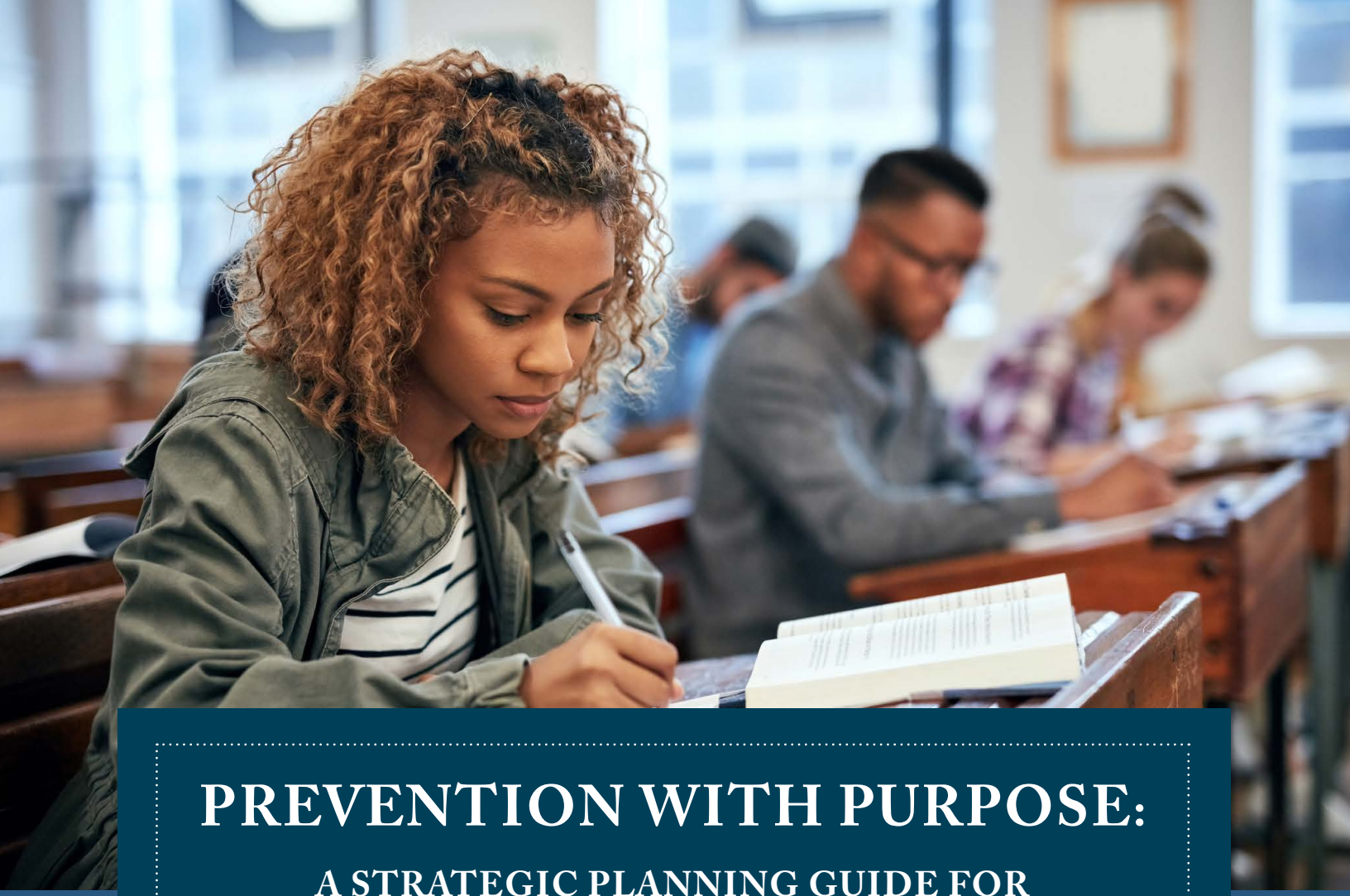

PREVENTION WITH PURPOSE:

A STRATEGIC PLANNING GUIDE FOR PREVENTING DRUG MISUSE AMONG COLLEGE STUDENTS

U.S. Department of Justice · Drug Enforcement Administration

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Copies of this publication are available online at www.campusdrugprevention.gov, DEA's website for professionals working to prevent drug misuse among college students.

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INTRODUCTION

College is a time of academic discovery and exploration. For many of the 16.8 million students enrolled at America's two- and four-year degree programs each year, the university experience promotes academic growth, fosters new friendships, and expands understanding of a world outside the home environment. Approximately 75% of students attend four-year residential colleges and universities full time, which means the majority of these young adults are living away from home for the first time.[1]

In popular culture, the American college experience almost always includes drug or alcohol misuse as a rite of passage. However, despite the widespread use of alcohol and drugs in movies and television shows set on college campuses, these media reinforce a false narrative, especially when it comes to drug use. While almost 75% of college students report consuming alcohol at least once while in high school, drug use among college students tends to start while in college.[2] For savvy prevention professionals, the campus environment offers a unique opportunity to prevent the initiation of drug use among college students, the consequences of which can be long-lasting and devastating.

Students often cite FOUR MAIN REASONS that college campuses provide a rich environment for drug experimentation:

1. Ease of drug availability
2. Lack of parental influence
3. Normalization of drug use among peers
4. Low perceived risk of harm from drug use

Students often cite four main reasons that college campuses provide a rich environment for drug experimentation: (1) ease of drug availability, (2) lack of parental influence, (3) normalization of drug use among peers, and (4) low perceived risk of harm from drug use.[3] However, for college students who engage in drug use, the personal and academic costs can be high, even more for drug use than for alcohol use, leading to gaps in enrollment, prolonged time to graduation, and even failure to graduate.[4] Numerous studies have found an inverse relationship between consuming drugs intended to treat attention deficit and hyperactivity disorders (ADHD) (e.g., Adderall and Ritalin) as study aids and academic success.[5] In other words, nonmedical use of prescription stimulants does not improve academic performance. For a small minority of students, college drug experimentation leads to lifelong struggles with addiction.[6]

SO WHAT CAN BE DONE?

Although the prevention field has spent the last 25 years understanding the complex nature of alcohol misuse on college campuses and creating campus-wide interventions, drug use remains, for many college health and wellness professionals, an individual issue, despite emerging evidence that the college environment contributes to the

initiation of drug use for the majority of college drug users.[7] College is the ideal setting for innovative, campus-wide programming aimed at preventing and reducing drug use among college students, but these efforts remain few and far between.

This guide is intended to bridge that gap, by providing a road map for university prevention professionals to collaborate with a wide range of stakeholders, from students to administrators, to address campus-wide drug misuse issues. We use the Strategic Prevention Framework (SPF) here as the "how to" for systematically measuring the scope of drug misuse issues, building relationships with key stakeholders, and planning and implementing a drug misuse prevention effort. Developed by the Substance Abuse and Mental Health Services Administration in 2004, the SPF is evidence based, widely used, and easily adaptable for multiple health issues.

HOW TO USE THIS GUIDE

CHAPTER 1 explores the history of drug misuse from the 1960s until today, and how changes in culture, federal and state laws and enforcement, and societal norms affect the prevention landscape on college campuses today. We will discuss the most commonly used drugs on college campuses and explore new and emerging drug trends. Finally, we focus on how the college environment can both protect and promote drug misuse and learn about federal policies that affect how colleges can address drug use.

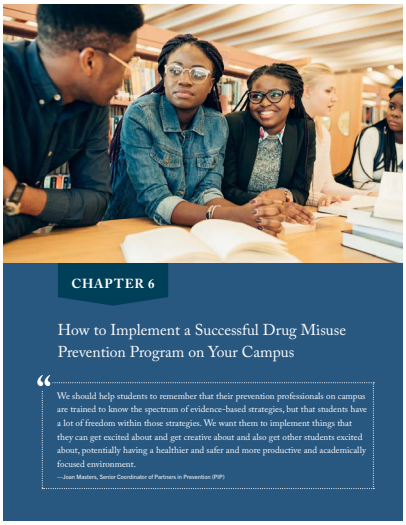
CHAPTER 2 provides an overview of the SPF, with a focus on cultural competence and cultural humility, two principles that underlie successful prevention work. We will also introduce the concept of sustainability, or the process of building an adaptive and effective system that achieves and maintains desired long-term results.

CHAPTER 3 dives into the SPF's first step, teaching how to **assess** the scope of drug use on your campus. We will explore primary and secondary effects of drug misuse and learn about risk and protective factors for individual students and at the campus level. We will also discuss how you can find data sources to assess the prevalence of drug misuse on your campus.

CHAPTER 4 focuses on how to **build capacity** for a drug misuse prevention program. We will help you think strategically about your campus's stakeholders and which groups of people you need to connect with to ensure your program is successful. We will discuss how to find champions to promote your drug misuse prevention program and allies to collaborate with you. We will also explore how much work you need to do to spotlight issues of drug misuse: How much do people know about this issue, and how can you figure that out?

CHAPTER 5 centers on how to **plan** a drug misuse prevention program. We will show you how to prioritize your campus's risk and protective factors and how to determine the long- and short-term outcomes for your program. We will highlight methods for selecting an evidence-based substance misuse

prevention program that meets your campus's needs and how to adapt a program for your student population. We will provide steps to create a plan of action for your prevention program.



CHAPTER 6 specifies how to **implement** a drug misuse prevention program. We will revisit your list of stakeholders and determine what roles they will play in your program. We will consider how to create a consistent program that is able to adapt as needed. We will help you think about how you can keep program champions in the loop during program planning and implementation.

CHAPTER 7 provides tools to **evaluate** a prevention program to determine whether it was implemented as planned and whether it is making a difference in anticipated outcomes. We will discuss the differences between process and outcome evaluations and figure out how to determine which evaluation instruments can be adapted to assess your program. Lastly, we will think about which stakeholders should know about your evaluation results, and publicize success to the campus community.

CHAPTER 8 offers **guidance** from Dolores Cimini of the University at Albany, a leader in the field of college substance misuse prevention, who provides lessons learned for both relative newcomers to the field and those prevention professionals who have been working on campus for five or more years.

Finally, in **APPENDIX A**, we offer a list of resources and agencies to guide and inform your drug misuse prevention efforts. In **APPENDIX B**, we provide you with worksheets and tools you can use to work through the SPF's steps with your prevention team. We reference tools throughout the text at appropriate points in the planning process when you might use them. The tools in the back are also available in PDF format at www.campusdrugprevention.gov.

Let's get started!

CHAPTER 1

Drug Misuse Prevention Landscape

> One of the most powerful counterweights to substance use and one of the most powerful prevention strategies is to provide students with the challenging and rewarding experiences that a college education can provide. If students become very engaged and passionate and rewarded by something that is challenging, they might not have the time to be distracted by something like substance use that can take them off their path.
>
> —Dr. Amelia M. Arria, Director of the Center on Young Adult Health and Development and the Office of Planning and Evaluation at the University of Maryland School of Public Health

History of Drug Legislation and How It Affects Current Campus Drug Misuse Prevention

As Americans, we have a rich pop culture history linking college students and drug use. This association is based on historical fact. In the 1960s, the nation saw an unprecedented rise in illicit drug use among young people, including marijuana and LSD and other psychedelics. At the time, America was deeply divided, with generational differences not only on drug use, but also on the Vietnam War, sexual ethics, and the Civil Rights Movement.[8]

Perhaps the longest lasting change in social norms, however, was around the use of drugs for recreational use. Young people, driven by college students, were engaging in recreational drug use in increasing numbers. Lawmakers were forced to confront the efficacy of a previously punitive-based system of dealing with illicit drug use, which they were finding to be increasingly unproductive. With over 50 pieces of legislation to deal with various drug violations, the system was also incredibly unwieldy.

In response, in 1970 Congress enacted the Comprehensive Drug Abuse and Control Act. Commonly known as the Controlled Substances Act (CSA), this law created the five-schedule system of drug classification that is still used now, where drugs are categorized according to their safety and medical utility.[9] The CSA also for the first time established a single system of control for narcotic and psychotropic drugs, overseen by what would eventually become the Drug Enforcement Administration.[10]

Most importantly to the prevention work conducted on college campuses today, the CSA also mandated the creation of the National Commission on Marihuana [i] and Drug Abuse. The NCMDA was charged with deepening understanding on the causes and effects of marijuana use, as well as providing recommendations to lawmakers on how to address the growing normalization of marijuana use across the nation.

Within two reports written between 1971 and 1973, the NCMDA recommended the government fund research into the etiology and pharmacology of drug use, including marijuana and psychedelics, and continue the surveys of drug use and norms that they began. Notably, the NCMDA's first report (1971) also strongly advocated for the decriminalization of marijuana for users (not dealers).[11]

The decriminalization recommendation was roundly rejected by President Nixon and set up what continues to be a national debate on how to deal with drug use among young people. From Reagan's War on Drugs that led to the incarceration of young brown and black men in the 1980s for crack cocaine-related offenses to the current push for leniency in cases of opioid overdose to widespread public support for medical and retail cannabis legalization in states across the nation, the United States has struggled to define dangerous drug use, who should be punished for it, and what should be done about it.[12, 13, 14]

This history colors the current landscape we find ourselves in as health and wellness professionals on college campuses. We must understand this historical context to realize where resistance to our drug misuse prevention work comes from and how to effectively advocate for safer and healthier campus communities.

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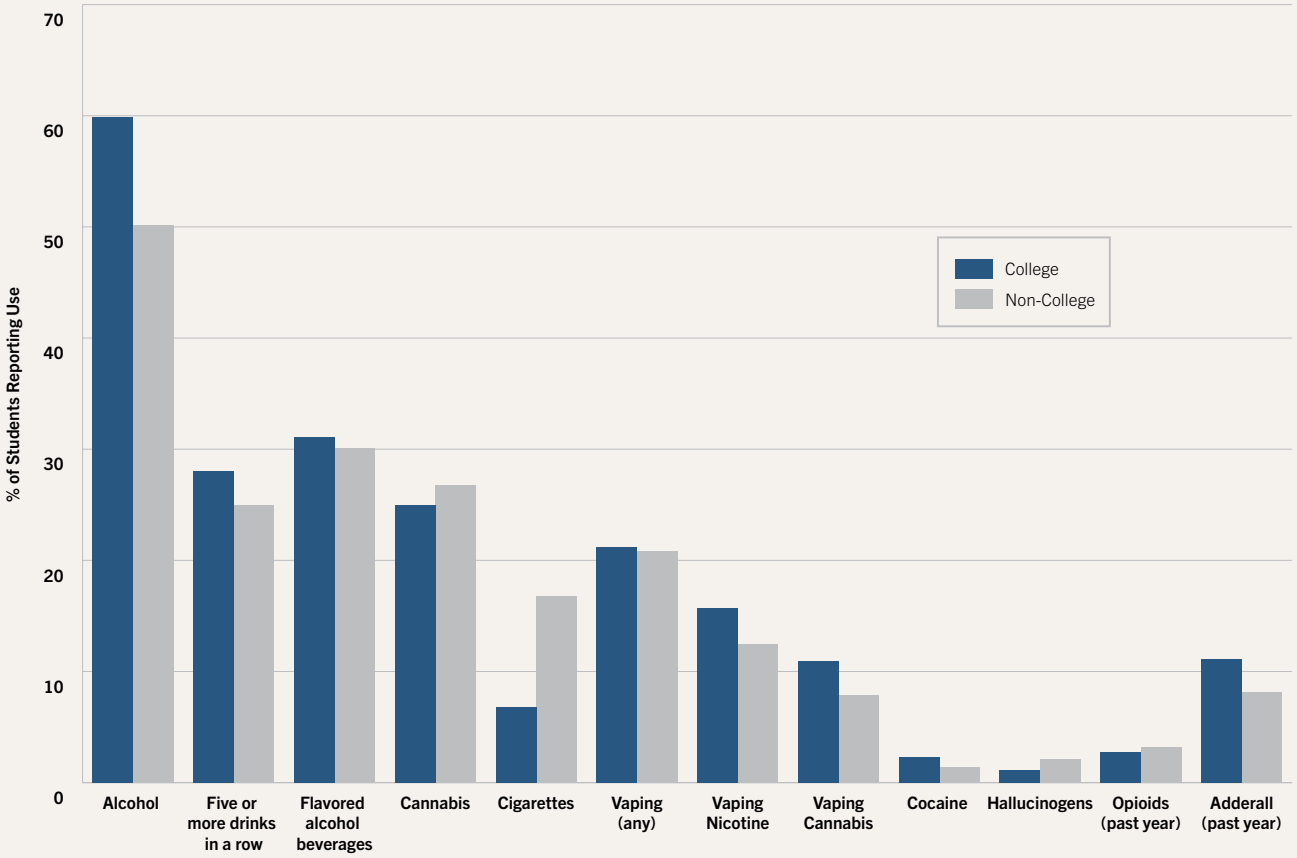
i The spelling *marihuana* was popularized in the 1920s by prohibitionists who sought to make cannabis (which until then was the preferred term) sound foreign and dangerous. It was used widely until shortly after the passage of the Controlled Substances Act, when the *marijuana* spelling gained in popularity. Today, the growing medical and retail markets increasingly prefer the term *cannabis*, which refers to the plant itself and does not carry the racist history of *marihuana/marijuana*. Ingraham, C. (2016, December 16). 'Marijuana' or 'marihuana'? It's all weed to the DEA. *The Washington Post*.

Current Trends in Young Adult Drug Use

In addition to understanding history, we must also have an evidence-based perspective on how young people are currently using drugs and alcohol. There are differences in 30-day prevalence of drug use between young people in college and those of the same age who are currently not in college.

Figure 1. College/non-college student past 30-Day drug use (2018)[15]



Source: Schulenberg, J. E., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Miech, R. A. & Patrick, M. E. (2019). *Monitoring the Future national survey results on drug use, 1975–2018: Volume II, College students and adults ages 19–60.* Ann Arbor, MI: University of Michigan, Institute for Social Research. Retrieved from http://monitoringthefuture.org/pubs.html#monographs

How Race/Ethnicity Impacts Alcohol and Drug Use by College Students

White students in general are more likely to engage in higher risk alcohol and other drug use than students of other ethnicities. White men, in particular, use alcohol and other drugs more frequently and with greater quantities consumed during college and after college compared to other ethnicities.[16]

While students of color (particularly those at historically black colleges and universities) consume alcohol and other drugs with less frequency and in lower quantities than their white counterparts,[17] these patterns are mediated when students of color socialize in primarily white environments.[18] Students of color in these environments also experience greater harms due to their alcohol use than white students at the same institution.

Figure 1 illustrates that college students and young people not enrolled in college use some drugs with the same frequency, such as consumption of flavored alcoholic beverages. Others are more prevalent among noncollege students, such as cannabis, cigarettes, or using hallucinogens.

However, college students are more likely than noncollege students to have consumed alcohol in the last 30 days and more likely to have been drunk. When asked about their past 30 days usage of specific drugs, college students reported consuming MDMA (i.e., Ecstasy), cocaine, and amphetamine as well as vaping (both cannabis and nicotine) at higher rates than noncollege students.

SO WHAT DOES THIS MEAN?

College seems to be a unique environment that depresses and exacerbates the use of specific drugs. We will go more in depth into why this happens when we discuss risk and protective factors in the next section, but for now, let's look more closely at trends in drug usage among college students. While all campuses are different, the national trend data presented here provides a window into the changing norms and attitudes that drive drug use among college students around the country. (As a note, the following data are presented using "men" and "women," a reflection of survey methodology. The important collection of gender nonbinary substance use data continues to grow.)

ALCOHOL: Alcohol continues to be the most widely used drug on college campuses, with 75% of students reporting they had used alcohol in the past year.[19] Reflecting larger trends nationwide with the growing norm of women's heavy use of alcohol, 40.3% of college women reported being drunk in the last month, compared to 35.5% of college men. Similar numbers of college-age men and women reported drinking flavored alcohol beverages in the past month (31.9% vs. 29.1%, respectively).[20]

CANNABIS: It likely comes as no surprise that after alcohol, cannabis is the most widely used drug on campus. Almost 25% of full-time college students reported using cannabis at least once in the last month, and 6% reported daily use (20 or more times in one month). While monthly use is similar for college-aged men and women, daily use is twice as high among men.[21]

CIGARETTES: Around 15% of college students reported using cigarettes or small cigars in the past year.[22] One in five (20.3%) of college-age men reported using cigarettes in the past year, compared to 12.2% of college women.

VAPING: Vaping, or using electronic drug delivery systems for both cannabis and nicotine, continues to rise in popularity among young people. Among all college students, vaping cannabis is popular, with 20% reporting they had vaped within the past year, and 11% reporting they had vaped in the past month.[23] Matching nationwide trends

in the popularity of JUUL and other e-cigarette delivery platforms, one in four college students reported vaping nicotine in the past year, with more men (33.7%) than women (22.1%) reporting use.[24] With the rising numbers of vaping-related lung illnesses, this popular method of drug delivery is ripe for prevention and education efforts.[25]

AMPHETAMINES: Nonprescription use of amphetamines used to treat ADHD remains steady for college students, with 11% reporting use of Adderall within the last year, and 1.3% reporting use of Ritalin.[26] Adderall use is higher among men than women, while Ritalin use rates are similar for both genders.[27]

COCAINE: One in 20 college students (5.3%) reported using cocaine in the past year.[28] College men reported higher annual cocaine usage (7.0%) than college women (4.3%).

HALLUCINOGENS: Similar to cocaine, one in 20 college students reported past year usage of hallucinogens (5.2%).[29] Most commonly used were LSD (4.2%) and MDMA (4.4%). Rates for both are higher for college men than women.[30]

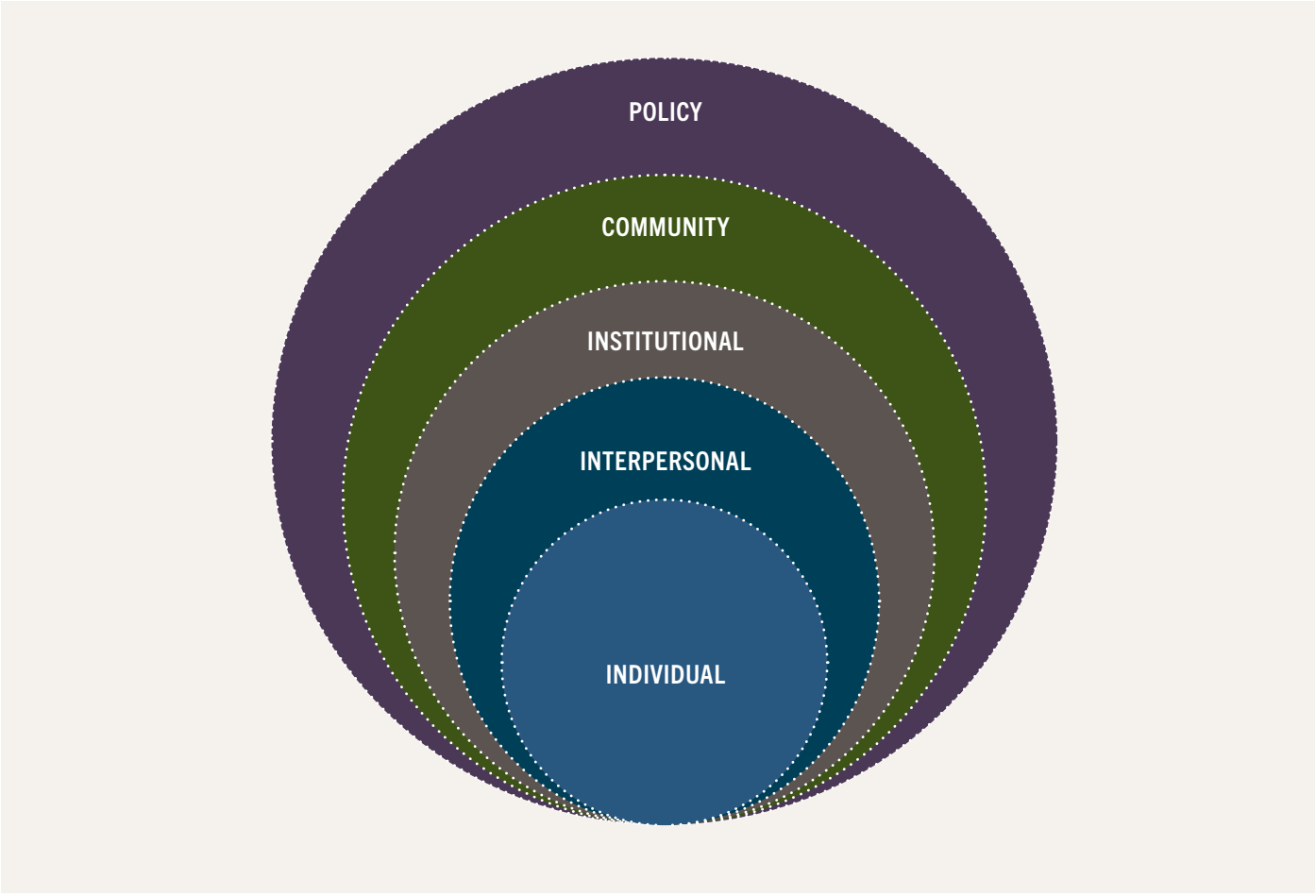
OPIOIDS (INCLUDING HEROIN): Heroin use, both snorted and injected, was virtually unreported by college students of both genders (less than 0.5%). Nonmedical use of opioid-based drugs were similarly low, with 1.4% reporting past year use of OxyContin, and 1.6% reporting past year use of Vicodin.[31] Rates for OxyContin use was almost equal among college-age men and women (1.9% v. 1.4%) and almost three times as high among men than women for Vicodin (2.3% v. 0.8%).

The Impact of Environment

Environment plays an indisputable role in protecting or promoting health behaviors. College campuses provide a unique combination of risk and protective factors with respect to drug misuse among students. We will revisit risk and protective factors in Chapter 3 when we work on needs assessment, but for now, we want to provide a framework for understanding how these factors influence college students.

Risk and protective factors exist in multiple contexts as illustrated in Figure 2.

Figure 2. Socioecological model[32]



Each circle holds different factors that could either put a young adult at risk for or protect against later drug use. These factors do not stand alone; they are correlated and cumulative. They are also influential over time. Researchers refer to this cumulative effect as a *developmental cascade*, meaning that an individual's collection of risk and protective factors can influence the likelihood of developing substance use disorders.[33]

For example, consider two hypothetical high school seniors from the same upper middle class neighborhood (community):

1. A young man with friends who do not drink alcohol (peer) in a family where alcohol is moderately consumed (family), without a propensity toward risk-taking (individual)
2. A young woman with friends who do drink and smoke cigarettes, in a family where alcohol use is moderately consumed (family), with poor impulse control (individual)

Despite the similarities in their communities and in their family's consumption of alcohol, the two young adults bring different risk and protective factors with them when they enter college. The young woman has both peer and individual risk factors that may influence her alcohol and other drug (AOD) use in college. Research suggests multiple risk factors for alcohol and drug misuse in college (Table 1).

Table 1. Research-supported risk factors for alcohol and drug misuse in college

Risk Factor (Individual)	Description
Experiencing financial stress	Students who reported experiencing financial stress within the last year were more likely to use nonprescription stimulants than students without financial stress.[34]
Experiencing stress in the past year	Students who reported higher levels of life stress in the past year were more likely to use nonprescription stimulants than students who were not stressed.[35]
Adolescent history of depression	Students who reported an adolescent history of depression had a greater tendency to misuse alcohol in college.
Tendency toward sensation-seeking behaviors	Students who reported a willingness to engage in sensation-seeking behaviors also reported lower perceived harm from alcohol and other drugs. They were also more likely to experiment with alcohol and drugs and to engage in higher rates of use.[36]
Current use of alcohol, tobacco, or cannabis	Students who currently use alcohol, tobacco, or cannabis were more likely to initiate use of e-cigarettes (vaping) as a delivery method for nicotine.[37]
Risk Factor (Interpersonal)	**Description**
Family history of depression	Students with a family history of depression were more likely to misuse alcohol in college.[38, 39]
Perceived marijuana use by peers	Students who perceived peers as engaging in heavy marijuana use (correctly or incorrectly) had a greater likelihood of developing a substance use disorder.[40]
Family environment favorable to drinking and smoking	Students who reported growing up in families where alcohol and cigarette smoking were normalized had a higher likelihood of high-risk use of both substances in young adulthood.[41]
Perceived peer alcohol use in first year of college	First-year college students who perceived high-risk drinking as a norm among their peers had a higher likelihood of engaging in heavy episodic drinking.[42]
Risk Factor (Community Level)	**Description**
Campus normalization of alcohol and drug use	While in high school, students who are planning on attending college report lower rates of both alcohol and drug usage than their peers who are not planning on attending college. Within one year of arriving on campus, however, rates of alcohol and almost all other drug use (with the exception of opioids) are higher for college students compared to their noncollege peers.[43]

Lack of parental supervision	For most college students, matriculation into a university represents the first time they have lived away from home and the lack of adult supervision can lead to riskier behaviors for some students.[44]
Increased availability of alcohol and drugs	Colleges are mixed-age environments where 25% of students are legally able to purchase alcohol and, in states where legal, cannabis as well. Combined with the lack of parental supervision, this ease of obtaining alcohol and drugs can drive high-risk use.[45]
Living off campus	Research has shown that students who live off campus reported drinking at a higher frequency and being drunk with greater frequency than students who live on campus.[46]
Living in a residence hall suite (rather than an individual room)	With more and more colleges designing apartment-like living for their on-campus students, it's important to note that students living in these environments: » Are more likely to drink with greater frequency » Consume more alcohol when socializing » More frequently engage in heavy episodic drinking » More frequently drink in their residence halls[47]

While it may seem that the college environment is riddled with risk factors, most campuses also confer a wealth of protective factors on college students that can be easily enhanced (Table 2).

Table 2. Research-supported protective factors against alcohol and drug misuse

Protective Factor (Individual)	Description
Negative attitude toward alcohol	College students who held negative beliefs about alcohol and its effects were less likely to engage in high-risk drinking.[48]
Working for 10+ hours for salary	Students who worked a paid job for more than 10 hours a week were less likely to engage in high-risk drinking.[49]
Abstaining in high school	Students who abstained from alcohol in high school had a greater likelihood of abstaining from alcohol in college.[50]
Religious commitment and coping	Students who reported that they used religion as a coping mechanism for stress and who participated in religious communities were less likely to misuse alcohol.[51, 52]

Protective Factor (Interpersonal)	Description
Parental monitoring	College students who reported high levels of parent engagement in their lives during college were less likely to engage in heavy episodic drinking or initiate marijuana use.[53]
Perceived peer disapproval of alcohol and other drug use	Students who reported abstaining from alcohol cited peer disapproval as one of the reasons they maintained abstinence.[54]
No family history of alcohol misuse	Students with no history of alcohol misuse showed a decreased likelihood of having positive alcohol expectancies or engaging in high-risk alcohol use.[55]
Protective Factor (Community Level)	**Description**
Involvement in service-based extracurricular activities	Students who reported involvement in service-based extracurricular activities such as volunteering reported lower levels of alcohol consumption.[56]
Alcohol-free events and programming	Students who attended alcohol-free events and programming reported consuming less alcohol that day/night than students who did not attend such programming.[57]
Living in substance-free housing	Students who either chose or were assigned to substance-free housing had lower rates of alcohol and other drug use when compared to students who were in traditional on-campus housing.[58]

When considering prevention planning, it's important to do an inventory of your campus and to consider the unique risk and protective factors that the campus environment confers upon students. What factors on your campus promote alcohol and drug misuse? What factors protect against it? These are questions that will affect your work throughout this guide.

Higher Risk Groups of Students

In addition to considering community-level risk factors, it's also important to understand the subgroups of students on your campus who may be at higher risk for substance misuse. Over the past 20 years, researchers have identified certain students who may be more likely to use or misuse alcohol and drugs. However, since every campus is different, it's important to collect substance use data to be able to understand patterns of use by subpopulations on your campus.

ATHLETES: Athletes are more likely than nonathletes to consume alcohol frequently and heavily.[59] These consumption patterns are consistent for athletes across the college spectrum. College athletes in the Division III system consume marijuana and amphetamines more than their Division I counterparts.[60]

FRATERNITY AND SORORITY STUDENTS: Research has consistently shown that students in the Fraternity & Sorority Life (FSL) system drink alcohol more and have more lax views on the harms of alcohol consumption.[61,62] Fraternity and sorority members also report consuming nonprescription stimulants and pain medications, cannabis, hallucinogens, and other drugs at higher rates than their non-FSL peers.[63]

LGBTQIA+ STUDENTS: Students who identify as LGBTQIA+ experience higher rates of depression, anxiety, and panic disorders, as well as higher rates of substance misuse.[64] Substance misuse is higher among female students with partners of both genders than among males with partners of both genders.[65]

STUDENTS WITH CERTAIN MENTAL HEALTH CONDITIONS: Numerous studies have found relationships between students with certain mental health conditions and high-risk alcohol and other drug use, with some scholars theorizing that these are attempts to self-medicate. Nevertheless, certain drugs are more frequently used by students with specific mental health conditions: depression and cannabis use, anxiety and cigarette use, panic disorders and sedatives.[66,67,68] While these are not one-to-one correlations, the relationships are of note in prevention planning.

Table 3: How substance misuse affects college academic mission

One of the best ways to sustain a prevention program's efforts is to link those efforts to a larger set of issues that the college or university president cares about, such as student retention and success, student health, campus security, and fiscal management. Part of your job is to make it hard to remove a drug misuse prevention program, or parts of it, by promoting its overall value to the school.	
Health and safety	Students who binge drink (more than five drinks at a time) are more likely to report injuries and engage in unplanned sex. Students at schools with high rates of binge drinking are more likely to be assaulted by a drunk student.[69]
Student retention	Students who binge drink are more likely to experience early departure from college, and they have less favorable job prospects after graduation.[70] Students who use cannabis more than five times a year are more likely to experience problems with concentration and miss class than those who do not use.[71]
Campus safety	Students who binge drink are 3.5 times more likely to experience violence than students who do not binge drink. Almost 20% of students also reported feeling unsafe due to another student's drinking.[72]
Fiscal management	A college's finances are adversely affected by students' misuse of alcohol and other drugs, including lost tuition from students who drop out, time spent by public safety officials and campus administrators on AOD issues, and legal settlements for student death or injury due to AOD misuse.[73]

Federal Policies That Affect Prevention on College Campuses

The final part of the college landscape that we must understand in order to do effective drug misuse prevention is a collection of federal policies that affect our work with young adults on campus. The three most relevant to substance misuse work on campus follow.

Family Educational Rights and Privacy Act

FERPA provides parents of children under the age of 18 rights to access their child's educational records at any school that receives funding through the U.S. Department of Education. At the age of 18, however, FERPA rights transfer to the child who is now considered an "eligible student." For all intents and purposes, this means the student now has control over what any party, including their parents, sees in their educational record.[74]

FERPA has implications for the types of interventions that can be done for college students struggling with alcohol and other drug use. For example, a student failing a course due in part to their drug or alcohol use is entitled to privacy regarding their academic records under FERPA. Rather than a college administrator reaching out to a parent for help, the student must initiate and consent to such contact. Understanding the autonomy that FERPA provides to students can be instrumental in the development of prevention interventions.

Health Information Portability and Accountability Act

Like FERPA, HIPAA affects the amount of information that a school can share about a college student's health information with a parent. Once a child is 18 years old, HIPAA designates them as an adult, and their medical information may not be shared without their consent. HIPAA follows state medical privacy laws, which may vary in the amount of information that may be shared between adult children and their parents.[75]

However, some states have made changes to medical privacy protections under HIPAA in response to the opioid crisis. In particular, medical providers may be allowed to contact parents of adult children who do not have the capacity to consent to sharing their medical information due to an opioid or mental health emergency. Check your state's medical privacy laws.

Drug-Free Schools and Communities Act Amendments of 1989

DFSCA "requires institutions to curb harmful and illegal substance use by distributing a comprehensive policy, enforcing alcohol and other drug-related standards of conduct, and implementing strong prevention programs."[76] Schools must also publish a biennial review of their alcohol and other drug policies and programs. Although guidelines have not been updated since 1989, any school that accepts federal funding must comply with DFSCA.

In the past five years, studies have revealed that many colleges and universities are not compliant with DFSCA, with the most common noncompliance being the failure to produce a biennial report.[77] For prevention professionals on campus, the most important part of DFSCA relates to the requirement to create and evaluate a comprehensive substance misuse prevention program, enact policies to prevent alcohol and other drug misuse, and ensure that policy violations are sanctioned consistently.

Next Steps

How are you feeling? We've gone over a lot of information! We now have a historical perspective on how our country's leaders have thought about drug misuse prevention, research, and policy. We've considered how campus environments confer unique risk and protective factors on students' drug use and on groups of students we should be thinking about. And we've reviewed some federal policies that will affect how we do effective drug misuse prevention.

Now, let's turn our attention to understanding the SPF and how it can be of use to us in our work.

CHAPTER 2

Using the Strategic Prevention Framework to Prevent Drug Misuse Among College Students

> The Strategic Prevention Framework has lasted the test of time. It forces your program to be purposeful, strategic, and intentional. Working through the SPF helps you make decisions based on data and evidence-based practice. I may be doing something different than you are but that's because my data is different. My prevention program won't look exactly like yours and that's okay.
>
> —Fran Harding, former Director of the Center for Substance Abuse Prevention at the Substance Abuse and Mental Health Services Administration (SAMHSA)

Imagine a night on your campus at the beginning of the academic year. The late summer heat still hangs in air, and students are not yet busy with homework and tests. Some students are having a party in a residence hall room, and at that party, a student overdoses and dies.

It is not an understatement to say that this situation is a nightmare for college and university administrators. As health and wellness professionals, losing a student to overdose is our worst fear, compounded by the almost immediate slide into a difficult cascade of events. From the horror of telling parents their child has died to the immediate spotlight of negative media attention on your campus to addressing the confusion and distress of your student body after the loss of one of their own, a student death from drugs or alcohol affects the whole campus environment.

Yet in the face of these actions, most best practice documents aimed at higher education professionals provide tips for how to navigate the immediate aftermath of the tragedy. They advise administrators and faculty on how to help students who may be traumatized by the death, whether or not to cancel classes, and how to formulate a media strategy that includes talking points for local and national outlets.

For those of us involved in substance misuse prevention and health promotion, this narrow focus on the tragedy itself can feel jarring. After all, we know that most student deaths from drug and alcohol overdoses aren't one-off events. We know the role that environment plays in behavior, and those of us who have been on campus for a while have some idea of where "problem" substance misuse behaviors occur with regularity, whether it's a certain residence hall, an off-campus street, a fraternity and sorority residence, or a specific athletic team or social group. Most of us yearn to understand more about why and how this could have happened.

However, in the aftermath of a tragedy like this, we are usually asked by administrators to ***do something*** to make sure it doesn't happen again: buy an online drug education program, give a talk in a residence hall, or create an ad campaign about the dangers of a drug.

And although we know there must be a more measured and intentional method to address the underlying alcohol or other drug issue on campus, it can also feel impossible to slow the momentum and reassure worried administrators and parents. This is where the SPF can be useful in shifting the conversation.

Strategic Prevention Framework

Developed by SAMHSA in 2004, the SPF is a five-step process that provides a method to design and deliver a culturally appropriate, effective, and sustainable prevention program.

Strategic Prevention Framework (SPF)

Rather than jumping to a solution for a substance misuse issue, the SPF guides prevention practitioners through a process that answers the following questions:

What is the problem?

What do I have to work with?

What should I do, and how should I do it?

How can I put my plan into action?

Is my plan succeeding?

In answering these questions, prevention practitioners gain a deeper understanding of the complexities that underlie substance misuse issues, from individual risk factors to environments where misuse is more likely to occur. More importantly, the SPF provides a method to build support and foster common understanding in a community on the reasons why substance misuse issues are occurring and how best to address them while considering the unique characteristics of the community.

Figure 3. Strategic Prevention Framework

The five questions listed above relate to the five steps of the SPF, which will be detailed in individual chapters in the guide:

STEP 1: Assessment. Identify local prevention needs based on data. ***Related question: What is the problem?***

STEP 2: Capacity. Build local resources and readiness to address prevention needs. ***Related question: What do I have to work with?***

STEP 3: Planning. Find out what works to address prevention needs and how to do it well. ***Related question: What should I do, and how should I do it?***

STEP 4: Implementation. Deliver evidence-based interventions as needed. ***Related question: How can I put my plan into action?***

STEP 5: Evaluation. Examine the process and outcomes of interventions. ***Related question: Is my plan succeeding?***

All of the steps are guided by two central principles—*cultural competence* and *sustainability*—which should be integrated into each step of the SPF.

Cultural Competence

Cultural competence describes the ability of an individual or organization to interact effectively with members of diverse population groups. At a college or university, this means understanding that specific student communities on your campus may have very different ways of thinking about and understanding a substance misuse issue. For example:

- Consider the terms and phrases used by a student community when discussing substance misuse problems and related behaviors.
- Look for prevention interventions that have been developed for and evaluated with an audience similar to your student population.
- Develop case examples that reflect students' life experiences to supplement an intervention that is already underway.
- Conduct follow-up interviews with students to understand program evaluation findings.

At every step of the SPF, remember to consider the campus culture as a whole, as well as the specific student communities within the campus, to ensure that diverse members on your campus actively participate in, feel comfortable with, and benefit from your prevention practices.

One way to work toward cultural competence is to practice *cultural humility*,[78] or the active practice of dismantling the biases and beliefs that we, as individuals, bring to our work with students and student groups on our campuses. Practicing cultural humility also means taking a close look at the historical biases and belief systems that operate on our campuses and working to dismantle those systems as well. For example, when working with fraternity or sorority students, our interactions are influenced by our own experiences, whether positive, negative, or neutral, with these groups. They are also affected by the cultural history and perceived value of fraternity and sorority groups on our campus. Cultural humility refers to a process of both personal and institutional self-reflection and self-exploration to ensure that we are learning from others rather than assuming or ascribing beliefs or values to individuals or groups.

Check In: How I Let Go of Preconceptions About a Student Group in my Prevention Work

As health and wellness professionals on college campuses, many of you are typically master's or doctoral-level educated. Plainly stated: You have attended many years of school. After so much schooling, it's likely that you have ideas or beliefs about certain groups of students on campus.

To do effective prevention, however, you must start as close as you can with a blank slate and use hard data and objective evidence to drive your strategic planning.

The following questions will help you start to think through your educational history and biases and allow you to work toward dismantling them:

- How is the campus I work at different from my own undergraduate institution? Which type of institution is "better" or "worse"? How did I determine that?
- How do I feel about students who join fraternities and sororities? What is the value of these groups on a college campus? How do I know that? What personal interactions have I had with students in fraternities and sororities?
- How do I feel about student athletes? How are athletes at large Division I schools different from athletes at smaller Division III programs? Where did these beliefs come from? What personal interactions have I had with student athletes?
- How do I feel about students who experiment with drugs? What types of students participate in that culture? How do I know that? How do my own experiences with drug use (or lack of drug use) affect how I see these students?

Use these questions as a check-in when you find yourself drawing conclusions or making judgments about a student group or population. Work hard to take yourself and your beliefs out of your prevention planning.

Sustainability

Equally important is the concept of sustainability, or the process of building an adaptive and effective system that achieves and maintains desired long-term results. To break the cycle of one-off programs and campaigns on your campus, you must do the following:

- **Think about sustainability from the beginning.** Build community support, show results, and secure continued funding for prevention efforts.
- **Identify diverse resources.** Look for people, partnerships, and materials to support prevention in unexpected places.
- **Invest in capacity.** Find ways to teach others how to assess needs, plan, and deliver interventions.

- **Build ownership among stakeholders.** Communicate and connect with people on your campus. The more you inform and involve people, the more likely they will be to help sustain prevention efforts.
- **Identify program champions.** Find individuals committed to substance misuse prevention. These people will be your program champions. Understand that some people are more excited about prevention—and more influential on your campus—than others.
- **Track and tout outcomes.** Use strong evaluation methods to help you determine, and communicate to others, which prevention efforts are worth sustaining.

Characteristics of the SPF

The SPF is a dynamic and iterative process that encourages practitioners to go forward and backward in the steps as a part of planning. For example, if an intervention that is ready to launch doesn't have the support it needs from a key campus group, don't be afraid to go back and build capacity and buy-in.

The SPF is also data driven, which undergirds everything from understanding the scope of a substance misuse issue to selecting an evidence-based intervention that is appropriate for your student population. As those of us who have worked on college campuses can attest, different years mean different issues with substance misuse: One year, students may report increasing use of e-cigarettes, while the next year, nonmedical use of prescription stimulants may be on the rise. Prioritizing data at every step of your prevention planning is the only way to know the extent of your campus's substance misuse issues and how to best address them.

Finally, the SPF is a team-driven approach, which may come as a relief for the vast majority of you on campus who do substance misuse prevention on your own. Every step of the SPF benefits from and relies on participation from a diverse cross-section of your campus population. These players may change and move in and out of your prevention programming process as your campus's needs change.

The rest of this guide details each step of the SPF, complete with interactive worksheets and stories from other prevention practitioners on campus who have done similar work.

CHAPTER 3

How to Assess Drug Misuse on Your Campus

> I cannot imagine any case where you have an entire [AOD] survey that is negative. There are things that the majority of students are doing well, so you need to point out the balance between the positive and negative that helps build the true story from the data. Burying the data or not collecting it at all doesn't help anybody. You need data to move forward.
>
> —Dr. Peggy Glider, Coordinator for Evaluation and Research, Campus Health Service, University of Arizona

For those of you who work every day to protect the health and well-being of your campus's students, highlighting the substance misuse by those students can often feel like yelling into a void. Part of this difficulty is built into the college environment. A college education prioritizes new experiences and asks students to challenge long-held beliefs, which can make it tempting to see drug experimentation or even regular drug use as exploratory rather than problematic.

One way to overcome this resistance is through the use of data, which also has the added advantage of being incredibly valued on a typical college campus. Students are asked every day to substantiate their ideas with data and facts, and the professors and administrators whose support you need to move prevention programs forward respect and respond to the marshaling of empirical evidence.

How, though, do you begin the process of assessment? How do you quantify and define *problem behaviors*? Coming back to the question of cultural humility, how can you work to make sure your own beliefs around drug use and experimentation do not color how you view and interpret your students' drug use?

When you conduct a substance misuse assessment, you are actually engaging in the process of completing four separate but related assessments. Specifically, you need to do the following steps:

1. **Assess problems and related behaviors**
2. **Assess risk and protective factors**
3. **Assess capacity for prevention**
4. **Share your assessment findings**

STEP 1: Assess Problems and Related Behaviors

To begin, let's start by explaining the difference between problems and behaviors.

- **PROBLEMS** refer to the negative effects or consequences of substance misuse, either directly (such as overdosing on a drug) or indirectly (such as being less likely to graduate in four years due to drug use).
- **BEHAVIORS** (or consumption) are a measure of how people use or misuse a certain substance. Patterns of consumption refer to how specific groups of people use or misuse a substance. On a typical campus, we may find many different consumption patterns for different student subgroups.

It is worth noting that substance misuse can lead to many different problems. For example, use of Ritalin as a study aid by first-year students can lead to increased anxiety, decreased academic success, and increased likelihood of dependence on the drug.[79]

To assess substance misuse and its related behaviors, you must answer four basic questions:

1. **WHAT** substance misuse problems (e.g., overdoses, alcohol poisoning) and related behaviors (e.g., prescription drug misuse, underage drinking) are occurring on your campus?
2. **HOW** often are these substance misuse problems and related behaviors occurring? Which ones are happening the most?
3. **WHERE** are these substance misuse problems and related behaviors occurring (e.g., at home or in vacant lots, in small groups, or during big parties)?
4. **WHO** is experiencing more of these substance misuse problems and related behaviors (e.g., men, women, fraternity and sorority students, athletes, members of certain cultural groups)?

To answer these questions, you must access the information you have on hand about your students' substance use. In particular, you will need to follow these steps:

- **Take stock of existing data:** Start by looking for national college or university data and college-specific data already collected by others. Several organizations and researchers collect nationally representative samples of college students' substance use behaviors, including the American College Health Association's National College Health Assessment and the Core Institute's Alcohol and Other Drug Survey. Surveys on your own campus may include those conducted by the campus medical service, the fraternity and sorority life office, or student affairs. Many states also have statewide agencies and AOD coalitions that may be useful in providing either data for your population or instruments that can be modified for your data collection needs.
- **Look closely at your existing data:** Examine the quality of the data that you've found, discard the data that are not useful, and create an inventory of the data you feel confident about including in your assessment.
- **Identify any data gaps:** Examine your inventory of existing data and determine whether you are missing any information (e.g., about a particular problem, behavior, or population group).
- **Collect new data to fill those gaps:** If you are missing information, determine which data collection method (e.g., surveys, focus groups, key informant interviews)—or combination of methods—represents the best way to obtain that information. [**Tip Sheet:** Data Collection Methods: Pros and Cons; **Tip Sheet:** Strategies for Conducting Effective Focus Groups; **Tip Sheet:** Tips for Conducting Key Informant Interviews **Tip Sheet:** Potential Challenges To Obtaining Useful Data]

Once you have all of your assessment data, analyze it according to the following criteria to determine your community's priority substance use problem(s):

- **MAGNITUDE:** Describes the prevalence of a specific substance misuse problem or related behavior. ***Which problem/behavior is most widespread in your community?***
- **SEVERITY:** Describes how large an impact a specific substance misuse problem or related behavior has on the people or the community. ***Which problem/behavior is most serious?***
- **TREND:** Describes how substance misuse patterns and related behaviors are changing over time within a community. ***Which problem/behavior is getting worse/better?***
- **CHANGEABILITY:** Describes how likely it is that a community will be able to modify the problem or related behavior. ***Which problem/behavior are you most likely to influence with your prevention efforts?***

Completing this part of the assessment will help you to identify the priority problem on your campus.

Check In: What Happens If Our Needs Assessment Reveals High Rates of Alcohol or Drug Use?

Let's face it, collecting data on student alcohol and drug use can feel scary. Many of you probably have an impression of your campus's substance use culture and anecdotal evidence about which students may be more likely to use.

Substantiating all of those impressions with data can feel overwhelming: What happens when everyone knows exactly how much alcohol and drug use is happening on your campus? How can you even begin to change something so ingrained in your campus culture?

Shifting your data perspective from fear-based to opportunity-based can take some practice, but it is invaluable for effective prevention planning. When interpreting your data, be sure to look for the good:

- How many students are not using alcohol or drugs?
- What are the reasons that students give for not using alcohol or drugs?
- What story is your data telling you? When do students report their highest use? How can you put student alcohol and drug use into context with academic demands throughout the years?
- Are there any drugs that the majority of your students do not use? What are they?
- What types of protective strategies do you see being used by students who use alcohol or drugs? Are they going out with buddies? Do they eat before using? Do they intervene in risky situations? How can you build on protective strategies?

Though the fear of having student alcohol and drug use data "out there" is real, don't let it keep you from collecting the most accurate data you can. After all, you can only identify opportunities for prevention and areas where your students are doing well when your data is as robust as possible!

STEP 2: Assess Risk and Protective Factors

Once you have determined your priority problem, you then need to understand the factors that make it more or less likely that your students will experience this problem. You do that by assessing risk and protective factors.

- **RISK FACTORS** (e.g., low impulse control, peer substance misuse) are associated with a higher likelihood of developing a problem.
- **PROTECTIVE FACTORS** (e.g., academic achievement, parental bonding, and family cohesion) are associated with a lower likelihood of developing a problem.

In Chapter 1, we highlighted the different combination of risk and protective factors that influence college students' drug and alcohol misuse. Understanding risk and protective factors is essential to prevention. Since you cannot change a substance use problem directly, you need to work through the underlying risk and protective factors that influence the problem. A prevention strategy or program can only make a difference if it's a good match for both the problem and its underlying factors. [**Tip Sheet:** Protective Factors: Adolescence through Young Adulthood; **Resource:** Risk and Protective Factors associated with Binge or Heavy Episodic Drinking among Adolescents and Young Adults]

Following are some key features of risk and protective factors:

- Risk and protective factors exist in multiple contexts (e.g., individual, family, peer, and community).
- Risk and protective factors are correlated and cumulative.
- Risk and protective factors are influential over time.

To understand this in more detail, let's consider how risk and protective factors might affect the trajectory of two hypothetical college students, A and B (Table 4).

Table 4: Risk and protective factors of two college students

Key Features	Risk (Student A)	Protective (Student B)
Multiple contexts	» Student A entered college with a history of cannabis use. » Parents used cannabis with her. » Peer groups in high school and college use cannabis.	» Student B didn't use cannabis in high school. » Parents didn't use cannabis at home. » Student B enjoys school and is excited about college, particularly about soccer and choir.
Correlated and cumulative	As Student A enters college, her regular cannabis use is causing her greater academic problems than she experienced in high school. To forget these problems and deal with the higher stress atmosphere of college, she uses cannabis more frequently and regularly.	As Student B enters college, she belongs to several different peer groups: a club soccer team, an all-women's choral group, and a cooking club. Though some in her various peer groups use cannabis, she never feels pressured to do so. She has tried it twice, and both times, she felt safe and cared for by her peers, but the next day, she didn't like the physical effects on her body.
Effect of a single factor	The night before Student A has four final exams, she hangs out with her friends while they study. In an effort to concentrate, the group smokes cannabis while studying, and Student A passes out late at night. She misses her morning final exams and is groggy during her afternoon ones. She fails the semester and has to take a leave of absence.	Student B keeps in touch with her parents and has an honest relationship with them. She shares her experience using cannabis with them, and she is surprised and happy to find out that her parents aren't angry with her for trying the drug. Her parents share their own experiences with cannabis and have an open conversation with her about how drug and alcohol use can be fun but also how to recognize when things are getting out of hand.
Influence over time	Student A did not come back to college and graduate. The effect of her risk factors profoundly affected the trajectory of her life.	Student B's open relationship with her parents, her participation in numerous college activities, and her self-analytic behavior when experimenting with drugs and alcohol all work together to protect her and keep her healthy.

It is important to note that the underlying factors driving a substance use problem on one campus or among one student group may differ from the factors driving that same problem on a different campus or with a different student group. Effective prevention focuses on reducing the risk factors and strengthening the protective factors specific to the priority problem in *your* campus community and among *your* student groups.

Check In: How Cultural Perspectives on Mental Health Affect Substance Misuse Prevention on Campus – Voices from the Field

Currently the associate director of Fraternity and Sorority Life in the Office of Student Engagement at the University of Denver (DU), Joe Espinoza has spent his career working on the front lines of student support. In his previous position as a case manager in the Office of Student Outreach and Support at DU, Espinoza's one-on-one work with students facing mental health, academic, and substance misuse issues led to his belief in a systemwide approach to prevention.

Espinoza highlights the disparities in access to mental health care and cultural stigma among students from different backgrounds as a potential area of intervention by prevention professionals. "We have some students who come to us with a history of mental health care. They have been working with a therapist since they were young and have a lot of family support for any issues that may arise, including substance misuse," he explains.

For other students, Espinoza notes that college is the first time they may feel able to access mental health care: "We also have students who feel like they need mental health or substance misuse services but want discretion and privacy so their families don't learn about it." Some of these students are willing to pay for mental health and substance misuse services out-of-pocket to avoid having insurance charges show up on family bills, explains Espinoza.

Espinoza emphasizes the need for low-cost or free mental health and substance misuse services for all students. "Like many schools, we end up referring much of our one-on-one mental health and substance misuse counseling to off-campus providers due to high demand on campus," says Espinoza. "We need to take into account that we have populations of students who may avoid accessing services if they can't do it privately and inexpensively."

However, even with these challenges, Espinoza sees hope in how colleges and universities promote mental health and substance misuse services. "We have reached a point where we have reduced stigma around mental health so now students are talking more freely about it," he explains. Increasing access for all, Espinoza believes, is a worthy next challenge.

STEP 3: Assess Capacity for Prevention

Now that you understand your priority substance misuse problem and the risk and protective factors that influence your problem, you must assess your capacity to engage in prevention. Capacity refers to two main components:

1. **RESOURCES** refer to anything a community can use to help address prevention needs, such as the following:
   - People (e.g., staff, volunteers)
   - Specialized knowledge and skills (e.g., research expertise)
   - Community connections (e.g., access to population groups)
   - Concrete supplies (e.g., money, equipment)
   - Community awareness of prevention needs
   - Existing efforts to meet those needs
2. **READINESS** is the degree to which a community is willing and prepared to address prevention needs. Factors that affect readiness include the following:
   - Knowledge of the substance use problem
   - Existing efforts to address the problem
   - Availability of local resources
   - Support of local leaders
   - Community attitudes toward the problem

To assess readiness for prevention, it is often helpful to speak one-on-one with your campus's decision-makers and student leaders. If individuals with access to critical prevention resources are not on board, then it will be important to find ways early on to increase their level of readiness.

If your campus participates in institutional assessments, that data can provide a window into the resources that currently exist and highlight gaps (e.g., budget, staff) that you may need to address before undertaking a prevention effort. Reach out to your campus provost or office of institutional research for information on what types of assessment data you may be able to access.

Finally, you can use one of many organizational assessment tools that have been developed in the nonprofit sector to assess different aspects of capacity. The Hewlett Foundation has a comprehensive database of assessment tools that may fit your capacity assessment needs. [**Tool:** Database of Organization Assessment Tools]

Understanding local capacity, including resources and readiness for prevention, can help you do the following:

- Make realistic decisions about which prevention needs your campus is prepared to address
- Identify resources you are likely to need, but don't currently have, to address identified prevention needs
- Develop a clear plan for building and mobilizing capacity (SPF Step 2) to address identified prevention needs

STEP 4: Share Your Assessment Findings

After completing a thorough assessment of prevention needs and capacity, you must communicate the key findings to prevention stakeholders on your campus. To do this effectively, consider who will be interested in your assessment findings and what format will work best for each audience. The following are some key strategies for sharing assessment findings:

- **Develop a full report:** Your campus leaders and some of your prevention partners (such as health and wellness, student affairs, and fraternity and sorority life staff, as well as student leaders) will want the whole story, and it's good to have all of the details in one place.
- **Highlight key findings:** Many prevention stakeholders will want to learn about your main assessment findings. Compile key findings in slide presentations and handouts that you can use for different audiences.
- **Customize your presentations:** As needed, tailor your presentations or handouts by featuring the data that are most meaningful to each audience. This is particularly important when presenting assessment findings to **key stakeholders**, such as campus leaders, administrators, or student groups. If these individuals have specific questions or reservations, be sure to address them.
- **Solicit input from your campus community:** In addition to sharing your findings, it is also important to find ways for your campus community to comment on those findings. They can help confirm that you're on the right track with your prevention plans—or shed some light on confusing or surprising findings and help you get back on track.

Finish Strong!

Now that you've finished your needs assessment, you should understand the following:

- The primary and secondary effects of drug misuse on your campus
- The risk and protective factors that contribute to drug misuse for individual students and campus-wide
- How to find data sources to assess the prevalence of drug misuse on your campus.

CHAPTER 4

How to Build Capacity to Prevent Drug Misuse on Your Campus

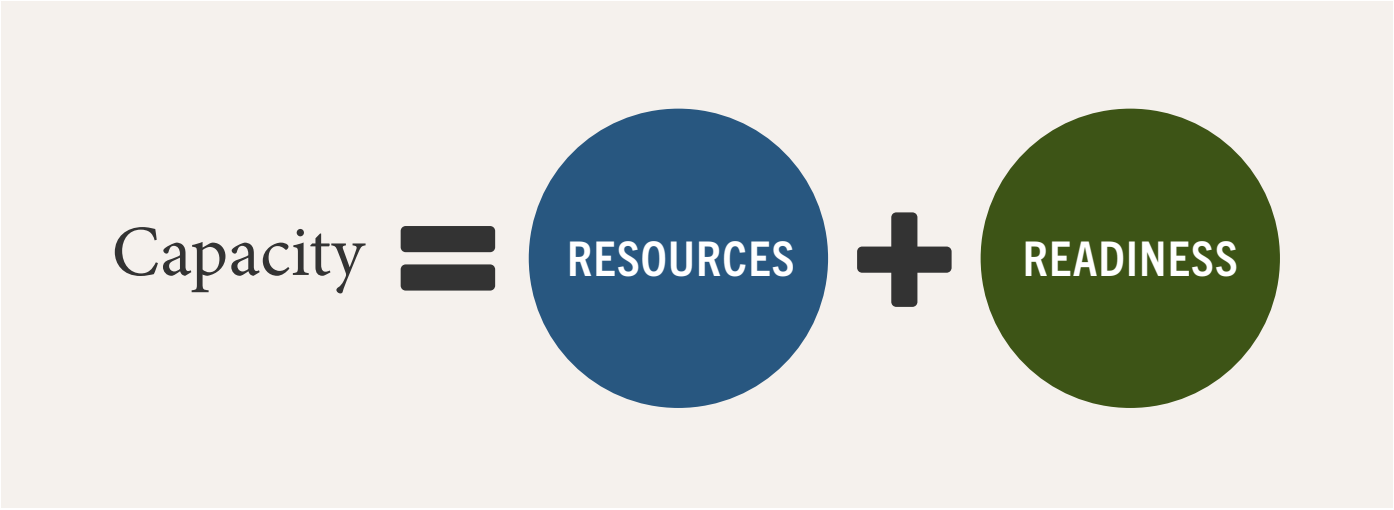
> We put a lot of our time and energy in getting the reluctant on board. Instead, find your allies and your partners and start with them and build momentum from there. Those people will help you get the other ones onboard, and the reluctant won't matter anymore, because you're building and growing your program. Shift the energy toward your allies and your partners. That's where the momentum is.
>
> —Diane Fedorchak, Interim Director of the Center for Health Promotion at the University of Massachusetts Amherst

If you've ever been at a higher education conference focused on alcohol and other drug misuse prevention, you likely will have seen a presentation that makes campus and community collaboration to address alcohol and other drug issues look easy. The presenter runs the university alcohol and other drug office and may describe working with law enforcement, local landlords, alcohol retailers, and bar and restaurant owners to address alcohol and other drug misuse by college students. All of the parties seem to be on the same page and committed to building a healthy community for their college-age residents.

If you're struggling to get your prevention program efforts off the ground, a presentation like this can feel frustrating and demoralizing. How do they do it? How are all their community partners committed to one goal rather than blaming one another for the problems caused by college students' AOD consumption?

The answer is the difference in the **capacity** of a community or a campus to take action to address prevention priorities (see Figure 4).

Figure 4. Capacity formula (Capacity = Resources + Readiness)



A community needs *human* resources, which includes people and volunteers as well as knowledge and skills, and *structural* resources, such as policies, laws, and funding. Readiness is a measure of the community's *willingness* and motivation to address your identified prevention priority.

Recall in the last chapter how we focused on finding your campus's institutional assessment data to quantify these measures. After diving into these data, you may feel that you currently don't have the capacity to move your prevention goals forward—but don't worry! You can build capacity on your campus and in your local community to bolster support for prevention.

Here are three tried and true methods to build capacity:

1. **Engage diverse community stakeholders**
2. **Develop and strengthen a prevention team**
3. **Raise community awareness of the issue**

STEP 1: Engage Diverse Community Stakeholders

Engaging a broad range of stakeholders is key to unlocking your campus's capacity for prevention. Prevention practitioners on campus need diverse partners—from students to administrators to local community leaders to law enforcement—to share information and resources, raise awareness of critical substance use problems, build support for prevention, and ensure that prevention activities reach multiple populations in multiple settings with multiple strategies.

The following are some of the different campus and community sectors you may want to involve in your prevention initiative:

- Campus leaders
- Higher education administrators
- Student leaders
- Student affairs staff
- Fraternity and sorority life staff
- Athletic coaches and staff
- Campus health and wellness staff
- Campus law enforcement
- Local law enforcement
- Local medical center staff
- Local alcohol retailers
- Bar and restaurant owners
- Local prevention coalition members
- Local residents

Are there other partners you can think of? [**Worksheet:** Identifying New Partners **Worksheet:** Analyzing Existing Partnerships]

Once you've determined the stakeholders you currently have on board and those you'll need to bring to the table, you next need to assess how much effort they can realistically put toward your prevention efforts. Your stakeholders will have varying levels of interest or availability to address your prevention efforts—which in no way negates their support for your effort. For example, some stakeholders may be willing to help out with specific tasks, while others may be willing to take on leadership roles. Having a clear understanding of how your stakeholders will work with you is a key step in building capacity.

The following are some different participation options (i.e., levels of involvement) for prevention stakeholders on your campus:[80] **[Tip Sheet: Levels of Collaboration]**

- **NO INVOLVEMENT:** Stakeholders engage in separate activities, strategies, and policies. ***"You do your thing; we'll do ours."***
- **NETWORKING:** Stakeholders share what they are doing during interagency meetings; talk about campus and community issues in which they all have a stake; or communicate about existing programs, activities, or services. ***"Let's talk and share information."***
- **COOPERATION:** Stakeholders publicize one another's programs in agency newsletters, write letters in support of one another's grant applications, co-sponsor trainings or professional development activities, and/or exchange resources such as technology expertise or meeting space. ***"I'll support your program, and you'll support mine."***
- **COORDINATION:** Stakeholders serve together on event planning committees and community boards or implement programs and services together. ***"Let's partner on an event."***
- **COLLABORATION:** Stakeholders create formal agreements, such as memoranda of understanding or contracts; develop common data collection systems; partner on joint fundraising efforts; pool fiscal or human resources; and create common workforce training systems. ***"Let's work together on a comprehensive plan to address the issue. After all, our missions overlap."***

The next step is to find your new stakeholders by doing the following:

- **Call your contacts, particularly those with overlapping interests:** Did you have a moment of connection with another campus staffer at an event about prevention issues? Have you reached out to other campus prevention professionals in your town or city? How about a local prevention coalition? Use all your connections, no matter how small, to grow your list of potential stakeholders to support your prevention efforts.
- **Attend and speak up at campus meetings and events:** Armed with the data you collected from the assessment on how alcohol and other drug issues affect all aspects of student life, start attending and participating in campus meetings and events focused on academic success, student mental health and well-being, and community health.
- **Ask your partners to contact their partners:** Don't be shy about asking people you know to bring new and diverse partners to the table. If you have a specific student or campus leader you'd like to connect with, be explicit in your request.
- **Keep potential partners well informed about prevention activities and progress:** Consider sending out regular (but short) updates on your prevention efforts to your growing roster of stakeholders. It's a great way to keep partners that may not currently have the capacity to be active in your efforts apprised of what you're doing and how they could potentially get involved later.

- **Meet with key players, including campus and student leaders and local decision-makers:** Ask for a 15- or 30-minute meeting and come with a focused and targeted presentation on your alcohol and other drug data. Answer their questions openly and transparently, ask for their impressions, and get their advice on who would be a good fit to join your prevention efforts.
- **Anticipate and overcome roadblocks:** On any campus, there will be naysayers and voices of doubt, which is why it is crucial to address the concerns of those who might oppose or hinder prevention efforts.

Once you have your list of stakeholders, it's time to move them toward action. This is often where capacity building stalls, as it's easier for most of us to network, or connect to one another, rather than ask for cooperation, coordination, or full collaboration. Here are some ways to move your interested stakeholders to action:
[**Tip Sheet:** You Gotta Hear This! Developing an Effective Elevator Pitch] 

- **Meet face-to-face to discuss overlapping goals and agendas:** Get your 15- or 30-minute presentation ready and pound the pavement!
- **Extend an invitation to attend a prevention team or task force meeting:** Keep your agendas tight and focused, and make sure you are only inviting stakeholders to a meeting when you have something specific you want to share or would like their help with.
- **Make more specific requests for involvement once prevention planning is underway:** People love to be asked to help in ways that highlight their strengths. Ask your stakeholders to complete tasks that match their interests.
- **Extend invitations to attend future prevention events and activities:** Even if someone can't help now, make sure to keep inviting them as you never know when their schedule or interest in your work could change.
- **If nothing else happens, maintain the relationship by keeping stakeholders informed of prevention activities and progress:** Even if you're not at the stage to start an active collaborative effort, be sure to send out those short, regular updates on what you are doing to advance prevention on your campus.

Check In: How Do I Make Sure My Stakeholder Meetings Are Engaging and Building Momentum Toward Change?

Once you've got stakeholders interested in meeting as a group or task force, you have to plan an agenda for the meeting. Planning a meeting that is interesting and drives your agenda forward is invaluable to effective prevention.

Here are some tips to get the most of your stakeholders' time:

- **Determine a purpose for the meeting, *then* set a date.** You might want to discuss student alcohol and drug use data or do a deep dive into your campus's alcohol and drug policies or get opinions from stakeholders on a key question. Whatever it is, make sure you know exactly ***why*** you want to bring people together before sending an invite.
- **Consider whom to invite.** Not all of your stakeholders need to be at all meetings. After you determine your meeting's purpose, look at your stakeholders and decide who really needs to be there. Share your meeting's purpose with your invitees so your stakeholders can bring others who may be able to help meet the meeting's goals.
- **Stick to a schedule.** Break your agenda down to specific blocks of time (e.g., 5, 10, 15 minutes) and ***keep the meeting to one hour or less***. Share your schedule before your meeting and provide copies to attendees at the meeting (or post it on a white board or screen). Do not go over the allotted time.
- **Stop meeting hijackers.** Don't let one person dominate with their impressions or grievances. Practice saying, "Thanks so much for that perspective. Let's hear from someone else before we make a decision," before the meeting so you are prepared to redirect a voluble attendee firmly and positively.
- **Follow up.** Send a thank you and a list of meeting accomplishments, tasks delegated, and next steps within 24 hours after the meeting ends.

Conducting great meetings takes planning and preparation—time that you may feel you could be using elsewhere. However, engaging meetings lead to passionate prevention task forces and are well worth the effort!

STEP 2: Develop and Strengthen a Prevention Team

Full collaboration, the highest level of involvement, often takes the form of a prevention task force. While not all your stakeholders need to be involved at this level, your task force should include representatives from campus and community groups that are most vital to the success of your prevention initiative. Here are some ideas for building and/or strengthening your task force: [**Tip Sheet:** Beginning Your Collaboration: Tips for a Safe and Satisfying Journey]

- **Identify and fill gaps:** Once you have a team in place, ask yourself: Are your key campus and community groups represented? If you identify any gaps, try to fill them—but first make sure that your existing partners support additional recruitment. If current partners have reservations (e.g., "More people mean more opinions and conflict!"), take some time to point out, as specifically as possible, why you want to bring each new partner on board.
- **Build prevention knowledge:** A truly representative task force means that members will bring diverse insights and experiences to the table, as well as varied knowledge and perspectives on the priority problem being addressed. Use a variety of strategies, including guest speakers and group trainings, to increase task force members' understanding of the problem and effective prevention strategies.
- **Monitor and improve group structure and processes, as needed:** Even the most well-informed group won't be productive unless it functions well. To help your team work together effectively, discuss how you will share leadership, make decisions, divide tasks, resolve conflicts, and communicate with one another, as well as with the broader community.

STEP 3: Raise Community Awareness of the Issue

By raising public awareness of your campus's priority substance misuse problem, you can help garner valuable resources and increase campus readiness for prevention.

The following are some strategies for raising awareness on your campus:

- Meet one-on-one with public opinion leaders, such as student newspaper opinion columnists or student influencers on social media
- Ask task force members to share information with their own groups
- Submit articles to student and local newspapers
- Share information on campus websites and social media outlets
- Host campus-wide events to share information about and discuss the problem
- Convene focus groups to get input on prevention plans

It's always helpful to think outside the box when looking for new ways to raise awareness on your campus. For example, your college may have a media studies department that can help you create a video about your campus's priority problem and/or prevention efforts. You may have student social media mavens who are gifted at producing short videos or using photography to convey complexities. Which individuals and groups on your campus could help you reach out, spread the word, and get others involved?

Finish Strong!

Now that you've worked through how to build capacity for a prevention program, you should know the following:

- Your campus's stakeholders and which groups of people you need to connect with to ensure your prevention program will be successful
- Names of champions on your campus who can promote your drug misuse prevention program and help you find allies for collaboration
- Exactly how much work you need to do to spotlight issues of drug misuse on your campus

CHAPTER 5

How to Plan a Successful Drug Misuse Prevention Program on Your Campus

> If you are developing prevention programs, I highly recommend working to understand initiatives and projects that are already doing this work across the country. There's a really strong community, and people who work in the prevention field want to share resources and share best practices to help one another. It's really important to leverage that to your advantage.
>
> —Dr. Erica Phillips, Associate Director in the Center for the Study of Student Life at the Ohio State University

For those of you who have spent time working to prevent alcohol and other drug misuse on college campuses, you know that there is a rotating cast of motivational speakers, online prevention programs, and in-person workshop facilitators that seem to make the rounds from one campus to another. One year, social norms experts are all the rage in your AOD professional group, and the next, everyone is wondering if the new online motivational interviewing-based drug misuse prevention program will work for their first-year student orientation programming.

In many ways, we are fortunate to work among such committed and passionate prevention professionals, but having an excess of interesting and engaging prevention programs and workshops at our disposal can make the job of strategic prevention more difficult than it needs to be. How many of us have reached out for feedback to a professional group for a prevention program idea and ended up more uncertain than when we started?

The SPF can help eliminate that confusion. It is grounded in the idea that every prevention plan is unique and should be designed to meet the specific needs of the community. For those of you who work on college campuses, this means doing a deep dive into the distinctive characteristics of your students and their alcohol and other drug usage patterns, and then crafting a prevention plan that is uniquely tailored to address their needs.

In short, you need to do four things:

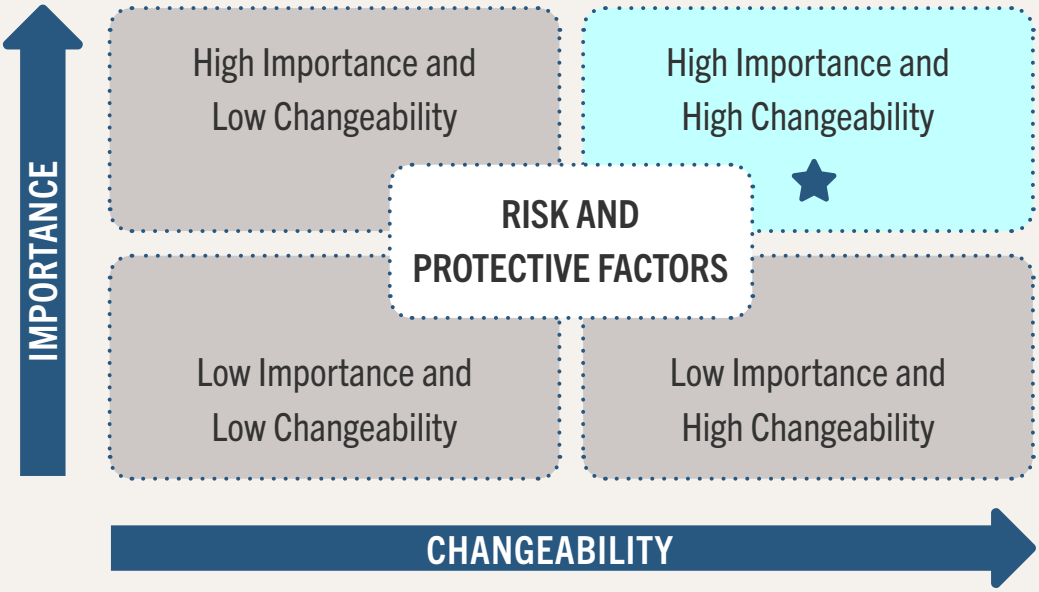
1. **Prioritize risk and protective factors**
2. **Select appropriate interventions to address priority factors**
3. **Determine how many interventions you can realistically implement**
4. **Build a strategic plan (or logic model) and share with your stakeholders**

Prioritize Risk and Protective Factors

Every substance use problem on every campus is associated with multiple risk and protective factors. Think about the wide combination of risk factors on your campus. Maybe you have large numbers of students living off campus or a high proportion of students affiliated with a fraternity, a sorority, or a student body who are likely to have used alcohol and drugs in high school.

No campus AOD misuse prevention program can address all of these factors—at least not at once. So the first step in developing a prevention plan is to figure out which risk and protective factors to address first. To prioritize factors, it's helpful to consider a factor's **importance** and **changeability** (Figure 5).

Figure 5. Importance versus changeability



» **IMPORTANCE:** This describes how a specific risk or protective factor affects a problem. To determine a factor's importance, ask yourself the following questions:

- How much does this factor contribute to our priority problem?
- Is this factor relevant, given the developmental stage of our focus population?
- Is this factor associated with other behavioral health issues?

» **CHANGEABILITY:** This describes a campus's capacity to influence a specific risk or protective factor. To determine a factor's changeability, ask yourself these questions:

- Do we have the resources and readiness to address this factor?
- Does a suitable intervention exist to address this factor?
- Can we produce outcomes within a reasonable time frame?

When developing a prevention plan, it is best to prioritize risk and protective factors that are **high for both importance and changeability**. A classic example for most college AOD misuse prevention professionals are intervention programs that are aimed at first-year students, either before they arrive on campus or when they first arrive. Numerous studies have shown that the first year of college is a crucial time for first-year students as they seek to understand and behave in ways that reflect the social norms of the campus (i.e., **high in importance**). Challenging norms around alcohol and other drug usage as soon as first-year students arrive on campus may prevent many of them from starting high-risk AOD use simply because they feel that it is expected of them (i.e., **high in changeability**).

If no factors are high for both, the next best option is to prioritize factors with **high importance and low changeability**. Since factors with high importance contribute significantly to priority substance misuse problems, addressing these factors is more likely to make a difference. And it's easier to increase the changeability of a factor (e.g., by building capacity) than it is to increase its importance.

However, in some cases your community may choose to address a factor with **low importance and high changeability**. Doing this can give your community a quick "win," help raise awareness of and support for prevention, and increase the community's capacity to address more important factors in the future. For example, a campus with a heavy partying and rambunctious off-campus student population that is embedded within a residential community might start by organizing a neighborhood cleanup on Sunday mornings for students and residents. Though the underlying partying issue is not being addressed, the cleanup builds capacity and fosters trust between students and residents, setting the stage for further interventions.

Select Appropriate Interventions to Address Priority Factors

Sometimes, prevention professionals may want to select interventions that are popular, that worked well on a different campus, or that they are familiar with. However, these are not great reasons for selecting an intervention.

What's more important is that the prevention intervention can effectively address the campus's priority substance use problem and its associated risk and protective factors and that the intervention is a good fit for the campus community.

Following are three important criteria for selecting appropriate prevention interventions:

» **Evidence based:** Whenever possible, you should select evidence-based interventions (i.e., programs or practices that have peer-reviewed, rigorously evaluated empirical evidence of effectiveness). The best places to find evidence-based interventions are federal registries of model programs, such as **NIAAA's CollegeAIM**, a compilation of evidence-based alcohol and other drug prevention programs on campus rated by efficacy, and SAMHSA's **Evidence-Based Practice Resource Center**. Another excellent source of new and emerging interventions are evaluations published in peer-reviewed journals, such as the *Journal of American College Health* and the *American Journal of Public Health*.

It's important to note, however, that these sources are not exhaustive, and they may not include interventions appropriate for all problems and/or all populations. For college students, in particular, it can be difficult to find population-level studies of effectiveness, and it may be more useful to look for pilot studies that have promising results among small samples of college students who match your target population.
[**Tools:** **Preventing Substance Misuse among 18- to 25-Year Olds: Programs and Strategies**;
Tool: **Preventing Youth Marijuana Use: Programs and Strategies**]

Check-In: How Can You Determine The Strength of an Evidence-Based Substance Misuse Prevention Intervention?

WHAT WORKS	At least two experimental or quasi-experimental studies showing statistically significant results in the desired direction and the preponderance of all available evidence showing effectiveness.
WHAT DOES NOT WORK	At least two experimental or quasi-experimental studies showing statistically significant results showing ineffectiveness and the preponderance of all available evidence showing ineffectiveness.
WHAT IS PROMISING	At least one experimental or quasi-experimental study showing statistically significant results in the desired direction and the preponderance of the other studies showing effectiveness.
WHAT IS UNKNOWN	Any intervention that does not fall into one of the other categories.

Source: Farrington, D. P., Gottfredson, D. C., Sherman, L. W., & Welsh, B. C. (2002). The Maryland scientific methods scale. In: L. W. Sherman, D. P. Farrington, B. C. Welsh, & D. L. MacKenzie (Eds.), *Evidence-based crime prevention*. London, UK and New York, NY: Routledge.

» **Conceptual fit:** An intervention has good **conceptual fit** if it directly addresses one or more of the priority factors driving a specific substance use problem and has been shown to produce positive outcomes for members of the focus population. To determine the conceptual fit of an intervention, ask yourself, "Will this intervention have an impact on at least one of our campus's priority risk and protective factors?"

For example, screening and brief interventions, such as BASICS, are effective at challenging students' beliefs about the prevalence of high-risk alcohol use on campus. If one of your risk factors is widespread misperception about heavy drinking, then BASICS may be a good fit conceptually.

» **Practical fit:** An intervention has good **practical fit** if it is culturally relevant for the focus population; a campus has the capacity to support it; and it enhances or reinforces existing prevention activities. To determine the practical fit of an intervention, ask yourself, "Is this intervention appropriate for our campus?"

Continuing with our BASICS example, to determine practical fit, you would need to assess whether BASICS works with your student population and, more importantly, if you have the capacity to support it. BASICS requires training for facilitators and dedicated time to do the intervention. You would also want to make sure that BASICS is targeting a unique need among your student population and not replicating other prevention efforts.

Evidence-based interventions with **both** conceptual fit and practical fit will have the highest likelihood of producing positive prevention outcomes.

Check-In: Can I Use Evidence-based Interventions as Jumping Off Points for Innovative Prevention Programming?—Examples from the Field

The field of college alcohol and drug misuse prevention research is robust and enthusiastic, but the fact remains that there are not a lot of population-level, evidence-based interventions to address substance misuse among college students. The strongest evidence supports brief interventions designed to promote individual behavior change.

One such program is BASICS, or Brief Alcohol Screening and Intervention for College Students, a harm reduction program for college students who drink heavily. BASICS is aimed at students who drink heavily and also are at risk for alcohol-related consequences, both academic (e.g., failing classes) and personal (e.g., violence). The program uses a counselor trained in motivational interviewing who provides data on campus-wide drinking rates, challenges a student's alcohol expectancies, and helps set new goals for alcohol use that are in line with the student's stated life aims.

Two researchers have taken the "basic" premise of BASICS and used it to develop innovative new programming:

1. **University of Tennessee Knoxville:** Researcher Michael Mason's team has been developing a mobile phone-based platform that uses text messaging, referred to as Peer-Network Counseling (PNC-text), to adapt the BASICS model for students who are heavy cannabis users.[81] Mason's four-week pilot programs have been promising, showing that students are highly receptive to the text messaging format. Students completing the program report fewer heavy-cannabis-use days and relationship problems due to cannabis use after three months post-intervention. A larger multi-site study is now being conducted at Colorado State University and University of Tennessee Knoxville.
2. **University of Albany:** Researcher Dolores Cimini's team adapted the BASICS approach for student athletes, using aggregate athlete drinking data as the reference point. Her team tailored the intervention to challenge athletes to think about how their alcohol use affects their goals as athletes.[82] After three months, athletes drank less, used more protective strategies, and experienced fewer negative consequences from their alcohol use.

Bottom line? Don't be afraid to look at evidence-based programming and see how you can adapt it for your student population. Reach out to the researchers who conducted the original studies and ask for help. Go forward and innovate!

Determine How Many Interventions You Can Realistically Implement

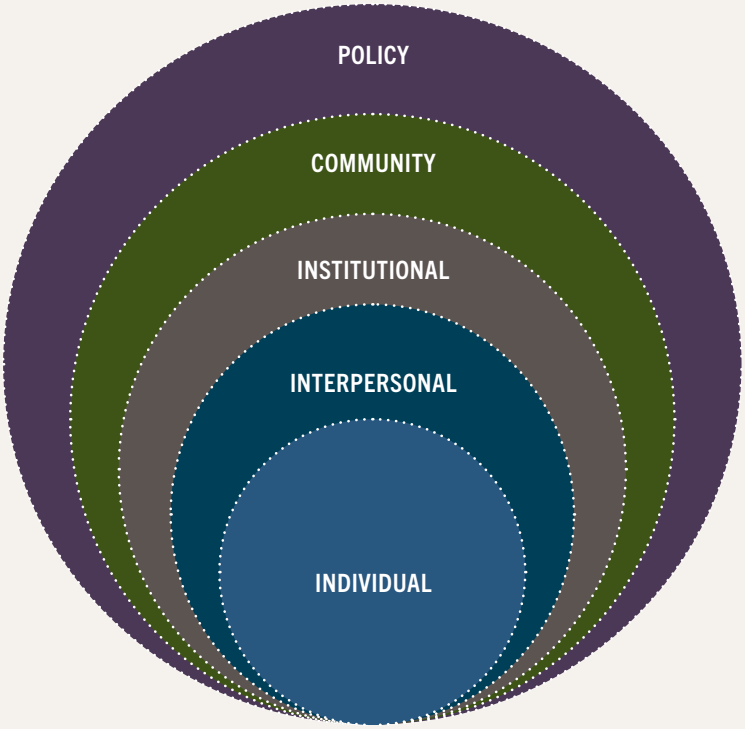
In a comprehensive approach to prevention, interventions combine to have widespread reach, target multiple domains, and ensure cultural relevance. However, many campuses may not have the capacity to build such an approach. If a comprehensive approach is not a realistic possibility for your campus, you should instead focus on finding one intervention that will have the maximum impact.

In short, consider the following with your list of possible interventions:

1. **Widespread reach:** To produce population-level change, campuses should implement strategies with the greatest possible reach. To determine reach, ask yourself:
    - How many students will the intervention affect?
    - Which groups on campus will be affected by your efforts?

    While they can represent an important component of a comprehensive prevention plan, environmental change strategies—such as social marketing, campus policy development, and enforcement—have greater reach. No prevention plan is truly comprehensive without attention to environmental or contextual change.

2. **Multiple domains:** According to the socioecological model, risk and protective factors operate at four levels, or domains: individual, family, school/campus, and community/town. A comprehensive prevention plan includes multiple interventions operating in multiple settings and across multiple domains.

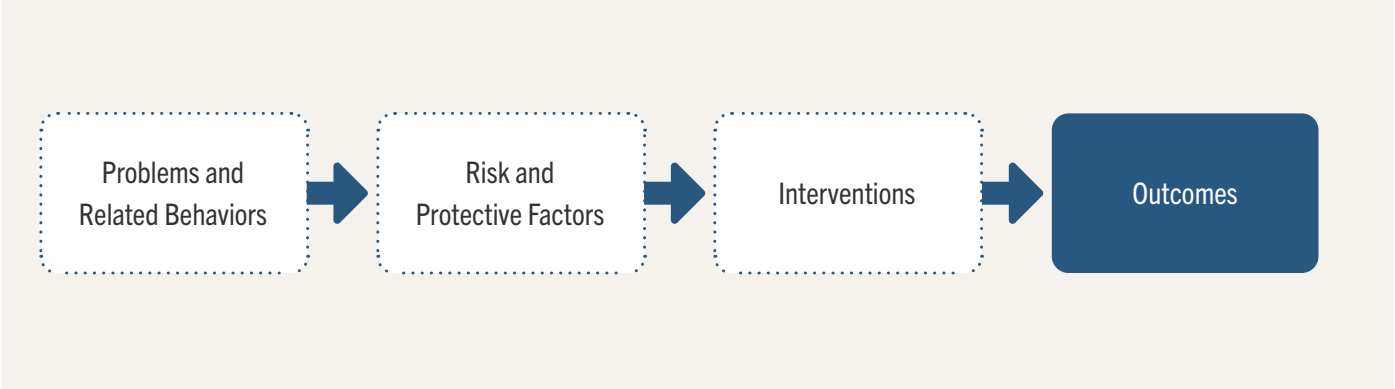


3. **Cultural relevance:** Interventions must be responsive to, and appropriate for, the different cultural groups on your campus. This includes not only high-risk groups, but **all** students who will be part of the intervention. Throughout the SPF process, you must take steps to ensure the cultural relevance of your prevention efforts. Here are a few ways to ensure cultural relevance:
    - While conducting your ***assessment***, map the cultural landscape to identify different student groups on campus. Make sure you know key student leaders in each group, and analyze assessment data by group.
    - While ***building capacity***, share and discuss assessment findings throughout campus, invite student leaders and members of different student groups to participate in prevention planning, and make sure the planning team includes students with strong ties to groups at high risk.
    - While ***planning***, recruit students from your target population to help identify appropriate interventions and convene focus groups with diverse students to obtain valuable feedback on potential interventions.

Build a Strategic Plan (or Logic Model) and Share with Your Stakeholders

A strategic plan or logic model is a graphic planning tool, much like a road map, that can help your team communicate where you want to go and how you intend to get there. A logic model includes the following components: a problem statement, risk and protective factors related to the problem, interventions to address these factors, and anticipated intervention outcomes (see Figure 6).

Figure 6. A simple logic model template



Outcomes are the changes that communities want their interventions to produce.

Prevention outcomes fall into two categories:

1. **Short-term outcomes** are the most immediate effects of an intervention. They have the following traits:
    - Are closely related to how well the intervention is implemented
    - Usually include changes in knowledge, attitudes, beliefs, and skills
    - Tend to be connected to changes in priority risk and protective factors

2. **Long-term outcomes** are the ultimate effects of interventions after they have been in place for a while. They exhibit these traits:
    - Usually result from positive short-term outcomes that can, over time, lead to long-term behavioral changes
    - May take a long time to produce and measure—sometimes many years

When developing a logic model, it's important to work with an evaluator to identify a set of anticipated outcomes that are clear and measurable. Reach out to professors who teach research and evaluation methods for help. If they themselves are unable to help, they will likely know other evaluators who can help you determine your anticipated outcomes. [**Worksheet:** Developing Your Logic Model: Worksheet]

After completing your logic model for AOD misuse prevention on your campus, share it with these two important groups:

» **PREVENTION PARTNERS:** This group includes the following:

- The individual staff and students, student groups, and staff departments that participated in your assessment
- People you brought on board during the capacity-building processes
- People who will play a key role in your chosen prevention interventions.

Note: Be sure that your logic model clearly communicates what your prevention partners hope to accomplish and how you will all work together to make it happen.

» **OTHER PREVENTION STAKEHOLDERS:** This group includes funders as well as campus and community members and groups who may not be actively involved in prevention efforts (yet!).

A logic model can help you build support for prevention overall, and mobilize the specific capacity needed to implement selected interventions. The more people who understand the problem and are on board with the prevention plan, the more likely it is that interventions will be sustained over time.

Finish Strong!

Now that you've planned your prevention program, you should have done the following:

» Prioritized your campus's risk and protective factors

» Determined your long- and short-term outcomes for your prevention program using a logic model

» Selected an evidence-based substance misuse prevention program that meets your campus's needs and, if needed, adapted the program for your student population

» Created a plan of action to implement your prevention program

CHAPTER 6

How to Implement a Successful Drug Misuse Prevention Program on Your Campus

> We should help students to remember that their prevention professionals on campus are trained to know the spectrum of evidence-based strategies, but that students have a lot of freedom within those strategies. We want them to implement things that they can get excited about and get creative about and also get other students excited about, potentially having a healthier and safer and more productive and academically focused environment.
>
> —Joan Masters, Senior Coordinator of Partners in Prevention (PIP)

With your intervention plan and logic model now in hand, it can be tempting to jump right in and implement your prevention program with your target student population. Be honest with yourself: How many times have you found a great intervention program and done just that, maybe with an online intervention or a workshop for a specific student population? How did it work out? Have you ever wondered why an intervention wasn't received as well as you'd hoped? Why didn't the students you wanted to target show up or engage with your program?

The success of a prevention intervention depends on careful planning during all of the SPF steps, including implementation. Taking your time during implementation is crucial to building support for your intervention and ensuring that your intervention reaches your target student population.

There are three main tasks to consider during implementation:

1. **Connect with key implementation partners**
2. **Balance intervention fidelity and adaptation:**
    - **Fidelity: Maintain core components**
    - **Adaptation: Modify with care**
3. **Establish implementation supports**

Connect with Key Implementation Partners

You've already identified and connected with key implementation partners while doing the assessment, capacity building, and intervention planning steps. These are the individual students, staff, and student groups who will be responsible for and/or involved in the delivery of your selected interventions. Sometimes these partners will want to make changes to the implementation plan. Even if they don't, it's important to communicate openly and make sure that all partners are on board with the implementation plan as you move forward.

Consider a hypothetical intervention aimed at sorority students on a campus. The intervention consists of two 60-minute group-based facilitated conversations that use the principles of motivational interviewing. During the program, the facilitator compares consumption data and beliefs about AOD use from one sorority to all the others on campus. The facilitator then guides the sorority into a discussion about values and how they align with the group's AOD use.

It is important for you to make sure sorority leaders on campus have bought into all aspects of the program, from the material and data being presented to the timeline and scheduling of the intervention. Ensuring that implementation partners and targeted student populations are invested in the program will set the stage for a successful intervention.

Balance Intervention Fidelity and Adaptation

As you prepare to implement your selected prevention interventions, it is important to consider *fidelity* and *adaptation*:

- **FIDELITY** is the degree to which an intervention, program or practice is implemented as intended.
- **ADAPTATION** describes how much, and in what ways, an intervention, program or practice is changed to meet local circumstances.

Evidence-based programs are defined as such because they consistently achieve positive outcomes. The greater your fidelity to the original intervention design, the more likely you are to reproduce these positive results.

However, customizing an intervention to better reflect the attitudes, beliefs, experiences, and values of your focus population can increase its cultural relevance, even though such adaptations may compromise intervention effectiveness. Finding a balance is key to maintaining intervention efficacy.

Let's look closer at these two concepts.

Fidelity: Maintain Core Components

> **"Fidelity may be defined as the extent to which delivery of an intervention adheres to the protocol or program model originally developed."** [83]

Evidence-based interventions or programs are more likely to be effective when their core components, those elements responsible for producing positive outcomes, are maintained. Core components are like the key ingredients in a cookie recipe. You might be able to take out the chocolate chips, but if you take out the flour—a core component—the recipe won't work! [**Tool:** What Are Core Components...and Why Do They Matter?]

So what are core components? Let's go back to our hypothetical sorority intervention. After meeting with sorority leaders to get their buy-in for the intervention, the leaders request some changes to the program:

- Changing the length of the intervention from two 60-minute sessions to two 30-minute sessions
- Adding values-based content from their national office to the discussion of values.
- Having the assistant dean of Fraternity and Sorority Life facilitate the program.

Which ones of these should you consider? In general, here are the guidelines for implementing an intervention with fidelity and maintaining core components:

- Preserve the setting as well as the number and length of sessions.
- Preserve key intervention content: It's safer to add rather than subtract content.
- Add new content with care: Consider intervention guidance and prevention research.
- Identify the best possible candidate to deliver the intervention.

So in working with the sorority leaders:

- We would keep the intervention at two 60-minute sessions and explain why.
- We could welcome the addition of values information.
- We could ask if the Fraternity and Sorority Life dean might consider being trained in motivational interviewing principles and how to facilitate the intervention since they may be the best fit to work with this population.

Adaptation: Modify with Care

The degree to which an evidence-based prevention intervention is a good fit for the focus population is a prime consideration when selecting an intervention. However, as we've learned from our hypothetical sorority intervention, even when interventions are selected with great care, there may be ways to improve a program's appropriateness for a unique focus population.

Cultural adaptation refers to modifications that are tailored to the beliefs and practices of a particular group and enhance the cultural relevance of an intervention. To make an intervention more culturally appropriate, it is crucial to consider the language, values, attitudes, beliefs, and experiences of focus population members.

When adapting an evidence-based intervention, it is important to consult with the following groups:

- The ***intervention developers*** can provide information on how it has been adapted in the past, how well these adaptations have worked, and what core components should be retained to maintain effectiveness.
- Members of your ***focus population*** can suggest ways to enhance the intervention materials to better reflect their concerns and experiences. Remember to practice cultural humility when receiving feedback.

Keep in mind that adaptations can be ***planned*** to improve a program (as with cultural adaptation) or ***unplanned***. It is important to be aware of the potential for unplanned changes that may occur during implementation, such as missed sessions if the campus is shut down due to bad weather, and to address any changes that might compromise intervention effectiveness (e.g., schedule make-up sessions so students don't miss out on core intervention content).

Establish Implementation Supports

Let's return again to the question of why certain interventions succeed while others falter, even when you've taken steps to ensure that you choose interventions that are well suited to your populations and that address their risk or protective factors. What can you do to increase your chance of intervention success?

As part of your implementation planning, you must consider the following:[84]

- **Do you have a favorable prevention history with this student population?** If you've had success implementing prevention interventions with this student population in the past, your students will likely be more ready, willing, and able to support the implementation of a new intervention. If your student population has had a negative experience with—or doesn't fully understand the potential of—a prevention intervention, then it will be important to address these concerns early in the implementation process.
- **Do you have on-site leadership and administrative support?** Prevention interventions assume many different forms and are implemented in many different settings. To be effective, interventions require the leadership of key student and staff groups and support from key stakeholders.
- **Did you choose the best practitioner to facilitate the intervention?** When selecting the best candidate to deliver a prevention intervention, consider professional qualifications and experiences, practical skills, as well as fit with your focus population. Who is prepared to implement the intervention effectively? Who will make intervention participants feel comfortable?
- **Have you provided practitioner training and support?** Pre- and in-service trainings can help practitioners responsible for implementing an intervention understand how and why the intervention works, practice new skills, and receive constructive feedback. Since most skills are learned on the job, it is also helpful to connect these practitioners with a coach who can provide ongoing support.
- **Have you developed a program evaluation plan?** By closely monitoring and evaluating the delivery of an intervention, practitioners can make sure that it is being implemented as intended and improve it as needed. By assessing program outcomes, they can determine whether the intervention is working as intended and worthy of sustaining over time. ***(We will address this topic further in Chapter 7—How to Evaluate Your Drug Misuse Prevention Program.)***
- **Do you have a clear action plan for implementation?** Your plan should include (1) all implementation tasks, (2) deadlines, and (3) person(s) responsible. By working with implementation partners to develop this plan, practitioners can make sure that everyone is on the same page, and no key tasks fall through the cracks.

When you promote both fidelity and cultural relevance, and anticipate and support the many factors that influence implementation, you are ensuring that these efforts go a long way toward producing positive outcomes. But to sustain these outcomes over time, it is important to get others involved and invested in the prevention interventions. Find concrete and meaningful ways for people to get involved, keep cultural and public opinion leaders well informed, and get the word out to the broader community through media and other publicity efforts.

Finish Strong!

Before you move forward with implementation, you should know the following:

- How your stakeholders will be included in your prevention program implementation plan
- How you'll balance fidelity (i.e., creating a consistent program) with adaptation (i.e., changing a program as needed)
- How to keep program champions in the loop during prevention program planning and implementation

CHAPTER 7

How to Evaluate Your Drug Misuse Prevention Program

> We must remember that prevention is really a long-term process. It will take ultimately sometimes eight to ten years to really see meaningful change in policy and commitment and behavior in our communities. Breaking things down into manageable steps, looking at data and assessing your outcomes along the way, can help you monitor your progress, so that you can actually keep track of it in real time.
>
> —Dr. Sally Linowski, Associate Dean of Students, University of Massachusetts Amherst

Benefits of Evaluation

Evaluation can help prevention professionals and communities accomplish the following:

- Systematically document and describe prevention activities
- Meet the diverse information needs of prevention stakeholders, including funders
- Continuously improve prevention interventions
- Demonstrate the impact of prevention interventions on substance misuse and related behavioral health problems
- Identify which elements of a comprehensive prevention plan are working well
- Build credibility and support for effective interventions in the community
- Advance the field of prevention by increasing the knowledge base about what does—and does not—work

How many of us enjoy prevention program evaluation? Working on a college campus where the focus is on furthering knowledge using fact-based evidence can make your work to change behaviors feel futile. How do you measure real behavior change? How do you account for shifts in AOD knowledge that don't lead to behavior change? Why, despite all you are doing, do your students' alcohol and drug use rates remain steady?

When faced with such daunting questions, you might instead focus on measures of engagement: How many students attended your workshop, or how many students went through your screening and brief intervention program.

However, a singular focus on engagement misses the real value of evaluation—rather than seeking to ***prove*** something, as many of the researchers on your campuses are working to do, evaluation seeks to ***improve*** processes. Understood in this way, evaluation is an exciting part of your prevention work as it can help you to enhance and tailor your programming to better fit your student populations.

Evaluation is the fifth SPF step, and it involves examining both the process and outcomes of prevention interventions. When conducting an evaluation, you want to systematically collect and analyze information about prevention activities to reduce uncertainty, improve effectiveness, and make decisions.

To better appreciate evaluation, let's demystify some of its key components. In this section, we will highlight:

- **Different types of evaluation**
- **Four basic evaluation principles**
- **Evaluation tasks**

Different Types of Evaluation

There are two main types of evaluation: process and outcome. ***Process evaluation*** documents the implementation of a program or intervention. It can be used to improve an intervention's delivery and enhance understanding of prevention outcomes. The following are examples of process evaluation questions:

- To what extent were intervention sessions delivered as originally designed?
- How many people participated in the intervention?
- How many participants did not complete the intervention?
- What, if any, adaptations were made to the intervention?

This type of evaluation comes naturally to most of us who work with students. After all, measures of student engagement and interest are used on our campuses for everything from professor evaluations to justify funding for student programs or campus-wide initiatives.

Focusing solely on process evaluation, however, limits our understanding of a program's or intervention's impact. ***Outcome evaluation***, which measures the effects of a program or intervention following its implementation, can reveal whether the intervention produced the anticipated short- and long-term prevention outcomes and helped build support for those interventions that worked. The following are examples of outcome evaluation questions:

- To what extent did students' attitudes toward the priority problem(s) change?
- To what extent did student rates of substance use behavior specific to the priority problem(s) change?

Because behavior change is a slow and often nonlinear process for most people, this type of evaluation can feel daunting. We fear delayed results will confirm any negative perceptions about the substance misuse prevention work we are engaged in. Though it may feel easier to report on process measures, both types of evaluation are needed to produce interventions and programs that will have lasting impact on student behaviors.

There are also two different ways for prevention staff and evaluators to work together: ***traditional*** and ***participatory***.

In a ***traditional*** approach to evaluation, an evaluator is hired to conduct an evaluation and works independently—interacting with your intervention and staff as needed to retrieve information. For a substance misuse prevention program, for example, you would provide the evaluator with your program's materials, and the evaluator would define both the process measures and outcome measures and collect data to complete the evaluation.

By contrast, in a ***participatory*** approach to evaluation, an evaluator is invited to take part in an evaluation as more of an advisor and a partner—interacting regularly with all involved as part of the group, rather than outside of it. The team, of which the evaluator is a member, works together to plan and carry out the evaluation.

A participatory method may feel more natural to those of you on campus as it draws on learning methods that your students already engage in. Participatory evaluation values the contributions of all who are involved with a program, from students to staff to campus leaders. In addition, a participatory approach can do the following:

- Increase evaluation buy-in and evaluation capacity among participants
- Increase the likelihood that the evaluation results will be valued and used
- Increase the likelihood that the evaluation will be culturally appropriate and relevant

Check In: What If My Outcome Evaluation Shows Our Intervention Doesn't Change Student Rates of Substance Misuse?

Outcome evaluation can feel like a day of reckoning. All of your work assessing data, building capacity, planning, and implementing leads to this: Does your program work as you intended? Does it affect student attitudes or beliefs or actual use of alcohol and drugs?

It's no surprise that process evaluation—measures of engagement, such as how many students showed up to a program or what they thought about the food—can feel easier to collect and report.

Unlike process evaluation, outcome evaluation can't be done well without bringing in an outside pair of eyes. And ironically, great outcome evaluation depends on great process evaluation. You can't figure out why you didn't achieve an outcome if you can't evaluate every step in the process to determine where your intervention broke down.

Here are some common reasons that your intervention may not have achieved its intended outcome:

- Intervention needs to be done more frequently.
- Intervention needs to be in a different format (e.g., online versus in person).
- Intervention length is too long or too short.
- Intervention components take longer to internalize than what the evaluation measured.
- Intervention is not reaching the target audience.
- Intervention isn't culturally relevant for the target audience.
- Intervention isn't a good fit for the target audience.

You'll note that none of these have anything to do with your effectiveness as a prevention professional. Look at outcome evaluation as an opportunity to make your program stronger and more successful. Enlist an evaluation professional as part of your team, and evaluate with confidence!

Four Basic Evaluation Principles

All evaluations—whether process or outcome, traditional or participatory—should adhere to the following four principles: ***utility, feasibility, propriety,*** and ***accuracy***.[85]

To understand these principles in action, imagine that you are evaluating an intervention aimed at student athletes to address high-risk alcohol use during sports season. How would you make sure your evaluation is in line with the four principles?

UTILITY is about making sure the evaluation meets the needs of prevention stakeholders, including funders. To increase the utility of the evaluation, you should:

- **Identify the evaluation needs of all key stakeholders**
  (e.g., student athletes, coaches, alumni donors, campus leadership)
- **Make sure evaluators are trustworthy and competent**
  (e.g., consider hiring evaluators who have experience in the world of college athletics)
- **Document findings so they are easily understood**
  (e.g., keep technical jargon to a minimum and consider using the language and terms athletics and coaches use in your reports)
- **Share findings with stakeholders in a timely manner**
  (e.g., create a plan to get evaluation results to all stakeholders before you begin)

FEASIBILITY is about making sure the evaluation is realistic and doable. To ensure the feasibility of the evaluation, you should:

- **Establish data collection procedures that are practical and minimize disruption**
  (e.g., consider the athletes' schedule and time constraints when designing data collection)
- **Anticipate and address potential obstacles**
  (e.g., opposition from campus leadership, alumni, or other interest groups)
- **Consider efficiency and cost-effectiveness**
  (e.g., stay within your evaluation budget by using existing data)

PROPRIETY is about making sure the evaluation is conducted in accordance with legal and ethical guidelines and is consistent with each community's cultural context. To support the propriety of the evaluation, you should:

- **Respect the rights and protect the well-being of all involved**
  (e.g., how will you ensure student athletes' privacy is maintained?)
- **Examine the intervention in a thorough and impartial manner**
  (e.g., what are your biases or misperceptions about this program or these students, and how will you address them?)
- **Define how findings will be disclosed and who can access them**
  (e.g., what types of reporting will you provide to your stakeholders? How will you allow access to data to ensure transparency and maintain privacy?)

ACCURACY is about making sure the evaluation is conducted in a precise and dependable manner. To increase the accuracy of evaluation findings, you should do the following:

- **Clearly describe the intervention and evaluation procedures**
  (e.g., use a logic model to depict different intervention components and who delivers each)
- **Gather and use information that is both valid and reliable**
  (e.g., use standard measures or data collection tools that others have tested)
- **Systematically and appropriately analyze all information**
  (e.g., start by looking at the quality of your data, including missing information and relationships between variables)
- **Justify and fairly report all conclusions**
  (e.g., describe the limitations of your methods as well as the strengths)

Evaluation Tasks

Given all of the different methods of evaluation and principles to follow, the question of how exactly to begin an evaluation may feel increasingly opaque. However, for the past 20 years, the Centers for Disease Control and Prevention's *Framework for Program Evaluation* has guided evaluators with a rigorous and clearly defined method to undertake public health evaluation.[86]

We have provided this framework in a checklist format. Remember that the best evaluations are collaborative processes that involve your stakeholders but also, crucially, engage the expertise of a professional evaluator. While there are some tasks that you will be able to complete on your own, don't hesitate to reach out for guidance on the more technical aspects of evaluation design and methodology.

TASK 1. Engage Stakeholders

An evaluation stakeholder is anyone who cares about, or has something to gain or lose from, an intervention and its evaluation findings.

Stakeholders include everyone who is:

- ☐ Involved in **delivering** the prevention interventions *(e.g., intervention staff, student leaders, funders, community prevention partners, campus task force members)*
- ☐ **Served** or **affected** by the prevention interventions *(e.g., students, community advocacy and interest groups affected by the issue, campus leaders, public officials)*
- ☐ In a position to **do something** with the evaluation findings *(e.g., campus leaders, student leaders, prevention partners, campus task force members, funders, public officials, community members)*

Why Engage Diverse Stakeholders?

- » Demonstrate respect for the many individuals and groups connected to prevention efforts
- » Obtain the help and support needed to conduct a thorough evaluation
- » Enhance understanding of evaluation among those involved in data collection and analysis
- » Ensure the cultural relevance and appropriateness of the evaluation design, tools, and findings
- » Increase the credibility of prevention interventions as well as the evaluation process and findings
- » Increase the likelihood that evaluation findings will be disseminated and used
- » Garner support for any efforts to expand and/or sustain prevention interventions

TASK 2. Describe the Initiative

Remember the logic model we created in Chapter 5: Planning that lays out exactly what your prevention initiative intends to do and achieve? This tool can help your prevention team communicate its plans to stakeholders and serve as a framework for evaluating the initiative.

Specifically, your logic model has already identified the following:

- ☐ Priority substance use problem to be address by the prevention initiative
- ☐ Risk and protective factors, prioritized based on the degree to which they influence the problem at the local level and existing capacity to change them
- ☐ Evidence-based programs and strategies selected to address each priority factor
- ☐ Anticipated short- and long-term outcomes

Recall that a process evaluation can be used to monitor and improve the implementation of your program or intervention, while an outcome evaluation can measure if and how your intervention is producing anticipated behavior outcomes. When a prevention initiative is laid out fully and clearly in a logic model form, it is much easier to identify appropriate evaluation questions and gather the data needed to answer them. [**Tip Sheet:** Using Process Evaluation to Monitor Program Implementation}

TASK 3. Focus the Evaluation Design

Often, at the beginning of an evaluation, people jump right to thinking about *how* to collect data (e.g., "Let's do a survey!") before thinking through *what* data they'll need. [**Tool**: Providing Evaluation Technical Assistance: Questions to Guide Evaluation Planning]

This task is a great place to involve an evaluation professional who can help you think through the following steps:

- ☐ **Clarify your purpose:** For example, do you want to find out if your interventions reached your focus population, or how well they worked to bring about change? Your purpose should be dictated by your stakeholders' needs, including funding requirements, and guide all decisions that follow.
- ☐ **Develop your questions:** Once you're clear on your purpose, you'll need to develop evaluation questions that are specific to what you want to learn. Some questions can help you learn about the implementation of an intervention while others can help you learn about its outcomes.
- ☐ **Select the right design:** There are different ways to design, or structure, an evaluation. Some questions are best answered by gathering data from intervention participants and practitioners throughout implementation. Other questions are best answered by gathering data before and after an intervention, and/or from nonparticipants as well as participants. This latter approach allows for helpful comparisons and a better understanding of an intervention's effects. [**Tip Sheet**: Selecting an Appropriate Evaluation Design]
- ☐ **Choose appropriate methods:** There are many different ways to gather the data you need. Which methods you select will depend on what you want to learn, your budget and timeline, and what's most appropriate for your focus population.
    - ***Qualitative methods*** (e.g., interviews, focus groups) produce data that are usually expressed in words. They let you explore an issue or population in depth by answering questions such as *Why or why not?* and *What does that mean?* [**Tip Sheet**: Strategies for Conducting Effective Focus Groups **Tip Sheet:** Tips for Conducting Key Informant Interviews]
    - ***Quantitative methods*** (e.g., surveys, checklists) produce data that are usually expressed in numbers. They allow you to draw general conclusions about an issue or population by answering questions such as *How much? How many?* and *How often?*

TASK 4. Gather Credible Evidence

How you gather data will determine how well you can answer your evaluation questions—and whether your findings will be taken seriously by others.

This is another task where you may want to engage an evaluation professional to help you think through ways to increase the credibility of your evaluation by:

- ☐ **Using quality tools and procedures:** This means using data collection tools and procedures that are both valid and reliable. A valid tool measures what it's supposed to measure. A reliable tool produces consistent results each time you use it. Selected tools and procedures should also be culturally appropriate.
- ☐ **Taking a mixed-methods approach** (i.e., a combination of quantitative and qualitative methods). This approach will allow you to examine your initiative from diverse perspectives, answer your evaluation questions more fully, and feel more confident in your findings.
- ☐ **Providing training and support:** Make sure that everyone involved in collecting and analyzing data gets the training and support they need to do it well.
- ☐ **Gathering enough data:** Gather enough data from different sources to be able to draw conclusions with confidence—without going beyond your budget or missing important deadlines. Look back at the data you may have collected from your institutional assessment to determine capacity or from your needs assessment. How much of that data can you use now in your own evaluation?
- ☐ **Managing the process:** It's important to take a systematic approach to storing and analyzing these data, as well as to developing and acting on your findings.

TASK 5. Justify Conclusions

Before you can justify your conclusions, you will need to analyze, synthesize, and interpret your evaluation data.

- ☐ **Analyze:** Analysis involves systematically examining each data source to determine key findings. Whenever possible, engage multiple reviewers in the data analysis process and make sure that everyone follows the same protocol.
- ☐ **Synthesize:** The next step is to compare and connect your results across data sources. By combining information from different data sources, you can detect areas of overlap and consistency—and identify new questions to explore when findings are inconsistent.
- ☐ **Interpret:** Finally, draw conclusions based on a careful examination of all your data. What positive or negative outcomes do your data reveal? Can you attribute these outcomes to the intervention or are other explanations possible? What decisions or actions do you recommend based on your conclusions?

When analyzing, synthesizing, and interpreting evaluation data, it is important to involve the right people. These include individuals with research expertise, intervention staff, students, and other prevention stakeholders who can help increase the accuracy and cultural relevance of evaluation findings.

TASK 6. Ensure Use and Share Lessons Learned

The best way to make sure that your evaluation findings will be used is to communicate them in ways that meet the needs of your diverse stakeholders. [**Tip Sheet:** Reporting Your Evaluation Results]

For each audience, ask yourself the following questions:

- ☐ **What do they want to learn from the evaluation?** Different audiences care about different things. For example, campus leaders will want to hear about the big picture. Are your interventions changing student behavior? Are you putting campus resources to good use? Because colleges and universities are invested in evidence and fact-based learning, you should also be prepared to engage in a discussion about your methodology by providing details of your evaluation procedures, methods, and findings.
- ☐ **Which communication methods and channels are most appropriate?** Consider *how* your different audiences get their information. You may be able to share information with some groups (e.g., campus departments, student groups) through meetings, campus newspapers, or by email. However, you may reach a wider group of students using student-driven posts on whatever social media is currently popular among your students.

Ideas for Communicating Evaluation Findings

- To share key evaluation findings with the public, submit a press release to local newspapers.
- To get a large group on campus thinking and talking about evaluation findings, convene a campus town hall meeting.
- To post on websites, distribute to mailing lists, and hand out at events, create fact sheets and/or infographics of key findings
- To provide funders with a complete overview of the evaluation process and findings, write a full report.
- To explore findings and potential next steps with student groups, schedule a small group presentation for each group.
- To contribute to the prevention field, share your findings at a college health-focused conference or write and submit a journal article.

Finish Strong!

When planning a program evaluation, you should know the following:

- The difference between process evaluation and outcome evaluation
- How to determine which evaluation instruments can be adapted to assess your program
- How to share evaluation results with your stakeholders
- How you will celebrate your team and publicize your program's success to the campus community

CHAPTER 8

Advice for Established and Emerging College AOD Misuse Prevention Professionals: A Conversation with Dolores Cimini, University at Albany

"Our goal is not necessarily to chase the drug when we are developing interventions but to see what the bigger issues are, the environmental issues and hold on to what the best practices are at the individual, campus and policy level."

—Dolores Cimini, Director, Center for Behavioral Health Promotion and Applied Research, University at Albany

In this final chapter of the guide, we provide an inside look at the lessons learned by a prevention professional with a history of addressing AOD misuse among college students. We provide advice for both established and new professionals.

For over 30 years, Dolores Cimini has been a mentor in the field of college AOD misuse prevention. Based at the University at Albany, one of the university centers of the 64-campus State University of New York system, Cimini has spent her career working directly with students. She has produced numerous peer-reviewed public health studies and is the co-editor of *Promoting Behavioral Health and Reducing Risk Among College Students: A Comprehensive Approach* (2018). Cimini currently runs the award-winning Middle Earth Peer Assistance Program at the University at Albany and is the director of the Center for Behavioral Health Promotion and Applied Research.

Cimini is passionate about teaching and educating emerging professionals, and she is a well-loved educator in the School of Education at the University at Albany. She is also excited about the changes in the field of prevention: **"We have steadily moved beyond traditional counseling services toward early intervention and universal intervention that reflect a true public health approach and engages the entire campus."**

Cimini's hard-earned advice is offered below.

For Established Professionals

Dealing With Changes in Upper Administration

In her long tenure at the University at Albany, Cimini has worked under 13 university presidents. AOD issues are a charged issue on campus, and the fear of an unsupportive upper administrator is shared by many who do prevention work in these spaces.

Cimini offers advice for weathering changes in transition:

"When new presidents come in, by and large, they have a lot on their plate. They are learning about a new campus, meeting new people—their time is at a premium."

In response, Cimini and her team introduce themselves while remaining in the background. "We want new administrators to know that they have a program on their campus that is running well and moving forward," she says. "We let them know that we'd love to talk to them about our program, but we know they have a lot on their plate right now. When we do that, we've found that they are not as concerned, and they let us do our work."

Cimini has found that using this approach establishes the competency of her office up front and also provides concrete data and program information for the president when they do have the time to meet with her and her team. Says Cimini, "When new administrators come visit, we provide a more comprehensive, data-driven picture of what we are doing. We also make it clear to them what support from their office looks like so they aren't guessing about how they can help us or inform our work."

Diversify Funding and Share Ownership to Embed Prevention into the Lifeblood of the Campus

For professionals who have worked to establish a successful AOD misuse prevention program on their campus, Cimini offers methods for integrating programming into the day-to-day functioning of campus: "We look for ways to engage the whole campus: This is not the job of one office."

Cimini points to two areas for established professionals to pursue to ensure their prevention work remains central to the campus:

1. **Diversification of resources:** "As part of their budget, many new prevention professionals may get some funding to implement strategies or programs. It's important not to just rely on that one funding source," Cimini explains. "If one is working in a grant-funded program, it's important to not depend on that. Grants come and go, and budgets can be higher or lower depending on the particular academic year or institution. It's important to look for other sources of not only funding support but also looking at how to sustain funding you do have." One program that has benefited from this approach is the Middle Earth Peer Assistance Program, which is supported by a wide range of campus partners, including Student Affairs, Academic Departments and Student Government.
2. **Connection to academics:** Another method Cimini uses at the University at Albany is to foster links between prevention programming and academics. She points again to the 50-year lifespan of the Middle Earth Peer Assistance Program as an example: "We've linked ourselves with the School of Education and are able to offer 3 credit hours each semester to students who participate in the Middle Earth Program. It's wonderful because the students benefit, the university benefits, and our program benefits." In the 2019-2020 academic year, Middle Earth had 157 student peer assistants and peer educators, a testament to the value of the program for all on campus.

Using Data to Stay Abreast of Emerging Drug Issues

From cocaine in the 1980s to the rise of ecstasy and other club drugs in the 1990s to the misuse of prescription medications as study aids starting in the early 2000s, Cimini has seen a lot of trends in drug use over the course of her 30 years at the University at Albany. Throughout it all, she says, the popularity of cannabis has remained unchanged: "College students tend to believe that cannabis isn't harmful and that perception has remained constant over time."

So how does Cimini handle changes in drug popularity at the University at Albany? "We value data and collection of data. We also rely on receiving valuable information from our peer leaders since they work directly with the students," Cimini says. "They serve as our eyes and ears for what's happening on campus."

Cimini also stresses the importance of data analysis as a key part of the process, explaining that she has seen many colleagues collect data but then have challenges with finding the resources and expertise for data analysis. She acknowledges that she is lucky: "We have a graduate program with students and faculty who are interested in this area."

For those who are struggling to find help with data analysis, Cimini suggests, "Partner with faculty on your campus who may be interested in data collection and analysis, even if it's a slightly different field. The skills are transferable, and it's a win-win for everyone since you're all working to build a healthier campus."

Working toward Holistic Prevention

Cimini is sympathetic and attuned to the many challenges facing college students today:

> We can't deny that college students are coming to campus with much more complex substance use and co-occurring mental health challenges. As a result, what we are seeing is an increased number of students who are facing potentially dropping out of school, stopping out of school, not graduating, or not moving into the workforce as has historically been the case. In addition to that, college students, particularly those at many public universities, are facing challenges such as financial concerns, food insecurity, or not being able to afford professional clothing when they do get job interviews. At times students need to decide between going to classes and doing their classwork as a top priority or needing to work and hold on to some role in supporting their families.

As research has shown, financial stressors and mental health conditions are risk factors for substance misuse.

With that in mind, Cimini believes in fostering partnerships and developing a comprehensive holistic approach to prevention. She explains, "Our goal is not necessarily to chase the drug when we are developing interventions but to see what the bigger issues are, the environmental issues, and hold on to what the best practices are at the individual, campus, and policy levels."

Cimini currently works with departments across campus to find ways to reduce the impact of risk factors, from establishing supports for first-generation college students to supporting the university's growing initiatives around mindfulness and well-being programming aimed at reducing student stress and anxiety on campus.

Innovate Using Evidence-Based Programs as a Framework

For established prevention professionals, the list of evidence-based AOD misuse prevention programs is well known. Conducting screening and brief intervention programs, establishing alcohol-free spaces on campus, and advocating for increased enforcement of AOD policies are the backbone of campus prevention programming. For many prevention professionals, implementing evidence-based prevention programs and policies comprises the majority of their efforts for their first 5 to 10 years on campus.

Once those key evidence-based programs have been established, however, Cimini encourages professionals to innovate using the principles central to the success of evidence-based prevention programming. For example, her office received a federal grant to work with fraternity and sorority students on establishing a BASICS-like screening and brief intervention program. Fraternity and sorority leaders involved in the program's creation advocated for the program to highlight fraternity and sorority values around shared identity, brotherhood/sisterhood, and campus reputation, in addition to providing individual and aggregate alcohol use feedback and alcohol expectancy data for each fraternity or sorority compared to all fraternities and sororities.

While the program looks like BASICS and uses motivational interviewing principles in its approach, it's entirely designed to fit the needs of the population. "We have to be willing to adapt our interventions, while keeping fidelity in mind, to meet our target population's needs and to be responsive to their cultures," Cimini explains.

For New Professionals

Understand Your Campus's History around AOD Issues

Taking the time to dive into your new campus's past efforts at addressing AOD issues is well worth the effort, says Cimini. "You are walking into a living history," she explains. "To conduct effective prevention, you must understand how your campus has worked with these issues in the past. What types of programs have they tried? How did the campus respond? How much support has the person working on these issues received in the past? Why is that? What resources has the program had in order to operate?"

New professionals can gain a valuable perspective on the history of AOD misuse prevention on their campuses by using archival data, such as student newspapers, to learn how AOD use has been reported over time, along with conducting interviews with long-time campus leaders.

In addition, Cimini advocates establishing a linkage with your primary supervisor and other campus leaders: "It's really important to work with your supervisor or director to get the history and guidance of where your challenges may be and brainstorm how to address them. How did the program that I'm going to run in the next few years get to where it is? And what can I do to contribute to it in a unique way?"

Go on a Listening Tour

Along similar lines, Cimini recommends taking a semester to conduct what she calls "listening tours" with your likely stakeholders. She recommends not only talking to faculty leaders and student life department heads but also interviewing student leaders and conducting focus groups with students who are traditionally considered "high risk" based on research. Learning how these groups of students have traditionally viewed the work of the AOD misuse prevention office is imperative before embarking on new prevention programming. Just as important is learning how the office has traditionally worked with faculty and other campus departments.

For example:

- **How do faculty feel about the work you're doing?**
- **Are there clear lines of communication between faculty and the AOD office?**
- **How have other student life departments worked with the AOD misuse prevention office in the past?**
- **What types of initiatives do student life departments and faculty want for students around AOD issues?**

Don't Rush into Programming—Take Your Time

As a professional who has mentored generations of prevention professionals, Cimini understands the zeal of newly minted professionals to get started with the important work of crafting a prevention program. However, she cautions against jumping right in without doing a comprehensive needs assessment: "It can be tempting to start right in with prevention programming, but it's important for us to really understand our stakeholders and target population groups, understand their cultures and their concerns, and be open and responsive to that."

For new professionals who may be worried that they might be viewed as ineffective if they don't rush into enacting programs, Cimini recommends keeping key stakeholders engaged in your needs assessment and strategic planning processes. She says, "It's really important to have a mind-set of collaboration with any stakeholder, not only how to collaborate with them, but to assess the strengths that they will be bringing to your work. Ideally, you want to place them in a position that will capitalize on their strengths. That may take some time to figure out. Don't feel rushed."

A Final Note

Like many others who have been in the field for years, Cimini is continually impressed by the quality and passion of new prevention professionals, saying, "We have come so far in how we understand these issues on campus, and there is a great deal of talent coming into these positions. It's a truly exciting time for AOD prevention on campus!"

ENDNOTES

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APPENDIX A

Additional Resources

These resources are offered to inform your progress through the steps of the Strategic Prevention Framework. The inclusion of resources in this guide does not constitute a direct or indirect endorsement by DEA of any entity's products, services, or policies, and any reference to an entity's products, services, or policies should not be construed as such.

Understanding the Problem

Campus Drug Prevention (Drug Enforcement Administration)
https://www.campusdrugprevention.gov
The website was created for professionals working to prevent drug abuse among college students, including educators, student health centers, and student affairs personnel. In addition, it serves as a useful tool for college students, parents, and others involved in campus communities. The website offers valuable information, including data, news updates, drug scheduling and penalties, publications, research, national and statewide conferences and events, state and local prevention contacts, and resources available from DEA's federal partners.

Report to Congress on the Prevention and Reduction of Underage Drinking (2018)
https://www.stopalcoholabuse.gov/resources/reporttocongress/RTC2018.aspx
Compiled by the Interagency Coordinating Committee on the Prevention of Underage Drinking, this report provides policy summaries and state summaries identifying current legislative and other ongoing efforts.

Facts on College Student Drinking
https://www.stopalcoholabuse.gov/media/THMs/tipsresources/5486_UADPEI_College_Drinking_Fact_Sheet_FINAL_4-2016.pdf
This two-page fact sheet created by the Interagency Coordinating Committee on the Prevention of Underage Drinking provides an overview of the issue and breaks down binge and heavy drinking by gender, alcohol use consequences, and alcohol use prevention.

Step 1: Needs Assessment

National College Health Assessment (American College Health Association)
https://www.acha.org/NCHA
The National College Health Assessment offers national searchable survey results from 2015 until the present, reports and statistics, and access to published research.

Monitoring the Future (National Institute of Drug Abuse)
https://www.drugabuse.gov/related-topics/college-age-young-adults
Monitoring the Future provides the most recent data on substance use among this age group, including patterns of marijuana use, nonmedical use of prescription drugs, cocaine, and newer trends, such as synthetic drugs, e-cigarettes, and hookah use. It also provides other links of interest to educators, residence hall staff, counselors, clinicians, researchers who work with this age group, as well as students and parents.

College Drinking: Changing the Culture
https://www.collegedrinkingprevention.gov
A comprehensive resource from the National Institute on Alcohol Abuse and Alcoholism, this site is a central location for information related to alcohol use by college students, including the following:

- College Alcohol Policies is a compilation of alcohol and other drug policies from thousands of colleges and universities across the United States.
- College Alcohol Statistics provides updated national data on prevalence and consequences of alcohol use among college students.

Step 2: Building Capacity

Community Readiness Model
https://tec.colostate.edu/community-readiness-2/
The Community Readiness Model was developed at the Tri-Ethnic Center for Prevention Research at the University of Colorado to provide communities with an easy-to-use method to assess resources and readiness to address a public health issue.

Prevention Collaboration in Action Toolkit
https://pscollaboration.edc.org
Created by Prevention Solutions at the Educational Development Center, this toolkit offers tools and stories from the field on building partnerships and developing collaborations to reduce substance misuse.

Step 3: Planning

College AIM
https://www.collegedrinkingprevention.gov/CollegeAIM/Default.aspx
Developed by the National Institute on Alcohol Abuse and Alcoholism, College AIM is a toolkit designed to help schools identify effective alcohol interventions to address harmful and underage student drinking.

Safer Campuses and Communities
https://prev.org/SAFER/index.html
Based on an NIAAA-funded study conducted at the University of California and California State University systems, SCC examined a variety of environmental-level strategies that could be implemented on campuses and in their surrounding communities. The site provides a free toolkit for fostering campus and community collaboration and implementing evidence-based environmental interventions.

Evidence-Based Practices Resource Center
https://www.samhsa.gov/ebp-resource-center
The Substance Abuse and Mental Health Services Administration provides analyses, costs, and contact information for several individual- and environmental-level strategies to reduce alcohol use by college students.

Logic Model Development Guide
https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide
Developed by W.K. Kellogg Foundation, this guide provides practical assistance to nonprofits engaged in program development, implementation, and evaluation processes.

Step 4: Implementation

National Center on Safe Supportive Learning Environments
https://safesupportivelearning.ed.gov/events-products-and-ta/center-products-tools/higher-education-products
This website provides evidence-based approaches to address alcohol and other drugs and issues of violence on campus. The site offers a variety of products: webinars and in-person learning opportunities, data resources, lessons learned profiles, and case studies from prevention professionals at colleges and universities.

College Drinking: Prevention Perspectives – Lessons Learned at Frostburg State University
https://store.samhsa.gov/products/College-Drinking/All-New-Products/PEP18-FROSTBURG
Per the website description, "This video shows the actions taken by Frostburg State University to reduce campus underage and harmful drinking."

Step 5: Evaluation

An Overview of Quantitative and Qualitative Data Collection Methods
https://www.nsf.gov/pubs/2002/nsf02057/nsf02057_4.pdf
Created by the National Science Foundation, this guide provides information on quantitative and qualitative data collection methods, as well as theoretical and practical issues for consideration.

A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions
https://www.rwjf.org/en/library/research/2009/12/a-practical-guide-for-engaging-stakeholders-in-developing-evalua.html
This guide by the Robert Wood Johnson Foundation provides the reader with "a five-step process for involving stakeholders in developing evaluation questions and includes a set of four worksheets to facilitate this process." This guide aims to assist evaluators and their clients in the process of engaging stakeholders—that is, those with a stake or interest in the program, policy, or initiative being evaluated.

Developing an Effective Evaluation Report
https://www.cdc.gov/eval/materials/Developing-An-Effective-Evaluation-Report_TAG508.pdf
This comprehensive workbook applies the CDC Framework for Program Evaluation in Public Health to report evaluation results to a variety of audiences.

APPENDIX B

Tools, Worksheets, and Tips

Chapter 3: How to Assess Drug Misuse on Your Campus

Tip Sheet: Data Collection Methods—Pros and Cons

Tip Sheet: Potential Challenges to Obtaining Useful Data

Tip Sheet: Strategies for Conducting Effective Focus Groups

Tip Sheet: Tips for Conducting Key Informant Interviews

Tip Sheet: Protective Factors—Adolescence Through Young Adulthood

Data Collection Methods: Pros and Cons

Data Collection Methods: Pros and Cons

Method	Description	Pros	Cons
Archival	Data that have already been collected by an agency or organization and are in their records or archives	• Low cost • Relatively rapid • Unobtrusive • Can be highly accurate • Often good to moderate validity • Usually allows for historical comparisons or trend analysis • Often allows for comparisons with larger populations	• May be difficult to access local data • Often out of date • When rules for recordkeeping are changed, makes trend analysis difficult or invalid • Need to learn how records were compiled to assess validity • May not be data on knowledge, attitudes, and opinions • May not provide a complete picture of the situation
Key Informant Interviews	Structured or unstructured one-on-one directed conversations with key individuals or leaders in a community	• Low cost (assuming relatively few) • Respondents define what is important • Rabid data collection • Possible to explore issues in depth • Opportunity to clarify responses through probes • Sources of leads to other data sources and other key informants	• Can be time consuming to set up interviews with busy informants • Requires skilled and/or trained interviewers • Accuracy (generalizability) limited and difficult to specify • Produces limited quantitative data • May be difficult to analyze and summarize findings

Method	Description	Pros	Cons
Focus Groups	Structured interviews with small groups of like individuals using standardized questions, follow-up questions, and exploration of other topics that arise to better understand participants	• Low cost • Rapid data collection • Participants define what is important • Some opportunity to explore issues in depth • Opportunity to clarify responses through probes	• Can be time consuming to assemble groups • Produces limited quantitative data • Requires trained facilitators • Less control over process than key informant interviews • Difficult to collect sensitive information • Accuracy (generalizability) limited and difficult to specify • May be difficult to analyze and summarize findings
Surveys	Standardized paper-and-pencil or phone questionnaires that ask predetermined questions	• Can be highly accurate • Can be highly reliable and valid • Allows for comparisons with other/larger populations when items come from existing instruments • Easily generates quantitative data	• Relatively high cost • Relatively slow design, implement, and analyze • Accuracy depends on who and how many people sampled • Accuracy limited to willing and reachable respondents • May have low response rates • Little opportunity to explore issues in depth

Potential Challenges to Obtaining Useful Data

Some data sets may have collection or quality issues that will affect your ability to obtain useful data. In some cases, you can overcome these barriers by working with the data providers or your evaluator to reconfigure the data in ways that meet your needs. In other cases, you simply may not be able to use the data or will need to keep their limitations in mind when drawing conclusions based on the data. Caveats about data limitations, and its possible consequences for your analysis, should be included in data reports.

Common barriers to obtaining useful data include the following:

- **Data may be aggregated**. Hospitals, for example, often combine adult and youth data or data across several communities. This can be frustrating if you are seeking information about youth in your town. The agency may be able to sort the data for you.
- **Jurisdictions may overlap**. For example, the jurisdiction boundary of your local police department may not correspond to that of the school district. A trauma center may draw patients from across your state.
- **Time periods may be inconsistent or too short**. Data from one agency may be organized by calendar year, another by fiscal year, and another by school year. The data may not be current enough or collected for a long enough time to track trends accurately.
- **Data may be missing or incomplete**. Information included in agency records and local data sets is often missing or incomplete. If the amount of missing data is large, the data may not provide an accurate picture of your community. This is especially true if some information is consistently missing, such as records from a particular school district or police precinct. Or, a failure to consistently record data (such as age or blood alcohol content) may make it impossible for you to analyze the data in ways that are useful for your efforts.
- **Data categories may not meet your needs**. For example, sub-categories such as race or ethnicity are not always determined or implemented consistently across organizations.

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Strategies for Conducting Effective Focus Groups

The following guidelines related choosing participants for focus groups can help to generate information that is more reliable.

Include People Who Can Provide the Information You Need

Data collection involves asking the appropriate people for the appropriate information. Suppose you want to learn about parents' attitudes and practices concerning teen alcohol use, and drinking and driving? You obviously want to ask parents. But you also might want to consider the following:

- Should parents have children of a certain age in order to participate? (for example, no younger than 15?)
- Do you want to include both mothers and fathers?
- Does the ethnicity of the parents make a difference?
- Should you include parents who drink and nondrinking parents?

Try to define your participants as precisely as possible. It usually makes sense to consider gender, age, occupation, geographic location, ethnicity, and language.

Include Participants Who Are Similar to One Another

The less diverse your focus group, the better. If you want to gather information on Hispanic teenagers, teens who have recently emigrated from Somalia, and teens in the "heavy metal" subculture, organize individual focus groups for each category.

There are two reasons for this:

- An individual cannot represent a population. A focus group of 10 teenagers might not be able to provide a representative sample of all teens in your community. But it will probably generate more representative information than will one teenager included in a group spanning several generations.
- Research shows that people are more likely to reveal their opinions and beliefs and to talk about sensitive issues when they are with people who they perceive to be like themselves.

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Include Participants Who Do Not Know One Another

Participants are more likely to be honest and forthcoming when they do not know the other people in the group. The following may occur when participants know one another:

- They are less likely to reveal personal or sensitive information.
- They are more likely to express views that conform to those of others in the group (especially others whom they perceive as having some power or influence outside the group).
- They may respond to questions based on their past experiences with one another (which effectively reduces your sample size).

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Tips for Conducting Key Informant Interviews

Although key informant interviews are more informal than other forms of data collection, they still require a structure to be effective. Your respondent is more likely to take you seriously (and provide better information) if you are prepared and the conversation has direction.

Tips for conducting key informant interviews include the following:

- **Begin by introducing your project and purpose**. Remind the respondent about your purpose and the ultimate use of the information. Also, explain who will have access to your interview notes and whether the respondents will be identified in any reports or public discussions of your investigation.
- **Start with an easy question**. For example, ask how long your respondents have been in their jobs. This will set them at ease and provide a context for analysis (as someone who has been on the job for six months will not have the same perspective as someone who has been on the job for 10 years).
- **Ask your most important questions first**. You might run out of time. This is especially important when interviewing people whose job might require them to end the interview early (such as emergency medical service or law enforcement personnel).
- **Ask the same (or parallel) questions of several respondents**. For example, you might want to ask all respondents connected with a particular prevention program (or system) to list the three things they would like to see improved. Answers from a number of different people in a system can reveal programming obstacles or places in which the system needs to be improved.
- **Don't move to a new topic prematurely**. Don't leave important issues hanging—you might run out of time before you can return to them. Also, you will get more useful information by discussing one subject at a time.
- **Be prepared to ask the same question in another way**. Prepare several questions that try to elicit the same information. Turn to the alternate questions when your first question just doesn't do the job.
- **Don't get stuck on a question**. Sometimes you just won't get the information you want from a particular respondent. Know when to move on so you don't frustrate yourself or antagonize your respondent by trying to elicit information that he or she does not have, cannot articulate, or isn't willing to share.
- **Don't let the interview go much over an hour**. The people you chose as key informants are likely to be busy. The quality of the conversation can deteriorate if they feel rushed. Many of your respondents may be people with whom you might want to collaborate with in the future, so don't antagonize them by letting an interview go on too long.
- **Record the interview if possible**. And take notes. As with focus groups, transcribe the recording and type up your notes as soon as possible after the interview is completed. Don't forget to get the respondent's permission to make an audio recording.

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Protective Factors: Adolescence through Young Adulthood

Prevention is not just about eliminating a negative behavior; it is also about striving to optimize well-being and supporting factors that protect against misuse. These protective factors can reduce the negative impact of risk factors. The following tables, compiled by the National Research Council and Institute of Medicine and the United States Surgeon General, show select protective factors that are associated with healthy development at the individual, family, and school/community levels during specific stages of development from adolescence through young adulthood.

PROTECTIVE FACTORS: ADOLESCENCE

Individual	Family	Community (School)
• Positive physical development (good health habits, good health risk management skills) • Positive intellectual development (life, school, vocational skills; critical and rational thinking; cultural knowledge and competence) • Positive psychological and emotional development (self-esteem and self-regulation; coping, responsibility, problem-solving; motivation and achievement; morality and values) • Positive social development (connectedness to peers, family, community; attachment to institutions)	• Physical and psychological safety • Appropriate structure (limits, rules, monitoring, predictability) • Supportive relationships with family members • Opportunities to belong (sociocultural identity formation, inclusion) • Positive social norms (expectations, values) • Support for efficacy and mattering, or the feeling that one is making a difference • Opportunities for skill building • Integration of family, school, and community efforts	• Physical and psychological safety • Appropriate structure (limits, rules, monitoring, predictability) • Supportive relationships • Opportunities to belong (sociocultural identity formation, inclusion) • Positive social norms (expectations, values) • Support for efficacy and mattering • Opportunities for skill building • Integration of family, school, and community efforts

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PROTECTIVE FACTORS: YOUNG ADULTHOOD

Individual	Family	Community (School/Work)
• Identity exploration in love, work, and worldview • Subjective sense of adult status in self-sufficiency, making independent decisions, and becoming financially independent • Future orientation • Achievement motivation • Belief in a higher being, or involvement in spiritual practices or religious activities • An individual's belief that they can modify, control, or abstain from substance use	• Balance of autonomy and relatedness to family • Behavioral and emotional autonomy • Married or living with a partner in a committed relationship who does not misuse alcohol or drugs	• Opportunities for exploration in work and school • Connectedness to adults outside of family

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Developed under the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order. Reference #HHSS283201200024I/HHSS28342002T.

Chapter 4: How to Build Capacity to Prevent Drug Misuse on Your Campus

Worksheet: Identifying New Partners

Worksheet: Analyzing Existing Partnerships

Tip Sheet: Levels of Collaboration

Tip Sheet: You Gotta Hear This! Developing an Effective Elevator Pitch

Tip Sheet: Beginning Your Collaboration: Tips for a Safe and Satisfying Journey

PREVENTION COLLABORATION IN ACTION

Identifying Needs and Opportunities for Collaboration

Worksheet: Identifying New Partners

Local stakeholders are key to the success of prevention efforts: they bring specialized knowledge, access to data, insight about priority populations, and a variety of other resources. Yet figuring out which organizations, agencies, or individuals to cultivate as partners can be challenging. There are many remarkable individuals and groups in your community, but not all of them will be a good fit for your prevention efforts at this time.

This worksheet will help you record the gaps in your current prevention resources, develop a list of community stakeholders who might fill these gaps, and identify other potential stakeholders with whom you may want to partner in the future as new priorities and/or needs emerge. Once you complete this worksheet, you can use your list to prioritize which partners to engage.

Step 1: Answer these questions:

1. Which prevention resources[1] do you currently need to *strengthen* or *sustain* your prevention efforts? *(If you completed the worksheet* Analyzing Existing Partnerships*, you may want to review the resources you already have in place. To identify current resource gaps, review the tool* What Do We Mean by Resources?*)*
2. Which new stakeholders from your community might help you fill identified resource gaps? *(For a list of potential partners, review the tool* 21st Century Partners in Prevention*.)*

Step 2: Use your responses to the questions above to complete the chart below.

- First, ***list*** your potential partners.
- Next, ***record*** the prevention resource gaps each partner might fill.
- ***Describe*** additional prevention resources each partner might provide.
- ***Outline*** the benefits each partner may experience by joining the collaboration.
- In the remaining rows, ***list*** any additional partners you may want to engage, accompanied by the prevention resources they offer. *(See the list of stakeholder groups in Part II of the worksheet* Analyzing Existing Partnerships *to see if there are any key groups you are missing.)*

[1] For this tool, prevention resources are defined as fiscal, human, organizational, or other assets that help you address identified prevention needs in your community.

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Step 3: Once you've completed the chart, decide which partners to contact first. This will help to ensure your time and effort reaching out to them is spent wisely. For help prioritizing, see the worksheet Assessing the Readiness of Potential Partners to Collaborate.

Potential Prevention Partner	**Resource Gap Filled** What specific resource need or gap could this partner fill?	**Other Value Added for You** Which additional prevention resources could this partner bring to the table?	**Value Added for Partner** What are the benefits to the potential partner of collaborating with you?
1.			
2.			
3.			
4.			
5.			

Potential Prevention Partner	Resource Gap Filled What specific resource need or gap could this partner fill?	Other Value Added for You Which additional prevention resources could this partner bring to the table?	Value Added for Partner What are the benefits to the potential partner of collaborating with you?
6.			
7.			
8.			
9.			
10.			

Identifying Needs and Opportunities for Collaboration

Worksheet: Analyzing Existing Partnerships

Before engaging in new collaborative efforts, it's important to assess the status of current partnerships. Who currently sits at your prevention table? What skills and expertise do they bring? How is the relationship working out?

This worksheet is designed to help you develop a brief inventory of with whom you are working and how. Analyzing existing partnerships will help you see and appreciate the value of current partners. It will also help you determine whether the partners you have on board are the right ones, given your current prevention priorities, and to see where you may need to recruit new partners to fill identified gaps and/or ensure representation from key stakeholder groups. (For more on this, see the worksheet *Identifying New Partners*.)

Instructions

- ***List*** your current partners. For this tool, partners are defined as organizations or individuals with whom you share prevention resources.
- For each partner:
  - ***Write down*** the community sector this partner represents (i.e., Are there any sectors missing, given your prevention priorities?)
  - ***Describe*** the nature of your collaboration (i.e., How do you work together?)
  - ***Identify*** the prevention resources the partner contributes (i.e., How does collaborating with this partner strengthen your prevention efforts?)
  - ***Determine*** the partner's current level of involvement (i.e., What is the nature of your collaboration?)
  - ***Describe*** the current status of your collaborative relationship (i.e., Is your collaborative relationship going well? Is this partner still relevant, given your current priorities? Would you like to move the relationship to the next level?)

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Current Partner	Sector Represented (e.g., parents, health care, business)	Nature of the Collaboration (How do you and your partner work together?)	Prevention Resources Shared[1] (e.g., knowledge, skills access to priority populations)	Level of Involvement[2] (e.g., networking, cooperating, coordinating, full collaboration)	Current Status (Is the collaboration going well/still relevant?)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

[1] For this tool, *prevention resources* are defined as the fiscal, human, organizational, or other assets that help you address identified prevention needs in your community. See *What Do We Mean by Prevention Resources?* for a list of common prevention resources.

[2] See the tool *Levels of Collaboration* for descriptions of the different levels.

Current Partner	Sector Represented (e.g., parents, health care, business)	Nature of the Collaboration (How do you and your partner work together?)	Prevention Resources Shared (e.g., knowledge, skills access to priority populations)	Level of Involvement (e.g., networking, cooperating, coordinating, full collaboration)	Current Status (Is the collaboration going well/still relevant?)
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Understanding the Basics

Levels of Collaboration

There are many different ways for stakeholders to work together. Collaboration between partners can range from informal (e.g., two agencies sharing information) to much more organized (e.g., multiple organizations working closely to achieve a shared vision).

The following chart describes four levels of collaboration: networking, cooperation, coordination, and full collaboration. We suggest using the chart to determine your current level of involvement with a partner, as well as options for deepening this relationship over time. You can also use the chart to explore different options for collaborating with new partners. Please note that no single type of collaboration is "better" than another. The best type is the one that is the best fit, given what you and your partners hope to achieve.

	Networking	Cooperation	Coordination	Full Collaboration
What is it?	Partners share information and talk with one another for their mutual benefit.	Partners support one another's prevention activities but have no formal agreement in place.	Partners are engaged in mutual projects and initiatives, modifying their own activities to benefit the whole.	With a formal agreement in place, partners work toward developing enhanced capacity to achieve a shared vision.
Key Features	▪ Loosely defined roles ▪ Loose/flexible relationships ▪ Informal communication ▪ Minimal decision-making ▪ No risk	▪ Somewhat defined roles ▪ Informal and supportive relationships ▪ More frequent communication ▪ Limited decision-making ▪ Little to no risk	▪ Defined roles ▪ Formalized links, but each group retains autonomy ▪ Regular communication ▪ Shared decision-making around joint work ▪ Low to moderate risk ▪ Share some resources	▪ Formalized roles ▪ Formal links, which are written in an agreement ▪ Frequent communication ▪ Equally shared ideas and decision-making ▪ High risk but also high trust ▪ Pooled resources

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	Networking	Cooperation	Coordination	Full Collaboration
What Does It Look Like?	▪ Partners share what they are doing to address common community issues at interagency meetings. ▪ Partners discuss existing programs, activities, or services with other organizations.	▪ Partners publicize one another's programs and services. ▪ Partners write letters of support for one another's grant applications. ▪ Partners co-sponsor trainings or professional development activities. ▪ Partners exchange resources, such as technology expertise or meeting space. ▪ Partners attend one another's meetings and events.	▪ Partners serve together on event planning committees and community boards. ▪ Partners implement programs and services together. ▪ Partners care about the same issues.	▪ Partners sign a memorandum of understanding with each other. ▪ Partners develop common data collection systems. ▪ Partners participate in joint fundraising efforts. ▪ Partners pool fiscal or human resources. ▪ Partners create common workforce training systems.

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You Gotta Hear This! Developing an Effective Elevator Pitch

There comes a time in every budding relationship where you will need to make *the ask*--that is, request a commitment from a potential partner to do something. This tool is designed to help you develop a compelling argument, or "elevator pitch," for why they should say yes.

And while not every ask will be made within the confines of an elevator, the term "elevator pitch" reminds us that these requests should be intentional and succinct, as if the elevator doors could open up at any moment.

What Makes a Good Pitch?

A good pitch anticipates and addresses the main questions a listener may have about what you are asking and why. Ultimately, every *ask* involves a dialogue—listening is critical to understand the needs of potential partners and developing a relationship. But before that, you need to make your case. To do that, you need a pitch that describes:

- The **three W's**—the "who," "what" and "why" of your message or request.

- The **benefits** of collaboration—to both you *and* your partner.

- Any **barriers** you've identified that could make it challenging to work together, and how you plan to get past them.

- A **call to action** that clearly identifies what you are asking potential stakeholder to do if they say "yes."

Remember, a pitch that is effective in engaging one potential partner will not necessarily be right for another. Quality pitches are audience-specific, tailored to address the audience's unique needs, values, and priorities.

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Preparing Your Pitch

Here are some questions to help you develop a pitch that includes the key elements presented above:

Pitch Element	Questions to Help You Get There
 **Three W's**	*Who* are you and who do you represent? *What* do you or your organization do? *Why* is your organization doing this work? What need are you serving?
 **Benefits & Barriers**	How will their participation benefit you and your organization? What is the value-added to the potential partner of collaborating with you? What are potential barriers to working together? How will you address these barriers?
 **Call to Action**	What *specifically* are you asking their organization to do? What are the immediate next steps that you would like them to take?

As you develop your pitch, also make sure to:

- **Consider any recent political, social, and/or economic events that might influence your partner's receptivity to your pitch.** Pitches are not made in a vacuum, so it's important to look at community context and climate, as these can affect how your pitch might be interpreted.
- **Avoid jargon.** "Insider" language—that is, terms, phrases, or acronyms specific to your organization or sector—can may be confusing (at best) and off-putting (at worst). Take time to consider alternative ways to get your point across.

Here's an Example

Here's an elevator pitch made to a business community leader, by a prevention task force chair. How it might be different if the Chair were approaching the Chief of Police?

Pitch Component	What She Said	Why She Said It This Way
 **Three W's**	My name is Terry Jones and I'm the task force leader for the Everytown Substance Abuse Coalition. Our mission is to reduce growing rates of alcohol use among the young adults in our community. These rates are particularly alarming for young adults who are in the workforce, where problem alcohol use often leads to poor job performance, as well as onsite alcohol-related injuries.	Terry clearly defines who she is, the purpose of the coalition, and the link between alcohol use and workplace injury.
  **Benefits & Barriers**	To prevent substance use in this group, we need to go where the young people are—where they play and where they work. And that's where you can really help us. You are a major employer of young people, so you can really help us reach them. I understand that as a business owner, you have limited time to dedicate to programs like ours. However, I think that engaging in this work could prove good for business, by reducing staff turnover as well as alcohol-related injuries at your stores.	Terry knows that this business leader's biggest concern is having his workers injured while on the job, so she makes sure to include this in her pitch.
 **Call to Action**	Would you be willing to partner with us to develop a series of trainings that we could offer to the young workers in your stores? We would do the heavy-lifting—we would just ask you to let us spend some time interviewing	Terry is specific about how she'd like to work with this business leader.

Pitch Component	What She Said	Why She Said It This Way
 **Call to Action (Cont.)**	some of your employees, and then provide the space and time to deliver the trainings. If we work together to tackle this problem, I believe our partnership can help your business thrive and assist you in becoming one of the community's top performing businesses. Your involvement would also tie in well with the work that the Mayor's Commission is doing to prevent drug use in the community.	Terry also places the request in the context of other prevention efforts going on in the city, and underscores the importance of working together.

Practice Makes Perfect

Use the template below to create your own elevator pitch to a potential partner. Before delivering it, make sure to check the following:

- Is your pitch sensitive to your potential partner's needs, values, and priorities?
- Does your pitch contain jargon or words that are difficult to understand?
- Does your pitch take into account recent political, social, or economic events? Revise your pitch accordingly, and then go put it into use!

Key Component	Leading Questions	Your Pitch
 **Three W's**	*Who* are you and who do you represent? *What* do you or your organization do? *Why* do you do this work? What need are you serving?	

Key Component	Leading Questions	Your Pitch
 **Benefits & Barriers**	What is the value-added to the potential partner of collaborating with you? How will their participation benefit you and your organization? What are potential barriers to working together? How will you address these barriers?	
 **Call to Action**	What *specifically* are you asking this person or organization to do? What are the immediate next steps that you would like them to take?	

PREVENTION COLLABORATION IN ACTION

Exploring Ways to Work Together

Beginning Your Collaboration: Tips for a Safe and Satisfying Journey

Think of a workgroup as a collection of people taking a journey together. As it plans its trip, members need to figure out where they're going, how they will get there, and what route to take.

- A workgroup's destination is its ***vision***, dictating where the group wants to go.
- A workgroup's vehicle is its ***structure and procedures***. Its structure is the body; its procedures the engine. Members travelling in a broken-down vehicle (e.g., full of holes in the floor) are likely to "fall out," or leave the group. And if the engine begins to fail, the journey is likely to slow down or come to a screeching halt.
- Lastly, the path or route a group takes is its ***goals and activities***—how members will work together to get where they need to go.

Building on this analogy, here are some tips for ensuring a smooth and safe collaborative ride!

- **Create a shared vision.** One of the first orders of business for collaborative workgroups is to discuss and create a shared vision. If members have different ideas about the ultimate purpose of the workgroup, the team will not be motivated to work toward common goals. A shared vision unifies the workgroup and makes it easier to figure out what needs to happen to make the vision a reality.
- **Develop a well-defined structure.** Whether the group's structure is akin to a Mini Cooper or a charter bus, it's important that everyone has somewhere to *sit* (i.e., a role), and that you *make room* for new members. Elements of a well-defined structure, such as clearly defined roles and responsibilities, meetings that begin and end on time, and regular progress updates will reduce potential frustration, keep members involved, and increase member satisfaction.
- **Establish clear goals and related action steps.** If you leave for a journey without a plan (whether GPS app or paper map), you are likely to get lost, waste energy (i.e., gas), and drive many extra, unnecessary miles. Groups that don't have clearly-defined action steps connected to concrete goals can easily get "lost" in action. Busy team members whose activities are not tied to goals may be "spinning their wheels" and not actually moving the team's prevention agenda forward.

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- **Promote open communication during meetings.** Create guidelines for participation or “ground rules” that support open, honest, and respectful exchanges. These serve as the “seat belts” that keep members safe, promote trust, and prevent tension and conflict among members.
- **Use clear and transparent decision-making processes.** Just as oil prevents an engine from seizing, clear and transparent decision-making processes will help to ensure your team doesn’t get mired in indecision. How the team approaches decision making is one of the first decisions it should make together!
- **Be responsive to member needs.** Like maintaining your car, so, too, must you attend to the needs of your members. Make sure that members find value in their participation—failing to do so is like driving all day and not stopping for food. One way to “feed” members is by providing trainings and in-services to build needed capacities. Another is to ensure that members can contribute in meaningful ways. Lastly, check in regularly with members to gauge their satisfaction with the group and find out if you need to do any tune-ups.
- **Build the leadership capacity of members.** This not only helps to keep members challenged and engaged, but will also contribute to the group’s sustainability. Having workgroup members who are involved in leadership roles is like having a spare tire—it ensures that your workgroup is not dependent on the involvement of a single individual to move forward.
- **Assess progress regularly.** Revisiting project goals, and associated roles and responsibilities, will help the team stay on track and avoid long detours. Keep in mind, however, that the shortest path to getting somewhere isn’t always the smoothest, or most scenic. Remember that the journey should also be fun and fulfilling. So acknowledge member contributions and celebrate your progress along the way!

Chapter 5: How to Plan a Successful Drug Misuse Prevention Program on Your Campus

Worksheet: Developing Your Logic Model

Developing Your Logic Model: Worksheet

A logic model is a visual tool that presents the logic, or rationale, behind a program or process. Substance abuse prevention practitioners use logic models to connect and communicate all of the elements of their prevention plans, and to guide their evaluation efforts. This worksheet presents a set of questions that practitioners can use to inform the development of their programmatic logic models. To learn more about logic models, review the PowerPoint presentation *Developing a Logic Model to Guide Program Evaluation*.

Step One: Describing the Need for Your Program

What problems in the community will your program address? Be specific about the positive behaviors you want to see strengthened or the negative behaviors you want to see changed and target audience.

Why did you choose these particular problems in your community over other problems? Why is it important? (Consider magnitude, trends, severity, and economic costs).

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What conditions or factors in your community contribute to these problems? Consider factors specific to your community. (Note: This is your explanatory theory).

Are there other efforts in the community that address these problems? If so, how well? If not, why?

How does your program fit relative to other approaches in your community? Does your program or practice add anything different?

Do you expect support from your community or organization for your program? Why or why not?

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Summary Statement of your Community's Needs

Step Two: Defining Goals

What do you want to see changed in the long term?

Write your goal statement(s) here. Remember to tie your goals directly to your ***need statement***.

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Step Three: Specifying Your Objectives

What specific changes do you anticipate will result from participation in your program? (or exposure to your practice or policy)?

Are you expecting changes at the individual, organizational, community or policy level?

If individuals, then which individuals, and what about them (i.e., knowledge, attitudes, behavior), do you expect to see change?

What will be the expected magnitude of these changes? (e.g., at least 80% of participating youth will report an increase in their appreciation of their tribal heritage)

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What will be the expected magnitude of these changes? (e.g., at least 80% of participating youth will report an increase in their appreciation of their tribal heritage)

When do you anticipate seeing these changes?

Write your short-term objective(s) here. Remember to tie your objectives directly to your problem statement and to the contributing factors that you identified.

Write your *long-term* objective(s) here.

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Step Four: Outlining Your Program Activities

List the activities that comprise your program.

How will these activities address those factors that contribute to the problem (i.e., help you accomplish your goals and objectives)? These are your theories of change.

Review your initial list of activities.

Which of these activities are critical to program success (i.e., must be in place for your program to succeed)?

Which of these are short-term activities?

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Which of these are long-term activities?

Step Five: Identifying People Who Care If Your Program Succeeds

Who is responsible for implementing your program?

Who else—other than staff—wants your efforts to succeed?

Who in your community may want to see your program fail?

Consider your program activities. Have you engaged the people you need in order for your program to succeed? If not, who is missing? How will you bring them on board? Consider creating a chart:

Program Activity	Who Will Make it Happen?	Are They On-Board?	If Not, How Can You Get Them There?

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Program Activity	Who Will Make it Happen?	Are They On-Board?	If Not, How Can You Get Them There?

Step Six: Choosing the Right Process Measures

How will you know your activities happened, as planned?

For each activity, list the kinds of information you need to determine if it was implemented as planned:

Program Activity (from Step 5)	Process Measure

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List the measures you will use to collect each kind of information.

How will you ensure that activities are being implemented reliably--as it was originally?

Step Seven: Choosing Outcome Measures

How will you measure program-produced changes?

List your short-term outcome measures (these should correspond with your short-term objectives).

List your long-term outcomes measures (these should correspond with your long-term objectives).

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Logic Model Template

Needs	Goals	Objectives	Activities
		Short-term:	**Short-term:**
		Long-term:	**Long-term:**

Stakeholders	Process Evaluation		Outcomes
People Responsible for Your Intervention:	**Program Activity**	**Process Measure**	**Short-term:**
People Who Want to See Your Program Succeed:			
			Long-term:
People Who Want to See Your Program Fail:			

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Chapter 6: How to Implement a Successful Drug Misuse Prevention Program on Your Campus

Tool: What Are Core Components…and Why Do They Matter?

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EDC Education Development Center

What Are Core Components...and Why Do They Matter?

Core components are the most essential and indispensable components of an intervention practice or program ("core intervention components") or the most essential and indispensable components of an implementation practice or program ("core implementation components").

Core Components for Interventions

Part of an implementer's goal is to implement only those attributes of a program or practice that are replicable and add value. Core intervention components are, by definition, essential to achieving good outcomes for consumers. However, understanding and adhering to the principles of intervention underlying each core component may allow for flexibility in form (the intervention's processes and strategies) without sacrificing the function associated with the component.

Knowing the core intervention components may allow for more efficient and cost-effective implementation and lead to decisions about what can be adapted to suit local conditions. Core intervention components may best be defined after a number of attempted applications of a program or practice, not just the original one.

Core Components for Implementation

The goal of implementation is to have practitioners base their interactions with clients and stakeholders on research findings (evidence-based practices and programs). Core implementation components help accomplish this task. The core implementation components consist of the following:

- **Staff selection**: Beyond academic qualifications or experience factors, certain practitioner characteristics are difficult to teach in training sessions so must be a part of the selection criteria. Staff selection also represents the intersection with a variety of larger system variables. General workforce development issues, the overall economy, organizational financing, the demands of the evidence-based programs in terms of time and skill, and so on impacts the availability of staff for human service programs.
- **Pre-service and in-service training**: Trainings are efficient ways to provide knowledge of background information, theory, philosophy, and values. They also help to introduce the components and rationales of key practices and provide opportunities to practice new skills and receive feedback in a safe training environment.
- **Ongoing consultation and coaching**: Most of the skills people need can be introduced in training but really are learned on the job with the help of a consultant or coach. Implementation of evidence-based practices and programs requires behavior change at the practitioner, supervisory, and administrative support levels. Training and coaching are the principle ways in which behavior change is brought about for selected staff in the beginning stages of implementation and throughout the process of evidence-based practices and programs.

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- **Staff and program evaluation**: Staff evaluation is designed to assess the use and outcomes of the skills that are reflected in the selection criteria, are taught in training, and reinforced and expanded in consultation and coaching processes. Assessments of practitioner performance and measures of fidelity also provide useful feedback to managers and implementers regarding the progress of implementation efforts and the usefulness of training and coaching. Program evaluation assesses key aspects of the overall performance of the organization to help assure continuing implementation of the core intervention components over time.

- **Facilitative administrative support**: This provides leadership and makes use of a range of data inputs to inform decision-making, support the overall processes, and keep staff organized and focused on the desired outcomes.

- **Systems interventions**: These are strategies that work with external systems to ensure the availability of the financial, organizational, and human resources required to support the work of the practitioners.

These are interactive components that can compensate for one another so that a weakness in one component can be overcome by strengths in other components. Organizations are dynamic and there is an ebb and flow to the relative contribution of each component to the overall outcomes. The feedback loops are important in keeping the evidence-based program "on-track." If the feedback loops (staff or process evaluations) indicate needed changes, then the system needs to be adjusted to improve effectiveness or efficiency.

Critical functions of implementation consist of practitioner training, coaching the practitioner on the job, regularly assessing fidelity, and using that information to improve the performance of practitioners who are selected for the position.

Multilevel Influences on Successful Implementation

The core implementation components are important in changing the behavior of practitioners and other personnel who are key providers of evidence-based practices within an organization. The core components are contained within and supported by an organization that establishes facilitative administrative structures and processes to select, train, coach, and evaluate the performance of practitioners and other key staff members; carries out program evaluation functions to provide guidance for decision-making; and intervenes in external systems to assure ongoing resources and support for the evidence-based practices within the organization.

The core components must be present for the implementation to occur with fidelity and good outcomes. The organizational components must be present to enable and support those core components over the long term. And, all of this must be accomplished over the years in the context of variable but influential changes in governments, leadership, funding priorities, economic boom-bust cycles, shifting social priorities, and so on.

Organizational Change and Development

Implementation of evidence-based practices and programs almost always requires organizational change. The elements often described as important to organizational change are:

- Commitment of leadership to the implementation process
- Involvement of stakeholders in planning and selection of programs to implement, to encourage buy-in and ownership during implementation and continuing operations and to keep negative forces at bay
- Creation of an implementation task force made up of consumers, stakeholders, including unions and community leaders to oversee the implementation process
- Suggestions for "unfreezing" current organization practices (including the use of external consultants or purveyors), changing those practices and integrating them to be functional, and then reinforcing the new levels of management and functioning within the organization
- Resources for extra costs, effort, equipment, manuals, materials, recruiting, access to expertise, re-training for new organizational roles associated with implementation of an innovation
- Alignment of organizational structures to integrate staff selection, training, performance evaluation, and on-going training
- Alignment of organizational structures to achieve horizontal and vertical integration
- Commitment of ongoing resources and support for providing time and scheduling for coaching, participatory planning, exercise of leadership, evolution of teamwork

Reference

Implementation Research: A Synthesis of the Literature – 2005 (PDF | 2 MB) at the National Institute on Drug Abuse (NIDA) Clinical Trials Network Dissemination Library

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Chapter 7: How to Evaluate Your Drug Misuse Prevention Program

Tool: Providing Evaluation Technical Assistance: Questions to Guide Evaluation Planning

Tool: Reporting Your Evaluation Results

Tool: Selecting an Appropriate Evaluation Design

Tool: Strategies for Conducting Effective Focus Groups

Tool: Tips for Conducting Key Informant Interviews

Tool: Using Process Evaluation to Monitor Program Implementation

Evaluation Tool—Providing Evaluation Technical Assistance: Questions to Guide Evaluation Planning

The following tables include a series of questions to help prevention practitioners plan for program evaluation. By responding to the proposed questions, practitioners can begin to think through how to select appropriate evaluation measures, address data collection challenges, and collect quality data. The questions are organized according to the following seven themes:

- Defining the target population
- Reviewing existing data
- Selecting a sample
- Increasing response rates
- Addressing ethical considerations
- Administering a quantitative survey
- Following up and sharing results

DEFINING THE TARGET POPULATION

Prevention efforts should focus on a population that demonstrates risk for substance misuse based on data. During evaluation planning, it's important to understand this targeted population and the changes you hope to expect as a result of programmatic efforts.

Key Questions	Follow-up Questions	Considerations
Which population group(s) are your prevention efforts targeting?	• Is this population group at increased risk for substance misuse? • What characteristics place them at increased risk? • How did you determine that this population group was at increased risk? • Are there subgroups within your target population who are at even higher risk?	• Depending on data findings, target populations might include, for example, adolescents, emerging adults, college students, alcohol retailers, prescribers, or specific racial/ethnic groups.

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Key Questions	Follow-up Questions	Considerations
How large is your population of interest?	• Is it feasible to survey at the individual level or is your sample so large that it would make sense to survey at a higher level, such as the school level?	• The larger the sample, the more expensive it becomes to collect the necessary data. • Power analysis can help determine the sample size required to detect an effect with confidence. It may be appropriate to consult with a statistician before selecting a sample. For more information on sample size, see *Selecting a Sample*.
Are you expected to demonstrate change at the state or local level?	• How many subrecipients are funded? • What is the total number of units from which you can potentially sample?	• Some grantees may be working with every county in the state, or they may fund only one agency, county, or town. • Units can be, for example, individuals, schools, organizations, or communities.
What changes do you expect to see in that population?	• What performance outcome(s) are you measuring and monitoring? • Do you have access to measures that include indicators relevant to your outcomes?	• For example: PFS grantees must submit at least six measures for each sub-recipient to the cross-site evaluation (PEP-C): three underage drinking and three prescription drug measures.

REVIEWING EXISTING DATA

Before deciding to collect original data (which can be resource intensive), it can be helpful to look into what data are already being collected and whether those sources can be used for evaluation purposes.

Key Questions	Follow-up Questions	Considerations
Are you able to monitor change in your population of interest using indicators from existing datasets?	• Does the existing data include information at the level for which you want to show change (i.e., local, state, or national)? • What is the quality of the existing data?	• Be sure to understand the psychometric properties of the survey and the methodology used to collect the data in order to determine the quality and rigor of the data set and have confidence in the findings.

Key Questions	Follow-up Questions	Considerations
Are you able to monitor change in your population of interest using indicators from existing datasets? **(cont.)**	• How accurately do these data represent the population you are trying to study? • Who is collecting the information? • Are data collected consistently in standard intervals (e.g., annually, biannually, every 3 years)? • Are the same questions asked each time the survey is administered? • Have the response categories remained consistent or have they changed?	• Example of local data: school district suspension/expulsion data • Example of state-level data: state-level youth surveys and state-level adult surveys • Example of national-level data: U.S. census data to access population and demographic information about the country
Will these datasets provide available baseline data on outcomes of interest in your timeframe?	• What outcomes do you expect to change in your population of interest? • Over what time period are you expected to show change in those outcomes? • Does the timing of the existing data collection align with the timing of your reporting needs? • How long is the delay in accessing data? • Will you have access to all of the data you need with the demographic breakdowns required for reporting? • Do these data sources provide accurate indicators of outcomes? • Is the sample size large enough to produce a stable estimate? • Can the data be disaggregated in order to draw conclusions about the population of interest?	• Examples of outcomes: prevalence of binge drinking, number of heroin deaths

Key Questions	Follow-up Questions	Considerations
Are these datasets part of ongoing collection efforts that will provide (timely) future outcome data on your population of interest?	• How often are data collected? • How sustainable is the data source? In other words, if you are considering using a student survey, you may want to ask stakeholders about the likelihood that this survey will continue to be used to collect data in the future and the likelihood that the dataset will be made available in the future.	• Examples of ongoing data collection: annual town census, 11th grade youth survey • Data may be collected weekly, monthly, biannually, or annually. The more data points, the better when showing trends over time. • If a survey is only administered once every two years, but yearly data are needed, then that dataset may not be appropriate. • Fiscal constraints can sometimes mean surveys are discontinued. It is important to check in with key stakeholders on the sustainability plans of existing surveys or measures.
Do existing data sources provide information on sample representativeness and response rates?	• Is the sample represented in the existing survey data set reflective of your community demographics? • Do you have a minimum response rate that you need to meet for grant requirements?	• Response rates for national surveys are often available on websites or in methodological reports. For example, in 2015 the YRBSS[1] reported a school response rate of 69%, a student response rate of 86%, and an overall response rate[2] of 60%.[i] • If sample representativeness or response rate information is not provided, consider using other data sources.
Will datasets provide (timely) baseline and subsequent data for a control or comparison population?	• Some existing data sources may allow you to gather data for comparison purposes—in which you compare individuals or groups who have been exposed to intervention activities to others who have not	• Consider comparing data (e.g., YRBSS, NSDUH,[3] BRFSS[4]) from your state or community with data from another state, community, or the nation. • Comparisons should be made only with states or communities that share

[1] YRBSS: Youth Risk Behavior Surveillance System (https://www.cdc.gov/healthyyouth/data/yrbs/index.htm)
[2] Overall response rate = (number of participating schools/number of eligible sampled schools) x (number of usable questionnaires/number of eligible students sampled)
[3] NSDUH: National Survey on Drug Use and Health (https://www.samhsa.gov/data/population-data-nsduh)
[4] BRFSS: Behavioral Risk Factor Surveillance System (https://www.cdc.gov/brfss/index.html)

Key Questions	Follow-up Questions	Considerations
Will datasets provide (timely) baseline and subsequent data for a control or comparison population? (cont.)	(controlling for possible alternative explanations).	key relevant characteristics (e.g., similar on demographics, core risk factors, and political and legislative climates).

SELECTING A SAMPLE[5]

Once it is decided that original data will be collected, various decisions need to be made regarding choosing a sampling frame.

Key Questions	Follow-up Questions	Considerations
Will you collect data from all members of your target population (a census) or a sample of the target population?	• How large is the entire population of interest? • Is it feasible and necessary to collect data from everyone considering that number?	• For example, it may be feasible to collect census data from a whole grade within a school and include all the students, but it may not be feasible to collect data from all high school students within a district because of the size of the student body; therefore, surveying a random sample of high school classrooms may be more feasible if you want to capture data from multiple grades that is representative of the district
Will a statistician help you create a sampling strategy?	• Have you selected a population or subset that you'd like to target for data collection? • Do you know a statistician who can help you think through your sampling needs?	• Examples of sampling strategies: stratified random sampling, cluster sampling, systematic sampling

[5] For further discussion on selecting a sample, see *Sample Representativeness and Nonresponse Bias: Frequently Asked Questions*.

Key Questions	Follow-up Questions	Considerations
What is your sampling unit?	• Are you interested in outcomes at the individual level? At the school level? At the community level?	• For example, sampling units could be individual people, classrooms, church congregations, or young adults across a community.
What steps will you take to recruit participants?	• Where are you likely to find potential participants? • Where do your potential participants like to congregate? • What media platform might catch their eye and entice them to participate?	• Include your target population in discussions (if possible) concerning recruitment efforts, because they'll know the social norms and have insights to inform your methods. • If you are working with a specific population, it may be helpful to have someone from that community act as a liaison/facilitator.
How large does your sample need to be?	• Have you conducted a power analysis to determine the likelihood that your data collection activities will include enough participants to understand whether there is a significant effect?	• Studies of outcomes with larger effect sizes, larger sample sizes, and higher significance levels ($p<.01$ vs. $p<.05$) are more likely to detect a statistically significant effect if the intervention works as intended. • There are many online calculators available to help conduct power analysis. Examples include: http://statpages.info/#Power, http://www.gpower.hhu.de/, and http://www.ncss.com/software/pass/; however, these may not take into account all factors involved in your research. • It is recommended that you work closely with a statistician when conducting power analyses.

INCREASING RESPONSE RATES[6]

Often the greater the response rate, the more trust that the sample is representative. There are ways to plan ahead as well as methods that can be employed to increase survey response.

Key Questions	Follow-up Questions	Considerations
Do you plan to send out frequent reminders and/or additional surveys to respondents in order to increase participation?	• What type of reminders would be most effective for respondents? Post-cards? Emails? Text messages? • What time intervals would be most effective for reaching your target population without overtaxing them?	• Mail-back Surveys: Some general guidance regarding follow-up for mail-back surveys includes the following: After one week of nonresponse, send a reminder postcard; if still no response, send out the initial mail-out with a replacement survey 3 and 7 weeks after the initial mail-out.[ii] Additional postcards and/or follow-up postcards might be necessary. The actual schedule for follow-up depends on your resources and the level of response to each wave of the survey. • Online surveys: Consider sending up to three reminder emails for online surveys, personalizing each message, and including the average time to complete the survey.[iii]
Do you plan to provide incentives?	• Will you compensate individual participants and/or organizations helping you access those individuals (e.g., schools)?	• Some research participants may receive monetary compensation before or after completing a survey. Others may be given non-monetary incentives, such as a "free homework pass" for students or a free meal. • Consider connecting with an appropriate IRB to consider the ethical implications of the incentives to make sure participants do not feel coerced into participation.

[6] For further discussion on increasing response rates, see *Sample Representativeness and Nonresponse Bias: Frequently Asked Questions*.

Key Questions	Follow-up Questions	Considerations
What information is useful for assessing the representativeness of the final sample?	• What information will you be able to collect on non-respondents? • Does the final sample represent the target population proportionally?	• For example, if you want to find out what percentage of males responded to the survey, you can compare the proportion of male non-responders to the proportion of males in the final sample. • Many times a sample should represent the larger population of interest demographically. For example, if 90% of the entire school district is female, but your school district survey responses include a sample of 20% females and 80% males, then there might be bias in your sampling strategy.
What steps will you take to promote the survey?	• What is your purpose for promoting the survey? • Will you involve the community to convey the value of the survey? • Who are key opinion leaders in the targeted community? • What media channels does the target population access most frequently?	• Consider conducting focus groups or key informant interviews to determine what media channel(s) would be best to reach the targeted sample population (e.g., radio, T.V., social media). • Examples: Consider setting up a booth at a community event where you have information about the upcoming survey and intent for the research. It also may be helpful to write the local newspaper or campus newspaper to see if the survey could be explained in a news story.

ADDRESSING ETHICAL CONSIDERATIONS

Ethical considerations must be taken into account when conducting evaluation, especially when collecting data from vulnerable populations such as youth.

Key Questions	Follow-up Questions	Considerations
What human protections requirements must be met before data collection can begin?	• Will you be required to submit your data collection procedures and instruments to an institutional review board (IRB), a college/university research office, university board of trustees, college president, dean of students, department chair, or classroom instructors? Or, if working with Native American populations, the Tribal Council? • If so, how long does the approval process take and what deadlines might be relevant for submission? Can the instrument be an amendment to an existing IRB-approved application?	• Design a protocol to ensure the confidentiality of data. • Design a protocol to make sure that all respondents understand the purpose of the survey and that they have a right to not participate.
Are there any questions included in your data collection instruments to which community members might oppose? Are there questions about illegal behaviors?	• Are there any questions on the survey that might be a "red flag" for key stakeholders or participants? • What steps will you take to engage key stakeholders and secure stakeholder buy-in for the survey? • What procedures can you put in place to ensure that participants feel comfortable providing sensitive information?	• Examples: Some key stakeholders may not approve of asking youth about topics like sexual orientation, sexual behavior, suicide, or other sensitive topics.
Will you be collecting data from one of the following population groups: youth under age 18, prisoners, or military personnel (or any others that require special clearance)?	• Who has the authority to grant permission to collect data in the target area (e.g., tribal council, school district, and/or school principal)? • Is there a special application process researchers are required to complete? If so, what is the timeframe for this process (e.g., weeks or months)?	• Buy-in at the community level and from the population you are targeting (e.g., youth) can assist in successful data collection. • To conduct a school survey, permission may need to be granted through the school district superintendent, school board and/or principals. This may require making a presentation to the school board describing the purpose and intent of

Key Questions	Follow-up Questions	Considerations
Will you be collecting data from one of the following population groups: youth under age 18, prisoners, or military personnel (or any others that require special clearance)? **(cont.)**	• If you don't obtain permission to collect certain types of data/survey certain populations, what alternative plans exist to meet any grant-specific reporting requirements?	the data collection, as well as sharing drafts of survey items. It may also require notifying parents in advance of the survey to provide them with the opportunity to permit or refuse their child's participation.
Does your state/school/district require active[7] or passive[8] parental consent for surveying youth under age 18?	• If you are collecting survey data from minors, how will you obtain parental consent? Keep in mind that passive consent might be allowed at the state or district level, but individual schools may require active consent.	• Requirements regarding passive or active consent vary by state, by school district, and sometimes by school. Passive permission is usually preferred because it requires the fewest resources and does not often lead to many refusals. • Response rates may be substantially lower when active consent is required. This also requires many more resources to track which students have receiveved parental permission to participate. • It is important to create a plan for contacting parents and following up with them to address questions and make sure that they return the active consent form.

[7] Active consent: Requires distributing a form to parents explaining the study and having parents sign it in order to allow their child(ren) to participate.
[8] Passive consent: Requires distributing a form to parents explaining the study and having parents sign it if they refuse having their child(ren) participate.

ADMINISTERING A QUANTITATIVE SURVEY

Administering a quantitative survey can be resource intensive, but there are ways to be efficient and ethical while still collecting high quality data.

Key Questions	Follow-up Questions	Considerations
Have you (or others you know of) collected data on outcomes of interest from the same population?	• How often are these data collected? • Who collects it? • Do you have a good relationship with that individual, agency, department, or stakeholders?	• For example, a survey that is administered through the state's department of education may already include data on the outcomes of interest; therefore, it may be unnecessary to conduct another survey. • Data-sharing agreements may need to be formalized depending on the protocols to which the data owner needs to adhere.
Can you build on other surveys that target population(s) may complete during your timeframe?	• What surveys are currently being implemented with your target population? • What are the content of the surveys? • How long or burdensome are the surveys for participants? • How will time of data collection be managed so that staff and participants are not overburdened?	• Consider adding items to an existing survey that the school district or other entity is conducting. This may not be an easy task and may require some negotiation and discussion with the survey originator.
Is the population defined by, and therefore reached in, specific settings?	• Are there specific places where the survey can be administered that are frequented by the target population?	• Consider meeting the population at the locations they normally patron to administer a survey. For example, meet students at their school or college; meet community members at their faith-based organizations, out-of-school community groups, or clubs. • If you are working with specific populations, it may be helpful to have someone from that community act as a liaison/facilitator.

Key Questions	Follow-up Questions	Considerations
Do you plan to use a standardized questionnaire already being used out in the field?	• Does its use require permission? If so, do you have permission? Is there an associated fee? • Are the questions worded in the survey sensitive enough to capture change (i.e., lifetime vs. past-year vs. past 30-day substance use)?	• For example, the Communities That Care Youth Survey and the YRBSS are free and readily available, while the Monitoring the Future Survey may not be used widely without permission from the developers. • If designing a new survey, try to create/craft items that parallel (or duplicate) the national surveys to allow some comparability of results, especially if the national survey is used as a baseline measure. It's helpful to double check wording to make sure the same question is asked with the same response options, and that the national survey methodologies haven't changed over time.
What method will you use to administer your survey?	• How will the mode of administration affect your ability to implement the survey and obtain an adequate response rate?	• Methods may include: in-person interview, pencil-and-paper, audio-assisted computer, online, telephone interview, mail, or combination. In general, web-based surveys typically have lower response rates than in-person interviews[iv] and face-to-face interviews typically have higher responses than mail-in surveys. • Consider how choices about administration impact who is (and is not) included in your survey. For example, in-person administration in schools means high-risk students might be missing—like those with histories of truancy or those who have dropped out. Similarly, online surveys can impact who is (and is not) included, omitting those who lack access to technology.

Key Questions	Follow-up Questions	Considerations
Is the survey written so that participants will understand the questions' content?	• What is the reading level or literacy skill of your target population? • Are the survey questions worded in a way that is easy for participants to understand? • Can accomodations be made to support members of the target population who may need extra assistance in completing the survey?	• Reading level can be assessed using computer programs. Microsoft Word can generate a readability statistic that will report the Flesch-Kincaid Grade Level, which corresponds to U.S. school grade level. • For the general population, it is recommended that surveys not include items that require more than 8 years of formal schooling and, for vulnerable populations, no more than 5 years of formal schooling.[v] For example, the Massachusetts Youth Risk Behavior Survey, designed for high school students, was written at the 7th grade reading level.[vi]
Is the survey culturally competent for the intended participants?	• Are you targeting immigrant population(s) or non-English speaking populations? • Will you need to administer the survey in languages other than English? • What translation services are available?	• Translation of surveys requires multiple steps. A simple model includes 3 steps: (1) write survey in English; (2) translate survey into second language (translation); (3) translate survey from the second language back into English (back-translation). Once back translation is finished, the text is compared to the original survey. The translators meet to negotiate changes to ensure that the final translation matches the original English translation as closely as possible.[vii] • It may be helpful to consult a linguist. • Consider seeking input on questionnaire wording from a community advisory board or representatives of the target population to get feedback regarding cultural appropriateness.
How much will it cost to collect data on outcomes of interest in your target population?	• How much money and resources do you have available for data collection purposes?	• The cost of data collection varies according to collection method. For example, face-to-face survey interviews are usually the most costly because they require training survey

Key Questions	Follow-up Questions	Considerations
How much will it cost to collect data on outcomes of interest in your target population? **(cont.)**	• How many participants do you need to survey and what response rate is expected? • What quality of data is sufficient?	administrators and perhaps paying them for their time. Web-based survey methods may cost less (due to free to low-cost online programs) but the quality of the data and response rates may be lower. For more on the pros and cons of different data collection methods, visit: https://preventionsolutions.edc.org/services/resources/data-collection-methods-pros-and-cons
Who will conduct data collection activities?	• Has this individual (or individuals) been trained in data collection? • Is additional training needed?	• Interviewers need to be trained on data collection processes, as well as on the human protection protocol. They may also need refresher trainings throughout the data collection process if there are changes to the survey or procedures.
Who will take primary responsibility for developing and ensuring that the data collection protocols are followed?	• Are the data collection protocols documented and standardized? • Are the protocols clear, understandable, and easy to follow? • Have data collectors been adequately trained in data collection protocols? • Have the instruments and protocols been approved by an Institutional Review Board (IRB), if necessary?	• If possible, hire a data collection coordinator to make sure that data collection procedures are followed and standardized. • Periodically during data collection, review randomly selected surveys to determine completeness. Conduct routine check-in meetings with interviewers or data collectors to ensure they are following protocol, and brainstorm solutions to potential barriers to following protocol.
What measures will you take to assure respondents that their responses will be kept private?	• Are you asking questions about illegal behaviors? • Are you asking other sensitive questions, such as about suicidal thoughts and behaviors, or experiences of abuse (emotional, physical, and/or sexual)? • What protocols do you have in place to protect the confidentiality of participants and their responses?	• Consider connecting with an appropriate IRB (may be required) to review the methods and measures in order to ensure the protection of the participants. • Instead of names, pair each participant with a unique identifier (code) marked on their survey form. • Keep the list of paired names and identifiers stored in a locked cabinet or password-protected file and

Key Questions	Follow-up Questions	Considerations
What measures will you take to assure respondents that their responses will be kept private? **(cont.)**		separate from the surveys—and limit who has access to this list. • Train interviewers on research ethics and human protection protocols and ensure they are followed. • Require password protection and security software for the computers used for tracking participation and data input. Only allow password access to necessary people who are trained in confidentiality and ethics. If possible, store data only on external hardware and lock up the hardware in a secured cabinet and room when not in use.

FOLLOWING UP AND SHARING RESULTS

In order to make evaluation respectful, useful, and purposeful, decisions need to be made regarding the dissemination of evaluation results.

Key Questions	Follow-up Questions	Considerations
Will results be shared with key stakeholders?	• In what format will key stakeholders be most receptive to reading and understanding evaluation results? • How can you best convey program/strategy successes as well as barriers/challenges? • When would it be best to share results?	• Evaluation results can be used to improve and strengthen programs or strategies. Consider discussing a process with key stakeholders for realigning resources or strategies to put the evaluation results to beneficial use. • Sharing evaluation results with stakeholders helps to build relationships and trust. This is particularly important when working with minority populations, such as Native American/Alaska Native populations or lesbian, gay, bisexual, or transgender populations.

Key Questions	Follow-up Questions	Considerations
What type of follow-up are you prepared to implement with participants?	• Will you provide survey results to participants? • How will you thank participants?	• Consider sending a thank you via letter or email or postcard. • Consider sharing some of the key results from the study so that participants feel that there will be positive outcomes as a result of their involvement.
How will evaluation results be used?	• What process will you follow to realign resources to improve, replace, or augment strategies or programs based on the evaluation results?	• Reflect on process evaluation measures that document implementation and see if adaptations were associated with more or less positive outcomes.

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Reporting Your Evaluation Results

Evaluation results are used to improve programs, sustain positive outcomes, and improve the community's overall plan for addressing substance misuse and promoting wellness. But they can be used for other reasons as well, such as to help obtain funding and to build community awareness and support for prevention.

So evaluation results need to get into the hands of the people who can use them. Keep in mind that organizations don't use evaluation results; people do. The Department of Health, for example, isn't going to use the results of an evaluation, but "Cathy Smith" in the Department of Health may. So, unless you get the results of the program evaluation into her hands and explain how she can use the results, they will sit on a shelf somewhere in the Department of Health.

Follow these general guidelines for reporting your results:

- Brief stakeholders throughout the process. Try to avoid surprising your stakeholders with the results of your evaluation. Brief them along the way, rather than waiting until the end of the project. Present a draft form of your report before it goes public.
- Create a dissemination plan. Identify the various audiences that need to see the results (including the population the intervention focuses on), what information would be most useful to them, and how to get it into their hands.
- Select formats for reporting results. Be sure to use the most appropriate format for each audience (for example: public presentation, social media, flyers, reports).
- Help stakeholders understand the data. Take time to review the findings with your stakeholders, discussing the ramifications of what you found. Don't shy away from negative or unexpected results. Instead, use these as an opportunity to inform future efforts.

Remember that each stakeholder has his or her own interests and may need different kinds of information about the results of an evaluation. So, one size will not fit all when sharing evaluation results with stakeholders.

The following set of questions can guide how evaluation results are presented, in order to ensure that results are relevant to various stakeholders and community members:

1. WHAT data have you collected?
2. WHY do you want to share the data?
3. WITH WHOM will you share the data?
4. WHAT data would be most useful?
5. HOW are you going to present the data?
6. WHO will present the data?
7. WHERE will the data be presented?
8. WHEN will the data be presented?

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Answering these questions will help you determine the presentation of your evaluation results to various stakeholders.

Some factors may influence whether and how your evaluation results get used. So keep these in mind:

- The way in which findings are reported, including layout, readability, and user-friendliness, all make a difference. The timing is also critical. If a report is needed for a legislative session, but isn't ready in time, then the chances of the data being used drop dramatically.
- The quality of the evaluation and relevance of the findings matters. If the evaluation design is logically linked to the purpose and outcomes of the project, the findings are far more likely to be put to use.
- The availability of support and technical assistance, after findings are reported, can sustain use. Questions of interpretation will arise over time, and people will be more likely to use the results if those kinds of questions can get answered.
- The political context or climate can have an impact. Some evaluation results will get used because of political support, and others will get squashed because of political pressure.
- Other factors, like the size of your organization or program, may matter as well. Sometimes larger programs get more press. Sometimes targeted programs do.
- Consider competing information. For example, are there results from similar programs that confirm or deny your results? Are there other topics competing for attention?

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Selecting an Appropriate Evaluation Design

The first step in any project is to develop a plan for getting the work done. The plan for an evaluation project is called the "design."

All too often, prevention practitioners launch into their evaluation without coming up with a plan. They start thinking about how to collect data before determining what to collect. This is usually accompanied by the phrase, "Let's do a survey!" But before choosing methods, practitioners need to back up.

Designing an evaluation is a process that starts out general, but which ultimately becomes very specific. The first step is to clarify the purpose of the evaluation. That leads to developing questions that then require information and data obtained from methods. But the methods come last, not first.

One of the primary purposes of the evaluation is to determine if the program or intervention had the desired effect. A classic research study found that individual behaviors and workers' performance can improve simply because they know they are part of the study. The "Hawthorne Effect," as this phenomenon is known, is a thorn in the side of evaluators.

To correct for the Hawthorne Effect, some type of comparison generally needs to be made to make sure the change was the result of the intervention, and not due to the attention received. There is a continuum of evaluation rigor among these different methods of comparison.

Experimental Design

Typically, the most rigorous evaluation approach is an experimental design where participants are randomly assigned to a program or a control group. Those participants in the program group receive an intervention, while those in the control get either the existing program or in some cases, no program. Some type of pre/post assessment is provided to both groups and the results are then compared to determine if there were differences between groups. This method provides the greatest support for ruling out plausible explanations.

Quasi-experimental Design

Similar in structure to the experimental design, the quasi-experimental design does not rely on random assignment in making assignments to a program or comparison group. A quasi-experimental design is frequently used when there is not a sufficient number of participants available to randomly assign to a program and control group. As a result, in a quasi-experimental design, a significant challenge is identifying comparison groups and then collecting data from them. To score well on most federal lists of evidence-based programs, it is important, at a minimum, to use a quasi-experimental design.

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Factors to Consider In Choosing an Evaluation Design

The Purpose of the Evaluation

The purpose of the evaluation varies greatly from program to program. As discussed previously, evaluation can be defined as the systematic collection of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. Most frequently, the emphasis is on whether or not the program had the intended effect. But, information could be collected that focuses only on the number of individuals served. Or evaluation data may be collected to use for marketing purposes. Each of these different strategies would require differing evaluation designs and differing evaluation skills.

What Will Be Evaluated

Is it the entire project or only certain components? For example, if you are part of a coalition, you may think about evaluating individual coalition initiatives like the provision of after-school activities. But don't forget that you may also want to evaluate changes in the coalition over time—things like growth of coalition membership, formal agreements with key community organizations—and the impact of the coalition on the overall community.

Who Wants to Know What

Keep all of your stakeholders in mind. Program providers may want to know what's working and what isn't. Funders may want to know if the program is cost-effective and supported in the community. They may also have specific measures that are required. Communication between funders, project staff, and evaluators is essential to ensure the necessary data are identified, collected, analyzed, and reported in a manner that is understood from the beginning.

When Results Are Needed

An evaluation is often bound by schedules and deadlines that are beyond your control. Think about school calendars and funding cycles as examples. If your reporting needs are short-term, don't ask questions that require long-term follow-up. Process information is generally needed quickly. Short-term outcome results often need to be reported back in a timely manner (usually within 6 to 12 months of program implementation), while more long-term results are typically not available until sometime after program completion (often 3 to 5 years).

What Will Be Done with the Evaluation Results

Think broadly about the utility of your results. You can use your data not only to meet funding requirements, but also to garner community and school support, inform future planning or programming, support community stakeholders, etc. But, the degree of influence a program has on the evaluation findings is largely dependent on the research design used.

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Strategies for Conducting Effective Focus Groups

The following guidelines related choosing participants for focus groups can help to generate information that is more reliable.

Include People Who Can Provide the Information You Need

Data collection involves asking the appropriate people for the appropriate information. Suppose you want to learn about parents' attitudes and practices concerning teen alcohol use, and drinking and driving? You obviously want to ask parents. But you also might want to consider the following:

- Should parents have children of a certain age in order to participate? (for example, no younger than 15?)
- Do you want to include both mothers and fathers?
- Does the ethnicity of the parents make a difference?
- Should you include parents who drink and nondrinking parents?

Try to define your participants as precisely as possible. It usually makes sense to consider gender, age, occupation, geographic location, ethnicity, and language.

Include Participants Who Are Similar to One Another

The less diverse your focus group, the better. If you want to gather information on Hispanic teenagers, teens who have recently emigrated from Somalia, and teens in the "heavy metal" subculture, organize individual focus groups for each category.

There are two reasons for this:

- An individual cannot represent a population. A focus group of 10 teenagers might not be able to provide a representative sample of all teens in your community. But it will probably generate more representative information than will one teenager included in a group spanning several generations.
- Research shows that people are more likely to reveal their opinions and beliefs and to talk about sensitive issues when they are with people who they perceive to be like themselves.

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Include Participants Who Do Not Know One Another

Participants are more likely to be honest and forthcoming when they do not know the other people in the group. The following may occur when participants know one another:

- They are less likely to reveal personal or sensitive information.
- They are more likely to express views that conform to those of others in the group (especially others whom they perceive as having some power or influence outside the group).
- They may respond to questions based on their past experiences with one another (which effectively reduces your sample size).

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Tips for Conducting Key Informant Interviews

Although key informant interviews are more informal than other forms of data collection, they still require a structure to be effective. Your respondent is more likely to take you seriously (and provide better information) if you are prepared and the conversation has direction.

Tips for conducting key informant interviews include the following:

- **Begin by introducing your project and purpose**. Remind the respondent about your purpose and the ultimate use of the information. Also, explain who will have access to your interview notes and whether the respondents will be identified in any reports or public discussions of your investigation.
- **Start with an easy question**. For example, ask how long your respondents have been in their jobs. This will set them at ease and provide a context for analysis (as someone who has been on the job for six months will not have the same perspective as someone who has been on the job for 10 years).
- **Ask your most important questions first**. You might run out of time. This is especially important when interviewing people whose job might require them to end the interview early (such as emergency medical service or law enforcement personnel).
- **Ask the same (or parallel) questions of several respondents**. For example, you might want to ask all respondents connected with a particular prevention program (or system) to list the three things they would like to see improved. Answers from a number of different people in a system can reveal programming obstacles or places in which the system needs to be improved.
- **Don't move to a new topic prematurely**. Don't leave important issues hanging—you might run out of time before you can return to them. Also, you will get more useful information by discussing one subject at a time.
- **Be prepared to ask the same question in another way**. Prepare several questions that try to elicit the same information. Turn to the alternate questions when your first question just doesn't do the job.
- **Don't get stuck on a question**. Sometimes you just won't get the information you want from a particular respondent. Know when to move on so you don't frustrate yourself or antagonize your respondent by trying to elicit information that he or she does not have, cannot articulate, or isn't willing to share.
- **Don't let the interview go much over an hour**. The people you chose as key informants are likely to be busy. The quality of the conversation can deteriorate if they feel rushed. Many of your respondents may be people with whom you might want to collaborate with in the future, so don't antagonize them by letting an interview go on too long.
- **Record the interview if possible**. And take notes. As with focus groups, transcribe the recording and type up your notes as soon as possible after the interview is completed. Don't forget to get the respondent's permission to make an audio recording.

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Using Process Evaluation to Monitor Program Implementation

Process evaluation involves analyzing how program activities are delivered. Prevention practitioners seek to find the answers to these central questions:

- Who delivers the program and how often?
- To what extent was the program implemented as planned?
- How is the program received by the target group and program staff?
- What are barriers to program delivery?
- Was the data used to make program improvements/refinements? If so, what changes were made?

These questions enable practitioners to also assess the quality of implementation, which is critical to maximizing the program's intended benefits and demonstrating strategy effectiveness. Process evaluation also provides the information needed to make adjustments to strategy implementation to strengthen effectiveness.
Specifically, process evaluation can be used to:

- Paint a clear and compelling picture of the population targeted with each strategy
- Reach important target audiences of stakeholders
- Provide data for program improvement efforts
- Distribute the information through as many channels as possible to reach target audience

Why Not Just Look at Results?

Outcome evaluation looks at results. It measures the direct effects of program activities on targeted recipients, such as the degree to which a program increased knowledge about the use of alcohol, tobacco, and other drugs. But results don't tell the whole story. Evaluation that only focuses on outcomes is sometimes called a "black box" evaluation because it does not take process evaluation into consideration.

Disappointing outcome evaluation results can frequently be illuminated by examining how the program was implemented, the number of clients served, dropout rates, and how clients experienced the program. Those same kinds of questions can also explain positive evaluation results. (You can't take credit for positive results if you can't show what caused them.) Outcome evaluation alone, without a process evaluation component, won't provide information about why a program did or didn't work.

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Defining Quality

Quality implementation means that the implementers of each strategy have:

- Assured the strategy matches the cultural, developmental, and gender characteristics of the population
- Received training or technical assistance to support appropriate implementation of the intervention
- Worked with the program developer, policy expert, or the evaluator to understand core components—the elements most responsible for demonstrated outcomes
- Assessed the need for any adaptations to the strategy, especially core components, in order to meet the particular needs of the target population
- Sought input from the program developer about planned adaptations to assure they are consistent with the core components
- Planned necessary adaptations to target population, program content or materials, delivery setting or timeframe to assure integrity of implementation
- Sought to deliver program's core components with fidelity when possible
- Tracked implementation through process evaluation as well as all planned and unanticipated adaptations to inform outcome evaluation findings
- Used process evaluation data to inform and strengthen implementation when outcome evaluation did not reveal desired program results

Process evaluation measures should be designed to assess how well the implementers adhered to those items.

What to Do with Disappointing Process Data

If process data suggest the program was not effective, practitioners should work with project stakeholders to:

- Determine if the program was implemented with quality
- Determine if strategy was appropriate for the population's needs (review needs assessment data and program theory)
- Review evaluation strategies and measures to ensure they are appropriate and valid

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