IDAHO DEPARTMENT OF HEALTH & WELFARE
Substance Abuse Prevention
Program and Coalition Standards

Standards
In order to ensure the safety of Idaho's children and to foster the development of an effective substance abuse prevention system, the Substance Abuse Program has developed the following minimum standards. All programs and coalitions funded by Substance Abuse Program prevention monies are required to meet minimum standards. To facilitate compliance, standards for prevention programs and community coalitions are listed separately. Also attached to these standards are sections which define terms, list required courses and provide resources to assist programs and coalitions.

Substance Abuse Prevention Program Standards
Criminal History Checks
All individuals providing prevention services to youth under age 18 must have a current criminal history check. Checks must be conducted by the Department of Health and Welfare, unless the individual delivers services as part of their employment by a school district or police department. In this case, the person must have had a background check within the past 5 years, which was conducted by the Idaho Department of Education or the Idaho State Police, as appropriate. Documentation that the individual passed the criminal history check must be maintained in each staff person's file and in the administrative file.

Liability Insurance
All programs must have liability insurance at a level appropriate for the level of risk involved in the service delivered.

Qualified Professional Staff
Effective October 1, 2005 (DEADLINE in negotiation as of 11/20/2009) all agencies, organizations, or other groups receiving Substance Abuse Program funding must have at least one staff person who has completed the Idaho Substance Abuse Prevention Institute. All staff, funded wholly or in part with DHW funds, hired after October 1, 2005, who are providing substance abuse prevention services, must complete “Introduction to the Drugs and Society” and “Prevention Theory courses”. This must be done within 120 days of the courses becoming available on www.preventionidaho.net, or within 120 days of hire or initiation of prevention services supported by Health and Welfare Substance Abuse Prevention funds.

Effective July 1, 2008 (DEADLINE in negotiation as of 11/20/2009), all staff whose salary is paid, wholly or in part, with Department of Health and Welfare funds, will have to have completed a minimum of 5 courses in the Idaho Minor in Prevention Curriculum. The courses to be completed will depend on the services the individual is providing. A list of required courses for service types can be found in Idaho Department of Health &

Welfare Substance Abuse Prevention Program and Coalition Standards Appendix B, Required Courses by Service Type.

Effective July 1, 2012, all staff whose salary is paid, wholly or in part, with Department of Health and Welfare Substance Abuse Prevention funds, will have to have completed all of the courses in the Idaho Minor in Prevention Curriculum, except practicum. Practicum will only be required of those staff who have less than 1 year (2080 hours) of experience providing prevention services.

Substance Abuse Prevention courses will be offered online, through state universities and colleges, in regional workshops and at the annual Substance Abuse Prevention Institute. Individuals who have completed a comparable course prior to the initiation of the Idaho Minor in Prevention will be allowed to use the course to fulfill requirements.

Funding from Alcohol or Tobacco Industries

The Provider shall ensure that no prevention messages, curricula, programs, materials, speakers, presentations, sponsorships or entities receiving funds from alcohol or tobacco industries are used in the delivery of prevention services funded with Substance Abuse Program Funds. The Provider must obtain approval from the Prevention Services Administrative Contractor and Substance Abuse Program Prevention Services Coordinator for any and all questionable situations. In addition, the Provider agrees not to partner with or receive funds or materials from said industries.

Logic Model

All agencies, organizations, coalitions or other groups receiving Substance Abuse Program funding must have a completed Idaho Logic Model. The logic model must contain sufficient detail to implement, manage and evaluate the funded services.

Workers' Compensation

All agencies, organizations, coalitions or other groups receiving Substance Abuse Program funding, who employ staff, must have Workers' Compensation coverage for all employees.

Records Management

All programs, receiving Substance Abuse Program funding, must have established procedures for maintenance of records which include participant information. These procedures must establish standard file contents and methods to ensure records containing confidential participant information are secured and available only to authorized staff. All records must be maintained for a minimum of 5 years.

Staff Development Plan

All programs which employ staff to provide services funded by the Substance Abuse Program must have an annual development plan, for each employee, which identifies training needs as well as trainings/conferences/classes to be taken to develop or improve skills necessary to provide the service.

Best/Promising Programs

Funding preference will be given to agencies, organizations, coalitions or other groups who are using programs recognized as Best or Promising Practice Substance Abuse Prevention Programs by the Center for Substance Abuse Prevention or its Centers for the Application of Prevention Technology, the U.S. Department of Education or the Office of Juvenile Justice and Delinquency Prevention. These programs must use evaluation tools developed by the Substance Abuse Prevention program and may use the evaluation tools recommended by the program creator(s). This will enable the state to create statewide reports and respond to federal data element requirements.

Developing Programs

It is the Substance Abuse Program's intention to support agencies, organizations, coalitions or other groups in the process of developing Best Practice substance abuse prevention programs for rural and frontier areas. In order to qualify for the status, the program must meet the Principles of Effectiveness established by the U. S. Department of Education and have a plan for conducting scientifically defensible research on their program. Support is limited to assistance with independent evaluation of the program. Receipt of support **does not** guarantee the developing program will receive Department of Health and Welfare Substance Abuse prevention funds for the delivery of services.

Community Coalitions

It is the Substance Abuse Program's intention to support community groups seeking to promote healthy lifestyles and reduce/eliminate alcohol/drug abuse among all members of the community. In order to qualify for this status the group must have broad representation from throughout the community and have as a goal the reduction of substance abuse-related activities and its impacts within the community. The group must have a plan for services for the period funded which meets the Principles of Effectiveness. (Activities which are determined by needs, based on research, have established outcomes and which are evaluated regularly) Standards for Substance Abuse Prevention Coalitions are outlined below.

Program Administrative File

All substance abuse prevention programs, which are funded wholly or in part with Substance Abuse Program monies, must maintain a program file, which includes the following:

a. the name of the program
b. copy of funding agreement (contract, grant, etc.) and any additional requirements
c. copy of the Logic Model used to implement the program
d. a brief program description including:
    1. information about the development of the program and including if it is recognized as best/promising practice or a Idaho Developing Program
    2. contact information of program developers
    3. target population
    4. identified risk/protective factor
    5. prevention strategy(ies) being implemented
    6. overview of the content of the program
    7. list of activities to be provided
    8. number of sessions/activities to be provided and anticipated length of each session

9. the setting or facility to be used to provided the program

e. list of staff providing services identifying those who meet minimum qualifications
f. statement of ethics to which all staff adhere
g. staff development plan for employees providing services which identifies skills to be obtained or enhanced and Idaho Minor in Prevention courses to be taken
h. the staff to participant ratio
i. copies of liability insurance policy and Workers' Compensation policy as required above
j. anticipated program outcomes
k. methods for collecting outcome data
l. summary of outcome findings to date
m. in the case of Idaho Developing Programs only a paragraph indicating the status of the program in evaluation and plans for achieving recognition as best practice

Substance Abuse Prevention Coalition Standards

Criminal History Checks

All coalition staff or volunteers who are providing recurring prevention services to youth under age 18 must have a current criminal history check. Checks must be conducted by the Department of Health and Welfare, unless the individual delivers services as part of their employment by a school district or police department and has had a background check within the past 5 years, which was conducted by the Idaho Department of Education or the Idaho State Police, as appropriate. Documentation that the individual passed the criminal history check must be maintained in each staff person's file.

Liability Insurance

All coalitions must have liability insurance at a level appropriate for the level of risk involved in the service delivered.

Qualified Professional Staff

Effective July 1, 2003, all coalitions receiving Substance Abuse Program funding are required to have a minimum of one(1) certified prevention specialist or a minimum of one(1) person who has completed the Idaho Substance Abuse Prevention Institute, who is responsible for oversight of the prevention plan. In the case of coalitions receiving under $10,000.00, the coalition may have a contractual agreement with a Qualified Prevention Professional, who will be responsible for development of the service plan, oversight of their prevention activities and evaluation of plan goals/activities. Specifically they must ensure the coalition has a completed Idaho Logic Model, service plan based on the logic model, plan for data collection including outcomes data, and established method to analyze collected data.

Effective October 1, 2005 all coalitions, who have full or part-time staff hired after October 1, 2005, who are providing substance abuse prevention services, complete “Introduction to the Drugs and Society” and “Prevention Theory courses”. This must be done within 120 days of the courses becoming available on www.preventionidaho.net, or within 120 days of hire or signing a contract to receive Health and Welfare Substance Abuse Prevention funds. In the case of coalitions receiving under $10,000.00, the

coalition may have a contractual agreement with a Qualified Prevention Professional, who will be responsible for consultation and oversight of their prevention activities. Specifically they must ensure the coalition has a completed Idaho Logic Model, service plan based on the logic model, plan for data collection including outcomes data, and established method to analyze collected data.

Effective July 1, 2008, all coalition staff whose salary is paid, wholly or in part, with Department of Health and Welfare funds, will have to have completed a minimum of 5 courses in the Idaho Minor in Prevention Curriculum. The courses to be completed will depend on the services the individual is providing. A list of required courses for service types will be disseminated no later than March 1, 2005. In the case of coalitions receiving under $10,000.00, the coalition may have a contractual agreement with a Qualified Prevention Professional, who will be responsible for consultation and oversight of their prevention activities. Specifically they must ensure the coalition has a completed Idaho Logic Model, service plan based on the logic model, plan for data collection including outcomes data, and established method to analyze collected data.

Effective July 1, 2012, all coalition staff whose salary is paid, wholly or in part, with Department of Health and Welfare funds, will have to have completed all of the courses in the Idaho Minor in Prevention Curriculum, except practicum. Practicum will only be required of those staff who have less than 1 year (2080 hours) of experience providing prevention services. In the case of coalitions receiving under $10,000.00, the coalition may have a contractual agreement with one of the aforementioned persons, who will be responsible for consultation and oversight of their prevention activities. Specifically they must ensure the coalition has a completed Idaho Logic Model, service plan based on the logic model, plan for data collection including outcomes data, and established method to analyze collected data.

Courses will be offered online, through state universities and colleges and at workshops. Individuals who have completed a comparable course prior to the initiation of the Idaho Minor in Prevention will be allowed to use the course to fulfill requirements.

Funding from Alcohol or Tobacco Industries

The Coalition shall ensure that no prevention messages, curricula, programs, materials, speakers, presentations, sponsorships or entities receiving funds from alcohol or tobacco industries are used in the delivery of prevention services funded with Substance Abuse Program Funds. The Coalition must obtain approval from the Prevention Services Administrative Contractor and Substance Abuse Program Prevention Services Coordinator for any and all questionable situations. In addition, the Coalition agrees not to partner with or receive funds or materials from said industries.

Logic Model

All coalitions receiving Substance Abuse Program funding must have a completed Idaho Logic Model. The logic model must contain sufficient detail to implement, manage and evaluate the funded services.

Workers' Compensation

All coalitions receiving Substance Abuse Program funding, who employ staff, must have Workers' Compensation coverage for all employees.

Records Management
All coalitions, receiving Substance Abuse Program funding, must have established procedures for maintenance of records which include participant information. These procedures must establish standard file contents and methods to ensure records containing confidential participant information are secured and available only to authorized staff. All records must be maintained for a minimum of 5 years.

Staff Development Plan
All coalitions who employ staff to provide services funded by the Substance Abuse Program must have an annual development plan, for each employee, which identifies training needs as well as trainings/conferences/classes to be taken to develop or improve skills necessary to provide the service.

Community Coalitions
It is the Substance Abuse Program's intention to support community groups seeking to promote healthy lifestyles and reduce/eliminate alcohol/drug abuse among all members of the community. In order to qualify for this status the group must have broad representation from throughout the community and have as a goal the reduction of substance abuse-related activities and its impacts within the community. The group must have a plan for activities which increases awareness of substance abuse-related problems/risk factors and seeks to change the shared environment.

Best/Promising Programs
Funding preference will be given to coalitions who are using programs recognized as Best or Promising Practice Substance Abuse Prevention Programs by the Center for Substance Abuse Prevention or its Centers for the Application of Prevention Technology, the U.S. Department of Education or the Office of Juvenile Justice and Delinquency Prevention.

Idaho Developing Programs
It is the Substance Abuse Program's intention to support coalitions or other groups in the process of developing Best Practice substance abuse prevention programs for rural and frontier areas. In order to qualify for the status, the program must meet the Principles of Effectiveness established by the U. S. Department of Education and have a plan for conducting scientifically defensible research on their program. Support is limited to assistance with independent evaluation of the program. Receipt of support **does not** guarantee the developing program will receive Department of Health and Welfare Substance Abuse prevention funds for the delivery of services.

Program Administrative File
All substance abuse prevention programs, which are funded wholly or in part with Substance Abuse Program monies, must maintain a program file, which includes the following:

a. the name of the coalition
b. copy of funding agreement (contract, grant, etc.) and any additional requirements
c. copy of the Logic Model used to implement the activities
d. a brief description of each activity including:

1. information about the development of the coalition plan and indicating if best/promising practice(s) or a developing program(s) will be used
2. contact information of program(s) developers
3. target population
4. identified risk/protective factor
5. prevention strategy(ies) being implemented
6. overview of the content of the strategy
7. list of activities to be provided
8. number of sessions for each activity and anticipated length of each session
9. setting or facility to be used to provide the activities

e. list of staff providing services identifying those who meet minimum qualifications
f. list of volunteers providing services including minimum qualifications
g. statement of ethics to which all staff and volunteers adhere
h. staff development plan for employees providing services which identifies skills to be obtained or enhanced and Minor in Prevention courses to be taken
i. the standard for staff or volunteer to participant ratio
j. copies of liability insurance policy and workman's comp policy as required above
k. anticipated program outcomes
l. methods for collecting outcome data & summary of outcome findings to date
m. meeting minutes for the previous year

Substance Abuse Prevention Standards
Definitions

Adaptation - Modification made to a chosen intervention (e.g., qualitative and/or quantitative changes to components); changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when (a) underlying program theory is understood; (b) core program components have been identified; and (c) both the community and needs of a population of interest have been carefully defined. Research also indicates that success improves when adaptations are handled as additions to, rather than deletions of, program components. (*Achieving Outcomes*)

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. *(Center for Substance Abuse Prevention)*

Adolescents - Adolescence has traditionally been the time during which substance use problems emerge because of the increased vulnerability of the individual during this period. Adolescent substance abuse is associated with many other social problems, among them violence, HIV incidence, academic failure, and unemployment. Although CSAP and other agencies develop prevention programs for persons of all ages, adolescents have been and continue to be a special focus.

Age of Onset - In substance abuse prevention, the age of first use of alcohol, drugs or tobacco. (*Achieving Outcomes*, 12/01)

Assets - In social development theory, the individual skills and strengths that can protect against substance abuse. In the Achieving Outcomes Guide, the term is also used to describe social, fiscal, recreational, and other community support and resources that can be marshaled in the interest of prevention. See also "Protective Factors." (*Achieving Outcomes*, 12/01)

Assets Assessment - As described in "Prevention Works! A Guide to Achieving Outcomes", the process of identifying personal and community resources that build resistance to substance abuse. (*Achieving Outcomes*, 12/01)

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. For organizations, a situation in which a healthcare organization is vulnerable to providing or paying for the delivery of more services than are received through premiums or per capita payments.

ATOD - Alcohol, tobacco and other drugs

Attitude - A feeling, emotion, belief, or mental position towards something or someone. Attitudes and beliefs play a substantial role in shaping the way persons select and process information. Prevention trainers must understand the attitudes that particular

groups have about substance use and abuse, as well as attitudes about prevention approaches.

Best Practices or Model Programs - Many agencies that sponsor prevention programs are attempting to identify the best of these programs (sometimes called model programs) so that they can be replicated in other sites. CSAP has an initiative to nominate model programs. Lists of Best Practice/Model Programs are beginning to appear in CSAP and other internet sites, notably in the Centers for the Application of Prevention Technologies. (Link to http://casat.unr.edu/bestpractices/search.php.)

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. (*Achieving Outcomes*, 12/01)

Certified Prevention Specialist - The Certified Prevention Specialist (CPS) is a certification level granted by the Idaho Board of Alcohol/Drug Counselor's Certification recognizing those persons working in the Alcohol/Drug field who specialize in the Education and Prevention of Alcohol/Drug Abuse. An individual holding the Certified Prevention Specialist certification exceeds the minimum qualifications for a Substance Abuse Prevention Professional.

Coalition - A union of people and organizations working for a common cause

Collaboration - The act of working jointly or in partnership with groups or organizations, often ones with whom no previous connections had existed, toward a common goal. Collaboration is an important concept to prevention, community development, technology transfer, and all social change activities.

Community Development - In the context of substance abuse prevention, community development refers to systematic efforts to influence all levels of a community system: individuals, organizations, and other groups. The underlying premise is that by making systemic changes, greater well-being of community members can be achieved than if individuals who abuse, or might abuse, alcohol, tobacco and other drugs are the sole target.

Community Indicators - A defined, measurable variable used to monitor the quality of a community.

Community Readiness - The community's awareness of, interest in, and ability and willingness to support substance abuse prevention initiatives (*Achieving Outcomes,* 12/01).

Community Tolerance - Community norms that view problematic/illegal behavior such as use/abuse of alcohol, tobacco, and drugs as socially acceptable or actively encourage it.

Continuum of Service - Prevention is part of an interrelated continuum of service that also includes intervention and treatment. Primary prevention is differentiated from

intervention and treatment in that it is aimed at general population groups who as yet have no substance abuse problems but who may have different levels of risk for substance abuse. Intervention is concerned with those (usually youths) who have only recently begun to experiment with substances. Treatment is concerned with those who have actually developed a dependence on substances, and focuses on their dependency, to prevent it from worsening, and for individuals who have completed treatment and are drug-free, to prevent relapse from occurring.

Culture - The values, traditions, norms, customs, arts, history, folklore, and institutions that a group of people, who are unified by race, ethnicity, language, nationality, employment, or religion, etc.

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 with implementer/client involvement in all phases of the implementation process, as well as in the interpretation of outcomes (*Achieving Outcomes*, 12/01).

Cultural Diversity - The existence of multiple cultural groups at all levels of a community or organization; also the deliberate inclusion of diverse cultural groups in community or organizational planning and development.

Culture - The values, traditions, norms, customs, arts, history, folklore, and institutions that a group of people, who are unified by race, ethnicity, language, nationality, employment, or religion, etc.
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Data - Information collected according to a methodology using specific research methods and instruments.

Delinquent/Violent Youth - Youth who display risk factors for delinquency or violence or who have been determined to be delinquent or violent. Examples are youth declared delinquent by a state child welfare system, youth who have been arrested for juvenile delinquent behavior, youth who are chronically truant, and youth who display chronic or periodic violent behavior, including youth who display antisocial behavior (e.g. chronic fighting, hitting, using weapons).

Developing Program - This is an Idaho category for prevention programs, which are based on the Principles of Effectiveness, and are in the process of undergoing research to become recognized as promising or best practice programs. The steps of development are: a) the program has completed a logic model which has been reviewed and approved by a Qualified Prevention Professional; b) the program has used the instrument(s) identified in the logic model to collect data for a period of more than 1 year; c) the program has been evaluated by an independent evaluator; d) the program has been replicated in other sites with comparable outcomes.

Domain - Sphere of activity or affiliation within which people live, work, and socialize (e.g., self, peer, school, workplace, community, society) (*Achieving Outcomes*, 12/01). See also "Prevention Domains."

Intervention - Refers to identifying persons at high risk prior to their having a serious consequence, or persons at high risk who have had limited experimentation with alcohol, drugs or tobacco or having a significant personal, economic, legal, or health/mental health consequence, and providing these persons at high risk with appropriate strategies including education, alternative activities, including a brief screening to determine appropriate referral(s) to other resources.

Effective Programs are prevention programs that produce a consistent positive pattern of results. Only programs that positively affect the majority of intended recipients or targets are considered effective. These programs must score at least 4.0 on a 5-point scale on parameters of Integrity and Utility. *(Center for Substance Abuse Prevention)*

Evaluation - A systematic research process to collect, analyze, and interpret quantitative and/or qualitative data about a program's implementation and effectiveness. Evaluations are designed to answer questions about how, and how well, a program is being implemented (process evaluation); about the results the program is having or has had on participants (outcome evaluation); about the program's effect on society or large systems (impact evaluation); and about the program's cost effectiveness.

Goals - The desired level of achievement of standards of care or service. These may be expressed as desired minimum performance levels (thresholds), industry best performance (benchmarks), or the permitted variance from the standard. Performance goals usually are not static but change as performance improves and/or the standard of care is refined.

High Risk Youth (HRY) - Youth engaged in a variety of high risk activities, such as violence, sexual activity, school truancy or failure, experimentation with substances, or living in conditions, such as poverty, criminal parents, addicted parents, or in communities with high crime, which make them at high risk of becoming addicted to alcohol or drugs, teenage pregnancy, dropping out of school or criminality.

Idaho Board of Alcohol Drug Counselor Certification(IBADCC) - IBADCC, affiliated with the national credentialing body, ICRC, is the credentialing agency for substance abuse professionals in Idaho. This body qualifies individuals to become Certified Prevention Specialists. They can be contacted via mail at IBADCC, 2419 W. State Street, STE #5, Boise, ID 83702 or via phone at (208) 395-1078.

Idaho Substance Abuse Prevention Institute - An annual training supported by the Idaho Department of Health and Welfare, Substance Abuse Program offering substance abuse prevention courses to prevention practitioners.

Idaho Substance Abuse Prevention Institute Certificate Holder - An individual who graduated from the five-day Idaho Substance Abuse Prevention Institute during the years of 2000 through 2005.

Impact - The long-term effect and/or influence of the intervention on the conditions described in baseline data. *(Achieving Outcomes, Dec. 2001)*

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).

Institute of Medicine Levels of Prevention Care –
Universal prevention strategies address the entire population (national, local community, school, neighborhood, etc.) with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco and other drugs. The mission of universal prevention is to deter the onset of substance abuse by proving all individuals the information and skills necessary to prevent the problem. All members of the population share the same general risk for substance abuse, although risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assess as at-risk for substance abuse and capable of benefiting from prevention programs.
Selective prevention strategies target groups within the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment – for example children of adult alcoholics, dropouts or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social or environmental risk factors known to be associated with substance abuse and targeted subgroups may be defined by age , gender, family history, place of residence and victimization by physical or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be an personal risk for substance abuse, while another person in the same subgroup may be at great personal risk. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup.
Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who are not current substance users, but who are showing early danger signs, such as failing grades, experimenting with gateway drugs, or have friends who are using. The mission of indicated prevention is to identify individuals who are exhibiting early signs of potential substance abuse or other problem behavior associated with substance abuse to target them with special programs to stop the behavior before it progresses to regular substance use or abuse.

Logic Model - A graphic depiction of the components of a theory or program/initiative. See also "Program Logic Model" and "Component Logic Model" for two types of logic models used by the Prevention Works! Achieving Outcomes Guide. *(Achieving Outcomes, Dec. 2001)*

Mentoring - A mentoring program exposes 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.

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 (*Achieving Outcomes*, 12/01).

Model Programs are effective programs whose developers have the capacity and have coordinated and agreed with CSAP to provide quality training and technical assistance to practitioners who wish to adopt their programs. That help is essential to ensure that the program is carefully implemented, and maximizes the probability for repeated effectiveness. Lists of model programs are beginning to appear in CSAP and other internet sites, notably in the Centers for the Application of Prevention Technologies. (Link to http://casat.unr.edu/bestpractices/search.php.)

Multiculturalism - The concept of recognizing, valuing, and including the differences that people bring with them as a result of their different cultures, as opposed to trying to ensure that those differences are assimilated into one dominant culture. CTS programs have adopted the concept of multiculturalism.

Needs Assessment - Collection of data on needs of the community and on resources available to address these needs. Common indicators of need for substance abuse prevention services often include high incidence and prevalence of alcohol and drug abuse in the community, and presence of associated risk factors such as crime and violence, economic dislocation, families in poverty, school drop-out rates, and the like. In the context of substance abuse prevention, the inquiry into resources usually focuses on human resources and ways that these resources might be strengthened through training.

Norms - A behavior or belief that a community, family or individual considers typical, acceptable or appropriate.

Objective - Specific results or effects of a program's activities that must be achieved in pursuing the program's ultimate goals [for example, a treatment program may expect to change participants' attitudes (objective) in order to ultimately reduce recidivism (goal).

Outcomes - The extent of change in targeted attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be immediate, intermediate, final, and longer term outcomes. For example, changes in attitudes and values may be the final outcome of an informational intervention. However, changes in attitudes and values may be the immediate outcome of a parenting program that builds on those changes to bring about changes in communication patterns and other skills (intermediate outcomes). Changes in communication patterns would, in turn, strengthen middle school children's resistance to

negative peer pressure (intermediate outcome), resulting in a delay in the onset of substance use (final outcome) (*Achieving Outcomes*, 12/01).

Outcome Evaluation - 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.

Outreach - Activities and strategies designed to recruit program participants. These can range from media announcements and the distribution of information in locations frequented by the target group (e.g., video arcades, laundromats, ethnic grocery stores, church bulletins) to street outreach by community workers who attempt to make contact with individual members of a target population.

Paradigm - A set of beliefs about a particular subject.

Paradigm Shift – A major change in thinking. The term is often used in substance abuse prevention training to describe the change in attitude, beliefs, and behavior that many participants undergo as a result of education, training or environmental strategies

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

Performance Measure(s) - Methods or instruments to estimate or monitor the extent to which the actions of a healthcare practitioner or provider conform to practice guidelines, medical review criteria, or standards of quality.

Practice Guidelines - Systematically developed statements on healthcare practice that assist healthcare providers and consumers in making decisions about appropriate healthcare for specific situations or conditions. Managed care organizations frequently use these guidelines to evaluate appropriateness and medical necessity of care.

Pretests and Posttest - In research designs, the collection of measurements before and after an intervention to assess its effects.

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 the fostering of a climate in which (a) alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; (b) prescription and over-the-counter drugs are used only for the purposes for which they were intended; (c)other substances of abuse, e.g., aerosols, are used only for their intended purposes; and (d) illegal drugs and tobacco are not used at all.

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.

Primary Prevention - Prevention activities designed to prevent substance abuse before any signs of a problem appear.

Prevention Program - A structured activity or set of activities designed to reduce risk factors and increase protective factors in individuals, families and communities. These activities foster no-use values and beliefs, social skills enabling participants to make pro-social decisions, parenting skills to support and improve family life, alternative activities to provide drug-free settings for youth, coalition-building and environmental initiatives, that are designed to change social, physical, fiscal, or policy conditions within a definable geographic area or for a defined population (*Achieving Outcomes*, 12/01).

Prevention Strategies – Activities which comprise 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.

Process Evaluation measures assess qualitative and quantitative parameters of program implementation. These measures include attendance data, participant feedback, and whether program delivery adhered to implementation guidelines. As such, process data can reveal how a program was implemented. These data in turn may explain the success or failure of the program. If, for example, a program is intended for sequential delivery with peer leaders; yet process data reveal that the program was delivered out of sequence and with other leaders, researchers gain a better understanding of why the program may have failed to achieve the desired effect. *(Center for Substance Abuse Prevention)*

Promising Programs - provide useful and scientifically defensible information about what works in prevention, but do not yet have sufficient scientific support to standards set for effective/model programs. Promising Programs are eligible to be elevated to effective/model status subsequent to review of additional documentation regarding program effectiveness. Lists of promising programs are beginning to appear in CSAP and other internet sites, notably in the Centers for the Application of Prevention Technologies. (Link to http://casat.unr.edu/bestpractices/search.php.)

Protective Factors - Characteristics that occur statistically more often for those who do not develop ATOD problems than for those who do. These factors, however, are only indicators for a mitigating factor; their presence does not mean that there is no potential for a problem to occur. Prevention efforts for children and youth may focus on increasing protective factors. The following may constitute protective factors: the individual (e.g. temperament, intelligence, positive social attitude) bonding (e.g., attached to positive family or friends, attached to school or community, committed to pro-social goals); healthy beliefs and clear standards (e.g., standards based on pro-social beliefs and values, supported by people they are bonded to, know that consequences are clear and consistent).

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 (*Achieving Outcomes*, 12/01).

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

Risk Factor - Characteristics that occur statistically more often for those who develop ATOD problems than for others. These factors, however, are only indicators for a potential problem; their presence does not mean that a problem will necessarily occur. Prevention efforts for children and youth attempt to reduce these risk factors and also to increase protective factors. The following may constitute risk factors: the community (e.g. poverty, living in an economically depressed area, community norms favorable to substance use); the family environment (e.g., parental substance dependency, high levels of family stress, social isolation); constitutional vulnerability (e.g., being the child of a substance abuser); adolescent problems (e.g., school failure, delinquency, teen parenthood).

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. Experts analyze programs for credibility, utility, and generalizability. Credibility refers to the level of certainty concerning the cause and effect relationship of program to outcomes. Utility refers to the extent to which the findings can be used to improve programming, explain program effects or guide future studies. Generalizability refers to the extent to which findings from one site can be applied to other settings and populations. Lists of science-based programs are beginning to appear in CSAP and other internet sites, notably in the Centers for the Application of Prevention Technologies. (Link to http://casat.unr.edu/bestpractices/search.php.)

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

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.

Social Indicator - A measure of a social issue that has been tracked over time (e.g., family and community income, educational attainment, health status, community recreation facilities, per pupil expenditures, etc.). 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 (*Achieving Outcomes*, 12/01).

Social Marketing - The design, implementation, and control of programs developed to introduce and promote the acceptability of a social idea or cause. It has its roots in both commercial marketing and social reform campaigns. Social marketing strategies include sponsoring mass media campaigns, as well as providing groups with the information they need to make informed decisions, offering programs or services that meet identified needs, and assessing how well these needs were met.

Stakeholder - Influential persons who have an interest in the well-being of a population, community or organization.

Substance Abuse - Abuse of or dependency on alcohol, tobacco and other drugs. The DSM-IV definition is: The maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following occurring within a 12-month period: * recurrent substance use resulting in a failure to fulfill major role obligations; * recurrent substance use in situations in which it is physically hazardous; * recurrent substance-related legal problems; and * continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance.

Substance Abuse Prevention Professionals - Individuals with specific training in the field of substance abuse prevention which includes substance abuse education, prevention models and theories, community development, human development, needs assessment, ethics, outcomes and evaluation. Minimum qualifications for an Idaho Prevention Professional can be found in the

Substance Abuse Prevention Provider - An entity (agency or organization) whose program 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.

Survey Data - Information collected from specially designed instruments that provide data about the feelings, attitudes, and/or behaviors of individuals (*Achieving Outcomes*, 12/01).

Target Population - The people whose attitudes, knowledge, skills, risks/assets, and behaviors are to be strengthened or changed. Also known in the field as the target group, the population of interest, or the defined population/group (*Achieving Outcomes*, 12/01).

Volunteer - An individual who engages in activities intended to help others, not for monetary compensation or material gain, and not out of obligation. On the community level, a significant percentage of substance abuse prevention efforts are carried out by volunteers.

Year 2008 Qualified Prevention Professional Education Requirements
Minimum Courses by Activity

Activity/Strategy Provided		Course
Parent Education	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Human Development
	5	Addiction & the Family
Child & Teen Education	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Human Development
	5	Addiction & the Family
Environmental	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Community Coalition
	5	Applied Prevention Presentation Skills
Community Coalition	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Community Coalition
	5	Group Facilitation/Management
Awareness/Resource Center	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Group Facilitation
	5	Applied Prevention Presentation Skills
Mentors	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Human Development
	5	Addiction and the Family

Academic After School Programs	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Group Facilitation/Management Skills
	5	Addiction and the Family
Youth Councils	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Group Facilitation/Management
	5	Community Coalition
Alternative Activities	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Group Facilitation/Management
	5	Addiction and the Family
Social Skill Development	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Group Facilitation/Management
	5	Human Development
Education Skills Development	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Human Development
	5	Group Facilitation/Management
Anger Management	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Group Facilitation/Management Skills
	5	Addiction and the Family
Server Training	1	Prevention Theory
	2	Intro to Drugs and Society
	3	Ethics
	4	Presentation Skills
	5	Group Facilitation/Management Skills

Resources

Idaho Resources

Idaho Substance Abuse Department Contacts

1. Education - Matt McCarter - Phone 280.332.6961
2. Transportation – Kevin Bechen - 208.334.4467
3. Juvenile Corrections - Sharon Harrigfeld - 208.334.5100
4. Health and Welfare, Tobacco Prevention – Kaili McCray - 208.334.0614
5. Health and Welfare, Substance Abuse Prevention - Terry Pappin - 208.334.6542
6. Health and Welfare, Substance Abuse Treatment – John Kirsch – 208.334.6680
7. Idaho State Liquor Dispensary - Kay Bennett – 208.947.9460
8. Idaho State Police, Alcohol Beverage Control - Lt. Robert Clements – 208.884.7060

Criminal History Checks - The Department of Health and Welfare and the Department of Education provide criminal history checks to ensure individuals working with children and vulnerable adults do no have a history which would put the aforementioned individuals at greater risks. The information on and application for criminal history checks by the Department of Health and Welfare can be found on the web at https://chu.dhw.idaho.gov/CH/default.aspx.

Crime in Idaho - This book is prepared annually on the calendar year. It is a summary of law enforcement activities that occurred throughout the state, It can be accessed on the internet at http://www.isp.state.id.us/identification/ucr/crime_idaho.html or by contacting the Idaho Department of Law Enforcement, P.O. Box 55, Boise, ID 83707-0055. The Phone number is 208.334.3628.

Department of Health & Welfare Substance Abuse Information - The Substance Abuse Program within the Department of Health and Welfare provides funding to community based prevention and treatment providers to fund services in communities throughout Idaho. Information about services provided can be found at http://www.substanceabuse.idaho.gov/ or by calling the administrative office at 208-334-5935.

Idaho Behavioral Risk Factor Surveillance Survey - This surveys adults to assess behavioral risk in their lives. Questions cover a broad range of behaviors such as heart disease, smoking, use of bike helmets, alcohol and drug use, etc. The survey is conducted annually on the calendar year. Data on findings are available on the web http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/health/BRFSS%20Final%202003%20Report.pdf or by calling 208.334.49694.

Idaho Kids Count/Profiles of Child Well-Being, This book is a compilation of data specifically evaluating the well-being of children in Idaho. The data is collected by a variety of agencies and summarized in the book. The book may be downloaded from the internet at http://www.idahokidscount.org/.

Idaho Regional Alcohol/Drug Awareness Resource Center(RADAR) - 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.

Virtually all materials are available at no cost and most are available in bulk quantity. Associate centers re established in many communities around the state. Information on RADAR materials can be accessed at http://hs.boisestate.edu/radar/, The statewide phone number is 800.937.2327, and the local phone number is 208.426.3471.

Idaho Substance Abuse Video Library - The Idaho RADAR Center maintains a video, which includes a variety of substance abuse education, prevention and treatment topics. Videos are mailed to citizens throughout the state. The only cost for use of the videos is the return postage. Information about video content and target population can be found at http://hs.boisestate.edu/radar/materials/videos.html, or by calling Dottie Blackwell at 208-426-3471.

Idaho Vital Statistics - The Bureau of Vital Statistics annually prepares a report of health related data. It summarizes information on births, deaths, marriages, etc. You can call 208.334.5992 to request a copy or download it from the web at http://www.healthandwelfare.idaho.gov/site/3457/default.aspx. Scroll down the page to the list of reports online.

University of Idaho Substance Abuse Social Indicator - The University of Idaho supports a web site with statewide social indicator data specific to the risk and protective factors and substance use and abuse. The site can be accessed at http://www.class.uidaho.edu/sasi/.

National Resources

Center for Substance Abuse Prevention (CSAP) - Also under the umbrella of SAMHSA, CSAP is the lead federal agency for substance abuse prevention, and the Federal sponsor of this Decision Support System. CSAP makes grants to state and local governments and private organizations to engage in a wide variety of prevention activities. The mission of CSAP mission is to decrease substance use and abuse and related problems among the American public through bridging the gap between research and practice. CSAP fosters the development of comprehensive, culturally appropriate prevention policies and systems that are based on scientifically defensible principles and target both individuals and the environments in which they live. Information is available on the CSAP website at http://prevention.samhsa.gov/.

CSAP's Levels of Evidence of Science-Based Practices - A typology was created by the Center for Substance Abuse Prevention (CSAP) to explain how researchers organize prevention programs into a hierarchy or classification scheme. The lower levels (Types 1 and 2) are not considered scientifically defensible but may show some empirical promise ("Promising Practices"). The higher levels (Types 3, 4, and 5) are considered scientifically defensible and demonstrate a more sophisticated level of scientific rigor ("Best Practices"). The following are the five types of scientific review processes:

Type 1: The program/principle has been identified or recognized publicly, and has received awards, honors, or mentions. This level of recognition is alone insufficient to ensure that principles derived from the strategy, or the model itself, are effective.

Type 2: The program/principle has appeared in a nonrefereed professional publication or journal. It is important to distinguish between citations found in professional publications and those found in journals.

Type 3: *The program's source documents have undergone thorough scrutiny in a expert/peer consensus process for the quality of implementation and evaluation methods, or a paper has appear in a peer-reviewed journal.*
Type 4***:*** *The programs/principles have undergone either a quantitative meta-analysis or an expert/peer consensus process in the form of a qualitative meta-analysis.*
Type 5**:** Replications of program/principle have appeared in several refereed professional journals.

CSAP's Prevention Pathways - Prevention Pathways is an interactive web site sponsored by the Center for Substance Abuse Prevention (CSAP). It is a compilation of programs, online technical assistance, online courses, and resources in the field of substance abuse prevention. The model can be found on the Prevention Pathways website at http://preventionpathways.samhsa.gov/.
Prevention Registry : Lists Model Programs which are science-based prevention programs that have been rigorously evaluated. The Prevention Registry has information on programs and services targeting substance abuse prevention. You can search the registry for programs targeted to teens as well as other search variables.
Plan & Implement: Lists links to other web sites which provide a wide range of information and resources to plan and implement a substance abuse prevention program.
Evaluation TA: Provides a wealth of information and resources to help you get started. You can ask an evaluator specific questions online, search a registry to find an evaluator, learn more about program evaluation via an online course, or find valuable resources on how to select an evaluator or a data collection tool for your program.
Online Courses: CSAP has developed online courses that are available free to the public. Some of the courses are designed for health and mental health professionals who can receive continuing education units for successful completion of these courses. Learn about important topics such as Substance Abuse Among Older Adults, Program Evaluation, and Violence Against Women.
Resources: CSAP's Prevention Registry site offers information on programs and services targeting the prevention of substance abuse, violence, and serious mental health problems.
Resources you will fink are fact sheets related to violence and substance abuse, web site links, audio and video clips by well-known experts and celebrities, a glossary listing terms used on the site and banner ads and icons for your use to promote Prevention Pathways on your own Web site.

CSAP's Six Prevention Strategies
Alternatives Approach - One of the strategies mandated by the SAPT Block Grant regulations, the alternatives approach is based on the observation that providing opportunities for recognition and drug-free leisure activities is an effective means of halting or reducing substance abuse. Alternative programs include a wide range of activities that appeal to children and youth: athletics, art, music, movies, and community service projects. Youths who live in high-risk communities need safe alternative environments such as Boys or Girls Clubs and opportunities to develop relationships with non substance-using peers.
Community Mobilization - One of the six prevention strategies mandated by the SAPT Block Grant. This strategy tries to enhance the ability of the community to provide

prevention services, and includes such activities as organizing, planning, inter-agency collaboration, coalition building, and networking. The strategy also includes community and volunteer training, systematic planning, multi-agency coordination and collaboration, accessing funding, and community team building.
Education - One of the six prevention strategies mandated by the SAPT Block Grant. This strategy involves two-way communication between an educator or facilitator and participants. The strategy focuses on improving critical life and social skills such as decision making, refusal, critical analysis of media messages, and improved judgement. Examples include classroom sessions for all ages; parenting and family management classes; peer leader programs.
Environmental Approaches - One of the six strategies mandated by the SAPT Block Grant regulations. This strategy establishes or changes community standards, codes, and attitudes and thus influences incidence and prevalence of substance abuse. Approaches can center on legal and regulatory issues or can relate to service and action-oriented initiatives. Examples include TA to communities to maximize enforcement of laws governing availability and distribution of legal drugs, product pricing strategies, and modifying practices of advertising of alcohol and tobacco.
Information Dissemination - One of the six prevention strategies mandated by the SAPT Block Grant. This strategy focuses on building awareness and knowledge of the nature and extent of substance use, abuse and addiction and their effects on individuals, families, and communities, as well as dissemination of information about prevention programs and resources. The strategy is characterized by one-way communication from source to audience, with limited contact between the two. Examples include clearinghouses, resource directories, media campaigns, speaking engagements, and health fairs.
Problem Identification and Referral - Another prevention strategy mandated by the SAPT Block Grant regulations. It aims to identify those who indulged in illegal or age-inappropriate use of tobacco or alcohol and first use of illicit drugs in order to reverse their behavior in the early stages. Examples of activities include employee and student assistance programs and driving under the influence/driving while intoxicated programs.

Center for Substance Abuse Treatment (CSAT) - The third SAMHSA agency, CSAT, makes grants to States to run substance abuse treatment programs and funds special treatment programs for incarcerated persons, pregnant and postpartum women, and other targeted groups. More information is available at http://csat.samhsa.gov/.

Centers for Disease Control and Prevention (CDC) - A major operating division of the Department of Health and Human Services, located in Atlanta, GA. CDC sponsors programs in school health, health education, and HIV/AIDS prevention. All these activities give CDC a role in substance abuse prevention as well. The CDC web address is http://www.cdc.gov/.

Centers for the Application of Prevention Technology (CAPTs including West CAPT) - These are grantees of CSAP that serve 6 regions in the U.S. (Northeast, Southeast, Central, Southwest, Western, and U.S./Mexico Border) and provide information, training, and technical assistance on latest prevention technologies and how they can be adapted to local circumstances. The mission of the CAPT program is to promote the adoption of best practices in meeting the expanded and targeted

capacity needs within States. The process of transferring proven research to daily application involves packaging knowledge into practical, user-friendly formats that are culturally appropriate, and then facilitating their adoption in the field. Each CAPT grantee has a history of work in the prevention field and expertise in skills development and training, publishing, conferencing, personalized technical assistance to Single State Agencies and other entities, electronic media, community coalition building, social marketing, evaluation, and grassroots mobilization. See http://www.captus.org/, and from there to each separate CAPT.)

Department of Education (U. S.), Safe and Drug-Free Schools - The Safe and Drug-Free Schools Program is the Federal government's primary vehicle for reducing drug, alcohol and tobacco use, and violence, through education and prevention activities in our nation's schools, so as to ensure a disciplined environment conducive to learning. These initiatives are designed to prevent violence in and around schools, and to strengthen programs that prevent the illegal use of alcohol, tobacco, and drugs, involve parents, and coordinate with related Federal, State and community efforts and resources. The Safe and Drug-Free Schools Program consists of two major programs: State Grants for Drug and Violence Prevention Programs, and National Programs . State Grants is a formula grant program that provides funds to State and local education agencies, as well as Governors, for a wide range of school- and community-based education and prevention activities. National Programs carries out a variety of discretionary initiatives that respond to emerging needs. Among these are direct grants to school districts and communities with severe drug and violence problems, program evaluation, and information development and dissemination. (Link to http://www.ed.gov/about/offices/list/osdfs/index.html)

The Federal Register - This is the official newspaper of the United States Government. Information about changes in code and rules are published in this document. Official notification of all funding opportunities are also made in this document. It can be accessed on the web at http://www.gpoaccess.gov/fr/index.html or at the Idaho State Library, 325 West State Street, Boise ID 83720, Phone - 334.2150.

Institute of Medicine (IOM) - The IOM is part of the National Academy of Sciences, a quasi-governmental agency. IOM has published a number of landmark studies of prevention, including *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research* , edited by Patricia J. Mrazek and Robert J. Haggerty, Committee on Prevention of Mental Disorders. In this publication, IOM came up with a new classification of prevention programs as universal, selected, and indicated. It can be accessed on the web at http://www.iom.edu/.

IOM Prevention Types (Selected, Indicated, Universal) - Universal prevention measures are desirable for everyone in the eligible population, both general and specific groups. Often such measures can be applied without professional advice or assistance. The benefits outweigh the risks and costs for everyone. Examples of universal prevention include use of seatbelts, a good diet, avoidance of smoking, immunization. Selected prevention is desirable only when the individual is a member of a subgroup whose risk of becoming ill is above average. Subgroups can be based on age, gender, occupation, or family history. An example of selective prevention would be immunization

against yellow fever for some travelers; another is breast cancer examinations at young ages for those with a family history of breast cancer. Indicated prevention is for persons who have a risk factor, condition, or abnormality that places them at high risk for future development of the disease. Examples are various screening programs for particular diseases, e.g., HIV testing and needle exchange programs for injected drug users.

Monitoring the Future (MTF) - A national survey of American secondary school students conducted annually in the spring of the year by University of Michigan scientists and sponsored by the National Institute on Drug Abuse. A nationally representative sample of students in the 8th, 10th, and 12th grades is studied. In 1999, more than 45,000 students in 433 schools across the nation participated. The 1999 survey marked the third year in a row that overall drug use among teenagers has declined or stayed level in all categories: lifetime, past year, and past month use. Slight increases were reported in use of MDMA (ecstasy) among 10th and 12th graders, decreases in use of crack cocaine among 8th and 10th graders, and increase in use of steroids among 8th and 10th graders. (Link to http://monitoringthefuture.org/.)

National Clearinghouse for Alcohol and Drug Information (NCADI) - The hub of the Federal effort to collect and communicate information about effective prevention and treatment policies, programs, and strategies, and a link to scientific research on substance abuse. NCADI uses multi-level approaches to reach audiences across the U.S., and for over 10 years has served as a point of entry for comprehensive information services. NCADI now operates 24 hours a day, 7 days a week, in response to interest generated by the ONDCP National Youth Anti-Drug Media Campaign as well as other CSAP and HHS public education campaigns. (Link to the NCADI website http://ncadi.samhsa.gov/.)

National Criminal Justice Reference Service (NCJRS) - The National Criminal Justice Reference Service (NCJRS) is one of the world's most extensive sources of information on criminal and juvenile justice, providing services to an international community of policymakers and professionals. NCJRS is a collection of clearinghouses supporting all bureaus of the U.S. Department of Justice, Office of Justice Programs (OJP): the National Institute of Justice (NIJ), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the Bureau of Justice Statistics (BJS), the Bureau of Justice Assistance (BJA), the Office for Victims of Crime(OVC), and the OJP Program Offices. It also supports the Office of National Drug Control Policy (ONDCP), and has an extensive collection of materials on drugs and crime. (Link to http://www.ncjrs.org/.)

National Drug Control Strategy - (see also ONDCP, below.) The annual report on the national drug control strategy may be found at http://www.whitehousedrugpolicy.gov/policy/.

National Household Survey on Drug Abuse (NHSDA) - An annual survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). This survey has been the primary source of estimates of the prevalence and incidence of illicit drug, alcohol, and tobacco use in the population since 1971. The survey is based on a nationally representative sample of the civilian, noninstitutionalized population of the United States age 12 years and older. Beginning with the 1999 survey, the sample

was expanded from 18,000 to 70,000 respondents. The survey now includes 25,000 youth ages 12-17, and improves the precision of estimates for this age group. The sample size makes it possible to estimate substance use and attitudes among respondents over the age of 55 and for minority groups. (Link to http://www.oas.samhsa.gov/nhsda.htm)

National Institute on Alcohol Abuse and Alcoholism (NIAAA) - This agency supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems. NIAAA also provides leadership in the national effort to reduce the severe and often fatal consequences of these problems by: conducting and supporting research directed at determining the causes of alcoholism, discovering how alcohol damages the organs of the body, and developing prevention and treatment strategies for application in the Nation's health care system; supporting and conducting research across a wide range of scientific areas including genetics, neuroscience, medical consequences, medication development, prevention, and treatment through the award of grants and within the NIAAA's intramural research program; conducting policy studies that have broad implications for alcohol problem prevention, treatment and rehabilitation activities; conducting epidemiological studies such as national and community surveys to assess risks for and magnitude of alcohol-related problems among various population groups; collaborating with other research institutes and Federal programs relevant to alcohol abuse and alcoholism, and providing coordination for Federal alcohol abuse and alcoholism research activities; maintaining continuing relationships with institutions and professional associations; with international, national, state and local officials; and voluntary agencies and organizations engaged in alcohol-related work; and disseminating research findings to health care providers, researchers, policymakers, and the public. NIAAA is one of 18 institutes that comprise the National Institutes of Health (NIH), the principal biomedical research agency of the Federal Government. NIH is a component of the Public Health Service within the Department of Health and Human Services. (Link to http://www.niaaa.nih.gov/)

National Institute on Drug Abuse (NIDA) - NIDA supports over 85 percent of the world's research on the health aspects of drug abuse and addiction. NIDA-supported science addresses the most fundamental and essential questions about drug abuse, ranging from the molecule to managed care, and from DNA to community outreach research. NIDA is not only seizing upon unprecedented opportunities and technologies to further understanding of how drugs of abuse affect the brain and behavior, but also is working to ensure the rapid and effective transfer of scientific data to policy makers, drug abuse practitioners, other health care practitioners and the general public. The scientific knowledge that is generated through NIDA research is a critical element to improving the overall health of the Nation. The Institute's goal is to ensure that science, not ideology or anecdote, forms the foundation for all of our Nation's drug abuse reduction efforts. (Link to http://www.nida.nih.gov.)

National Institutes of Health (NIH) - An operating division of the Department of Health and Human Services and the umbrella organization for research institutes including NIAAA, NIDA, and NIMH. (Link to http://www.nih.gov/)

National Registry of Effective Prevention Programs (NREPP) - An effort under development to collect and transfer information on effective substance abuse prevention methods and models derived from CSAP's knowledge development programs. Experts will rate nominated programs on the following criteria: theoretical soundness, fidelity of implementation, quality of the process evaluation, quality of the sampling design and implementation, evidence of sample quality based on information about attrition, operational relevance and psychometric quality of measures used in the evaluation and the quality of supporting evidence, quality and method of data collection, appropriateness and technical adequacy of data analysis, degree to which the evaluation design and implementation addresses and eliminates plausible alternative hypotheses concerning program effects, the overall level of confidence that the reviewer can place in project findings based on research design and implementation, the overall usefulness of project findings for informing prevention theory and practice, the number of replications of the model or cultural, gender, age, or local adaptations of model with similar positive results, and the dissemination of program materials. (Link to http://nrepp.samhsa.gov/)

Office of Juvenile Justice & Delinquency Prevention, Department of Justice - The Federal agency that administers the Drug-Free Communities Program, a program that supports community efforts to strengthen collaboration among communities, enhance intergovernmental cooperation, increase citizen participation, and disseminate state-of-the-art information about proven, effective prevention initiatives and strategies. CSAP provides technical assistance to DOJ/OJJDP in this endeavor. (Links to http://ojjdp.ncjrs.org/about/about.html)

Office of National Drug Control Policy (ONDCP) - Part of the Executive Office of the President which oversees the total Federal drug control budget and sets the National Drug Control Strategy. (Link to http://www.whitehousedrugpolicy.gov/)