



**Make A
Difference**



**Take
Action**



**Reach
Out**



**Red
Ribbon**



**Your
Community**

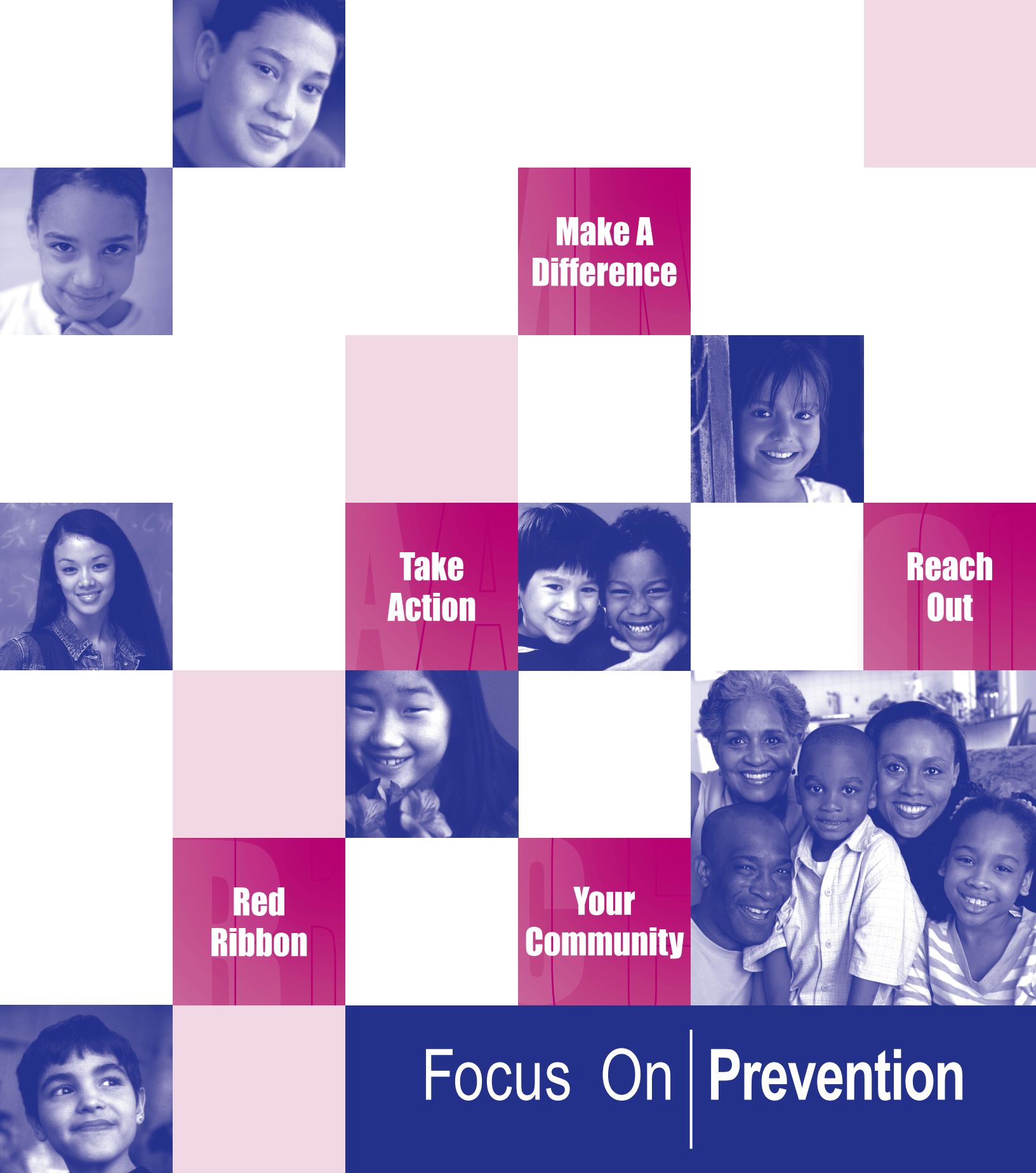


Focus On | Prevention



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov





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U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

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About This Guide

Abuse of alcohol, tobacco, and illicit drugs is a problem throughout the United States. Yet communities vary greatly in the specific problems they face, the groups affected by those problems, and the events that rouse people to take action. In addition to having different problems and priorities, some communities have more resources and experience with locally based prevention activities than others. Yet, with a “can do” approach and a bit of guidance, any community can have success in preventing substance abuse.

This is where *Focus On Prevention* can help. The U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), has developed this guide to help a wide range of groups and communities move from concerns about substance abuse to proven and practical solutions.

Red Ribbon Ties

HHS has long recognized and supported Red Ribbon Week. Within HHS, SAMHSA has joined its partners over the years to participate in the observance of Red Ribbon Week. SAMHSA provides information, materials, and technical assistance to promote the campaign’s growth and effectiveness.

Because Red Ribbon Week is so well-known, SAMHSA is urging more of its national network of mental health and substance abuse services—especially its Drug-Free Communities (DFC) grantees—to carry out year-round prevention activities that can be promoted and recognized for their success during the annual observance. While drawing new attention to Red Ribbon, this link will give communities a credible brand label that can serve as a springboard for continued progress in preventing abuse of alcohol, tobacco, and illicit drugs.

Getting Started

Focus On Prevention provides a starting point. It offers brief, practical, and easy-to-read information that is useful in planning and delivering prevention strategies.

Eleven *Focus On* topics are presented. The first few topics are about setting your sights on a prevention strategy. The focus then moves to ensuring that your prevention strategy is built on a solid foundation. The last few *Focus On* topics discuss ways to get the word out about prevention.

With a “can do” approach and a bit of guidance, any community can have success in preventing substance abuse.

For each *Focus On* topic, a two-page summary begins by telling why the step is important and what it includes. The discussion then moves to Starting Points—tips on key tasks, choices, and pointers for getting the job done. Each *Focus On* topic also includes a highlight box with added advice or a diagram to show how the subject matter fits into the bigger picture.

For those users of the Guide already committed to organizing Red Ribbon campaign activities, a section of specific how-to information and examples for working with media add to *Focus on Prevention*’s value as a tool that can be put to work right away. The guide ends with a list of resources to help community coalitions and other groups reach their substance abuse prevention goals.

About Red Ribbon

Millions of Americans currently participate in Red Ribbon Week activities, according to the National Family Partnership (NFP)—the Red Ribbon campaign’s national organizer. The Drug Enforcement Administration, a Federal partner in Red Ribbon Week, describes it as “the most far-reaching and well-known drug prevention event in America.” Through the efforts of the NFP, other national organizations, Federal and State agencies, and communities, Red Ribbon Week has become more than a call to action. It has grown to be a unifying symbol of family and community dedication to preventing the use of alcohol, tobacco, and illicit drugs among youth.



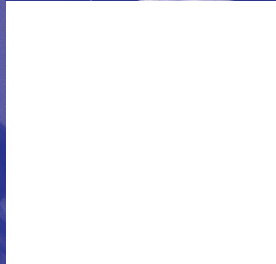
**Make A
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**Your
Community**

Focus On | Topics



A good needs assessment is a research and planning activity that can help you develop a substance abuse prevention strategy that best fits your community. The results from your needs assessment can be a powerful tool for calling your community to action.

Assessment is a basic *first step*. You must be able to identify the “needs” and the resources that already exist to address those needs. Only then can you create an appropriate prevention effort.

Assessment leads to design, which leads to implementation, which leads to evaluation, which in turn leads back to assessment. It helps to think of these steps in a circle rather than in a line.

What Can a Needs Assessment Do for You?

If people in your community are experiencing substance abuse problems, why not skip the formalities and get to work? Even if you know a problem exists, a needs assessment can uncover issues or trends that otherwise may be hard to detect. It helps us understand things like: Who is using drugs? How widespread is the problem? What drugs are being used? Why? In what situations? How are the drugs being accessed? How serious are the consequences? How does your community compare with others?

Assessing needs carefully can help prove a problem exists. By collecting information and drawing conclusions about current conditions, you can make a strong case for action. With evidence in hand, you can engage organizations and key people in addition to those who first became alarmed about a substance abuse problem.

Having facts can help you set priorities.

Presenting needs assessment data, such as studies about substance abuse and other risky behaviors among local youths, may stir up a great deal of emotion. However, a careful presentation can

The results from your needs assessment can be a powerful tool for calling your community to action.



minimize extreme reactions while motivating community members to get involved.

Having facts can help you set priorities. Parents in a community may be concerned about the use of club drugs, cocaine, or steroids, but it makes little sense to focus prevention efforts on those drugs if evidence shows that more young people are using tobacco, alcohol, inhalants, pain killers, or marijuana.

Needs assessment can help avoid duplication.

Assessment results also may show that delivering prevention services to all students could leave those at highest risk for substance abuse lacking additional help that is more specific to their needs.

Be flexible—you may find yourself following a trail of conditions that are related. Tobacco use may have more to do with community norms than a lack of understanding the consequences. Alcohol use may be driven by availability. A link between teen substance abuse and violence may draw your attention to family conflict and substance-abusing parents. The approaches you take may shift as you gain new insight.

Needs assessment can help avoid duplication. You may have identified a problem, but what

programs, policies, and other efforts already are in place to deal with it? How well are existing efforts working? Are there gaps or overlaps in prevention activities? How would a new program fit with those already operating?

What attitudes, beliefs, and cultural values affect the community's readiness to take action?

By conducting a needs assessment, you can determine whether a community or organization is ready, willing, and able to address the problem. Which organizations are willing to devote attention or resources? Which community leaders are willing to take a stand and support change? Does anyone have the necessary skills to carry out prevention activities? What attitudes, beliefs, and cultural values affect the community's readiness to take action?

A needs assessment gives you baseline data you can use later to evaluate your program's impact. For example, if you collect needs assessment data from your local police about the number of arrests for teen violence or for possession of alcohol, you can track changes in these numbers over time to see if your efforts to reduce alcohol and violence reflect fewer arrests.

However, be careful about comparisons. Make sure that the police department's high initial numbers weren't a fluke—for instance, numbers resulting from multiple arrests at a rally or concert. You also want to be certain that something other than your program did not cause the numbers to go down, such as another intervention or a reduction in the population of young people.

A needs assessment gives you baseline data you can use later to evaluate your program's impact.

Only compare groups that match. For example, compare baseline data on a group of kids to data on the same kids after they take part in prevention activities. Or, look at later data on kids who are similar to the baseline group—for example, teens from the same schools or areas—to see how your strategy is affecting a certain target audience over time.

The following checklist can help you put needs assessments to work in planning your substance abuse prevention activity:

What To Find Out

Your initial reasons for conducting needs assessments may be to gauge substance abuse problems. To be thorough, however, needs assessment activities also should look at the attitudes, beliefs, behaviors, and conditions in the community that promote or condone substance abuse. You also will need to find out what already is being done about the issue, how the efforts are targeted, and whether efforts could be expanded. Your priorities may shift accordingly.

Where To Look

Reach out to people who know the community, its needs, and the available resources. Key sources include public officials, health and youth-serving agencies, schools, parent groups, law enforcement, clergy, businesses, and members of possible target audiences to focus your strategy on, such as students or residents.

How To Get Information

Basic needs assessment methods include asking people about their substance abuse-related views or behaviors using indepth interviews, focus groups, or questionnaires. Interviews and focus groups are easier and cheaper than conducting a survey but only reflect the views of a few people. Surveys—typically door-to-door or by phone—can provide hard numbers and details; however, surveys require choosing the right amount of participants and exercising care in selecting them to ensure that results reflect community problems.

You also can use public records and reports. For example, you could look at counts of drug and alcohol offenses or emergency room visits related to alcohol or drug use. To learn more about persons at high risk for substance abuse, look at records showing the characteristics of people already receiving substance abuse-related services. See *Focus On Evaluation* on page 18 for more on the collection and use of information.

Who To Involve

Members of your substance abuse prevention planning team can handle much of the needs assessment, but consider inviting members of your target audiences to help shape and conduct the assessment. Their input can help ensure that you are asking the right questions and engage people who otherwise might not participate. Finally, be sure to involve the people who will evaluate your strategy. The needs assessment may require their research skills, and the results will help to shape the evaluation.



Issues and Audiences

Care in choosing a specific prevention issue and a target audience are keys to a winning substance abuse prevention strategy.

Prevention targets can be defined in terms of places as well as personal characteristics.

Alarm about illicit drug use may center on certain substances such as marijuana, methamphetamine, inhalants, or nonmedical use of painkillers. Alcohol-related problems may involve underage and binge drinking, alcohol-related car crashes, or conditions that affect alcohol availability. Tobacco issues may have to do with advertising, sales to minors, or smoking in public places. Once you set your sights on a specific issue, bringing the picture into focus requires you to ask who and where:

Whose Substance Use Are You Trying To Prevent?

Setting your sights on a substance abuse issue that relates to teens or young adults is a start, but your strategy may work better by focusing on certain groups within these populations. Will you address all teens or concentrate on young adolescents? Will you use different approaches with girls and boys? Will a strategy for young adults be aimed at all of them or should it target club-goers, college students, or fraternity members?

Who Can Help Influence Your Main Audience?

While your goal may be to prevent substance use among teens, you may direct your attention to parents, educators, or service providers to help tackle the issues that make young people more or less likely to engage in risky behavior. Alcohol- and tobacco-related problems may be addressed through policies set by elected officials and adopted by sellers.

Care in choosing a specific prevention issue and a target audience are keys to a winning substance abuse prevention strategy.

Where Are Substance Abuse Problems Occurring?

Prevention targets can be defined in terms of places as well as personal characteristics. You may give priority to certain areas, schools, workplaces, or commercial settings.

Answering these types of questions adds insight regarding patterns, trends, groups within groups, and norms and beliefs that give rise to a problem. Such information can confirm opinions, sharpen focus, and build support for action.

Learning about prevention audiences does not have to be complicated. The experiences and views of parents, educators, police, faith organizations, and others who work with youth or deal with substance abuse-related issues can be gathered without undue time or expense.

Asian youths have the lowest rates of marijuana use.

Going directly to members of the audience—for example, conducting focus groups with teens—can provide a new outlook. The records and routine reports of local organizations, such as high school disciplinary reports and emergency room visits, also can provide useful information to gauge substance abuse problems.



Targeting Risks

One way to define prevention audiences is to cluster them according to three levels of risk for engaging in substance abuse:

1. *General population groups with no known risks of substance abuse.* Exposes a broad audience to prevention strategies that could make substance abuse less likely, such as all youth in high school.
2. *Groups with recognized risks of substance abuse.* Offers an opportunity to focus on those who may have a greater than average need for prevention activities, such as the 9th and 10th grades transitioning into high school.
3. *Individuals known to be at high risk of substance abuse.* Allows communities to address those with the most serious problems and specific needs, such as 9th- and 10th-grade students transitioning into high school who are from low-income families and are abused.



Starting Points

- Parents make a difference—teens who say their parents would strongly disapprove of teens trying marijuana are much less likely to use an illicit drug than those who think their parents would not strongly disapprove.
- Illicit drug use starts early and spreads quickly—nearly 1 in 30 youth aged 12 to 13 reports past-month use of an illicit drug; among 16- to 17-year-olds the rate is nearly 1 in 6.

Alcohol

- Among youths aged 12 to 17 who were heavy drinkers in 2008, three in five (68.5 percent) also were current illicit drug users.
- Young adults aged 18 to 22 enrolled full time in college were more likely than their peers not enrolled full time to report any use, binge use, or heavy use of alcohol in 2008. However, the rates of current alcohol use and binge drinking among full-time college students in the 18 to 22 age group declined in 2008.

Tobacco

- Among pregnant women aged 15 to 44, based on combined data for 2007 and 2008, 16.4 percent reported using cigarettes in the past month compared to 27.3 percent of women who were not pregnant. At 5.5 percent, the lowest rate of current smoking while pregnant was seen among Hispanic or Latina women.
- Use of tobacco products varies greatly with age. Among youths aged 12 to 17, 11.4 percent reported current use of a tobacco product. Young adults were more than three times as likely as youths to use tobacco, as 41.4 percent of those in the 18 to 25 age group reported using tobacco in the past month. Tobacco use then drops with increasing age.

Marijuana

- Asian youths have the lowest rates of marijuana use.

Inhalants

- Lifetime use of inhalants by youths age 14 or 15 is 10.4 percent. This age group has a higher rate of lifetime use compared to 12 or 13 year olds (8.1 percent) and 16 or 17 year olds (9.3 percent).
- Because inhalants are easy to get, young people often use them before tobacco or alcohol.

Prescription Medications

- Over two-fifths of those who initiated pain relievers nonmedically in the past year were under age 18 when they first used. In the past month, girls are more likely than boys to use painkillers nonmedically.

Serious Emotional Problems

- Young people who have serious emotional problems are more likely to use substances and to become dependent on them.

Source: 2008 National Survey on Drug Use and Health



Risk and Protection

Risk and protective factors—conditions in people’s lives that make them more or less likely to use alcohol, tobacco, or illicit drugs—play an important role in successful prevention strategies.

A community that is alarmed about a substance abuse issue may direct most of its attention to risk factors—the negative behaviors, experiences, or conditions that cause or are associated with the problem. For young people, alienation, stress, social pressure, poor grades, family problems, and curiosity are some of the reasons why they may turn to alcohol, tobacco, or illicit drugs.

While risk and protective factors can be complex, they represent conditions found in everyday life.

In addition, many messages, attitudes, and practices throughout society promote or condone the use of harmful substances, such as the casual, consequence-free portrayal of drinking, smoking, and drug use in popular movies and music.

Symptoms and sources may draw your attention and inspire action. Yet, to get the most out of your prevention efforts, it is important to reduce risks and to boost protective factors.

While risk and protective factors can be complex, they represent conditions found in everyday life (see box). You do not have to be an expert to include these important elements in your prevention strategy.

How Do Risk and Protective Factors Occur?

Everyone is exposed to both risk and protective factors for substance abuse. From early in life, the more risk factors a young person has, the more likely it is that he or she will use harmful substances and face related problems. On the other hand, the more protective factors a young person has, the less likely it is that he or she will try alcohol, tobacco, or drugs.

Where Do Risk and Protective Factors Come From?

Risk factors vary greatly according to age, social and psychological development, ethnic/cultural identity, and surroundings. Protective factors also vary, buffering youth from influences that incline them to start or continue substance abuse.

Accent the Positive: Protective Factors for Youth

Individual Factors

- Positive temperament
- Social coping skills (problem solving, ability to stand up for beliefs and values)
- Positive social orientation (engaging in activities that contribute to healthy personal development, accepting rules and community values, identifying with the school, and choosing friends who do not use harmful substances)
- Belief in one’s ability to control what happens and to adapt to change

Family Factors

- Unity, warmth, and attachment between parents and children
- Parental supervision
- Contact and communication between and among parents and children

Environmental Factors

- Positive emotional support outside of the family such as friends, neighbors, and elders
- Supports and resources available to the family
- Community and school norms, beliefs, and standards against substance abuse
- Schools characterized by academic achievement and students who are committed to school

To get the most out of your prevention efforts, it is important to reduce risks and to boost protective factors.



Starting Points

Take a closer look! There are many ways to describe risk and protective factors. A good way to begin is to look at three areas of influence:

1. Individual factors include behavior and personality as well as genetic and physical makeup.
2. Family factors include the way that parents and children behave and relate to each other.
3. Environmental factors include circumstances outside of the family such as school experiences, peer influences, and community conditions.

Have the greatest impact! To address risk and protective factors effectively, look at the big picture:

- Focus on young, school-aged children and their families—before negative behaviors and family problems become deep rooted.
- Choose strategies that fit children’s gender and level of development.
- Develop prevention activities in more than one context or setting such as schools, cultural life, faith-based groups, and neighborhoods.
- Address more than one risk factor at a time.
- Reduce exposure to risks while enhancing protective factors.
- Build on strengths in the individual, family, and environment.

Conditions vary from culture to culture and from community to community. Youth at high risk tend to live in settings where they are exposed to numerous risks, such as neighborhoods or peer groups where substance abuse is condoned or viewed as the norm, and they tend to come from families with a range of problems.

How Do Risk and Protective Factors Work?

Risk and protective factors interact constantly. Their effect on a person depends on features such as the number of factors that occur at the same time, how intense they are, and how long they last.

Everyone is exposed to both risk and protective factors for substance abuse.

While some factors cannot be changed, their influence can be lessened or increased. The more risks can be reduced, the less open a child will be to health and social problems. For example, some children in a distressed neighborhood may have fewer behavior problems than others due to strong parenting.

What Problems Are Affected by Risk and Protective Factors?

Several risk factors for substance abuse also increase the risk of other serious problems—dropping out of school, pregnancy, violence, and crime—in the teen years.

Problem behaviors also tend to be linked with each other. For instance, a youth who uses drugs may engage in delinquency such as violence, theft, and vandalism.



Community Partners

Partnerships are the backbone of nearly every successful prevention campaign. Organizing a community around a substance abuse issue can take a great deal of work, but the effort can have big payoffs.

Building partnerships is a dynamic process that changes as participants' goals, abilities, and needs change. Partnerships include a variety of arrangements to produce results that one partner alone could not achieve.

Examples include creating units to deliver new programs, expanding or improving services, fostering social marketing activities (see *Focus On Social Marketing* on page 20), or providing research and evaluation services. The table below outlines ways organizations can engage partners.

Levels of Partner Engagement¹

1. Networking or communication links	Minimal involvement (mainly to share information)
2. Publicity	Partners may serve as channels, or go-betweens, to help spread information
3. Endorsement	Partners publicly endorse each other's programs to broaden appeal or lend credibility
4. Coordination	Partners remain self-directed but conduct mutually beneficial activities and work together with a common purpose
5. Cosponsorship	Partners share their resources
6. Collaboration	Partners work together from beginning to end to create a vision and to carry out a program

¹ Adapted from: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity. (1999). *Promoting Physical Activity: A Guide for Community Action*. Human Kinetics: Champaign, IL.

Effective partnerships develop mutually rewarding and sustainable chemistry. As more than an exchange of services, partnership includes:

- Defining a shared mission, vision, and goals.
- Maintaining a high level of trust and mutual respect.
- Making decisions jointly.
- Contributing staff time and other resources.
- Committing to build knowledge, skills, and systems by seeking or offering technical assistance.

Staying in close contact with a partner, listening carefully to what is communicated, and providing regular and consistent feedback, encouragement, guidance, and recognition help to sustain partnerships.

Look Around

Any organization or community advocate concerned about substance abuse, public health and safety, or the well-being of a population can organize a coalition or partnership:

- Educational institutions
- Parent and volunteer groups
- Youth organizations
- After-school programs
- The faith community
- Health care and mental health providers
- The justice system, including law enforcement personnel
- State, county, and local government
- Prevention and treatment organizations
- Legal, social services, and other organizations serving low-income families
- Businesses
- Labor unions
- Neighborhood-based social clubs
- Service organizations
- Media

The more a prevention strategy represents the whole community and shares a common goal, the more powerful and respected it will be.



Starting Points

The following steps can help you make the most of your efforts to find and recruit new partners:

Set Your Sights

A partner in substance abuse prevention can be any group or individual whose missions, values, goals, or resources are in line with your prevention strategy. Possible partners may not have a direct or close involvement in substance abuse issues; however, values and agendas in areas such as better schools, good government, public safety, social justice, and economic development make them potential allies nonetheless.

Get Started

Partnering is an ongoing process. It's never too soon to expand your initial circle of partners. You may feel that you can't start tooting your horn before you have something to show for your efforts, yet you are more likely to sustain your prevention strategy if you reach out to possible supporters to get buy-in before you need new funding.

Make Contact

Begin by introducing yourself and your prevention strategy—mail a brochure, send a news clipping, or invite key people to a special event. To create a relationship, begin sharing information—materials, “lessons learned,” and evaluation results—while stopping short of asking for support. To tighten the connection, formally recognize somebody who can help through an awards event or ask him/her to serve as a keynote speaker or honorary chairperson.

Become Known

Go where the action is: attend receptions, forums, conferences, and committee meetings that relate to your substance abuse prevention goals. These events provide chances to network and share information about your prevention strategy.

Be Heard

Some contacts may be brief, but short does tend to be sweet. Most listeners will not digest more than a few major points. Develop a script; if several people are communicating about your initiative, it is vital that everyone is on the same page with the same message and statistics.

Gain Agreement

All partners need to understand and agree on their roles. So, put agreements in writing. They can be formal—for example, contracts or letters of understanding—or informal, such as follow-up letters or minutes of committee meetings that are reviewed and approved by partners.

Join Forces

As you begin recruiting partners, you may discover that some local agencies and organizations are involved in similar prevention efforts. Because such groups have a head start in developing contacts and influence in the community, it may be natural for them to have a leading role in your prevention strategy. Examples include heading a committee, being responsible for certain tasks, or serving as a cosponsor.

It is important to establish a broad base of support, or buy-in, to address prevention issues. The more a prevention strategy represents the whole community and shares a common goal, the more powerful and respected it will be.

Reaching Diverse Groups

Your best bet is to reach diverse groups of adults and youth with prevention messages by engaging as many kinds of organizations as possible. For example, if your primary goal is to prevent youth marijuana use, you may team up with your local police force, school counselors, clergy, and even the local chapter of Narcotics Anonymous.

As your substance abuse prevention strategy gets underway, roles and responsibilities probably will fall into place naturally, with everyone contributing what they can. People may help by making a financial contribution, providing services without charging for them, making facilities available for prevention activities, recruiting volunteers, volunteering themselves, or participating in boards of directors or committees.



Prevention Theory

Engaging in substance abuse prevention means that you are trying to affect the way people think, feel, and act with regard to alcohol, tobacco, and drugs. Your knowledge of local conditions and your instincts about what to do are vital. Still, your efforts are more likely to succeed if they are informed by theories of behavior change and human motivation.

Why Should You Care About Theories?

Theories may seem far removed from your efforts to proceed with a prevention strategy, yet prevention theories are more than vague thoughts and guesswork. Decades of research and expert thinking have provided insight about how people think about health issues, change their minds, and redirect their actions. Being familiar with the main points of these theories can help you decide how to shape actions that are credible and appropriate.

How Do Substance Abuse Problems Arise?

A public health model stresses interactions among:

- An agent—alcohol, tobacco, or a drug.
- A host—the individual user.
- The environment—the social, cultural, and physical context in which use occurs.

To make a lasting difference, prevention efforts need to address all three parts of this model.

What Theories Can Be Used in Substance Abuse Prevention Strategies?

Several behavior change models can be applied to affect people's attitudes and behavior regarding the use of harmful substances.

- According to the *diffusion of innovations* framework, support for an innovation such as a new substance abuse behavior spreads as opinion leaders or “trendsetters” talk about it. In this model, individuals embrace the innovation according to their readiness to accept and try new ideas.

Decades of research and expert thinking have provided insight about how people think about health issues, change their minds, and redirect their actions.

Put It All Together

By helping us understand what motivates people to change, each theory gives us another key to substance abuse prevention. In general, the following elements must be present for a person to perform a change in behavior:

- A strong positive intention or commitment to change.
- No conditions in the environment that make it impossible for the new behavior to occur.
- The skills needed to perform the behavior.
- Belief in one's ability to perform the behavior.
- Belief that the advantages of performing a behavior outweigh the disadvantages.
- More social pressure to perform the behavior than not.
- A view that performing the behavior is more consistent than inconsistent with one's self-image or a feeling that it does not violate one's personal standards.
- An emotional reaction to performing the behavior that is more positive than negative.

Prevention strategies may direct messages to opinion leaders and then engage them to reach people who are more resistant to change.

- In the *stages of change theory*, five stages, or steps, are used to alter personal behavior patterns and lead to long-term change:
 - ▶ *Precontemplation*—being unaware of or refusing to acknowledge risks (e.g., believing that inhalant use is harmless).
 - ▶ *Contemplation*—beginning to consider a change and weighing the costs and benefits (e.g., recognizing the downside of binge drinking).
 - ▶ *Preparation*—deciding on and planning for a change in behavior (e.g., picking a start date to quit smoking).

Starting Points

The following frameworks can help you fit theories into your substance abuse prevention strategy:

- A **web of influence** model identifies the following domains, or areas of influence:

- Individual
- Peers
- Family
- School
- Community
- Society

This framework can help you understand how risk and protective factors interact and where prevention theories may apply.

- A **continuum of prevention** model classifies prevention programs according to the audiences for which they are suited best based on risks for substance abuse:

- Universal programs reach the general population such as all students in a school or all parents in a community.
- Selective programs target groups such as children of substance abusers or those who display problems at school and have an above-average risk of developing substance abuse problems.
- Indicated programs are for those whose actions—for example, antisocial or other risky behaviors such as truancy, academic failure, or hanging out with substance-abusing peers—put them at high risk for substance abuse problems.

- **Community organization theory** stresses the active involvement and development of communities to address health and social problems. Key features include understanding the root causes of problems, focusing on specific concerns, engaging in effective problem solving, encouraging active community participation, and gaining the power to produce lasting change.

For example, a community concerned about alcohol-related problems may come together to change local laws, regulations, or policies regarding the number and concentration of alcohol outlets or the hours and days when alcohol is sold.

▶ **Action**—implementing a plan to change and beginning a new behavior (e.g., using refusal skills or changing social patterns).

▶ **Maintenance**—reinforcing and making a habit of a new behavior (e.g., obtaining social support from family members and peers).

People can move from one stage to the next when they receive and process relevant information.

- According to the **health belief model**, people are motivated to change their behavior only as much as they value—or worry about—the results of their choices (to keep smoking or quit) and expect these results (poor health or good health) to happen. People also must be confident that they can carry out a new action.

Individuals embrace the innovation according to their readiness to accept and try new ideas.

Incentives for a behavior should build on an audience's motives, needs, values, and self-image as well as its concerns about health. A prevention strategy may, thus, focus on short-term consequences of substance use such as bad breath, loss of friends, and getting in trouble.

Information on reducing the costs of following a course of action and how to overcome obstacles also is key. New behaviors can be boosted by “cues to action”—for example, when individuals know what to do and how to do it, a prevention strategy can include simple reminders.

- The **Stanford communication/behavior change model** indicates that changes in behavior occur when mass media messages follow a series of steps:
 - ▶ Raise awareness of an issue.
 - ▶ Change what people know, believe, and think about the promoted behavior.
 - ▶ Teach the skills needed to perform the behavior.
 - ▶ Build a person's confidence in his or her ability to perform a specific behavior in a particular situation.
 - ▶ Provide support for sustaining a new behavior.

To apply this model, prevention planners must determine where the target audience stands in the change sequence. This will provide a starting point for a plan to take the audience through the remaining steps.



Planning

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the Strategic Prevention Framework to support effective action to promote mental health and to prevent substance use in people under age 21.

SAMHSA's vision is "a life in the community for everyone."

Substance abuse prevention strategies are driven by the needs and urgency of communities throughout the United States. Yet, success is more likely when action is based on sound procedures, the best available information, and a long-range view.

What Does the Framework Include?

Based on SAMHSA's vision of "a life in the community for everyone," the Framework applies to any prevention planning process that addresses substance abuse and mental health issues. It defines the essential traits of high-quality prevention strategies, lays out guiding principles and action steps, and offers tools communities can use to plan and build prevention programs that work.

Through a long list of Federal and national partners, the Framework provides communities with broad support and access to many resources.

According to the Framework, What Are the Essential Qualities of a Prevention Strategy?

The Framework requires:

- Accountability—measuring and reporting program performance and results.
- Capacity—increasing the availability of services.
- Effectiveness—improving the quality of services.

What Principles Guide the Framework?

The Framework is based on several critical principles:

Through a long list of Federal and national partners, the Framework provides communities with broad support and access to many resources.

Strategic Prevention Framework

Supports Any Prevention Planning Process



- **Prevention is a continuum.** It ranges from deterring diseases and behaviors that foster them to slowing the onset and severity of illnesses when they do arise.
- **Prevention is prevention is prevention.** The methods of prevention are the same for many diseases whether the aim is to prevent or reduce the effects of cancer or to prevent or reduce the effects of substance abuse. In both cases, prevention strategies take aim at how people think, feel, and act by focusing messages and activities on areas of influence such as the individual, family, or community.
- **Successful prevention decreases risk factors and enhances protective factors.** For many health issues, the same conditions increase risk while other factors can shield people from these problems. See *Focus On Risk and Protection* on page 8.
Prevention strategies should use proven practices within systems that work. Research and experience have produced highly effective prevention programs to reduce risk factors and promote protective factors. See *Focus On Strategies That Work* on page 16.
- **Systems of prevention services work better than isolated efforts.** The best prevention results come from partnerships. Without teamwork, even the most determined prevention efforts can fall short of their goals.

- **Sharing information and tools** across service systems can make prevention efforts more accountable and effective. The Framework can help Federal agencies, States, and communities identify common needs and risk factors, target outcomes to be achieved, and adopt tools to measure and track results. The Framework calls for coordinated funding and development of systems.
- **Substance abuse should be addressed comprehensively** through multiple strategies across multiple sectors with both public- and private-sector resources.

The Framework requires accountability, capacity, and effectiveness.

What Kinds of Prevention Strategies Does the Framework Call For?

The Framework identifies seven effective strategies: policy, enforcement, collaboration, communications, education, early intervention, and alternatives. (See *Focus On Strategies That Work* on page 16.) The Framework adds emphasis on environmental strategies by dividing this category into policy and enforcement.

Does the Framework Provide Funding for Prevention Activities?

The Strategic Prevention Framework State Incentive Grant (SPF SIG) program is the foundation of the Framework that provides funds to States and territories to promote partnership. Most SPF SIG funds go to communities to prevent onset and reduce progression of substance abuse, reduce substance abuse problems in communities, build State and community prevention capacity and infrastructure, and encourage and require the use of technical workgroups at the State and community level. In addition, SPF SIG places an emphasis on underage drinking.

The Framework also promotes substance abuse prevention through State block grants and Drug-Free Communities' programs as well as substance abuse and HIV prevention grants.

With the support of State leadership, community stakeholders can take five steps to move prevention strategies from vision to practice:

1. **Profile population needs, resources, and readiness to address problems and gaps in service delivery.**

A substance abuse issue must be assessed correctly through the collection and analysis of data that show the extent and location of a problem, risk and protective factors associated with it, community assets and resources, gaps in services and capacity, and readiness to act.

2. **Mobilize and build capacity to address needs.**

Key tasks include convening leaders and stakeholders, building coalitions, and training community stakeholders to help keep activities going.

3. **Develop a prevention plan.**

The strategic plan expresses a vision for prevention activities and a roadmap for conducting them. It describes policies and relationships, incentives for groups to work together, and evidence-based actions that will be taken. The plan also identifies milestones and outcomes for gauging performance.

4. **Conduct prevention activities.**

Supported by training and technical assistance, local stakeholders select programs, policies, and practices proven to be effective in research settings and in communities. Culturally competent revisions are made without sacrificing core elements of the program.

5. **Monitor and evaluate results and the ability to continue.**

Ongoing monitoring and evaluation are vital to determining whether the desired outcomes are achieved, to assessing the quality of service delivery, and to identifying needed improvements. Sustaining what has worked well should be an ongoing process.

Depending on the substance being abused and the groups affected, various events can prompt people to take action. Local concerns about alcohol being available to middle-schoolers may appear to be very different from the problems posed by meth production in rural barns. Indeed, your community's search for solutions may seem unique.

Even a proven strategy calls for careful evaluation to see how well it worked in your community and what adjustments might be needed.

But step back and take another look—several broad prevention strategies apply to most substance abuse problems. The Center for Substance Abuse Prevention (CSAP) has identified six strategies that can help shape your prevention plans:

- **Information dissemination** increases knowledge and changes attitudes through communications. This method of learning is mainly one-way, such as classroom speakers or media campaigns.
- **Prevention education** is a two-way approach to teaching participants important social skills. These skills can include resisting pressure to use drugs, looking at the intent behind advertising, or developing other skills used in making healthy choices.
- **Positive alternatives** provide fun, challenging, and structured activities with supervision so people have constructive and healthy ways to enjoy free time and learn skills. These alcohol- and drug-free activities help people—particularly young people—stay away from situations that encourage use of alcohol, tobacco, or illegal drugs.
- **Environmental strategies*** are aimed at the settings and conditions in which people live, work, and socialize. These strategies call for changes in policies—to reduce risk factors and

increase protective factors—for example, tighter zoning restrictions on alcohol outlets or stronger enforcement to prevent underage purchases of alcohol and tobacco products (see *Focus On Risk and Protection* on page 8). As these changes are carried out at the community level, they can have a sweeping impact.

- **Community-based processes** expand resources such as community coalitions to prevent substance use and abuse. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention and treatment services.
- **Identification of problems and referral to services** determine when the behavior of persons who are at high risk or who may have started using alcohol, tobacco, or drugs can be reversed through education or other intensive interventions (see *Focus On Prevention Theory* on page 12 on the subject of matching prevention activities with risk levels).

Do Prevention Right: Tips for Success

Whatever prevention strategy you select, a few practical suggestions can help put it to work:

- Engage partners—allied organizations, particularly those with large memberships of the target audience, can fill gaps and strengthen weak areas of your strategy (see *Focus On Community Partners* on page 10).
- Gain support for your strategy—launch prevention activities in stages and provide training and support to those who will carry them out.
- Maximize participation of target audiences—offer incentives such as prizes, fun, and food (see *Focus On Issues and Audiences* on page 6).
- Reduce barriers by offering transportation, convenient times, and a friendly climate.
- Keep control of all parts of your strategy—look for ways to motivate the people who carry out a strategy. Monitor activities conducted by partners.

Combining prevention strategies usually improves results.

Combining prevention strategies usually improves results. For example, enforcing the legal age required to purchase alcohol and tobacco products while providing positive activities can both be reinforced by school-based drug education. That combination can do a better job of preventing substance use than any of these strategies alone.

Culture—both consciously and subconsciously—affects how people interact with each other and their surroundings.

Likewise, prevention that blends life skills training with mentoring and with activities to increase parent involvement can be more effective for youths at high risk for using alcohol and illegal drugs than only life skills training.

* The Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (see *Focus On Planning*) breaks environmental strategies into two categories—policy and enforcement.

- Give strong doses—intensive activities improve results.
- Deliver prevention activities fully—be sure that all prevention activities are delivered when and as intended.
- Try different versions of a strategy—for example, add booster sessions or media messages and use people from different backgrounds to deliver prevention activities.
- Use long-term approaches—prevention activities are more likely to have an impact if they are reinforced or extended beyond a single event or brief campaign.
- Maintain support—provide frequent feedback about progress and delivery issues. Attend promptly to obstacles and resource needs.
- Be flexible—consider tuning your strategy by adding or dropping activities, shifting emphasis, or increasing prevention doses. Such moves should be guided by careful evaluation (see *Focus On Evaluation* on page 18).

Use What Works: A Word About Evidence-Based Prevention

Substance abuse issues are too serious and resources are too valuable to take a chance on unproven prevention strategies. To get it right the first time, choose a prevention strategy that has been shown—through solid research—to produce results like the ones you want to achieve. Look for strategies that have succeeded in situations like the one you want to address.

Evidence-based, sometimes called science-based, strategies connect a guiding theory to prevention activities that work. To apply these strategies properly, match them with local needs and target audiences, set aims that are clear and specific, and carry out the strategies fully. Even a proven strategy calls for careful evaluation to see how well it worked in your community and what adjustments might be needed.

SAMHSA/CSAP, among others, has made a science-to-services process a priority for its funding activities. The agency supports activities to help communities select and implement effective prevention programs.

Some strategies that are backed by strong evidence may not be realistic in your community. Local needs, interests, resources, and abilities all have a role in choosing a course of action.

Choose Strategies That Fit: A Word About Cultural Competence

Everyone has alliances to culture—sometimes to more than one culture. Culture includes the values, customs, history, art, and institutions—such as legal systems, business, government, and religion—of a group of people. Culture—both consciously and subconsciously—affects how people interact with each other and their surroundings. Culture also affects how people think, feel, and act with regard to alcohol, tobacco, and drug use. As a result, substance abuse prevention strategies should align with current values and standards. This means that effective programs will appreciate and respect all cultures and:

- Accept culture as a leading force in shaping behaviors, values, and institutions.
- Recognize and accept that cultural differences exist and affect delivery of services.
- Accept that diversity within cultures is as important as diversity between cultures.
- Respect the unique, culturally defined needs of various populations.
- Recognize that concepts such as “family” and “community” are different among cultures and even for groups within cultures.
- Understand that people from different racial and ethnic groups and groups within cultures are served best by persons who are part of or in tune with their culture.
- Recognize that valuing and drawing on the strengths of each culture makes everyone stronger.

Evaluation provides vital information about whether a prevention strategy works, what should be done next, and how to incorporate it in future planning.

When you are getting a substance abuse prevention strategy up and running, evaluation is more than just a luxury. By taking a hard look at your prevention strategy, you can make better decisions about what to do next and how to do it better.

There is no single correct approach to evaluation issues. Any evaluation must be tailored to local conditions.

A central purpose of evaluation is to find out how well a strategy works. Coming to an unbiased conclusion requires measuring results and comparing them against some standard of success. Even complex evaluation can be done with the resources available to most prevention coalitions.

Why Should You Evaluate a Prevention Strategy?

Examining your prevention strategy's activities and effects can guide decisions about its future:

- Continuing or expanding the strategy.
- Making changes to get better results or to make better use of resources.
- Earning the support of partners and funding organizations.

What Types of Evaluation Can Be Done?

Depending on the purpose of your evaluation, consider two basic types:

- A **process evaluation** looks at how and why a program works or does not work. It may be used during prevention activities to track progress and to see how activities are being carried out. Finding glitches can explain poor results and help fine-tune an otherwise sound approach.

Even complex evaluation can be done with the resources available to most prevention coalitions.

- **Outcome evaluation** looks at end results. Outcome evaluations can be done at specified milestones and may be used to decide whether an activity should be dropped. However, results that fall short of stated objectives often serve as a roadmap for making improvements. Looking at outcomes gone wrong can focus your attention on different parts of the process.

What Should Be Measured?

The information you collect should reflect the three A's—aims, audience, and activities that describe your substance abuse prevention strategy:

- In a **process evaluation**—stressing description and explanation—items commonly include recruitment procedures and success rate; number of participants; and personal characteristics such as age, gender, race/ethnicity, and risk for substance abuse.

Additional information to collect includes the level of participation or attendance; type of service, curriculum, or activity delivered; and feedback from both program participants and those who dropped out. This information can tell you whether prevention activities were conducted as expected and whether they were right for the target audience.

- In an **outcome evaluation**—looking at results—you may collect data on participants' knowledge, attitudes, beliefs, and behaviors with respect to the substance abuse issue you are addressing. The specific information you collect will depend on the objectives of your strategy and your ability to collect information. Information

Share as You Learn

- Communicate throughout the evaluation process—include the evaluation team in planning meetings and keep sponsors and key personnel informed of progress.
- Develop a 30-second “elevator” message that you can deliver briefly in an informal setting—once you spark interest, you can elaborate.
- Know your evaluation audiences—find out what they need to know and why.
- Make reports interesting—use colors,

about participants typically is collected by using questionnaires, interviews, or focus groups.

You also may be able to get information on behaviors in a target audience from school, police, or other routine reports. In strategies aimed at the environment for substance abuse, outcomes may involve changes such as new policies and reductions in alcohol or tobacco ads or availability.

How Can You Tell Whether the Prevention Strategy Made a Difference?

Collecting information on results is not enough. To reach conclusions, you must answer the question “Compared to what?”

Generally, you can compare two elements: time and exposure to prevention activities. The most basic time comparison—before and after—can be expanded to track conditions across several time points.

A simple comparison based on exposure would look at differences in outcomes between audience members who participated in prevention activities and those who did not. More detailed comparisons can look at how heavily participants were involved in prevention activities or the specific activities they experienced—such as different messages or curricula.

Time and exposure comparisons can be combined—for example, collecting relevant facts about participants and non-participants both before and after activities are conducted. Any of these comparisons can be expanded to look for differences between settings or subgroups.

graphics, and language that match the style of the audience.

- Use different ways of communicating—employ verbal presentations, meetings, interviews, flyers, press releases, emails, and videos to highlight findings and engage audiences.
- Keep it short—many listeners will not digest more than a few major points, so give audiences the information they need without overwhelming them.

Starting Points

There is no single correct approach to evaluation issues. Any evaluation must be tailored to local conditions, but a few reminders can ensure good planning:

Get Help

Consult with university and college faculty members with expertise in evaluation methods. Faculty in social science disciplines often have an interest in community activities that are related to their academic work.

Clarify Expectations

One size does not fit all. Top decisionmakers, program directors, staff members, outside funders, and community members may have different interests in an evaluation. Be prepared to set priorities.

Involve Participants, Staff, and Community Partners

Stakeholders can provide feedback about whether evaluation methods are appropriate and realistic. Partner organizations may have a special interest in certain evaluation issues, and program staff may be able to tell you whether certain questions make sense and whether there is an easier way to obtain the information. Involving them can increase their cooperation in evaluation activities and enhance the whole effort.

Consider a Variety of Methods and Measures

Make sure that the evaluation reflects your prevention activities and the information can be collected. Programs are not always conducted as planned due to resistance, unclear directions, or lack of time.

Use Process Evaluations With Care

Project staff may want to use the information gathered to correct problems as a prevention strategy unfolds. By changing what is being done, midcourse corrections can muddle the results of an outcome evaluation.

Consider Cost

Planning an evaluation involves tradeoffs between costs and benefits. Identify the most important evaluation questions and look for efficient methods such as sampling, focus groups, and review of existing records.



Social Marketing

Social marketing uses successful commercial marketing methods to promote public health or other social goals.

Just as businesses sell products and services, substance abuse prevention and other public health strategies sell behavior. Using social marketing, you may try to get your target audience to adopt, reject, adjust, or give up actions related to alcohol, tobacco, or illicit drugs.

The price people pay for substance abuse prevention benefits includes more than money.

To achieve your goals, you can aim social marketing efforts at building knowledge (inhalants *can* kill), beliefs (smoking is *not* attractive), and norms (most kids are *not* smoking marijuana) that may influence decisions about using harmful substances.

How Is Social Marketing Different From Commercial Advertising?

Social marketing is more than just advertising—key elements are known as the “four P’s”:

- **Product**—Create an inviting benefit, typically an idea such as feeling better, avoiding embarrassment, or reaching goals, that can be gained from an action (e.g., adults using alcohol responsibly). Your audience must be interested in what you are selling, so test social marketing products and tools, such as flyers, public service announcements, or special events, before you run with them.
- **Price**—Minimize what the audience must give up to get the benefits you are offering. The price people pay for substance abuse prevention benefits

To achieve these goals, you can aim social marketing efforts at building knowledge (inhalants can kill), beliefs (smoking is not attractive), and norms (most kids are not smoking marijuana) that may influence decisions about using harmful substances.

includes more than money—costs may involve physical discomfort, time, and inconvenience. Test what price members of your audience will accept and what incentive you must offer before they will pay.

- **Placement**—Make your product available in places that reach the audience in everyday life and fit your audience members’ lifestyles. Present your product at public events and places such as parks, fairs, games, workplaces, libraries, and retail locations that are not related to substance abuse prevention or other health issues.
- **Promotion**—Meet the audience’s needs. For social marketing to work, the benefits of a behavior and incentives for embracing it must support the values your target audience holds or reinforce a positive self-image. This may mean stressing personal or social benefits such as appearance, physical performance, approval, and success that are not related directly to health.

When Does Social Marketing Work Best?

Some audiences get what you are saying, but won’t act unless you make them an offer they can’t resist. This is where the four P’s are vital to success. For audiences who are open to prevention appeals, and for those who resist them, an “E” may work better:

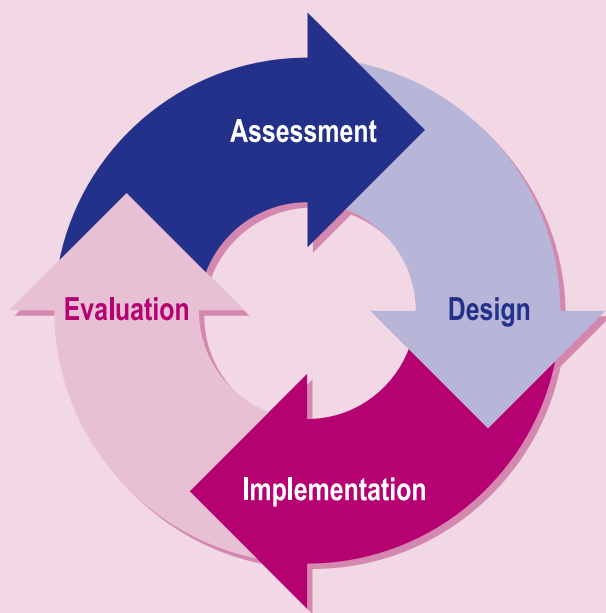
Education

For those who understand why they should change and find it easy to do, alerting them to a substance abuse issue and telling them how to do something about it will be enough.

Enforcement

For audiences that resist information and do not respond to coaxing, adding new laws and policies or enforcing existing ones more strictly may be the only way to get results. Stiffer penalties, higher taxes, fewer outlets, and shorter hours of sale are some ways to push people to change their behavior.

Strategic Planning



Another “P”—politics—is especially important for coalition members. Whether recruiting partners or asking for contributions, balance all of the segments needed in a successful community effort (see *Focus On Community Partners* on page 10). Recognize everyone and make sure no one feels slighted.

How Is Social Marketing Different From Commercial Marketing?

While social marketing uses the same methods as commercial marketing, there are key differences:

- Commercial marketing is concerned mainly with concrete products and services while social marketing focuses on ideas and behaviors: talk with your kids, make good choices, take control.
- While commercial marketing usually promises rewards such as enjoyment, style, and convenience, social marketing may call for caution and sacrifice: don’t let this happen to you, say no, quit smoking.
- Commercial marketing competes mainly with other companies to provide what the audience wants or to enhance what it already has: faster, cleaner, easier, stronger, sexier, longer lasting, and more fun. Social marketing, on the other hand, often does not go with the flow. By encouraging change, it competes mainly with the audience’s own beliefs and behaviors.

Starting Points

The following features of social marketing can help you with your substance abuse prevention strategy.

Specify the Audience

A key facet of social marketing is that it should be directed to a well-defined target audience. In the language of marketing, a target audience should be “segmented,” or divided into groups with similar characteristics. These include location, age, race, ethnicity, values, lifestyle, and conditions related to the substance abuse problem you are addressing. With this information, you can develop media strategies and other ways to reach each segment effectively. If your prevention strategy is aimed at changing policy, the target audience can be the general public or government and business leaders. For more on this topic, see *Focus On Issues and Audiences* on page 6.

Be Consumer Oriented

Social marketing is more than a hard sell. Rather than simply pushing products on customers, social marketers must attend to real needs and meet audience members on their own terms. This means responding to their interests and getting in step with the way they make choices. Consumer input is vital to developing products that work and should be sought as your prevention effort unfolds to ensure that the strategy is right. See *Focus On Community Needs* on page 4 for more insight on putting your finger on the community’s pulse.

Select Channels

Social marketing campaigns often use mass media such as radio, television, and newspapers to get the word out to audiences. However, any person or group that can reach members of an audience can be a channel for your efforts. Schools, doctor’s offices, recreation centers, stores, and electric bill mailings are a few of the places where social marketing can be carried out.

Persons and groups who are known and trusted by the audience are excellent channels for delivering information. Use more than one channel to reach as many people as possible and to deliver information in different ways.

Decide How Much Is Enough

A common question, especially when using mass media to market a prevention strategy, is “How much does it take for people to pay attention to what you are saying?” Well, it depends on factors such as your target audience, your specific aims, how complex and entertaining your message is, and the competing information. Generally, more is better—repetition helps people notice messages, respond to them, and learn from them. Putting out information in high-frequency bursts works better than using the same number of ads over a longer period. Deciding how much information to put out will rest on your instincts, input you get, channels available to you, and, in the end, cost.

Messages and materials are the tools we use to connect substance abuse prevention strategies with their audiences.

Messages include not only the point you want to make but also how the information is expressed. Substance abuse prevention messages must be based accurately on scientific evidence. Yet even the best information may fall short of your aims unless people understand and see it as new, interesting, acceptable, and in line with what they already know. Audience members may not believe a message unless it comes from a person or group they trust.

Messages include not only the point you want to make but also how the information is expressed.

Answering a few basic questions can help you choose the right messages and the best way to deliver them in your prevention effort:

What Do You Want To Say?

A careful assessment of needs (see *Focus On Community Needs* on page 4) will focus your attention on a particular substance, the groups of people who are abusing it, and the risk and protective factors that make them more or less likely to do so (see *Focus On Risk and Protection* on page 8).

Whom Are You Addressing?

Prevention messages can address directly those who are using harmful substances, or they can target other people such as parents, friends, and concerned community members who can do something about it.

Will Your Message Be Simple or Complex?

Brief prevention messages can serve several purposes: provide direction (drink responsibly), pose a question (do you know where your child is?),

Audience members may not believe a message unless it comes from a person or group they trust.

Don't Take Anything for Granted: Test and Evaluate

Even after you have researched your topic and your audience, your idea of a moving message or a slick publication may not go over well with your audience.

Test Your Materials

Before you invest in the full development of a substance abuse prevention communications product, make sure you're on the right track. Use focus groups or informal methods to get reactions from audience members and others with special insight regarding your ideas or drafts of your product.

Look at Results

Once you've put a product out there, don't forget about evaluation. With a bit of organization, you can track distribution, get feedback from the audience, and see what changes have occurred. For more difficult evaluation activities, don't give up—get help. Look for technical assistance resources or pull in an expert consultant (see *Focus On Evaluation* on page 18).

show a situation (kids smoking marijuana), depict a consequence of risky behavior (pregnancy, vehicle crash, or arrest), or provide referrals (to learn more, call this number). Yet, your strategy may call for something more involved, such as providing detailed information (the effects of a drug) or teaching a skill (refusing harmful substances).

How Will Your Message Reach Your Audience?

When you think of prevention messages, you may picture mass media approaches such as posters all over town or public service announcements (PSAs) on radio and television. While such methods are great for reaching a wide audience and for reinforcing the message by repeating it and keeping it out there, they may require technical ability and high costs for development and distribution.

Targeted media approaches such as reaching parents through a school newsletter or mailing flyers to community residents may require smaller investments in design and arrangements.

Starting Points

To communicate effectively about substance abuse prevention topics, your message and materials should be:

Accessible—bring products to the audience (public events, handouts, and PSAs) or make it easy for them to seek information (convenient times and locations, toll-free numbers, and Web sites). Employ more than one method—use each product to call attention to other outlets and materials.

Easy to use—accommodate your audience. Match print materials to the reading level of your audience. Use different media—print, audio, and visual—to reinforce your message and appeal to a range of preferences for receiving information. Use different tools—words as well as pictures—to address varied learning styles and literacy levels. Recognize your audience’s diversity by providing information in different languages.

Engaging—grab your audience’s attention:

- Use images, colors, and sounds to make your information lively.
- Provide human interest—create characters and tell a story.
- Stir up emotions—use messages and visual elements that suggest parental concern, teen life, or compelling images of risk.
- Personalize your information—use interactive devices such as pointed questions, quizzes, and self-ratings to pull consumers into the message.
- Set a positive tone—balance warnings with solutions; don’t be preachy or judgmental.
- Look for ways to carefully put a little fun into your message—a bit of irony or a novelty item can go a long way toward pulling your audience in and relieving a sense of dread or distaste.

Practical—tell audience members how to address a problem, get more information, or seek assistance. Offer solutions that are specific and realistic. To ensure value, be sure you’re right—check your facts and make sure your communications reflect accepted theories and proven techniques for changing people’s knowledge, attitudes, and behaviors (see *Focus On Prevention Theory* on page 12).

Simple—a clean, uncluttered appearance suggests ease of use and a no-nonsense approach. Use color and graphics to accent and diversify materials, but be careful not to overdo it. Set limits. Stick to your main points and don’t get bogged down in details—most users don’t need or want them.

Unified—your prevention materials must convey a single identity and a constant message. Within products, plan your format—be systematic about spacing and alignment of text, the relative importance of headings, and use of symbols. Across products, use consistent style elements such as logos, colors, and fonts to identify your organization or a particular activity. Make sure that different products do not present conflicting information and that all presenters share your group’s values and deliver messages correctly.

Personal communication lets you go into more detail, decide when and where to deliver messages, use different presenters, adjust to the personal style of receivers, and answer questions. Teachers, counselors, health workers, coaches, police officers, and respected community members are some of the people who can deliver prevention messages.

What Materials Should You Use?

The materials you use should reflect the type of message you want to deliver; the size, age, education, and lifestyle of the audience; your ability and creativity; the help you can get; and your budget. Also consider the length of your prevention effort. For example, a long-running campaign may warrant a large investment in design and distribution, while a weeklong Red Ribbon observance may call for materials that can be produced and distributed at a modest cost.

The best information may fall short of your aims unless people understand and see it as new, interesting, acceptable, and in line with what they already know.

Possible materials include print items such as flyers, brochures, and posters; Web-based information; novelty items bearing a logo or message; print, sound, or video PSAs; class curricula; press releases; and talking points.

Communication through mass media is a powerful tool for reaching substance abuse prevention audiences and achieving prevention goals. Traditional media channels include television, radio, newspapers, magazines, movies, and music. “Web 2.0” describes the changing trends in the use of the Internet that aim to enhance creativity, communications, collaboration, and functionality among users. Web 2.0 applications allow users to do more than just retrieve information; they emphasize interconnectivity and interactivity. The goal is not to replace proven traditional marketing strategies but to complement and create 24/7 contextual awareness, making it easier for your audience to find and interact with your prevention program.

Along with traditional print and broadcast channels, emerging social media and networking tools such as podcasts, blogs, and popular Web sites like Facebook and YouTube not only entertain us, but they help shape our views and values. You can use these media channels as a strategy to address the prevention of substance use problems.

How Can Media and Social Media Fit Into a Prevention Strategy?

Leveraging media and social media outlets can serve several purposes:

- Building support for prevention activities—for example, calling attention to binge drinking among young people through PSAs, announcing a new mentoring or life skills training program via podcast, or reporting the gains made by existing prevention activities with up-to-the-minute updates on Twitter.
- Delivering prevention messages to target audiences—for example, PSAs aimed at reducing the use of inhalants (see *Focus On Connecting With Your Audience* on page 22) or blogs among prevention partners to exchange practical tips, lessons learned, and challenges in outreach.
- Generating public support for policies and laws related to substance abuse—for example, restrictions on the advertising, price, and sale of alcohol and tobacco through newspapers or billboards.

Combining media activities with other prevention efforts can help change knowledge, attitudes, and beliefs regarding substance abuse.

How Can the Media Landscape Work for You?

To include media in your prevention strategy, you have two choices: earn coverage or pay for it.

Earning coverage means attracting the attention of media outlets such as newspapers, radio, and TV stations. To earn coverage, you have to invest time and effort. Developing relationships with the media can help. Publicizing events, issuing press releases, and even visiting media outlets are important steps. Still, to make the media your partners, you need to provide benefits first and look for results later. This can mean drafting stories, sending information packets, and offering tips on how to use statistics and study results in news stories.

Paying for coverage—buying radio or TV air time, ad space in a newspaper, or billboard space—gives you control of when or where people get your message. Remember, PSAs typically cannot be scheduled. To be sure your group’s money is well-spent, develop your message carefully and find out which media—such as radio stations that appeal to teens, adults, or certain ethnic groups—attract your target audiences.

Reaching Out to the Media

Know the Media in Your Area

Learn who writes the columns in the local newspapers, which radio hosts discuss local issues, what parents and kids read, who has covered the issue before, and which media personalities have a personal connection to drug or alcohol abuse.

Call Media Representatives Until You Reach Them Directly

Leave only one message—ask when the person is usually in and call at that time. Then what? Just keep calling and calling? Find out if a media representative accepts email and contact him or her that way as well.

Arrange Coverage for Weekend Events

Radio and TV media typically have different people working on weekends. If your event is on a weekend, try to interest weekend media staff members in covering it. Get their names and phone numbers ahead of time. Be ready to call or fax information early on Saturday.

For a more detailed look at planning a media

Social networking sites are free and a great way to promote prevention messages through “ambassadors, advocates, and champions” who can help spread the word for you and measure results. Social networking allows one-to-one communication. Unlike broadcast/mass media, social media connects personally with each and every user. Users are collecting information based on what they want, which means a deeper engagement with the message via interactivity.

What Results Can You Expect From Using Media and Social Media?

Media and social networking activities can strengthen your prevention strategy and make people more aware of its aims, activities, messages, and results.

Combining media outreach activities with other prevention efforts can help change knowledge, attitudes, and beliefs regarding substance use (see *Focus On Social Marketing* on page 20). A successful marketing strategy under the new media model leverages a variety of tools and an interactive, collaborative approach which will help to reach your target audiences and achieve your objectives.

Always Provide Contact Information

Use your letterhead and include email addresses and fax numbers at the top of all media materials. Use the name of the person making the phone calls. Provide a “day of” number for reaching the contact person at an event via cell phone. (If necessary, borrow a cell phone just for that day.)

Follow Through and Don't Give Up Easily

Call before and after you send material. If one media contact is not interested, try someone else at that outlet. Some news works better for one show or news column than another. Do not expect one reporter or department to pass your message to another.

Time Your Contacts

Mail and call ahead of time and fax or email a reminder with any updates about 2 days before an event. This is important; sometimes a squeaky wheel gets the oil.

Know When To Quit

Diligence can pay off, but there is a fine line between being persistent and being a pest.

event, see the Event Timeline on page 29.

Starting Points

Leveraging Social Media in Today's World

Understand the Media Landscape

- Investigate the markets in which you want to promote your prevention messages. Know the local, State, and national print, broadcast, and Web channels that align with your program objectives. Identify prevention partner networks as well to capitalize on Web marketing and outreach activities through banner and linking strategies.
- Become a Web 2.0 user. Visit popular social networking sites such as Facebook, MySpace, YouTube, Twitter, and LinkedIn to see what they are all about. An increasing number of Web users are paying more attention to socially conscious information. This is a great opportunity to reach out to specific audiences using technology, where feasible.

Make Prevention Relevant

- Identify what your prevention program stands for and what you are communicating. Connect national statistics with local stories. For example, look at data from SAMHSA's National Survey on Drug Use and Health and provide information to media covering local problems such as DUI/DWI arrest rates, hospital admissions, and school counselor referrals (see *Focus On Community Needs* on page 4). These local tidbits can be sent out through local media's social networking sites, thereby broadening the reach.
- Point out links between substance abuse and other community problems such as mental health problems, homelessness, vandalism, teen pregnancy, school dropouts, unemployment, and domestic violence (see *Focus On Risk and Protection* on page 8). Widgets, wikis, and RSS feeds are just a few of the tools that can be used to promote this information to persons in need.

Know Your Audience

- Pinpoint geographic, demographic, lifestyle, interests, and keywords that resonate with your target audiences. Hot topics for key audiences will increase public engagement and participation.

Engage Users and Promote Prevention!

- Identify schools, faith groups, businesses, or other groups in your community that take part in Red Ribbon Week or other prevention events. They can provide inspiring interviews and engaging visuals for podcasts or online chats.
- Obtain quotes, background information, and “sound bites” from school personnel, law enforcement, physicians, hospitals, and faith leaders about drug and alcohol problems and effective prevention activities in your area. Providing quotes and compelling information from several sources can be “tweeted” or uploaded to sites for timely alerts.
- Arrange media interviews with a local, State, or national prevention spokesperson and make it available for uploading to the Web on sites like YouTube or Facebook.
- Ask people to “follow you” on your social media pages and promote offline events such as conferences, recruiting fairs, and community prevention days.

Stay Sharp. Innovate. Lead!



**Make A
Difference**



**Take
Action**



**Reach
Out**



**Red
Ribbon**



**Your
Community**



Event Timeline



Event Timeline

One of the first steps in having a successful news conference is to develop a detailed timeline of tasks. The timeline will help you stay on track and ensure that nothing falls through the cracks. Use the following sample timeline as a model for your upcoming event. Not every listed task is necessary for every event. Your timeline may be shortened substantially depending on your event's size and purpose.

Organizations/coalitions you work with may want to add activities to your timeline, so it is important to get their input from the beginning. The following sample is for a news conference announcing new statistics for underage drinking. This timeline is limited in scope; far more possibilities exist in your community.

Task	Example	90 Days Prior
<p>Start by looking at outreach options; decide on the topic; and define goals, objectives, and audience. Check whether there are other existing activities for raising awareness about underage drinking.</p> <p>Explore possible partnerships.</p>	<p>Use the newest alcohol statistics to inform parents and leaders of youth activities regarding the extent of underage drinking.</p> <ul style="list-style-type: none"> • Topic: Prevent underage drinking. • Goal: Raise awareness about the impact of underage drinking. • Audience: Who is the message for? Opinion leaders, policymakers, parents, general public, teenagers, health care providers, media? 	
<p>Start a preliminary budget.</p>		
<p>Discuss various evaluation strategies.</p>	<p>See <i>Focus On Evaluation</i> on page 18.</p>	
<p>Determine what is newsworthy. Is what you are announcing controversial or compelling?</p>	<p>In this example, new statistics for underage drinking will be announced, such as:</p> <ul style="list-style-type: none"> • In 2008, about 10.1 million persons aged 12 to 20 (26.4 percent of this age group) reported drinking alcohol in the past month. (SAMHSA 2008 National Survey on Drug Use and Health (NSDUH)) • Rates of current, binge, and heavy alcohol use among underage persons declined between 2002 and 2008. Current use dropped from 28.8 to 26.4 percent; binge use declined from 19.3 to 17.4 percent; and heavy use declined from 6.2 to 5.5 percent. (SAMHSA 2008 NSDUH) 	

90 Days Prior

Task	Example
<p>Invite other organizations to join the coalition, form event committees, and plan for future coalition meetings.</p> <p>Make sure all organizations that are concerned with youth issues or deal directly with children are involved—such as education, faith communities, law enforcement, social services, parents, youth, health, mental health, substance abuse services, vocational services, and recreation.</p>	<p>Determine whether this is a united community-wide news event. Keep in mind that this topic concerns many people, but most of the major decisionmakers don't have time to work on committees. One solution is to invite major decisionmakers to form a board of advisors (or expert panel) for the event. They could meet a couple of times before the event and, again, after the event to celebrate the results.</p> <p>Invite chief executive officers, executive directors, presidents, or other leaders representing the Governor's/ mayor's office; regional HHS office; school board; juvenile court; media producers from major print, radio, and TV outlets; local celebrities; Parent-Teacher Associations; both adult leaders and participants of youth group organizations (sports, scouts, other special interests; high school student council and other school groups; junior league); Elks and other service organizations; faith communities; health and mental health groups; businesses with mentoring programs; university statistician; and so on.</p> <p>Each person on the board would appoint at least one "worker bee" for the event council—along with coalition members—to plan, organize, and conduct the event. This council could meet monthly, but the individual planning committees would meet and work between the monthly meetings.</p> <p>Using this model, major decisionmakers are involved and invested. In the invitation letters, specify how much time will be involved for board members and for the event council.</p>
<p>"Think visually" to showcase your program or coalition, and decide on the type of event to best highlight underage drinking, such as:</p> <ul style="list-style-type: none"> • A more formal news conference (talking heads) with invited media. • A special event with some type of activity that attracts media (activities would be suspended during the media conference with events before and after). • A media conference to highlight other activities before or after the actual conference and to provide photo opportunities. 	<p>The tasks in this timeline focus on a news conference.</p> <p>An anti-drinking rally at a middle school, final competition of youth group skits to prevent underage drinking and driving, or carnival-style games prepared by high school students being used to educate grade school kids.</p> <p>Youth doing community volunteer activities, a business with a successful mentoring program, or a youth group's after-school activities.</p>
<p>Identify event committee chairpersons.</p> <p>Each committee will develop its own tasks and timeline.</p>	<p>Examples of committees include program, speakers, and participants; logistics and equipment; budget; invitations; media and photo opportunities; and publications.</p>

Task	Example
<p>Make decisions on:</p> <ul style="list-style-type: none"> • Type of event. • Message points—five or six statements that encompass the most important facts and are agreed upon by coalition members. • Agenda with the amount of time allotted to each speaker. • Possible speakers—narrow the list down to four to five for a news conference. • Time for a question-and-answer session (Q & A). • One-on-one interviews with a reporter and one of the speakers, or a coalition leader, after the main event. • Other special invitees. • Location. • Audience—see <i>Focus On Issues and Audiences</i>, page 6. • Types of evaluation and data to document ongoing progress and final outcomes—see <i>Focus On Evaluation</i>, page 18. 	<p>A message point could be some variation of: “Increasing protective factors and reducing risk factors help prevent underage drinking” or “As youths’ understanding about the harm associated with alcohol increases, the number of youth drinking decreases.”</p> <p>Consider inviting the Governor, school board president or principal, an expert on alcohol, a young person who used to drink but has become a respected peer counselor, a local sports celebrity, the State traffic safety commissioner, a judge, or an adult with stories about what positive activities can do—consider “one and all” who might be a good draw or have the expertise or “clout” to attract and influence the target audience.</p> <p>Have coalition members prepare to answer questions that are outside of the speakers’ areas of expertise.</p> <p>Ideas include:</p> <ul style="list-style-type: none"> • A school auditorium • A traffic or family court room • A hotel that participates in public service. <p>The target audience is parents—who can talk with their children about using alcohol.</p>
<p>Get approval from all participating organizations’ boards of directors, administrators, and others, as needed.</p>	
<p>Find out the best time of day for media folks to attend and meet local TV and newspaper deadlines.</p>	<p>You may choose to involve a mix of media personalities leading up to the event (be careful because if only one or two stations are singled out at the beginning, other stations may consider your event “hands off”).</p>

90 Days Prior

Task	Example
<p>Think of how to engage media personalities— if they are involved, they are more likely to talk about it on air, which increases your media outreach.</p>	<p>If targeting teens, consider using DJs from several stations in your event. If targeting families, consider including pertinent data and stats in a breakfast basket tied with red ribbons and present them to morning radio talk show hosts (the morning drive reaches lots of listeners).</p>
<p>Select event location and reserve room(s), get map or directions, and find out what information is needed to post your activity on the activity board or marquee (if a school, hotel, or convention center is chosen).</p>	<p>Find out:</p> <ul style="list-style-type: none"> • Is the room soundproof? • Who controls the lights and thermostat? • Are handicap facilities available? • Where is the waiting room for speakers to gather before the event? • Is the sign-in area an ante-room or a wide hall with sufficient space to keep traffic moving as media and guests arrive? • Is there an area to serve refreshments with enough waste baskets? • Is there a sufficient number of restrooms? • Where will people put coats if the weather is rainy or cold? • Is the parking for media, participants, and others close?
<p>Select speakers and send confirmation letters.</p>	
<p>Start logistic planning. Consider—</p> <ul style="list-style-type: none"> • Backdrop for the name and logo of the coalition or lead organization. • Risers for TV camera crews. • Visible and accessible area for resource table(s). • Good reception for cell phones. • Microphones for the podium and audience. • A multiple electrical hookup box (“mult box”) for media. • Sufficient chairs. • Audiovisual equipment. • Space for one-on-one media interviews with speakers or coalition heads after the main event is over. 	<p>Find out where and how to attach banners and posters to reinforce your messages.</p> <p>Other coalition members can help answer questions if they are seated near a microphone.</p> <p>Will there be slides or a PowerPoint presentation?</p>

Task	Example
<p>Start collecting national data at http://www.oas.samhsa.gov. This SAMHSA Web site has some stats broken down by State and age.</p> <p>Other stats are available from the CDC Youth Risk Behavior Surveillance System at http://www.epidcc.samhsa.gov/default.asp.</p> <p>Pull together local statistics and other data from your needs assessment, your State or county statistics department, university research, local law enforcement, or other agency that collects stats.</p>	<p>The Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services, is responsible for improving the accountability, capacity, and effectiveness of the Nation’s substance abuse prevention, addictions, treatment, and mental health services delivery system.</p> <p>Talk with a statistics professor to get help interpreting stats from SAMHSA’s State Epidemiological Data System (SEDS) at http://www.epidcc.samhsa.gov/default.asp.</p> <p>Most school districts will not allow a student questionnaire without getting parental permission for every student.</p>
<p>Write proclamations to submit to the Governor and county executive to sign.</p>	<p>Get a variety of previous proclamations to learn style and formatting.</p>
<p>Decide whether funding or other types of sponsorship will be solicited from non-participating organizations.</p>	<p>For example, a roller rink (kid’s activity); the Elks (with a youth behavior program); a local restaurant (where kids hang out); a local business with an active mentoring program for kids; the print shop at a vocational school; or a TV station with a youth agenda for their May sweeps could be invited to donate money or in-kind services.</p> <p>Businesses—represented on social service agencies’ boards, faith councils, or the junior league or involved with one of the participating organizations—may provide funding or have suggestions. If a hotel is donating the room, it would be listed as a contributor.</p>
<p>Invite speakers. Usually four to five including both genders, various ethnicities, and a mix of coalition organizations.</p> <ul style="list-style-type: none"> • Send confirmation letters to speakers and participants. • Keep in mind any back-up speakers, in case a last-minute replacement is needed. <p>Remember to:</p> <ul style="list-style-type: none"> • Get biographies. • Organize the key points and divide them among the speakers. 	<p>Think big. Remember “they” can’t say “yes” unless they’ve been asked, and lots of “high power” people will be in favor of preventing underage drinking.</p> <p>In this timeline, “speakers” refer to people speaking at the event; “participants” refer to people who will be introduced from the podium or who are involved in auxiliary activities before and after the actual news conference.</p> <p>Include recognition of young people who do not drink.</p>

	Task	Example
90 Days Prior	<ul style="list-style-type: none"> Consider having someone from the community who has been affected by underage drinking—either a teenager or parent—share their experience. Invite your list of special invitees (dignitaries and heads of organizations in the coalition). 	<p>Work with the community speaker to prepare him/her for public speaking and to be aware of what he/she will be saying.</p> <p>Select people can be introduced from the podium, and everyone’s written statements can be collated and included in the kits or put on the sign-in tables.</p>
60 Days Prior	<p>Discuss ideas for the media materials to pitch to each media format.</p>	<p>Materials will be different for:</p> <ul style="list-style-type: none"> General news coverage (print and broadcast). Radio or TV editorials. Radio or TV talk shows. Newspaper columnists. Letters to the editor.
	<p>Itemize the importance and benefits of the event and your messages for the community, audience, and the media—this can help when pitching media.</p> <p>If you are pitching a TV talk show or town hall, specify expectations for your organization or coalition and the expectations for the media organizations.</p> <p>If a particular station has given your coalition greater coverage than other stations in the past, you may decide to single it out and “pitch” a partnership.</p> <p>For a community event, the coalition may decide to work with a major media organization using the rationale that better coverage on that station will have a greater effect than spotty coverage by several stations. Approach that station for “exclusive coverage” of the event.</p>	<p>Your coalition goals and objectives will be part of your “benefit” document.</p> <p>For example, the coalition could have the expectation to provide “experts” for a panel, provide back-up experts/professionals to participate from the audience, promote the station in coalition materials, and provide handouts for people in the studio audience.</p> <p>Prepare a written document that addresses why you chose that station—possibly their history of public service; include sections itemizing expectations for the board of advisors, event council, and coalition; expectations for the station; and benefits to the station.</p> <p>Expectations for the station could include promoting the event on air, assuming costs of equipment rental, distributing admission tickets, deciding whether taping the event for future TV programming is beneficial, selecting station representatives to serve on both the steering and planning committees, offering recommendations for the event, or providing a well-known station representative to participate in the event or to act as moderator.</p> <p>A list of benefits to the station might include:</p> <ul style="list-style-type: none"> A role in naming the event. First choice of programming with experts and dignitaries (who have agreed to represent the coalition). First choice in cosponsoring other community projects. Coalition publications to distribute with the station’s relevant programming.

Task	Example
<p>Emphasize that this partnership would be for this event only; however, you would appreciate “normal news coverage of future coalition activities.” (They may not want to commit to other special coverage.)</p>	<ul style="list-style-type: none"> • The opportunity to work with coalition members representing several disciplines. • Visibility as a vital media resource committed to reducing the alarming numbers of underage drinking. <p>Thank them for any coverage they already have given and be specific, such as praising them for an excellent radio news report discussing the information released at a previous news conference or a radio/television editorial on the need for community-wide prevention activities for young people.</p>
<p>Collect information about any outreach participating organizations—and other community organizations—are planning around the same time that can support the event or compete with it.</p>	
<p>Check with other organizations that previously have planned similar events to discuss lessons learned regarding their event and media experiences.</p>	
<p>Decide how to categorize and list coalition members and other sponsors on event materials.</p>	<p>Include the organizations providing in-kind donations, such as printing or the event room.</p>
<p>Develop or pull together:</p> <ul style="list-style-type: none"> • Background materials on member organizations. • Fact sheets on underage drinking. • Talking points. • Possible questions from attendees or media with answers to prepare for the event’s Q & A session. 	<p>Include reference citations in all drafts.</p>
<p>Compile a media list.</p>	<p>Include names, titles, media organizations, street addresses, email addresses, phone numbers, and fax numbers.</p>
<p>Compile an attendee invitation list. Design invitations, if needed.</p>	<p>Include addresses (both mail and email) and phone numbers.</p>
<p>Identify contents for attendee kits and media kits.</p> <p>If materials are to be printed, start the print process.</p>	<p>Kit contents may be the same or there may be extra information for the media.</p> <p>Remember to include the kit folders and labels in the list of supplies needed for the event.</p>

	Task	Example
60 Days Prior	Compile lists of community resources for treatment, advocacy, and other types of follow-up that may be needed by families and youth.	Put a resource list in media kits for reporters to include in their coverage.
45 Days Prior	Review all background materials, make corrections, and get approvals. Finalize kit materials and reproduce.	
	Write a first draft of the media advisory and media release.	
	Determine whether a community flyer would be beneficial. If so, design, reproduce, and plan a dissemination strategy.	
	Decide whether to have a resource table; collect materials.	Consider additional back-up information or highlight coalition organizations and their programs.
	Make arrangements to videotape the event.	
	Select an onsite photographer for still photos.	
	<p>Plan room visuals:</p> <ul style="list-style-type: none"> • Order background visuals for the event and the podium. • Get copies of graphs and posters for each speaker’s presentation. • Prepare appropriate visuals for sign-in areas. • Produce directional signs to the room, if needed. 	<p>Place visuals so your program’s name and logo will appear in all camera shots.</p> <p>Make sure that all visuals are large enough to be read by everyone in the room.</p>
	Hire a person to sign for the hearing impaired.	
	Make arrangements for security.	
	Consider writing PSAs for radio personalities to read on air (see page 45).	
	Alert everyone to watch for national or community “happenings” that can be built on and used in media outreach. Turn a negative story into a positive prevention focus.	For example, as your event gets closer, be flexible and incorporate a breaking news story, such as a keg party for underage youth that involved drinking and driving and a fatal auto accident. Consider moving your media event to a crisis center and adding a crisis speaker or the chief of police to tie your messages to what the community wants and needs.

Task	Example
Finalize the media advisory and media release.	
Finalize the media contact list.	
Agree on information to be pitched and write it up—you have about 10 seconds to get a reporter's attention.	Describe the types of stats to be announced, but do not release the actual statistics.
Emphasize the scope of the problem affecting families and the community.	Use the national and other background stats you have collected.
Identify an expert who can respond quickly if a reporter wants an interview before the event.	At this time, general information can be discussed, not the information and stats to be released at the event.
Finalize: <ul style="list-style-type: none"> • Speeches. • Talking points. • Q & A. 	Make copies of speakers' presentations to include in packets. Copies can help the media get accurate information and stats versus note taking.
Compile RSVP list from participant and invitation lists.	
Decide who will take the RSVP calls.	Designate at least two people to answer the phone at all times.
Mail invitations.	
Revisit site to finalize set-up and verify logistics.	Check the seating arrangement and number of chairs for the event.
Determine the traffic flow as you plan the actual position of sign-in tables for media and attendees and the resource tables.	Sketch the area so you can share the layout with administrators and people who will be doing the event set-up.
Provide media training for speakers, if needed.	Include training for your organization's director or other spokesperson (even if he/she is not one of the event speakers) so he/she is prepared to handle media interviews.
Share the agenda with speakers and participants.	
Order any food and beverages needed for speakers or guests.	Have water available to speakers during the event.
Compile a list of event duties and who is responsible.	Include individuals who transport all supplies to the event area, direct parking, set up, greet, staff the sign-in tables, troubleshoot for the speaker waiting room, escort attendees and speakers, pack and clean up, answer the office phone during the event, and coordinate calls to cell phones at the event.

	Task	Example
30 Days Prior	Place your event on the daybooks of local media and local Associated Press (AP) and United Press International (UPI).	
	Reproduce the media advisory and news release.	
20 Days Prior	Assemble kits for all media, event attendants, and participants.	In addition, ask each coalition organization how many kits it needs.
	Arrange transportation for speakers and participants, as needed.	
	Make table-tent cards to identify speakers at the head table.	Table identification and name tags help media identify speakers.
	Make name tags for speakers, officials, and administrators.	
	Make badges/ribbons for people greeting or helping in the sign-in area.	Attendees will know that people with badges can answer questions and help them.
10 Days Prior	Compile a list of still photos for the photographer to take.	Plan photos for community newspapers as well as coalition newsletters and annual reports.
	Distribute the media advisory.	
	Reconfirm the speakers.	
	Prepare several clipboards—each with multiple sign-in pages for both media and guests.	Many people will be arriving at the last minute and you will want a complete list of media and organizations for your reports.
	Collect equipment to take to the event.	Remember your equipment such as news print, easels, scotch tape, stapler, note pads, pens, and extension cord. If they are not available at the location, take pitchers and water glasses for the head table/podium.
	Compile the final list of the people to be recognized from the podium.	
	Submit op-eds to the media.	
3-5 Days Prior	Call to invite the media to the event.	
	Print out the preliminary RSVP list. Follow up as needed.	

Task	Example	
<p>If possible, arrange the room.</p> <p>Organize the sound system.</p> <p>Mark the seats that are reserved.</p>	<p>Set up the podium, speaker seating, displays, visuals, and sign-in tables.</p> <p>Identify seating for people who:</p> <ul style="list-style-type: none"> • Are introduced from the podium. • May help with the Q & A. • Are special guests or participants. 	1 Day Prior
<p>Print out the final RSVP list.</p>		
<p>Distribute the news release.</p> <p>Check the sound system.</p> <p>Enjoy!</p>	<p>All set-up should be completed 1 hour before the news conference starts.</p>	The Day
<p>Mail the media kits to non-attending media, as appropriate.</p>		The Day After
<p>Call the media who did not attend and arrange an interview or other follow-up needed by a reporter.</p>		2-4 Days After
<p>Make captions for photos and distribute to newspapers. Consider sending screened photos to coalition newsletters and weekly community newspapers.</p>		1+ Week After
<p>Review and assess media coverage.</p> <p>Evaluate all aspects of planning and conducting the event.</p>		1+ Week After
<p>Start writing reports.</p>		



**Make A
Difference**



**Take
Action**



**Reach
Out**

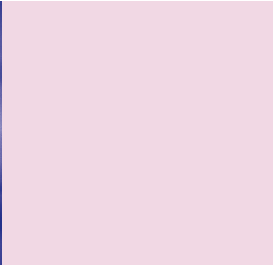


**Red
Ribbon**



**Your
Community**

Sample Materials





Sample Pitch Letter

[DATE]

[NAME]

[TITLE]

[ORGANIZATION]

[ADDRESS]

Dear [NAME]:

According to the 2008 National Survey on Drug Use and Health, about 10.1 million underage persons aged 12 to 20 (26.4 percent) reported drinking alcohol in the past month. Furthermore, 9.3 percent of our Nation's youth reported using illicit drugs in the past month.

The use of drugs, tobacco, and alcohol by our Nation's youth has damaging effects on the individual, the family, and the community. A united community can make a difference. That's why we are encouraging you to join [ORGANIZATION] in bringing parents, schools, businesses, and others together to help create drug-free communities.

[ORGANIZATION] is providing you with the enclosed resources to help you raise awareness about this important public health issue facing our community.

Here are a few suggestions:

- **[For Print Media Only]** Publish the enclosed drop-in article in newspapers or newsletters or post it on the Internet.
- Run the enclosed public service announcements to increase awareness of youth substance abuse issues.
- Contact us for an expert spokesperson to interview for stories that address ways to promote drug-free communities.
- Encourage your audience to call the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) for free publications, other resources, and more information.

We hope you will join us and SAMHSA in encouraging and promoting substance abuse prevention in our community.

Sincerely,

[YOUR NAME]

[TITLE]



Radio Public Service Announcements

:30 The right time to start talking with your kids about drugs is now. No matter how young they are, good and consistent family communication helps kids be drug free. Join the Federal Substance Abuse and Mental Health Services Administration and the Red Ribbon Campaign in preventing drug use in our community. For more information on what parents can do to help their kids be drug free, contact SAMHSA's Health Information Network by calling 1-877-SAMHSA-7 or 1-877-726-4727.

Tag: A message from (your organization's name here) and this station.

:30 Over 9 percent of our Nation's youth report using illicit drugs. Parents can make a difference. Talking with your kids at an early age about the dangers of drug use helps them make healthy decisions as they get older. For more information on what parents can do to help their kids be drug free, call 1-877-SAMHSA-7 or 1-877-726-4727.

Tag: A message from (your organization's name here) and this station.

:15 Now is the right time to start talking with your kids about drugs—no matter how young they are. For free materials to help your kids be drug free, call 1-877-SAMHSA-7 or 1-877-726-4727.

Tag: A message from (your organization's name here) and this station.

:15 Take a stand against drug use in our community, and help kids be drug free. To find out what you can do, call 1-877-SAMHSA-7 or 1-877-726-4727.

Tag: A message from (your organization's name here) and this station.





“Drop-in” Feature Articles for SAMHSA Community Coalitions

Prevention Is Everyone’s Business

The 12-year-old sitting next to your son may be the 1 in 10 middle schoolers who already has tried alcohol. By 10th grade, half of 15-year-olds have experimented with alcohol and may be encouraging your child to use it, too. Our roads are unsafe, with an estimated 2.9 million youths aged 12 to 20 driving under the influence of alcohol each year.

Drugs are another problem. Of the adults who used marijuana for several years, a few said they started before turning 12, and most (62 percent) of the 2.2 million recent marijuana initiates were younger than age 18 when they first used, according to the 2008 National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA).

“These numbers from SAMHSA prove we must do a better job preventing underage drinking and drug use for both our own kids and for other young people. For sure, we know that before age 12, kids need to know how to refuse alcohol and drugs,” said (fill in name and title), (fill in name of organization or coalition).

“Effective prevention is the same—whether the focus is cancer, diabetes, or kids using alcohol. They all require education to change attitudes and behavior,” he/she continued. “Prevention works! We can start protecting kids better by making our community safer.”

This includes protecting children from violence on streets and playgrounds, preventing bullying, or prohibiting alcohol and drugs at school. Safety also includes offering a variety of supervised youth activities that help young people stay busy while building skills and self-confidence. In addition, volunteer activities can help young people feel pride in “giving back” to their community.

Communication is important—youth who don’t use alcohol say their parents are a major factor in that decision. Young people benefit when parents talk with them about many things, including family rules for alcohol, tobacco, and illegal drugs.

“You are important. You are invited to join (name of coalition). Valued volunteers participate in many activities—from running the copy machine to being a mentor, from reading stories in the library to coaching soccer, from teaching kids chess to teaching parents how to use better parenting skills—the possibilities are endless,” said (name another leader in the coalition).

(Can insert a paragraph about the local prevention coalitions and activities.)

“We have funding from SAMHSA and (local source of funding), but to develop our prevention plans, we need the skills and talents of volunteers. We have enough important activities for everyone who is interested in prevention,” _____ explained. For more information about the (name of coalition), contact (contact information including names, phone number, address, and Web address).

SAMHSA, part of the U.S. Department of Health and Human Services, has a variety of free materials that can be ordered from SAMHSA’s Health Information Network by calling 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TTY) or by visiting <http://www.samhsa.gov/shin>.

Specific publications include *Building Blocks for a Healthy Future* for 3- to 6-year-olds and their parents and several *Tips for Teens* on individual drugs and booklets on marijuana and ecstasy provide information for family and group discussions. *Too Smart To Start* is written for parents of 9- to 13-year-olds. Information about *Too Smart To Start* is located at <http://www.toosmarttostart.samhsa.hhs.gov>. The Web site *A Family Guide to Keeping Youth Mentally Healthy and Drug Free* is for parents. The *Family Guide* is located at <http://family.samhsa.gov>.



“Drop-in” Feature Articles for SAMHSA Community Coalitions

Prevention Reduces Risk of Alcohol Abuse

Early onset of drinking can be a marker for future problems, including alcohol dependence and other substance abuse. Those who begin drinking alcohol before the age of 15 are five times more likely than those who start at age 21 and older to develop alcohol problems, according to the National Survey on Drug Use and Health (NSDUH) *2004 Report: Alcohol Dependence or Abuse and Age at First Use* released by the Substance Abuse and Mental Health Services Administration (SAMHSA).

On average, one in ten 12-year-olds who completed the 2008 NSDUH admits to having tried alcohol. That number nearly doubles by age 13. By age 15, over two-fifths of youths (44.5 percent) have tried alcohol.

“These SAMHSA statistics are an urgent reminder that our community must increase efforts to prevent underage use of alcohol,” said (name and title), (organization or coalition). “Effective prevention is the same—whether the focus is cancer, diabetes, or kids using alcohol. We can do it, and we can do it successfully.”

The 2008 NSDUH also reported that 17 million adults aged 18 or older are abusing alcohol or were dependent on it. For illicit drugs, adults who first used marijuana before age 15 are much more likely to become dependent than those who begin using marijuana at a later age.

“Those numbers—from both youth and adults—mean that we have to reach out to 9- to 13-year-olds before they drink alcohol or try drugs. At that age, parents are key in helping young children learn how to make healthy choices,” (name) continued. “Most teens who don’t use alcohol say their parents are the reason for that decision. Keeping the respect of their parents is important to young people. Talk with your kids about alcohol and drugs.”

An important part of prevention is keeping children safe. Youth need continuing protection from violence in communities, in schools, on playgrounds, and at home. For example, schools can make every effort to eliminate bullying. At home, parents can learn how to settle conflicts without using harsh discipline.

Media also has a significant role in substance abuse prevention—media can reinforce prevention messages or it can compete with them. Starting with cartoons and advertisements for preschoolers, children can begin to understand what they see and hear on television. Parents and other adults can help children understand subtle messages. Later, youth can learn to question messages about alcohol and drugs in DVDs, movies, and songs.

“A big part of prevention is educating people about changing behaviors—we need help! We are involving families, volunteers, schools, youth organizations, parent groups, and businesses in our prevention coalition. By working together, we can help children build better skills to refuse alcohol and drugs and stop another generation from abusing drugs and alcohol,” added (name of coalition leader and title), (organization).

(Insert paragraph about local coalition prevention activities in this paragraph.)

“Because (name of coalition) has funding from SAMHSA and support from (name of local sources), our focus can expand beyond fundraising to concentrate on prevention activities. One way to improve those activities is to use the skills and knowledge that volunteers contribute. We invite anyone interested in prevention to join us,” encouraged (name).

For information about the (name of coalition), contact (contact information including names, phone number, address, and Web address).

SAMHSA is the lead Federal agency for improving the quality and availability of substance abuse prevention, addiction treatment, and mental health services in the United States. Free prevention materials can be ordered from SAMHSA’s Health Information Network by calling 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TTY) or by visiting <http://www.samhsa.gov/shin>.



**Make A
Difference**



**Take
Action**



**Reach
Out**



**Red
Ribbon**



**Your
Community**

Resources





Substance Abuse Prevention Resources

Federal Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

1 Choke Cherry Road
Rockville, MD 20857
<http://www.samhsa.gov>

SAMHSA's Health Information Network (SHIN)

P.O. Box 2345
Rockville, MD 20847-2345
877-SAMHSA-7 or 877-726-4727 (English and Espanol)
800-487-4889 (TTY)
240-221-4292 (FAX)
<http://www.samhsa.gov/shin>

Substance Abuse Publications
<http://ncadi.samhsa.gov/>

Mental Health Publications
<http://mentalhealth.samhsa.gov/>

Building Blocks for a Healthy Future
<http://www.bblocks.samhsa.gov>

The Center for Substance Abuse Prevention's (CSAP) Centers for the Application of Prevention Technologies (CAPTs)
<http://captus.samhsa.gov>

A Family Guide To Keeping Youth Mentally Healthy and Drug Free
<http://family.samhsa.gov/>

Prevention Pathways
<http://preventionpathways.samhsa.gov/>

Prevention Platform
<http://preventionplatform.samhsa.gov/>

Safe Schools/Healthy Students
<http://www.sshs.samhsa.gov/>

SAMHSA Model Programs
<http://modelprograms.samhsa.gov/>

SAMHSA's Division of Workplace Programs
<http://dwp.samhsa.gov/index.aspx>

SAMHSA's Drug-Free Communities Support Program
<http://drugfreecommunities.samhsa.gov/>

State Prevention Profiles
<http://prevention.samhsa.gov/stateprofiles/>

Synar Amendment: Protecting the Nation's Youth from Nicotine Addiction
<http://prevention.samhsa.gov/tobacco/>

Too Smart To Start
<http://www.toosmarttostart.samhsa.gov/>

Centers for Disease Control and Prevention (CDC)
1600 Clifton Road
Atlanta, GA 30333
800-CDC-INFO or 800-232-4636
888-232-6348 (TTY)
<http://www.cdc.gov>

Office on Smoking and Health
<http://www.cdc.gov/tobacco/>

Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention Education Development Center, Inc.
55 Chapel Street
Newton, MA 02458-1060
800-676-1730
<http://www.edc.org/hec/>

National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
301-402-9612 (TTY)
<http://www.nih.gov>

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
5635 Fishers Lane, MSC 9304
Bethesda, MD 20892-9304
<http://www.niaaa.nih.gov>

Substance Abuse Prevention Resources (Cont.)

National Institute on Drug Abuse (NIDA)

6001 Executive Boulevard
Room 5213
Bethesda, MD 20892-9561
301-443-1124
<http://www.nida.nih.gov/>

Office of Juvenile Justice and Delinquency Programs (OJJDP)

U.S. Department of Justice

810 Seventh Street, NW.
Washington, DC 20531
202-307-5911
<http://www.ojjdp.ncjrs.org/>

Office of National Drug Control Policy (ONDCP) Drug Policy Information Clearinghouse

P.O. Box 6000
Rockville, MD 20849-6000
800-666-3332
<http://www.whitehousedrugpolicy.gov>

National Youth Anti-Drug Media Campaign

<http://www.mediacampaign.org>

Office of Safe and Drug-Free Schools (OSDFS)

U.S. Department of Education

400 Maryland Avenue, SW.
Room 3E300
Washington, DC 20202-6450
202-260-3954
<http://www.ed.gov/about/offices/list/osdfs/index.html>

Other Resources

Campaign for Tobacco-Free Kids

1400 Eye Street, Suite 1200
Washington, DC 20005
202-296-5469
<http://tobaccofreekids.org>

Children, Youth, and Families Education and Research Network (CYFERnet)

612-624-8181
<http://www.cyfernet.org>

Community Anti-Drug Coalitions of America (CADCA)

625 Slaters Lane, Suite 300
Alexandria, VA 22314
800-54-CADCA or 800-542-2322
<http://cadca.org/>

Monitoring the Future

<http://www.monitoringthefuture.org/>

National Asian Pacific American Families Against Substance Abuse (NAPAFASA)

340 East Second Street, Suite 409
Los Angeles, CA 90012
213-625-5795
<http://www.napafasa.org/about/main.htm>

The National Center on Addiction and Substance Abuse at Columbia University

633 Third Avenue, 19th Floor
New York, NY 10017-6706
212-841-5200
<http://www.casacolumbia.org/>

National Family Partnership at Informed Families' Education Center

2490 Coral Way, Suite 501
Miami, FL 33145
800-705-8997
305-856-4886
<http://www.nfp.org>

National Latino Council on Alcohol and Tobacco Prevention

250 Fifth Avenue
Suite 403
New York, NY 10001
<http://www.nlcatp.org>

Substance Abuse Prevention Resources (Cont.)

Parents Resource Institute for Drug Education, Inc. (PRIDE)

6143 Whitmore Street
Omaha, NE 68152
402-397-3309
<http://www.pride.org>

Partnership for a Drug-Free America

405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
<http://www.drugfree.org>

Prevention Partners, Inc.

4516 Lovers Lane, Suite 355
Dallas, TX 75225
800-394-1213
214-357-3608
<http://www.preventionpartners.com/>

Print Materials

CDC's Youth Risk Behavior Surveillance System (YRBSS)

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

National Cancer Institute

Pink Book: Making Health Communications Programs Work
<http://www.cancer.gov/pinkbook>

National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity

Promoting Physical Activity: A Guide for Community Action
<http://www.cdc.gov/nccdphp/dnpa/pahand.htm>

National Survey on Drug Use and Health

<http://www.oas.samhsa.gov/nsduh.htm>

NIMCO, Inc.

P.O. Box 9
102 Hwy. 81 North
Calhoun, KY 42327-0009
800-962-6662
270-273-5844 (FAX)
<http://www.drugpreventionresources.com>

Red Ribbon Resources

<http://www.redribbonresources.com>

Tips for Teens

<http://ncadistore.samhsa.gov/catalog/results.aspx?h=drugs&topic=100>



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