Attachment B: ODMHSAS Evidence-Based Practices Matrices

The purpose of this document is to assist prevention planners in identifying and selecting strategies that: (1) address local needs, and (2) have strong evidence of effectiveness. Please note – the matrices do not contain a comprehensive list of programs and practices, rather the matrices contain those environmental approaches consistent with ODMHSAS definition of evidence based practices and causal factor research.

Substance use and associated problems are influenced by a complex set of issues. Researchers have tried to identify these issues to assist prevention practitioners and policymakers in targeting strategies that can effectively intervene to change patterns of alcohol, tobacco, and other drug (ATOD) use and related problems. To assist Oklahoma prevention practitioners with selecting appropriate strategies, the ODMHSAS is providing the following guidance document, which aligns substance abuse prevention research from the Pacific Institute for Research and Evaluation (PIRE)—causal factors—and research from the Social Development Research Group (SDRG)—risk and protective factors.

Following is a set of tables, one table for each substance use issue. The Underage Alcohol, Adult Binge Drinking, Marijuana, Inhalant and Methamphetamine tables identify the intermediate variables, strategies, and the *evidence* that supports each strategy. In addition, web site addresses where the evidence support information is located, is also provided. Levels of evidence are based on the following criteria:

- Tier 1: Appears on a National registry of evidence-based practices.
- Tier 2: Appears in a peer-reviewed journal article that illustrates positive effects based on the evaluation of the targeted causal or contributing factor.
- Tier 3: Documentation that illustrates the strategy has been effectively implemented in the past, multiple times, with results that show a consistent pattern of positive effects.

Although multiple agencies are funding research to validate the effectiveness of strategies for Fetal Alcohol Spectrum Disorder and Nonmedical Prescription Drug Use, currently prevention practitioners rely on identified best practices. Therefore, the tables for these two issues identify the intermediate variables, strategies, and sources from Federal agencies and other organizations that provide support information for the substance use issue. These Web sites include data describing the extent of the problem, recommendations for best practices to address the problem, and tools for implementing prevention activities.

This document, along with "Advancing Environmental Strategies for Alcohol, Tobacco, and Other Drug Prevention" and the "Standards of Effectiveness" series will assist communities to

- 1. select appropriate evidence-based strategies,
- 2. include of all key elements of effective environmental strategies (data collection, community organizing, policy development, enforcement, and media advocacy), and
- 3. implement each strategy with fidelity guided by the standards of effectiveness.

Evidence-based Strategies Underage Alcohol Use

Intermedia	ate Variable		
Causal Factor (Risk/Protective Factor)	Contributing Factor	Strategy Level of Evidence	Research [*]
Retail Access	Low level of monitoring outlet sales	Age identification checks Tier 1	NHTSA—1 UM AEP—2
(community domain: availability)		Responsible beverage service training Tier 1	NIAAA/APIS—3 UM AEP—4 CDC—5 OJJDP—8
		Merchant education Tier 1	OJJDP—6
		Home delivery restrictions Tier 1	OJJDP—8 UM AEP—9
	Low retailer compliance to ordinances	Compliance checks Tier 1	NHTSA—1 OJJDP—8 UM AEP—10
		Media advocacy Tier 1	OJJDP—11
		Minimum age of seller requirements Tier 1	OJJDP—8, 12 UM AEP— 13
		Increase beverage servers' legal liability Tier 2	Wagenaar, et al.—i
	Outlet Density	Regulating outlet density Tier 1	OJJDP—8 CDC—14

^{*} Sources providing evidence of effectiveness; numbers correspond to source listing provided at end of table. URLs provided for each source.

		Conditional land use permits/ordinances for alcohol outlets Tier 1	OJJDP—15
Enforcement Low level of enforcement		Sobriety checkpoints	CDC—16
	drinking and driving	Tier 1	NHTSA—17
(community domain: laws and		Compliance checks	NHTSA—1
norms favorable toward drug		Tier 1	OJJDP—8
use)			UM AEP—10
		Media advocacy	OJJDP—11
		Tier 1	
		Community mobilization	SAMHSA/NREPP—18
		Tier 1	UM AEP—19
		Enforce impaired driving laws	NHTSA—7
		Tier 1	OJJDP—20
		Immobilize or impound vehicles	NHTSA—21
		Tier 1	
		Random BAC testing for drivers	McCaul, et al.—ii
		Tier 2	
		Open container laws	NHTSA—22
		Tier 1	
	Low level of enforcement	Age identification checks	NHTSA—1
	of sales to minors	Tier 1	UM AEP—2
		Compliance checks	NHTSA—1
		Tier 1	OJJDP—8
			UM AEP—10
		Media advocacy	OJJDP—11
		Tier 1	
		Administrative penalties	OJJDP—8
		Tier 1	UM AEP—24
		Party patrols	NHTSA—1
		Tier 1	OJJDP—8, 5

		Shoulder tap	NHTSA—1
		Tier 1	OJJDP—8
Social Access	Adults providing alcohol at fairs	Alcohol restrictions at community events	OJJDP—8
	and festivals	Tier 1	UM AEP—26
(community domain: perceived	Adults providing alcohol at parties	Keg registration laws	OJJDP—8
availability)		Tier 1	NIAAA/APIS—27
(family domain: parental			UM AEP—28
attitudes favorable toward drug		Social host liability laws	UM AEP—29
use)		Tier 1	
		Party patrols	NHTSA—1
		Tier 1	OJJDP—8, 25
	Easy access to alcohol from home	Media advocacy	OJJDP—11
	with parental knowledge	Tier 1	
Norms concerning alcohol issues	Belief that underage drinking is a	Social norms campaign	SAMHSA/NREPP—30
	rite of passage	Tier 1	
(community domain: laws and		Alcohol use restrictions in public places	OJJDP—8
norms favorable toward drug use)		Tier 1	UM AEP—31
Pricing	Discount pricing	Bans on alcohol price promotions/happy	Kuo, et al.—iii
		hours	
(community domain: laws and		Tier 2	
norms favorable toward drug		Increase tax on alcohol	CDC—32
use)		Tier 1	

Perception of Risk	Low perceived risk of getting	Sobriety checkpoints	CDC—16
	caught for underage drinking	Tier 1	NHTSA—17
		ATOD warning posters	UM AEP—33
(individual domain: perceived		Tier 1	
risk)	Low perceived risk of law	Apply appropriate penalties to minors	OJJDP—8
(individual domain: attitudes	enforcement if caught for	Tier 1	
favorable toward drug use)	underage drinking	Zero tolerance policies	OJJDP—8, 20, 23
		Tier 1	NHTSA—34
(peer domain: attitudes	Low perceived risk of getting	Compliance checks	NHTSA—1
favorable toward drug use)	caught for selling to minors	Tier 1	OJJDP—8
(community domain: laws and			UM AEP—10
norms favorable toward drug		ATOD warning posters	UM AEP—33
use)		Tier 1	
	Low perceived risk of	Apply appropriate penalties to clerks and	CDC—35
	enforcement for selling to minors	store owners	
		Tier 1	
		Zero tolerance policies	OJJDP—8, 20, 23
		Tier 1	NHTSA—34
	Low perceived risk of getting	Sobriety checkpoints	CDC—16
	caught drinking and driving	Tier 1	NHTSA—17
		Lower (less than .08) BAC limits	NHTSA—36
		Tier 1	
		Use of media to describe penalties	NHTSA—37
		Tier 1	
		Use of mass media campaigns	CDC—38
		Tier 1	
	Low perceived risk of	Apply appropriate penalties to drunk	NHTSA—39
	enforcement if caught drinking	drivers	
	and driving	Tier 1	

		Zero tolerance policies	OJJDP—8, 20, 23
		Tier 1	NHTSA—34
		Graduated licensing policies	NHTSA—40
		Tier 1	
		Revoke license for impaired drivers	OJJDP—8
		Tier 1	NHTSA—41
	Low perceived risk of getting	Keg registration laws	OJJDP—8
	caught providing alcohol to	Tier 1	NIAAA/APIS—27
	underage youth		UM AEP—28
		Social host liability laws	UM AEP—29
		Tier 1	
		ATOD warning posters	UM AEP—33
		Tier 1	
	Low perceived risk of law enforcement if caught providing	Apply appropriate penalties to adult suppliers and enablers	OJJDP—8
	alcohol to underage youth	Tier 1	
		Zero tolerance policies	OJJDP—8, 20, 23
		Tier 1	NHTSA—34
Promotion	Low level of monitoring the	Restrictions on alcohol advertising	UM AEP—42
Fromotion	amount of alcohol advertising	Tier 1	OWI ALI — 42
(community domain: laws and		Counteradvertising campaigns	Agostinelli, et al.—iv
norms favorable toward drug		Tier 2	,
use)		Media advocacy	OJJDP—11
		Tier 1	
		Media literacy	CDC-43
		Tier 1	
	Low level of monitoring the	Prohibition of alcohol sponsorship at	UM AEP—44
	target population for alcohol	family and youth events	
	advertising	Tier 1	
	Low level of monitoring the	Community mobilization	SAMHSA/NREPP—18
	location of alcohol advertising	Tier 1	UM AEP—19

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Evidence-based Strategies Nonmedical Prescription Drug Use

Ir	ntermediate Variable		
Causal Factor	Contributing Factor	Strategy	Support Sources
Medical Availability	Lack of prescriber knowledge	Prescribing guidelines	AMDG—2
			CLAAD—3
			ONDCP—6
			LifeSource—7
		Provider continuing education	CLAAD—1, 3
			LifeSource—7
			PPDM—8
	Lack of monitoring pain clinics	Prescription monitoring	AMDG—2
			FDA—4
			NIDA—5
		Limit dispensing authority	CLAAD—3
	Doctor shopping	Prescription monitoring	CLAAD—1, 3
			FDA—4
			NIDA—5
			ONDCP—6
	Prescription forgery	Prescription monitoring	CLAAD—1, 3
			FDA—4
			NIDA—5
			ONDCP—6
	Lack of pharmacy knowledge	Dispensing guidelines	CLAAD—1, 3
	Lack of quality data	Medical examiner collect/code	CLAAD—3
	Internet sales	Laws restricting internet sales	CLAAD—1, 3 FDA—4

Social Availability	Unsafe storage	Media advocacy	CLAAD—1
			PPDM—8
	Inappropriate disposal	Media advocacy	CLAAD—1, 3
			ONDCP—6
		Drop-off sites	CLAAD—1, 3
			ONDCP—6
	Prescription sharing	Media advocacy	CLAAD—1, 3
Norms	Low perceived risk of use	Social norms campaign	CLAAD—1, 3
			PPDM—8
Enforcement	Lack of enforcement focus on the issue	Engage law enforcement	CLAAD—1, 3
			PPDM—8
		Track criminal diversion	CLAAD—1, 3
			FDA—4
			ONDCP—6
Individual Factors	Low perceived risk of use	Media advocacy	CLAAD—3
			FDA—4
			ONDCP—6
			PPDM—8
	Low perceived risk of law enforcement if caught using	Laws restricting use without prescription	ONDCP—6
		Apply appropriate penalties	ONDCP—6

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Evidence-based Strategies Adult Binge Drinking

Interme	diate Variable		
Causal Factor	Contributing Factor	Strategy Level of Evidence	Research*
Retail Access (community domain: availability)	Low level of monitoring outlet sales	Responsible beverage service training Tier 1	NIH/NIAAA- 1 CDC- 2 SAMHSA/NREPP- 3 UM/AEP - 12
	Low retailer compliance to ordinances	Increase beverage servers' liability Tier 2	Wagenaar, et al i
	Outlet Density	Regulating Outlet Density Tier 1	SAMHSA/NREPP- 3 CDC- 13
Enforcement	Low level of enforcement of drinking and driving	Community mobilization Tier 1	SAMHSA/NREPP- 14 UM/AEP- 15
		Immobilize or impound vehicles Tier 1	NHTSA- 16
		Random BAC testing for drivers Tier 2	McCaul, et al ii
		Open container laws Tier 1	NHTSA- 17
Social Access (community domain: perceived availability)	Ease of availability at community events	Alcohol restrictions at community events Tier 1	UM/AEP- 18
Norms Concerning Alcohol Issues (community domain: laws and	Low perceived risk of excess use	Social norms campaign Tier 1	SAMHSA/NREPP- 4
norms favorable toward drug use)		Alcohol use restriction in public places Tier 1	UM/AEP- 11

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^{*} Sources providing evidence of effectiveness; numbers correspond to source listing provided at end of table. URLs provided for each source.

Pricing	Discount Pricing	Bans on alcohol price	AJPM- 20
(community domain: laws and norms favorable toward use)		promotions/happy hours Tier 2	Kuo, et aliii
		Increase tax on alcohol Tier 1	CDC- 10
Perception of Risk	Low perceived risk of getting caught	Sobriety checkpoints	SAMHSA/NREPP- 3
(individual domain: perceived risk)	drinking and driving	Tier 1	CDC- 5
			NHTSA- 6
		Media campaign	SAMHSA/NREPP- 3
		Tier 1	NHTSA- 7
			CDC-8
	Low perceived risk of enforcement if caught drinking and driving	Apply appropriate penalties Tier 1	SAMHSA/NREPP- 3
		Revoke license for impaired drivers Tier 1	NHTSA- 9
Promotion (community domain: laws and norms favorable toward	Low level of monitoring the amount of alcohol advertising	Restrictions on alcohol advertising Tier 1	UM/AEP- 19
use)	Low level of monitoring the target population for alcohol advertising	Prohibition of alcohol sponsorship at events Tier 2	UM/AEP- 20
	Low level of monitoring the location of	Community mobilization	SAMHSA/NREPP- 14
I	alcohol advertising	Tier 1	UM/AEP- 15

Sources—Adult Binge Drinking

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Tier 2

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Evidence-based Strategies Fetal Alcohol Spectrum Disorder

Intermediate Variable				
Causal Factor	Contributing Factor	Strategy	Support Sources	
Access	Consumption	Media campaign	NIAAA – 1 SAMHSA/FASD- 2 JCA- 3	
		Warning labels	NIAAA – 1	
		Abstinence	SAMHSA/FASD- 2 JCA- 3	
Perception of Risk	Low perceived risk of drinking during pregnancy	Media campaign	NIAAA – 1 SAMHSA/FASD- 2 JCA- 3	

Sources – Fetal Alcohol Spectrum Disorder

- 1. National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Fetal Alcohol Syndrome Prevention Research. URL: http://pubs.niaaa.nih.gov/publications/arh26-1/58-65.htm
- 2. Fetal Alcohol Spectrum Disorder Center, Substance Abuse and Mental Health Services Administration. Prevention. URL: http://www.fasdcenter.samhsa.gov/assessmentprevention/fasdprevention.cfm
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Evidence-based Strategies Marijuana Use **DRAFT**

Intermediate Variable			
Causal Factor	Contributing Factor	Strategy Level of Evidence	Research*
Access	Easy access	Community mobilization Tier 2	DEA - 1
Enforcement	Lack of enforcement focus on the issue	Community mobilization Tier 2	DEA - 1

^{*} Sources providing evidence of effectiveness; numbers correspond to source listing provided at end of table. URLs provided for each source.

Sources – Marijuana Use

1.	Drug Enforcement Administration.	Drug Prevention Guide for Teens.	http://www.learningforlife.org/lfl/resources/99-349.pdf

Evidence-based Strategies

Inhalant Use

Intermediate Variable			
Causal Factor	Contributing Factor	Strategy Level of Evidence	Research*
Retail Access	Easy access	Regulate minimum age for purchase <i>Tier 3</i>	Burk - 1
Enforcement	Low level of enforcement	Penalize abuse, possession, or distribution of abuseable products Tier 3	Burk - 1
Perception of Risk	Low perceived risk	Warning labels Tier 3	Burk - 1
		Media campaign Tier 2	Burk - 1 Creighton - 2

^{*} Sources providing evidence of effectiveness; numbers correspond to source listing provided at end of table. URLs provided for each source.

Sources - Inhalant Use

- 1. Burk, I. (2001). Inhalant Prevention Resource Guide. Virginia Department of Education. http://www.inhalants.org/Inhalantbook.pdf
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Evidence-based Strategies Methamphetamine Use

Intermediate Variable			
Causal Factor	Contributing Factor	Strategy Level of Evidence	Research*
Retail Access	Easy access to methamphetamine precursors	Pseudoephedrine restrictions Tier 2	Cunningham & Liu – 4 Cunningham & Liu – 5
		Meth Watch Tier 3	Kansas – 7 Kansas - 8
		Rural initiatives <i>Tier 3</i>	Kansas – 7
Enforcement	Lack of enforcement focus on the issue	Community Oriented Policing Tier 2	ODMHSAS -1 USDOJ – 3
Perception of Risk	Low perceived risk	Meth360 <i>Tier 3</i>	USDOJ – 2 TPAD – 6

^{*} Sources providing evidence of effectiveness; numbers correspond to source listing provided at end of table. URLs provided for each source.

Sources - Methamphetamine Use

- 2. Oklahoma Department of Mental Health and Substance Abuse Services (2008). Oklahoma Methamphetamine Prevention Toolkit. http://www.ok.gov/odmhsas/documents/Meth%20Prevention.pdf
- 3. United States Department of Justice (2010). Strategies to Fight Meth and Other Drugs. http://blogs.usdoj.gov/blog/archives/787
- 4. United States Department of Justice. An Evaluation of the COPS Office Methamphetamine Initiative. http://www.cops.usdoj.gov/files/RIC/Publications/meth_initiative.pdf
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- 6. Cunningham, J., and Liu, L. (2005). Impacts of federal precursor chemical regulations on methamphetamine arrests. Addiction, 100(4):479-488.
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Tables prepared for ODMHSAS by

Bach Harrison, L.L.C.

SPF SIG Evaluators

- Underage Alcohol Use
- Nonmedical Prescription

Dr. Leslie Ballenger

ODMHSAS Epidemiologist

- Adult Binge Drinking
- Fetal Alcohol Spectrum Disorder
- Marijuana Use
- Inhalant Use
- Methamphetamine Use