

EVIDENCE-BASED RESOURCE GUIDE SERIES

Substance Misuse Prevention for Young Adults

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Message from the Assistant Secretary for Mental Health and Substance Use

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SAMHSA
Substance Abuse and Mental Health
Services Administration

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Guidance for Selecting and Implementing Evidence-Based Practices and Programs

Introduction

Multiple frameworks exist to facilitate the implementation of evidence-based prevention programs in diverse settings. Originally designed to support comprehensive and community-based prevention planning, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Prevention Framework (SPF) can be applied to guide the implementation of evidence-based programs and practices designed to prevent substance misuse among young adults. It includes five steps that can be used to frame questions about implementation:

- Assessment:** What are the needs of your target audience? How does this inform program selection?
- Capacity:** What is your ability to implement a given program? How can you enhance capacity?
- Planning:** How do you select an effective program that addresses local community needs and fits organizational capacity?
- Implementation:** What do you need to put in place to make sure the program's core elements are implemented?
- Evaluation:** How will you monitor program implementation?

The SPF is also guided by two crosscutting principles that should be integrated into each step:

- **Cultural competence:** How can you ensure that the program you select is culturally responsive to the people you serve? How will you implement it in a way that is culturally responsive?
- **Sustainability:** How can you increase the odds that the program you select will be sustained?



Step 1: Assessment

Assessment promotes understanding of local prevention needs for young adults based on a careful review of data gathered from a variety of sources. These data help to identify and prioritize the substance misuse problems present in a given community or among the people you serve, clarify the impact of these problems on young adults, identify the specific factors that contribute to these problems, and assess the readiness and resources required to address these factors. Ultimately, a thorough and inclusive assessment process helps to ensure that substance misuse prevention efforts are appropriate and on target.

Assessment Challenges	Assessment Solutions
<ul style="list-style-type: none">■ My organization is not ready to implement or is resistant to innovation.■ No one sees substance misuse as a problem among young adults■ We do not know where to obtain data on young adult populations, especially those not in college.■ We cannot access “real-time” data on new substances such as marijuana and opioids.■ We do not know what others are doing to address substance misuse among young adults and worry that we might duplicate efforts.	<ul style="list-style-type: none">■ My organization assessed staff perceptions of our collective efficacy and provided feedback to staff.■ We shared existing reports to show stakeholders why substance misuse is a problem among young adults and involved stakeholders in planning.■ We identified available sources of data on young adult substance misuse in our community.■ We conducted focus groups and/or interviews with key stakeholders to obtain “real-time” information.■ We conducted an environmental scan to determine what other local organizations are doing.

To conduct a comprehensive assessment of prevention needs, organizations serving young adults often gather data about the following:

- **The nature of the substance misuse behaviors among young adults in their community and related consequences.** Data helps to answer these questions about the nature of the problem and is a driving force behind the SPF planning process. Prevention professionals often begin with collecting existing state and local archival data that are readily accessible. See illustrative examples provided in Appendix 3.
- **Risk and protective factors that influence substance misuse behaviors and consequences, particularly those of high priority in the community.** Data collected through the assessment process may reveal multiple areas of need that contribute to substance misuse among young adults. Therefore, it is important to establish criteria for analyzing assessment data to determine which problem(s) to prioritize. These criteria may include the magnitude, severity, and changeability of the problem and whether the problem is on the rise. Practitioners may weigh each criterion differently, depending on their unique context and perspective. Once you have identified one or more priority problems, it is important to look at the risk and protective factors associated with those problems. Understanding risk and protective factors (see Chapter 2) is essential to prevention.

- **Community or organizational capacity for addressing these risk and protective factors, including resources and readiness.** Prevention efforts are more likely to succeed when they are informed by a complete assessment of an organization's capacity to address identified substance misuse problems. Capacity for prevention includes two main components: resources and readiness. *Resources* include anything a community can use to establish and maintain a prevention effort that can respond effectively to local problems. *Readiness* describes the motivation and willingness of a community to commit local resources to address identified substance misuse problems.
- **Dissemination of findings to key stakeholders.** There are many ways to share findings; what is critical is that the chosen approach is the right match for the audience. Here are some considerations for sharing assessment findings: develop a full report for funders and close prevention partners; highlight essential findings for key stakeholders; tailor assessment materials by featuring those data that are most meaningful to each audience; and find ways for community members and groups to provide feedback on the assessment results.

Reference List

1. Fixsen, D., Naom, S., Blase, K., Friedman, R., & Wallace, F. (2005). Implementation research: A synthesis of the literature. Retrieved from <https://nirn.fpg.unc.edu/resources/implementation-research-synthesis-literature>

Appendix 3: Examples of Existing Data Sources

The following table provides examples of existing data sources on young adult substance misuse behaviors and risk or protective factors, and consequences.

STATE AND LOCAL DATA SOURCES	
Health Data Sources	
Local, County, and State Health Departments	Health departments, particularly those that oversee state offices of vital statistics, routinely collect and/or store a range of data, including information that describes alcohol and other substance consumption patterns (e.g., 30-day use) and/or the health outcomes associated with substance use among young adults. Many health departments also conduct periodic health needs assessments. In addition, local health departments are likely to be aware of the data collection efforts of other health-related agencies, such as hospitals, treatment centers, and prisons.
Hospitals	Hospital records, including hospital admission and discharge records, emergency medical services records, and trauma registries, can reveal patterns of alcohol- and other substance-related illnesses and injuries. These records can provide information on particular substances frequently used by community youth. Hospital records are also likely to reveal outcomes associated with substance use in the community, such as the number of 18-to-25 year-olds treated for substance overdose.
Poison Control Centers	Regional, state, and local poison control centers regularly receive calls related to substance overdoses. These centers generally track the types of calls they receive in order to identify trends and emerging public health concerns. They should reveal trends in substance use among 18-to-25 year-olds, specifically related to prescription and nonprescription drug overdoses.
Emergency Medical Services (EMS)	State and local EMS provide pre-hospital emergency medicine, primarily in response to 9-1-1 calls. EMS data can reveal trends in substance use resulting in emergency medical care, with data broken down by gender, age, and symptoms. However, these data could reveal important information about substance use in the 18-to-25 year-old age group in general.
Community-Based Coalitions and Agencies	Local coalitions and chapters of national organizations that focus on substance use prevention may collect data specific to young adults, including data describing substance and alcohol consumption patterns (e.g., 30-day use) and attitudes toward alcohol use (e.g., perception of disapproval, perceived risk).

Medical Examiner or Coroner's Office	Most states require a medical examiner or coroner's report for each person whose death resulted from violence or injury, and many counties provide this information, as well. Reports often contain information on substance or alcohol use at the time of death.
Crime and Accident Data Sources	
Local and State Law Enforcement Agencies	Information available from these agencies can include arrests for alcohol or substance possession, liquor law violations, arrests for the sale of substances, drunk driving arrests, arrests for drunkenness, arrests for teen violence, curfew violations, rapes, personal and property crime, homicides, vandalism, domestic violence, aggravated assaults, and disorderly conduct. Since many local law enforcement agencies are required to provide arrests and convictions to their state, you can usually get this information directly from the state law enforcement agency.
Department or Bureau of Motor Vehicles	State DMV/BMVs maintain records on all drivers who received a citation for operating or driving under the influence of alcohol.
Courts or Justice Department	Office of the Courts publish annual court statistics, which include convictions for various crimes. Such reports may contain information, separated out by district or county, on cases that involved alcohol- and other substance-related crimes.
Employment Records	In most states, the Administrative Employment Data Sources Employers often collect information on their employees, and these records can be an important source of information on young adults. It is important to note, however, that employers may resist sharing substance-related information about employees for fear that it will cast the employer in a negative light. Some common employers of young adults include the military, restaurants and bars, and construction companies.
Demographic Data Sources	
U.S. Census Bureau	Provides demographic data disaggregated by city, county, and state. Town, county, and tribal administrative offices also regularly collect demographic data that include the age, gender, and ethnicity of community members. These data are often available on the town's or county's website; and general information can be found here: http://www.census.gov/ .

NATIONAL DATA SOURCES

National Survey on Drug Use and Health (NSDUH)	Funded by SAMHSA, the NSDUH (https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health) annually interviews people nationwide to provide national and state-level estimates of tobacco, alcohol, and illicit drug use and mental health. The survey is designed to provide data on the levels and patterns of substance use, track usage trends, assess consequences, and identify groups at high risk for substance use. It collects information on age, education, employment status, as well as lifetime, annual, and past-month usage for alcohol, illegal substances, and nonmedical use of prescription drugs. This information could reveal national trends in substance use for young adults as well as co-occurring mental illness and substance use disorders. State data are also available.
Behavioral Risk Factor Surveillance System (BRFSS)	This ongoing, state-based survey collects data from adults on the prevalence of chronic diseases and conditions, access to health care, and health-risk behaviors including heavy and binge drinking. It also collects information on age, highest level of education, and current employment status. More information is available here: www.cdc.gov/brfss/ .
College Prescription Drug Study (CPDS)	CPDS (https://www.campusdrugprevention.gov/) is a multi-institutional survey of undergraduate, graduate, and professional students. It examines non-medical prescription drug use, including the reasons for and consequences of use, access to prescription drugs, and perceptions of use among students. The CPDS's purpose is to understand the non-medical use of prescription drugs among college students. It was developed and administered as a collaboration between The Ohio State University's Center for the Study of Student Life, Student Life Student Wellness Center, and the College of Pharmacy.
Fatality Analysis Reporting System (FARS)	Operated by the National Highway Traffic Safety Administration (http://www.nhtsa.gov/FARS), this system collects information on deaths resulting from motor vehicle collisions, including data on several aspects of the crash, including the event, the vehicle(s) and driver(s) (by age), and each person involved. Specific substance-related indicators include the annual number of alcohol-related drivers in crashes in which at least one person died, and the annual number of vehicle deaths sustained in crashes that were alcohol-involved.
Monitoring the Future (MTF)	Funded by the National Institute on Drug Abuse, MTF is a nationwide study of behaviors, attitudes, and values of American adolescents and young adults. MTF (http://www.monitoringthefuture.org/) surveys participants at the beginning of high school, and into young adulthood. This resource includes national data regarding substance use among college versus non-college young adults for some, though not all, racial and ethnic groups.

National College Health Assessment (NCHA)	<p>The American College Health Association's NCHA (https://www.acha.org) is a nationally recognized survey that assists colleges and universities collect data about their students' health habits, including alcohol, tobacco, and other substance use; mental health; and personal safety and violence.</p>
Uniform Crime Reports (UCR)	<p>Operated by the Federal Bureau of Investigation, these reports contain national crime estimates, including arrests, by age, for substance use- and alcohol-related crimes; state crime estimates, and city and county crime counts (for cities with populations over 10,000 and counties with populations over 25,000). These data are provided by law enforcement agencies that voluntarily participate in the UCR Program. https://www.ucrdatatool.gov/.</p>



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