IOWA DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Division of Behavioral Health and
Disability Services

Evidence-Based Practices, Programs and Policies Selection and Implementation Guide

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Contents

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The *Evidence-Based Practices, Programs and Policies Selection and Implementation Guide* from the Iowa Department of Health and Human Services (Iowa HHS), Division of Behavioral Health and Disability Services, or referred throughout this document as the Department, is the result of a collaborative effort by the members of the Iowa Evidence-Based Practice Workgroup (EBPW). The workgroup includes the following current and past members and organizations:

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The *Evidence-Based Practices, Programs and Policies Selection and Implementation Guide* contains information and resources for each of the approved, evidence-based practices, programs and policies (EBPs) that may be utilized as part of the Department's prevention funding opportunities. Additionally, the guide may be utilized as a resource by non-funded external agencies and partners working to identify, select and implement effective EBPs.

Each Department prevention funding opportunity will differ in the types of allowable EBPs that may be permissible for use per grant expectations. Each Department funded prevention contractor must refer to their awarded prevention funding opportunity Request for Proposal (RFP) and specific contract requirements for more details.

If a Department funded prevention contractor identifies a specific EBP that is not currently listed within this document for use, then the prevention contractor must notify the Department Project Director/Coordinator for additional details.

Non-funded external agencies and partners may email general questions pertaining to this guide to bsaprevention@idph.iowa.gov.

Sources

Sections of this guide were adapted from material developed by the following:

- Community Anti-Drug Coalitions of America (CADCA). *Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals* (2010).
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- Regulatory Strategies for Preventing Youth Access to Alcohol: Best Practices, PIRE (2006)
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- U.S. Department of Justice. *OJJDP Blueprints for Violence Prevention* (2001).
- Substance Abuse and Mental Health Services Administration (SAMHSA). *Identifying and Selecting Evidence-Based Interventions* (2009).
- University of Kansas, Center for Community Health and Development, *Community Tool Box*
- Wisconsin SPF SIG Program. *Planning Guidance.*
- The Fidelity Checklists were adapted from the following resources/materials:
    - *Nebraska Strategic Prevention Framework State Incentive Grant: Implementation Toolkit (2009)*
    - *SAMHSA's Center for the Application of Prevention Technologies: Environmental Strategy Implementation Fidelity Assessment Guidelines (2013)*
    - *Community Tool Box: Implementing Effective Interventions. The Community Tool Box is a service of the Work Group for Community Health and Development at the University of Kansas.*
    - *Assessing the Fidelity of Implementation of the Strategic Prevention Framework in SPF SIG Funded Communities. User's Guide and Fidelity Assessment Rubrics (Version 2)*

Additional sources supporting the information presented in the guide, include the following:

- American Public Health Association. *Prevention and Intervention Strategies to Decrease Misuse of Prescription Pain Medication* (2015).
- Association of State and Territorial Health Officials. *Preventing Opioid Misuse and Overdose in the States and Territories*.
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- The University of Texas at Austin Child & Family Research Institute, School of Social Work. *Developing Strategies for Child Maltreatment Prevention, A Guide for Adapting Evidence-Based Programs* (2016).

- Substance Abuse and Mental Health Services Administration. *Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System* (2022).
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- University of Texas Health Science Center at Houston School of Public Health, Fernandez, M. E. *Using Systematic Adaptation To Improve Fit of Evidence-Based Programs* (2017).
- U.S. Department of Justice. *Promising Strategies to Reduce Substance Abuse* (2000).
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Evidence-Based Practices & Selection and Implementation Guidance

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Introduction

WHAT IS AN EVIDENCE-BASED PRACTICE, PROGRAM OR POLICY?

In the substance misuse and problem gambling prevention field, an evidence-based practice, program or policy, referenced throughout this guide as an "EBP," generally refers to approaches to prevention that are validated by some form of documented evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, but other methods of establishing evidence are considered valid as well. Evidence-based practice, program or policy stands in contrast to approaches that are based on tradition, convention, belief or anecdotal evidence. According to the Substance Abuse and Mental Health Administration (SAMHSA), an EBP has documented effectiveness supported by other sources of information and the consensus judgment of informed experts based on the following guidelines:

- The strategy is based on a theory of change that is documented in a clear logic or conceptual model.
- The strategy is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
- The strategy is supported by documentation that has been effectively implemented multiple times in the past in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.

For the purposes of this guide, the following definitions for evidence-based practice, program and policy are utilized. For additional information on EBPs, refer to the section of this guide on Selecting "Good Fit" Prevention EBPs.

- **Evidence-based practice**: the process used to review, analyze, select and implement effective programs and policies using an objective, data driven approach.
- **Evidence based program**: individual-level prevention strategies that have demonstrated effectiveness measured by empirical research.
- **Evidence based policy**: population-level prevention strategies that have demonstrated effectiveness measured by empirical research.

WHAT IS THE PURPOSE OF THIS GUIDE?

The purpose of this selection and implementation guide is to lay a clear foundation for effective prevention strategies in Iowa. This will be achieved by providing Department funded prevention contractors, through the Division of Behavioral Health and Disability Services, a set of guidelines to help agencies select the most appropriate, data driven and "best fit" prevention strategies for implementation.

Consider your own experiences when going to the doctor's office. The healthcare professionals you trust to care for you use evidence-based and highly studied methods when deciding what type of care to provide to achieve the best results. Prevention is no different in the sense that the prevention strategies selected for implementation should be carefully analyzed, proven to be effective, supported by research and be shown to positively impact the specific population of focus identified.

Any selected prevention service funded through the Department must be data driven, be guided through the Substance Abuse and Mental Health Services (SAMHSAs) Strategic Prevention Framework, and chosen in collaboration with community stakeholders, including the population of focus, and the identified local coalition/subcommittee. Prevention contractors are instructed to select EBPs from the list provided within this guide to make certain Iowans within their service area are receiving the most effective prevention strategies

possible. Additionally, strategies must be selected for each county within a funded service area to ensure variations in needs and capacities identified by data across counties, cities/towns and communities are addressed.

Within this guide, the term "community" is used throughout to encompass the variety of service areas funded, including counties, cities/towns, etc. Each Department funded prevention contractor must refer to their awarded prevention funding opportunity Request for Proposal (RFP) and specific contract requirements for more details.

If none of the EBPs in this guide are identified as a good fit, additional resources and registries may be explored, in collaboration with community partners and/or coalitions, for submission of a waiver request. The process for submitting a waiver request to be reviewed is available to funded prevention contractors through the contractor portal, or by contacting the Project Director/Coordinator. Additional resources may include:

- Blueprints for Healthy Youth Development
- Community Guide for Preventing Excessive Alcohol Consumption
- Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States
- National Institute of Drug Abuse Red Book
- SAMHSA Evidence-Based Practices Resource Center

HOW DOES THIS GUIDE FIT WITHIN THE STRATEGIC PREVENTION FRAMEWORK (SPF) MODEL?

Selection of an EBP happens during the creation of a strategic plan during the Planning step of the SPF but each SPF step informs selected EBP strategies. During the Assessment and Capacity steps, intervening variables and underlying conditions (see the Iowa HHS Prevention Guide) are identified that best match the grant-funded priority for the community. By conducting a thorough assessment, prevention contractors are able to identify and select the most appropriate prevention strategies to complete a logic model for the identified priority. To ensure a greater likelihood of success, this Guide is designed to help prevention contractors select strategies that build upon what was learned through the Assessment and Capacity steps, which include assessing needs, community readiness and existing prevention efforts; while also building capacity.

"People putting together a jigsaw puzzle"
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Note: The SPF process may vary depending on the Department funding opportunity. Variations may include but are not limited to the following: number of prevention priority areas, location of service/s, specific population of focus identified, project period of the funding opportunity, etc.

WHO SHOULD BE INVOLVED IN THE STRATEGY SELECTION PROCESS?

It is important that stakeholders and collaborating coalitions understand the SPF process and the benefits of using this model to drive prevention strategies forward. Communication at the beginning of any Department-funded prevention grant will increase the likelihood for stakeholder buy-in throughout the project as well as lead to sustainability of the prevention effort.

Similar to the Assessment process, all collaborators should have input into the selection of the evidence-based prevention strategies within their community, city, or county, which may be all or part of the funded service area. Remember the principle that "people support what they help create" (Ty Bennett). By involving all collaborators in the selection process, it will help to ensure that everyone has contributed and ultimately bought into the goals of the strategic plan for prevention.

In addition, it is particularly important to include a local evaluator, if applicable, in this process. The evaluator will be tasked with gathering evaluation data on each of the chosen prevention strategies; as they may be able to help with increased understanding of some of the challenges related to evaluating each service. It is also important to remember that evaluation should be considered at each part of the SPF process and should not only be taken into account at the end of an EBP. Consider the types of evaluation tools necessary to gather meaningful data, the costs associated with the identified tools, the types of administration processes necessary to consider prior to evaluation, how evaluation results will be shared to move prevention strategies forward, etc.

Selecting "Good Fit" Prevention EBPs

It is preferable that prevention EBPs meet several criteria in order to have a "good fit" within the identified community. A "good fit" EBP must:

- have evidence of past success and it must also fit conceptually with the identified intervening variables;
- fit practically within the community and should be able to be implemented with fidelity (meaning implemented as intended by the author/developer); and
- should be culturally appropriate and sustainable within the community.

WHY IS ASSESSING FIT IMPORTANT?

Assessing fit is important to ensure:

- The selected strategies match the needs and the characteristics of the population of focus.
- The plan to impact the priority compliments the activities/programs of other county and community organizations and are not in conflict with them.
- Duplication of effort in the community does not occur.
- The community can support the plan to impact the priority.

- Adequate resources exist to implement the plan properly being aware of the necessary frequency of strategies that will be needed.
- Sufficient capacity in implementing the plan, thereby increasing the likelihood for success.
- The opportunity to refine how other local efforts (e.g., community coalitions, environmental strategies, and prevention programs) can be utilized as resources to increase community buy-in for the plan to impact the identified priority.

SAMHSA identified six components of a "good fit" EBP which have been adapted for this Guide in more detail below:

1. EVIDENCE OF EFFECTIVENESS

All selected EBPs must:

- Have documented evidence of effectiveness and preferably have been rigorously tested and shown to have positive outcomes in two or more peer-reviewed evaluation studies; and
- Be effective according to EITHER:
  a. Iowa's pre-approved EBP list as provided in this guide; or
  b. Approved by the Evidence-Based Practice Workgroup. The process for submitting an EBP to be reviewed is available to funded prevention contractors through the contractor portal, or by contacting the Project Director/Coordinator.

2. CONCEPTUAL FIT WITH THE PREVENTION PRIORITIES

A "good conceptual fit" EBP should:

- Specifically address one or more of the intervening variables and underlying conditions chosen by the service area.
- Have been shown to drive positive outcomes in the prevention priority, intervening variables and underlying conditions.
- Ideally have evidence of effectiveness within the population of focus.

As EBPs are assessed for good conceptual fit, Appendix A of this document contains a summary chart of the approved EBPs for each prevention priority area by intervening variable. The chart may be referenced as a tool to help explore fit, while decisions to adopt an EBP should rely on additional information found within the detailed individual and environmental EBPs contained within this guide and supporting resources.

A way to determine if an EBP is a good conceptual fit is to see if you are able to create logical "If-Then" statements with the strategy and expected outcomes. These statements help connect EBPs to the substance misuse and/or problem gambling changes for which the community is striving to achieve. In doing so, this can help the community better understand if an EBP fits conceptually into the overall prevention plan. Ultimately, EBPs need to positively impact the prevention priority, but there are other milestones along the way that must be reached before this can occur.

For example, social availability has been identified as one of the intervening variables as it was found that parents within a community are providing alcohol to their children. After further exploration, the real issue is that parents do not understand the law. As a result, an EBP is implemented to help educate parents about the laws related to this in their community.

- ***If*** we educate parents about the laws, ***then*** they will be less likely to provide alcohol to their underage children;
- ***If*** parents are providing less alcohol to their children***, then*** minors in the county will have reduced social access to alcohol;
- ***If*** minors have reduced social access to alcohol, ***then*** their rates of drinking will decrease.

3. PRACTICAL FIT WITH READINESS AND CAPACITY

An EBP is a practical fit for your service area if:

- The community has the necessary staff and funding to provide strategies with adequate frequency based on the research.
- The community has the necessary collaboration (police, leaders, etc.) established or it is assessed that the necessary collaboration can be built in a sufficient timeframe to allow for successful implementation.
- The community will support this EBP with available resources including but not limited to time, space, donations, etc.

4. ABILITY TO IMPLEMENT WITH FIDELITY

All selected EBPs should be implemented as intended, and where possible include:

- A population of focus that is similar (in demographics and numbers) to the intended (or previously researched) population to be served;
- Implementation of all elements or facets of the EBP, rather than picking and choosing just some of the elements to implement;
    - **Note: Department funds cannot be used to increase fidelity or frequency of a service already being implemented in the service area. Department funded prevention contractors can offer information to other providers to increase their understanding of what fidelity means for the service if it is funded by the Department.**
- Implementation using a similar timeline and in a similar method to the documented evidence; and,
- Similar data collection processes.

5. CULTURAL FIT WITHIN THE SERVICE AREA

An EBP has a cultural fit if:

- The population of focus for the community is similar to the population intended for the EBP through documented evaluation and research studies.
- The EBP is applicable and appropriate for culturally diverse populations in the community.
- The EBP takes into account the cultural beliefs and practices of the population of focus.

Supportive materials for the EBP are properly translated and/or appropriate for the population of focus. According to the Centers for Disease Control and Prevention Simply Put guide, "It is best to develop your materials in the language of your intended audience. However, translating from English (or another language) is often necessary due to time limitations and/or available resources." The following information was offered to make certain translations of prevention materials are both culturally and linguistically appropriate.

- **Messages that work well with an English-speaking audience may not work for audiences who speak another language.** Explore the intended audience's values, health beliefs and cultural

perspectives. This can be done through individual interviews, focus groups or other kinds of audience research.

- **Design material for diverse populations based on subgroups and geographic locations.** All members of a diverse population are not alike. For example, Mexican Americans may respond differently than Cuban Americans to certain words, colors and symbols.
- **Get advice from community organizations in the areas you wish to reach.** Collaborate with local groups that work regularly with your audience that can give insight into the specific population you are wanting to reach.
- **Carefully select your translator.** A qualified translator is typically a native speaker of the target language, has ten or more years' experience in translation and is preferably certified by a recognized institution.
- **Avoid literal translations.** Allow your translator to select from a wide range of expressions, phrases and terms used by the audience.

6. HIGH LIKELIHOOD OF SUSTAINABILITY WITHIN THE SERVICE AREA

An EBP has a high likelihood of sustainability if:

- Documented evaluation and research studies have demonstrated sustainable outcomes.
- Service area leaders and stakeholders believe the EBP is important and are committed to sustaining it.
- The EBP can be sustained with little or no direct cost following implementation.

At a minimum, EBPs that are selected must be evidence-based, fit conceptually, and fit practically within the community. In addition, the EBPs should be implemented with fidelity, be culturally appropriate for the population of focus, and sustainable within the community.

If the EBP being considered does not meet all the components of a "good fit" EBP, take a moment to think about what is missing and how these barriers or limitations could be overcome. To help determine whether an EBP is a good fit for the community, take each proposed EBP through the "test fit" process which is listed below.

Strategy Fit Test

This form will help the service area determine if the proposed service meets the "good fit" criteria. This tool is best utilized when done in collaboration with local community stakeholders or coalitions.

What approval category does this service (EBP) fall under? (Select one of the following options):

- ☐ **Pre-approved by the Department (included in this guide)**
- ☐ **Not pre-approved (a "Evidence-Based Practice Waiver Request Form" can be submitted to the Department for review)**

Who is the population of focus for this service?

Which of the intervening variables(s) will this service impact?

Which of the underlying condition(s) will this service impact?

Complete a theoretical "If-Then" proposition for this service.

Demonstrate that the community has the readiness and capacity to effectively implement this service. (Practical fit)

Will this service be implemented as intended in the community?

- ☐ Yes, this strategy will be implemented as intended;
- ☐ No, some changes will be made to how this strategy is implemented (discuss below).

Is this strategy culturally appropriate and culturally relevant for the population of focus?

- ☐ Yes, this strategy is culturally appropriate and relevant as intended; and/or
- ☐ Yes, but it has been modified to make it more culturally appropriate and relevant for the service area (discuss below).

What will be needed to sustain the outcomes of the strategy in the service area beyond the grant funding?

- ☐ Additional funding;
- ☐ Strong support from stakeholders;
- ☐ Additional outcome data; and
- ☐ Other, please specify:

"Business Gears & Success Plan"
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Fidelity Checklist

The Fidelity Checklists provided through this Guide highlight the majority of items that should be monitored on an ongoing basis. Use this checklist as a way to monitor prevention strategies, and if necessary, modify strategies to better suit the particular program. Keep in mind, making updates or changes to the Fidelity Checklist should not alter the way the program was intended to be implemented.

While a Fidelity Checklist is a tool used during the Implementation step of the Strategic Prevention Framework, it is recommended to utilize the checklist during the Planning step to best inform the process and ensure the EBP can be delivered with full fidelity.

Fidelity Checklists may be completed by coordinators, supervisors or coalition members involved in strategy planning and implementation.

To learn more about fidelity, see the Iowa HHS Prevention Guide.

EVIDENCE-BASED PRACTICE WAIVER & ADAPTATION REQUESTS

All prevention contractors are strongly encouraged to select an EBP from the Department approved list. In the event an EBP is not included on the pre-approved list, prevention contractors may request approval for consideration of another EBP by using the Evidence-Based Practice Waiver Request Form found in the contractor portal or by contacting the Project Director/Coordinator.

Subsequently, all selected evidence-based practices, programs and policies must be implemented with fidelity to ensure the desired outcomes are achieved. Fidelity is defined as the degree to which a program is implemented according to its design. Prevention contractors may choose to complete an Evidence-Based Practice Adaptation Request Form, found in the contractor portal or by contacting the Project Director/Coordinator, for any

modification and/or adaptation to a practice, program or policy. This form must be completed and submitted to the Department even if a program developer has provided approval.

Common adaptations may include the following:

- Deletions or additions (enhancements) of program components;
- Adaptations in the nature of the components that are included;
- Changes in the manner or intensity of administration of program components called for in the program manual, curriculum, or core components analysis; and
- Cultural or other adaptations required by local circumstances.
    - SAMHSA's resource guide for Adapting Evidence-Based Practice for Under-Resourced Populations is available here.

However, adaptations are not encouraged when the purpose is to make it easier or more convenient to implement the program; to stick to what is familiar or fun; to drop controversial topics; or because educators lack appropriate time, training, or preparation.

Adaptations that would not be allowed include the following:

- Shortening a program (reduce the number of sessions or the length of sessions);
- Reducing or eliminating activities that personalize risk or practice skills;
- Competing with or diluting the program's goals; and
- Replacing interactive activities with lectures or individual work.

The Evidence-Based Practice Review Team, which is a subcommittee of the Department-led Evidence-Based Practice Workgroup, will review all waiver and adaptation requests and provide a response in a timely manner. Once a determination has been made, the Department Project Director/Coordinator will notify the contractor of the decision via the correspondence component of IowaGrants.

Note: Submission of an EBP Adaptation Form or EBP Waiver Request Form does not constitute approval. Department-funded prevention contractors are encouraged to identify alternative prevention strategies to utilize in the event the EBP Adaptation Request Form or EBP Waiver Request Form is denied.

Key Steps to Consider When Planning for Prevention Strategies

PLAN FOR A BALANCED ACTION PLAN

In collaboration with the community stakeholders, prevention contractors should plan for a balanced action plan that utilizes a mix of individual and environmental strategies as well as serves Iowans across the lifespan. Having a balanced action plan that uses multiple prevention strategies will likely produce the best outcomes.

PLAN FOR AND BUILD CAPACITY

Key stakeholders must be identified and engaged in the planning process. This includes the population of focus, members of any disparate populations and those whose knowledge and permission are key to planning and implementation. Depending on the service, this may include school personnel, retailers, parents and law enforcement.

In addition to community stakeholders, prevention contractors should strive to engage a coalition/subcommittee in their prevention efforts.

Capacity Building

- Create a capacity-building plan to continually engage community stakeholders. Some ideas include:
    - Build support for this strategy from community members, school districts and youth serving organizations;

"Overhead view on business people around desk"
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    - Focus on how the service can lead to reducing alcohol, tobacco and illicit drug use, problem gambling and/or suicide within the population of focus;
    - Gain support from parents, educators, youth, and the community at-large;
    - Hold individual meetings with those who are in key positions to affect change such as educators and administrators;
    - Meet with groups and recruit individuals to participate in focus groups. Identified groups will vary depending on the population of focus identified; and include representatives from across the lifespan within the coalition.

Media Advocacy

- Plan to build support and capacity for the priority and the strategies being implemented by creating a media advocacy plan. Media advocacy differs from media campaigns. Media campaigns serve to support and promote the work of EBPs identified by providing information related to the priority issue. Media advocacy works to educate the community about the progress of each strategy in simple terms and promote opportunities for engagement and involvement in prevention services.
- A media advocacy plan may involve:
    - Press releases;
        - County data regarding the priority and support of the strategies
        - Promoting the work of the coalition
        - Goals of the strategies and planned outcomes
        - Implementation of the strategies
        - Service and outcome status
    - Fact sheets;
    - Email signature lines containing the vision of the coalition and priority resources;
    - Website landing pages;
    - Public Service Announcements; and
    - Participation in community events

Plan for Fidelity

- Use the fidelity checklists provided, and any provided by the program/strategy developer, to ensure the EBP is implemented with fidelity. Delivering an EBP with fidelity increases the likelihood that the EBP's stated outcomes will occur.

Dosage and Frequency

- Dosage and frequency will be determined once the population of focus (grade/age/specific group and location) are selected during creation of the Strategic Plan;
- The dosage needs to be enough to reach a "tipping point" to make change for the focus population.

Plan for Evaluation

- Identify who will conduct evaluation efforts including data collection, interpretation and sharing of results.
- Identify needed permissions. This includes reviewing any Department required pre/post survey instruments provided and securing needed permissions such as those from school/organization staff to conduct and parent permission for students to participate.

Plan for Sustainability

- Involve stakeholders throughout the process so they have an understanding of the Strategic Prevention Framework, EBP selection process and how implementing EBPs with fidelity builds capacity for sustaining effective prevention approaches and outcomes.
- Sustainability is more likely to be achieved if it is considered from the beginning. As the selection process is being considered in the Planning step, it can be helpful to consider core components, costs and level of time and effort that will be needed to sustain the service when funding ends.
- Sustainability planning should begin as early as the Capacity and Planning steps with efforts throughout implementation to work towards creating formalized agreements, including creating a Memorandum of Understanding, if applicable, that outline specific costs and responsibilities.

In summary, once prevention contractors and their community stakeholders have thought about the variety of key steps to consider when selecting a prevention service, now is the time to put the planning into action. On the next page, the Iowa HHS Evidence-Based Program/Policy Selection Checklist includes the key steps that need to occur once an EBP has been selected. In collaboration with community partners, continue to take a deeper dive into each of the steps. The last column of the checklist is for notes where your prevention contractors will identify strengths, opportunities and potential gaps to address prior to implementation.

Note: See the next page for the Evidence-Based Program/Policy Selection Checklist. This tool is to be used in collaboration with coalitions and community partners.

Iowa HHS Evidence-Based Program/Policy Selection Checklist

Name of person/s or group/s completing the checklist:

Date the checklist was completed:

**Complete a new checklist for each EBP selected*

Key Steps	Description of Key Steps	Notes
Identify Stakeholders	Identifying and engaging the right stakeholders helps assure that you will have the capacity needed to choose the service with the best fit and then have the resources for implementation. Begin with a group of stakeholders who have knowledge of the community including those who are members of diverse or disparate populations and those who are impacted by the identified intervening variables and underlying conditions, including both those in the population of focus and agents of change. As you move through the EBP selection process, you will need to engage additional stakeholders. For example, if the coalition is considering implementing a change in Social Host, you will need to engage the City/County Attorney. If considering choosing a curriculum to be implemented in the local schools, you will need to engage school district staff who can give permission for programming to happen in the schools and help with scheduling and survey administration. Prevention Solutions @ EDC's Prevention Collaboration In Action toolkit is a great resource for identifying and engaging stakeholders https://pscollaboration.edc.org/collaboration-tools	
Provide Training	Once stakeholders are engaged, provide training on the process. Having context and understanding for the EBP selection process builds capacity for engagement as well as sustainability. Those involved should have a basic understanding of the SPF and the EBP selection process including how to test for best fit and consider implementation fidelity. The Department will have resources available for training local stakeholders that can be utilized.	
Review Planning Documents	Everyone engaged in prevention service selection and providing support for implementation should have an understanding of the Strategic Plan with a focus on the Logic Model and how the coalition arrived at the intervening variables and underlying conditions.	

Identify Potential Strategies	Once stakeholders understand the intervening variables and underlying conditions for each priority area, they can begin to go through the EBP Guide to select potential strategies. Appendix A contains a summary chart of EBPs approved for each priority area and intervening variable. Each funding opportunity will differ in the types of allowable practices, programs and policies that may be permissible for use per grant expectations. Each Department funded prevention contractor must refer to their awarded prevention funding opportunity Request for Proposal (RFP) and specific contract requirements for more details.	
Go Through Best Fit Steps for Each Service	After potential strategies have been identified, the coalition/committee should walk through the "best fit" steps for each service.	
Review Fidelity Guidelines	As you are reviewing each service for fit, it is also important to consider what will be needed to implement each service with fidelity. This can inform if you will have the capacity and resources needed to implement this service in a way that will be most likely to lead to expected outcomes. If you do not currently have the capacity or resources, you will need to determine if it is reasonable to expect that you can take the time to secure or build them and still have enough time to implement the strategy successfully or if you will need to choose another service.	
Apply for Permission to Make Adaptations (if Applicable)	After working through the EBP Guide and the "best fit" process it may be determined that the coalition would like to adapt a service to make it a better cultural or practical fit. The Department has outlined a process for requesting permission to make planned adaptations to an EBP.	
Commit to Strategies	Once you have been through all of the steps and determined if you will be able to make any adaptations, if applicable, you can make a final selection of which strategies you will implement.	
Engage Additional Partners as Needed	As you move through this process, you may realize that there are stakeholders or partners that need to be engaged for successful planning and implementation. Remember that the SPF is a circle because while you move initially through each step in progression, you often need to go back and gather more assessment data or build additional capacity in order for strategies to be successful.	
Outline Fidelity Process	Once strategies have been decided upon, work to determine how you ensure that it is implemented with fidelity using the fidelity checklists provided in this guide, in addition to any fidelity guidance provided by the strategy developer or research.	

Planning for Prevention Priority Areas

The next section of the Evidence-Based Practices, Programs and Policies Selection and Implementation Guide provides a rich library of prevention strategies to implement at the local level. While there are many strategies to select from, the list will continue to develop over the coming years.

Prevention contractors, in collaboration with their community coalitions and community partners, will be using the data collected during the Assessment and Capacity steps of the Strategic Prevention Framework when reviewing and ultimately selecting from the currently approved strategies list. Each available strategy has an identified intervening variable listed for contractor convenience which must align with the community's needs.

During the development phase of this Guide, it was discovered that some priority areas (ex. Suicide and Methamphetamine) have limited environmental strategies to choose from. Due to this, if a selected prevention priority area has limited options available, then please contact the Department to discuss options further.

NOTE: During the Planning step of the Strategic Prevention Framework, each prevention contractor is responsible for ensuring any strategies/policies selected from this Guide are permitted in the organization, community or county of implementation and are fiscally feasible in accordance with grant funding.

This guide notes "prevention priorities" that each program or policy impacts based on research. The term "illicit drugs" is used in the guide and is defined by the Centers for Disease Control and Prevention (CDC) as "the nonmedical use of a variety of drugs that are prohibited by law. These drugs can include: amphetamine- type stimulants, marijuana/cannabis, cocaine, heroin, other opioids, and synthetic drugs, such as illicitly manufactured fentanyl (IMF) and ecstasy (MDMA)." To learn more about the specific program or policy substance-related impacts, review the website links noted in each summary section.

Due to insufficient evidence of effectiveness and potential conflicts with treatment programs, the Division of Behavioral Health and Disability Services does not support the following services or policies to support these services through funded prevention grants:

- Drug take back services or disposal/lock boxes
- Screening Brief Intervention and Referral to Treatment (SBIRT)
- One-time events including mock car crashes or hidden in plain site activities

Iowa HHS Approved Evidence-Based Programs

(Individual Level)

IOWA HHS

Iowa HHS Approved Evidence-Based Programs (Individual Level)

The following evidence-based programs have been approved by the Department, in collaboration with the Evidence-Based Practice Workgroup, as prevention strategies that are proven to achieve positive outcomes.

Note: Each funding opportunity will differ in the types of allowable practices, programs and policies that may be permissible for use per grant expectations. Each Department funded prevention contractor must refer to their awarded prevention funding opportunity Request for Proposal (RFP) and specific contract requirements for more details.

Contractors receiving prevention funds from the Department's Division of Behavioral Health and Disability Services shall select the best fit EBPs from the list below. In addition to selecting the appropriate EBP, prevention contractors are required to apply the EBP in accordance with the implementation steps identified.

Dosage and frequency for Individual Level strategies are found within the embedded links under each program. Funded contractors will need to review the link of the selected program to identify the number of sessions to implement, how often the program needs to be conducted, etc.

The Department approved fidelity checklist for evidence-based programs is provided at the end of the approved programs. This checklist shall be used for all recurring services funded under the Department prevention grants. Contractors may choose to utilize identified fidelity checklists created by the program developer in addition to the Department approved checklist.

The Department will continually assess the need for evidence-based program training by Department funded prevention contractors. Based on the responses received, the Department will determine the types of evidence-based program training to be made available each fiscal year to support the prevention workforce.

CURRICULUM BASED SUPPORT GROUP (CBSG) | YOUTH CONNECTION CURRICULUM

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

Middle and high school youth (ages 10-17)

Institute of Medicine Category

Selective, Indicated

Agent of Change

Schools, communities, youth-serving organizations

Intervening Variable

Individual Factors

Summary

At this time, the Department has only approved the use of the *Youth Connection* curriculum of the Curriculum Based Support Group (CBSG) program. CBSG is a research-based prevention program that is intended for the selective and indicated populations. This program infuses coping, social, and substance misuse prevention components to effectively serve the intended population. The CBSG program has identified five core messages that are threaded throughout the program which are intended to leave a lasting impression on participants involved.

To learn more, visit the Rainbow Days website by clicking here: https://rainbowdays.org/our-services/cbsg-program-2/

Note: Effective July 31, 2020, Rainbow Days', the developers of the CBSG, provided the *Alternative Implementation Strategies, Support Services and Resources* document in response to the COVID-19 pandemic. To learn more, click on the link above.

FAMILIAS UNIDAS

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

Middle and high school youth (ages 12-18) and their parents/guardians

Institute of Medicine Category

Selective

Agent of Change

Families, communities, schools, youth-serving organizations

Intervening Variable

Individual Factors

Summary

Familias Unidas is a family program that engages both parent/s and children. The program meets two hours each week for eight or nine weeks. In addition to the group program, participants must also take part in four to ten one-hour family visits.

Core functions of this program work to prevent conduct disorders, alcohol/tobacco/illicit drugs use and risky sexual behavior.

The Familias Unidas program requires facilitators to be Spanish speaking and bicultural. The program developers also require facilitators to have at least a bachelors' degree and three years of clinical experience or a master's degree and one year of clinical experience.

To learn more, visit the Familias Unidas website by clicking here: http://www.familias-unidas.org/

GENERATION RX

Prevention Priority

Opioids and Prescription Medication

Population of Focus

Elementary, teen, college, adults, older adults, employees

Institute of Medicine Category

Universal

Agent of Change

Teachers, school administrators, college educators, workplace owners/managers/supervisors

Intervening Variable

Individual Factors

Summary

This program has a variety of ready-to-use resources that can be easily accessed and implemented with your communities. With a focus on medication safety, the Generation Rx evidence-based program serves a variety of different age ranges that includes the following populations of focus: elementary, teen, university, adult, older adult, and workplace. At this time the patient specific resources are not approved for individual level implementation. Contractors interested in patient specific medication safety should refer to the Academic Detailing environmental level strategy.

To learn more, visit the Generation Rx website by clicking here: https://generationrx.org/

In accordance with information provided by Generation Rx, the following implementation guidelines have been established for Department prevention contractors choosing to implement this program:

Population of Focus	Activities	Duration/Sessions Required
Elementary	4 activities	1 or 2 sessions/1 hour minimum
Teen	4 activities (not provided consecutively)	2 sessions/2 hours minimum
University	1 activity plus questions and answers session	1 session/1 hour minimum
Adult/Workplace	1 activity plus questions and answers session	1 session/45 minute minimum
Older Adults	2 activities	1 session/1 hour minimum

GUIDING GOOD CHOICES

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

Parents/guardians of youth in grades 4-8 (ages 9-14)

Institute of Medicine Category

Universal

Agent of Change

Schools, communities, youth-serving organizations

Intervening Variable

Individual Factors

Summary

Intended for parents/guardians of youth ages 9-14 this interactive program is centered on a skills-building approach. Guiding Good Choices consists of five two-hour sessions. During the program, participants will be taught strategies to apply that will reinforce family expectations and relationship building. In addition, the knowledge gained during the program will focus on positive decision-making that helps guide children to avoid alcohol, tobacco and illicit substances.

To learn more, visit the Guiding Good Choices website by clicking here: http://helpingkidsprosper.org/how-it-works/programs/guiding-good-choices

LIFESKILLS TRAINING

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

Elementary, middle and high school students in grades 3-12 and parents/guardians

Institute of Medicine Category

Universal, Selective

Agent of Change

Schools, communities, youth-serving organizations

Intervening Variable

Individual Factors

Summary

One of the most commonly implemented evidence-based programs used in Iowa, the LifeSkills program effectively serves elementary, middle and high school students. In addition, a parent program exists. LifeSkills now has both hard copies and some digital versions of the program available. With a primary focus on substance abuse and violence prevention, the LifeSkills program teaches participants the following: self-management skills, social skills and drug resistance skills.

To learn more, visit the LifeSkills website by clicking here: https://www.lifeskillstraining.com/

In accordance with information provided by LifeSkills Training, the following implementation guidelines have been established for Department prevention contractors choosing to implement this program:

LifeSkills Programs	Population of Focus	Additional Requirements
Elementary School Program	Youth in grades 3-6	
Middle School Program	Youth in grades 6-9	
High School Program	Youth in grades 9 and 10	
Transitions Program	Youth ages 16+ in grades 11 and 12	
Parent Program	Parents or guardians of youth in grades 6-9	The parent program is recommended for implementation with parents of youth receiving the

		Middle School Program, however other parents may be served if supported by data and aligned with the strategic plan and work plan for the selected strategy.
E-Learning Programs	**Population of Focus**	**Additional Requirements**
e-LST Elementary 1	Youth in grades 3 and 4	Approved as an add-on component to the Elementary School Program only.
e-LST Elementary 2	Youth in grades 4 and 5	Approved as an add-on component to the Elementary School Program only.
e-LST Middle School 1	Youth in grades 6-8	Approved as an add-on component to the Middle School Program only.
e-LST High School	Youth in grades 9 and 10	Approved as an add-on component to the High School Program only.
Other Digital Products	**Population of Focus**	**Additional Requirements**
Educational Game, LST Galaxia	Youth in grades 6-9	Approved as an add-on component to the Middle School Program only.
LST Prescription Drug Abuse Prevention Module for Middle School	Youth in grades 6-9	Approved as an add-on component to the Middle School Program only.
LST Prescription Drug Abuse Prevention Module for High School	Youth in grades 9 and 10	Approved as an add-on component to the High School Program only.

PRIME FOR LIFE (PRI)

Prevention Priority

Alcohol

Population of Focus

Youth ages 13 to 20 and parents/guardians

Institute of Medicine Category

Universal, Selective, Indicated

Agent of Change

Schools, communities, juvenile courts

Intervening Variable

Individual Factors

Summary

Prime for Life (PRI) may be implemented in a variety of settings depending on the intended population of focus. Regardless of the setting, foundational concepts include looking at the risks associated with alcohol, examines what addiction is and allows for personal reflection and focuses on how to avoid or make changes in personal use.

To learn more, visit the PRI website by clicking here: https://www.primeforlife.org/

Iowa HHS prevention funding does not support train-the-trainer for, or implementation of, Operating While Impaired (OWI) classes. These services are overseen and funded by the Iowa Department of Education. Please visit https://educateiowa.gov/adult-career-comm-college/owi-education for additional information and guidance.

Contractors providing youth diversion groups or classes need to utilize the 12-hour Syllabus.

In accordance with information provided by Prime for Life, the following guidelines have been established for Department prevention contractors choosing to implement this program.

Prime for Life (PRI) Curriculum	Population of Focus	Additional Requirements/Information
4.5- 6-hour Syllabus	Universal middle school population Selective middle school population	May be taught in one sitting if the service is taking place outside of the school setting. If taught in the school, the program can be broken out over multiple sessions that align with the school schedule.
7-8-hour Syllabus	Universal high school population Selective high school population	
12-hour Syllabus	Indicated population	Individuals referred to the 12-hour course are typically in violation of a school policy or are court ordered.
Parent Program	Parents or guardians	The parent program is recommended for implementation with parents of youth receiving PRI

		curriculum, however other parents may be served if supported by data and aligned with the work plan or strategic plan for the selected strategy.

PRIME FOR LIFE 420 (PRI420)

Prevention Priority

Marijuana

Population of Focus

Youth ages 13 to 20 and parents/guardians

Institute of Medicine Category

Universal, Selective, Indicated

Agent of Change

Schools, communities, juvenile courts

Intervening Variable

Individual Factors

Summary

Prime for Life 420 (PRI420) may be implemented in a variety of settings depending on the intended population of focus. Regardless of the setting, foundational concepts include looking at the risks associated with marijuana, examines what addiction is and allows for personal reflection and focuses on how to avoid or make changes in personal use.

Contractors providing youth diversion groups or classes need to utilize the 12-hour Syllabus.

To learn more, visit the PRI website by clicking here: https://www.primeforlife.org/

In accordance with information provided by Prime for Life, the following guidelines have been established for Department prevention contractors choosing to implement this program.

Prime for Life 420 (PRI 420) Curriculum	Population of Focus	Additional Requirements/Information
4.5- 6 hour Syllabus	Universal middle school population Selective middle school population	May be taught in one sitting if the service is taking place outside of

7-8 hour Syllabus	Universal high school population Selective high school population	the school setting. If taught in the school, the program can be broken out over multiple sessions that align with the school schedule.
12 hour Syllabus	Indicated population	Individuals referred to the 12-hour course are typically in violation of a school policy or are court ordered.
Parent Program	Parents or guardians	The parent program is recommended for implementation with parents of youth receiving PRI 420 curriculum, however other parents may be served if supported by data and aligned with the work plan or strategic plan for the selected strategy.

PROJECT ALERT

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

Middle school youth in grades 7 and 8

Institute of Medicine Category

Universal

Agent of Change

Schools, communities, youth-serving organizations

Intervening Variable

Individual Factors

Summary

An evidence-based program that is geared towards 7th and 8th grade students during a transitional period in their lives, Project Alert shows strong evidence of reducing the onset of drug use. This multi-session program focuses on current perceptions and beliefs of alcohol, illicit drugs and tobacco. After completion of the program participants are skilled with various refusal skill techniques to help maintain a healthy lifestyle.

Program implementation spans two years and consists of 11 lessons, required to be taught once a week over an 11-week period during the first year followed by three booster lessons that are required to be delivered the following year.

To learn more, visit the Project Alert website by clicking here: https://www.projectalert.com/

Note: Project Alert has online material and distance learning guidance available for use. To learn more, click here https://www.projectalert.com/

PROJECT TOWARDS NO DRUG ABUSE (TND)

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

High school youth (ages 14-19)

Institute of Medicine Category

Universal, Selective, Indicated

Agent of Change

Schools, communities, youth-serving organizations

Intervening Variable

Individual Factors

Summary

Including twelve classroom sessions, Project Towards No Drug Abuse (TND) applies a variety of topics into the program sessions to effectively reduce alcohol, tobacco, and illicit drug behavior. This program focuses on the reasons why individuals may engage in substance use, educates on communication skills and ultimately teaches techniques on ways to refuse substances. The program was designed for implementation over a four-week period (i.e., 3 sessions per week). However, it can also be implemented twice a week over a six-week period on the condition that all lessons are taught.

To learn more, visit the Project Towards No Drug Use website by clicking here: https://tnd.usc.edu/

Note: Project Towards No Drug Abuse now has online instructional tools available. To learn more, click here https://tnd.usc.edu/

RECONNECTING YOUTH

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication, Suicide and Tobacco

Population of Focus

Middle school or high school youth (ages 14-19)

Institute of Medicine Category

Selective, Indicated

Agent of Change

Schools, communities, youth-serving organizations

Intervening Variable

Individual Factors

Summary

Reconnecting Youth is designed for the Selective or Indicated populations. Consisting of small group sessions, the Reconnecting Youth program effectively reduces alcohol, marijuana and illicit drug use. Program goals focus on the following three items: increased school achievement, increased mood management and decreased drug involvement.

To learn more, visit the Reconnecting Youth website by clicking here: https://www.reconnectingyouth.com/

Note: Reconnecting Youth has digital curriculum materials available for use. To learn more, click here https://www.reconnectingyouth.com/content/online-tools/digital-curriculum-materials

STACKED DECK

Prevention Priority

Problem Gambling

Population of Focus

High school youth in grades 9-12

Institute of Medicine Category

Universal

Agent of Change

Schools, communities, youth-serving organizations

Intervening Variable

Individual Factors

Summary

Stacked Deck is currently the only Department approved prevention program that focuses on problem gambling behaviors. This program is intended for high school students and highlights the evolution of gambling, the history of gambling in the United States and youth gambling behaviors.

To learn more, visit the Stacked Deck website by clicking here: https://www.hazelden.org/store/item/557330?Stacked-Deck-Second-Edition

STRONG AFRICAN AMERICAN FAMILIES

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

Elementary or middle school youth (ages 10-14) and parents/guardians

Institute of Medicine Category

Universal

Agent of Change

Schools, communities, youth-serving organizations

Intervening Variable

Individual Factors

Summary

Strong African American Families (SAAF) is a 7-session program that is focused on youth ages 10-14 along with their parents/guardians. This program equips participants with the skills necessary to refuse alcohol, tobacco and illicit drugs. Developed are three core elements, SAAF is developed to teach on youth topics, caregiver topics and family topics.

To learn more, visit the Strong African American Families website by clicking here: https://cfr.uga.edu/saaf-programs/saaf/

STRENGTHENING FAMILIES PROGRAM FOR PARENTS AND YOUTH 10-14

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication, Tobacco and Suicide

Population of Focus

Elementary or middle school youth (ages 10-14)

Institute of Medicine Category

Universal, Selective, Indicated

Agent of Change

Health curriculum teachers, school administrators, or others who have completed the curriculum to be a Strengthening Families Instructor

Intervening Variable

Individual Factors

Summary

The Strengthening Families Program (SFP) 10-14 is a 7-session, evidence-based prevention program for parents and children ages 10- to 14-years-old. This program elevates positive parenting skills, children's social skills and family relationships. This program is specifically designed for high-risk and general population families.

Parents and youth meet in separate groups for the first hour and together as families during the second hour to practice skills, play games and do family projects. Sessions are highly interactive and include role-playing, discussions, learning games and family projects.

- **Parent** sessions consist of presentations, role-plays, group discussions and other skill-building activities.
- **Youth** sessions engage each youth in small and large group discussions, group skill practice and social bonding activities.
- **Family** sessions use specially designed games and projects to increase family bonding, build positive communication skills and facilitate learning to solve problems together.

The program includes four, optional, booster sessions that may be delivered three to twelve months after the primary sessions.

To learn more, visit the Strengthening Families website by clicking here: http://www.extension.iastate.edu/sfp10-14/

TEAM AWARENESS

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

Employees, supervisors

Institute of Medicine Category

Universal, Selective, Indicated

Agent of Change

Employers, employees

Intervening Variable

Individual Factors

Summary

Team Awareness is an interactive workplace-training program that promotes social health, increased communication between workers, improved knowledge and attitudes towards alcohol-and drugs and increases peer referral behaviors. The training consists of six modules conducted across two 4-hour sessions for any company or business regardless of size.

To learn more, visit the Team Awareness website by clicking here: https://ibr.tcu.edu/manuals/description-team-awareness-8-hour-training/

To access the Team Awareness curriculum, visit: https://organizationalwellness.com/products/copy-of-team-awareness-original-br-evidence-based-curriculum

TOO GOOD FOR DRUGS

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

Elementary, middle school, and high school youth in grades K-12

Institute of Medicine Category

Universal, Selective, Indicated

Agent of Change

Schools, guardians/parents, communities, youth-serving organizations

Intervening Variable

Individual Factors

Summary

Too Good for Drugs is a 10-session program that is focused on youth with programs designed for elementary, middle school and high school students. This program equips participants with the skills necessary to refuse alcohol, tobacco, prescription drugs and illicit drugs by providing interactive learning of social skills, communicating effectively and making responsible decisions. The program focuses on developing students' social-emotional skills and reinforces those skills through interactive, social activities. There is a parent component within each program to support the students by extending prevention skills and messages into the home.

To learn more, visit the Too Good For Drugs website by clicking here: https://toogoodprograms.org/collections/too-good-for-drugs

In accordance with information provided by Too Good For Drugs, the following implementation guidelines have been established for Department prevention contractors choosing to implement this program:

Too Good for Drugs Programs	Population of Focus	Additional Requirements
Elementary School Program	Youth in grades K - 5	Must deliver the program materials developed specifically for each grade level.
Middle School Program	Youth in grades 6 - 8	Must deliver the program materials developed specifically for each grade level.
High School Program	Youth in grades 9 - 12	May deliver either the Too Good for Drugs (TGFD), or the expanded Too Good for Drugs and Violence (TGFD&V) program.

WELLNESS INITIATIVE FOR SENIOR EDUCATION (WISE) PROGRAM

Prevention Priority

Alcohol, Opioids and Prescription Medication

Population of Focus

Older adults/seniors

Institute of Medicine Category

Universal

Agent of Change

Families, communities, senior-serving organizations

Intervening Variable

Individual Factors

Summary

The WISE Program is a wellness and prevention program designed to help older adults make healthy lifestyle choices and to avoid substance misuse. The program, created by the New Jersey Prevention Network (NJPN), is a six-lesson curriculum facilitated by trained prevention specialists once a week for two hours. There must be two facilitators and they must each attend the WISE Facilitator Training.

To learn more, visit the WISE website by clicking here: https://www.njpn.org/wise

WORKPLACE EMPLOYEE AND SUPERVISOR TRAINING

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

Adults in the workplace (ages 18 and over)

Institute of Medicine Category

Universal

Agent of Change

Workplace, organizational leadership

Intervening Variable

Individual Factors

Summary

Introducing a drug-free workplace program to employees and informing them about alcohol and other drug-related issues can help employers create safe, cost-effective and healthy workplaces. Because employees spend a lot of time at work, coworkers and supervisors may have the opportunity to notice a developing drug misuse problem. Employers can use their influence to motivate employees to get help for a drug related problem. The Partnership for a Healthy Iowa's Creating a Drug-Free Workplace Education Program includes two training modules, one for general employees and one for supervisors. People in supervisory positions are often closest

to employees; therefore, they are an important support group for implementing policy and increasing employee awareness of alcohol and other drugs. To do this they will need the right knowledge and skills.

The Department requires The Iowa Creating a Drug-Free Workplace Education Program Supervisor Training Modules for supervisor training to be implemented as part of strengthening a drug-free workplace policy. The module addresses the leadership role supervisors have in supporting and implementing drug-free workplace policy and goals. The facilitator guide and participant handouts allow contractors to provide supervisor training. Workplaces may choose to also implement the optional general employee training after supervisor training is completed.

Continued awareness of alcohol and other drugs and understanding of resources and supports are critical to sustaining workplace policy. Continued training allows organizations the opportunity to review policy components and expectations and make changes to policy as needed. This increases the probability that policy change will result in desired outcomes.

All training materials may be found on the Partnership for a Healthy Iowa's Workplace Health website

Core Components

Dosage/Frequency

- At least 50% of organizations with active ATOD workplace policies should be engaged in the strategy with at least 50% of those organizations implementing workplace supervisory training. A minimum of 75% of all supervisors and organizational leadership per organization will be trained by the end of the project.

Required Key Steps

- All workplace training must be implemented with organizations who have formally written, signed policy that meets the criteria referenced in the Workplace Policy environmental strategy found in this guide.

- All supervisors play an important leadership role in creating a drug-free workplace; therefore, **it is required that supervisors receive training under this strategy.** Whenever practical, supervisors should be trained before their employees so the supervisors already know what their employees will be taught.
- All employees are part of creating a drug-free workplace – from the highest to the lowest level, full- and part-time, etc. Therefore, all employees should receive educational information and attend educational sessions.

Implementation Resources

Partnership for a Healthy Iowa's Creating a Drug-Free Workplace Education Program

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YOUTH MENTORING

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication, Suicide and Tobacco

Population of Focus

Elementary, middle and high school youth (ages 5-18)

Institute of Medicine Category

Universal, Selective, Indicated

Agent of Change

Families, communities, schools, youth-serving organizations

Intervening Variable

Individual Factors

Summary

Youth Mentoring has shown evidence of increasing protective factors for youth and supporting positive impacts on substance use prevention and wellbeing. Research indicates that youth engaged in mentoring programs report less positive attitudes towards drug use and are less likely to use alcohol, tobacco, marijuana and illicit drugs. These effects have been shown to be stronger for minority youth. Additionally, indicated populations of youth have self-reported they gained positive influence from their participation in mentoring, identifying that they would decrease or cease the use of drugs and alcohol. Related to wellbeing, research shows that mentorship based on positive youth development leads to positive changes in belongingness, depression, community connectedness and self-esteem. The presence of a trusted adult in the community has also been associated with reduced suicide attempts for youth at risk.

Youth Mentoring is defined by the Department as relationships that take place between youth ages 5-18 (mentees) and older or more experienced peers or adults (mentors) trained and supported by agencies to act in a non-professional helping capacity to provide relationship-based support that benefits mentees' development. Programs are guided by MENTOR's Elements of Effective Practice. To learn more and to obtain a copy of the fidelity checklist for programs, visit MENTOR's Elements of Effective Practice website by clicking here: https://www.mentoring.org/resource/elements-of-effective-practice-for-mentoring/

Types of mentoring programs and services supported by the Department include the following. Please reference RFPs for award specific requirements and supported mentoring programs/services:

- **Community-Based Mentoring** programs provide consistent contact between one mentor and one mentee over the course of a contract period for a minimum of nine months. Meetings need to occur several times each month, meeting a minimum of four hours per month.
- **School-Based Mentoring** programs provide weekly contact between one mentor and one mentee for a minimum of one school year/contract period. Period of service for the match shall be at least nine months. Contact between mentee and mentor needs to be a minimum of four hours per month. School-based mentoring should not focus on academic needs (i.e., tutoring, reading, etc.).
- **Group Mentoring** operates on a ratio of no more than four mentees to one adult mentor. Group mentoring includes a consistent relationship between the one mentor and the same four (or less) mentees. Contact between mentees and mentor needs to be a minimum of four hours per month. Group mentoring can only be used with middle and high school youth. Middle and high school youth mentors shall not be permitted to lead a group mentoring process.
- **Peer Mentoring** programs provide weekly contact between one mentor and one mentee for a minimum of one school year/contract period. Period of service for the match shall be at least nine months. Contact between mentee and mentor needs to be a minimum of four hours per month. Peer mentoring often includes high school students mentoring elementary or middle school students and focuses on providing recreational and developmental activities. If youth are utilized as peer mentors, there needs to be a minimum of a three-year age difference between the mentor and mentee.
- **Team Mentoring** pairs several consistent adult mentors to work with the same small group of youth mentees, in which the adult-to-youth ratio is not greater than 1:4. Contact between mentees and mentor needs to be a minimum of four hours per month. For best results, mentoring match length should be nine (9) to twelve (12) months.

At this time, the Department provides grant funds to mentoring programs that have been certified and remain in good standing with their certification through the Iowa MENTOR (The Iowa Mentoring Partnership).

To learn more, visit the Iowa MENTOR (The Iowa Mentoring Partnership) website by clicking here: https://www.iowamentoring.org

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Fidelity Checklist for (*Enter EBP Name*)

Name of person conducting this fidelity check:
Date of fidelity check:

**Complete a new checklist for each fidelity check conducted.*

Who will be responsible for collecting the needed information? **How will needed information be collected (observation, surveys, interviews, etc.)?** **How often/when will it be collected?** **How/when will this checklist be shared back with the coalition/subcommittee?** **Is there a fidelity checklist available from the program developer? Yes/No** **If yes, how will you plan to utilize it? If not, why have you chosen not to use it?** **What evaluation data are being collected for this strategy/program (for example pre and posttests with all participants)?** **How will information gathered from this checklist be used for evaluation?**		
List the population of focus, dosage and frequency:		
List the core components of this strategy/program:		
What training/skills are required to implement this program with fidelity (ex: any training offered by the program developer, classroom management skills, etc.)?		
Provide a brief overview of strategy/program implementation:		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work:		
Please list any approved strategy/program adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide):		
Component	Yes or No	Reason or Additional Information

Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus, were/are involved in strategy selection and implementation.		
Program facilitators have appropriate skills and training to implement program with fidelity.		
Program materials were provided to facilitators as outlined by program developer.		
Program materials were provided to participants as outlined by program developer.		
Program is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of program selection. All parties involved understand and agree to the Iowa HHS approved survey administration process.		
Evaluation data was collected as planned.		

Iowa HHS Approved Evidence Based-Policies/Environmental Strategies

(Population-Level)

IOWA HHS

Iowa HHS Approved Evidence-Based Policies/Environmental Strategies (Population-Level)

Primary prevention services are most effective when a combination of individual-level and population-level services are provided. Population level services are considered environmental strategies which primarily focus on creating or strengthening policies. They positively impact an entire community versus a specific subset of the population. The Department reinforces the benefits of population-level strategies by approving a wide variety of services listed below.

Note: Each funding opportunity will differ in the types of allowable practices, programs and policies that may be permissible for use per grant expectations. Each Department funded prevention contractor must refer to their awarded prevention funding opportunity Request for Proposal (RFP) and specific contract requirements for more details.

Just as each community is unique, environmental strategies need to be viewed in a similar way. Specifically, there is not a "one size fits all" approach to population-level services. While no "cookie cutter" approach has been identified, the Department has established key components that should be utilized as noted below. These key components are rooted in research and discretionary grant implementation. Department-funded prevention contractors, in collaboration with their coalition and community partners, should consider other items that may need to be applied when identifying population-level prevention services.

Note: When formal training options are limited, beginning in the planning step of the SPF the Department will provide training on the various components of the identified environmental strategies on an as needed basis.

ACADEMIC DETAILING

Prevention Priority

Opioids

Population of Focus

Patients of all ages

Agent of Change

Health care prescribers, pharmacists

Intervening Variable

Retail Availability

Summary

Academic detailing is education outreach to prescribers by trained health care professionals or preventionists. The academic detailer contacts and schedules brief face-to-face or web-based information sharing sessions with health care providers usually during working hours and within the office setting. The outreach is designed to educate the health care provider on current and specific substance misuse health initiatives. The initiatives can include resources for both the provider and patients as well as providing potential substance misuse treatment contacts for linkages to care. Academic detailing can be used to educate providers about opioid prescribing guidelines and facilitating conversations with patients about the risks and benefits of pain treatment options.

The overarching goal of the program is behavior change by educating providers to adapt the following practices when patients have chronic pain which is defined as pain that is ongoing and can last longer than three months:

1. The provider first recommends alternative non-opioid treatments for chronic pain;
2. The provider has a policy/practice in place to check the Prescription Monitoring Program (PMP) prior to prescribing an opioid;
3. If an opioid is prescribed, the provider:
    a) starts with a low dose
    b) goes slow--*prescribe for no more than 3 days*
    c) schedules a follow-up appointment within one week
4. The provider always prescribes naloxone with an opioid prescription; and
5. The provider gives all patients YourLifeIowa.org resources.

The detailer will assess the provider's current practice and also determine the needs of the provider in relation to adapting these practices**. Academic detailing is a conversational-style discussion with the provider, not a training presentation or a hard sales tactic**.

Providers who work in hospice care, nursing homes, active cancer treatment, palliative care or end-of-life care should **not** be a focus of this program and should **not** be approached.

Core Components

Dosage/Frequency

At least 50% of the population of focus of health care prescribers should be impacted by behavior change by the end of the project period. Frequency is determined by considering the amount of health care providers that need to be contacted each contract year in order to achieve the dosage.

Required Key Steps

- **All academic detailers must attend training through the National Resource Center for Academic Detailing (NaRCAD) prior to implementation.**
- In collaboration with the coalition, discuss/complete the following:
    - Assess which health care providers will be of focus based on the behavior change needing to be implemented. Current Iowa HHS Academic Detailing materials are designed for Nurse Practitioners, Physician Assistants, and General/Family Practitioners who prescribe opioids.
    - Discuss the key messages, features and benefits of the academic detailing strategy that are addressing the behavior change taking place in the service area such as:
        - Patient safety
        - Reduction in overdose potential

        - Providing holistic care and looking to treat underlying conditions rather than symptom manifestation of pain
        - Protection of provider license
        - Improvement in patient overall quality of life
        - Increased understanding of opioid dangers
        - Improvement in patient/provider relationship and rapport with clear understanding of goals, expectations, and outcomes.
    - Determine whether communities have an academic detailing program in place, who the providers of focus are, and how they will be reached with complimentary, not duplicative, efforts.
    - Determine how the program will be evaluated for effectiveness regarding behavior change and best practices.
    - Determine the level of frequency in reaching the providers and how visits and contact attempts will be monitored.

Capacity Building

It is expected to have healthcare provider representation in the coalition. Coalition members with a healthcare background will be able to provide valuable insight into the academic detailing program in the service area.

Implementation Resources

Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain

CDC Information for Patients

CDC Training for Providers

Center for Innovation in Academic Detailing on Opioids (CIAO)

Drug Abuse Screening Tool (DAST)

Iowa HHS Academic Detailing Resources for Providers

Medication Assisted Treatment Training

National Resource Center for Academic Detailing (NaRCAD) Webinar Series

NaRCAD E-Detailing Community of Practice Webinars

NaRCAD Healthcare Inclusivity Toolkit for Detailers

NaRCAD Opioid Safety Toolkit

Opioid Prescribing Guideline Resources for Healthcare Providers

Opioid Risk Tool (ORT)

SAMHSA Opioid Overdose Prevention Toolkit

Training

Best Practices for Detailer Recruitment

NaRCAD Academic Detailing Webinar Series

References

Barth, K. S., Ball, S., Adams, R. S., Nikitin, R., Wooten, N. R., Qureshi, Z. P., & Larson, M. J. (2017). Development and feasibility of an academic detailing intervention to improve Prescription Drug Monitoring Program use among physicians. *The Journal of Continuing Education in the Health Professions, 37*(2), 98–105. https://doi.org/10.1097/CEH.0000000000000149

Midboe, A. M., Wu, J., Erhardt, T., Carmichael, J. M., Bounthavong, M., Christopher, M. L. D., Gale, R. C. (2018). Academic detailing to improve opioid safety: Implementation lessons from a qualitative evaluation. *Pain Med, 19*(1), S46-S53. https://doi.org/10.1093/pm/pny085

Zolekar, A., White, A., Fleming, M. L., Thornton, J.D., & Wang, Y. (2018). Outcomes related to opioid prescribing after academic detailing: A review of literature. *Value in Health, 21*(1), S265. https://doi.org/10.1016/j.jval.2018.04.1770

Fidelity Checklist for Academic Detailing

Who will be responsible for collecting needed information? How will needed information be collected (surveys, interviews, etc.)? How often/when will it be collected?		
Please list any anticipated strategy/program adaptations and justification:		
The Detailer Addressed the Following Components:	**Yes or No**	**Reason or Additional Information**
Asked about current practices/needs assessment was conducted.		
Disclosed the 5 goals of the program: 1) Alternatives to opioids 2) Check PMP 3) Low dose/go slow/schedule follow-up appt. within one week 4) Prescribe naloxone 5) YourLifelowa.org resources		
Provided program materials to health care provider.		
Initiated academic detailing post-visit evaluation with the health care provider.		
The provider plans to incorporate academic detailing recommendations according to the post-visit evaluation.		
Asked about additional needs related to program goals.		
Asked the health care provider about the date, time and best method to follow-up.		
Documented the visit and outcomes in the tracking file within 2 days of visit.		

ALCOHOL ADVERTISING RESTRICTIONS IN PUBLIC PLACES

Prevention Priority

Alcohol

Population of Focus

Underage youth (ages 12-20)

Agent of Change

Community leadership, businesses

Intervening Variable

Promotion

Summary

Alcohol advertising and promotion creates an environment that encourages underage and/or binge drinking behaviors. Restrictions on alcohol advertising includes any policies that limit advertising of alcoholic beverages; particularly advertising that exposes young people to alcohol messages. Restrictions can be in the form of a local ordinance, or may be implemented voluntarily by a business, event or organization.

Restrictions on advertising and promotion can take the following forms:

- Restricting advertising on public property;
- Adopting zoning restrictions for alcohol advertising;
- Restricting signage on storefronts; and
- Limiting television, radio, newspaper and billboard advertisements.

As with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception that those who violate the policy will be held accountable. This increases the probability that policy change will result in desired outcomes.

Core Components

Dosage/Frequency

At least 50% of the population of focus should be impacted by policy change by the end of the project period**.** This dosage will need to be reviewed and approved by the Department.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the community leadership and kept on file at the contracted agency as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

- In collaboration with the coalition, discuss/complete the following:

- Assess what the community needs and issues are around alcohol advertising in public places.
- Determine whether communities have alcohol-related policies regarding alcohol advertising in public places.
- Discuss possible policies to be strengthened or developed with community leadership.
    - The City/County Attorney should be engaged in discussions about any potential policy changes.
    - Develop and implement policies for alcohol advertising in public places that can include:
        - Restricting advertising on public property;
        - Adopting zoning restrictions for alcohol advertising;
            - Limiting television, radio, newspaper and billboard advertisement;
            - Banning or restricting alcohol ads in the local media:
            - Prohibiting ads in the local media to include images and/or statements that portray or encourage intoxication;
            - Requiring all alcohol ads in the local media to include warnings about the risks of alcohol consumptions;
            - Setting a maximum for the percentage of total advertising space that alcohol ads can cover in the local media.
        - Restricting signage on storefronts;
        - Restricting the size and placement of window advertisements in liquor and convenience stores.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
    - Build support for this strategy from community members and law enforcement.
        - Focus on how alcohol advertising in public places can lead to alcohol-related problems.
    - Provide regular face-to-face visits to promote the strategy and educate community leadership about strengthening alcohol advertising policies.
    - Attend a Board of Supervisors and/or City Council meeting to discuss the strategy.
    - Disseminate data briefs or reports related to the strategy to community leadership.
    - Find communities in the county or in a neighboring county with strong policies in place regarding alcohol advertising restrictions in public places and share contact information/details about their policies with community leadership.
- Once a policy has passed:
    - Create a plan to educate the community about the policy.
    - Create a plan that will ensure ongoing monitoring of use and enforcement of the policy.

Implementation Materials

Alcohol Advertising Restrictions

Suggestions for Limiting or Controlling Billboard Advertising

References

Hollingworth, W., Ebel, B.E., McCarty, C.A., Garrison, M.M., Christakis, D.A., & Rivara, F.P. (2006). Prevention of deaths from harmful drinking in the United States: the potential effects of tax increases and advertising bans on young drinkers. *Journal of Studies on Alcohol and Drugs, 67*(2), 3008-308. https://www.jsad.com/doi/10.15288/jsa.2006.67.300

Pasch, K. E., Komro, K. A., Perry, C. L., Hearst, M. O., & Farbakhsh, K. (2007). Outdoor alcohol advertising near schools: What does it advertise and how is it related to intentions and use of alcohol among young adolescents? *J. Stud Alcohol Drugs, 68*(4): 587-596. https://doi.org/10.15288/jsad.2007.68.587

Tremblay V. J., & Okuyama, K. (2001). Advertising restrictions, competition, and alcohol consumption. *Contemporary Economic Policy, 19*(3), 313-321. https://doi.org/10.1093/cep/19.3.313

Fidelity Checklist for Alcohol Advertising Restrictions in Public Places

Who will be responsible for collecting needed information? How will needed information be collected (surveys, interviews, etc.)? How often/when will it be collected?		
Please list any anticipated strategy/program adaptations and justification:		
Components Addressed:	**Yes or No**	**Reason or Additional Information**
Assessment/scan was completed of existing current alcohol advertising in public places.		
Assessment/scan was completed of existing current alcohol advertising policies and ordinances.		
Secured necessary resources: including relationship building and securing commitments from needed partners, securing necessary funding and procuring materials.		
Created or strengthened policies or ordinances for alcohol advertising in public places.		
Created a plan for monitoring and enforcement of policy changes or ordinance.		
Education and media advocacy were used to increase public awareness of and support for policy changes.		
Action plan steps were carried out as planned (consider location, timeframe, persons responsible, etc.)		
Additional components were implemented as planned.		

ALCOHOL COMPLIANCE CHECKS

Prevention Priority

Alcohol

Population of Focus

Underage youth (ages 12-20)

Agent of Change

Community leadership, alcohol retailers

Intervening Variable

Enforcement, Retail Availability

Summary

Alcohol compliance checks are a tool law enforcement may use to reduce the availability of alcohol to underage youth from commercial sources such as bars, restaurants, liquor stores, grocery stores and convenience stores. By preventing youth access from commercial sources, communities can reduce the negative consequences associated with underage drinking, thereby creating a safer, healthier environment for their youth.

Law enforcement agencies use underage buyers as volunteers to test retailers' compliance with laws regarding the sale of alcohol to minors. Underage youth, under the supervision of law enforcement, are sent into retail locations to determine if the employee will properly decline to sell to the underage buyer. In the event the employee fails the compliance check, by selling or providing alcohol to the underage buyer, the law enforcement officer would intervene and take appropriate action to address the illegal sale.

Core Components

Dosage/Frequency

At least 50% of retailers within a specific group (on-premise or off-premise liquor license holders) should each be checked for compliance at least two to three times per year.

Required Key Steps

Implement this strategy in tandem with the Responsible Beverage Service Training (RBST) strategy. If RBST is being provided through another agency or funding source, the level of services should be sufficient to impact the population of focus.

In collaboration with the coalition, review local data to know where to focus compliance check efforts.

Collaboration with Law Enforcement: Alcohol compliance checks require a strong partnership with law enforcement agencies. To set this strategy up for success contractors need to include these partners as early as possible in the process. These initial conversations with law enforcement will decide or establish the following:

- **Dosage and frequency**: Set shared expectations, as well as grant expectations, about completing checks on time.
- **Clear expectations**: Often times, law enforcement agencies may not understand grant expectations so it is helpful and important to agree on expectations in advance of committing to this strategy.
- **Costs per check**: Explain that these checks are grant funded and agree on a cost that can be sustainable within the project funding, throughout the rest of the grant.
- **Create a subcontract:** It is important that expectations and timeframes are included and if the subcontract is $2,000 or more, submit to the Department through IowaGrants.gov for approval before obtaining signatures.
- **Establish a detailed compliance check protocol** with law enforcement input and approval. A protocol should include the following:
    - Need to be well-designed to ensure that the procedures are fair and not subject to either political or legal attack.
    - Randomly select retailers based on criteria such as the number of retail and the type of outlets in a specific community or geographic area.
    - Evidence suggests that underage purchase rates tend to be highest in convenience and grocery stores. Refer to data from your local community to determine local variables.
    - Deploy undercover officers to accompany underage decoys. If an undercover officer witnesses the sale, this can decrease entrapment challenges.
    - Arrange for citations to be issued once the compliance check operation is over or violators can warn other retailers about compliance checks.
- **Discuss coalition engagement**: Determine how the coalition can assist with compliance checks by sending out prior notification letters or press releases for offers of RBST, follow-up letters to those who fail checks to discuss RBST, etc.

In collaboration with law enforcement, identify and recruit underage buyers. These youth can be volunteers or paid. These youth should work with law enforcement to learn how to make alcoholic purchases according to a consistent protocol. The youth should:

- Not yet be 20 years old and appear to be under 21 years old
- Validate the perceived age of the buyers
- Be an equal number of male and female buyers
- It is recommended that male volunteers have no facial hair
- Female volunteers should not look older through the use of heavy makeup
- Not be used in the community in which they live
- Represent a racial and/or ethnic mix that reflects the community checked
- Dress in a manner consistent with peers in their age group

Keep documentation on each trained volunteer that includes:

- His or her personal history and photograph
- Copy of driver's license
- Driving and criminal record checks
- Injury waivers
- Parental permission form (if under the age of 18)
- Agreement of understanding
- A list of compliance check performed

Create a system to inform retailers about compliance checks which can include:

- Notify all retailers within the specific group of focus about upcoming checks via a letter before each round of checks.
- Do not include specific dates of when the checks will occur.
- Provide information about local RBST opportunities available before compliance checks occur.
    - Retailers should be able to participate in RBST programs prior to the start of the compliance checks.
- RBST promotional materials and training dates should be provided to all retailers on a regular basis.
- Provide repeated notification to retailers via letters and utilization of local media sources regarding the ongoing compliance check program before each round of compliance checks.

Create a plan to continually recognize retailers which can include:

- Send congratulatory or thank you letters to those retailers who refused to sell to underage buyers.
- Place an ad through local media recognizing those retailers who refused to sell to underage buyers. Be sure to obtain permission from each retailer before publishing their name or information in the media. Deliver certificates to retailers who passed compliance checks.

It is important to NOT promote or publicly list those retailers that did not pass compliance checks.

Capacity Building

Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:

- Prior to conducting compliance checks, build support from retailers, law enforcement and community members for the strategy.
- Mail letters informing retailers of the upcoming compliance checks to be occurring (before each round).
- Deliver helpful materials related to not serving or selling to those under 21 years of age.
- Regularly (at least quarterly) meet with law enforcement agencies to review progress, discuss challenges and reminders about grant expectations.
- Invite law enforcement officers involved in the compliance check process to present on the strategy at community events or community meetings.
- Recruit retailers to serve on the coalition or help be a champion for the strategy in the community.
- Community support for law enforcement efforts is an important component to consider. If support is low, identify ways to increase support through the coalition.

Implementation Resources

Reducing Alcohol Sales to Underage Purchasers – A Practical Guide to Compliance Investigations

Prevention First Alcohol Policy Resource Center

References

Erickson, D. J., Smolenski, D. J., Toomey, T. L., Carlin, B. P., & Wagenaar, A. C. (2013). Do alcohol compliance checks decrease underage sales at neighboring establishments? *Journal of Studies on Alcohol and Drugs*, *74*(6), 852–858. https://doi.org/10.15288/jsad.2013.74.852

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Toomey, T. L., Wagenaar, A. C., Gehan, J. P., Kilian, G., Murray, D. M., & Perry, C. L. (2001). Project ARM: Alcohol risk management to prevent sales to underage and intoxicated patrons. *Health Education & Behavior, 28*(2), 186-199. https://doi.org/10.1177/109019810102800205

Wagenaar, A. C., Toomey, T. L., & Erickson, D. J. (2005). Preventing youth access to alcohol: Outcomes from a multi-community time-series trial. *Addiction, 100*(3), 335-345. https://doi.org/10.1111/j.1360-0443.2005.00973.x

Fidelity Checklist for Alcohol Compliance Checks

Who will be responsible for collecting needed information? How will needed information be collected (surveys, interviews, etc.)? How often/when will it be collected?		
Please list any anticipated strategy/program adaptations and justification:		
The Following Components were Addressed:	**Yes or No**	**Reason or Additional Information**
Assessment of existing efforts and results were used to identify the population of focus for compliance checks.		
Secured necessary resources: including relationship building and securing commitments from needed partners, including law enforcement, securing necessary funding and procuring materials.		
Compliance check protocol was created with law enforcement.		
Underage volunteers were identified, recruited and trained.		
Retailers were offered the opportunity to participate in responsible sales and service programs prior to the compliance check program as well as on an ongoing basis, and for those who failed a compliance check.		
Education and media advocacy were used to inform licenses of project, timeframe and goals, and informing each retailer of the results of conducted checks and to increase public awareness of and support for compliance checks.		
Action plan steps were carried out as planned (consider location, timeframe, persons responsible, etc.).		
Additional components were implemented as planned.		

ALCOHOL OUTLET DENSITY

Prevention Priority

Alcohol and Suicide

Population of Focus

Community residents

Agent of Change

Community leadership

Intervening Variable

Retail Availability

Summary

According to the Center for Marketing Alcohol and Youth (CAMY) "One of the most effective approaches for reducing excessive drinking and its many health and social consequences is to limit the physical availability of alcohol. One approach to doing so is regulating alcohol outlet density, or the concentration of retail alcohol establishments, including bars and restaurants and liquor or package stores, in a given geographic area. A high concentration of alcohol outlets leads to a variety of serious health and social consequences, including violence, alcohol-impaired driving, neighborhood disruption and public nuisance activities."

Research has shown that when outlets are close together, more underage drinking occurs. By controlling the location of outlets, sales to minors can be discouraged (Gruenewald et al., 2010; Treno et al., 2003).

States and localities can reduce alcohol outlet density in at least 4 ways:

- **Geographic Restrictions:** Limits the number of alcohol outlets per specific geographic unit. This mechanism is particularly useful in addressing the tendency for alcohol outlets to cluster and create an over-concentration in specific areas.
- **Population-Level Restrictions:** Limit the number of outlets per population and establish an outer limit on the total number of alcohol outlets in a community.
- **Commercial Restrictions:** Establish a cap on the percentage of retail alcohol outlets per total retail businesses in a geographic area which is another method to address clustering and promote retail diversity.
- **Time/Space Restrictions:** Limit the location and operating hours of alcohol outlets. Location restrictions can be applied to protect sensitive land uses such as schools, parks, etc. and to address clustering by establishing minimum distance requirements between alcohol outlets. Limiting hours of operation, while not technically a feature of alcohol outlet density, can mitigate density-related problems.

In addition to these possibilities, localities may use land-use powers to limit, deny, or remove permission to sell alcohol from existing outlets." (Jernigan DH, Sparks M, Yang E, Schwartz R. Using Public Health and Community Partnerships to Reduce Density of Alcohol Outlets. Prev. Chronic Dis 2013; 10:120090. DOI)

State and community efforts to regulate alcohol outlet density begin with public health surveillance and measurement of the number and location of outlets, with particular attention to the distances from one to another. Surveillance can include data on binge drinking (e.g., on the type of beverages consumed by binge drinkers), drinking locations, alcohol-impaired driving by adults and youth, locations where alcohol-related crimes occur and police calls for service and the relationship of these data to specific alcohol outlets and alcohol outlet density. These data can be combined with geographic information systems (GIS) mapping to develop visual representations of the spatial connection between alcohol outlet density and community problems.

Take the following steps to reduce alcohol outlet density:

- **Assess alcohol density in your community, with special attention to density near schools and other youth-related areas.** Work with community members to survey and map the number and locations of alcohol outlets in the targeted area or contact your state's licensing board or local alcohol licensing authority for the locations of the alcohol licenses in the community.

- **Ascertain the rate of alcohol-related problems in the community, with an emphasis on drinking and driving, public intoxication, and alcohol-related violence and crimes.** Based on the type of community problem, develop a local plan to control the density of alcohol-related outlets. Recruit institutions responsible for establishing, maintaining and enforcing compliance.

- **Use your findings to develop a local plan to control the density of alcohol-related outlets.** Your plan might, for example, create geographic buffer zones of approximately 1,000 feet between alcohol outlets and schools, playgrounds, other youth facilities, and residential neighborhoods, or the plan might promote conditional use permits that require alcohol establishments to meet minimal agreed-upon conditions in order to continue operating, such as conducting responsible beverage service training.

- **Build community support for controls on alcohol outlet location and density from merchants, other community members, and law enforcement.** Conduct activities to show the link between the density of alcohol outlets in the community and the rate/type of alcohol-related problems.

- **Measure and report successful outcomes.** Some objective measures of the effectiveness of reduced alcohol outlet density are:
    - Increased distance between alcohol outlets and between an alcohol outlet and a youth-related facility or area.
    - Reductions in the number of alcohol-related crimes and other problems (e.g., alcohol-related crashes) in a targeted area.

Core Components

Dosage/Frequency

Dosage will be decided dependent on the type of change the community focuses on. This dosage will need to be reviewed and approved by the Department.

Required Key Steps:

All policies developed or strengthened through this strategy must be formally written, signed by the community leadership and kept on file at the contracted agency as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

- In collaboration with the coalition, assess whether a high alcohol outlet density exists near the community's schools and other youth-related areas. Survey/measure:
    - The location and density of establishments licensed to sell alcohol by type, on-premise and off-premise.
    - The rate of alcohol-related problems in the community , with an emphasis on drinking and driving, public intoxication and alcohol-related violence and crimes which can be done through the following:
        - Outlet density should be measured at the smallest local level for the area.
        - Survey and map alcohol outlets in the community. Consider working with coalition members or youth to survey and map the number and locations of alcohol outlets in the targeted community.
        - Contact the Iowa Alcoholic Beverages Division for the location of the alcohol licenses in the community.
        - Use Google or another mapping service to map the location of the alcohol outlets.
- Develop a plan based on the community problems to control the density of alcohol-related outlets.
    - Recruiting institutions responsible for establishing, maintaining and enforcing compliance with zoning regulations within the community such as:
        - Local law enforcement
        - Elected officials
        - Alcohol policy organizations
        - Organizations influenced by alcohol availability
- Determine how alcohol outlet density will be measured.
- Determine which types of alcohol density regulations are the best fit for the community.
- Determine existing and possible land use regulations.
- Work with City/County Attorney to create or strengthen a local ordinance.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
    - Build support for this strategy from community leadership.
        - Focus on how alcohol outlet density can lead to alcohol-related problems.
    - Hold individual meetings with those who are in key positions to affect change.
    - Provide examples of suggested new or revised regulations to community leadership and obtain support.
    - Disseminate data briefs or reports related to the strategy with community leadership.
    - Once a policy has passed:
        - Create a plan to educate the community about the policy.
        - Create a plan that will ensure ongoing monitoring of use and enforcement of the policy.

Implementation Resources

Guide for Measuring Alcohol Outlet Density

Preventing Suicide: A Technical Package of Policy, Programs, and Practices

Preventing Underage Drinking: Using Getting to Outcomes with the SAMHSA Strategic Prevention Framework to Achieve Results

References

Campbell, C. A., Hahn, R. A., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., Naimi, T. S., Toomey, T., Lawrence, B., & Middleton, J. C. (2009). The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *Am J Prev Med, 37*(6), 556-569. https://doi.org/10.1016/j.amepre.2009.09.028

Jernigan, D. H., Sparks, M., Yang, E., & Schwartz, R. (2013). Using public health and community partnerships to reduce density of alcohol outlets. *Prev Chronic Dis, 10*. http://dx.doi.org/10.5888/pcd10.120090

Gruenewald, P. J., Johnson, F. W., & Treno, A. J. (2002). Outlets, drinking and driving: A multilevel analysis of availability. *J Stud Alcohol, 63*(4), 460–468. https://doi.org/10.15288/jsa.2002.63.460

Fidelity Checklist for Alcohol Outlet Density

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		
Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		

Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

ALCOHOL RESTRICTIONS AT COMMUNITY EVENTS

Prevention Priority

Alcohol

Population of Focus

Community residents

Agent of Change

Event Coordinators or Event Boards of community events where alcohol is served

Intervening Variable

Social Availability

Summary

The availability of alcohol at community events (such as concerts, county fairs, street fairs and sporting events) increases convenient and public access to alcohol. Convenient access to alcohol is associated with an increase in alcohol-related problems. Local policies can be developed to restrict the availability of alcohol at these events. Such restrictions can be implemented voluntarily by event organizers, or through local legislation. Alcohol restrictions at community events can range from a total ban on alcohol consumption to the posting of warning signs that detail the risks associated with consuming alcohol. It is important to note that research shows that the greater the number of alcohol control policies in place, the less the likelihood of alcohol sales to underage customers and over consumption.

As with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception that those who violate the policy will be held accountable. This increases the probability that policy change will result in desired outcomes.

Core Components

Dosage

At least 50% of all community events that allow alcohol to be served within the community will have at least one alcohol-related policy change by the end of the project period.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the community event leadership and kept on file at the contracted agency as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

Assessment of Community Events:

- Develop thorough understanding of local zoning laws and policies and how they relate to alcohol service at community events.

- In collaboration with the coalition and community partners, review all community events in which alcohol is served and will happen in the community during the fiscal year.
    - Document the titles and dates of each community event that occurs.
    - Discuss how each event is supported and note the contact information for the Event Coordinator and/or Event Board.
    - Create a schedule of when to meet with the Event Coordinator and/or Event Board to discuss the strategy and use of the Project SAFER Community Event Assessment form.
- Utilize the Project SAFER Community Event Assessment form at each community event where alcohol is served.
    - After meeting with the Event Coordinator and/or Event Board, create a plan with the coalition members outlining who will complete each assessment and the timeframes.
    - Implement the Project SAFER assessment tool with each community event.
    - Tabulate assessment results.
- Discuss assessment results with the coalition.
    - Create a plan to approach each Event Coordinator and/or Event Board with assessment results and suggested next steps.
    - Discuss the strengths, weaknesses and enforcement of existing alcohol policies for each event.
- Meet with each Event Coordinator and/or Event Board to share assessment results and next steps.
    - Utilize the Festival Planner Checklist to discuss policy change or development.
        - Remind event leadership that having well-trained servers/volunteers who serve alcohol and adhering to alcohol enforcement strategies may reduce legal and civil liabilities.
    - Discuss follow-up plans including policy development technical assistance and/or additional meetings needed.

Policy Development

- Develop or utilize existing materials to document that event staff (both paid and voluntary), are aware of event policies and are trained to comply with these policies.
- Develop or strengthen local ordinances or policies that restrict alcohol availability at community events which may include:
    - Restrict the number of servings per person;
    - Enforcement of policy and regulation changes at community events;
    - Restrict special designated licenses (SDLs): Restricts the licenses to events sponsored by nonprofit, religious or charitable organizations or by existing liquor license holders;
    - Require that all alcohol served at the event be bought and consumed within a specifically designated area which only persons of legal drinking age may enter;
    - Require that licensees have a written policy saying how intoxicated drinkers will be handled;
    - Require that all servers attend Responsible Beverage Service Training (the Training for Intervention Procedures for Concessions three hour class should be utilized);
    - Adopt an "employment of minors" ordinance;
    - Restrict hours of sale: Alcohol sales can be discontinued before an event is over, giving patrons time between their last drink and driving home. For example, alcohol sales can be discontinued at the end of the third quarter of a football game;
    - Requiring sales of food and nonalcoholic during sales and after alcohol sales are cut off;
    - Require posting of alcohol warning signs (this component must be connected to policy change);
    - Require all persons 21 or older to wear non-transferable wristbands;
    - Require alcohol-free areas;
    - Prohibit people from leaving with alcohol;
    - Require distinguishable cups for alcohol;
    - Require security staff;

- Restrictions on noise levels;
- Restrictions on general location of event;
- Restrictions on location of alcohol sales or places of consumption (such as beer gardens);
- Restrictions on quantity of sales;
- Restrictions on size of containers;
- Restrictions on sale to intoxicated patrons;
- Ban the sale of alcohol at events and location popular with youth; and
- Prohibit alcohol sponsorship for community events.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
  - Build support for this strategy from community members and law enforcement.
    - Focus on how unrestricted sales of alcohol at community events can lead to alcohol-related problems.
    - Provide regular face-to-face visits to promote the strategy and educate Event Coordinators and/or Event Boards about strengthening alcohol policies.
      - Many Event Coordinators and/or Event Boards are volunteers who turnover every year and/or only meet for a short time frame to plan an event. It is important that communities work quickly and consistently to engage these groups so strategy momentum can continue.
    - Find community events in the county or in a neighboring county with strong alcohol policies in place and share contact information/details about their policies with Event Coordinators and/or Event Boards.
  - Deliver helpful materials related to not serving or selling to those under 21 years of age.
  - Connect the Event Coordinator or Event Board to a community organization that can provide Responsible Beverage Service Training for community event servers/volunteers.
  - Recruit an Event Coordinator or Event Board member to serve on the coalition and/or help be a champion for the strategy in the community.

Implementation Materials

Alcohol Restrictions at Community Events

Alcohol Sales & Community Events Community Action Kit

Community Festivals Materials

Preventing Underage Drinking: Using Getting to Outcomes with the SAMHSA Strategic Prevention Framework to Achieve Results

References

Bormann, C. A., & Stone, M. H. (2001). The effects of eliminating alcohol in a college stadium: The Folsom Field beer ban. *Journal of American College Health, 50*(2), 81-88. https://doi.org/10.1080/07448480109596011

Toomey, T. L., Erickson, D. J., Patrek, W., Fletcher, L. A., & Wagenaar, A. C. (2005). Illegal alcohol sales and use of alcohol control policies at community festivals. *Public Health Reports, 120*(2), 165-173. https://doi.org/10.1177/003335490512000210

Fidelity Checklist for Alcohol Restrictions at Community Events

Who will be responsible for collecting needed information? How will needed information be collected (surveys, interviews, etc.)? How often/when will it be collected?		
Please list any anticipated strategy/program adaptations and justification:		
The Following Components were Addressed:	**Yes or No**	**Reason or Additional Information**
Assessment/scan of existing current event policies and practices was completed.		
Secured necessary resources: relationship building, securing commitments from needed partners, securing necessary funding and procuring materials.		
Met with event coordinators or event boards to discuss strategy and use of Project SAFER assessment.		
Conducted Project SAFER assessments.		
Discussed assessment results with coalition and event coordinators/boards to determine next steps.		
Created or strengthened a written policy that restricts alcohol at community events.		
Created a plan for monitoring and enforcement of policy changes.		
Education and media advocacy were used to increase public awareness of and support for changes in alcohol availability at public events.		
Action plan steps were carried out as planned (consider location, timeframe, persons responsible, etc.).		
Additional components were implemented as planned.		

ALTERATIONS TO THE PHYSICAL ENVIRONMENT

Prevention Priority

Illicit Drugs and Opioids

Population of Focus

Community residents

Agents of Change

Community leadership or management

Intervening Variable

Social Availability

Summary

The risks associated with specific environments can be reduced through changing the design of the setting. Because substance misuse problems have a close nexus with crime and violence, a coalition working on environmental strategies naturally would urge law enforcement to target specific settings where drug sales and use are visible. Drug-related crimes can be reduced using environmental strategies and, when properly implemented, can improve the safety and livability of specific areas or whole neighborhoods. Strategies that focus on changing the physical design seek to modify the conditions that give rise to criminal behavior.

Communities have used measures designed to change the physical environment in which drug sales have been occurring—such as cutting back shrubbery in parks, improving lighting, and boarding up abandoned buildings—to make locations less conducive to the drug trade. Such strategies have been borrowed from the broader crime-prevention field where research has shown that changes to the physical environment can help deter many forms of economic and personal crime. Environmental modifications may be relatively inexpensive and easy for communities to implement.

Communities must consider how changing the physical design will work and if it can provide overall protective measures to increase public safety. Abandoned houses and other buildings can become havens for drug trafficking, drug use and other crimes. In areas where this is a problem, policy can be enacted that requires the community to board windows and doors of abandoned properties to maintain safe conditions. A better approach would include a comprehensive set of strategies to improve affordable housing, organize residents to improve the physical appearance of their properties and deter open air drug markets (CADCA, 2010).

This strategy includes the following options:

- Physical design changes through formal policies to maintain the process
    - Cutting back or eliminating foliage that provides cover for drug sales
    - Increased lighting at drug sale hotspots
    - Cleaning up properties that are used for drug use
    - Securing vacant buildings
    - Altering access routes and restricting parking
    - Re-claiming public areas

Core Components

Dosage/Frequency

Dosage and frequency will be decided dependent on the type of change the community focuses on. This dosage will need to be reviewed and approved by the Department.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the community leadership and kept on file at the contracted agency as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

In collaboration with the coalition and community partners, complete the following:

- Review data related to the location of drug activity and if alterations to the physical environment would assist.
    - Engage law enforcement in this process.
- Review community policies related to any concerns discussed.
- Engage community officials to discuss options.
    - This strategy cannot only temporarily address alterations to the physical environment but needs to also include policy efforts (new or revised) to address concerns.
    - The University of Kansas Community Toolbox has a variety of options for physical environment alterations depending on the issue in the community.
- Utilize the 8 P's for policy change efforts.
- Review ways to engage the broader community residents in this effort.
- Once a policy has passed, in collaboration with the community leadership:
    - Create a plan to educate the community about the policy.
    - Create a plan that will ensure ongoing monitoring of use and enforcement of the policy.

Implementation Resources

Responses to the Problems of Drug Dealing in Open-Air Markets – Modifying the Physical Environment

The Coalition Impact: Environmental Prevention Strategies

References

Birckmayer, J., Fisher, D. A., Holder, H. D., & Yacoubian, G. S. (2008). Prevention of methamphetamine abuse: Can existing evidence inform community prevention? *Drug Education, 28*(2), 147-165. https://doi.org/10.2190/DE.38.2.d

Fidelity Checklist for Alterations to Physical Environment

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		
Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		

Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

CIVIL REMEDIES

Prevention Priority

Illicit Drugs, Opioids and Prescription Medication

Population of Change

Place managers (including landlords, housing authorities, local businesses, residents and tenant associations)

Agents of Change

Community leadership, law enforcement

Intervening Variable

Enforcement, Social Availability

Summary

A civil remedy may be used in place of—or often in tandem with—criminal penalties as an incentive for a person or business to refrain from the focus of concern. Effectively enforcing local regulatory codes can reduce drug activity occurring at real-property locations, such as individual addresses or geographical areas. Civil remedies can also induce changes to property conditions and practices that facilitate crime. Examples of this use include agencies enforcing health and safety codes as a way to force landlords to clean up housing that has been used as a place for drug use, or when the potential enforcement of licensing laws helps persuade pub owners to cooperate in an initiative to reduce late-night crime and disorder. These types of control are increasingly being brought to bear in both public and private property contexts.

These interventions increase the capacity of the local community to act as informal and formal agents of crime prevention. The local community is often the first party to notice the problems around drugs and the best source of information about the patterns associated with it.

Nuisance Abatement

Nuisance abatement refers to a legal action to change a situation in which a person is being deprived of his or her right to "quiet enjoyment" by some existing condition, or by actions being carried out by another person, group or business. A nuisance abatement is a civil action taken against the owner of a property to stop certain behavior on the property or improve conditions of the property. Specific abatement procedures vary across jurisdictions, but typically they include sending warning letters to property owners, issuing injunctions and evicting tenants, or more rarely, seizure of the property. Nuisance abatement actions are an important tool in controlling drug dealing in open-air markets and can be used against properties that are shown to be fostering a drug market. Community partnerships can be particularly useful if local laws allow their direct involvement in bringing abatement actions.

Regulatory Codes

Code enforcement is one of the most common civil prevention incentives and refers to the legal action taken by an enforcement body in response to a violation of one or more municipal health and safety codes, such as those related to building construction, building conditions (e.g., fire and safety and nuisance-control), and the operation

of a business (e.g., a liquor store). Different agencies often control the enforcement of different regulatory codes; hence, the need for cooperation and coordinated responses among these agencies. When there is a violation or breach, it often relates to noise, rubbish, or safety. Owners can be compelled to act to make their premises comply with the standards set out in the code. A civil injunction may be issued that requires them to deal with these problems. Owners can be called on to secure their buildings, clean up litter, improve the physical environment and evict tenants suspected of drug involvement (or other violations of the terms of their leases).

Land Use Ordinances or Zoning

Zoning refers to the governmental regulation of property uses on a long-range basis, particularly as part of long-term land-use planning. These regulations—which can apply to general areas (hence "zones") or to location-specific land uses—include limits to the sizes and types of structures built on land and whether the property can be used for residential, commercial, industrial or other particular kinds of purposes. Zoning is also used to limit when businesses in an area can be open. One type of exception to a zoning restriction is a conditional use permit, which is given by the regulatory body when certain conditions are met; this type of permit is generally limited in scope to a particular property. Mixed-use zones permit several different uses to occur in the same zone. Zoning laws can be used to prevent a range of illegal activities by limiting the types of legal (and potentially illegal) activities—from alcohol consumption and sales, to dancing and having rave parties—that are permitted in particular areas. Some communities have restrictions on the number or types of businesses in a given block. Other communities restrict certain business types to one well-defined area to allow for concentrated police surveillance and enforcement. Many localities, including Boston, Massachusetts; Seattle, Washington; and Dallas, Texas, have passed zoning laws to restrict the location of adult oriented activities considered to be generators of crime and neighborhood disorder.

Core Components

Dosage/Frequency

Dosage and frequency will be decided dependent on the type of change the community focuses on. This dosage will need to be reviewed and approved by the Department.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the community leadership and kept on file at the contracted agency as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

In collaboration with the coalition and community partners, complete the following:

- Identify the issue related to drug use based on data.
- Review current or needed issue-specific civil remedies.
    - Revisions or amendments to current or ordinances may need to be necessary.
        - Civil remedies cannot infringe on fundamental rights of the focused population and should not impact non-offending parties.
    - Review the "Using Civil Action Against Property to Control Crime Guide", Table B1 on page 42 to review civil remedies currently available or needed.
- Identify community collaborators to involve in the process including:
    - City/County Attorney
    - City/County regulatory staff
    - Law enforcement agencies

- Engage any additional agencies in this process.
- Consider ways to engage the broader community.
- Additional steps vary depending on the type of civil remedy identified. Consider the following:
    - Engage the community residents in efforts.
    - Engage and provide supports (sharing information, connecting to training) to place managers to become more proactive.
    - Notify mortgage holders of problem issues.
    - Provide information about Your Life Iowa as a resource to law enforcement, place managers and residents.
    - Action should focus on information sharing and prevention of further issues.
- For policy change efforts focus on the following steps:
    - Utilize the 8 P's for policy change efforts.
- Once a policy has passed, in collaboration with the community:
    - Create a plan to educate the community about the policy.
    - Create a plan that will ensure ongoing monitoring of use and enforcement of the policy.

Implementation Resources

Responses to the Problem of Drug Dealing in Open-Air Markets

Summary of Responses (includes details about the strategy options)

Using Civil Action Against Property to Control Crime Guide

References

Ashe, M., Jernigan, D., Kline, R., & Galaz, R. (2003). Land use planning and the control of alcohol, tobacco, firearms, and fast food restaurants. *Am J of Public Health*, *93*(9), 1404–1408. https://doi.org/10.2105/ajph.93.9.1404

Birckmayer, J., Fisher, D. A., Holder, H. D., & Yacoubian, G. S. (2008). Prevention of methamphetamine abuse: Can existing evidence inform community prevention? *Drug Education, 28*(2), 147-165. https://doi.org/10.2190/DE.38.2.d

May, T., Hough, M. Illegal Dealings: The Impact of Low-Level Police Enforcement on Drug Markets. *European Journal on Criminal Policy and Research,* 9, 137–162 (2001). https://doi.org/10.1023/A:1011201112490

Fidelity Checklist for Civil Remedies

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		
Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		

Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

COLLEGE & UNIVERSITY CAMPUS POLICIES

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication, Problem Gambling, Suicide and Tobacco (depending on the focus of policy)

**Contact the Department to discuss any college campus policy changes related to cannabidiol, tobacco or vaping before including in the Planning step of the Strategic Prevention Framework or work plans.*

Focus of Change

College students

Agent of Change

College staff and administration

Intervening Variable

Community Norms

Summary

Campuses should focus on creating a social, academic, and residential environment that supports healthy student behaviors and healthy norms. Creating this environment requires consistently communicating expectations about drug-related and/or problem gambling behavior, while supporting and encouraging healthy choices among students. Environmental strategies affecting college students can operate within the institution of higher education, as well as in the surrounding community (through campus-community mobilization efforts and policy change).

In order to successfully develop and implement new policies, a participatory process must be employed that includes all major sectors of the campus and community, including students. On campus, a task force should conduct a broad-based examination of the college environment, looking not only at drug misuse and/or problem gambling related practices, programs and policies, but also the academic program, the academic calendar and the entire college infrastructure. The objective is to identify ways in which the environment can be changed to clarify the college's expectations for its students and to better integrate students into the intellectual life of the college.

Policies designed to be implemented within the college/university setting are listed below. Ideally these policies should be implemented as part of a comprehensive campus-based prevention approach that includes policy, enforcement and media advocacy. In addition, the specific policies should be selected based on assessed needs, and balanced against community readiness and capacity.

Core Components

Dosage/Frequency

At least 50% of the colleges in the community should be engaged in the strategy with at least 50% of each of those colleges implementing policy change by the end of the project period**.**

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the community leadership and kept on file at the contracted agency as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

In collaboration with the coalition and community partners, complete the following:

- Review data related to priority related issues and college-aged populations.
- Determine what types of priority related policies are in place and if so, the degree to which current policies are being enforced.
- Collaborate with an existing substance use/mental health focused task force with the colleges of focus. If none exists, consider establishing a college focused subcommittee of the coalition/subcommittee with college staff and/or administration involved.

Alcohol Policies

- Discuss strengthening or developing alcohol-related policies through the colleges of focus. These can include:
    - Establish or strengthen policies related to alcohol misuse and possession on campus property and at campus-sponsored events;
    - Revise and strengthen penalties for violation of campus alcohol policies, including disciplinary sanctions on campus (such as participation in an alcohol education program, impact on student record, contacting of parents/guardians);
    - Require ID checks at all campus events where alcohol is available;
    - Prohibit the sale of alcohol on campus and at campus facilities, such as football stadiums, concert halls, and campus cafeterias, restaurants, and pubs;
    - Prohibit alcohol at all campus-sponsored functions and events both on and off campus;
    - Prohibit alcohol kegs on campus and at campus-sponsored events;
    - Prohibit alcohol within all student housing;
    - Require responsible beverage service training for campus facilities that sell or provide alcohol, such as sports arenas, concert halls, and campus cafeterias, restaurants, and pubs. Ideally, responsible beverage service training should be implemented as part of a comprehensive alcohol prevention approach that includes, at a minimum, compliance checks;
    - Require that all incoming and returning students participate in a brief motivational intervention related to alcohol use;
    - Reinstate or maintain Friday classes to shorten the elongated weekend;
    - Restrictions on alcohol advertising and promotion on campus, including:
        - Eliminate alcohol sponsorship of athletic events and other campus social activities
        - Eliminate alcohol advertising in college publications
        - Prohibit announcements of parties and events that offer or allow alcohol;
    - Enhance enforcement of alcohol laws and policies on campus property and at campus-sponsored events such as increase capacity of university police to address alcohol laws/policies;
    - Distribute the campus alcohol policies to all incoming and returning students and their parents, as well as publicize them on the campus website and in campus venues such as student housing and sports facilities; and
    - Contacting law enforcement for violations that are illegal.

Drug Policies

- Discuss strengthening or developing drug-related policies through the colleges of focus. These can include:
    - Establish or strengthen policies related to drug misuse and possession on campus property and at campus-sponsored events;
    - Revise and strengthen penalties for violation of campus drug misuse policies, including disciplinary sanctions on campus (such as participation in an prevention education program, impact on student record, contacting of parents/guardians);
    - Require that all incoming and returning students participate in a brief motivational intervention related to drug use;
    - Enhance enforcement of drug misuse policies on campus property and at campus-sponsored events such as increasing the capacity of university police to address drug misuse laws/policies;
    - Establish or strengthen policies around medical amnesty; and
    - Establish or strengthen policies on naloxone access through health centers, resident advisors, public safety, etc.

- Policies could also include:
    - Distribute the campus drug misuse policies to all incoming and returning students and their parents, as well as publicize them on the campus website and in campus venues such as student housing and sports facilities; or
    - Contact law enforcement for violations that are illegal.

Problem Gambling Policies

- Discuss strengthening or developing a comprehensive policy to address gambling on campus which can include:
    - Prohibit using university-owned computers to gamble;
    - Prohibit gambling at special events such as casino nights or poker tournaments;
    - Eliminate advertising from gambling operators;
    - Ensure gambling is included in the code of conduct along with supports for those needing assistance for issues related to gambling; and
    - Ensure college athletes are educated on and abide by collegiate regulations specific to gambling.

Suicide Prevention Policies

- Discuss strengthening or developing a comprehensive policy to address college campus suicide prevention. Strategies include:
    - Help all students develop life skills and resiliency;
    - Ensure access to effective mental health and suicide care and treatment;
    - Identify and assist students at risk;
    - Follow crisis management procedures;
    - Reduce access to means of suicide;
        - Policies should not solely focus on prevention services.

- Once a policy has passed, in collaboration with the college of focus:
    - Create a plan to educate the college community about the policy;
    - Create a plan that will ensure ongoing monitoring of use and enforcement of the policy.

Implementation Materials

A Guide to Campus Mental Health Action Planning

Addressing Student Alcohol Use and Related Problems

Behavioral Health Among College Students Information and Resource Kit

College Alcohol Policies Directory

College Policies Toolkit (CollegeGambling.org)

Prevention with Purpose: A Strategic Planning Guide for Preventing Drug Misuse Among College Students

Sample Campus Drug Policies

Training

Addressing Opioid Misuse on Campus: Policy, Treatment, and Recovery

Virtual Learning Lab: Campus Suicide Prevention

References

DeJong, W., Vince-Whitman, C., Colthurst, T., Cretella, M., Gilbreath, M., Rosati, M., & Zweig, K. (1998). *Environmental management: A comprehensive strategy for reducing alcohol and other drug use on college campuses.* Higher Education Center for Alcohol and Other Drug Prevention, Education Development Center. https://eric.ed.gov/?id=ED421942

Fidelity Checklist for College & University Campus Policies

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		
Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		

Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

CONTROLS ON ALCOHOL PRICE THROUGH DRINK SPECIALS/PROMOTIONS LIMITATIONS

Prevention Priority

Alcohol

Population of Focus

Young adults, adults

Agent of Change

Community leadership, retailers (on-premise and off-premise)

Intervening Variables

Promotion, Retail Availability

Summary

Research shows that as the price of alcohol decreases, alcohol consumption, intoxication and drinking/driving increases. Promotion such as happy hours, drinking contests and "all you can drink" specials encourage over-consumption by reducing prices. These promotions lead to tragic circumstances and restricting them can prevent these negative outcomes.

In order to be effective, any restrictions created need to be consistently implemented "across the board."

Core Components

Dosage/Frequency

At least 50% of establishments in the community should be impacted by policy change by the end of the project period.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the leadership and then provided to the Department as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

- In collaboration with the coalition and community partners:
    - Review any data available to demonstrate a link between alcohol promotions and alcohol problems in the community.
    - Determine if any alcohol promotion policies exist in the community and if so, the degree to which current policies are being enforced.
    - Discuss strengthening or developing restrictions at the community level. These can include:
        - Two-for-one promotion or other discounted multiple alcohol beverage sales;
        - Increasing the volume of alcohol in a drink without increasing the price;
        - Serving more than one free alcohol beverage to any one person;

- Fixed-price or "all-you-can-drink" sales;
- Selling alcoholic beverages at a reduced price for a fixed amount of time;
- Selling alcoholic beverages at a price contingent on the amount consumed by an individual;
- Reducing drink prices after 11:00 p.m.;
- Selling more than two drinks to a single consumer at one time;
- Imposing a "cover charge" or entry fee to recover financial losses from reduced drink prices;
- Drinking contests or awarding alcohol beverages as prizes; and
- Any practice that encourages consumers to drink to excess or that would impair the ability of the license to monitor or control the consumption of alcohol by their customers.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
  - Build community support for this strategy from alcohol retailers, community leadership and law enforcement.
    - Inform retailers that not having happy hour and similar promotions can reduce their liability. Alcohol promotions can lead patrons to drink large amounts of alcohol and if there is a dram shop law in place, the establishment could be liable for any damage these highly intoxicated persons may cause.
  - Increase the community's awareness and understanding of this issue and gather support.
  - Hold meetings with individuals in key positions to affect change such as city council members.
  - Gain support from law enforcement for the strategy and for any potential policy changes.
  - Provide examples of suggested new or revised regulations to community leadership and obtain support.

- Once a policy has passed:
  - Create a plan to educate the community about the policy.
  - Create a plan that will ensure ongoing monitoring of use and enforcement of the policy.

Implementation Resources

Preventing Overconsumption of Alcohol

Preventing Underage Drinking: Using Getting to Outcomes with the SAMHSA Strategic Prevention Framework to Achieve Results

References

Adrian, M., Ferguson, B. S., & Her, M. (2001). Can alcohol price policies be used to reduce drunk driving? Evidence from Canada. *Substance Use & Misuse, 36*(13), 1923–1957. https://doi.org/10.1081/JA-100108433

Thombs, D. L., Dodd, V., Pokorny, S. B., Omli, M. R., O'Mara, R., Webb, M. C., Lacaci, D. M., & Werch, C. (2008). Drink specials and the intoxication levels of patrons exiting college bars. *Am J of Health Behavior, 32*(4), 411–419. https://doi.org/10.5993/AJHB.32.4.8

Wagenaar, A. C., Salois, M. J., & Komro, K. A. (2009). Effects of beverage alcohol price and tax levels on drinking: A meta-analysis of 1003 estimates from 112 studies. *Addiction, 104*(2), 179-190. https://doi.org/10.1111/j.1360-0443.2008.02438.x

Wechsler, H., Kuo, M., Lee, H., & Dowdall, G. W. (2000). Environmental correlates of underage alcohol use and related problems of college students. *Am J of Prev Med, 19*(1), 24–29. https://doi.org/10.1016/S0749-3797(00)00163-X

Fidelity Checklist for Controls on Alcohol Price Through Drink Specials/Promotions Limitations

Who will be responsible for collecting needed information? **How will needed information be collected (observation, surveys, interviews, etc.)?** **How often/when will it be collected?** **How/when will this checklist be shared back with the coalition/subcommittee?** **Is there an additional fidelity checklist available for use? Yes/No** **If yes, how will you plan to utilize it? If not, why have you chosen not to use it?** **What evaluation data are being collected for this strategy (for example documented policy change)?**		
List the population of focus, dosage and frequency:		
List the core components of this environmental strategy:		
What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?		
Provide a brief overview of strategy implementation:		
Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).		
Component	**Yes or No**	**Reason or Additional Information**
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		

Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		
Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

ENFORCEMENT OF ADMINISTRATIVE PENALTIES

Prevention Priority

Alcohol

Population of Change

Underage youth (ages 12-20)

Agents of Change

Community leadership, retailers

Intervening Variable

Enforcement, Retail Availability

Summary

An administrative penalty is a legal mechanism that allows a local governing body to penalize alcohol license holders for failing to comply with state laws or local ordinances relating to sales of alcoholic beverages.

An administrative penalty ordinance allows a local government to establish and enforce standards of behavior among alcohol licensees within its jurisdiction. A license to sell alcohol is a privilege, rather than a right, granted by state or local governments. Local governments can use an administrative penalty to revoke this privilege, thereby setting and upholding standards of health and safety related to alcohol.

Administrative penalties may encourage alcohol licensees to create establishment policies and practices that discourage the sale of alcohol to underage youth. If alcohol licensees are held accountable for the actions of their employees, they may be more likely to adequately train and supervise their employees through responsible beverage service programs and other policies and practices that encourage employees to comply with age-of-sale laws.

To apply administrative penalties, communities must identify the alcohol establishments that illegally sell alcohol to underage youth and/or obviously intoxicated patrons. To implement an administrative penalty, mechanisms should exist for identifying alcohol licensees that do not comply with alcohol sales laws. For underage sales, compliance checks may be the most effective method for identifying non-compliant alcohol establishments.

Enforcement of administrative penalties should include a public hearing. Public hearings of accused violators give the local governing body and community member's opportunities to publicly declare that the sale of alcohol to underage youth is not acceptable in the community.

Core Components

Dosage/Frequency

Dosage will be dependent on the type of change the community focuses on. This dosage will need to be reviewed and approved by the Department. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the community leadership and then provided to the Department as documentation.

- In collaboration with the coalition, discuss/complete the following:
    - Discuss the issues related to alcohol retailers complying with alcohol license standards.
    - Determine whether the community has any administrative penalties in place and if so, whether the penalties are being enforced.
    - Develop and implement an administrative penalties ordinance which should comply with the following:
        - Usually a monetary fine, or the suspension or revocation of an alcohol license;
        - Administered by a local governing body (city council, county board), rather than the court system;
        - Imposed upon the license holder (in contrast to state laws that target the behavior of individual sellers and servers of alcohol);
        - Intended to provide an alternative enforcement mechanism that is more cost-effective, timely and practical than prosecuting servers and sellers through the court system;
        - Provides an alternative to criminal prosecution, but does not necessarily replace criminal prosecution (some communities pursue both prosecution and administrative penalties);
        - Establishes mechanisms for identifying alcohol licensees that do not comply with alcohol sales laws; and
        - Includes a public hearing.
    - The City/County Attorney should be engaged in discussions about any potential policy changes.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
    - Build support for this strategy from community leadership.
    - Provide regular face-to-face visits to promote the strategy and educate community leadership about strengthening administrative penalties.
    - Attend Board of Supervisors or City Council meetings to discuss the strategy.
    - Disseminate data briefs or reports related to the strategy to community leadership.
    - Find communities in the county or in a neighboring county with strong administrative penalties in place and share contact information/details about their policies with community leadership.
- Once a policy has passed:
    - Create a plan to educate the community about the policy.
    - Create a plan that will ensure ongoing monitoring of use and enforcement of the policy.

Implementation Materials

Administrative Penalties

References

Gehan, J. P., Toomey, T. L., Jones-Webb, R., Rothstein, C., & Wagenaar, A. C. (1999). Alcohol outlet workers and managers: Focus groups on responsible service practices. *Journal of Alcohol & Drug Education, 44*(2), 60-71. https://www.jstor.org/stable/45092248

Stout, E. M., Sloan, F. A., Liang, L., & Davies, H. H. (2000). Reducing harmful alcohol-related behaviors: Effective regulatory methods. *J Stud Alcohol, 61*(3), 402-412. https://doi.org/10.15288/jsa.2000.61.402

Fidelity Checklist for Enforcement of Administrative Penalties

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
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Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

LAW ENFORCEMENT NALOXONE POLICIES

Prevention Priority

Opioids

Population of Focus

Law enforcement

Agents of Change

Community leadership, law enforcement leadership

Intervening Variable

Enforcement

Summary

Law enforcement officers, who are often the first responders on the scene of an opioid overdose, can play a critical role in preventing overdose fatalities through the deployment of naloxone. Although not mandated, it is strongly encouraged to have in-house policies and protocols in place regarding the appropriate use of naloxone which include steps to be taken upon administration; follow-up care protocols; proper disposal of used, expired, or adulterated units; and proper reporting procedures. There have been challenges with law enforcement carrying naloxone due to storage concerns, liability concerns, worries about being equipped to use the medication, carrying for self-protection, not understanding the cycle of addiction, etc.

These procedures should be drafted in consultation with the governing laws of the jurisdiction and any applicable collective bargaining units. If applicable, policies should integrate the provisions of Iowa's Good Samaritan laws, as well as the department's policy on information gathering, searches, arrests, and other activities at the scene of an overdose. Any triage plans developed with EMS and fire agencies can also be reflected in the department's Standard Operating Procedures (SOP).

Core Components

Dosage/Frequency

Dosage and frequency will be decided dependent on the type of change the community focuses on. This dosage will need to be reviewed and approved by the Department. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the community leadership and then provided to the Department Project Director/Coordinator as documentation.

In collaboration with the coalition and community partners, discuss the following:

- Review which law enforcement organizations have a Standard Operating Procedure (SOP) for opioid response including naloxone utilization.
- Meet with law enforcement in each law enforcement agency:
    - For those with no SOP, identify their support of the strategy.
    - For those with a SOP, identify how the policy is working, if there are gaps, resource needs, etc.
- Discuss benefits and barriers of establishing a SOP for opioid response;
    - Consider how the Department funding opportunity may assist with those barriers.
    - Contact the Department Project Director/Coordinator for needs related to naloxone.
- Work with law enforcement staff to create an SOP for opioid response utilizing the resources listed below in the "Implementation Resources" section.
    - Utilize the 8 P's for policy change efforts.
    - Review supports needed for successful SOP implementation including training needs, tracking form creation, etc.
    - Contact the Department Project Director/Coordinator for any requests outside the scope of the Department funded project.
- Once a SOP has been approved by the law enforcement agency:
    - Create a plan that will ensure ongoing monitoring of use of the SOP.
    - Continue to serve as a resource to the law enforcement agency.
- Consider the community's support for law enforcement effort. If support is low, identify ways to increase support through the coalition.

Training

Law Enforcement Training from Washington State

Implementation Resources

Building Successful Partnerships between Law Enforcement and Public Health Agencies to Address Opioids Use

Iowa HHS Overdose Information

Iowa Naloxone Toolkit for Law Enforcement

Law Enforcement Naloxone Toolkit

SAMHSA Opioid Overdose Prevention Toolkit

Sample List of Jurisdiction Procedures

Sample Naloxone Data Report

References

Davis, C. S., Carr, D., Southwell, J. K., & Beletsky, L. (2015). Engaging law enforcement in overdose reversal initiatives: Authorization and liability for naloxone administration. *Am J Public Health*, *105*(8), 1530–1537. https://doi.org/10.2105/AJPH.2015.302638

Davis, C. S., Ruiz, S., Glynn, P., Picariello, G., & Walley, A. Y. (2014). Expanded access to naloxone among firefighters, police officers, and emergency medical technicians in Massachusetts. *Am J Public Health*, *104*(8), e7–e9. https://doi.org/10.2105/AJPH.2014.302062

Wagner, K. D., Bovet, L. J., Haynes, B., Joshua, A., & Davidson, P. J. (2016). Training law enforcement to respond to opioid overdose with naloxone: Impact on knowledge, attitudes, and interactions with community members. *Drug and alcohol dependence*, *165*, 22–28. https://doi.org/10.1016/j.drugalcdep.2016.05.008

Fidelity Checklist for Law Enforcement Naloxone Policies

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		
Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		

Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
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Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

RESPONSIBLE BEVERAGE SERVICE TRAINING

Prevention Priority

Alcohol

Population of Focus

Underage youth (ages 12-20), college students, adults, older adults

Agent of Change

Alcohol retailers (on-premise and off-premise), community leadership, casinos, college leadership

Intervening Variable

Retail Availability

Summary

Responsible Beverage Service Training (RBST) is an approach to reducing alcohol related problems associated with retail alcohol sales (includes stores, bars, restaurants, casinos, fairs and festivals) by educating merchants and their employees about strategies to avoid illegally selling alcohol to underage youth or intoxicated patrons.

Responsible beverage service training must utilize the Training for Intervention Procedures (TIPS) program and be implemented as part of a comprehensive alcohol misuse prevention approach that includes, at a minimum, compliance checks. As with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception that those who violate the policy will be held accountable. This increases the probability that policy change will result in desired outcomes.

Policy Development

Offer to work with retail management to develop establishment policies and practices that will reinforce and complement RBST. For example, management can require staff to check IDs for anyone under 30 or adopt practices that promote a safer environment for the establishment such as barring intoxicated persons from entering the outlet.

In-house policies should clearly define how alcohol is to be sold such as:

- Monitor the door to prevent overcrowding and to screen people who appear to be intoxicated or underage.
- Offer and promote food during all hours of operation.
- Promote alternative beverages that include a wide range of alcohol-free beers, wines, and "mocktails."
- Discourage drink specials, happy hours, or other pricing practices that encourage over-consumption.
- Price non-alcoholic drinks competitively with alcohol products.
- Check age identification of anyone appearing to be under the age of 30.
- Monitor and pace customer's drinking by not selling more than one alcoholic beverage at a time.
- Train staff on how to refuse service to an obviously intoxicated person.
- Market and promote responsible beverage service philosophy, policies and practices to the public.

Community-level RBST-related policies such as affirmative defense as noted below:

- Create an "affirmative defense" policy in the community. This is the same sort of "incentive" that retailers can access if they successfully complete the Iowa Alcoholic Beverage Division (ABD) I-PACT online training.
    - The City/County Attorney will need to be contacted for input and to assist with next steps.
    - The following is language provided to I-PACT participants about the affirmative defense:
        - Establishments that choose to participate in the I-PACT training are granted an affirmative defense, which may be used once in a four-year period. A business may avoid civil prosecution if an alcohol sale-to-minor violation occurs in their establishment. In order for the business to take advantage of the affirmative defense, the employee guilty of the violation must have been I-PACT certified prior to the time the offense occurred. However, the affirmative defense cannot be used if the employee sold to a minor under the age of 18. Only the business is eligible to avoid a civil penalty; the guilty employee will still be subject to a fine and their I-PACT certification will be revoked.

I-PACT and RBST

If retailers are sending employees through Iowa Alcoholic Beverages Division's (ABD) I-PACT online training system (https://i-pact.com/portal) and are resistant to send staff to a face-to-face training, consider sharing the following:

- Explain the benefits of having staff attend face-to-face training. Contractors should review the TIPS curricula and go through the I-PACT online training so the differences can be explained.
- RBST can be obtained from several sources. Employees could attend a face-to-face RBST and then gain supplemental knowledge through I-PACT or could attend RBST one year and participate in I-PACT the next.
- RBST should not just happen one time. Ongoing training should be provided, even for staff that have already been trained in RBST. This is where both I-PACT and RBST could assist with providing training to the retailer.
- Below is language from the Iowa ABD's website about I-PACT and face-to-face RBST:
    - While I-PACT is offered free of charge from the Iowa Alcoholic Beverages Division, **in person supplemental alcohol education training offers an expanded approach to responsible beverage server training in a classroom setting.**

Core Components

Dosage/Frequency

- TIPS training needs to be facilitated (not just offered) a minimum of four times per fiscal year in the funded community.
- A minimum of 50% of a specific retailer population of focus needs to be engaged through the strategy with at least 50% of employees per location being trained by the end of the project.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the community or retailer leadership and then provided to the Department Project Director/Coordinator as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

- **Implement in collaboration with the Alcohol Compliance Check strategy**. If compliance checks are being provided through another agency or funding source the level of services should be sufficient to impact the population of focus as an effective deterrent. Information regarding this should be provided in the strategic plan.
- In collaboration with the coalition and community partners, conduct an assessment to determine which businesses are problematic.
- Implement a beverage service training program tailored to the specific problems identified through assessment, such as off-premise (stores), on-premise (bars, restaurants), and/or special events (fairs, festivals). Training must be well-executed and face-to-face and include:
    - Training for managers as well as servers and
    - Option to provide training at the retailer location.
    - Four-hour minimum duration.
- Identify a TIPS trainer who can be flexible regarding training times and training locations dependent on needs of retailers.
- Support of initial training or recertification of identified TIPS trainer. Coordinator should be aware that recertification needs to occur every two years and should be budgeted for accordingly.
    - Trainings are not always available regularly through TIPS so it's important to plan ahead to access needed training for the identified trainer.
    - Training schedules and fees can be found at http://www.gettips.com/.
- Coordinator to participate in training.
    - Review TIPS training materials or attend a class so he or she can discuss specifics with retailers.
    - Take the I-PACT online training through Iowa Alcoholic Beverages Division at http://iowaabd.com/education/training/i_pact.
    - Coordinator should be ready to discuss the benefits of face-to-face training and the differences between TIPS and I-PACT with retailers (see above for additional details).
- Create and utilize a documentation system that can be continually updated, which saves demographic information about retailers and employees who have successfully completed RBST. This will serve as documentation regarding the percentage of businesses, and percentage of staff from each business, which have completed training.
- Target trouble spots. Focus training or dosage on high-risk establishments first (place of last drink data collected by law enforcement is helpful to identify these locations). Determine these locations by obtaining information from police arrests or other local data sources.
- Create a training schedule in collaboration with the TIPS trainer.
    - Work with the TIPS trainer and retailers to establish training locations, dates and times.
    - Provide the TIPS trainer with needed supplies such as printing, certificates of completion, etc.
- Discuss policy development with:
    - Retailer managers/owners in order to create in-house policies that address, at a minimum, restricting sales to underage youth.
    - AND/OR at the community-level for creation of an affirmative defense or mandating RBST for alcohol licensees.

Training Promotion

- Create a plan to continually promote trainings in ways that best resonates with retailers that can include:
    - Utilization and distribution of existing promotional materials about the benefits of RBST that engages retailers.
    - Discussion with retailer managers about what would encourage participation in training by retailers (retailer resources, training at retailer location, weekend/evening training, etc.).

- Send an informational letter about RBST to retailers before compliance checks are scheduled to occur and as a follow up to those who failed their compliance check, after each round of checks occurs.

Ongoing Recognition

- Create a plan to continually recognize retailers which can include:
  - Provide certificates which are delivered face-to-face for retailers which send at least 50% of employees through RBST.
  - Place an ad in the local newspaper recognizing the retailer completing training. Be sure to obtain permission from each retailer before publishing their name or information in the media.
  - Provide helpful/needed resources for retailers on not serving/selling to underage youth for participating in RBST.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
  - Build support for this strategy from alcohol retailers, community members and law enforcement.
    - Increase support for RBST with retailer management.
    - Lack of support for RBST has shown to undermine employees' implementation of RBST practices.
  - Provide at least quarterly face-to-face visits to promote and educate retailers about RBST.
  - Ask law enforcement to visit all retailers to promote participation in RBST.
  - Mail letters informing retailers of the upcoming training occurring.
  - Deliver helpful materials related to not serving or selling to those under 21 years of age.
  - Recruit retailers to serve on the coalition or help be a champion for the strategy in the community.

Implementation Materials

Checking Age Identification

Preventing Underage Drinking: Using Getting to Outcomes with the SAMHSA Strategic Prevention Framework to Achieve Results

Responsible Alcohol Sales Training: Community Action Kit

Responsible Beverage Service Training

Responsible Beverage Service Training From Theory to Practice Webinar

TIPS Training

References

Gliksman, L., McKensie, D., Single, E., Douglas, R., Brunet, S., & Moffatt, K. (1993). The role of alcohol providers in prevention: An evaluation of a server intervention programme. *Addiction, 88*(9), 1195–1203. https://doi.org/10.1111/j.1360-0443.1993.tb02142.x

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Toomey, T. L., Kilian, G. R., Gehan, J. P., Perry, C. L., Jones-Webb, R., & Wagenaar, A. C. (1998). Qualitative assessment of training programs for alcohol servers and establishment managers. *Public Health Reports, 113*(2), 162-169. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1308656/

Fidelity Checklist for Responsible Beverage Service Training

Who will be responsible for collecting needed information? How will needed information be collected (surveys, interviews, etc.)? How often/when will it be collected?		
Please list any anticipated strategy/program adaptations and justification:		
Component	**Yes or No**	**Reason or Additional Information**
Assessment of existing efforts and compliance check results was used to identify the population of focus.		
Secured necessary resources: including relationship building and securing commitments from needed partners, including law enforcement and retailers and trainers, securing necessary funding and procuring materials.		
Created and utilized a documentation system to track who has successfully completed RBST.		
Retailers who attended training developed house policies that clearly defined how alcohol is to be sold and a city or county ordinance was created mandating RBST or allowing for affirmative defense.		
A compliance check program was implemented along with RBS.		
A sustainability plan was created for continuing to offer RBST beyond the life of the project.		
Education and media advocacy were used to inform and increase public awareness of and support for the program.		
Action plan steps were carried out as planned (consider location, timeframe, persons responsible, etc.)		
Additional components were implemented as planned.		

RESPONSIBLE GAMBLING TOOLKIT | CASINO/LOTTERY/SOCIAL & CHARITABLE GAMBLING

Prevention Priority

Problem Gambling

Population of Focus

Casinos, lottery vendors, social & charitable gambling venues, workplaces

Agents of Change

Managers, human resources, supervisors

Intervening Variable

Community Norms, Retail Availability

Summary

The Responsible Gambling Toolkit was developed to support three separate and distinct stakeholders which include: casinos, lottery vendors, and social and charitable gambling venues. These toolkits were developed to help create and establish policy change that positively impacts community norms around gambling.

Through a population-level approach, these toolkits highlight the importance of having a robust and effective responsible gambling strategy in place. Designed to build relationships with casinos, lottery vendors and social and charitable gambling venues in primary prevention efforts, the toolkits focus on the following:

- Raise awareness of the signs and symptoms of problem gambling through staff training;
- Highlight the importance of establishing a safe and positive play environment;
- Promote the benefits of primary prevention strategies to inform and reduce the potential consequences associated with gambling;
- Develop the use of promising responsible gambling practices;
- Mitigate potential harms by staff and patrons by:
    - Dispelling gambling myths;
    - Teaching the true odds and risks (informed play);
    - Promoting the use of limit setting (time/money) and other responsible gambling tools;
    - Linking those impacted by problem gambling to support and treatment.

Core Components

Dosage/Frequency

At least 50% of the identified sector should be engaged in the strategy with at least 50% of that sector implementing policy change by the end of the project period.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by leadership at the identified location and then provided to the Department as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

Assessment of Available Gambling Opportunities

- Develop a thorough understanding of the current local policies and/or practices related to gambling.
- In collaboration with the coalition and community partners, identify locations in which gambling is allowed.
    - Document the names of each location and the types of gambling offered at each.
    - Discuss how each location supports gambling and note the contact person and their information at each location.
    - Create a schedule of when to meet with the identified contact person to discuss the impact of problem gambling in the community. This should be a two-way conversation to better understand the impacts of gambling in the community based on the assessment data. Also discuss current responsible gambling practices that are taking place.
- After meeting with the contact person, create a plan with the coalition members outlining potential next steps and suggested policy changes for consideration. Steps may include the following:
    - Identification of policy language to support population level change;
    - Ongoing training for employees and supervisors; and
    - Knowledge of referral pathways to community organizations that can assist if an individual is in need of additional supports.
- Meet with each contact person to suggest ways to develop or strengthen current policies.
    - Remember to utilize the information gathered during the assessment step to discuss the importance and benefits of policy change and/or development.
        - Remind the contact person that having well-trained staff and/or volunteers will benefit patrons who may be experiencing negative consequences due to their gambling.
    - Discuss follow-up plans that may include policy development technical assistance, staff training, and/or additional meetings that may be needed.
    - Develop materials to document changes so staff are aware of updated or new policies and are trained to comply with these policies.

Problem Gambling Policies

A clearly written policy forms the foundation of any environmental strategy. At minimum, the policy should include:

- Purpose and objectives of the program;
- Rationale for the policy, such as organizational goals and compliance with laws or regulations;
- Definition of problem gambling;
- Which employees are covered by the policy or program;
- When and where the policy applies;
- Prohibited behaviors;
- Employee rights to confidentiality;
- Assistance options to support employees in following the policy;
- Educational opportunities for employees about problem gambling;
- Employee and supervisor training to recognize signs of problem gambling behaviors;

- Outline of how to address work related concerns directly related to gambling behaviors during work hours;
- Provisions for assisting staff who may experience negative impacts due to gambling; and
- The consequences of violating the policy, including disciplinary action.

A sample workplace gambling policy template may be found in the Gambling in the Workplace Toolkit. Adaptations may be necessary.

Once a policy has passed in collaboration with the community:

- Create a plan to educate the community about the policy, as applicable.
- Create a plan that will ensure ongoing monitoring of use and enforcement of the policy.

Implementation Resources

Model Plan for Comprehensive Drug-Free Workplace Program

Sharing Solutions: Businesses Combat the Opioid Crisis

SAMHSA's Drug-Free Workplace Toolkit

SAMHSA Fact Sheets on Preventing Prescription Abuse in the Workplace

Workplace Prevention Basics: An Interactive Guide for Employers to Identify and Prevention

References

Cook, R., & Schlenger, W. (2002). Prevention of substance abuse in the workplace: Review of research on the delivery of services. *The Journal of Primary Prevention,* 23, 115–142. https://doi.org/10.1023/A:1016543300433

Note: While the resources listed above are specific to drug-free workplace efforts, the core concepts will likely be useful when implementing problem gambling prevention policies.

Fidelity Checklist for Responsible Gambling Toolkit | Casino/Lottery/Social & Charitable Gambling

Who will be responsible for collecting needed information? **How will needed information be collected (observation, surveys, interviews, etc.)?** **How often/when will it be collected?** **How/when will this checklist be shared back with the coalition/subcommittee?** **Is there an additional fidelity checklist available for use? Yes/No** **If yes, how will you plan to utilize it? If not, why have you chosen not to use it?** **What evaluation data are being collected for this strategy (for example documented policy change)?**		
List the population of focus, dosage and frequency:		
List the core components of this environmental strategy:		
What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?		
Provide a brief overview of strategy implementation:		
Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).		
Component	**Yes or No**	**Reason or Additional Information**
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		

Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		
Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

SATURATION PATROLS

Prevention Priority

Alcohol, Illicit Drugs, Opioids and Prescription Medication

Focus of Change

People who are driving impaired

Agents of Change

Law enforcement

Intervening Variable

Enforcement

Summary

Impaired driving is one of the most serious traffic risks facing the United States, killing thousands every year. Impaired driving demands police, legislative and community attention because of the potential harms it causes. Many of the problems associated with drug-impaired driving are similar to those associated with drunk driving. However, recent evidence suggests that the prevalence of drug-impaired driving may be equal to, or perhaps higher, than drunk driving. Periodic high-intensity and high-visibility enforcement efforts on a sustained basis, supported by coordinated media advocacy, are proven effective countermeasures for reducing impaired-driving fatalities. This strategy includes the following options:

Saturation Patrols

A saturation patrol is a concentrated enforcement effort that focuses efforts on identifying impaired drivers by observing moving violations such as reckless driving, speeding and aggressive driving among others things. A saturation patrol is generally spread over a larger geographic area.

The primary focus for officers during these patrols is to find impaired drivers by observing changes in driving behaviors, while also looking out for any traffic violations by motorists. The behaviors most often assessed are: lane deviation, following too closely, reckless or aggressive driving and/or speeding. The intention of this heavier police presence is to increase motorists' perception that enforcement efforts are addressing those driving impaired. Saturation patrols take place in all 50 states, and do not present many legal issues beyond those associated with routine traffic stops. These blanket patrols are viewed by some as the most effective method of apprehending impaired drivers.

Roving Patrols

A less-intensive strategy is the "roving patrol" in which individual patrol officers concentrate on detecting and arresting impaired drivers in an area where impaired driving is common or where drug-involved crashes have occurred.

The main costs for these options include law enforcement time and for publicity. Patrol operations are quite flexible in both the number of officers required and the time that each officer participates in the patrol. Patrols

should be highly visible and publicized extensively to be effective in deterring impaired driving. Communication and enforcement plans should be coordinated. Messages should clearly and unambiguously support enforcement. Paid media may be necessary to complement news stories and other earned media, especially in a continuing saturation patrol program

Core Components

Dosage/Frequency

Saturation patrols should be implemented at least three times throughout the contract year and should occur in areas of concern in the community based on law enforcement data.

Required Key Steps

In collaboration with the coalition and community partners, complete the following:

- Review the problem of impaired driving in the community.
    - Review data to understand where the issues are occurring.
    - Consider asking questions in the Understanding Your Local Problem resource.
- Meet with law enforcement to identify support of the strategy and to discuss the following:
    - Dosage and frequency expectations as well as grant expectations.
        - Law enforcement agencies may not be familiar with grant expectations so it is important to make those clear from the start of the project and discuss to see if law enforcement can commit to those expectations.
    - Discuss costs per program. Explain that these programs are grant funded and agree on a cost that can be sustainable within the project funding throughout the rest of the grant.
- Ask if there is a formally written protocol for conducting saturation patrols.
- If there is no formally written plan, ensure a detailed checkpoint and saturation patrol protocol is created with law enforcement input and approval (include details listed below).

Discuss barriers of implementing saturation patrols with local law enforcement agencies.

- Some barriers can include reduced budgets, lack of hours dedicated to enforcement, lack of equipment and a lack of community support for enforcement efforts.
- Discuss how the project can assist with these needs (any resources purchased should be connected to strategy support).
- Consider community support for law enforcement efforts. If support is low, identify ways to increase support through the coalition.

Saturation Patrols

- Create an operations plan for saturation patrols implementation including:
    - Locations and dates/times for the patrols.
    - Consider time of day the operations are scheduled which includes times when drug impaired driving may happen more frequently.
    - Needs for staffing the patrols.
    - Promotion of each patrol in the community before it occurs.
        - Saturation patrols should be highly visible and publicized extensively to be effective in deterring impaired driving.
        - Communication and enforcement plans should be coordinated.
        - Messages should clearly and unambiguously support enforcement.

        - Paid media may be necessary to complement news stories and other earned media, especially in a continuing saturation patrol program.

- Decide on patrol processes including:
    - Consider what outcome measures to track and how those measures will be documented.
        - Consider the outcome measures listed in the Understanding Your Local Problem resource.
        - Host briefings on the process to discuss the process.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
    - Community support for law enforcement efforts is an important component to consider. If support is low, identify ways to increase support through the coalition.
    - Create a report on strategy outcomes to share with community stakeholders.
    - Regularly (at least quarterly) meet with law enforcement agencies to review progress, discuss challenges and remind about grant expectations.
    - Invite law enforcement officers involved in these enforcement efforts to present on the strategy at community events or community meetings.
    - Recruit a law enforcement officer involved in the strategy to serve on the coalition or help be a champion for the strategy in the community.

Implementation Materials

Drugged Driving Event Toolkit

Drug Impaired Driving

Drug Impaired Driving Overview

High Visibility Enforcement Toolkit

Saturation Patrol Information

References

Hingson, R., & Sleet, D. A. (2006). Modifying alcohol use to reduce motor vehicle injury. In Gielen, A. C., Sleet, D. A. & DiClemente, R. (Eds), *Injury and violence prevention: Behavior change theories, methods, and applications* (pp. 234-256). San Francisco, CA: Jossey-Bass..

Shults, R. A., Elder, R. W., Nichols, J. L., Sleet, D. A., Compton, R., & Chattopadhyay, S. K. (2009). Effectiveness of multicomponent programs with community mobilization for reducing alcohol-impaired driving. *American Journal of Preventive Medicine, 37*(4), 360–371. https://doi.org/10.1016/j.amepre.2009.07.005

Fidelity Checklist for Saturation Patrols

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		
Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		

Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

SCHOOL POLICIES

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication, Problem Gambling and Suicide

Contact the Department to discuss any school policy changes related to cannabidiol, tobacco and vaping before including in the Planning step of the Strategic Prevention Framework or work plans.

Population of Focus

Underage youth

Agent of Change

School staff and administration

Intervening Variable

Community Norms

Summary

School-based, multi-component environmental strategies should use policies and practices to discourage substance misuse and gambling among students by reducing availability and normative pressures to misuse substances or participate. When schools establish policies that clearly state expectations and penalties, they help reinforce the fact that substance misuse is not an acceptable form of behavior and ultimately help to change student norms.

In addition, schools play a valuable role in supporting suicide prevention efforts including actionable steps to support students and school staff, involving parents and guardians and addressing in-school suicide attempts.

Policies that are designed to be implemented within the school setting are listed below. Ideally these strategies should be implemented as part of a comprehensive school-based prevention approach that includes policy, enforcement and media elements. In addition, the specific strategies should be selected based on assessed needs, and balanced against community readiness and capacity.

Core Components

Dosage/Frequency

- At least 50% of the community school districts should be engaged in the strategy with at least 50% of each of those school populations being impacted by policy change by the end of the project period**.**

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the school leadership and then provided to the Department as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

- In collaboration with the coalition, discuss/complete the following:
    - Review data related to priority-related issues and community youth issues.
        - Conducting focus groups or surveys with school-aged youth regarding priority policy awareness and enforcement could be helpful.
    - Determine the priority related policies in place within the community school districts and the degree to which current policies are being enforced.
        - Consider establishing a school focused subcommittee of the coalition with school staff and/or administration involved.

Alcohol and/or Drug Policies

- Discuss strengthening or developing alcohol/drug-related policies through the community schools of focus. These can include:
    - Establish or strengthen school penalties for possession or intoxication on school property or at school-related event;
    - Prohibit the consumption of alcohol at all school-related events, including adult consumption;
    - Adopt practices to prevent students from bringing alcohol/drugs to school or school-related events, prohibiting reentry at events and monitoring of gates and parking lots at events;
    - Adopt practices to provide intervention or assistance to students who are at risk for substance misuse issues;
    - Enforce school penalties for possession of alcohol/drugs or intoxication on school property or at school-related events.

Naloxone Policies

- Discuss strengthening or developing naloxone policies through the community/county schools of focus to support schools obtaining naloxone through the Iowa Department of Health and Human Services in accordance with Iowa House File 2573. These can include:
    - Establish a school/school district policy for naloxone. All schools with naloxone on site should have a policy. Naloxone policies should consider the following:
        - Existing policies and procedures regarding medication administration;
        - Training for school personnel, students, and parents regarding education on opioids, use, proper storage and disposal, overdose, recognizing signs of overdose and how to respond and where to get naloxone;
        - Training for designated naloxone administrators (school nurses, administrators, staff, teachers, bus drivers, coaches, etc.);
        - Storage of naloxone;
        - Record keeping and information sharing;
        - Action steps during an overdose, or suspected overdose, event;
        - Follow up, referrals and other support.

Problem Gambling Policies

- Discuss strengthening or developing gambling-related policies through the community schools of focus. These can include:
    - Prohibit any form of gambling being allowed during lunch or recess;
    - Prohibit gambling-themed events being held for student participation;
    - Prohibit school-related gambling fundraisers involving students: selling raffle tickets, working a casino night, etc.;
    - Prohibit gambling at any school sporting events;
    - Block online gambling sites on school servers;
    - Include a clear outline of when and where all rules are in effect;

- Include a list of consequences (detention, suspension, parent notification) and how each will be enforced.

Suicide Prevention Policies

- Discuss strengthening or developing suicide prevention policies through the community schools of focus. This policy should include the following components:
  - Requirement for training — ideally at least one hour every year for all school staff, including bus drivers, cafeteria staff, coaches, security, etc. — on suicide prevention, including education about mental health and warning signs or risk;
  - Consideration of populations at high risk for suicide, such as LGBTQ youth;
  - Requirement for a designated school suicide prevention coordinator;
  - Description of all suicide prevention team member roles and responsibilities, and the flow of communication and tasks;
  - Designation of the process for suicide risk assessments (either with school-employed mental health professionals or by arrangement with a community mental health professional);
  - Requirement for continuously-updated referral list that has, at the minimum, emergency contacts such as local hospitals and their mental health clinics and referral numbers;
  - Procedures for in-school suicide attempt, including re-entry processes;
  - Consideration of out-of-school suicide attempts and how parents should be informed and involved;
  - Postvention procedures that follow the After a Suicide: A Toolkit for Schools recommendations and safely discuss a suicide attempt or death with the school community. If your district policies do not have any of these components, revisions or enhancements are recommended.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
  - Build support for this strategy from school leadership.
    - Focus on how lack of priority policies at schools can lead to priority-related problems.
  - Establish a school-focused subcommittee of the coalition to promote/complete the strategy.
  - Provide regular face-to-face visits with school staff/administration to promote the strategy and discuss developing/strengthening policies.
  - Disseminate data briefs or reports related to the strategy to school staff/administration.
  - Find similar schools with strong policies in place and share contact information/details about their policies with school leadership.
  - Educate parents, through school newsletters, PTA meetings, or other venues, about the importance of these school policies.
- Once a policy has passed, in collaboration with the school district of focus:
  - Create a plan to educate the school community about the policy.
  - Create a plan that will ensure ongoing monitoring of use and enforcement of the policy.

Implementation Materials

SAMHSA Opioid Overdose Prevention Toolkit

School Substance Use Policy Development Guide

Gambling School Policy Recommendations

Model School District Policy on Suicide Prevention

Preparing for Opioid-Related Emergencies for K-12 Schools and Institutions of Higher Education

Sample School Policy Information for Opioid Overdose Education and Naloxone, State of Oregon

Sample School Policy Information for Opioid Overdose Education and Naloxone, State of Washington

References

Wechsler, H., Seibring, M., Chao Liu, M., & Ahl, M. (2004). Colleges respond to student binge drinking: Reducing student demand or limiting access. *J Am Coll Health, 52*(4), 159-168. https://doi.org/10.3200/JACH.52.4.159-168

Komro, K. A., & Toomey, T. L. (2002). Strategies to prevent underage drinking. *Alcohol Research & Health, 26*(1), 5-14. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6683805/

Fidelity Checklist for School Policies

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		
Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		

Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

SHOULDER TAP OPERATIONS

Prevention Priority

Alcohol

Population of Focus

Underage youth (ages 12-20), alcohol retailers

Agent of Change

Community leadership

Intervening Variable

Enforcement, Social Availability

Summary

Underage youth often obtain alcohol from adults who illegally provide the alcohol. Shoulder tap operations are a law enforcement strategy designed to hold adult providers of alcohol to youth accountable for their illegal behavior. Should tap operations focus on the adult who is providing alcohol to an underage youth. Underage volunteers are recruited, selected and trained to serve as decoys. The underage decoy, supervised by an officer, approaches an adult going into an establishment to buy alcohol and asks the adult to purchase alcohol for them. If the adult makes the purchase for the decoy, the adult provider is detained by the officers and dealt with appropriately.

Shoulder tap operations can be implemented either as an active enforcement detail where arrests and/or summonses are issued or as an education opportunity. For instance, once the target has agreed to the purchase for the decoy, a coalition member or an officer could intervene and educate the target regarding the negative consequences associated with underage drinking and provide specific information regarding the state of underage drinking within the community. Alternatively, the decision could also be made to allow the transaction to proceed and then arrest the target for the illegal supply of alcohol to minors.

Core Components

Dosage/Frequency

- At least 50% of retailers within a specific target group (on-premise and/or off-premise) should be engaged through the program.
- Frequency will be dependent on the number of retailers in the target group. This frequency will need to be reviewed and approved by the Department.

Required Key Steps

- In collaboration with the coalition, discuss/complete the following:
    - Identify the locations where underage youth are purchasing alcohol.
    - Decide on the model to use.
    - Check with law enforcement if use of underage decoys in this manner is permitted.

- Always include law enforcement to assist, even if model is being used as an educational opportunity.
- Create a plan to gain program support by meeting with the City/County Attorney and law enforcement before initiating this strategy.
- Meet with retailers of focus to explain the strategy and gain support to host the tap program at the retailer location.

Collaboration with Law Enforcement

- Meet with law enforcement to decide or establish the following:
  - Dosage and frequency expectations as well as grant expectations about completing checks on time.
- Often times, law enforcement agencies do not understand grant expectations so it is important to make those clear from the start of the project and discuss to see if law enforcement can commit to those expectations.
- Discuss costs per program. Explain that these programs are grant funded and agree on a cost that can be sustainable within the project funding throughout the rest of the grant.
  Establish a detailed shoulder tap protocol with law enforcement input and approval, which includes the following:
  - Need to be well-designed to ensure that the procedures are fair and not subject to either political or legal attack;
  - Locations, time of day, time of year based on data;
  - Ensure public/youth safety;
  - Enforcement efforts adhere to state and local requirements;
  - Criteria for youth volunteers.

Identify, Recruit and Train Underage Volunteers

- In collaboration with law enforcement, identify and recruit underage volunteers. These youth can be volunteers or paid. Ideally these youth should:
  - Not yet 20 years old and appear to be under 21 years old;
    - Validate the perceived age of the buyers
  - Be an equal number of male and female buyers;
    - It is recommended that male volunteers have no facial hair
    - Female volunteers should not look older through the use of heavy makeup
  - Not be used in the community in which they live;
  - Represent a racial and/or ethnic mix that reflects the community checked; and
  - Dress in a manner consistent with peers in their age group.
- Work with law enforcement to train underage volunteers on how to ask adults to purchase alcohol according to a consistent protocol.
  - Provide a script for the youth or adult to use to avoid entrapment.
  - Decoys should not accept or ask for incentives to purchase.
- Create and maintain documentation on each trained volunteer that includes:
  - His or her personal history and photograph;
  - Copy of driver's license;
  - Driving and criminal record checks;
  - Injury waivers;
  - Parental permission form (if under the age of 18);
  - Agreement of understanding;
  - A list of compliance check performed.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
    - Build retailer support for the implementation of the strategy in collaboration with law enforcement.
        - Retailers may be hesitant to participate due to the possible impact on patrons/business so discuss ways to address their concerns.
    - Community support for law enforcement efforts is an important component to consider. If support is low, identify ways to increase support through the coalition.
    - Deliver helpful materials to retailers related to not selling to those under 21 years of age.
    - Regularly (at least quarterly) meet with law enforcement agencies to review progress, discuss challenges and remind about grant expectations.
    - Invite law enforcement officers involved in the shoulder tap program to present on the strategy at community events or community meetings.
    - Recruit a retailer to serve on the coalition or help be a champion for the strategy in the community.

Implementation Materials

Introduction to Shoulder Tap Operations

Overview of Shoulder Tap Operations

Reducing Third-Party Transactions of Alcohol

References

Jones-Webb, R., Toomey, T. L., Lenk, K. M., Nelson, T. F., & Erickson, D. J. (2015). Targeting adults who provide alcohol to underage youth: results from a national survey of local law enforcement agencies. *Journal of community health*, *40*(3), 569–575. https://doi.org/10.1007/s10900-014-9973-0

Pacific Institute for Research and Evaluation. (1999). *Regulatory strategies for reducing youth access to alcohol: Best practices.* Office of Juvenile Justice and Delinquency Prevention, Center for Enforcing Underage Drinking Laws. https://www.ojp.gov/ncjrs/virtual-library/abstracts/regulatory-strategies-preventing-youth-access-alcohol-best

Spera, C., Barlas, F., Szoc, R. Z., Prabhakaran, J., & Cambridge, M. H. (2012). Examining the influence of the Enforcing Underage Drinking Laws (EUDL) program on alcohol-related outcomes in five communities surrounding Air Force bases. *Addictive Behaviors, 37*(4), 513–516. https://doi.org/10.1016/j.addbeh.2011.11.016

Fidelity Checklist for Shoulder Tap Operations

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		
Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		

Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

SOCIAL HOST LIABILITY

Prevention Priority

Alcohol, Illicit Drugs, Opioids and Prescription Medication

Population of Focus

Underage youth (ages 12-20)

Agent of Change

Community leadership

Intervening Variable

Enforcement, Social Availability

Summary

Access to alcohol and other drugs are associated with an increase in community problems.

Research indicates that most underage drinking takes place in private settings such as home parties. Social host laws and teen party ordinances can be used to reduce the social availability of alcohol and other drugs by combating these types of parties.

Social host liability laws hold individuals (in non-commercial environments) responsible for underage drinking events on property they own, lease or otherwise control. Depending on the state and local jurisdiction, the hosting of a party on private property at which an underage drinker becomes intoxicated could result in three distinct types of liability against the social host: social host criminal liability, social host civil liability, and recovery of response costs.

In 2014, Iowa passed a statewide Social Host law. This policy includes the following:

123.47 Section 1

A "Social Host violation" is defined: A person who is the owner, is leasing, or has control over property that is not a licensed premise, who knowingly permits a person to consume or possess any alcohol on the property if they know or have reasonable cause to believe the person to be under the age of eighteen.

Exceptions: This does not apply to the landlord or manager of the property. This also does not apply to a social host of a person under legal age who consumes or possesses alcohol in connection with a religious observance, ceremony or right.

Penalties: A person who violates this subsection commits the following:
(1) For a first offense, a simple misdemeanor punishable as a scheduled violation under section 805.8C, subsection 7A (The scheduled fine is $200).
(2) For a second or subsequent offense, a simple misdemeanor punishable by a fine of $500.

123.47 Section 2

Underage possession or consumption of alcohol: In addition to prohibiting purchase, attempts to purchase, and possession, the law now also prohibits consumption for those under the legal age of 21. (NEW)

Exceptions for parental presence and consent within a private home and medicinal purposes have not changed.

Penalties and Notification requirements have not changed.

There is no Preemption in this state law. What that means is a county or a city can go beyond or be stricter than this law.

As with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception that those who violate the policy will be held accountable. This increases the probability that policy change will result in desired outcomes.

Core Components

Dosage/Frequency

At least 50% of a population of focus should be impacted by policy change by the end of the project period.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the community leadership and then provided to the Department as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

Through most Department-funded projects, communities can choose to pass social host ordinances that are stricter than state law.

- In collaboration with the coalition, discuss/complete the following:
    - Assess what the community needs and issues are around underage drinking parties on private property.
    - Determine whether communities have any social host ordinances in place, if the ordinances are helping reduce underage drinking parties and if the ordinances are being enforced.
        - Discuss loopholes in current ordinances that need strengthening.
        - Discuss whether there are challenges around enforcement (lack of resources, low staffing, lack of community support for enforcement, etc.).
        - Discuss if new ordinances need to be created. If so, which locations and the readiness of the leadership to pass a social host ordinance.
    - Decide on a social host ordinance that can include:
        - Social host civil liability holds social hosts potentially responsible for the injuries to third parties caused by guests whom the hosts had served or had allowed to consume alcoholic beverages. According to Model Social Host Liability Ordinance, this form of liability, which can be imposed by either statutes or common law negligence principles, involves private litigation and comes into play only if an injured third party decides to sue the social host. Only the state legislature or state courts (as opposed to city and county governments) have the authority to impose this form of civil liability.

    - City or county criminal infractions is when social hosting is treated as a crime but as a lesser crime generally only allowing for a monetary fine as opposed to any jail time.
    - City or county criminal misdemeanors are generally defined as an ordinance violation and treats social host liability as a misdemeanor imposing possible jail time as a penalty.
    - City or county civil or administrative citation ordinances holds people who own, lease or otherwise control the property are civilly responsible for civil or administrative penalties.
    - City or county response costs recovery holds social hosts (including tenants) and landowners (including landlords) civilly responsible for the costs of law enforcement, fire or other emergency response services associated with multiple responses to the scene of an underage drinking party or other gathering occurring on private property, whether or not the hosts or landowners had knowledge of the occurrence of the parties or gatherings. This type of ordinance can be the basis for a powerful new legal tool to deter underage drinking parties and other gatherings in communities.
- Draft a social host ordinance.
    - Consult with the City/County Attorney in writing the ordinance**.**
    - Review other model social host ordinances and provide examples to the City/County Attorney.
        - Discuss with the City/County Attorney's their interpretation of state law and to ensure a local ordinance is stricter than state law.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
    - Build support for this strategy from community members and law enforcement. Focus on how social hosting can lead to alcohol-related problems.
    - Provide regular face-to-face visits to promote the strategy and educate community leadership about strengthening or creating alcohol policies in public places.
    - Attend a Board of Supervisors or City Council meeting to discuss the strategy.
    - Find communities in the county or in a neighboring county with a strong social host ordinance in place and share contact information/details about their policies with community leadership.
- Once an ordinance had passed:
    - Create a plan to educate the community about the ordinance.
    - Create a plan that will ensure ongoing monitoring of use and enforcement of the ordinance.

Implementation Materials

SAMHSA Opioid Overdose Prevention Toolkit

Sample Social Host Accountability Municipal Ordinances

Social Host Liability Community Action Toolkit

References

Goldberg, J. M. (1992). Social host liability for serving alcohol. *Trial*, 31-33.

Jones-Webb, R., Toomey, T., Miner, K., Wagenaar, A. C., Wolfson, M., & Poon, R. (1997). Why and in what context adolescents obtain alcohol from adults: A pilot study. *Substance Use & Misuse, 32*(2), 219-228. https://doi.org/10.3109/10826089709027310

Wagenaar, A. C., Toomey, T. L., Murray, D. M., Short, B. J., Wolfson, M., & Jones-Webb, R. (1996). Sources of alcohol for underage drinkers. *Journal of Studies on Alcohol, 57*(3), 325-333. https://doi.org/10.15288/jsa.1996.57.325

Fidelity Checklist for Social Host Liability

Who will be responsible for collecting needed information? How will needed information be collected (surveys, interviews, etc.)? How often/when will it be collected?		
Please list any anticipated strategy/program adaptations and justification:		
Component	**Yes or No**	**Reason or Additional Information**
Assessment/scan was completed of community needs and existing policies and practices.		
Secured necessary resources: including relationship building and securing commitments from needed partners, including city or county leadership, securing necessary funding and procuring materials.		
Determine which type of social host ordinance would be a best fit for the community.		
Developed or strengthened local social host ordinance.		
Created a plan for monitoring and enforcement of ordinance.		
Education and media advocacy were used to increase public awareness of and support for policy changes.		
Action plan steps were carried out as planned (consider location, timeframe, persons responsible, etc.)		
Additional components were implemented as planned.		

SURVEILLANCE OF HIGH RISK PUBLIC AREAS

Prevention Priority

Illicit Drugs

Population of Focus

People selling drugs

Agents of Change

Law enforcement, community members supporting enforcement efforts

Intervening Variable

Enforcement

Summary

Because its retail price cannot be regulated through taxation, authorities try to influence the price of illegal drugs, including methamphetamine, through the enforcement of laws against producers, distributors, and sellers. The underlying assumptions are that increased enforcement will raise costs to drug producers, suppliers and dealers and that these additional costs will be reflected in increased retail drug prices. Even if enforcement activities do not lead to increased drug prices, they might still be considered successful if they affect supply, making drugs scarcer.

Police have long known that there are "hot spots" in many communities that generate a large number of calls for service. The presence of uniformed officers at these locations tends to deter the activities of would-be offenders; it also guarantees immediate response to problems. By concentrating law enforcement resources in specific locations for several hours a day, hot spot strategies disrupt retail drug sales without necessarily increasing arrests.

This strategy includes the following options:

- Policing an area in a highly visible fashion
- Enforcing the law intensively
- Warning potential buyers

Core Components

Dosage/Frequency

Dosage and frequency will be decided dependent on the type of change the community focuses on. This dosage will need to be reviewed and approved by the Department. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

Required Key Steps

In collaboration with the coalition and community partners, complete the following:

- Review the problem of high-risk public areas and drug use in the community.

    - Consider asking questions in the Understanding Your Local Problem resource.
- Meet with law enforcement to gage support of the strategy and to discuss the following:
    - Dosage and frequency expectations for completing enforcement efforts.
        - Law enforcement agencies may not understand grant expectations so it is important to make those clear from the start of the project and discuss to see if law enforcement can commit to these expectations.
    - Discuss costs per program. Explain that these programs are grant funded and agree on a cost that can be sustainable within the project funding throughout the rest of the grant.
- Ask if there is a formally written protocol for conducting surveillance of high-risk public areas.
- If there is no formally written plan, ensure a detailed patrol protocol is created with law enforcement input and approval.
- Discuss barriers of enforcement of high-risk public areas.
    - Some barriers can include reduced budgets, lack of hours dedicated to enforcement, lack of equipment, and a lack of community support for enforcement efforts.
    - Discuss how the project can assist with these needs (any resources purchased should be connected to strategy support).
    - Community support for law enforcement efforts is an important component to consider. If support is low, identify ways to increase support through the coalition.
- Create an operations plan for implementation including:
    - Locations and dates/times for the patrols.
    - Consider time of day the operations are scheduled which includes times when patrols may happen more frequently.
    - Needs for staffing the patrols.
- Decide on patrol processes including:
    - What outcome measures to track and how those measures will be documented.
        - Consider the outcome measures listed in the Understanding Your Local Problem resource.
        - Host briefings on the process to discuss the process.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
    - Community support for law enforcement efforts is an important component to consider. If support is low, identify ways to increase support through the coalition.
    - Create a report on strategy outcomes to share with community stakeholders.
    - Regularly (at least quarterly) meet with law enforcement agencies to review progress, discuss challenges and remind about grant expectations.
    - Invite law enforcement officers involved in these enforcement efforts to present on the strategy at community events or community meetings.
    - Recruit a law enforcement officer involved in the strategy to serve on the coalition or help be a champion for the strategy in the community.

Implementation Resources

Responses to the Problems of Drug Dealing in Open-Air Markets

References

Barnum, J. D., Campbell, W. L., Troccio, S., Caplan, J. M., & Kennedy, L. W. (2016). Examining the environmental characteristics of drug dealing locations. *Crime & Delinquency, 63*(13), 1731-1756. https://doi.org/10.1177/0011128716649735

Birckmayer, J., Fisher, D. A., Holder, H. D., & Yacoubian, G. S. (2008). Prevention of methamphetamine abuse: Can existing evidence inform community prevention? *Drug Education, 28*(2), 147-165. https://doi.org/10.2190/DE.38.2.d

Fidelity Checklist for Surveillance of High-Risk Public Areas

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		
Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		

Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

WORKPLACE POLICIES

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication, Problem Gambling, Suicide and Tobacco

Population of Focus

Employees

Agents of Change

Organizational leadership

Intervening Variable

Community Norms

Summary

Workplace policies and programs prevent and reduce problems among employees have considerable potential. Because employees spend a lot of time at work, coworkers and supervisors may have the opportunity to notice a developing drug use, gambling or mental health issue. Employers can use their influence to motivate employees to get help for these problems. Many employers offer employee assistance programs (EAPs) as well as educational programs to reduce these problems.

Core Components

Dosage/Frequency

At least 50% of a specific business sector should be engaged in the strategy with at least 50% of that sector implementing policy change by the end of the project period.

Required Key Steps

All policies developed or strengthened through this strategy must be formally written, signed by the business leadership and then provided to the Department as documentation. Contact the Department Project Director/Coordinator for additional grant requirements about this documentation.

In collaboration with the coalition and community partners, discuss the following:

- Identify specific sectors of business that may be at an elevated risk of having employees with the priority issue.
- Connect with businesses in the identified sector to learn if there is a policy in place, if assistance is needed in strengthening or developing a policy.
- Engage a team within the business to develop the policy and oversee implementation.
- Assess the workplace to determine what kind of policy is appropriate.
- Develop a policy for the workplace program.
    - Utilize the 8 P's for policy change efforts.
    - Most successful drug-free workplace programs have five key components:
        - A written policy (see additional details in "Written Policies" section below);

        - Employee education;
        - Supervisor training (Contractors must utilize **the Iowa Creating a Drug-Free Workplace Kit and training modules for supervisory training. Please reference the Workplace Employee and Supervisor Training individual strategy for additional information)**;
        - An employee assistance program (EAP);
        - Drug testing (if focusing on a drug-free workplace policy).
- Support the workplace in planning and implementing the workplace program.
- Assist the workplace in evaluating the program to assess how well it meets its objectives.
- Connect the workplace with supports to provide education and training for employees.

Drug Policies

- A clearly written policy forms the foundation of the drug-free workplace program. At minimum, the policy should include:
    - Purpose and objectives of the program;
    - Rationale for the policy, such as organizational goals and compliance with laws or regulations;
    - Definition of substance use;
    - Which employees are covered by the policy or program;
    - When and where the policy applies;
    - Prohibited behaviors;
    - Employee rights to confidentiality;
    - Under what circumstances will drug or alcohol testing be conducted;
    - Outline of how to deal with impaired workers;
    - Provisions for assisting chronic use of substances;
    - The consequences of violating the policy, including disciplinary action; and
    - Assistance options to support employees in following the policy;
        - Educational opportunities for employees about substance misuse;
        - Employee and supervisor training to recognize impaired behavior and other signs of substance use.

Problem Gambling Policies

- A clearly written policy forms the foundation of any workplace program. At minimum, the policy should include:
    - Purpose and objectives of the program;
    - Rationale for the policy, such as organizational goals and compliance with laws or regulations;
    - Definition of problem gambling;
    - Which employees are covered by the policy or program;
    - When and where the policy applies;
    - Prohibited behaviors;
    - Employee rights to confidentiality;
    - Assistance options to support employees in following the policy;
    - Educational opportunities for employees about problem gambling;
    - Employee and supervisor training to recognize signs of problem gambling behaviors;
    - Outline of how to address work related concerns directly related to gambling behaviors during work hours;
    - Provisions for assisting staff who may experience negative impacts due to gambling; and
    - The consequences of violating the policy, including disciplinary action.

Suicide Prevention Policies

- The key components of a comprehensive workplace approach include:

- Policies and procedures to help employees at risk and in crisis;
- A plan for responding to a suicide attempt or death in the workplace;
- Mental health emergency contact information placed throughout the workplace;
- Education and training on mental health, suicide prevention, and stigma reduction for employees;
- Specialized suicide prevention training for the workplace's EAP providers and/or HR staff;
- Established relationships with mental health professionals in the local community;
- A referral guide to resources in the community that offer support and/or treatment for problems related to suicide; and
- A work environment that values its employees and promotes respect, open communication, a sense of belonging, and emotional wellbeing and that encourages people to seek help when they need it and to support each other.

Capacity Building

- Create a capacity building plan to continually engage strategy stakeholders. Some ideas include:
  - Build support for this strategy through regular face-to-face visits with the business team to enhance leadership engagement as well as to develop or strengthen policies.
    - Consider utilizing the Workplace Wellness Policy Checklist (page 15) as guide to ensure policy capacity.
    - Discuss assessing the workplace environment to determine direction.
    - Consider ways to engage employees in the policy development process.
  - Discuss creation and implementation of educational sessions to all business employees about the policy priorities, changes and/or services (e.g., lunch and learns, continuing education sessions, etc.).
- Once a policy has passed:
  - Discuss process of ongoing monitoring of use and enforcement of the policy including review of evaluation results (e.g., determine indicators, creation and dissemination of participation or satisfaction surveys).
  - Continue to educate employees through newsletters, meetings, or other venues, about the policies, available services, etc.

Training

Preventing Prescription Drug Abuse in the Workplace

Implementation Resources

An Employers Guide to Policy Approaches to Address Alcohol, Drugs, Tobacco, Mental Health, Suicide and Chronic Disease

Model Plan for Comprehensive Drug-Free Workplace Program

Sharing Solutions: Businesses Combat the Opioid Crisis

SAMHSA's Drug-Free Workplace Toolkit

SAMHSA Fact Sheets on Preventing Prescription Abuse in the Workplace

Workplace Prevention Basics: An Interactive Guide for Employers to Identify and Prevention

Gambling in the Workplace Toolkit

People in Particular Occupations and Suicide Rates

Workplace Resources to Address Suicide

References

Cook, R., & Schlenger, W. (2002). Prevention of substance abuse in the workplace: Review of research on the delivery of services. *The Journal of Primary Prevention,* 23, 115–142. https://doi.org/10.1023/A:1016543300433

Fidelity Checklist for Workplace Policies

Who will be responsible for collecting needed information?

How will needed information be collected (observation, surveys, interviews, etc.)?

How often/when will it be collected?

How/when will this checklist be shared back with the coalition/subcommittee?

Is there an additional fidelity checklist available for use? Yes/No

If yes, how will you plan to utilize it? If not, why have you chosen not to use it?

What evaluation data are being collected for this strategy (for example documented policy change)?

List the population of focus, dosage and frequency:

List the core components of this environmental strategy:

What training/skills are required to implement this strategy with fidelity (ex: any training offered, environmental strategy skills, etc.)?

Provide a brief overview of strategy implementation:

Please list any approved strategy adaptations (as approved by the process outlined by Iowa HHS in the Evidence-Based Practice Waiver & Adaptation Request section at the beginning of this guide).

Component	Yes or No	Reason or Additional Information
Coalition/subcommittee members and stakeholders were/are involved in strategy selection and implementation.		
The population of focus (if applicable), were/are involved in strategy selection and implementation.		
Facilitators and stakeholders have appropriate skills and training to implement the strategy with fidelity.		

Materials were provided to stakeholders, as appropriate.		
Strategy is being delivered with planned dosage and frequency.		
Core components were all delivered as planned.		
Adaptations were made/implemented as approved and planned (if applicable).		
Action plan steps are carried out as planned (consider location, timeframe, persons responsible, etc.).		
Capacity plan is being implemented as planned.		
Media advocacy plan is being implemented as planned.		
Additional components are being implemented as planned.		
Evaluation of the program was discussed at the beginning of strategy selection. All parties involved understand and agree to the Iowa HHS approved survey administration process, if applicable.		
Information gathered from this checklist was continually discussed and used for evaluation.		
Evaluation data was collected as planned.		
List what actions are happening to build sustainability for this strategy. This may include ways capacity is being built, identification of core components, identifying stakeholders that can sustain core components and other sustainability work. • • •		

Iowa HHS Approved Media Campaigns

IOWA HHS

Iowa HHS Approved Media Campaigns

The Department considers media campaigns a population-level or environmental strategy approach with community norms as the intervening variable. Media campaigns should be data driven, support other direct service work taking place within the community and be implemented throughout the year. Department funded prevention contractors will develop a specific media campaign strategy within their work plan that includes the key elements of a media advocacy plan.

Media campaigns are an important tool used to support and promote the work of the identified evidence-based practices, programs and policies. Media campaigns should strategically reach the identified population of focus and compliment the direct work that is taking place within the awarded service area to achieve the desired outcome.

A minimum of three separate and distinct media platforms (agency or coalition websites/social media pages cannot be counted as one of the three platforms) must be used for media campaigns. Department funded prevention contractors are responsible for funding all media campaign activities with prevention grant funds and may not rely on community stakeholders to solely disseminate or incur those costs.

Media campaign activities must run throughout the year, at least nine months (this does not have to be consecutive), include appropriate dosage/frequency, reach the intended population of focus and be listed as a strategy with the work plan. Some items to consider include:

- Work to get media coverage of the problem;
- Media coverage should not be a "stand alone" event, but instead support and enhance direct work taking place throughout the awarded service area;
- Issue press releases that describe the activities;
- Write an Op-Ed or a letter to the editor;
- Distribute fact sheets about the program and the problems associated with substance misuse and/or problem gambling;
- Ensure coalition members are available to be interviewed and educate all members about the data. Providing talking points and opportunities to practice can be helpful to build confidence.

All Department approved media campaigns can be downloaded from the Your Life Iowa Media Center with the following guidelines:

- Campaign material dissemination engages the appropriate populations of focus as noted below;
- Credit is given to Iowa HHS (or federal organization, if noted) and no credit statements are removed;
- Campaign materials are not changed or altered (wording, pictures, messages, fonts, etc.);
- Agency branding or tagging is only added to those campaign materials that include tagging options. Billboard copy should not include agency branding or tagging;
- No new campaign materials (additional campaign materials and/or promotional items) are created based on Iowa HHS campaign concepts.
    - If there are specific campaign material needs, submit requests through https://yourlifeiowa.org/contact.

Note: See the Media Campaign Fidelity Checklist provided at the end of the approved media campaigns. This tool is to be used in collaboration with coalitions and community partners when developing a media plan.

IOWA HHS APPROVED MEDIA CAMPAIGNS

Department funded prevention contractors are required to select a Department approved media campaign when developing a local media plan. The Department has established a variety of media campaigns that include the following topics: **alcohol, tobacco, marijuana, mentoring, methamphetamine, prevention promotion, stigma, prescription medication/opioids, problem gambling, and tobacco**. Details regarding these options and the available media components for each campaign are included in the Your Life Iowa Media Center.

BE #1 AT GETTING HELP

Prevention Priority

Problem Gambling

Population of Focus

Adults ages 21 and over

Summary

Be #1 at Getting Help was developed to help bust the myth that people can recognize if someone is having a problem with their gambling. This campaign highlights that fathers, grandmothers, community leaders, business professionals, PhDs, blue collar and white-collar individuals may all experience negative outcomes due to gambling that go unnoticed. This campaign shows that it does not matter who you are. It only matters that you get help. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/244.

BE A MENTOR

Priority

Alcohol, Illicit Drugs, Tobacco, Suicide, Prescription Medication and Illicit Drugs

Population of Focus

Adult men ages 18 and over

Summary

The Be a Mentor media campaign is designed to assist youth mentoring organizations with program recruitment. With a focus on male mentors, the Be a Mentor campaign generates awareness and promotes the benefits of youth mentoring through a lens of a coach. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/266.

BE PREPARED TO SAVE A LIFE | NALOXONE

Prevention Priority

Opioids

Population of Focus

Adults ages 18 and over

Summary

The Naloxone - Be Prepared to Save a Life media campaign highlights how the opioid-overdose reversal drug Narcan or Naloxone is available for free at participating pharmacies. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/242.

CDC'S RX AWARENESS CAMPAIGN

Prevention Priority

Opioids and Prescription Medication

Population of Focus

Adults ages 25-54

Summary

The CDC's Rx Awareness media campaign increases awareness that prescription opioids can be addictive and dangerous, aims to lower prescription opioid misuse, increase the number of patients seeking nonopioid pain management options and increase awareness about recovery and reduce stigma. To view this campaign, please visit https://www.cdc.gov/rxawareness/index.html.

DRUG TAKE BACK CAMPAIGN

Prevention Priority

Opioids and Prescription Medication

Population of Focus

Adults ages 18 and over

Summary

The Drug Take Back Campaign promotes the biennial DEA Drug Take Back Days and also the permanent drug drop boxes at law enforcement agencies and at participating pharmacies. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/330.

FAKE PILLS

Prevention Priority

Opioids and Prescription Medication

Population of Focus

Youth and young adults ages 12-25

Summary

The Fake Pills campaign draws on the DEA's One Pill Can Kill campaign by highlighting the dangers of using counterfeit prescription drugs which may contain deadly amounts of fentanyl. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/329.

GIFT RESPONSIBLY

Prevention Priority

Problem Gambling

Population of Focus

Adults ages 18 and over

Summary

The Gift Responsibly media campaign, developed by the National Council on Problem Gambling, raises awareness about the risks of youth gambling, educates communities on the dangers of buying lottery tickets for children and supports responsible gambling practices while remaining neutral about legalized gambling. To view this campaign, please visit https://www.ncpgambling.org/programs-resources/gift-responsibly-campaign/.

GOOD SAMARITAN LAW

Prevention Priority

Opioids and Prescription Medication

Population of Focus

Adults ages 18 and over

Summary

The Good Samaritan Campaign provides information about Iowa's Good Samaritan Law. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/191.

HELP FOR THEM...AND YOU

Prevention Priority

Problem Gambling

Population of Focus

Adults ages 21 and over

Summary

Help for Them…and You was developed to help change the stigma surrounding problem gambling. This campaign encourages family and friends to start the conversation with individuals who are experiencing problems with gambling. This campaign also offers concerned persons a place to go for help or to get more information about problem gambling. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center.

METH NEVER EVER

Prevention Priority

Methamphetamine

Population of Focus

Adults ages 22-30

Summary

Meth Never Ever is an adult prevention campaign that encourages individuals to not use methamphetamine by showing the impact that methamphetamine use has on young children. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/221.

PRESCRIPTION DRUGS ARE STILL DRUGS

Prevention Priority

Opioids and Prescription Medication

Population of Focus

Youth and young adults ages 12-25

Summary

The Prescription Drugs Are Still Drugs media campaign focuses on the 12-25 year old population and shows the dangers of misusing prescription drugs. This media campaign has banner ads also available in Spanish. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/194.

PREVENTION WORKS

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication, Problem Gambling and Tobacco

Population of Focus

Adults aged 18 and over

Summary

The Prevention Works campaign was originally developed to engage the public in prevention efforts for substance misuse. In 2023, the campaign expanded to include problem gambling assets. This campaign highlights the benefits of primary prevention, encourages Iowans to contact Your Life Iowa to learn more, and encourages Iowans to get involved in local prevention efforts. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center.

PROBLEM GAMBLING AWARENESS MONTH CAMPAIGN

Prevention Priority

Problem Gambling

Population of Focus

Adults ages 18 and over

Summary

The Problem Gambling Awareness Month campaign, developed by the National Council on Problem Gambling, increases public awareness of problem gambling and availability of prevention, treatment and recovery services. Problem Gambling Awareness Month is a national awareness event that takes place each March. To view this campaign, please visit https://www.ncpgambling.org/pgam/.

SAVE A LIFE

Prevention Priority

Suicide

Population of Focus

Adults ages 18 and over

Summary

The Save a Life media campaign promotes the fact that anyone can save a life from suicide by just asking a question. It directs the audience to visit YourLifeIowa.org to find out how to talk to someone about suicide prevention. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/241.

SAVOR EVERY MOMENT

Prevention Priority

Alcohol

Population of Focus

Adult women ages 35-64

Summary

The Savor Every Moment campaign encourages women to savor every day moments without using alcohol. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/264.

SEE THE PERSON. NOT THE ADDICTION

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication and Tobacco

Population of Focus

Adults ages 25-44

Summary

The See the Person. Not the Addiction campaign focuses on educating adult Iowans about stigma towards people who use drugs. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/243.

TALK. THEY HEAR YOU

Prevention Priority

Alcohol

Population of Focus

Parents and caregivers of children ages 21 and under

Summary

The Talk. They Hear You. media campaign increases parents' awareness of prevalence and risk of underage drinking and substance use, equips parents with the knowledge, skills and confidence to prevent underage drinking and substance use, and increases parents' action to prevent underage drinking and substance use. To view this campaign, please visit https://www.samhsa.gov/talk-they-hear-you/about.

THINK BEFORE YOU DRINK

Prevention Priority

Alcohol

Population of Focus

Adult men ages 45 and over

Summary

Think Before You Drink is an alcohol prevention campaign that is intended for older adult men. This campaign highlights the increased risks associated with alcohol consumption in the aging population. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/233.

WHAT DO YOU THROW AWAY

Prevention Priority

Alcohol

Population of Focus

Youth ages 12-14

Summary

What Do You Throw Away is an underage drinking campaign that shows drinking alcohol underage comes with a cost. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/269.

WEED'S NOT WORTH IT

Prevention Priority

Marijuana

Population of Focus

Youth ages 11-13

Summary

Weed's Not Worth It is a youth-focused marijuana campaign that highlights the items that may "go up in smoke" if a young person chooses to use marijuana. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/220.

YOUR LIFE IOWA | GENERAL - YOUR EVERYDAY LIFE SUPPORT

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication, Problem Gambling, Tobacco and Suicide

Population of Focus

All ages (depends on selected media messages)

Summary

Everyone needs help sometimes. If you or a loved one are facing a problem with alcohol, drugs, gambling, mental health or suicidal thoughts, you're not alone. That is why the Iowa Department of Health and Human Services has created YourLifeIowa.org so Iowans can chat live, text or call and get reliable information and learn about prevention and treatment options. We are your everyday life support. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/238.

YOUR LIFE IOWA | TEENS AND PARENTS - YOUR EVERYDAY LIFE SUPPORT

Prevention Priority

Alcohol, Illicit Drugs, Opioids, Prescription Medication, Problem Gambling, Tobacco and Suicide

Population of Focus

All ages (depends on selected media messages)

Summary

Everyone needs help sometimes. If you or a loved one are facing a problem with alcohol, drugs, gambling, mental health or suicidal thoughts, you're not alone. That is why the Iowa Department of Health and Human Services has created YourLifeIowa.org so Iowans can chat live, text or call and get reliable information and learn about prevention and treatment options. We are your everyday life support. To view this campaign, please visit https://yourlifeiowa.org/prevention/media-center/222.

Fidelity Checklist For (Enter Media Campaign Name)

Name of person conducting this fidelity check:

Date of fidelity check:

**Complete a new checklist for each fidelity check conducted.*

Who will be responsible for collecting needed information? **How will needed information be collected (analytics, listenership, etc.)?** **How often/when will it be collected?** **How/when will this checklist be shared back with the coalition/subcommittee?**		
List the population of focus, dosage and frequency (for each media platform identified):		
Provide a brief overview of the media campaign and how the message works to inform and build capacity for the prevention strategy:		
Coalition/subcommittee/stakeholders helped decide media placement and use of media venues to best reach the population of focus.		
Coalition/subcommittee/stakeholders helped disseminate the media campaign resources, when appropriate.		
The following media types were selected based on stakeholder input (minimum of 3 should be selected): 1. 2. 3.		
Iowa HHS funding will support the costs associated with the identified media placement.		

A timeframe of when the media campaign will run has been established and encompasses a total of nine months of the year (not consecutive).		
A process has been established for monitoring media placement. For example, posters will likely need to be checked on throughout the year.		
Media advocacy plan was created with input from stakeholders and target audience		
Media advocacy plan is being implemented as planned		
Additional components are being implemented as planned.		
Evaluation of the media campaign was discussed at the time of campaign platform selection. All parties involved understand and agree to how outcomes will be collected, analyzed, promoted, and used to strengthen future media campaign efforts.		
Coalition/subcommittee/stakeholders have discussed and identified sustainability measures to maintain prevention messaging outside of paid media?		

Appendix A

EVIDENCE-BASED PROGRAMS/POLICIES (EBPS) SUMMARY CHART

Chart Description and Guidelines for Use

The Evidence-Based Programs (EBPs) chart may be referenced by Department funded prevention contractors as a tool to help explore fit, while decisions to adopt an EBP should rely on additional information found within the detailed individual and environmental EBPs contained within the body of this guide and supporting resources.

Each funding opportunity will differ in the types of allowable practices, programs and policies that may be permissible for use per grant expectations. Each Department funded prevention contractor must refer to their awarded prevention funding opportunity Request for Proposal (RFP) and specific contract requirements for more details.

* = Evidence-Based Program (Individual Level) Strategy
** = Evidence Based Policy/Environmental (Population Level) Strategy
*** = Media Campaign

PREVENTION PRIORITY AREA	INTERVENING VARIABLES	EBPs Reference specific EBPs for associated populations of focus and RFPs for restrictions on utilization
Alcohol	Community Norms	• Be a Mentor*** • College and University Campus Policies** • Prevention Works*** • Savor Every Moment*** • School Policies** • See the Person. Not the Addiction*** • Talk They Hear You*** • Think Before You Drink*** • What Do You Throw Away*** • Workplace Policies** • Your Life Iowa - General*** • Your Life Iowa - Teens and Parents***
	Enforcement	• Alcohol Compliance Checks** • Enforcement of Administrative Penalties** • Saturation Patrols** • Shoulder Tap Operations** • Social Host Liability**

	Individual Factors	• Curriculum Based Support Group (CBSG)* • Familias Unidas* • Guiding Good Choices* • LifeSkills Training* • Prime for Life* • Project ALERT* • Project Towards No Drug Abuse* • Reconnecting Youth* • Strong African American Families* • Strengthening Families Program for Parents and Youth 10-14* • Team Awareness* • Too Good For Drugs* • Wellness Initiative for Senior Education (WISE)* • Workplace Supervisory Training* • Youth Mentoring*
	Promotion	• Alcohol Advertising Restrictions in Public Places** • Control on Alcohol Price Through Drink Specials/Promotion Limitations**
	Retail Availability	• Alcohol Compliance Checks** • Alcohol Outlet Density** • Control on Alcohol Price Through Drink Specials/Promotion Limitations** • Enforcement of Administrative Penalties** • Responsible Beverage Service Training**
	Social Availability	• Alcohol Restrictions at Community Events** • Shoulder Tap Operations** • Social Host Liability**

PREVENTION PRIORITY AREA	INTERVENING VARIABLES	EBPs Reference specific EBPs for associated populations of focus and RFPs for restrictions on utilization
Illicit Drugs	Community Norms	• Be a Mentor*** • College and University Campus Policies** • Meth Never Ever (methamphetamine focused)*** • Prevention Works*** • School Policies** • See the Person. Not the Addiction*** • Weed's Not Worth It (marijuana focused)*** • Workplace Policies** • Your Life Iowa - General*** • Your Life Iowa - Teens and Parents***
	Enforcement	• Civil Remedies** • Saturation Patrols** • Social Host Liability** • Surveillance of High Risk Public Areas**
	Individual Factors	• Curriculum Based Support Group (CBSG)* • Familias Unidas* • Guiding Good Choices* • LifeSkills Training* • Prime for Life 420* • Project ALERT* • Project Towards No Drug Abuse* • Reconnecting Youth* • Strong African American Families* • Strengthening Families Program for Parents and Youth 10-14* • Team Awareness* • Too Good For Drugs* • Workplace Supervisory Training* • Youth Mentoring*
	Promotion	• None
	Retail Availability	• None
	Social Availability	• Alterations to the Physical Environment** • Civil Remedies** • Social Host Liability**

PREVENTION PRIORITY AREA	INTERVENING VARIABLES	EBPs Reference specific EBPs for associated populations of focus and RFPs for restrictions on utilization
Prescription Medication/ Opioids	Community Norms	• Be a Mentor*** • College and University Campus Policies** • Be Prepared to Save A Life*** • CDC's Rx Awareness Campaign*** • Drug Take Back Campaign*** • Fake Pills*** • Good Samaritan Law*** • Prescription Drugs Are Still Drugs*** • Prevention Works*** • See the Person. Not the Addiction*** • School Policies** • Workplace Policies** • Your Life Iowa - General*** • Your Life Iowa - Teens and Parents***
	Enforcement	• Civil Remedies** • Law Enforcement Naloxone Policies** • Saturation Patrols** • Social Host Liability**
	Individual Factors	• Curriculum Based Support Group (CBSG)* • Familias Unidas* • Generation Rx* • Guiding Good Choices* • LifeSkills Training* • Project ALERT* • Project Towards No Drug Abuse* • Reconnecting Youth* • Strong African American Families* • Strengthening Families Program for Parents and Youth 10-14* • Team Awareness* • Too Good For Drugs* • Wellness Initiative for Senior Education (WISE)* • Workplace Supervisory Training* • Youth Mentoring*
	Promotion	• None
	Retail Availability	• Academic Detailing**
	Social Availability	• Alterations to the Physical Environment** • Civil Remedies** • Social Host Liability**

PREVENTION PRIORITY AREA	INTERVENING VARIABLES	EBPs Reference specific EBPs for associated populations of focus and RFPs for restrictions on utilization
Problem Gambling	Community Norms	• College and University Campus Policies** • Be #1 At Getting Help*** • Gift Responsibly*** • Help for Them…and You*** • Problem Gambling Awareness Month Campaign*** • Prevention Works*** • Responsible Gambling Toolkit** • School Policies** • Workplace Policies** • Your Life Iowa - General*** • Your Life Iowa - Teens and Parents***
	Enforcement	• None
	Individual Factors	• Stacked Deck*
	Promotion	• None
	Retail Availability	• Responsible Gambling Toolkit**
	Social Availability	• None

PREVENTION PRIORITY AREA	INTERVENING VARIABLES	EBPs Reference specific EBPs for associated populations of focus and RFPs for restrictions on utilization
Tobacco	Community Norms	• Be a Mentor*** • College and University Campus Policies** • Prevention Works*** • School Policies** • See the Person. Not the Addiction*** • Workplace Policies** • Your Life Iowa - General*** • Your Life Iowa - Teens and Parents***
	Enforcement	• None
	Individual Factors	• Curriculum Based Support Group (CBSG)* • Familias Unidas* • Guiding Good Choices* • LifeSkills Training* • Project ALERT* • Project Towards No Drug Abuse* • Reconnecting Youth* • Strong African American Families* • Strengthening Families Program for Parents and Youth 10-14* • Team Awareness* • Too Good For Drugs* • Workplace Supervisory Training* • Youth Mentoring*
	Promotion	• None
	Retail Availability	• None
	Social Availability	• None

PREVENTION PRIORITY AREA	INTERVENING VARIABLES	EBPs Reference specific EBPs for associated populations of focus and RFPs for restrictions on utilization
Suicide	Community Norms	• Be a Mentor*** • College and University Campus Policies** • Save a Life*** • School Policies** • Workplace Policies** • Your Life Iowa - General*** • Your Life Iowa - Teens and Parents***
	Enforcement	• None
	Individual Factors	• Reconnecting Youth* • Strengthening Families Program for Parents and Youth 10-14* • Youth Mentoring*
	Promotion	• None
	Retail Availability	• Alcohol Outlet Density**
	Social Availability	• None