD abuse, and if so, whether a detailed clinical assessment is appropriate.

Selective – The Continuum of Care classification for prevention interventions focused on individuals or subgroups of the population whose risk of developing behavioral health disorders is significantly higher than average.

Self-Efficacy - Confidence in one's ability to do a particular behavior. This factor is a component of the social learning/social cognitive theory.

Single State Agency/Authority (for substance abuse treatment and prevention) - Each State has a designated agency for substance abuse treatment and prevention that is the recipient of Federal block grant (see SAPT block grant, above) funds. These agencies may be free-standing entities or bureaus of the State's department of health and human services. They may also be part of the office of the governor.

Skills Building - Skills building programs in schools are designed to increase life skills, including social and academic abilities. Curriculum topics may include such areas as stress management, self-esteem, problem solving, social networks, and peer resistance.

Small Group Sessions - Provision of educational services to youth or adults in groups of not more than 16 members. Examples are substance abuse education groups, short-term education groups, youth education groups, parent education groups, business education groups, and church education groups.

Social Bonding - Social bonding is a protective factor for youth. Studies show that young people who establish a bond with societal norms and standards are less likely to develop substance abuse problems. Youth who are bonded have a stake in their society and good reasons not to abuse substances.

Social Development Model - A model that seeks to explain behaviors-which are themselves risk factors for substance abuse-by specifying the socialization process (the interaction of developmental mechanisms carried out through relationships with family, school, and peers) that predicts such behavior.

Social Indicator - A measure of a social issue that has been tracked over time; social indicators are often used to document levels of community and group risk, and to serve as proxies for the existence of social problems, such as substance use/abuse.

Social Learning / Social Cognitive Theory - Suggests that people learn not only through their own experiences, but also through the environment, by observing others, or being influenced by peer norms. Some of the main concepts include reciprocal determinism, observational learning, self-

efficacy, reinforcement, and behavior capability. This interpersonal-level theory pays close attention to the relations between persons and how this may affect their behavior.

Social Marketing - Using commercial marketing techniques to develop, implement, and evaluate programs designed to influence the behavior of a target audience. Social marketing integrates health communication theory into research and practice. The six-stage process includes planning, channel selection, materials development, implementation, effectiveness evaluation, and revision. Social marketing often relies on the use of mass media.

Social Networks - Set of relationships among individuals within a person's web of social ties. The structure of social networks can be described in terms of interpersonal and inter-relational characteristics within the network of people and their interactions. Social networks are characterized by size and density; frequency of interaction and reciprocity; affective support, instrumental support, and social outreach.

Social Planning - This community change model is another component of the community organization model. Social planning creates specific task goals and objectives developed by community members with expert assistance in order to engage in problem solving within the community.

Social Resources- Relationships with stakeholders inside and surrounding a community that enables service to an important niche in a community's "ecology" as it relates to substance abuse.

Social Support - The functional content of relationships that can be categorized along four types of supportive behaviors: emotional support, instrumental support, informational support, and appraisal support. *Emotional* support is empathy, love, trust, and caring expressed to the person in need. *Instrumental* support is tangible aid and services that assist a person in need. *Informational* support is advice, suggestions, and information that can be used to address problems. *Appraisal* support is information that can be used for self-evaluation, such as feedback, affirmation, and social comparison.

Socio-demographic Factors - Social trends, influences, or population

characteristics that affect risks, attitudes, or behaviors related to substance abuse. Such factors can have an indirect but powerful influence.

Stakeholders - All members of the community who have a vested interest (a stake) in the activities or outcomes of a substance abuse intervention. Typical stakeholders include consumers of prevention services, community partners, staff, board members, volunteers, sister agencies and funding sources.

Standardized Instruments - Assessments, inventories, questionnaires, or interviews tested with a large number of individuals and is designed to be administered to program participants in a consistent manner. Results of tests with program participants can be compared to reported results of the tests used with other groups.

State Incentive Grants (SIGs) – Grants awarded to governors of states with an emphasis on collaboration; forming prevention councils and statewide advisory committees to advise them on how to allocate prevention dollars. As a result of the SIG program's emphasis states are beginning to regard substance abuse prevention from a broader, systems standpoint. By consensus, SIG States have developed a comprehensive evaluation framework, identified common measures, and selected standardized instruments to be used across sites. CSAP has awarded 21 of these grants, also called Targeted Prevention Capacity grants.

Strategic Prevention Framework (SPF) - A five-step process of planning to create a framework that promotes assets building to achieve goals. The framework steps include assessment, capacity, planning, implementation and evaluation. The framework was developed by SAMHSA (Substance Abuse and Mental Health Services Administration).

Strategy- A plan of action that identifies the overarching approach of how to achieve intended results.

Student Assistance Programs - Structured prevention programs intended to provide substance abuse information for students whose substance abuse may be interfering with their school performance. Examples are early identification of student problems, referral to designated helpers,

follow-up services, in-school services (e.g., support groups), screening for referral, referral to outside agencies, and school policy development.

Subcontractor- Anyone who performs a service for pay under the auspices of the direct contractor with the Division of Mental Health and Substance Abuse Services. The provider can subcontract up to 10% of the budget amount without prior approval. The Division of Mental Health and Substance Abuse Services must approve amount greater than 10%.

Substance Abuse – The use or abuse of illegal drugs. The abuse of inhalants. The use of alcohol, tobacco or other related products as prohibited by State or local law.

Substance use- The general consumption of alcohol, tobacco or other drugs.

Supervised practical experience: The direct observation of a staff member completing work duties that includes providing feedback to increase their knowledge and assist with their development. Experience gained while working towards the completion of personnel requirements. Experience is gained under the supervision of someone that has a masters in a human service related field and two (2) years work experience in substance abuse treatment or prevention of that is a Certified Prevention Specialist or a Certified Prevention Manager by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

Sustainability - The likelihood of a program to continue over a period of time, especially after grant monies disappear.

Synar Amendment - The SAMHSA regulation requires the State to have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18; enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18; conduct annual random, unannounced inspections in such a way as to provide a valid sample of outlets accessible to youth; and develop a strategy and timeframe for achieving an inspection failure rate of less than 20 percent of outlets accessible to youth.

T

Target Population - A group of people, usually those at high risk, who may have specific programs, practices and policies targeted to reach them in order to prevent substance use.

Targeted Message - A message designed to appeal to a specific group or subset of the general market. Target audiences may be based on race, ethnicity, age, gender, income level, occupation, health, behavior, or a combination of these or other factors.

Technical Assistance (TA) - Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations, and individuals to conduct, strengthen, or enhance activities that will promote prevention. Services recorded under this service type code should be viable technical assistance that will lead to a final product.
Technical Capacity - Specialized skills or specific expertise required for program implementation and sustainability.

Theory of Change- A premise that creates a commonly understood vision of a problem being addressed, and the evidenced-based strategies proven to address the problem

Tip Line – A confidential call-in phone line available to share anything about a crime, a planned crime, or suspicious activity.

Training- An organized array of services and interventions with a primary focus on curing or treating specific disorders or conditions, providing both acute stabilization and ongoing therapy.

Treatment – An organized array of services and interventions with a primary focus on curing or treating specific disorders or conditions, providing both acute stabilization and ongoing therapy.

U

Underage Drinking - Underage drinking occurs when anyone under age 21 drinks alcohol in any amount or form.

Underlying Factors - Behaviors, attitudes, conditions, or events that cause, influence, or predispose an individual to resist or become involved in problem behavior, in this case, substance abuse. See also "Risk and Protective Factors".

Universal – The Continuum of Care classification for prevention interventions focused on the general public or a population subgroup that have not been identified on the basis of risk.

V

Validity - The extent to which a measure of a particular construct/concept actually measures what it purports to measure.

Vision Statement- A statement that captures as concisely as possible, what a group is striving to do. This statement should be realistic and credible, well-articulated and easily understood, appropriate, ambitious, and responsive to change.

Vulnerable Populations - Refers to children, elderly persons, and persons with disabilities.

W

Wellness Program - Programs typically oriented toward healthy lifestyle and preventive care that may decrease healthcare utilization and costs.

Workplace Prevention - Preliminary information and prevention materials to promote health in the workplace, improve attitudes and behavior related to health, including substance abuse prevention.

Wraparound Services - Services that address consumers' total healthcare needs in order to achieve health or wellness. These services "wrap around" core clinical interventions, usually medical. Typical examples include such services as financial support, transportation, housing, job training, specialized treatment, or educational support.

Common Acronyms

AA – Alcoholics Anonymous

AADAA – Alabama Alcohol and Drug Abuse Association

ABC (Board) – Alcoholic Beverage Control

ACA – American Council on Alcoholism

ACAP – American Council on Alcohol Problems

ACDI – American Council for Drug Information

ACoA – Adult Children of Alcoholics

ADPA – Alcohol and Drug Problems Association of North America

ADAPT – America's Drug Abuse Prevention Team

ADMS – Alcohol, Drug Abuse, and Mental Health Services

AEOW – Alabama Epidemiological Outcomes Workgroup

AI – Advocacy Institute

AIDS- Acquired Immunodeficiency Syndrome

ADMH – Alabama Department of Mental Health

ALSDE – Alabama State Department of Education

AMERSA – Association for Medical Education and Research in Substance Abuse

AMHCA – American Mental Health Counselors Association

AMSAODD – American Medical Society on Alcoholism and Other Drug Dependencies

APHA – American Public Health Association

APS – Alabama Prevention Specialist

ASAIS – Alabama Substance Abuse Information System

ASAM – American Society of Addiction Medicine, Inc.

ATOD – Alcohol, Tobacco and Other Drugs

AYWC – American Youth Work Center

BADD – Bartenders Against Drunk Driving

BATF – Bureau of Alcohol, Tobacco and Firearms

BRFS – Behavior Risk Factor Survey

BRFSS – Behavior Risk Factor Surveillance System

CAPT – Center for the Application of Prevention Technologies

CASA – Center on Addiction and Substance Abuse

CLI – Community Level Instrument

COA – Children of Alcoholics

COAF – Children of Alcoholics Foundation

COSA – Children of Alcoholics

CMP – Community Mobilization Projects

CPS – Certified Prevention Specialist

CPM – Certified Prevention Manager

CSAT – Center for Substance Abuse Treatment

CYAP – Community Youth Activities Program

DARE – Drug Abuse Resistance Education

DCDCC – Drugs and Crime Data Center and Clearinghouse

DDRP – Drug Demand Reduction Program

DEA – Drug Enforcement Administration

DFSCA – Drug-Free Schools and Communities Act

DHHS – Department of Health and Human Services

DOD – Department of Defense

DOT – Department of Transportation

DUI – Driving Under the Influence

DWI – Driving While Intoxicated

EAPA – Employee Assistance4 Professionals Association

EASNA – Employee Assistance Society of North America

EBP – Evidence based programs, policies, practices

EUDL – Enforcing the Underage Drinking Laws

HIV- Human Immunodeficiency Virus

HUD – Department of Housing and Urban Development

ICAA – International Council on Alcohol and Addictions

ICPA – International Commission for the Prevention of Alcoholism and Drug Dependency

ID- Intellectual Disabilities

IOM – Institute of Medicine

KIT – Knowledge-based Information Technology

MADD – Mothers Against Drunk Driving

MH – Mental Health

NAADAC – National Association of Alcoholism and Drug Abuse Counselors

NACoA – National Association for Children of Alcoholics

NADAP – National Association on Drug Abuse Problems, Inc.

NALSAP – National Association for Leadership in Student Assistance Programs

NAPPA – National Association of Prevention Professionals and Advocates, Inc.

NARMH – National Association for Rural Mental Health

NASADAD – National Association of State Alcohol and Drug Abuse Directors

NASBE – National Association of State Boards of Education

NASMHPD – National Association of State Mental Health Program Directors

NATI – National Association of Teen Institutes

NCADD – National Council on Alcoholism and Drug Dependence

NCPA – National Committee for the Prevention of Alcoholism and Drug Dependency

NCPC – National Crime Prevention Council

NCJA – National Criminal Justice Association

NCJRS – National Criminal Justice Reference Service

NCY – National Collaboration for Youth

NFIA – National Families In Action

NFP – National Federation of Parents for Drug Free Youth

NHTSA – National Highway Traffic Safety Administration

NIH – National Institute of Health

NOM – National Outcome Measure

NOSAPP – National Organization of Student Assistance Programs and Professionals

NRHA – National Rural Health Association

NRIADA – National Rural Institute on Alcohol and Drug Abuse

NSAPC – National Student Assistance Program Corp.

NSBA – National School Boards Association

OJP – Office of Justice Programs

OJJDP – Office of Juvenile and Delinquency Prevention

PDFA – Partnership for a Drug Free America

PPP – Primary Prevention Program

PRC – Prevention Resource Center

PRIDE – Parents Resource Institute for Drug Education, Inc.

PSA – Public Service Announcement

RADAR – Regional Alcohol and Drug Awareness Resource Network

RID – Remove Intoxicated Drivers

RET – Regional Expert Team (Also known as Central CAPT)

RFA – Request for Approval

RFP – Request for Proposals

ROI – Return on Investments

RSVP – Retired Senior Volunteer Program

SA – Substance Abuse

SADD – Students Against Driving Drunk

SAPST – Substance Abuse Prevention Specialist Training

SAPT – Substance Abuse Prevention and Treatment

SASD – Substance Abuse Services Division

SEOW – State Epidemiological Outcomes Workgroup

SFY – State Fiscal Year

SNAP – Sane National Alcohol Policy

SPF – Strategic Prevention Framework

SPF-SIG – Strategic Prevention Framework State Incentive Grant

SSA – Single State Agency

TEAM – Techniques of Effective Alcohol Management

UDETC – Underage Drinking Enforcement Training Center

UDL – Underage Drinking Laws

VISTA – Volunteers in Service to America

YRBS – Youth Risk Behavior Surveillance System

Table 7.1: Commonly Abused Drugs Chart [8]

Tobacco

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Nicotine	Found in cigarettes, cigars, bidis, and smokeless tobacco (snuff, spit tobacco, chew)	Not scheduled	Smoked, snorted, chewed

Acute Effects - Increased blood pressure and heart rate

Health Risks - Chronic lung disease; cardiovascular disease; stroke; cancers of the mouth, pharynx, larynx, esophagus, stomach, pancreas, cervix, kidney, bladder, and acute myeloid leukemia; adverse pregnancy outcomes; addiction

Alcohol

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Alcohol (ethyl alcohol)	Found in liquor, beer, and wine	Not scheduled	Swallowed

Acute Effects - In low doses, euphoria, mild stimulation, relaxation, lowered inhibitions; in higher doses, drowsiness, slurred speech, nausea, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness

Health Risks - Increased risk of injuries, violence, fetal damage (in pregnant women); depression; neurologic deficits; hypertension; liver and heart disease; addiction; fatal overdose

Cannabinoids

[8] http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/commonly-abused-drugs-chart

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Marijuana	Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, sinsemilla, skunk, weed	I	Smoked, swallowed
Hashish	Boom, gangster, hash, hash oil, hemp	I	Smoked, swallowed

Acute Effects - Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosis

Health Risks - Cough, frequent respiratory infections; possible mental health decline; addiction

Opioids

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Heroin	*Diacetylmorphine*: smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, China white; cheese (with OTC cold medicine and antihistamine)	I	Injected, smoked, snorted
Opium	*Laudanum, paregoric*: big O, black stuff, block, gum, hop	II, III, V	Smoked, swallowed

Acute Effects - Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing

Health Risks - Constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose

Stimulants

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Cocaine	Cocaine hydrochloride: blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II	snorted, smoked, injected
Amphetamine	*Biphetamine, Dexedrine*: bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II	swallowed, snorted, smoked, injected

Methamphetamine	*Desoxyn*: meth, ice, crank, chalk, crystal, fire, glass, go fast,speed	II	swallowed, snorted, smoked, injected

Acute Effects - Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis

Health Risks - Weight loss, insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction

Also, for cocaine – Nasal damage from snorting

Also, for methamphetamine – Severe dental problems

Club Drugs

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
MDMA (methylenedioxy-methamphetamine)	Ecstasy, Adam, clarity, Eve, lover's speed, peace, uppers	I	Swallowed, snorted, injected
Flunitrazepam**	*Rohypnol*: forget-me pill, Mexican Valium, R2, roach, Roche, roofies, roofinol, rope, rophies	IV	swallowed, snorted
GHB**	*Gamma-hydroxybutyrate*: G, Georgia home boy, grievous bodily harm, liquid ecstasy, soap, scoop, goop, liquid X	I	swallowed

Acute Effects, for MDMA - Mild hallucinogenic effects; increased tactile sensitivity; empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping

Also, for Flunitrazepam - Sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination

Also, for GHB - Drowsiness; nausea; headache; disorientation; loss of coordination; memory loss

Health Risks, for MDMA - Sleep disturbances; depression; impaired memory; hyperthermia; addiction

Also, for Flunitrazepam - Addiction

Also, for GHB - Unconsciousness; seizures; coma

Dissociative Drugs

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*

Ketamine	*Ketalar SV:* cat Valium, K, Special K, vitamin K	III	Injected, snorted, smoked
PCP and analogs	*Phencyclidine:* angel dust, boat, hog, love boat, peace pill	I, II	swallowed, smoked, injected
Salvia divinorum	Salvia, Shepherdess's Herb, Maria Pastora, magic mint, Sally-D	Not Scheduled	chewed, swallowed, smoked
Dextromethrophan (DXM)	Found in some cough and cold medications: Robotripping, Robo, Triple C	Not Scheduled	swallowed

Acute Effects - Feelings of being separate from one's body and environment; impaired motor function

Also, for ketamine - Analgesia; impaired memory; delirium; respiratory depression and arrest; death

Also, for PCP and analogs - Analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations

Also, for DXM - Euphoria; slurred speech; confusion; dizziness; distorted visual perceptions

Health Risks - Anxiety; tremors; numbness; memory loss; nausea

Hallucinogens

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
LSD	*Lysergic acid diethylamide:* acid, blotter, cubes, microdot yellow sunshine, blue heaven	I	Swallowed, absorbed through mouth tissues
Mescaline	Buttons, cactus, mesc, peyote	I	swallowed, smoked
Psilocybin	Magic mushrooms, purple passion, shrooms, little smoke	I	swallowed

Acute Effects - Altered states of perception and feeling; hallucinations; nausea

Also, for LSD - Increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness, dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotion

Also, for Mescaline - Increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness, dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotion

Also, for Psilocybin - Nervousness; paranoia; panic

Health Risks, for LSD - Flashbacks, Hallucinogen Persisting Perception Disorder

Hallucinogens			
Category & Name	**Examples of Commercial & Street Names**	**DEA Schedule**	**How Administered***
Anabolic steroids	*Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise*: roids, juice, gym candy, pumpers	III	Injected, swallowed, applied to skin
Inhalants	*Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitrites (isoamyl, isobutyl, cyclohexyl)*: laughing gas, poppers, snappers, whippets	Not scheduled	Inhaled through nose or mouth

Acute Effects, for Anabolic steroids - No intoxication effects

Also, for Inhalants (varies by chemical) - Stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing

Health Risks, for Anabolic steroids - Hypertension; blood clotting and cholesterol changes; liver cysts; hostility and aggression; acne; in adolescents—premature stoppage of growth; in males—prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females—menstrual irregularities, development of beard and other masculine characteristics

Also, for Inhalants - Cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; unconsciousness; sudden death

Hallucinogens			
Category & Name	**Examples of Commercial & Street Names**	**DEA Schedule**	**How Administered***
CNS Depressants	For more information on prescription medications, please visit http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/commonly-abused-drugs-chart		
Stimulants			
Opioid Pain Relievers			

Notes

** Some of the health risks are directly related to the route of drug administration. For example, injection drug use can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.*

*** Associated with sexual assaults.*

Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Some Schedule V drugs are available over the counter.

Some of the health risks are directly related to the route of drug administration. For example, injection drug use can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.