Great Lakes (HHS Region 5)

PTTC **Prevention Technology Transfer Center Network**
Funded by Substance Abuse and Mental Health Services Administration

Strategy Selection: A Toolkit for
Substance Misuse Prevention Practitioners

This toolkit walks substance misuse prevention practitioners and coalition members through the first two tasks of Step 3 of the Strategic Prevention Framework: Prioritizing risk and protective factors and selecting an evidence-based strategy.

The toolkit includes five worksheets:

- Worksheet 1: Risk and Protective Factor Prioritization

- Worksheet 2: Potential Strategies

- Worksheet 3: Strategy Description

- Worksheet 4: Strategy Assessment
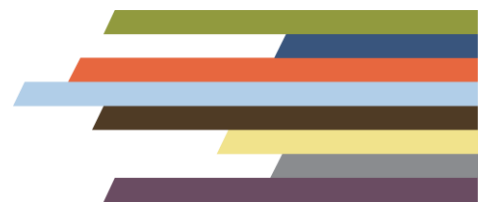
- Worksheet 5: Strategy Prioritization

A PowerPoint slide deck is available for download to walk you and your prevention partners through these worksheets. Use the facilitator notes on each slide to help you understand each slide.

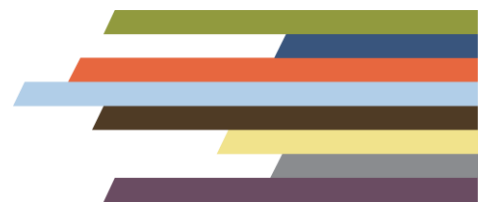# Worksheet 1: Risk and Protective Factor Prioritization

Enter below each of your community's prioritized risk and protective factors one row at a time. For each factor, provide data available regarding that factor and make any notes or provide data regarding disparities faced by your focus population(s). Add rows as needed.
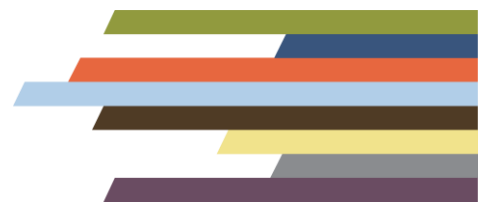
Risk/Protective Factor	Local Data	Disparities

Worksheet 1 Example

Risk/Protective Factor	Local Data	Disparities
Retail availability of alcohol: Youth purchasing alcohol from bars and restaurants	13% of youth report purchasing alcohol from a bar or restaurant; this is an increase of 2% since previous survey 2 years ago	No differences in rates
Low or no perceived risk of harm from drinking	71% of youth reported perceiving low or no perceived risk of harm from drinking; this is an increase of 4% since previous survey 2 years ago	Most recent reports of low/no perceived risk of harm: LGBTQIA+: 79% Cis-gender heterosexual students: 68%
Social availability: Youth and young adults getting prescription opioids from family members	75% of youth misusing opioids report getting them from family members or friends; this rate is consistent since previous survey 2 years ago	No differences in rates
Not having at least one adult they can turn to for support	17% of youth report not having at least one adult they can turn to for support; this rate is consistent since previous survey 2 years ago	Most recent reports of youth not having at least one adult they can turn to for support: LGBTQIA+: 33% Cis-gender heterosexual students: 14%
Having a low sense of empowerment	49% of youth report having a low sense of empowerment; this is an increase of 3% since previous survey 2 years ago	Most recent reports of youth having a low sense of empowerment: LGBTQIA+: 60% Cis-gender heterosexual students: 45%

Worksheet 2: Potential Strategies

Enter below each of your community's prioritized risk and protective factors, one row at a time. Use online registries, peer reviewed journal articles, and information from existing evaluation findings to identify one or more strategies for each factor. For each strategy provide a link to and/or the name of the source (the registry, article, or other source). Add rows as needed.

Risk/Protective Factor	Strategies	Source

Section 4 of the Guide to Online Registries for Substance Misuse Prevention Evidence-based Programs and Practices contains a list of prevention-related registries. They provide prevention practitioners with the information they need to select the programs/practices that would be the best fit for the needs of their communities.

Handout 2 Example

Risk/Protective Factor	Strategies	Source
Retail availability: Youth purchasing alcohol from bars and restaurants	Responsible Beverage Service Training	WYSAC Environmental Strategies
	Compliance checks	The Community Guide
Low or no perceived risk of harm from drinking	LifeSkills Training	Blueprints for Healthy Youth Development
	AlcoholEdu	CollegeAIM
Social availability: Youth and young adults getting prescription opioids from family members	Educational campaign	EDC's Preventing Prescription Drug Misuse: Programs and Strategies
Not having at least one adult they can turn to for support	Big Brothers Big Sisters	Washington State's Excellence in Prevention
	Developmental Relationships	Search Institute
Having a low sense of empowerment	SPARK Pre-teen Mentoring Curriculum	CASEL

Worksheet 3: Strategy Description

For each strategy under consideration, answer the following questions.

Briefly describe the strategy.

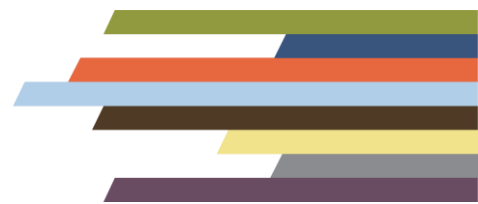**Which risk and/or protective factor(s) does it address?**

What evidence of effectiveness is available?

Which community partners would need to be involved in implementation?

What additional resources would be needed to implement the strategy?

What potential barriers or challenges do you foresee?

What is the cost of the strategy?

Worksheet 3 Example

Briefly describe the strategy.

LifeSkills Training Middle School Program teaches students drug resistance skills, personal self-management skills, and general social skills. The Foundation Level 1 for students in sixth and seventh grades includes 15 class lessons as well as three optional violence prevention lessons. The curriculum is designed to be taught sequentially, and class sessions take 45-50 minutes. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice.

Which risk and/or protective factor(s) does it address?

Perceived risk of alcohol harm
Perceived peer use of alcohol (social norms)

What evidence of effectiveness is available?

Blueprints for Healthy Youth Development rated LifeSkills Training as a Model Plus program. Numerous studies found significantly lower rates of alcohol, tobacco, and marijuana use compared to control groups that did not participate in the program.

Which community partners would need to be involved in implementation?

School administration
Teachers

What additional resources would be needed to implement the strategy?

No additional resources would be needed.

What potential barriers or challenges do you foresee?

In order to implement the program with fidelity, teachers would need to have the time and buy-in to deliver all of the sessions. New student guides would need to be purchased each year. In the event of staff turnover, there may be new training costs incurred.

What is the cost of the strategy?

The initial training cost is $300 per teacher, plus travel costs. Teacher's manuals average $125, and student guides average $5 per student.

Worksheet 4: Strategy Assessment

For each separate strategy under consideration, rate each based on conceptual fit, practical fit, and evidence of effectiveness. Discuss each of the questions in the scoring tool with community partners—especially partners who will be involved in implementing the strategy.
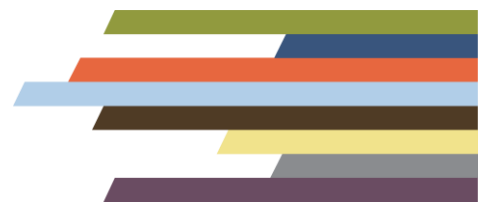
For evidence of effectiveness, the lowest possible score is for strategies with no evaluation results. It is strongly recommended that communities avoid considering any strategy for which there is evidence that the intervention is ineffective and/or harmful. Learn more about what doesn't work in prevention.

Conceptual Fit	1	2	3	4	5
1a. How likely is it that the strategy will impact the priority substance misuse problem (1 = not at all likely; 5 = very)	□	□	□	□	□
1b. Has this strategy been shown to impact your risk/protective factor? (1 = not at all; 5 = to a great extent)	□	□	□	□	□
1c. Will the strategy reach enough members of the population of focus? (1 = not sufficient; 5 = sufficient)	□	□	□	□	□
1d. How relevant is the evidence given your community's characteristics? (1 = not at all relevant; 5 = very)	□	□	□	□	□
1e. How similar is your community's culture to those in the communities studied? (1 = very different; 5 = very similar)	□	□	□	□	□
TOTAL: Add 1a-1e					
AVERAGE: Divide total by 5					
Practical Fit	**1**	**2**	**3**	**4**	**5**
2a. How feasible is implementation of the strategy given the community's capacity (e.g., skills, partners, funds) (1 = not at all feasible; 5 = very feasible)	□	□	□	□	□
2b. To what extent does the coalition have the necessary buy-in from partners needed for implementation? (1 = not at all; 5 = to a great extent)	□	□	□	□	□
2c. How feasible is it for you to implement this strategy before the end of available funding? (1 = not at all feasible; 5 = very feasible)	□	□	□	□	□
2d. How sustainable is this strategy? Can it continue to be effective beyond the funding period? (1 = not at all sustainable; 5 = very sustainable)	□	□	□	□	□
2e. To what extent does the strategy build on prevention work already in place? (1 = not at all; 5 = to a great extent)	□	□	□	□	□
TOTAL: Add 2a-2e					
AVERAGE: Divide total by 5					
Evidence of Effectiveness	**0**	**2**	**3**	**4**	**5**
3a. Which definition of evidence-based does the strategy meet? (5 = deemed effective on an evidence-based program registry; 4 = deemed effective in a peer reviewed journal; 3 = expert opinion; 2 = shows promising results; 0 = no evaluation results)	□	□	□	□	□

Worksheet 4 Example

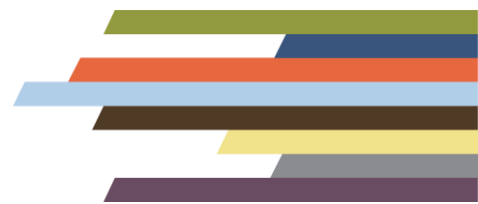| Conceptual Fit	1	2	3	4	5
1a. How likely is it that the strategy will change the priority substance misuse problem (1 = not at all likely; 5 = very)	□	□	□	□	X
1b. Does the strategy align with your risk/protective factor? (1 = doesn't align at all; 5 = aligns exactly)	□	□	□	X	□
1c. Will the strategy reach enough members of the population of focus? (1 = not sufficient; 5 = sufficient)	□	X	□	□	□
1d. How relevant is the evidence given your community's characteristics? (1 = not at all relevant; 5 = very)	□	□	□	X	□
1e. How similar is your community's culture to those in the communities studied? (1 = very different; 5 = very similar)	□	□	X	□	□
TOTAL: Add 1a-1e	18				
AVERAGE: Divide total by 5	3.6				
Practical Fit	**1**	**2**	**3**	**4**	**5**
2a. How feasible is implementation of the strategy given the community's capacity (e.g., skills, partners, funds) (1 = not at all feasible; 5 = very feasible)	□	X	□	□	□
2b. To what extent does the coalition have the necessary buy-in from partners needed for implementation? (1 = not at all; 5 = to a great extent)	□	X	□	□	□
2c. How feasible is it for you to implement this strategy before the end of the grant? (1 = not at all feasible; 5 = very feasible)	□	□	□	□	X
2d. How sustainable is this strategy? Can it continue to be effective beyond the funding period? (1 = not at all sustainable; 5 = very sustainable)	□	□	X	□	□
2e. To what extent does the strategy build on prevention work already in place? (1 = not at all; 5 = to a great extent)	X	□	□	□	□
TOTAL: Add 2a-2e	13				
AVERAGE: Divide total by 5	2.6				
Evidence of Effectiveness	**0**	**2**	**3**	**4**	**5**
3a. Which definition of evidence-based does the strategy meet? (5 = deemed effective on an evidence-based program registry; 4 = deemed effective in a peer reviewed journal; 3 = expert opinion; 2 = shows promising results; 0 = no evaluation results)	□	□	□	□	X

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Worksheet 5: Strategy Prioritization

Enter each strategy being considered in its own row in the prioritization template. Copy over final scores for conceptual fit, practical fit, and evidence of effectiveness from Worksheet 4. Add the three scores and insert the total into the "Final Rating" column.

Risk/ Protective Factor	Strategy	Conceptual Fit Score	Practical Fit Score	Evidence of Effectiveness*	Final Rating

Important Note: Determining the level of evidence of effectiveness is complex. Registries often include strategies with little or mixed evidence of effectiveness in addition to strategies with strong evidence of effectiveness, and the rating systems used vary from registry to registry. Prevention practitioners looking to published research should pay close attention to the quality of the research design and the strength and significance of the outcomes. Recommendations based on expert opinion should ideally come from a panel of subject matter experts reaching consensus.

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Worksheet 5 Example

Risk/ Protective Factor	Strategy	Conceptual Fit Score	Practical Fit Score	Evidence of Effective- ness	Final Rating
Youth purchasing alcohol from bars and restaurants	Responsible Beverage Server Training	5.0	3.8	4.0	12.8
	Compliance checks	5.0	3.4	5.0	13.4
Low or no perceived risk of harm from drinking	LifeSkills Training	3.6	2.6	5.0	11.2
	AlcoholEdu	4.0	4.2	5.0	13.2
Youth and young adults getting prescription opioids from family members	Educational campaign	2.1	5.0	2.0	9.1
High rates of prescription opioid prescriptions dispensed	Prescriber training	3.2	1.8	3.0	8.0
Not having at least one adult they can turn to for support	Big Brothers Big Sisters	4.2	2.6	5.0	11.8
	Developmental Relationships training	4.8	4.2	3.0	12.0
Having a low sense of empowerment	Spark Pre-teen Mentoring Curriculum	3.6	2.6	5.0	11.2

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