Evidence Based Practice in Substance Abuse Prevention in Arizona

Definition of Evidence Based Strategies in Prevention

1. Inclusion in a Federal registry of evidence based intervention
   or
2. Reported with positive effects in a peer reviewed journal
   or
3. Documented effectiveness in which all four of the following guidelines must be met
   a. The intervention is based on a theory of change that is documented in a clear logic or conceptual model
   b. The intervention is similar in content and structure to interventions that appear in registries and/or the peer reviewed literature, and
   c. The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to specific standards of evidence and with results that show a consistent patter of credible and positive effects.
   d. The intervention is reviewed and deemed appropriate by a panel of informed prevention experts.

Key Elements of Effective Prevention

- Research/evidence-based
- Community driven
- Involving all community stakeholders in the coalition
- Collaborative decision making
- Strategies grounded in community need
- Measureable goals and objectives
- Capacity development within communities
- Prevention across the lifespan
- Carefully and logically planned
- Strategies are comprehensive, and involve multiple, diverse strategies
- Strategies based in culture
- Science based strategies
- Evaluated
- Sustainability based on braided and leveraged funding streams
- Changes in policy are inexpensive, effective, and sustainable

Strategies that Do Not Work

- Exaggeration of negative outcomes
- Focus exclusively on individual and family strategies
- Midnight basketball and drug free dances
- Programs which educate youth on specific drugs
- Strategies selected based on convenience to the provider
- Strategies which are inconsistent with participant culture

A Brief History of Arizona Prevention Strategies

Early 1990's Research on prevention of substance abuse and the concept of resiliency was being newly applied to the state system. Behavioral health organizations modeled prevention on treatment services. For example, youth with behavioral health disorders were removed from class once weekly to attend support groups. Community coalition prevention strategies focused on offering youth with healthy alternatives to drugs like Friday night dances, and midnight basketball. Program evaluation was rare.

Late 1990's Prevention programs focused on developing resiliency of youth. Prevention strategies and target populations were often selected by convenience rather than need. Evaluation outcomes were encouraged, but not required. Providers were encouraged to select strategies listed on the National Registry of Effective Prevention Practices. The registry focused on individual and family targeted programs. The list included few culturally appropriate programs for Arizona populations. Per a CSAP grant, ADHS/DBHS conducted State Prevention Needs Assessment studies. In 1998, Arizona Governor's Office and ADHS/DBHS were awarded a State Incentive Grant (SIG) which funded effective-based practices with 12 community providers.

Early 2000's Arizona relied heavily on the risk and protective factor framework for prevention. Most strategies focused on provision of recreational activities and school based life skills education. Based on the adopted Arizona Logic Model, providers used a logic model for program planning, but their logic models tended to lack a logical connection between needs, goals, and strategies. Approximately 43% of ADHS/DBHS prevention programs conducted outcome evaluation.

Mid 2000's Arizona receives the Strategic Prevention Framework State Incentive Grant (SPF-SIG). This new model empowers communities to assess needs, develop capacity, plan, implement and evaluate prevention services. Communities learn to make strong logical connections between community needs, goals, and strategies. It became important to identify the substance targeted for prevention, because the factors contributing to the abuse of each substance are unique as are strategies for intervention. ADHS/DBHS prevention programs continued to focus on individual programs such as life skills development and parent support and education and had minimal involvement in community based coalitions. Approximately 75% of prevention programs conducted outcome evaluation.

Late 2000's ADHS/DBHS providers begin using the SPF model used in the SIG. All providers are required to assess needs and plan in collaboration with local substance abuse coalitions. ADHS/DBHS prepares to sustain SPF funded coalitions when the SPF-SIG ends. 94% of prevention programs conduct outcome evaluation. Federal regulations require federal funds to be used for evidence based practices as defined on the left side of this sheet.

Future Directions The Center for Substance Abuse Prevention recommends one united prevention system in Arizona with consistent requirements, trainings, goals and clear communication at the state level and funds awarded to communities rather than providers.