

ALCOHOL AND OTHER DRUG
PREVENTION SERVICES EVALUATION PLAN

COUNTY OF ORANGE HEALTH CARE AGENCY



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I. Overview

The Orange County prevention system is comprised of several components:

- **The Alcohol and Drug Education and Prevention Team (ADEPT)** provides overall planning and coordination for the system, and is the home for the Health Education Team (HET) and the Program Evaluation Specialists (PES).
- **The Prevention Team within Alcohol and Drug Abuse Services (ADAS)** provides primarily selected and indicated prevention services with at-risk youth.
- **Contracted prevention providers** from community and school-based agencies who provide a variety of prevention services.

For purposes of this document, the term “providers” will be used to refer collectively to all those described above who are providing AOD prevention services.

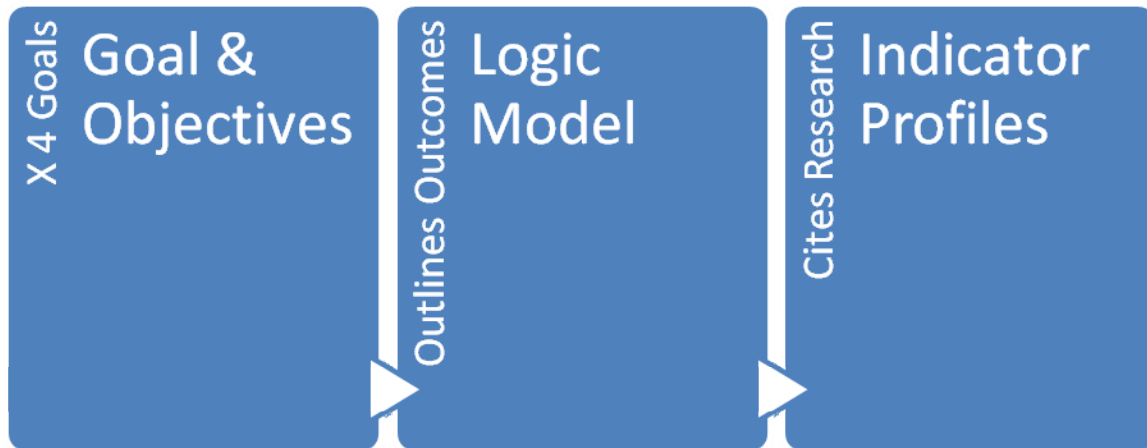
Each of these prevention providers have specific work plans that are aligned with and support the goals and objectives in the countywide Prevention Strategic Plan. This evaluation plan provides a framework for measuring the outcomes of this work, seeking to account for the dosage/intensity and geographic site of each intervention and providing an aggregate measure of the countywide impact of prevention services.

The evaluation framework specifies expected outcomes from various prevention strategies at three points in time: short-term (one year or less), intermediate (1 to 2 years), and long term (3 years or more). Each system participant is responsible for reporting into this framework as part of their regular reporting cycle.

- **Short-term outcomes** are generally measured by “process measures” which may already be part of regular reporting. These questions, such as how many students participated in an activity, are relatively easy to answer. It is important to note that these short-term outcomes are the first step towards the next level outcome, and thus are critical to track as a measure of progress towards the ultimate end.
- **Intermediate outcomes** begin to speak about the impact of services. For example, in the case of student participation in a prevention club on campus, did this participation make the expected difference in students’ sense of connectedness to their school? Answers to such questions sometimes rely on project-collected ad-hoc surveys in specified post-intervention periods. For each outcome, the evaluation framework provides examples of key measures to be used, many of which align with standing databases, such as the California Healthy Kids Survey (CHKS).
- **Long range outcomes** are three+ year measures of progress towards the prevention goals. Did students consume less alcohol or other drugs? Many of these measures will be collected and analyzed by ADEPT and are linked to established databases such as CHKS.

This binder is organized as a dynamic, living document. We expect that our capacity to measure the outcomes of prevention services will grow over time. This is our first centralized evaluation plan, so we expect to learn from our collective experience and modify the framework accordingly in the coming years.

A set of resource materials is provided for each goal:



In addition, the Appendix contains a Glossary of Evaluation Terms, along with several evaluation resources.

II. Orange County AOD Prevention Strategic Plan Goals and Objectives

These goals and objectives were modified as part of evaluation planning in FY08-09 in an effort to add more focus and simplify a complicated system. Keep in mind that these are county-level goals and objectives for the time frame of 2009 - 2012. The contractors and County staff work under this umbrella, and have sub-objectives that directly feed into these higher level goals and objectives.

Goal 1: Reduce underage drinking and other drug use
Objective 1.1: Increase protective factors that mitigate youth exposure to risks for alcohol and other drug use
Objective 1.2: Reduce youth access to alcohol and other drugs
Objective 1.3: Modify social norms that are accepting and/or encouraging of youth drinking and drug use
Goal 2: Reduce drug use and high-risk drinking
Objective 2.1: Reduce risk conditions in community environments where alcohol and drugs are used
Objective 2.2: Increase screening for alcohol and other drug use
Objective 2.3: Modify social norms that are accepting and/or encouraging of drug use and high-risk alcohol use
Goal 3: Reduce alcohol and drug impaired driving
Objective 3.1: Increase responsible alcohol sales and serving practices in licensed settings
Objective 3.2: Increase the perceived risk of being arrested for AOD-impaired driving
Objective 3.3: Increase responsible alcohol serving practices in social settings
Goal 4: Reduce Rx and OTC drug abuse
Objective 4.1: Reduce risk factors in the family/home environment that contribute to the abuse of Rx and OTC drugs
Objective 4.2: Reduce risk factors in the school/peer environment that contribute to the abuse of Rx and OTC drugs
Objective 4.3: Reduce risk factors in the community/business environment that contribute to the abuse of Rx and OTC drugs

III. Orange County's Evaluation Plan

The Orange County prevention system is well-prepared to take evaluation to the next step:

- All participants in the system already gather information about the effectiveness of their prevention services. Contract providers have established relationships with independent evaluators.
- The Program Evaluation Specialist (PES) unit of ADEPT provides technical assistance and has oversight of contractor evaluation plans and related instruments.
- ADEPT has a full time Research Analyst who provides service in design and collection of county-level indicators and reports, such as the Youth Access to Alcohol Study.
- As many readers know, all prevention activity is logged into the California State Department of Alcohol and Drug Programs' web-based data collection system called CalOMS (California Outcome Measurement Service for Prevention). CalOMS serves as a centralized repository for all Orange County prevention system information; thus, system participants are familiar with reporting their work in support of County level goals and objectives.

Orange County has evaluated and monitored all its prevention components for many years, but this plan proposes to look at the “big picture” or the sum of this work. How do particular prevention efforts contribute to the overall outcome of AOD prevention efforts? This challenging question will hopefully be answered more fully through application of materials provided in the Evaluation Framework.

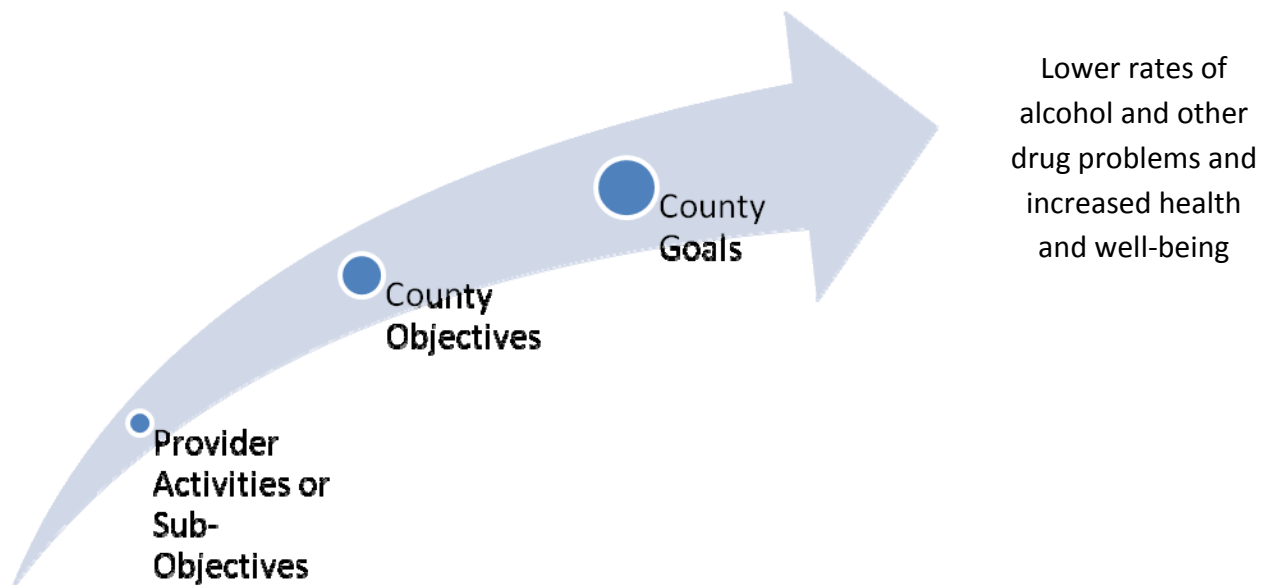
A primary purpose of the Evaluation Framework is to organize the efforts of various prevention service providers under each of the four goals, and to delineate the aggregate contribution of these services toward achievement of each prevention goal. Although we are moving forward in our evaluation efforts, it is important to note that there are many challenges ahead in evaluating the sum of Orange County prevention services.

The comprehensive array of prevention services in Orange County has many moving parts, which:

- Use a variety of underlying Theories of Change.
- Address a range of individual and environmental targets at several levels of risk.
- Are delivered in various “dosages” to a variety of communities in Orange County. Each service is provided to particular schools or communities, and not consistently to every corner of our large County.
- Are delivered by a variety of prevention system participants – such as County staff in two departments (ADEPT and ADAS) and by contracted providers.

The Evaluation Framework aligns the moving parts of this complex system under the umbrella of four County-level goals. The Framework uses the following strategies to bring this into one whole:

- A Logic Model is articulated for each of the County goals
- Essential measures are identified for every outcome indicator
- A schedule of data collection and reporting feeds into the evaluation framework



IV. The Right Tool for the Job

The indicator profiles provide examples of ways to measure specified short term, intermediate and long-range outcomes. All prevention providers in the system, including County staff from ADEPT and ADAS, are expected to use this information as they develop their individual evaluation plans and instruments.

The intent is for all providers to employ a standard measure of a particular outcome as a core element of their evaluation instrument, thus enabling us to aggregate outcome data across a variety of interventions while still allowing providers to customize their evaluation instruments to fit their project-specific needs. In many cases, the measures are drawn from existing surveys, such as the CHKS biannual student survey. For example, in designing an evaluation of a workshop on protective factors, in addition to questions about the quality of the training, the

specific example question(s) would be embedded to measure change on the indicator related to protective factors.

V. Goal Details

The following section is composed of a Logic Model for each of the four goals, followed by Indicator Profiles on most outcomes identified in the Logic Model.

LOGIC MODEL FOR SP Goal #1: Reduce underage drinking and other drug use

OBJECTIVES	STRATEGIES	OUTCOMES		
		Short Term	Intermediate	Long Term
1.1 Increase protective factors that mitigate youth exposure to risks for alcohol and other drug use	<ul style="list-style-type: none"> Youth development programs Build school and community capacity to create protective factors 	1 Increased proportion of adults who consider underage drinking and drug use a serious issue 2 Increased knowledge of risk/protective factors and the youth development framework among adults in a position to shape youth environments	7 Decreased proportion of retail establishments that sell to minors 8 Increased proportion of youth environments / settings that create protective factors for youth participants	13 Increased difficulty in obtaining AOD among youth 14 Reduced prevalence of AOD use among youth
1.2 Reduce youth access to alcohol and other drugs	<ul style="list-style-type: none"> Parent education 	3 Increased motivation / willingness among adults to take action that will increase or strengthen PFs in youth environments 4 Increased knowledge among adults re: the ease with which youth can obtain AOD	9 Reduced proportion of youth who report experiencing a low level of protective factors / external assets 10 Increased public support for social host liability ordinances	15 Increased age of initiation of AOD use among youth
1.3 Modify social norms that are accepting and/or encouraging of youth drinking and drug use	<ul style="list-style-type: none"> Compliance checks 	5 Increased knowledge of specific parental actions that can deter youth from AOD use 6 Increased proportion of adults who disapprove of parents providing alcohol to underage youth	11 Reduced proportion of adults with permissive attitude toward youth using AOD 12 Increased use of responsible host practices	16 Reduced rate of police calls for service to home parties by local law enforcement agencies

Indicator 1.1.1

Proportion of adults who are knowledgeable of risk/protective factors and youth development approach	
Goal 1	Reduce underage drinking and drug use
Outcome 1	Increased knowledge of the risk/protective factor framework and youth development approach among adults in a position to shape youth environments
Outcome Indicator	Proportion of adults who indicate substantive knowledge of the risk/protective framework and youth development approach as an evidence-based strategy for preventing alcohol/drug problems among youth
Indicator Background	According to a report based on a two year study and released by the National Academy of Sciences, <i>Community Programs To Promote Youth Development</i> , "adolescents who spend time in communities that are rich in developmental opportunities...experience less risk and show evidence of higher rates of positive development." In order to build communities that are "rich in developmental opportunities" for young people, widespread education and other capacity-building efforts that target community leaders, schools, parents, and youth-serving groups and organizations are required.
Evaluation resources	California Healthy Kids Survey, Introduction to the RYDM Module B Publications on Positive Youth Development (HHS) http://www.acf.hhs.gov/programs/fysb/content/positiveyouth/publications.htm ; Bernard, B. Resiliency: What We Have Learned, WestEd (2004) http://www.wested.org/cs/we/view/rs/712
Target group(s)	Community leaders, teachers, parents, coaches, staff of youth-serving community-based organizations, youth minister/leaders in faith-based organizations, prevention workers
Example indicator measure(s)	Resilience refers to the ability of young people not only to withstand risk factors in their environment, but also to achieve healthy developmental outcomes. A risk factor is A protective factor is The three principle protective factors (external assets) that promote youth development are:

Indicator 1.2.1

Proportion of adults who are committed to taking action to increase or strengthen protective factors in youth environments	
Goal 1	Reduce underage drinking and drug use
Outcome 2	Increased motivation / willingness among adults to take action that will increase or strengthen PFs in youth environments
Outcome Indicator	Proportion of adults who indicate a commitment to taking action that will increase or strengthen PFs in youth environments
Evaluation resources	Search Institute, http://www.search-institute.org/assets/ ; Youth Development & Youth Leadership: Background Paper, http://www.ncwd-youth.info/assets/background/YouthDevelopment.pdf ; Publications on Positive Youth Development (HHS), http://www.acf.hhs.gov/programs/fysb/content/positiveyouth/publications.htm ;
Target group(s)	Teachers, parents, coaches, staff of youth-serving community-based organizations, youth minister/leaders in faith-based organizations, prevention workers
Example indicator measure(s)	I know (at least three) specific actions that can increase or strengthen protective factors for youth in the environment where I work (<i>Agree-Disagree</i>) In the next (3-6 months), I will take action to increase or strengthen protective factors for youth in the environment where I work (<i>Agree-Disagree</i>)

Indicator 1.3.2

Proportion of adults who believe that most high school students can easily obtain marijuana if they really want to	
Goal 1	Reduce underage drinking and drug use
Outcome 3	Increased awareness among adults re: the ease with which youth can obtain AOD
Outcome Indicator	Proportion of adults who believe that most high school students can easily obtain marijuana if they really want to
Evaluation resources	California Healthy Kids Survey, OC Technical Report (2007-08), Table A4.20 Youth Access to Alcohol Study, County of Orange Health Care Agency, ADEPT, 2006. http://www.ochealthinfo.com/adept/publications.htm
Target group(s)	Community leaders, teachers, parents, coaches, staff of youth-serving community-based organizations, youth minister/leaders in faith-based organizations, prevention workers
Example indicator measure(s)	How true do you believe each of the following statements is? <i>(completely true, probably true, probably not true, not at all true)</i> More than 40% of high school freshmen in Orange County report that they can easily get marijuana if they really want to <i>(true)</i> Less than 50% of high school freshmen in Orange County report that they can easily get alcohol if they really want to <i>(not true)</i> Three out of every four high school juniors in Orange County report that they can easily get alcohol if they really want to <i>(true)</i> Less than 60% of high school juniors in Orange County report that they can easily get marijuana if they really want to <i>(not true)</i>

Indicator 1.4.1

Proportion of adults who consider underage drinking and drug use a serious issue	
Goal 1	Reduce underage drinking and drug use
Outcome 4	Increased proportion of adults who consider underage drinking and drug use a serious issue
Outcome Indicator	Proportion of adults who consider underage drinking and drug use a serious issue
Evaluation resources	National Survey of American Attitudes on Substance Abuse XIII: Teens and Parents, The National Center on Addiction and Substance Abuse at Columbia University (CASA)
Target group(s)	Parents, general adult population
Example indicator measure(s)	<p>Today's teenagers face many challenges; please indicate how serious you consider each of the following issues to be as a challenge to the healthy development of teenagers: (<i>very serious, fairly serious, not too serious, not at all serious</i>)</p> <ul style="list-style-type: none"> • DRUGS • ALCOHOL • TOBACCO • SAFETY • VIOLENCE/CRIME • EDUCATION/DROPPING OUT OF SCHOOL • COLLEGE/GETTING THEM INTO GOOD COLLEGE • PEER PRESSURE/INFLUENCE OF FRIENDS • COMMUNICATION/PARENTS • TEEN PREGNANCY/SEXUALITY • MORALS/FAMILY VALUES • MEDIA INFLUENCE/CULTURAL ENVIRONMENT • FINANCIAL PRESSURES/ISSUES • MAKING THE RIGHT CHOICES FOR THEIR FUTURE • DRIVING • RELIGION • CHARACTER ISSUES • THEIR ENVIRONMENT

Indicator 1.5.1

Proportion of parents/adults who are knowledgeable of specific parental actions that can deter youth from AOD use	
Goal 1	Reduce underage drinking and drug use
Outcome 5	Increased knowledge of specific parental actions that can deter youth from AOD use
Outcome Indicator	Proportion of parents/adults who are knowledgeable of specific parental actions that can deter youth from AOD use
Evaluation resources	Tucker & Ellickson, Growing up in a permissive household: What deters at-risk adolescents from heavy drinking. <i>Journal of Studies on Alcohol and Drugs</i> , p. 528, July, 2008
Target group(s)	Parents, general adult population
Example indicator measure(s)	<p>How would you feel if you found out your child drank alcohol sometimes? <i>(not at all upset, a little upset, moderately upset, very upset)</i></p> <p>How would you feel if you found out your child used marijuana sometimes? <i>(not at all upset, a little upset, moderately upset, very upset)</i></p> <p>When your child is away from home, how often do you know where he/she is? <i>(never, not very often, sometimes, usually, all the time)</i></p> <p>When your child goes out with friends, how often do you tell her/him what time to be home? <i>(never, not very often, sometimes, usually, all the time)</i></p>

Indicator 1.6.1

Proportion of adults who disapprove of parents providing alcohol to underage youth	
Goal 1	Reduce underage drinking and drug use
Outcome 6	Increased proportion of adults who disapprove of parents providing alcohol to underage youth
Outcome Indicator	Proportion of adults who disapprove of parents providing alcohol to underage youth
Evaluation resources	National Survey of American Attitudes on Substance Abuse XIII: Teens and Parents, The National Center on Addiction and Substance Abuse at Columbia University (CASA)
Target group(s)	Parents, general adult population
Example survey question(s)	<p>Please read the following two statements:</p> <ul style="list-style-type: none"> • Parent A says that since teens are going to drink alcohol regardless of what the parents say, it is best that the teens drink at home where they are safe. • Parent B says that teens should be told not to drink alcohol, and that allowing a teen to drink at home sends the wrong message. <p>Which of these parents do you agree with more?</p> <p style="padding-left: 40px;"><i>Parent A</i></p> <p style="padding-left: 40px;"><i>Parent B</i></p> <p style="padding-left: 40px;"><i>Don't know</i></p> <hr/> <p>Some parents think that most teenagers are going to drink, because drinking alcohol is an adolescent "rite of passage." In the thinking of these parents, the best approach is to provide the alcohol for their teen and friends to drink at home in order to ensure their safety.</p> <p>Do you approve or disapprove of this thinking? <i>(strongly approve, approve, disapprove, strongly disapprove)</i></p>

Indicator 1.7.1

Proportion of retail establishments selling alcohol to minors – Compliance checks	
Goal 1	Reduce underage drinking and drug use
Outcome 7	Decreased proportion of retail establishments that sell alcohol to minors
Outcome Indicator	Proportion of retail establishments selling alcohol to minors—compliance checks
Indicator background	<p>Research indicates that the frequent use of compliance checks decreases alcohol sales to minors almost by half (Grube, 1997; Holder, 2000; Preusser, Williams, and Weinstein, 1994). Lewis et al. (1996) report that Florida has kept compliance rates at 88-90% over the last 20 years due to the vigorous use of compliance checks by community coalitions.</p> <p>In the Community Trials Project, compliance checks were part of an overall comprehensive community program in which alcohol-related accidents were also significantly reduced (Holder, 2000). Compliance checks are thought to be most effective when they are frequent, well-publicized, well-designed, solicit community support, and involve penalties to the licensed establishment, rather than just the server</p> <p>(Mosher & Stewart, 1999; Toomey & Wagenaar, 2002). Applying penalties to the licensed holder will stimulate managerial changes to support a working culture and environment that abides by alcohol sales laws. By decreasing alcohol availability, compliance checks are believed to also reduce alcohol-related problems and crime among youth.</p>
Evaluation resources	Preventing Underage Drinking: Using “Getting To Outcomes™” with the SAMHSA Strategic Prevention Framework to Achieve Results, RAND Corporation (see Alcohol Compliance Checks, pp. 139-160) http://www.rand.org/pubs/technical_reports/TR403/
Target group(s)	Off-sale and on-sale alcohol retail establishments, operators of public events where alcohol is served
Example indicator measure(s)	See Compliance Checks Summary Form, p. 151 in the above referenced document

LOGIC MODEL FOR SP Goal #2: Reduce drug use and high-risk drinking

OBJECTIVES	STRATEGIES	OUTCOMES		
		Short Term	Intermediate	Long Term
2.1 <i>Reduce risk conditions in community environments where alcohol and drugs are used</i>	<ul style="list-style-type: none"> · Environmental risk reduction · Training/promotion for implementing screening protocols and practices 	1 Increased knowledge of the site & nature of AOD risk environments among community stakeholders 2 Increased support for actions to reduce or eliminate risk conditions in identified community environments where high- risk drinking & drug use occur	6 Reduced risk conditions in identified community environments where high-risk drinking & drug use occur 7 Increased screening for AOD use/abuse in health and human service agencies 8 Increased accuracy in perception of disapproval of binge drinking and drug use	9 Reduced prevalence of illicit drug use among youth and adults 10 Reduced rates of morbidity & mortality related to illicit drug use and H-R drinking 11 Reduced prevalence of binge drinking among young adults ages 18-24 12 Reduced adult arrest rate for AOD-related offenses
2.2 <i>Increase screening for alcohol and other drug use</i>	<ul style="list-style-type: none"> · Social Norms Campaigns 	3 Increased knowledge of, and increased readiness to implement, an AOD screening protocol among health and human service providers 4 Increased knowledge of the actual prevalence and frequency of binge drinking among peers 5 Increased prevalence of disapproving attitudes toward binge drinking and drug use		
2.3 <i>Modify social norms that are accepting and/or encouraging of drug use and high-risk alcohol use</i>				

Indicator 2.1.1

Proportion of community stakeholders who are knowledgeable of the role of AOD use environments in the development of community-level AOD problems	
Goal 2	Reduce illicit drug use and high-risk drinking
Outcome 1	Increased knowledge of the role of AOD use environments in the development of community-level AOD problems
Outcome Indicator	Proportion of community stakeholders who are knowledgeable of the role of AOD use environments in the development of community-level AOD problems
Indicator background	<p>Community AOD environments include the physical world, since physical settings have profound social and personal impacts on their occupants. Physical settings do much to shape people’s interactions and expectations, and to direct their attention. Understanding the contribution of the community’s architectural and natural environment to AOD problems is especially rewarding because communities can manage these problems through environmental design and use policies.</p> <p>The following types of physical environment can make significant contributions to community AOD problems.</p> <p>Topographic features: The community’s infrastructure of streets, parks and open space provides many settings for drinking and drug use.</p> <p>Types of land use: commercial, residential, public space, community facilities, and special use areas all can be sites for problematic drinking and drug use.</p> <p>Specific settings and circumstances: Private parties and large gatherings such as holiday celebrations, sports events, and community affairs that may be public, quasi-public, or private.</p> <p>Selected geographic areas: neighborhoods, parks, landmarks.</p> <p>Community AOD problems occur simultaneously in all of these community environments, so it is important to work in all areas simultaneously when choosing management and intervention strategies to address AOD problems. The nature of where and how the problem displays itself will determine what kind of management and intervention strategies can be successful.</p>
Evaluation resources	Taking Charge: Managing Community Alcohol & Drug Risk Environments, Prevention by Design, 2005

	http://socrates.berkeley.edu/~pbd/pdfs/ag_final.pdf
Target group(s)	Municipal agencies, community groups, residents
Example indicator measure(s)	<p>Measures that assess knowledge of:</p> <ul style="list-style-type: none"> • The public health model • The environmental approach to preventing AOD problems • The distinction between personal alcohol and drug abuse problems and community level AOD problems • Three kinds of alcohol/drug availability • Three types of environments that contribute to the development of community AOD problems

Indicator 2.3.1

Proportion of key personnel of general medical, public health and other human service systems who are knowledgeable of specific, evidence-based protocols that are designed to detect risky alcohol and/or drug use	
Goal 2	Reduce illicit drug use and high-risk drinking
Outcome 3	Increased knowledge of, and readiness to implement, an AOD screening protocol among health and human service providers
Outcome Indicator	Proportion of key personnel of general medical, public health and other human service systems who are knowledgeable of specific, evidence-based protocols that are designed to detect risky alcohol and/or drug use.
Indicator background	<p>Screening and brief intervention (SBI) for risky alcohol and drug use is moving from research into the mainstream of preventive medicine and public health. The past few years have seen policy makers, health professionals, medical societies, and advocates successfully advancing the use of these techniques. Most attention on alcohol and drug issues has appropriately been focused on the population of alcohol and illicit drug users who meet clinical criteria for substance dependence. However, at the population level, the risky drinkers incur more adverse consequences and costs.</p> <p>A “risky drinker” is someone who is not dependent on alcohol, but has a drinking pattern, for example episodic heavy drinking, that can lead to a variety of problems such as alcohol-related traffic crashes, other accidents, and alcohol-involved violence. Research shows that risky drinking causes more total accidental harm than the heavy drinking of alcoholics. Though risky drinkers are individually less likely to cause alcohol-related problems, they make up a much greater portion of the general population than alcoholics, so the most significant amount of damage is caused by those who engage in risky drinking from time to time but are not dependent on alcohol. Additionally, people who drink above recommended guidelines, up to one drink per day for women and up to two drinks per day for men, face several health risks even if they are not dependent on alcohol. Risks increase for depression, high blood pressure, anemia, heart failure, liver damage, ulcers, inflammation of the pancreas, and some types of cancer.</p> <p>Screening and brief intervention (SBI) has begun to emerge as a critical strategy for targeting this large but often overlooked population of individuals who exceed low risk guidelines. The primary goal of screening and brief intervention efforts is not to identify alcohol- or drug-dependent individuals for referral to treatment. Rather, these approaches are intended to meet the public health goal of reducing the harms and societal costs associated with risky drinking and drug use.</p>

Evaluation resources	<p><i>Screening & Brief Intervention: Making a Public Health Difference</i>, Join Together, Boston University, School of Public Health, 2008.</p> <p>http://www.jointogether.org/aboutus/ourpublications/pdf/sbi-report.pdf</p>
Target group(s)	Key personnel of general medical, public health and other human service systems
Example indicator measure(s)	<p>Measures/items developed to assess knowledge of screening tools & procedures for administering, e.g.</p> <ul style="list-style-type: none"> • NIAAA's one-question screen (alcohol) • AUDIT (alcohol) • ASSIST (multiple substances) • DAST (licit & illicit drugs)

Indicator 2.3.2

Proportion of administrators of general medical, public health and other human service systems who demonstrate readiness to implement a specific, evidence-based screening and brief intervention protocol	
Goal 2	Reduce illicit drug use and high-risk drinking
Outcome 3	Increased knowledge of, and readiness to implement, an AOD screening protocol among health and human service providers
Outcome Indicator	Proportion of administrators of general medical, public health and other human service systems who demonstrate readiness to implement a specific, evidence-based screening and brief intervention protocol
Indicator background	<p>A number of studies that have examined the research evidence on screening and brief intervention’s effectiveness have concluded that SBI has clinically meaningful effects, both when administered in primary care and in emergency care settings. These effects include reductions in harmful levels of drinking and some of the consequences of risky drinking. For example, a randomized controlled trial of SBI in patients at an urban trauma center found a 47% reduction in subsequent injuries requiring an emergency department visit.</p> <p>Outside of the primary care arena, research has found that screening and brief intervention for alcohol problems can be cost-effective and merits widespread application in trauma care settings. Research also has found that trauma patients generally are amenable to learning more about the effects of their drinking in the “teachable moment” that can occur in the emergency setting. Research also has indicated that screening and brief intervention can be successfully tailored to other subpopulations of harmful drinkers. The iHealth Study found that Internet-based screening and brief intervention show promise in addressing unhealthy alcohol use by college students.</p> <p>The overall evidence has led to the determination by the U.S. Preventive Services Task Force, an agency charged with reviewing evidence for health prevention-oriented activities, that screening and brief intervention should be implemented on a widespread basis, with these preventive services available to all U.S. adults.</p>
Evaluation resources	<p><i>Screening & Brief Intervention: Making a Public Health Difference</i>, Join Together, Boston University, School of Public Health, 2008. http://www.jointogether.org/aboutus/ourpublications/pdf/sbi-report.pdf</p> <p>See also SAMHSA web site on Screening, Brief Intervention, and Referral to Treatment http://www.sbirt.samhsa.gov/index.htm</p>
Target group(s)	Directors/administrators of general medical, public health and other human service systems

Example indicator measure(s)	Readiness to implement SBI may be demonstrated through documentation of the following: <ul style="list-style-type: none">• Barriers to implementation have been addressed• Agreement to implement SBI protocol is registered• Assignment of staff duties re: implementation of protocol• Training of assigned staff is completed• Specific implementation date is scheduled
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Indicator 2.4.1

Proportion of the targeted population who are knowledgeable of the actual prevalence and frequency of binge drinking among their peers	
Goal 2	Reduce illicit drug use and high-risk drinking
Outcome 4	Increased knowledge of peers’ actual prevalence and frequency of binge drinking
Outcome Indicator	Proportion of the targeted population who are knowledgeable of the actual prevalence and frequency of binge drinking among their peers
Indicator background	<p>Several studies have concluded that some students overestimate alcohol use among their friends and others on campus, and that this misperception may be associated with higher drinking levels. If students perceive that heavy or binge drinking is the usual behavior of their peers, they may be more likely to engage in this behavior. Students who perceive that more drinking occurs than actually does provide themselves with an excuse for drinking more because “everyone is doing it.” The results of these studies have been used to develop interventions aimed at adjusting student overestimates.</p> <p>Social norms programs attempt to influence students’ choices about health behaviors by emphasizing the presence of an underlying, but under-emphasized and under-recognized pattern of healthy behavior. In broad terms, this approach assumes that students who otherwise overestimate campus drinking norms (and adjust their own behavior to match) may adopt a healthier pattern of behavior if they believe that such a pattern is normative.</p>
Evaluation resources	<p>“College Students Define Binge Drinking and Estimate Its Prevalence: Results of a National Survey,” Wechsler & Kuo, Harvard, 2000.</p> <p>http://www.hsph.harvard.edu/cas/Documents/alcohol_prev/accurateperceptions-1.pdf</p>
Target group(s)	College students
Example indicator measure(s)	<p>How many alcoholic drinks, on average, do you think students in each of the following categories <u>typically</u> consume when they drink? A drink is a bottle/can of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.</p> <p><i>(matrix format)</i></p> <p><i>Categories: Yourself, Your friends, Male students at your campus, Female students at your campus</i></p>

Quantities: None, 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-15, 16-20, 21 or more

How frequently in a 30-day period do you think students in each of the following categories typically consume alcohol (including beer, wine, wine coolers, liquor, and mixed drinks)? Give your best estimate for each category.

(matrix format)

Categories: Yourself, Your friends, Male students at your campus, Female students at your campus

Frequencies: Never, One time, 2-3 times, Once a week, 2-3 times a week, Nearly every day, Every day

Based on what you have heard or experienced, approximately what proportion of students at your school do you think are binge drinkers? Binge drinking is defined as the consumption of at least 5 drinks in a row for men or 4 drinks in a row for women.

Response categories:: 0%, 1%–9%, 10%–19%, 20%–29%, 30%–39%, 40%–49%, 50%–59%, 60%–69%, 70%–79%, 80%–89%, 90%–100%, and “don’t know.”

Indicator 2.5.1

Proportion of adults who disapprove of binge drinking and drug use	
Goal 2	Reduce illicit drug use and high-risk drinking
Outcome 5	Increased prevalence of disapproving attitudes toward binge drinking and drug use
Outcome Indicator	Proportion of adults who disapprove of binge drinking and drug use
Indicator background	Parent and peer attitudes and perceptions have been identified as important factors in young adult AOD use and high-risk use among college students. Little direct study of adult on adult influences specifically,
Evaluation resources	National Survey of American Attitudes on Substance Abuse XIII: Teens and Parents , National Center on Addiction and Substance Abuse at Columbia University, August 2008
Target group(s)	General population adults in Orange County
Example indicator measure(s)	To what degree do you agree with the following statements? (<i>completely agree, somewhat agree, somewhat disagree, completely disagree</i>) It is acceptable for adults to use illicit drugs It is acceptable for adults to drink five or more drinks in one sitting. For college-age populations: I would not want to go out with someone who thinks that drinking a lot is the best way to have fun I don't like to be around people who are using marijuana or other drugs

Indicator 2.6.1

Specific risk in community environments as measured by police calls for service or observations	
Goal 2	Reduce illicit drug use and high-risk drinking
Outcome 6	Reduced risk conditions in identified community environments where high- risk drinking & drug use occur
Outcome Indicator	Reductions in specific risk in community environments as measured by police calls for service or observations.
Indicator background	<p>As described in Indicator Profile 2.2 , risk in community AOD environments are specific to features of the physical world, such as:</p> <p>Topographic features: Risk factors include features such as poor lighting, presence of abandoned cars, buildings in disrepair.</p> <p>Types of land use: Commercial, residential, public space, community facilities, and special use areas may have risk features, such as density or concentration of licensed outlets, unsupervised parking lots, motel or mobile home parks that are poorly managed.</p> <p>Specific settings and circumstances: Private parties and large gatherings such as holiday celebrations, sports events, and community affairs may feature levels of risk in poor management of alcohol service, poor supervision of AOD use, proportion of pro-use messaging or limited or no training for event staff.</p>
Evaluation resources	<p>Taking Charge: Managing Community Alcohol & Drug Risk Environments, Prevention by Design, 2005</p> <p>http://socrates.berkeley.edu/~pbd/pdfs/ag_final.pdf</p>
Target group(s)	Municipal agencies, community groups, residents
Example indicator measure(s)	<p>Measures of risk in community environments include:</p> <ul style="list-style-type: none"> • High numbers of police calls for service • Ratio of alcohol establishments to the population • Numbers of pro-use messages as measured by alcohol ads, smoke shop, or stores that sell clothing that glamorizes drugs • Reports of drug dealing or suspicions of drug dealing

Indicator 2.7.1

Increased number of agencies that use AOD screening protocols as part of their routine contact with clients	
Goal 2	Reduce illicit drug use and high-risk drinking
Outcome 7	Increased screening for AOD use/abuse in health and human service agencies
Outcome Indicator	Increased number of agencies that use AOD screening protocols as part of their routine contact with clients
Indicator background	Described in Indicator Profile 2.3.1
Evaluation resources	Screening, Brief Intervention, and Referral to Treatment, SAMHSA http://sbirt.samhsa.gov/core_comp/screening.htm
Target group(s)	Staff and volunteers in community social service agencies that serve the general population with referrals, case management and a variety of services.
Example indicator measure(s)	Does your agency conduct any screening for alcohol and other drug use with the clients you serve? <i>Yes No</i>

Indicator 2.8.1

Proportion of adults who accurately report the proportion of their peers that disapprove of binge drinking and illicit drug use	
Goal 2	Reduce illicit drug use and high-risk drinking
Outcome 8	Increased accuracy in perception of disapproval of binge drinking and drug use
Outcome Indicator	Proportion of adults who accurately report the proportion of their peers that disapprove of binge drinking and illicit drug use
Indicator background	Research suggests that the perceived preferences of the opposite sex (reflective normative preferences) may be particularly salient among college women, who may drink in pursuit of intimate relationships and positive attention from male peers. In the study referenced below, females answered questions regarding the amount of alcohol they believe a typical male would like his female friends, dates, or romantic partners to drink. Males answered the same questions, stating their actual preferences. Results showed that females overestimate the amount of alcohol males want their female friends, dating partners, and sexual partners to drink, and that this misperception was associated with their drinking behavior, even after controlling for perceived same-sex norms. These results suggest that reflective normative feedback may offer a powerful new tool for female-targeted interventions.
Evaluation resources	What men want: The role of reflective opposite-sex normative preferences in alcohol use among college women. http://www.higheredcenter.org/research/what-men-want-role-reflective-opposite-sex-normative-preferences-alcohol-use-among-college-
Target group(s)	General Orange County population, college students
Example indicator measure(s)	How true do you believe each of the following statements is? (<i>completely true, probably true, probably not true, not at all true</i>) More than 40% of Orange County adults disapprove of marijuana use (true) More than 50% of college students in Orange County report that they disapprove of a peer having more than five drinks in one sitting (not true)

	<p>One of every four adults in Orange County report that they have tried methamphetamine (<i>false</i>)</p> <p><u>For college-age populations:</u></p> <p>How true do you believe each of the following statements is? (<i>completely true, probably true, probably not true, not at all true</i>)</p> <p>Men like to go out with women who drink a lot</p> <p>Women like to go out with men who drink a lot</p> <p>Women on this campus don't like to go out with men who smoke marijuana or use other drugs</p> <p>Men on this campus don't like to go out with women who smoke marijuana or use other drugs</p>
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LOGIC MODEL FOR SP Goal #3: Reduce alcohol and drug-impaired driving

OBJECTIVES	STRATEGIES	OUTCOMES		
		Short Term	Intermediate	Long Term
3.1 <i>Increase responsible alcohol sales and serving practices in licensed settings</i>	<ul style="list-style-type: none"> · RBSS training · Media campaign on enforcement 	1 Increased proportion of retail alcohol outlets participating in training on responsible alcohol service policies and practices	7 Increased proportion of city law enforcement agencies participating in the countywide DUI task force	11 Increased proportion of retail alcohol outlets implementing and enforcing responsible alcohol service policies and practices
3.2 <i>Increase the perceived risk of being arrested for AOD-impaired driving</i>	<ul style="list-style-type: none"> · Social host marketing 	2 Increased awareness of, and receptivity to, media messages advocating responsible alcohol serving practices at public events and private party settings	8 Increased prevalence of public attitudes toward holding public event operators and private party hosts accountable for alcohol-impaired guests	12 Increased support for municipal ordinances mandating RBS training for retail alcohol outlets & short-term permit events
3.3 <i>Increase responsible alcohol serving practices in social settings</i>		3 Increased awareness of, and receptivity to, media messages about the community costs of alcohol/drug impaired driving	9 Increased perception of a high level of DUI enforcement operations	13 Reduced number of AOD-involved crashes, injuries and fatalities countywide
		4 Increased media coverage of DUI enforcement operations	10 Increased perception of the likelihood of arrest if driving while impaired	
		5 Increased public support for DUI enforcement operations		
		6 Increased knowledge of and support for employing evidence-based strategies to reduce impaired driving		

Indicator 3.1.1

Proportion of retail alcohol outlets that have participated in training on responsible alcohol service policies and practices within the past year	
Goal 3	Reduce alcohol and drug-impaired driving
Outcome 1	Increased proportion of retail alcohol outlets participating in training on responsible alcohol service policies and practices
Outcome Indicator	Proportion of retail alcohol outlets that have participated in training on responsible alcohol service policies and practices within the past year
Indicator background	<p>Responsible Beverage Service (RBS) is one type of merchant education program that can help generate public and business support for enforcement of laws to prevent impaired driving and sales to minors. As with all environmental strategies, RBS should be conducted as part of a larger comprehensive plan to reduce impaired driving and underage drinking. RBS programs target both on-sale and off-sale alcohol retailers and are designed to reduce sales to minors and intoxicated adults.</p> <p>Evaluations of the effectiveness (which primarily focus on preventing intoxication) are mixed but promising. In general, RBS programs are more likely to be successful when they include a policy development component, focus on skill development and active learning techniques, and are implemented in the entire community as part of a larger plan including compliance checks and media advocacy.</p>
Evaluation resources	<p>Saltz, R., & Stanghetta, P. (1997). A community-wide responsible beverage service program in three communities. Early findings. <i>Addiction</i>, 92 (Suppl. 2), S237-S249.</p> <p>Toomey TL, Kilian GR, Gehan JP, Perry CL, Jones-Webb R, Wagenaar AC. Qualitative assessment of training programs for alcohol servers and establishment managers. <i>Public Health Reports</i>, 113(2):162-9, 1998.</p>
Target group(s)	Licensed alcohol outlets (on-sale & off-sale) in the community
Example indicator measure(s)	Count of licensed alcohol outlets that have participated in RBS training within the past year as a proportion of the total number of licensed alcohol outlets in the community.

Indicator 3.2.1

Proportion of adults who demonstrate awareness of, and receptivity to, media messages that advocate responsible alcohol serving practices at public events and private party settings	
Goal 3	Reduce alcohol and drug impaired driving
Outcome 2	Increased awareness of, and receptivity to, media messages advocating responsible alcohol serving practices at public events and private party settings
Outcome Indicator	Proportion of adults who demonstrate awareness of, and receptivity to, media messages that advocate responsible alcohol serving practices at public events and private party settings
Indicator background	About half of all DUI offenders in Orange County, and an even greater proportion of Hispanics, report drinking at a private residence prior to their arrest. The festive atmosphere of private parties and at public events, such as sporting events or county fairs, tend to promote higher levels of drinking, thus posing an increased risk of impaired driving. Despite the fact that such venues make a significant contribution to the impaired driving problem, public awareness of this information is low and relatively little attention is paid to the need for responsible alcohol serving practices in these alcohol-use environments.
Evaluation resources	Circumstances of Drinking Prior to DUI Arrest, County of Orange Health Care Agency/ADEPT, 2005 http://www.ohealthinfo.com/adept/publications.htm
Target group(s)	Adults (primary), other community members
Example indicator measure(s)	<u>Awareness measures:</u> In the past few weeks, have you seen any ads/media messages about drinking at private parties and public events as a factor contributing to impaired driving in Orange County? <i>(yes, maybe, not sure, no)</i> Do you recall where you saw these ads/messages? List type of media used <i>(e.g. billboard, bus ad, poster, etc.)</i> What do you think the main message was? <i>(open-ended response – to be coded as: Accurate, partly accurate, not accurate, no response)</i>

	<p><u>Receptivity measures:</u> Tell me how much you agree or disagree with the following statement: This ad / message was convincing. <i>(Strongly agree, Agree, Disagree, Strongly disagree, Have no opinion, Don't know)</i></p> <p>Would you say the ad/message gave you good reasons to be concerned about the level of drinking at private parties and public events? <i>(yes, no, don't know)</i></p> <p>Did you talk to anyone about this ad/message? <i>(yes, no, don't know)</i></p>
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Indicator 3.3.1

Proportion of adults who demonstrate awareness of, and receptivity to, media messages about the community costs of alcohol/drug impaired driving	
Goal 3	Reduce alcohol and drug-impaired driving
Outcome 3	Increased awareness of, and receptivity to, media messages about the community costs of alcohol/drug impaired driving
Outcome Indicator	Proportion of adults who demonstrate awareness of, and receptivity to, media messages about the community costs of alcohol/drug impaired driving
Indicator background	<p>People tend to think of the costs associated with alcohol/drug impaired driving only in terms of direct costs to DUI offenders (fines, jail, lost wages, increased insurance, etc.). In reality, however, there are many other economic costs that are borne by all members of the community, including the incremental cost of police services, criminal justice services, emergency medical services, medical care, property loss, and productivity losses associated with injuries and deaths resulting from alcohol/drug-involved vehicle crashes.</p> <p>To the extent that people are made aware that alcohol/drug-impaired driving is a significant <u>public health and safety cost issue that affects all of us</u>, the more they are inclined to support community initiatives designed to prevent impaired driving and reduce its economic impact.</p>
Evaluation resources	<p>Friendsdrivesober.org Economic costs of alcohol impaired driving http://www.friendsdrivesober.org/alcohol_drugs_driving/economic_costs.html</p>
Target group(s)	Adults (primary), other community members
Example indicator measure(s)	<p><u>Awareness measures:</u> In the past few weeks, have you seen any ads concerning the overall costs that alcohol and drug impaired driving impose on our community? <i>(yes, maybe, not sure, no)</i></p> <p>Do you recall where you saw these ads? List type of media used <i>(e.g. billboard, bus ad, poster, etc.)</i></p> <p>What do you think the main message of this ad was? <i>(open-ended response – to be coded as: Accurate, partly accurate, not accurate, no response)</i></p>

	<p><u>Receptivity measures:</u></p> <p>Tell me how much you agree or disagree with the following statement:</p> <p>This ad is convincing.</p> <p><i>(strongly agree, agree, disagree, strongly disagree, have no opinion, don't know)</i></p> <p>Would you say the ad gave you good reasons to be concerned about the overall costs that alcohol and drug impaired driving impose on our community? <i>(yes, no, don't know)</i></p> <p>Did you talk to anyone about this ad? <i>(yes, no, don't know)</i></p>
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Indicator 3.4.1

Number of media outputs related to DUI enforcement operations in the target community	
Goal 3	Reduce alcohol and drug impaired driving
Outcome 4	Increased media coverage of DUI enforcement operations
Outcome Indicator	Number of media outputs related to DUI enforcement operations in the target community
Indicator background	Media advocacy is the strategic use of newsmaking through TV, radio and newspapers to increase awareness, promote public debate, and generate community support for enforcement of and changes in community norms and policies.
Evaluation resources	South Bay High Intensity Prevention Zone – Institute for Public Strategies project http://www.publicstrategies.org/ots_media_advocacy.htm
Target group(s)	All media outlets serving the target community
Example indicator measure(s)	Count of media outputs related to DUI enforcement operations in the target community (pre and post intervention)

Indicator 3.5.1

Number of key stakeholders in the target community who demonstrate active support for local DUI enforcement operations	
Goal 3	Reduce alcohol and drug impaired driving
Outcome 5	Increased public support for DUI enforcement operations
Outcome Indicator	Number of key stakeholders in the target community who demonstrate active support for local DUI enforcement operations
Indicator background	National, state and local chapters of MADD are recognized leaders in mobilizing grassroots support for impaired-driving enforcement and have demonstrated the effectiveness of such support in enhancing and sustaining law enforcement efforts at the local community level.
Evaluation resources	Grassroots support for impaired-driving law enforcement – National Highway Traffic Safety Administration http://www.nhtsa.dot.gov/people/injury/alcohol/GrassRootsEfforts.pdf
Target group(s)	Key community stakeholders
Example indicator measure(s)	Various measures of support may be employed, including attendance at community organizing meetings, participation in checkpoints or other law enforcement operations, recruiting others, and indicating support through a survey questionnaire.

Indicator 3.5.1

Proportion of key community stakeholders who are knowledgeable of evidence-based strategies to reduce alcohol and drug-impaired driving	
Goal 3	Reduce alcohol and drug-impaired driving
Outcome 5	Increased knowledge of, and support for employing, evidence-based strategies to reduce alcohol and drug-impaired driving
Outcome Indicator	Proportion of key community stakeholders who are knowledgeable of evidence-based strategies to reduce alcohol and drug-impaired driving
Indicator background	When community members are well informed of the body of evidence showing that impaired driving can be prevented, as well as specific prevention strategies that have been successful, they are more likely to support initiatives to reduce AOD-impaired driving in their community. At the same time, we know that knowledge of what works is a necessary, but not sufficient, condition for mobilizing community support.
Evaluation resources	<p>Reviews of Evidence Regarding Interventions to Reduce Alcohol-Impaired Driving http://www.thecommunityguide.org/mvoi/mvoi-AJPM-evrev-alchl-imprd-drvng.pdf</p> <p>MADD’s Campaign to Eliminate Drunk Driving http://www.madd.org/Drunk-Driving/Drunk-Driving/Programs.aspx</p>
Target group(s)	Key community stakeholders (leaders in various community sectors, e.g. city government, police, business, education, faith, service clubs, etc.)
Example indicator measure(s)	<p>Evaluators may develop questionnaire items to assess knowledge of the following strategies:</p> <p>Laws & Policies</p> <ul style="list-style-type: none"> • .08 blood alcohol concentration (BAC) laws • Lower BAC laws for young and inexperienced drivers • Minimum legal drinking age laws • Administrative license revocation • Ignition interlocks <p>Law Enforcement</p> <ul style="list-style-type: none"> • Sobriety checkpoints

	<ul style="list-style-type: none">• RBS training programs for servers of alcoholic beverages• Alternative transportation (e.g., designated driver programs)• Assessment and treatment for DUI offenders <p>Information & Education</p> <ul style="list-style-type: none">• Mass media campaigns• School-based education <p>Multifaceted community-based Programs</p>
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Indicator 3.6.2

Proportion of key community stakeholders who demonstrate support for employing evidence-based strategies to reduce alcohol and drug-impaired driving	
Goal 3	Reduce alcohol and drug-impaired driving
Outcome 6	Increased knowledge of, and support for employing, evidence-based strategies to reduce alcohol and drug-impaired driving
Outcome Indicator	Proportion of key community stakeholders who demonstrate support for employing evidence-based strategies to reduce alcohol and drug-impaired driving
Indicator background	Enduring, coordinated, and comprehensive prevention efforts at the local level are more likely to have the desired impact if prevention professionals work with local citizens and community leaders from many segments of the community in planning, coordinating, and implementing the prevention effort. Prevention programs are more likely to succeed and continue to operate when they are created by local citizens and tailored to the needs and resources of the local community. Prevention programs that are designed by prevention professionals without input from the community often do not include cultural modifications and often do not address the primary reasons why local youth and adults use alcohol and other drugs.
Evaluation resources	Community Readiness – Western Center for the Application of Prevention Technologies http://captus.samhsa.gov/western/resources/prevmat/index.cfm
Target group(s)	Key community stakeholders (leaders in various community sectors, e.g. city government, police, business, education, faith, service clubs, etc.)
Example indicator measure(s)	A tool for assessing Community Readiness, including support for impaired driving prevention initiatives, may be accessed in the above referenced document

Indicator 3.7.1

Number and proportion of city law enforcement agencies who are actively participating in the countywide DUI task force	
Goal 3	Reduce alcohol and drug impaired driving
Outcome 7	Increased proportion of city law enforcement agencies participating in the countywide DUI task force
Outcome Indicator	Number and proportion of city law enforcement agencies who are actively participating in the countywide DUI task force
Indicator background	General deterrence is the key to curtailing impaired driving. When multiple law enforcement agencies and other stakeholders are actively engaged in highly publicized collaborative efforts to prevent impaired driving within a common jurisdiction (county or state), this sends a strong message of deterrence to the general public.
Evaluation resources	Impaired Driving Guidebook: Three Keys to Renewed Focus and Success, NHTSA http://www.nhtsa.dot.gov/people/injury/enforce/ImpDrGuidebook/images/ImpDrvGuide.pdf
Target group(s)	City law enforcement agencies in Orange County
Example indicator measure(s)	Number of city law enforcement agencies that have a representative attending at least 50% of the meetings of the Orange County DUI Task Force in a given year Number of city law enforcement agencies that participate in activities/projects implemented by the Orange County DUI Task Force

Indicator 3.8.1

Proportion of adults who agree that public event operators and private party hosts should be held accountable for harm caused by alcohol-impaired patrons/guests at their venues	
Goal 3	Reduce alcohol and drug impaired driving
Outcome 8	Increased prevalence of public attitudes toward holding public event operators and private party hosts accountable for alcohol-impaired patrons/guests
Outcome Indicator	Proportion of adults who agree that public event operators and private party hosts should be held accountable for harm caused by alcohol-impaired patrons/guests at their venues
Indicator background	About half of all DUI offenders in Orange County, and an even greater proportion of Hispanics, report drinking at a private residence prior to their arrest. The festive atmosphere of private parties and at public events, such as sporting events or county fairs, tend to promote higher levels of drinking, thus posing an increased risk of impaired driving. Despite the fact that such venues make a significant contribution to the impaired driving problem, public awareness of this information is low and relatively little attention is paid to the need for responsible alcohol serving practices in these alcohol-use environments.
Evaluation resources	Circumstances of Drinking Prior to DUI Arrest, County of Orange Health Care Agency/ADEPT, 2005 http://www.ochealthinfo.com/adept/publications.htm
Target group(s)	Adults (primary), other community members
Example indicator measure(s)	<p>People who plan and coordinate public events where alcohol is served should take steps to ensure that alcohol is being served in a responsible manner <i>(Strongly agree, agree, disagree, strongly disagree)</i></p> <p>People who host a party where alcohol is served should take steps to ensure that alcohol is being served in a responsible manner <i>(Strongly agree, agree, disagree, strongly disagree)</i></p> <p>Public event operators should be held accountable for harm caused by alcohol-impaired patrons at their venues <i>(Strongly agree, agree, disagree, strongly disagree)</i></p>

	<p>Private party hosts should be held accountable for harm caused by alcohol-impaired guests at their homes <i>(Strongly agree, agree, disagree, strongly disagree)</i></p>
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Indicator 3.9.1

Proportion of licensed drivers who report that there is a high level of DUI enforcement operations in their community	
Goal 3	Reduce alcohol and drug impaired driving
Outcome 9	Increased perception of a high level of DUI enforcement operations
Outcome Indicator	Proportion of licensed drivers who report that there is a high level of DUI enforcement operations in their community
Indicator background	The evidence is clear that perceived risk of being caught deters drunk driving. When local law enforcement carries out frequent and highly visible DUI enforcement activities that are well reported by the news media, public perception of this activity contributes to the perceived risk of being caught.
Evaluation resources	Circumstances of Drinking Prior to DUI Arrest, County of Orange Health Care Agency/ADEPT, 2005 http://www.ohealthinfo.com/adept/publications.htm
Target group(s)	Licensed drivers within the community
Example indicator measure(s)	Would you say that the level of DUI enforcement activities by the police in your community is <ul style="list-style-type: none"> • Much higher than in other OC communities • Somewhat higher than in other OC communities • About the same as in other OC communities • Somewhat lower than in other OC communities • Much lower than in other OC communities

Indicator 3.10.1

Proportion of licensed drivers who report that there is a high likelihood of being arrested for DUI if driving while impaired in this community	
Goal 3	Reduce alcohol and drug impaired driving
Outcome 10	Increased perception of the likelihood of arrest if driving while impaired
Outcome Indicator	Proportion of licensed drivers who report that there is a high likelihood of being arrested for DUI if driving while impaired in this community
Indicator background	The evidence is clear that perceived risk of being caught deters drunk driving. When local law enforcement carries out frequent and highly visible DUI enforcement activities that are well reported by the news media, public perception of this activity contributes to the perceived risk of being caught.
Evaluation resources	Circumstances of Drinking Prior to DUI Arrest, County of Orange Health Care Agency/ADEPT, 2005 http://www.ochealthinfo.com/adept/publications.htm
Target group(s)	Licensed drivers within the community
Example indicator measure(s)	If someone in this community drives after having too much to drink, how likely is it that they will be arrested for DUI? <ul style="list-style-type: none"> • Very likely • Fairly likely • Somewhat likely • Not very likely • Not at all likely

Indicator 3.11.1

Proportion of retail alcohol outlets that demonstrate substantial compliance with established standards of practice for responsible alcohol sales and service	
Goal 3	Reduce alcohol and drug-impaired driving
Outcome 11	Increased compliance with established standards of practice for responsible alcohol sales and service among retail alcohol outlets
Outcome Indicator	Proportion of retail alcohol outlets that demonstrate substantial compliance with established standards of practice for responsible alcohol sales and service
Indicator background	Regular compliance checks in the form of risk assessments of alcohol venues help to maintain standards of practice for responsible alcohol beverage sales and service. Either police or trained community members may do risk assessments by conducting observations of conditions around and in establishments that are associated with intoxication and problems. For example, drinking or drug use in the parking area of the establishment, lack of procedures to check IDs, bartenders serving unmeasured drinks, obviously intoxicated persons inside and/or outside of the establishment. These observations, along with information from an interview with the owner or manager, serve as the basis for a report recommending changes in the serving practices at the establishment.
Evaluation resources	<i>Responsible Beverage Service</i> , Technical Assistance Research Publication, Community Prevention Institute www.ca-cpi.org/tarp
Target group(s)	Licensed alcohol retail outlets
Example indicator measure(s)	See Risk Assessment Checklist, Appendix 1, p. 14 of the document below: http://www.alcoholpolicypanel.org/pdf/responsible_beverage_service_action_kit.pdf

LOGIC MODEL FOR SP Goal #4: Reduce Rx and OTC Drug Abuse

OBJECTIVES	STRATEGIES	OUTCOMES		
		Short Term	Intermediate	Long Term
<p>4.1 <i>Reduce risk factors in the family/home environment that contribute to the abuse of Rx and OTC drugs</i></p>	<ul style="list-style-type: none"> · Media campaigns · Information dissemination · Educational presentations 	<p>1 Increased receptivity to media messages that Rx & OTC drug abuse among youth is a serious problem</p> <p>2 Increased knowledge of the growing prevalence & harmful consequences of young people abusing Rx and OTC drugs</p>	<p>6 Increased proportion of parents and guardians who report they have employed specific practices that reduce identified risk factors for Rx and OTC drug abuse among young people</p>	<p>9 Reduced prevalence of Rx & OTC drug use among youth</p> <p>10 Reduced Rx & OTC drug-related morbidity and mortality among youth</p>
<p>4.2 <i>Reduce risk factors in the school/peer environment that contribute to the abuse of Rx and OTC drugs</i></p>	<ul style="list-style-type: none"> · Community organizing & mobilization · Collaboration with schools 	<p>3 Increased knowledge of the common ways that young people gain access to Rx & OTC drugs</p>	<p>7 Increased proportion of school personnel who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people</p>	
<p>4.3 <i>Reduce risk factors in the community/business environment that contribute to the abuse of Rx and OTC drugs</i></p>		<p>4 Decreased proportion of young people who believe that Rx & OTC drugs are safer than street drugs</p> <p>5 Increased proportion of adults willing to employ practices that reduce risk factors for Rx and OTC abuse among youth.</p>	<p>8 Increased proportion of physicians & pharmacists who demonstrate knowledge of, and willingness to employ, practices (observe) to reduce identified risk factors for Rx and OTC drug abuse among young people</p>	

Indicator 4.1.1

Level of receptivity to media messages that Rx & OTC drug abuse among youth is a serious problem	
Goal 4	Reduce Rx and OTC drug abuse
Outcome 1	Increased receptivity to media messages that Rx & OTC drug abuse among youth is a serious problem
Outcome Indicator	The level of receptivity to media messages by the intended audience. Receptivity is generally defined as the extent to which people are willing to listen to a persuasive message. For prevention evaluation purposes, receptivity is indicated by the extent to which people believe that the message was convincing, the extent to which it made them think about the issue, and stimulated discussion with others
Indicator background	Message awareness is necessary but not sufficient to change people’s knowledge, attitudes, and intentions. Media campaigns are effective only if their messages reach and resonate with the intended audience. A well-received message helps ensure campaign effectiveness. One study found that receptivity to anti-tobacco messages was a significant predictor of lower rates of intention to smoke.
Evaluation resources	Evaluation of the National Youth Anti-Drug Media Campaign (NIDA), National Survey of Parents and Youth, Questionnaires for Waves 1 and 2 http://www.drugabuse.gov/PDF/DESPR/National_Survey_of_Parents.pdf
Target group(s)	Adults in the targeted community; youth ages 12 to 24
Example indicator measure(s)	<u>Awareness measures:</u> In the past few weeks, have you seen any ads concerning the use of prescription and OTC drugs by young people? <i>(yes, maybe, not sure, no)</i> Do you recall where you saw these ads? List type of media used <i>(e.g. billboard, bus ad, poster, etc.)</i> What do you think the main message of this ad was? <i>(open-ended response – to be coded as: Accurate, partly accurate, not accurate, no response)</i> <u>Receptivity measures:</u> Tell me how much you agree or disagree with the following statement: This ad is convincing.

	<p>Would you say you: <i>(strongly agree, agree, disagree, strongly disagree, have no opinion, don't know)</i></p> <p>Would you say the ad gave you good reasons to be concerned about the non-medical or recreational use of prescription and OTC drugs by young people? <i>(yes, no, don't know)</i></p> <p>Did you talk to anyone about this ad? <i>(yes, no, don't know)</i></p>
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Indicator 4.2.1

Proportion of targeted community members who demonstrate knowledge of the growing prevalence & harmful consequences of young people abusing Rx and OTC drugs	
Goal 4	Reduce Rx and OTC drug abuse
Outcome 2	Increased knowledge of the growing prevalence & harmful consequences of young people abusing Rx and OTC drugs
Outcome Indicator	Proportion of targeted community members who demonstrate knowledge of the growing prevalence & harmful consequences of young people abusing Rx and OTC drugs
Indicator background	<p>According to the National Survey on Drug Use and Health (NSDUH) 2005-2006 survey findings, teens are more likely to have abused prescription drugs than most illicit drugs. Nearly 1 in 5 teens reported using a prescription medication that was not prescribed to them. Teen girls between the ages of 12-17 were more likely to have abused prescription drugs than males the same age (9.9% of females and 8.2% of males).</p> <p>Although many youth feel that the use of prescription drugs is safe, they can be just as dangerous as street drugs. In fact, there has been a dramatic increase in the number of poisonings and even deaths associated with the abuse of prescription drugs.</p> <p>While over-the-counter (OTC) medicines provide millions with relief from cold and cough symptoms, youth are also abusing these medicines to get high. In 2006, about 3.1 million people age 12 to 25 had used an OTC cough and cold medication to get high, and nearly 1 million had done so in the past year. The 2007 Monitoring the Future (MTF) survey estimates the intentional abuse of cough medicine among 8th, 10th, and 12th graders at roughly 4%, 5%, and 6% respectively. Cough and cold medicines containing dextromethorphan (DXM) are commonly abused, these include: Coricidin®, Robitussin, and NyQuil® products. Other OTC drugs abused are sleep aids (Unisom®), antihistamines (Benadryl®), and anti-nausea agents (Gravol® or Dramamine®).</p>
Evaluation resources	<p>Prescription Drug Abuse (Briefing paper), CARS, Community Prevention Initiative: www.ca-cpi.org/Research_Corner/index.htm</p> <p>The Partnership for a Drug-Free America, 2008 Parents Attitude Tracking Study http://www.drugfree.org/</p> <p>Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation's Teens. (2008)</p>

	Office of National Drug Control Policy. Executive Office of the President. http://www.mediacampaign.org/newsroom/press08/rx_rpt_2008.pdf												
Target group(s)	Parents and other adults, youth ages 12-24												
Example indicator measure(s)	<p><u>Examples of information on which measures of knowledge may be based:</u></p> <ul style="list-style-type: none"> The prevalence of prescription drug abuse among California youth ages 12-17 is higher than those in the national sample. Lifetime use of prescription painkillers, such as OxyContin, Vicodin and Percodan, among Orange County youth is higher than the statewide lifetime use rate in each grade level surveyed. These county-state comparisons are shown below: <p>Lifetime use of Prescription Painkillers: County – State Comparisons*</p> <table border="1"> <thead> <tr> <th>Grade</th> <th>Orange County</th> <th>CA Statewide</th> </tr> </thead> <tbody> <tr> <td>7</td> <td>6%</td> <td>4%</td> </tr> <tr> <td>9</td> <td>10%</td> <td>9%</td> </tr> <tr> <td>11</td> <td>18%</td> <td>15%</td> </tr> </tbody> </table> <p>* Orange County data from the California Healthy Kids Survey, 2005-06; Statewide data from the California Student Survey, 2005-06 (both surveys used the same question)</p> <ul style="list-style-type: none"> Teen girls between the ages of 12-17 are more likely to have abused prescription drugs than males the same age The rate of ED visits resulting from any type of use of DXM among those aged 12 to 20 was 10.3 per 100,000 population compared with 4.3 visits per 100,000 for the population overall 	Grade	Orange County	CA Statewide	7	6%	4%	9	10%	9%	11	18%	15%
Grade	Orange County	CA Statewide											
7	6%	4%											
9	10%	9%											
11	18%	15%											

Indicator 4.3.1

Proportion of targeted community members who demonstrate knowledge of the common ways that youth gain access to Rx and OTC drugs	
Goal 4	Reduce Rx and OTC drug abuse
Outcome 3	Increased knowledge of the common ways that young people gain access to Rx & OTC drugs
Outcome Indicator	Proportion of targeted community members who demonstrate knowledge of the common ways that youth gain access to Rx and OTC drugs
Indicator background	<p>The data suggest that the main source of prescription medication, especially for young people, comes from family and friends. This is not to say that family and friends are intentionally providing medications for misuse. However, the NSDUH reports indicated that 37.5% of young people obtained prescription medication from a friend or family member for free. One in five youth bought their pain relievers from a friend or relative and 6.3% stole from a friend or family member to obtain pain relievers. These results are in line with the findings of the PATS that found that 47% received prescription medication for free from family and friends. Furthermore, the PATS found that 62% of teens found it easy to get prescription medication from their parents' medicine cabinets and 50% of teens indicated that it is easy to obtain medications from other people.</p> <p>While research indicates that less than one percent of teens acquire prescription drugs from the Internet, adolescents do visit manufacturer and pro-drug Web sites to obtain dosage information, identify pills, learn about drug interactions and effects, and find out how to pass drug tests. Teens also engage in online chat rooms and read blogs to hear about others' experiences using prescription drugs illicitly. This online drug culture, researchers believe, may contribute to the misconception that most teenagers abuse prescription drugs and/or that prescription drug abuse is relatively risk-free</p>
Evaluation resources	<p>Prescription Drug Abuse (Briefing paper), CARS, Community Prevention Initiative www.ca-cpi.org/Research_Corner/index.htm</p> <p>The Partnership for a Drug-Free America, 2008 Parents Attitude Tracking Study http://www.drugfree.org/</p> <p>Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation's Teens. (2008) Office of National Drug Control Policy. Executive Office of the President. http://www.mediacampaign.org/newsroom/press08/rx_rpt_2008.pdf</p>

Target group(s)	Parents and other adults, youth ages 12-24
Example indicator measure(s)	<p data-bbox="488 268 1365 296"><u>Examples of information on which measures of knowledge may be based:</u></p> <ul data-bbox="488 331 1425 758" style="list-style-type: none"> <li data-bbox="488 331 1425 436">• Sixty-four percent of youth ages 12 to 17 who have abused pain relievers say they got them from friends or relatives, often without the other person’s knowledge. (SAMHSA, 2008). <li data-bbox="488 443 1425 615">• More than 60 percent of teenagers say prescription pain relievers are easy to get from the medicine cabinet at home. Half of teens say they are easy to get through other people’s prescriptions; and more than half say prescription pain relievers are “available everywhere” (Partnership for a Drug-Free America, 2006). <li data-bbox="488 621 1425 758">• Almost forty percent of youth ages 14 to 20 say it is easy to get prescription drugs online or by phone. Of that total, more girls than boys said it was easy (48% vs. 31%) (Office of National Drug Control Policy, 2007).

Indicator 4.4.1

Proportion of targeted young people who believe that Rx & OTC drugs are safer than street drugs	
Goal 4	Reduce Rx and OTC drug abuse
Outcome 1	Decreased proportion of young people who believe that Rx & OTC drugs are safer than street drugs
Outcome Indicator	Proportion of targeted young people who believe that Rx & OTC drugs are safer than street drugs
Indicator background	<p>Of most concern among this population are their attitudes toward the misuse of prescription drugs. According to the 2005 Partnership Attitude Tracking Study (PATS):40% of teens feel that the use of prescription drugs is safer than using illegal drugs,</p> <ul style="list-style-type: none"> • 33% of teens believe that there is “nothing wrong” with using prescription drugs without a prescription once in a while, • 29% of teens are under the impression that prescription pain relievers are not addictive, • 32% of teens believe they have fewer side effects than street drugs, and • 25% of teens think prescription drugs can be used as study aids.
Evaluation resources	<p>Prevention Brief: Prescription Drug Abuse by Adolescents. National Center for Mental Health Promotion and Youth Violence Prevention.</p> <p>http://www.promoteprevent.org</p>
Target group(s)	Young people ages 10-18
Example indicator measure(s)	<p>I believe that:</p> <p>Using prescription drugs like Vicodin and OxyContin is safer than using illegal drugs like cocaine and marijuana</p> <p><i>(strongly agree, agree, disagree, strongly disagree, don't know)</i></p> <p>Using prescription drugs to get high is safe because they aren't addictive</p> <p><i>(strongly agree, agree, disagree, strongly disagree, don't know)</i></p> <p>There is less risk of an overdose from using prescription drugs than from using street drugs</p> <p><i>(strongly agree, agree, disagree, strongly disagree, don't know)</i></p>

Indicator 4.5.1

Proportion of parents and guardians who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people	
Goal 4	Reduce Rx and OTC drug abuse
Outcome 5	Increased proportion of parents and guardians who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people
Outcome Indicator	Proportion of parents and guardians who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people
Indicator background	<p>Parents and caregivers can have an enormous impact on their children’s attitudes towards prescription drugs. While 60 percent of parents report discussing drugs like marijuana “a lot” with their children, only a third discuss the risks of abusing prescription drugs (Partnership for a Drug-Free America, 2006). When parents talk to their children about ATOD abuse, they need to address the dangers of prescription drug abuse.</p> <p>When a child is prescribed a medication by a health care provider, the provider and parents should clarify that the medication is only to be taken as prescribed and is never to be shared with friends or acquaintances.</p>
Evaluation resources	<p>Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation’s Teens. Office of National Drug Control Policy, January 2008. http://www.nasn.org/Portals/0/resources/pd_toolkit_nurses_2008_report.pdf</p> <p>National Center for Mental Health Promotion and Youth Violence Prevention, Prevention Brief: Prescription Drug Abuse by Adolescents http://www.promoteprevent.org/Publications/center-briefs/prevention_brief_rxdugs.pdf</p>
Target group(s)	Parents/guardians/caregivers of youth ages 10-20
Example indicator measure(s)	<p><u>Examples of parental practices on which knowledge measures may be based:</u></p> <ul style="list-style-type: none"> • Be a role model: use medications only as prescribed by your health care provider and do not share prescription medicines with others. • Keep adults’ and children’s medications in a secure location in your home. Monitor their use (for example, by doing a periodic inventory of medications in the home).

	<ul style="list-style-type: none">• Properly dispose of old and/or unused medications. Do not flush them down the toilet as this pollutes the water supply. Contact local pharmacies to enquire about drop-off programs for unused prescription medications. If none exists in your community, ask a pharmacist to consider creating one.• Talk to other family members (especially grandparents) and the parents of your child’s friends about the importance of safeguarding medications in the home• Monitor your teen’s Internet use and look out for suspicious packages delivered to the home. <p><u>Willingness to employ prevention practices:</u></p> <p>Develop items based on all or selected practices described above, with the following response options:</p> <ul style="list-style-type: none">• I will employ this practice• I will consider employing this practice• I already employ this practice• I WILL NOT employ this practice because (please state reason) <hr/>
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Indicator 4.6.1

Proportion of school personnel who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people	
Goal 4	Reduce Rx and OTC drug abuse
Outcome 6	Increased proportion of school personnel who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people
Outcome Indicator	Proportion of school personnel who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people
Indicator background	Schools are a primary location where teens have access to prescription drugs, especially since some students are prescribed medications that must be taken during the school day. Administrators and school nurses need to ensure that only those students with prescriptions take medications on campus. To understand the prevalence of prescription drug abuse among students, school leaders and health educators can add questions about prescription drug abuse to health risk surveys administered to students. Health educators can teach lessons to help students understand the dangers of prescription drug abuse and build students' skills to avoid illicit use of prescription drugs. Guest speakers can be invited to school to address students. In Tazewell County, Virginia, a community substance abuse task force developed a program in which a police officer, a physician, a pharmacist, and a probation officer visit the classroom to talk about the risks of prescription drugs (CADCA, 2008).
Evaluation resources	<p>Prescription for Trouble This lesson plan for 6-8th graders has the objectives, procedures, print and online materials for teachers, and an evaluation rubric. A video is available for purchase as well. http://school.discoveryeducation.com/lessonplans/programs/prescriptionForTrouble/</p> <p>Prescription Drug Abuse: Teens in Danger A lesson plan from Dr. Nora Volkow, the director of the National Institute on Drug Abuse, for student education regarding drug abuse http://www.nasn.org/Portals/0/resources/pd_toolkit_nurses_lesson_plan.pdf</p> <p>Prescription Drugs: Their Use and Abuse A handout for students regarding the dangers of drug abuse, myths about drug use, and other related facts http://www.nasn.org/Portals/0/resources/pd_toolkit_nurses_handout.pdf</p>

	<p>Self-Medication Agreement A sample of a student self-medication agreement with the school nurse regarding the self-medicating student's responsibilities http://www.nasn.org/Portals/0/resources/pd_toolkit_nurses_self_medication.pdf</p>
<p>Target group(s)</p>	<p>Middle and high school administrators, nurses, teachers, health educators</p>
<p>Example indicator measure(s)</p>	<p><u>Examples of school personnel practices on which knowledge measures may be based:</u></p> <ul style="list-style-type: none"> • School nurses can discuss with all students information about the medications they are prescribed, as well as the dangers of prescription drug abuse. Such conversations can reinforce messages given by their doctor or pharmacist. • Include prescription drugs in screening protocols used when discussing AOD history with students. • Strictly adhere to school policy requiring all student prescription drugs to be controlled and managed. • Remind parents and grandparents of adolescents not to share prescription medications with others, to keep all medications in a secure location in the home, and to hide or properly dispose of old and/or unused medications. <p><u>Examples of school personnel practices on which knowledge measures may be based:</u></p> <ul style="list-style-type: none"> • Be on the alert for signs of Rx abuse among students. • Include modules on Rx and OTC abuse in prevention curriculum. <p><u>Willingness to employ prevention practices:</u></p> <p>Develop items based on all or selected practices described above, with the following response options:</p> <ul style="list-style-type: none"> • I will a) include Rx and OTC issues in my curriculum b) include Rx and OTC in screening protocols with students and c) train school staff and be alert to signs of Rx & OTC abuse • I will consider employing this practice • I already employ this practice • I WILL NOT employ this practice because (please state reason) <p>_____</p>

Indicator 4.7.1

Proportion of physicians and pharmacists who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people	
Goal 4	Reduce Rx and OTC drug abuse
Outcome 7	Increased proportion of physicians and pharmacists who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people
Outcome Indicator	Proportion of physicians and pharmacists who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people
Indicator background	Because physicians give youth and adults access to prescription drugs, they must play a central role in preventing prescription drug abuse and educating their patients about its dangers. Pharmacists also can play an important role in preventing and reducing prescription drug abuse.
Evaluation resources	<p>Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation’s Teens. Office of National Drug Control Policy, January 2008. http://www.nasn.org/Portals/0/resources/pd_toolkit_nurses_2008_report.pdf</p> <p>National Center for Mental Health Promotion and Youth Violence Prevention, Prevention Brief: Prescription Drug Abuse by Adolescents http://www.promoteprevent.org/Publications/center-briefs/prevention_brief_rxdrugs.pdf</p>
Target group(s)	Physicians and retail pharmaceutical businesses
Example indicator measure(s)	<p><u>Examples of physician practices on which knowledge measures may be based:</u></p> <ul style="list-style-type: none"> • Keep detailed records of patients’ prescriptions. • Ensure that prescription pads are secured to prevent theft. • Discuss with all patients information about the medications they are prescribed, as well as the dangers of prescription drug abuse. Such conversations are critical when patients are prescribed medications that can lead to physical and/or psychological dependence. • Screen for adolescent prescription drug abuse by inquiring about the individual’s substance abuse history and which medications he or she is taking and why. • Use medication agreement forms that outline the appropriate amount of medication to take; methods to monitor abuse (e.g. pill inventory, urine and blood drug tests, unexplained increase in the amount of medication

	<p>taken, frequent and unscheduled refill requests); the physician’s medication refill policy; and the adverse consequences of prescription drug abuse.</p> <ul style="list-style-type: none"> • Remind parents and grandparents of adolescents not to share prescription medications with others, to keep all medications in a secure location in the home, and to hide or properly dispose of old and/or unused medications. <p><u>Examples of pharmacist practices on which knowledge measures may be based:</u></p> <ul style="list-style-type: none"> • Discuss with patients the dosage of their medications, potential side effects and drug interactions, and the risks of prescription drug abuse. Additionally, remind patients not to share prescription medications with others, to keep all medications in a secure location in the home, and to hide or properly dispose of old and/or unused medications. • Give patients written information about the risks of prescription drug abuse and how to safeguard medications in their home. • Be on the alert for altered or forged prescriptions. • Create a drop-off program for expired and/or unused prescription medications. • Where available, participate in a local hotline to alert other pharmacies when a falsified prescription is discovered. <p><u>Willingness to employ prevention practices:</u></p> <p>Develop items based on all or selected practices described above, with the following response options:</p> <ul style="list-style-type: none"> • I will employ this practice • I will consider employing this practice • I already employ this practice • I WILL NOT employ this practice because (please state reason) <hr/>
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APPENDIX

I. Glossary of Evaluation Terms

II. Useful Links

I. Glossary of Evaluation Terms

Activities

The events or actions that are part of a prevention program.

ADP

The California Department of Alcohol and Drug Programs

Attitudes

Biases, inclinations, or tendencies that influence a person's response to situations, activities, other people, or program goals.

Awareness

The extent to which people in the target population know about an event, activity, or campaign.

Capacity

The resources (e.g., staff, data-collection systems, funds) needed to conduct a prevention program or to evaluate such a program.

CDC

Centers for Disease Control and Prevention.

Cognitive-behavioral interventions

Activities based on the premise that people can learn new behaviors to use in response to stimuli and that the thought processes that serve as intermediate steps between stimuli and behaviors can be altered, thereby influencing behavior.

Data

Documented information or evidence.

Data sources

Surveys or surveillance systems used to gather data.

Evaluation

The process of determining whether programs—or certain aspects of programs—are appropriate, adequate, effective, or efficient and, if not, how to make them so.

Example data source

Surveys or surveillance systems used to measure an indicator and the population on which the data are needed.

Face validity

The degree to which data on an indicator appear reliable to stakeholders and policy makers.

FDA

U.S. Food and Drug Administration.

Goal area

One of the four components of the overall goal of the Orange County AOD Prevention Strategic Plan

HHS

U.S. Department of Health and Human Services.

Implementation

Carrying out or putting into effect a plan or program.

Indicator

An observable and measurable characteristic or change that shows the progress a program is making toward achieving a specified outcome.

Indicator profile

The term used in this manual for a table with detailed information on one indicator listed in this publication.

Inputs

Resources used to plan and set up a tobacco control program.

Intervention

The method, device, or process used to prevent an undesirable outcome or create a desirable outcome.

Logic model

A graphic depiction of the presumed causal pathways that connect program inputs, activities, outputs, and outcomes.

Media messages

AOD prevention information provided to the public through various media (e.g., television, radio, billboards).

Minors

Persons younger than 21 years of age.

Morbidity

Disease or disease rate.

NIH

National Institutes of Health.

Observation

A method of collecting data that does not involve any communication with the subjects being studied. The investigators merely watch for particular behaviors and record what they see.

Opinion leader survey

Collection of information (data) from leaders in the community.

Outcome

The results of a prevention activity or intervention. Outcomes can be short-term, intermediate, or long-term.

Outcome components

The term used in this publication for the short-term, intermediate, and long-term results described in the logic models. These are the results expected if prevention programs provide the needed inputs and engage in the recommended activities also described in the logic models.

Outcome evaluation

The systematic collection of information to assess the effect of a program or an activity within such a program to reduce the prevalence and adverse consequences of alcohol and other drug use. Good evaluation allows evaluators to draw conclusions about the merit of a program and make recommendations about the program's direction.

Outputs

The direct products of a program (e.g., the materials needed for a media campaign).

Population group

Individuals from which data about a given indicator can most commonly be collected.

Prevalence

The amount of a factor of interest (e.g., alcohol use, awareness of a media campaign) present in a specified population at a specified time.

Process evaluation

Systematic collection of information to determine how well a program is set up and operating.

Program evaluation

Systematic collection of information about activities, characteristics, and outcomes of programs, used to make judgments about a program, improve its effectiveness, or inform decisions about future program activities.

Rate

A measurement of how frequently an event occurs in a certain population at one point in time or during a particular period of time.

Reach

The number of people or households that receive a program's message or intervention.

Receptivity

Receptivity to media messages is a) the extent to which people believe that the message was convincing, b) made them think about their own behavior regarding the issue, and c) are stimulated to discuss the issue with others.

Resources

Assets available or expected to be available for program operations. Resources include people, equipment, facilities, and other items used to plan, implement, and evaluate public health programs whether or not they are paid for directly with public funds.

Social source

A person or location from which alcohol and other drug products are obtained other than a alcohol product retailer.

Surveillance

The ongoing, systematic collection, analysis, and interpretation of data about a hazard, risk factor, exposure, or health event.

Survey

A quantitative method of collecting information on a target population at one point in time. Surveys can be conducted by interview (in person or by telephone) or by questionnaire.

Theory of change

Intellectual framework for understanding the process of behavior change.

Utility

The extent to which evaluation produces reports that are disseminated to relevant audiences, that inform program decisions, and that have a beneficial effect.

II. Useful Links

a. Link to Orange County Health Indicators: *A Geographic Profile*

This report contains a number of useful demographic, socioeconomic, public program utilization, hospitalization, ER, birth outcome, morbidity, and mortality indicators along with a number of Orange County maps to inform geographic targeting of interventions.

<http://www.ochealthinfo.com/docs/admin/OC-Health-Indicators-Geographic-Profile-2008.pdf>

b. Link to SAMHSA web site: *Measures & Instruments Resource*

An extensive listing of substance abuse prevention measures, primarily from the National Survey on Drug Use and Health, as well as various survey instruments used in prevention research. The listings on this SAMHSA web site provide links to the actual measures and instruments, respectively.

https://preventionplatform.samhsa.gov/macro/csap/mir_search_create/redesign/measures.cfm?CFID=1955152&CFTOKEN=80440666

c. Link to Centers for Disease Control and Prevention web site: *Surveys and Data Collection Systems*

This CDC web site provides links to a range of national health surveys; a good resource for ideas on how to phrase and format survey items.

<http://www.cdc.gov/nchs/surveys.htm>

d. Link to web site: *Digital Resources for Evaluators*

A general resource providing links to a broad range of evaluation tools—not limited to AOD prevention.

<http://www.resources4evaluators.info/ToolsInstrumentsSoftwareAndData.htm>

e. Link to PIRE article: *A General Causal Model to Guide Alcohol, Tobacco, and Illicit Drug Prevention: Assessing the Research Evidence*

This article by Birckmayer, Holder, et al. provides a systematic overview of the research evidence for various contributing factors in ATOD prevention—a valuable planning resource.

<http://captus.samhsa.gov/southwest/documents/causalmodelresearcharticle.pdf>