



Evidence-based Community Coalition-based Prevention Models

The following is an excerpt from [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#) (2016, page 3-14 to 3-17).

Community-based prevention programs can be effective in helping to address major challenges raised by substance misuse and its consequences. Such programs are often coordinated by local community coalitions composed of representatives from multiple community sectors or organizations (e.g., government, law enforcement, health, education) within a community, as well as private citizens.

These coalitions work to change community-level risk and protective factors and achieve community-wide reductions in substance use by planning and implementing one or more prevention strategies in multiple sectors simultaneously, with the goal of reaching as many members of the community as possible with accurate, consistent messages. For example, interventions may be implemented in family, educational, workplace, health care, law enforcement, and other settings, and they may involve policy interventions and publicly funded social and traditional media campaigns.

A common feature of successful community programs is their reliance on local coalitions to select effective interventions and implement them with fidelity. An important requirement is that coalitions receive proactive training and technical assistance on prevention science and the use of EBIs and that they have clear goals and guidelines. Technical assistance can be provided by independent organizations such as Community Anti-Drug Coalitions of America (CADCA), academic institutions, the program developers, or others with expertise in the substance misuse prevention field. Three examples of effective community-based coalition models are provided below.

Communities That Care

Communities That Care (CTC) creates a broad-based community coalition to assess and prioritize risk and protective factors and substance use rates, using a school survey of all students in Grades 6, 8, 10, and 12. The coalition then chooses and implements EBIs that address their chosen priorities. CTC was tested in a 24-community trial, where 12 communities were randomly assigned to receive the CTC intervention.

Among a panel of students in Grade 5 who were enrolled in the study before the intervention, those in the CTC communities who were compared to the prevention as usual communities had lower rates of alcohol and tobacco initiation at Grades 10 and 12.



Communities That Care - 24 Community Randomized Trials in Colorado, Illinois, Kansas, Maine, Oregon, Utah, and Washington

Agency or Organization:

University of Washington Center for Communities That Care (CTC)

Purpose:

This evidence-based system provides communities with strategic consultation, training and research-based tools for prevention planning. The CTC system engages entire communities (e.g., youth, parents, elected officials, law enforcement, schools, businesses, etc.) and is tailored to the risks and needs of each defined community population.

Goals:

1. Promote positive development and healthy behaviors for all children and youth.
2. Prevent problem behaviors, including substance use, delinquency, teen pregnancy, school drop-out, and violence.

Outcomes:

Following a panel of over 4,000 young people in 24 CTC communities from Grades 5 to 8, researchers found that compared to control communities not using the CTC model, youth in the CTC communities were:

- 33 percent less likely to begin smoking;
- 32 percent less likely to begin using alcohol;
- 33 percent less likely to begin using smokeless tobacco; and
- 25 percent less likely to initiate delinquent behavior (itself a risk factor for future substance use).

I think one of the biggest advantages of Communities That Care is that it has really brought together the entire community. When I preach and prepare, and if I'm speaking specifically to something that bears upon the teen culture and teen population, the fact is [with CTC assessment data from the community], I'm able to speak with greater clarity with greater directness and with greater understanding of what they are facing.

– Adam Kohlstrom, Pastor, Camden, ME



PRoMoting School-community-university Partnerships to Enhance Resilience

The PRoMoting School-community-university Partnerships to Enhance Resilience (PROSPER) delivery system focuses on community-based collaboration and capacity building that links the land-grant university Cooperative Extension System with the public school system. Local teams select and implement family-focused EBIs in Grade 6 and a school-based EBI in Grade 7. PROSPER has shown reductions through Grade 12 in marijuana, methamphetamine, and inhalant use, and lifetime prescription opioid misuse and prescription drug misuse. Analysis showed greater intervention benefits for youth at higher versus lower risk for most substances.

Communities Mobilizing for Change on Alcohol

Community coalition-driven environmental models attempt to reduce substance use by changing the macro-level physical, social, and economic risk and protective factors that influence these behaviors. Most research on environmental interventions has focused on alcohol misuse and related problems, including DUI, injuries, and alcohol use by minors. For example, *Communities Mobilizing for Change on Alcohol* (CMCA) implemented coalition-led policy changes aimed at reducing youth access to alcohol, including training for alcohol retailers to reduce sales to minors, increased enforcement of underage drinking laws, measures to reduce availability of alcohol at community events, and media campaigns emphasizing that underage drinking is not acceptable. In a randomized trial comparing seven communities in Minnesota and Wisconsin using CMCA with eight communities in states not implementing CMCA, significant reductions in alcohol-related problem behaviors were shown among young adults aged 18 to 20 from the beginning of the initiative to 2.5 years after coalition activities began. The proportion of young adults aged 19 to 20 who reported providing alcohol to other minors declined by 17 percent, and arrests for DUI decreased more for this age group in the intervention compared to the control sites.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, [*Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.*](#)
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