

Prevention Activities

ACTIVITY	DEFINITION	EXAMPLE
<p>Alternative Activities provide the opportunity to participate in healthy, positive, and constructive activities that exclude substance use. These activities are assumed to offset the attraction to and/or meet the needs filled by alcohol and drugs, thereby reducing the likelihood of substance use.</p>		
ATOD Free Social/ Recreational Activities	Social and recreational activities for individuals that specifically exclude the use of alcohol, tobacco, and other drugs (ATOD).	<ul style="list-style-type: none"> ● Outdoor activities and programs ● Sports ● Games ● Program events ● School dances ● Community events ● Parties ● Concerts/performances
Community Service Activities	Activities in which youth and/or adults provide a variety of community services.	<ul style="list-style-type: none"> ● Community or neighborhood clean-up ● Repairing/painting homes ● Support to the elderly or persons with disabilities ● Meals on Wheels ● Developing a community park ● Volunteering in shelters
Mentoring Programs	Activities that provide youth with structured time with a mentor.	<ul style="list-style-type: none"> ● Homework help/assistance ● Afterschool programs ● One-to-one mentoring activities
Youth/Adult Leadership Activities	Services through which youth and adults serve as role models who work with youth.	<ul style="list-style-type: none"> ● Tutoring activities ● Coaching activities ● Big Brothers, Big Sisters
<p>Community-Based Processes aim to enhance the ability of the community to provide prevention services more effectively. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, interagency collaboration, building coalitions and networking. Individuals involved in these strategies are either members of coalitions (formal or informal) that represent various groups within the community or else are working on providing support to such collaborative.</p>		
Facilitated Community Team building	Any activity that establishes some sort of trust and dedication between the organization and the community. This relationship is used to help build a community identity.	<ul style="list-style-type: none"> ● Outdoor/indoor pursuits ● Workshops ● Social Events ● Community service or charitable work ● Changes to work practices
<p>Education involves two-way communication between educator/facilitator and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills and critical analysis.</p>		
Education Programs for Adult Groups (18-years-old and over)	Structured substance abuse prevention lessons, seminars, or workshops directed to adult groups.	<ul style="list-style-type: none"> ● Curriculum for college-aged groups
Education Programs for Youth Groups (17-years-old and under)	Structured substance abuse prevention lessons, seminars, or workshops directed to youth in after school/community settings.	<ul style="list-style-type: none"> ● Youth groups ● Boys & Girls Club ● Boy/Girl Scouts
Ongoing Classroom &/or Small Group Sessions	Lessons, seminars or workshops that are presented as a recognized curriculum or course of study in a classroom setting.	<ul style="list-style-type: none"> ● LifeSkills ● Project ALERT
Parenting & Family Management	Structured classes and programs intended to assist parents and families in skills development.	<ul style="list-style-type: none"> ● Parent/family management classes ● Strengthening Families Program ● Family Effectiveness Training
Peer Leader/Helper Programs	A structured recurring activity that uses peers (people of the same rank, ability, or standing) to provide guidance, support and other activities for youth or adults.	<ul style="list-style-type: none"> ● Peer resistance development ● Peer/cross-age tutoring ● Teen leadership institutes ● Peer support activities
<p>Environmental seeks to change physical, legal, economic and social processes of communities and establish, change or influence community standards, codes and attitudes, thereby influencing the incidence and prevalence of alcohol and drug abuse in the general population.</p>		
Prescription Drug Drop Boxes/Take Back	Strategies for safe and proper disposal of unused and/or expired medication.	<ul style="list-style-type: none"> ● Take Back Program
Prescription Drug Monitoring Programs	Programs to reduce prescription drug abuse and diversion and safeguard public health and safety while supporting the legitimate use of controlled substances.	<ul style="list-style-type: none"> ● Locking Bottles
<p>Information Dissemination provides awareness and knowledge of the nature and extent of substance use, abuse and addiction, and their effects on individuals, families and communities as well as available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience.</p>		
Health Fairs, Other Health Promotion	Having a booth or exhibit at a fair or event that displays or disseminates information and that has a focus on an ATOD prevention message related to the target population.	<ul style="list-style-type: none"> ● Health fairs ● Health screenings ● Conferences ● Meetings ● Seminars
Printed Materials Disseminated	Materials that provide information on a specific topic.	<ul style="list-style-type: none"> ● Rack cards ● Brochures ● Fact sheets ● Infographics ● Newsletters

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Speaking Engagements/ Presentations	Activities intended to impart information about specific issues to general or targeted audiences.	<ul style="list-style-type: none"> • Speeches • One-time presentations • Assemblies • News conferences
Problem ID and Referral aims to classify those who have indulged in illegal use of alcohol or drugs and to assess whether their behavior can be reversed through education and does not include any activity designed to determine if an individual is in need of treatment.		
Prevention Assessment & Referral	Other Problem ID and Referral activities that do not fit into defined subcategories.	<ul style="list-style-type: none"> • Home visits to check in • Office visits • In-depth telephone conversations • Case management • Advocacy • Screening/assessment/evaluation
Student Assistance Programs	Structured activities intended to provide for students whose problems may be interfering with school performance.	<ul style="list-style-type: none"> • School counselor early identification of student problems • Referrals • Follow-up services • In-school support groups • School policy development

Risk and Protective Factors

FACTOR	DEFINITION
Risk Factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. (Source: SAMHSA).	
Early initiation of substance use	The earlier young people begin using substances, the greater the likelihood they will continue to use them later in life.
Early and persistent antisocial behavior	This factor includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people who feel they are not part of society, are not bound by rules, and don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk of substance abuse.
Favorable attitudes toward substance use	Youth attitudes (perception of minimal harm or risk).
Constitutional factors	Constitutional factors may have a biological or physiological basis. Examples include fetal alcohol and drug exposure, brain injuries, chronic conditions, adverse childhood experiences, impulsiveness, mental health, and, in some cases, ADHD. These factors are often seen in young people who engage in sensation-seeking and low harm-avoidance behavior and those who demonstrate a lack of impulse control.
Family history of substance use	If children are raised in a family with a history of alcohol/drug addiction, it increases the likelihood that children will also have alcohol and other drug problems.
Family management problems	Poor family management practices include a lack of clear expectations for behavior, failure of parents to monitor their children – knowing where they are and whom they are with, and excessively severe or inconsistent punishment.
Family conflict	Persistent, serious conflict between primary caregivers or caregivers and children appears to increase children's risk for substance use. For example, domestic violence in a family increases the likelihood of young people engaging in delinquent behaviors and substance abuse.
Favorable parental attitudes and involvement in substance use	Parental attitudes and behaviors toward substances influence the attitudes and behaviors of their children.
Friends who engage in substance use	Young people who associate with peers who engage in substance use are more likely to engage in the same problem behavior.
Transitions and mobility	Even normal school transitions predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use result. When frequent nonscheduled transitions characterize communities, problem behaviors increase. Communities with high mobility rates (i.e., families moving frequently from home to home) appear to be linked to an increased risk of drug problems. The more often people in the community move, the greater the risk of drug-related problems in families
Low neighborhood attachment and community disorganization	Higher rates of drug problems occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low-income neighborhoods; they can also be found in wealthier neighborhoods.
Poverty (extreme economic deprivation)	Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problem behaviors.
Academic failure beginning in elementary school	Academic failure that starts in the late elementary grades (grades 4-6) increases the risk of substance use. This is also true for a student who has repeated one or more grades. Children fail for many reasons, social as well as academic. The experience of failure, not necessarily lack of ability, increases the risk of problem behaviors.
Lack of commitment to school	Low commitment to school means the young person has ceased to see the role of a student as a valuable. Those who do not commit to school are at higher risk for substance use.
Availability of substances	The more available substances are in a community, the higher the risk young people will abuse them. Perceived availability of drugs is also associated with risk. In schools where children think that drugs are more available, a higher rate of drug use occurs.
Community norms and laws favorable toward substance use	Community norms (attitudes) and policies surrounding substance use are communicated differently. They are communicated through laws, written policies and enforcement (examples: alcohol taxes, liquor licenses, drunk driving laws, infractions for selling to minors). Informally, parents and the community's norms, expectations, and social practices ,may communicate a climate of acceptance, approval, or tolerance of problem behaviors.

FACTOR	DEFINITION
Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.	
Engagement in meaningful activities	This refers to activities involving volunteering and helping others in the community or peer-based programs, or service-learning projects. Programs increase skills and positive development when youth are involved in all phases: planning, organizing, implementation and evaluation.
Life skills and social competencies	This refers to the abilities that equip young people to make positive choices, maintain healthy relationships, and succeed in life: <ul style="list-style-type: none"> ● Communication Skills: The ability to communicate appropriately with people of different ages, backgrounds, and status. It includes listening skills. ● Cultural Competence: The knowledge of and comfort shown with people of different cultural/racial/ethnic backgrounds. ● Conflict Resolution Skills: The ability to manage and resolve conflicts constructively. ● Empathy Skills: The ability to be sensitive to the feelings and experiences of others and to act in a caring way towards others. ● Resistance Skills: The ability to resist negative peer pressures and avoid possibly dangerous situations. ● Life Skills: Problem solving, decision-making, stress management and critical thinking.
Positive personal qualities	Personal qualities associated with the likelihood of engaging in fewer risky behaviors include: an easy-going temperament, a sense of purpose and positive future, a feeling of control over one's environment, and internal motivation.
Positive self-concept	This protective factor refers to the perceptions and judgments youth have and make about themselves. Youth with a positive self-concept believe they are a person of worth, likes themselves, feel loved and wanted, and have positive characteristics.
Religious or spiritual beliefs	The personal importance placed on religion, prayer or spiritual beliefs is associated with decreased use of substances. Religious identity is defined by the degree to which a young person affiliates with a religion and, if so, the frequency of prayer and perception as religious.
Connected to family	Family connectedness has several components. Connectedness refers to the feelings of warmth, love and caring children get from their parents. Children who feel support and connection report a high degree of closeness, feelings of being understood, loved, and wanted. A parental presence is related to connection; it refers to a parent being present during key times: before school, after school, dinner, bedtime and doing activities together.
Positive parenting style	Involves high expectations, clear family rules, fair and consistent discipline practices and age-appropriate supervision and monitoring of behavior, friends and whereabouts.
Two parent families	National research has found that children who grow up in a family with two parents are less likely to engage in adolescent problem behaviors.
Higher parent education	Children with parents who have graduated from high school and have received higher education training are less likely to engage in risk behaviors.
High parental school expectations	Children who have parents with higher expectations for school success, high school and college completion, and personal achievement are less likely to engage in risk behaviors.
Positive connection to other adults	This refers to the support and caring youth receive in relationships with adults, other than family members (i.e., neighbors, coaches, teachers, mentors, etc.). As children grow, they become involved in an expanded network of significant relationships. This broad network includes many adults who can provide regular contact, mentoring, support, and guidance.
Positive peer role models	This protective factor relates to youth who have friends with the following qualities: a positive attitude about health, good grades, no involvement in risk behaviors, and close relationships with parents.
Connected to School	Students feel connected (attached/bonded) to their school based on their feelings about the people at school, both staff and other students. Connectedness is described as being treated fairly by teachers, feeling close to people at school, being safe and feeling like a part of the school.
Caring school climate	This protective factor refers specifically to whether or not youth feel that their schools provide a caring, supportive, and encouraging environment. Characteristics that contribute to a positive school climate include: 1) High expectations for student academics, behavior and responsibility; 2) Use of proactive classroom management strategies, interactive teaching and cooperative learning and maintain a positive atmosphere; 3) Consistent acknowledgement all students, and recognition for good work; 4) Student voice in school activities and classroom management.
Student participation in extracurricular activities	Student participation and contribution include tutoring, peer programs, school clubs, and service learning. Peer programs involve youth in planning, implementation and/or evaluating programs directed toward students of the same age or younger. These programs aim to enhance the positive impact of peer groups and minimize their potential negative impact.
Early intervention services	Student assistance programs, counseling support groups, and school-linked health centers provide the learning support often critical to helping students stay in school. Student assistance programs provide prevention and intervention services to those students whose lives have been impacted by alcohol and drug abuse, violence, divorce, death, child abuse, stress, or depression. This may include support or education in problem-solving, self-esteem, social skills, and conflict resolution.
Strong community infrastructure	Infrastructure refers to the effective and accessible clinical services for physical health, mental health, and substance abuse disorders
High grade-point average	Students with higher grades in school are more likely to be connected to school, and less likely to be involved in problem behaviors
Local and state policies	Policies that support healthy norms and child youth programs can reduce risk behaviors on several levels. Examples include restrictions or bans on alcohol sales, higher taxes on tobacco or alcohol, restrictions on liquor licenses, etc.