

2019-2021 Alcohol and Drug Prevention Plan Instructions

Please use the paper **Attachment 3 Local Tribal Program Plan Template ADPEP 2019-2021** form.

Outcome Indicators

At least **one** outcome indicator, goal and planned strategy (s) that addresses **excessive drinking**. If you are addressing other substances, choose the outcome indicator, goal and planned strategies for one substance at a time. Outcome indicators previously listed in Oregon Prevention Data System (OPDS) are listed below.

Alcohol

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

Tobacco

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

Other Drugs

- 30-Day Marijuana Use

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

Writing Goals

Program goals are a statement of what the program intends to accomplish. A well written goal will:

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

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

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

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

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

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

Timely – 1) enough time to achieve the goal

Examples of goals

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

Develop Objectives

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

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

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

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

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

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

Protective/Risk/Causal Factors previously in Oregon Prevention Data System (OPDS)

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

Examples of Objectives

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

Program, Policy or Practice Strategy

Please indicate a program, policy or practice strategy to address the chosen objectives and goals. This does not have to be a program, but can be a broader strategy in service to your objectives and goals.

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

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

Program, policy or practice fields that were previously provided in the Oregon Prevention Data System (OPDS) for selection are found in Appendix A of this document

National Academies of Science Institute of Medicine

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

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

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

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

Socio-Ecological Domain

Socio-ecological Domain considers the different contexts in which risk and protective and factors exist. This model considers the different contexts and settings with which a person interacts and is based on the premise that we are influenced not only by traits specific to us or what we think and believe, but by our relationships with others, the institutions and communities to which we belong, and the broader society in which those institutions are embedded.

Consider the primary setting for interventions when indicating socio-ecological domain for the planned program strategy:

Community Organization Family Individual Peer School

CSAP Strategies

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

Examples of services in each strategy include:

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

Tobacco Coordination

Coordinate with local TPEP to prepare and submit to the Health Promotion and Chronic Disease Prevention Section (HPCDP) a plan detailing the shared strategies to advance and coordinate tobacco prevention at the local level:

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

The plan should describe the roles and activities of ADPEP and TPEP staff and leadership. Examples of activities for tobacco strategies addressing the retail environment and/or tobacco-free county/campuses/facilities align to CSAP strategies. Shared strategies do not need to be listed under that CSAP designation, it is for reference only.

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

- a. Example: Collaborate with county TPEP program to build support for Tobacco Retail Licensure.
- 6. Problem identification and referral
 - a. Example: Develop cessation referral systems for tobacco users who wish to quit and are served by agencies and organizations participating in local substance abuse prevention coalitions.

Appendix A

Program, policy or practice fields that were previously provided in the Oregon Prevention Data System (OPDS) for selection are listed below

Description

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

On-Premise Alcohol Outlet Use Regulations
Parent & Family Skills Training
Parenting Classes
Parenting Now
Parents As Teachers
Parents 360
Peer Helper/Natural Helper Programs
Peer/Youth Leadership
Server or Retailer Education/Training
Positive Action
Positive Community Norms
Positive Parenting
Positive Youth Development
Prevention Education
Community Awareness Building
Project Alert
Project Towards No Drug Abuse
Protecting You/Protecting Me
Public Availability Policies
Question, Persuade, and Respond (QPR)
Reconnecting Youth Program
Safe Dates
SBIRT
Shoulder Tap Surveillance
Smart Moves
Social Host Ordinances
Stacked Deck
Social Marketing
START Screen for Adolescence
Strengthening Families Program
Strengthening Families Program 10-14
Strengthening Multi-Ethnic Families
Suicide Prevention Training
Teens Against Tobacco Use (TATU)
TEG/TAP - Tobacco Education
The Incredible Years
Too Good For Drugs
Tribal Law/Code/Policy
Tribal Program - Adventure Based
Tribal Program - Basketball Against Alcohol and Drugs
Tribal Program - Canoe Journey/Family
Tribal Program - Ceremonies and Rituals
Tribal Program - Cradleboards

Tribal Program - Culture Camp
Tribal Program - Domestic Violence Group for men
Tribal Program - Elders
Tribal Program - Family Unity
Tribal Program - Healthy Relationships Curriculum
Tribal Program - Horse Program
Tribal Program - Mentoring
Tribal Program - Native American Community Mobilization
Tribal Program - Native American Storytelling
Tribal Program - Positive Indian Parenting
Tribal Program - Powwow
Tribal Program - Round Dance
Tribal Program - Sweat Lodge
Tribal Program - Talking Circle
Tribal Program - Tribal Crafts
Tribal Program - Tribal Family Activities
Tribal Program - Tribal Youth Conference
Wanna Bet?
Young Adults in the Workplace
Kids at Home in the Wild
Social/Recreational Events
Skills Building
Nurturing Parenting
Community Planning/Development and Support
Good Behavior Game
Prescription Drug Drop-Boxes
Public Policy Work/Efforts
Tribal Program - Healing of the Canoe
Tribal Program - Gathering of Native Americans (GONA)
Tribal Program - Tribal Gathering
Tribal Program - Daughters and/or Sons of Tradition
Pocket Full of Feelings - Emotional Literacy
Life of an Athlete
Rx for Understanding
Rx Abuse Prevention Toolkit
Children's Programming Kit
Reward and Reminder Programs
Youth Mental Health First Aid