

Handbook for Community Anti-Drug Coalitions



**Community Anti-Drug Coalitions of America
National Community Anti-Drug Coalition Institute**

This brief handbook was developed by CADCA's National Coalition Institute to provide an overview of resources for and about community anti-drug coalitions. We hope these resources will help your coalition become more effective. They are described in depth in Chapters 3 and 4.

Coalition building is hard but fulfilling work. By bringing together different sectors of the community, your coalition can work effectively to develop a comprehensive solution to your community's unique substance abuse problems. The aim of your coalition, especially if you receive funding through the Drug Free Communities Support Program, should be to achieve sustainable population-level reductions in substance abuse rates. This requires you to implement communitywide strategies to change problem environments, not solely to develop prevention programs that focus on serving individuals or groups of individuals. It also requires that you to bring the entire community together to achieve measurable results.

We hope this handbook will help educate, inform and empower your coalition and will provide some of the basic tools needed for success. Your work is important. Please contact us whenever a need arises. My staff and I stand ready to provide assistance to your coalition.

Working together we can continue to reduce substance abuse rates in our country!

Sincerely,

Arthur T. Dean
Major General, U.S. Army, Retired
Chair and CEO
CADCA (Community Anti-Drug Coalitions of America)

CONTENTS

CHAPTER 1: INTRODUCTION.....	2
About CADCA	2
About CADCA's Institute	2
Why community coalitions?.....	4
What are community coalitions?.....	6
Drug Free Communities Support Program	7
What are ONDCP, SAMHSA, CSAP	8
The Public Health Model	9
SAMHSA's Strategic Prevention Framework.....	10
CHAPTER 2: ANTI-DRUG COALITIONS AND COMMUNITY CHANGE	12
Understanding substance abuse problems	12
The need to create population-level changes to reduce substance abuse.....	13
Our theory of change.....	16
The importance of community mobilization.....	16
Building an effective coalition.....	21
The importance of understanding the function of a coalition as well as its form	22
Diversity, inclusion and cultural competence	24
CHAPTER 3: CADCA AND THE NATIONAL COALITION INSTITUTE.....	26
Training and technical assistance	26
No-cost training and TA	27
Low-cost training and events.....	27
Fee-for-service.....	29
Evaluation and research resources	29
Dissemination and coalition relations resources.....	31
No-cost print resources.....	31
Web-based resources and distance learning.....	33
Low-cost print resources	35
CHAPTER 4. RESOURCES	36
General resources—federal and non-federal	36
Funding links.....	37
GLOSSARY.....	39

CHAPTER 1: INTRODUCTION

CADCA's National Coalition Institute developed this handbook to educate, inform and empower community anti-drug coalitions. It provides some of the basic tools needed for success and offers links to myriad resources to help coalitions achieve the goal of safer, healthier and drug-free communities.

About CADCA

CADCA (Community Anti-Drug Coalitions of America) is an international membership organization representing more than 5,000 community anti-drug coalitions in the United States and abroad. CADCA holds Consultative Status with the United Nations' Economic and Social Commission and enjoys nonprofit status in the United States.

CADCA builds and strengthens the capacity of community coalitions by providing technical assistance and training, public policy education and advocacy, coalition-specific media strategies, national conferences and special events.

As the nation's leading drug abuse prevention organization, CADCA educates the public about the latest trends in substance abuse, builds community coalitions from the ground up and develops helpful tools and resources that empower communities to solve their drug and alcohol-related problems.

About CADCA's Institute

CADCA administers the National Community Anti-Drug Coalition Institute. The Institute was established in 2002 by the Drug Free Communities Act with three goals:

- 1) Provide education, training and technical assistance for coalition leaders and community teams, with emphasis on the development of coalitions serving economically disadvantaged areas;

- 2) Develop and disseminate evaluation tools, mechanisms and measures to better assess and document coalition performance measures and outcomes; and
- 3) Bridge the gap between research and practice by translating knowledge from research into practical information.

The Institute is funded through a grant as part of the Drug Free Communities Support Program (DFC) that is administered by the Executive Office of the President, Office of National Drug Control Policy (ONDCP) in partnership with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP).

Creating smarter coalitions, faster

The news is out. Coalitions that receive training and technical assistance (TA) from CADCA's Institute report higher levels of effectiveness. Overall, an independent evaluation conducted by the Michigan State University found that coalitions that participated in training or received TA from the Institute were more likely to have in place the essential processes needed to affect community change.

The evaluation also shows:

- Coalitions that receive training and TA from the Institute are engaged in a more comprehensive set of strategies to address substance abuse, versus those who did not receive training and TA from the Institute.
- Coalitions that receive TA from the Institute cite spending a greater portion of their time on implementing environmental strategies, such as changing policies, decreasing access, changing consequences and changing the physical structure of their environment.
- 60 percent of coalitions that received TA or personal coaching from the Institute report that they helped bring about a new policy or practice in their community, compared to 42 percent of those who did not receive TA or personal coaching.

Source: *Michigan State University conducts an annual independent evaluation of the Institute. Read the most recent evaluation, covering the fiscal year from September 2006 to August 2007, on the About the Institute section of the Web site at www.cadca.org.*

The Institute provides training, technical assistance, publications and other resources to community coalitions. Institute staff respond to coalition- or prevention-related questions and provide resources to improve the effectiveness of community anti-drug coalitions. The Institute also provides assistance on issues pertaining to evaluation and research focusing on coalitions and coalition-related organizations.

Why community coalitions?

Throughout the United States, community coalitions make a significant difference. Local coalitions continue to change the way that American communities respond to the threats of illegal drugs, alcohol abuse and tobacco use. By mobilizing the entire community—parents, teachers, youth, police, health care providers, faith communities, business and civic leaders and others—communities can transform themselves.

National surveys show a steady downward trend in substance abuse among youth since 2002. Although there was little

Essential differences between coalitions and programs	
Coalitions	Programs
Scale Coalitions measure success by examining community-level indicators. This applies to all coalition outcomes (short- and long-term).	Programs measure change in individuals who have been directly affected by the intervention(s).
Addresses multiple causes Coalitions seek to ensure that all causes of identified problems are addressed	Programs are more focused on single strategies, e.g., parenting classes or peer mentoring.
Actors Coalition activities are diffused and taken by all members with staff playing more of a coordinating and supporting role.	Program staff lead the process and are responsible for implementing interventions.

change in past month use of cigarettes, alcohol and illicit drugs among adolescents between 2006 and 2007—the last years for which figures are available—the rates generally declined between 2002 and 2007. For example, 9.8 percent of adolescents used cigarettes in the past month in 2007. This rate showed a slight decrease from the 10.4 percent reported in 2006, but statistically lower rates than the 13.0 percent reported in 2002.¹

Additionally, a National Interim Evaluation of the Drug Free Communities Support Program shows that in both 2005 and 2007, high school students (grades 9-12) in DFC communities reported significantly less past 30-day alcohol, tobacco and marijuana use than non-DFC communities. Additionally, between 2005 and 2007, among high school students in DFC communities, there was a significant decrease in the percentage of Past 30-Day use rates across all three substances.²

Clearly, anti-drug coalitions can claim part of the credit for this success and will continue to contribute to reductions in drug and alcohol use among youth and adults in the future.

Coalition building, collaborative problem solving and community development are some of the most effective interventions for change available to us today. Coalitions are partnerships of the many sectors of a community which gather together collaboratively to solve the community's problems and guide the community's future. When they are driven by citizen identified issues, citizens become involved in all steps of the problem solving process.

Source: Excerpts from "What Coalitions Are Not" by Tom Wolff

¹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 4, 2008). The NSDUH—in Substance Use, Dependence or Abuse, and Treatment among Adolescents: 2002 to 2007. Rockville, MD. Retrieved from Internet at <http://www.oas.samhsa.gov/2k8/youthTrends/youthTrends.htm>, July 2009.

² The National Interim Evaluation, conducted by Battelle Memorial Institute on behalf of ONDCP, examined trends in current use among communities with DFC coalitions, compared to reported use at the national level using data from the Youth Risk Behavior Surveillance System (YRBS). Retrieved from the Internet at http://www.ondcp.gov/dfc/files/dfc_interim_findings_092408.pdf, July 2009.

What are community coalitions?

CADCA defines coalitions as a formal arrangement for collaboration among groups or sectors of a community, in which each group retains its identity but all agree to work together toward the common goal of a safe, healthy and drug-free community. Coalitions should have deep connections to the local community and serve as catalysts for reducing local substance abuse rates. A such, community coalitions are not prevention programs or traditional human service organizations that provide direct services. Rather they are directed by local residents and sector representatives who have a genuine voice in determining the best strategies to address local problems.

Coalitions must work hard to connect with community members at a grassroots level. Coalition development takes time and skill. DFC grantees must show a minimum of 12 community sectors participating in their group, but all coalitions can

Anti-Drug alphabet soup

CADCA—Community Anti-Drug Coalitions of America

Institute—CADCA's National Coalition Institute

NCA—National Coalition Academy

NYLI—National Youth Leadership Initiative

DHHS—United States Department of Health and Human Services

CDC—Centers for Disease Control and Prevention

SAMHSA—Substance Abuse and Mental Health Services Administration

CSAP—Center for Substance Abuse Prevention

SPF—Strategic Prevention Framework

CSAT—Center for Substance Abuse Treatment

CMHS—Center for Mental Health Services

DOJ—Department of Justice

CCDO—Community Capacity Development Office

OJJDP—Office of Juvenile Justice and Delinquency Prevention

ONDCP—Executive Office of the President,
Office of National Drug Control Policy

DFC—Drug Free Communities Support Program

NIH—National Institutes of Health

NIAAA—National Institute on Alcohol Abuse and Alcoholism

NIDA—National Institute on Drug Abuse

increase their potential power by ensuring that they include not only the “movers and shakers,” but also the “grassroots” folks who have strong links within neighborhoods and informal institutions. Coalitions should incorporate evidence-based approaches when developing their strategic plans. Rather than depleting resources by implementing prevention programs with a limited reach, effective coalitions focus on improving systems and environments. Collectively, their approaches must be geared toward population-level changes.

Drug Free Communities Support Program

In 1997, Congress enacted the Drug Free Communities Support Program to provide grants to community-based coalitions to serve as catalysts for multi-sector participation to reduce local substance abuse problems. By 2009, more than 1,600 local coalitions are receiving or have received funding to work on two main goals:

- Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.
- Establish and strengthen collaboration among communities, private nonprofit agencies and federal, state, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

Drug Free Communities Support Program's 12 required sectors

DFC coalitions must include a minimum of one member/representative from each of these 12 community sectors:

- Youth (persons <= 18 years of age)
- Parents
- Business community
- Media
- Schools
- Youth-serving organizations
- Law enforcement agencies
- Religious or fraternal organizations
- Civic and volunteer groups
- Healthcare professionals
- State, local or tribal agencies with expertise in the field of substance abuse
- Other organizations involved in reducing substance abuse

To learn more about this important program, please visit the DFC Web site at <http://www.ondcp.gov/dfc/index.html>. If you are a coalition and do not currently receive funds through the DFC program, contact CADCA's National Coalition Institute by e-mail at training@cadca.org or by calling 1-800-54-CADCA, ext. 240, to find out about application criteria and guidelines.

What are ONDCP, SAMHSA and CSAP?

The Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President, was established by the Anti-Drug Abuse Act of 1988. The principal purpose of ONDCP is to establish policies, priorities and objectives for the nation's drug control strategy. The goals of the program are to reduce illicit drug use, manufacturing and trafficking, drug-related crime and violence and drug-related health consequences. To achieve these goals, the director of ONDCP is charged with producing the National Drug Control Strategy, available online at <http://www.ondcp.gov/policy/ndcs.html>.

By law, the director of ONDCP also evaluates, coordinates and oversees the international and domestic anti-drug efforts of executive branch agencies and ensures that such efforts sustain and complement state and local activities. The director advises the president regarding changes in the organization, management, budgeting and personnel of federal agencies that could affect the nation's anti-drug efforts; and regarding federal agency compliance with their obligations under the strategy.

Congress has given ONDCP authority to administer the DFC. The Institute is funded as part of the DFC program, through a grant from SAMHSA. To learn more about ONDCP and its many initiatives, visit its Web site at www.ondcp.gov.

The Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), is charged with administering the country's substance abuse system. SAMHSA works to achieve its vision—A Life in the Community for Everyone—through an action-oriented, measurable mission of "Building Resilience and Facilitating Recovery."

Through three Centers (Center for Substance Abuse Prevention, Center for Substance Abuse Treatment and Center for Mental Health Services) and supporting offices, SAMHSA engages in program activities to carry out its mission. With a fiscal year 2009 budget of nearly \$3.3 billion, SAMHSA funds and administers a rich portfolio of grants and contracts that support state and community efforts to expand and enhance prevention and early intervention programs and to improve the quality, availability and range of substance abuse treatment, mental health and recovery support services in local communities.

The Center for Substance Abuse Prevention (CSAP) provides national leadership in the development of policies, programs and services to prevent the onset of illegal drug and underage alcohol and tobacco use. CSAP disseminates effective substance abuse prevention practices and builds the capacity of states, communities and other groups to apply prevention knowledge effectively. An integrated systems approach is used to coordinate these activities and collaborate with other federal, state, public and private organizations. SAMHSA's Web site, www.samhsa.gov contains valuable information about its many initiatives, three centers and funding opportunities.

CADCA collaborates with many additional federal partners including the Drug Enforcement Administration, National Highway Traffic Safety Administration, the National Guard Bureau, its counterdrug training centers and Multijurisdictional Counterdrug Task Force Training, CADCA also partners with numerous state, local and private organizations.

The Public Health Model

Prevention programs historically have focused on approaches designed to affect

The Public Health Model

The public health model demonstrates that problems arise through relationships and interactions among an **agent** (e.g., the substance, like alcohol or drugs), a **host** (the individual drinker or drug user), and the **environment** (the social and physical context of substance use).

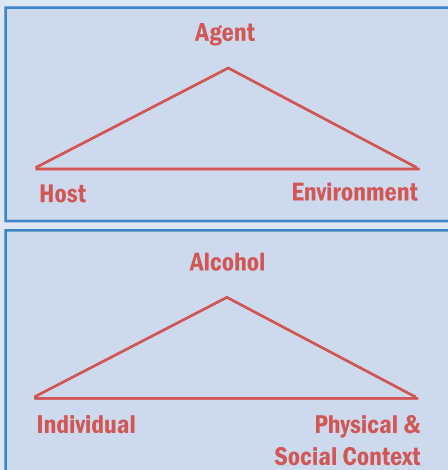
These more complex relationships compel coalitions to think in a more comprehensive way. Over time, the public health model has proven to be the most effective method to create and sustain change at a community level.

individuals, peers or families. Today, many coalitions work to reduce substance abuse in the larger community by implementing comprehensive, multi-strategy plans. Activities and initiatives that target individual users reach limited numbers of people, but community-based programs that provide direct services to individuals, such as parenting classes, are important coalition partners. Strategies that focus on the substance and the environment—although more difficult to implement—are likely to impact many more people.

Chances of keeping youth from using alcohol increase if the classes form part of a multi-strategy approach that includes a campaign to limit billboards near local schools and an education program for store owners to ensure they do not sell to mi-

norors. Such approaches might include strategies that target the substance (e.g., raising the price of alcohol) and/or the environment (e.g., implementing policies to reduce youth access). To show communitywide impact, your coalition needs a variety of strategies focusing on multiple targets of sufficient scale and duration that affect the broader community.

Figure 1. The Public Health Model



SAMHSA's Strategic Prevention Framework

The DFC program uses the Strategic Prevention Framework (SPF) developed by SAMHSA. The framework is built on evidence-based theory and practices, and the knowledge that effective prevention programs must engage individuals, families and entire communities. It sets into place a process that empowers communities to identify and implement the most effective strategies to achieve community-level change. The

SPF's elements guide coalitions in developing the infrastructure needed for community-based, public health approaches leading to effective and sustainable reductions in alcohol, tobacco and other drug (ATOD) use and abuse. CADCA's Institute trainings are aligned with the SPF and focus on the five elements shown in Figure 2 including:

- **Assessment.** Collect data to define problems, resources and readiness within a geographic area to address needs and gaps.
- **Capacity.** Mobilize and/or build capacity within a geographic area to address needs.
- **Planning.** Develop a comprehensive strategic plan that includes policies, programs and practices creating a logical, data-driven plan to address problems identified in Assessment.
- **Implementation.** Implement evidence-based prevention programs, policies, and practices.
- **Evaluation.** Measure the impact of the SPF and its implemented programs, policies and practices.

Note that **Sustainability** and **Cultural Competence** have been placed in the center of the circle, indicating that they impact and should be integrated into all elements of the SPF.

Figure 2. SAMHSA's Strategic Prevention Framework



CHAPTER 2: ANTI-DRUG COALITIONS AND COMMUNITY CHANGE

Understanding substance abuse problems

Substance abuse problems are complex and impact international, national and local efforts to create healthy communities. Recent federal anti-drug strategies have described how we, as a country, need to prohibit drugs from entering into our country, stop use before it starts and help those who need treatment. But those large-scale goals do not resolve serious debates as to how best to balance the allocation of resources between reduction in demand and supply. Further, while research clearly indicates that alcohol causes much more devastation to individuals, families and communities, many still perceive that its use is less dangerous than illicit substances.

While community coalition leaders should be aware of national and international trends in substance abuse and take advantage of current research, they must focus on local conditions. Over the past two decades, understanding these problems centered on identifying and addressing risk and protective factors. This framework provides an important way to understand the causes of substance abuse. Research identifies risk and protective factors in various domains: Individual and peer, family, school and community. Many evidence-based prevention programs have been developed to address these factors, with a strong emphasis on individual, family and school domains.

CADCA acknowledges the importance of understanding risk and protective factors in all identified domains. We suggest that coalitions can have their greatest impact when they address local conditions by examining the unique characteristics that promote substance misuse through comprehensive strategies. This is not to say that coalitions cannot create or support programs that address family issues, for example. But, coalitions are well-equipped to address problems that are shared by all residents rather than solely concentrating on individual or

family interventions. If they focus only on prevention programs rather than developing strategies to address communitywide problems, they are less likely to achieve their goal of solving population-level problems.

Addressing local substance abuse problems involves undertaking a solid assessment of your community. Look at available quantitative and qualitative data to get a handle on what happens in specific parts of the community rather than importing model programs that may or may not meet their needs. Residents are more likely to join an effort that specifically responds to local problems or issues.

In looking at their communities' substance abuse problems, coalitions should analyze their area to identify high-risk or problem environments. This requires going beyond basic epidemiological data on use and perception of harm and looking at your community through a sharper lens. Focus on where problems occur and how they can be changed. For example, does a particular liquor store create havoc in your community? Do juveniles go to a certain park to smoke marijuana? An environmental scan will help you determine the long-term strategies that are most appropriate for your coalition. Often communities first implement random, disconnected and time-limited activities because they want to take action against drug abuse. These activities often fall short of the identified goal.

The need to create population-level changes to reduce substance abuse

As the research indicates, forming and sustaining a community coalition is difficult work. It involves skill and knowledge to bring together diverse sections of your community, build consensus and pursue common goals. Community coalitions can unleash the capacity of a community to bring about needed change. At the end of the day, it is probably not worth the effort merely to develop programs that affect only a discrete population, like 40 youth in an after-school program.

At CADCA, we believe that Americans want to reduce substance abuse rates nationally. Undoubtedly, people in your community want to “move the needle.” So your challenge is to implement strategies to achieve that goal. Ask yourself if working with a group of students in a classroom or developing a teen center will change the overall substance abuse rates in your community. Is developing a school-based course for sixth graders going to impact how problem liquor outlets in your community operate? Consider the entire community when you develop your strategies or you are unlikely to make population-level reductions in substance abuse rates in your community.

In our trainings, we show seven basic approaches for creating community change. These are highlighted on the next page. Note that the first three strategies focus primarily on individuals while the latter four focus on systems and policies.

Approaches designed to create systemic change often are called environmental strategies. The substance abuse prevention system is certainly not the only one which has employed such strategies to create better public health. Consider for a minute the anti-tobacco movement. Laws enacted in the past two decades in many states and communities severely limited the ability of people to smoke in public, made it more difficult for minors to purchase tobacco products and made such products more costly. The result has been a significant reduction in rates and a change of cultural norms. The tobacco control movement succeeded in reducing tobacco use not by only implementing tobacco cessation programs, but by changing the environment. Because of the efforts, thousands of lives have been saved.

Population-level change requires a significant mind shift. You must acknowledge that substance abuse does not just impact one part of the community—such as low-income populations, ethnic minorities or recent immigrants. Research shows that substance abuse impacts all socio-economic levels, although in greatly varying ways. It is impossible to inoculate a single community group or sector.

Seven strategies to affect community change

1. **Provide information**—Educational presentations, workshops or seminars and data or media presentations (e.g., public service announcements, brochures, billboard campaigns, community meetings, town halls, forums, Web-based communication).
2. **Enhance skills**—Workshops, seminars or activities designed to increase the skills of participants, members and staff (e.g., training, technical assistance, distance learning, strategic planning retreats, parenting classes, model programs in schools).
3. **Provide support**—Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals for services, support groups, youth clubs, parenting groups, Alcoholics or Narcotics Anonymous).
4. **Enhance access/reduce barriers****—Improving systems and processes to increase the ease, ability and opportunity to utilize systems and services (e.g., access to treatment, childcare, transportation, housing, education, special needs, cultural and language sensitivity).
5. **Change consequences (incentives/disincentives)**—Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. **Change physical design**—Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. **Modify/change policies**—Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

**** Note:** This strategy also can be utilized when it is turned around to **reducing access/enhancing barriers**. When community coalitions establish barriers to underage drinking or other illegal drug use, they decrease its accessibility. Prevention science tells us that when more resources (money, time, etc.) are required to obtain illegal substances, use declines. When many states began to mandate the placement of pseudoephedrine-based products behind the pharmacy counter, communities experienced a significant decrease in local clandestine methamphetamine labs. Barriers were put into place that led to a decrease in the accessibility of the precursor materials for meth production.

The list of strategies were distilled by the University of Kansas Work Group on Health Promotion and Community Development—a World Health Organization Collaborating Centre. Research cited in selection of the strategies is documented on CADCA's Web site, www.cadca.org. The Institute uses this list by permission of the University.

Finally, if your aim is to create population-level change, you need to have all major groups of your community involved in your coalition. If severely affected neighborhoods are not involved in the decision making for planning and carrying out community change, your efforts likely will fall short or fail.

Our theory of change

CADCA has organized its trainings and other resources around a theory of change—when a community coalition implements the SPF, it is more likely to decrease rates of substance abuse over time—which will enable coalitions to become more effective. Basically, we believe that if a coalition develops important skills, uses several evidence-based processes and develops essential products, they are more likely to be able to achieve population-level change. They become smarter, faster.

Skills, processes and products

Skills = What you need to know

Processes = What your community needs to do

Products = What your coalition needs to create

Note that the skills, processes and products found on pages 17, 18 and 19 align with SPF.

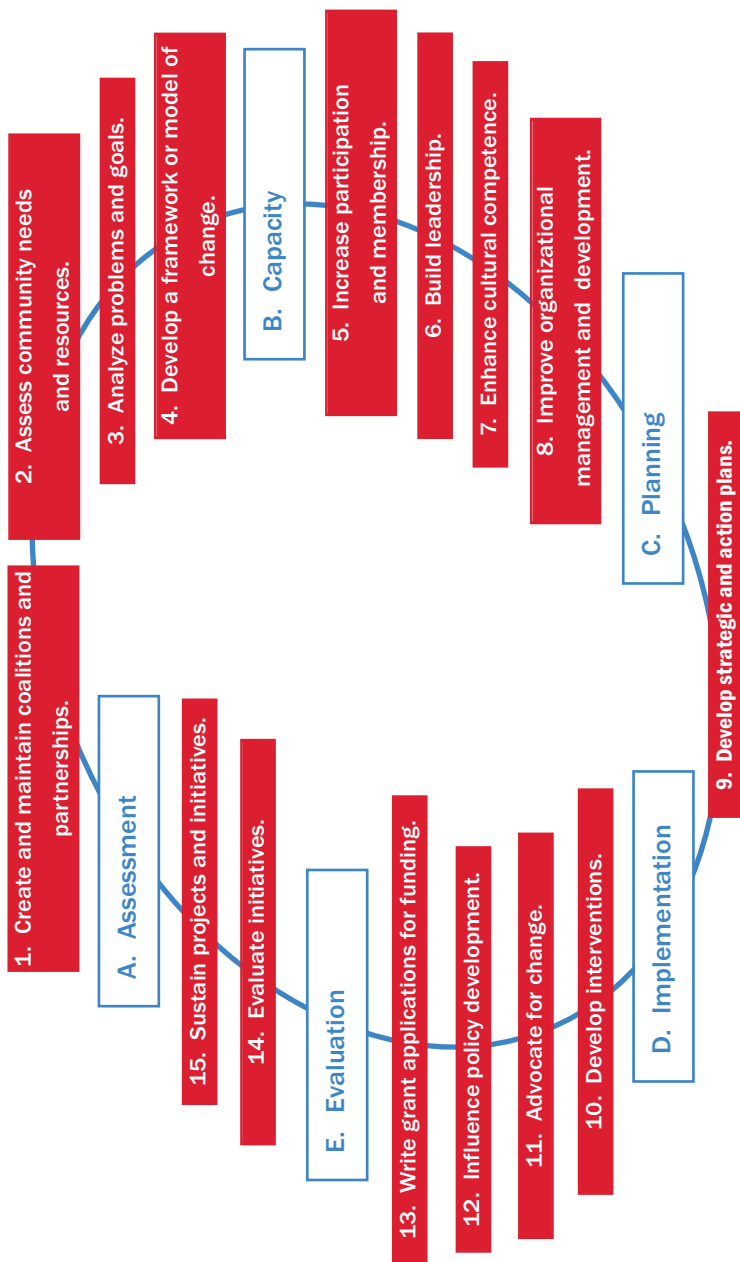
The importance of community mobilization

Implementing strategies to create community-level change is challenging. While you are not likely to face opposition in your community if you develop an evidence-based parent education program, some folks may not welcome your efforts to limit consumption of alcohol in public parks. In many cases, coalitions find themselves attempting to change practices and policies that have been in place for decades.

For example, if you try to limit the consumption of alcoholic beverages in public places, you may find that residents have never considered such a ban and may see drinking in public as a normal activity or rite of passage. People may tell you that it is their “right” to open a six-pack in public.

Skills Required to Implement the Strategic Prevention Framework

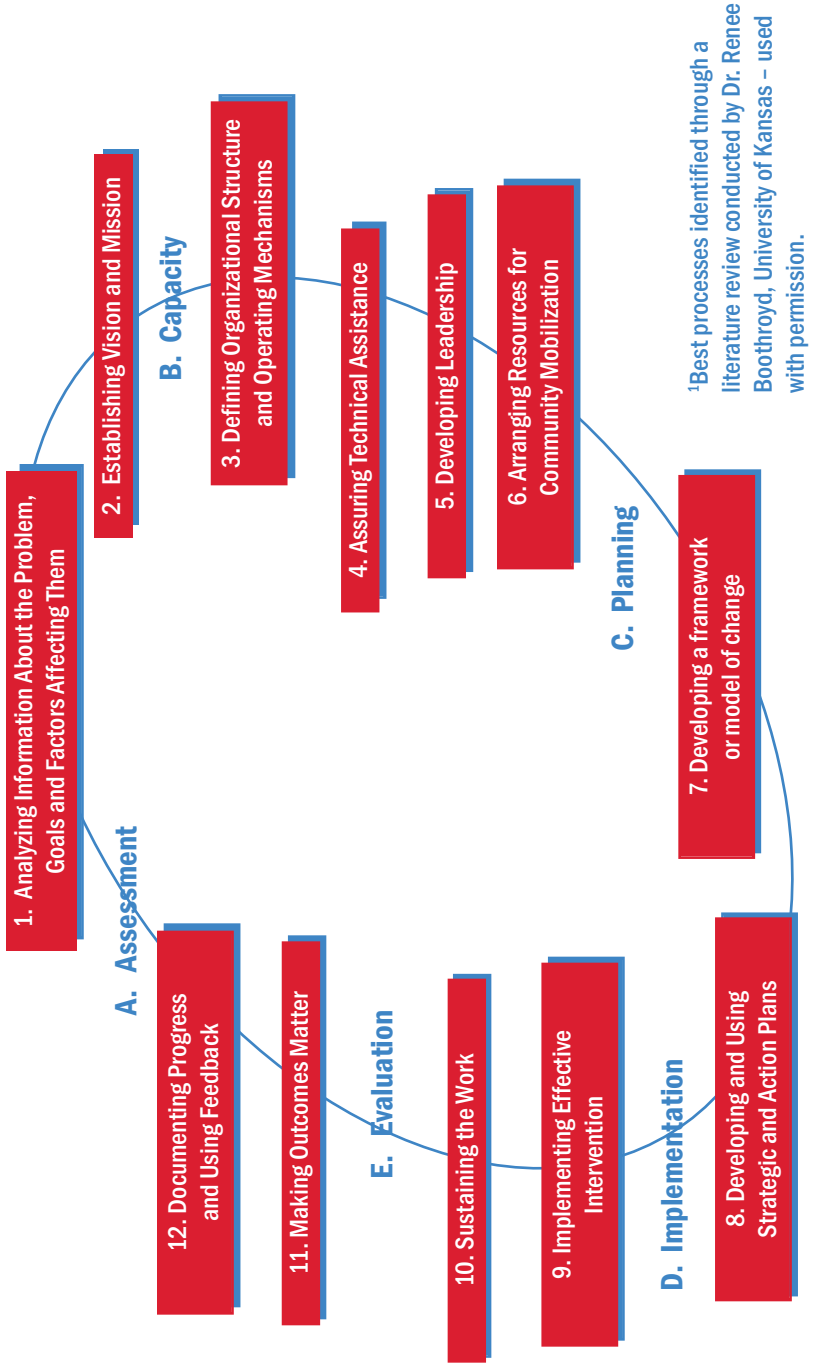
The relationship between SAMHSA's Strategic Prevention Framework and the Core Competencies* supported by 



* Core Competencies 2004 © University of Kansas. Used by permission.

Figure 4. Best processes for implementing the SPF

Best Processes¹ for Implementing the Strategic Prevention Framework



In other instances, you may find yourself confronting alcohol outlets or other institutions. For example, you may want to limit sales of over-the-counter medicines in local drug stores but find that corporate policies, developed nationally, do not allow for such a change.

To enact policy changes, alter problem environments and/or create genuine systems change, you likely will need to generate considerable community support. You may find that you not only need to have residents agree with your policies, but they also must mobilize to help create the change. Since community mobilization requires an investment of resources, both human and material, your coalition should carefully consider various tactics to achieve broad-based support. If you want to tax alcohol and have not included lower-income residents, you can be portrayed as being insensitive to issues facing poor people. Attempting to develop policies to protect the youth from drug dealers and users in your local park but not including community members and other institutional partners can cause serious setbacks to your work.

Figure 5. Products your community needs to create



Mobilizing your community requires working with sector representatives and reaching out to groups and individuals who can become important allies to your coalition. For example, have you involved places of worship in your community? Do you conduct neighborhood meetings?

Many coalition leaders are uncomfortable with community mobilization. They may fear conflict or lack community organizing skills. In reality, coalitions have little choice but to engage in community mobilization if they want to change the status quo. Remember, your coalition aims to change problem environments, alter practices that lead to increased substance abuse and change systems that may support longstanding policies. Coalition members should develop skills to become change agents and oppose those who perpetuate “business as usual.”

Community mobilizing means you can turn out large numbers of people to advocate for a specific action. Whether conducting a letter-writing campaign to your local congressperson, advocating in front of a school board for student assistance programs, asking your city council to prohibit alcohol billboards or promoting drug courts in front of your county commission, you need the support of many sectors of your community, particularly residents and civic groups. Local politicians will support your coalition because it represents expertise, enables the community’s voice and exercises its influence successfully.

Some coalitions report that they are afraid of losing state and federal grants because they engage in “lobbying.” However, advocacy and lobbying are not synonymous. This topic is complex and beyond the scope of this publication, but CADCA offers a variety of resources focusing on the basic concepts of community mobilization and policy advocacy. You also will find materials outlining the types of activities in which you can engage even though you receive federal funds. CADCA can provide guidance on effective advocacy and its importance.

Building an effective coalition

An effective coalition is not a collection of prevention programs. An effective coalition follows all of the steps of the SPF as it develops strategies to bring about population-level change. It works with others to create a coherent community-wide plan that may include not only prevention, but treatment and recovery services. But other essential ingredients to building an effective coalition also exist.

An effective coalition remains true to its mission and does not “follow the money.” Too often, communities come together to fight substance abuse and after a few years “mission creep” sets in. For example, a coalition project director discovers that funds are available for obesity prevention and skews the mission to fit new funding criteria, because “they are inter-related.” Your coalition must guard against going off on tangents.

This does not mean that you will never change strategies. But such changes should be based on your assessments of community problems. For example, after five years of work you discover that meth labs have essentially disappeared and you now need to focus on decreasing rates of over-the-counter medicine abuse by teens.

An effective coalition builds capacity and this includes providing training for coalition leaders and members. Most people have not studied coalition building and although they have good intentions, they often lack the requisite skills to generate community-level change. If you want people to meet with legislators, you need to demonstrate how to run a successful meeting with elected officials. If you want youth to conduct environmental scans, provide them with a basic understanding of environmental strategies. If you want immigrants to join your coalition, inform them of how systems run in your community and communicate using their native language. Make your coalition a learning institution, a place where people know that they can get the information and training they need. Become the substance abuse experts in your community.

An effective coalition knows how to work with volunteers. Vibrant, meaningful, effective coalitions become the group to which others turn when they need information and resources and when they want to generate community action. Attracting members will be easier and you may need to enlist a volunteer coordinator to manage the efforts of all those who want to be affiliated with your group.

If, on the other hand, your coalition does not accomplish much, does not welcome new members and allows a small group to hold power indefinitely, your coalition will decline and you may become the coalition leader who constantly complains about the community lacking readiness or simply not caring.

CADCA's Institute understands that capacity building is important and has published a primer and other important materials on the topic. This primer and other materials regarding capacity can be found on our Web site.

Also remember that cultural competence falls under capacity in the SPF, although it is important in all elements of coalition development and implementation. When developing capacity, always keep diversity issues in the forefront, not as an afterthought. Incorporate and practice policies of inclusion.

"I am convinced that we have just begun to see what coalitions can accomplish. I have been accused of being an eternal optimist or a dreamer. I have been labeled a coalition guru, groupie and cheerleader. But, in fact, I am a believer in the power that lies within each of us to hatch a new idea, dare to do things differently and succeed despite the challenges. I have witnessed what can happen when people and organizations celebrate their differences, ask the hard questions, reach into their pockets and put their collective talents to work for change."

Dr. Frances D. Butterfoss

Coalitions and Partnerships for Community Health

The importance of understanding the function and form of a coalition

Considerable research has been conducted to determine what factors impact the development of a community coalition. Many of these studies have focused on the structure, processes and practices of community coalitions. For example, Dr. Frances D. Butterfoss has published a textbook, *Coalitions and Partnerships for Community Health*, which outlines the development of coalitions and highlight those elements key to success. The book looks at more than 100 studies related to coalitions and other community partnerships.

CADCA supports a strong capacity-building focus. Many community coalitions have failed in their efforts to create community-level change because they have not paid sufficient attention to effective organization, coalition development, productive meetings and sustainability.

Coalitions, however, must guard against a focus only on the form (infrastructure) of a coalition and not enough on its function. Why are members of your community joining your coalition? The answer should be because your group impacts local substance abuse rates. Your function should be mobilizing residents to develop and carry out a communitywide plan to achieve your aims, not to solely focus on creating a solid organizational structure.

Of course, form and function must mesh. For example, if you have a great community plan but think that coalition staff should implement it, you will marginalize your members. Your real challenge is to engage members to implement the plan within their own sectors and spheres of influence. Staff should play a supporting role, but not be the central drivers of action.

Unfortunately, the history of community coalitions and their antecedent community partnerships is filled with stories of groups that spent hours hashing out mission statements and carefully worded vision statements and never went on to focus on serious analysis of their community problems. Other groups

created elaborate by-laws only to develop a series of limited prevention programs rather than engage in significant community change. They failed to demonstrate their value to their communities hindering their abilities to sustain their efforts over time.

Remember, your coalition's mission should determine its strategies. Smooth functioning of a coalition is critical, but only to the extent that it helps your group achieve its goals.

Diversity, inclusion and cultural competence

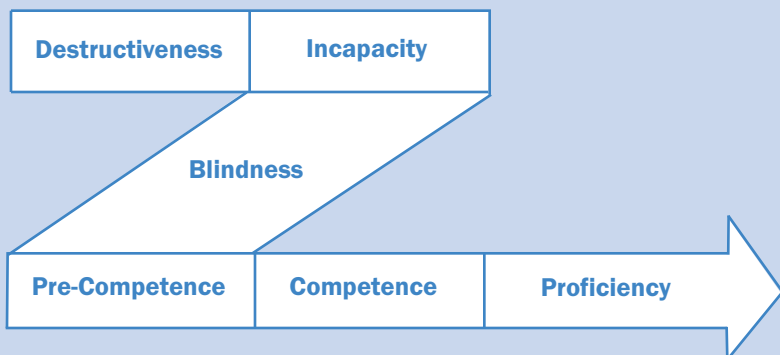
The SPF places cultural competence and sustainability at its center as these key concepts must be incorporated into every element. What is meant by cultural competence?

Cultural competence encompasses several guiding principles that enable coalitions to have positive interactions in culturally diverse environments. For example:

- Each group has unique cultural needs. Your coalition should acknowledge that several paths lead to the same goal.
- Significant diversity exists within cultures. Recognize that cultural groups are complex and diverse; do not view them as a single entity.
- People have group and personal identities. Treat people as individuals and acknowledge their group identities.
- The dominant culture serves people from diverse backgrounds in varying degrees. Coalitions must recognize that what works well for the dominant cultural group may not work for members of other cultural groups.
- Culture is ever-present. Acknowledge culture as a predominant force in shaping behaviors, values and institutions.
- Cultural competence is not limited to ethnicity, but includes age, gender, sexual identity and other variables.

CADCA's Institute has published a primer dealing with cultural competence and offers other good online resources. You may access these by visiting our Web site at www.cadca.org.

Figure 6. Cultural competence continuum



The characteristics delineated in this continuum allow systems and organizations to broadly gauge where they are, and to plan for positive movement and growth to achieve cultural competence and proficiency. Cultural destructiveness acknowledges only one way of being and purposefully denies or outlaws any other cultural approaches.

- **Cultural incapacity** supports the concept of separate but equal; marked by an inability to deal personally with multiple approaches but a willingness to accept their existence elsewhere.
- **Cultural blindness** fosters an assumption that people are all basically alike, so what works with members of one culture should work within all other cultures.
- **Cultural pre-competence** encourages learning and understanding of new ideas and solutions to improve performance or services.
- **Cultural competence** involves actively seeking advice and consultation and a commitment to incorporating new knowledge and experiences into a wider range of practice.
- **Cultural proficiency** involves holding cultural differences and diversity in the highest esteem, pro-activity regarding cultural differences, and promotion of improved cultural relations among diverse groups.

Source: Adapted from: Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Toward a Culturally Competent System of Care*, Volume 1. Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center. Available at: <http://gucchd.georgetown.edu/nccc/sidsdvd/continuum.pdf>.

CHAPTER 3: CADCA AND THE NATIONAL COALITION INSTITUTE

CADCA and its National Coalition Institute offer numerous resources for communities. Most Institute resources are available to any coalition and are offered free or on a cost-reimbursement basis. Many of the Institute's resources are available electronically and CADCA membership is not necessary for access. CADCA charges a nominal fee for multiple copies of some publications and products.

If you are a DFC grantee, we encourage you to utilize Institute resources. Free technical assistance is available for coalitions on a variety of topics. However questions related to your grant are more appropriate for your CSAP project officer or other federal officials. Institute policy prohibits staff from writing, reviewing or evaluating grant applications or re-applications to the DFC or any federal program.

The Institute incorporates three divisions to meet its goals: Training and Technical Assistance, Evaluation and Research and Dissemination and Coalition Relations. Information on CADCA and Institute resources are identified under those headings on the following pages.

Training and technical assistance

No-cost training and technical assistance options

Technical assistance. CADCA's Institute offers free telephone or Web-based technical assistance (TA) to any coalition in the United States on a wide variety of topics to help build coalition effectiveness. You do not have to be a CADCA member to receive TA. All TA is provided by an expert in the coalition field, either a CADCA staff member or one of its coaches.

To receive technical assistance, please contact our TA Manager at (800) 54-CADCA, ext. 240, or fill out the TA request form on the CADCA Web site.

Personal coaching. Coalitions meet with an experienced coalition leader for a “one-on-one session” on topic(s) requested by the coalition. Personal coaching takes place at the CADCA Mid-Year Institute, other training conferences and through technical assistance requests.

Low-cost training and events

The National Coalition Academy (NCA), the Institute’s flagship training, offers a unique format that combines three weeks of classroom instruction with Web-based teleconferencing, mentoring and an online workstation for participant support. Course materials, lodging and meals are provided free through support from the Institute, the National Guard Bureau and its Counterdrug Training Centers. Coalitions are responsible only for travel costs to and from the Academy sites.

The training equips coalition leaders with vital skills and techniques necessary to make real change happen in their community. Participants receive instruction on core competencies essential for a highly-effective coalition ranging from developing strategic and action plans, building partnerships to enhancing cultural competence and resource development.

For more information or to register, contact the Institute’s Training and TA Department at 1-800-54-CADCA, ext. 240, or go to the training page of the Web site.

CADCA's National Youth Leadership Initiative (NYLI) helps coalitions build their capacity to foster youth leadership in the design, implementation and evaluation of action strategies addressing community problems. In this course, youth and their adult advisors learn how to help their local coalitions become more effective in producing community change. The NYLI represents a significant workforce development strategy for community coalitions.

For more information, contact our Training and TA Department at training@cadca.org or at 1-800-54-CADCA, ext. 240.

State-level training. The CADCA Institute offers each state an annual (one- or two-day) training which takes place within the state provided all coalitions in that state are invited to participate. The Institute grant covers the cost of trainers, CADCA staff and trainer travel and course material. The host state (or designated state representative) publicizes the event, provides the venue, registration, logistics and (if possible) meals/refreshments.

Regional training. On an annual basis, the Institute provides two to three grant-funded regional or cluster trainings in different locations in the United States. There is no registration fee, but participants are responsible for their travel costs. Regional trainings generally last two to four days.

CADCA's National Leadership Forum is the nation's premier training conference for community anti-drug coalition members and prevention professionals. Senior federal officials, members of Congress and and three former presidents have addressed participants at past Forums. The Forum is an annual event, held within the first months of the new year in the Washington, D.C., area.

The Forum provides networking opportunities, training and workshops on coalition core competencies.

CADCA National Leadership Forum

and

Mid-Year Training Institute Schedule

National Leadership Forum XX

Feb 8-11, 2010

Gaylord National Resort and Convention Center, National Harbor, MD

Mid-Year Training Institute

July 26-29, 2010

Phoenix, AZ

National Leadership Forum XXI

Feb 7-10, 2011

Gaylord National Resort and Convention Center, National Harbor, MD

Mid-Year Training Institute

July 25-28, 2011

Garden Grove, CA

National Leadership Forum XXII

Feb 6-9, 2012

Gaylord National Resort and Convention Center, National Harbor, MD

National Leadership Forum XXIII

Feb 4-7, 2013

Gaylord National Resort and Convention Center, National Harbor, MD

cies, drug abuse trends, the latest techniques and research in substance abuse and a chance to meet key congressional leaders. Other conference highlights include regional receptions, roundtable discussions, and a special program for youth participants, Capitol Hill Day and CADCA's annual award luncheon. Visit the Web site for details.

CADCA's Mid-Year Training Institute provides focused and hands-on training on core coalition competencies to participants in a small group format. The Mid-Year is held in a different city each year to provide coalition members and leaders from all regions of the country the opportunity to participate. Visit the Web site for more information.

Fee-for-service trainings

In addition to the many free and low-cost training options, arrangements can be made for CADCA trainers to come to your location to train your coalition on a variety of topics, including strategic planning, evaluation, cultural competence and sustainability, on a fee-for-service basis.

CADCA also contracts with states and other governmental, non-governmental and tribal agencies to provide customized training and technical assistance to meet their specific needs.

Evaluation and research resources

CADCA's Annual Survey of Coalitions (formerly the National Coalition Registry) is an exclusive survey ONLY for substance abuse prevention coalitions. The aim of CADCA's Annual Survey is to identify coalitions around the country and learn more about what they are doing to address substance abuse problems in their communities. Through the survey, coalitions provide critically needed information that will advance the coalition field and help inform CADCA of training and technical assistance needs that are vital to coalitions. The Annual Survey serves as a single source where coalitions, policymakers, researchers and practitioners can access up-to-date information on coalitions.

The Annual Survey period opens each fall/winter for coalitions to complete. The Survey asks coalitions to reflect on activities conducted in the last 12 months and coalitions are encouraged to update their information yearly.

The Annual Survey Reports provide a real-time snapshot of the vital work of coalitions for the media and policy-makers. The Annual Survey is designed as an interactive, online resource for coalitions, providing up-to-date information for the field. Coalitions that participate each year will have special access to Annual Survey results.

The GOT OUTCOMES! Coalition of Excellence Awards are a National Coalition Institute-sponsored competition recognizing coalitions that have successfully impacted substance abuse rates in a measurable way through the implementation of a sound strategic plan/logic model. The GOT OUTCOMES! Awards consist of a two-phase process.

CADCA's GOT OUTCOMES! Coalition of Excellence Awards honor coalitions that are effective change agents in their community—they have contributed to communitywide declines in their substance abuse problems. These model coalitions have undergone a comprehensive community assessment, used these data to develop a communitywide plan, implemented a truly comprehensive response to their local substance abuse problems, and as a result, can document the community changes they have helped bring about and their contributions to population-level substance abuse outcomes.

Awards are made in the following categories:

- **Milestones Award (community-level changes in intermediate outcomes).** This award is for coalitions that can show progress toward long-term outcomes as indicated by measurable, population-level changes in intermediate outcomes (e.g., community risk and protective factors).
- **Coalition in Focus Award (multiple strategies toward reducing use for a single substance).** This category targets groups that successfully address a single substance abuse

problem. These coalitions can show their contribution to communitywide declines for a specific substance.

- **Coalition of the Year Award (multiple strategies toward multiple aims).** This is the premier award for coalitions and targets advanced groups that can demonstrate their contribution toward population-level reductions in substance abuse rates for multiple substances (e.g., underage drinking, meth use, prescription drug abuse, etc.).

Dissemination and coalition relations

No-cost print resources

Primer Series. This series consists of seven publications, each covering one element of the SPF. Each of the primers provides a basic understanding of the element and provides examples of how to implement the themes into your coalition work. While the primers were designed to be a series, they also are stand alone publications. The titles include:

- **Assessment Primer:** *Analyzing the Community, Identifying Problems and Setting Goals*
- **Planning Primer:** *Developing a Theory of Change, Logic Models, and Strategic and Action Plans*
- **Capacity Primer:** *Building Membership, Leadership, Structure and Cultural Competence*
- **Implementation Primer:** *Putting your Plan into Action*
- **Evaluation Primer:** *Setting the Context for a Community Anti-Drug Coalition Evaluation*
- **Cultural Competence Primer:** *Incorporating Cultural Competence into Your Comprehensive Plan*
- **Sustainability Primer:** *Fostering Long-Term Change to Create Drug-Free Communities*

You may order limited copies of each primer free. For larger quantities, a small shipping and handling charge is applied. The primers also are available in PDF format on the CADCA Web site and unlimited copies may be made. To order primers, please call 1-800 54-CADCA, ext 240.

Most of the publications in the Primer Series also are available in Spanish, in print versions and on the Spanish-language section of the CADCA Web site.

The *Beyond the Basics: Topic-Specific Publications for Coalitions Series*. The Institute developed this series to provide more in-depth information about several important topics. The series works in conjunction with the *Primer Series* to move coalitions closer to their goals. As with the primers, these publications work as a set; but each also can stand alone. They were developed for practitioners, and are somewhat more advanced and designed for those who have mastered the basic coalition building blocks outlined in the *Primer Series*.

As of spring 2009, three publications in this series have been developed. The first is titled ***The Coalition Impact: Creating Environmental Strategies***. This publication provides an overview of the environmental strategies approach to community problem solving. It includes real examples of efforts where environmental strategies aimed at preventing and reducing community problems related to alcohol and other drugs.

The second in the series, ***Telling the Coalition Story: Comprehensive Communication Strategies*** focuses on working with media and advocates a comprehensive approach to planning and implementing coalition marketing and communications.

The third in the series highlights the lessons learned from research and how they can be used to improve your coalitions' functioning. ***Coalition Research: What It Means for Your Community*** examines what research from 1990 to the present tells us about developing and sustaining effective community coalitions and partnerships.

You may order limited copies of each *Beyond the Basics* publication free. For multiple quantities, a small shipping and handling charge will be applied. The publications also are available in PDF format on the CADCA Web site.

The Ambassador Program addresses a need for young adult coalition workforce leaders in economically challenged communities. The Institute provides each member of the program training at its National Coalition Academy, the annual Mid-Year Training Institute and CADCA's annual, high visibility National Leadership Forum. Student- focused Webinars and other relevant activities complement our formal training to provide the Ambassador with well-rounded and practical experience that equips them to better serve their communities.

Ambassador Program participants are typically 18–30 years old, actively involved in a community coalition, residing or working in an economically disadvantaged community and interested in pursuing the community coalition field as a career path. The Institute conducts intentional recruitment and outreach to ensure inclusion and balanced representation of our nation's community coalitions.

Web-based and distance learning resources

The **CADCA Web site** (www.cadca.org) is the major portal through which you can access many CADCA resources. Conveniently designed with the user in mind, the Web site provides copies of our major publications, a schedule of events and links to other resources. You also can learn about membership, funding and public policy programs operated by CADCA through the Web site. The site also incorporates sections with Spanish- and Portuguese-language resources.

Coalitions Online, CADCA's electronic newsletter, is distributed on a weekly basis to more than 17,000 subscribers. Content includes feature articles highlighting the work of America's coalitions. If you want up-to-date information about what is happening at CADCA and in the coalition field, subscribe to this newsletter by visiting our Web site at www.cadca.org.

Research into Action is a free, Web-based one-page briefing published up to eight times a year by the CADCA Institute. *Research into Action* synthesizes the results of recent substance

abuse-related studies and outlines how coalition leaders can use the findings in their work. To view the briefing and sign-up, go to the Resources and Research section of the Web site.

Coalitions. CADCA's bi-annual print newsletter provides information about CADCA and practical tips for coalition leaders and others who support coalitions. *Coalitions* is available in PDF format on the Web site.

CADCA TV. CADCA, the National Guard Bureau (NGB) and the Multijurisdictional Counterdrug Task Force Training Program (MCTFT) co-sponsor live satellite broadcasts and webcasts on varied topics related to substance abuse prevention, intervention and treatment. All previous broadcasts are archived and available as webcasts. Visit the Web site for the current schedule and to access the archive.

Connected Communities

(<http://connectedcommunities.ning.com>) offers coalitions a Web-based, peer-to-peer network with the potential for multi-level communication among participants. Community members from around the world can network with others on an individual or group basis and can share issues and challenges, successes and best practices and lessons learned. The site features blog posts and diverse groups. Consider joining this exciting network.

The Institute blog, on the CADCA Web site and Connected Communities, features short articles on topics related to community coalitions such as environmental strategies and cultural competence. Guest posts from coalitions are welcome.

The Institute's Podcast Series. This two-track series provides short (5-8 minutes) audio files that can be accessed through your desktop or laptop or uploaded to an MP3 player or iPod. Track I reinforces the Institute's training and technical assistance and includes segments on a variety of topics. Track II focuses on coalition successes. These brief recordings feature coalition leaders talking about coalition work from assessment to evaluation and everything in between.

CADCA's Web 2.0 Presence. CADCA recently added several social media applications to its arsenal of communication tools. A variety of videos are posted on our YouTube channel at www.youtube.com/user/CADCA09. Coalitions using Facebook can join CADCA (www.facebook.com/CADCA) and the National Coalition Institute (www.fbook.me/Institute).

Distance Learning/Webinars. Each year, the Institute hosts four to six distance learning sessions known as Webinars through a software program called Elluminate. These sessions generally are scheduled the third Thursday of every other month from September through May. Examples of topics include: coalition evaluation and environmental strategies. Visit the Web site for the current schedule and archived events.

Web-based courses on the core competencies. Community Systems Group and the CADCA Institute have teamed up to develop and launch a new series of Web-based training courses. Go to the Web site to see the list of available courses and learn how you can use the courses to reinforce face-to-face CADCA trainings and how other members of your coalition who cannot attend CADCA trainings can benefit.

Low-cost options

Strategizers. CADCA has published more than 54 Strategizers. These brief publications provide practical guidance to coalition leaders about a wide variety of topics related to coalition operations and effectiveness and are available at www.cadca.org. Please note that three of the Strategizers have been translated into Spanish and are available in print and electronic versions.

Practical Theorist. CADCA publishes the *Practical Theorist* in collaboration with leading research institutions including the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. This series is devoted to illustrating how research results can be applied to the daily practice of community coalitions. Available at www.cadca.org.

CHAPTER 4: RESOURCES

General anti-drug and coalition resources

The American Indian and Alaskan Native National Resource Center for Substance Abuse Services, www.oneskycenter.org

CADCA (Community Anti-Drug Coalitions of America), www.cadca.org, 1-800-54-CADCA

Center for Underage Drinking Laws, www.udetc.org

Center on Addiction and Substance Abuse at Columbia University (CASA), www.casacolumbia.org

Drug Enforcement Administration, www.dea.gov

Drug Free Communities Support Program, <http://www.ondcp.gov/DFC/index.html>

Join Together, www.jointogether.org

National Asian Pacific American Families Against Substance Abuse, www.napafasa.org

National Association for Children of Alcoholics, www.nacoa.org

National Institute on Alcohol Abuse and Alcoholism, www.niaaa.nih.gov

National Clearinghouse for Alcohol and Drug Information, www.ncadi.samhsa.gov, 1-800-729-6686

National Institute on Drug Abuse, www.drugabuse.gov

National Youth Anti-Drug Media Campaign, www.mediacampaign.org

Partnership for a Drug-Free America, www.drugfreeamerica.org

SAMHSA's Center for Substance Abuse Prevention,
www.csap.samhsa.gov

SAMHSA's National Centers for the Application of Prevention Technologies, www.captus.org

SAMHSA's Prevention Platform,
www.preventionplatform.samhsa.gov

SAMHSA's Science-Based Prevention Programs,
www.modelprograms.samhsa.gov

University of Kansas Community Tool Box, <http://ctb.ku.edu/>

White House Office of National Drug Control Policy,
www.whitehousedrugpolicy.gov

Funding links

The Foundation Center Online. foundation directory, library and searchable issues of Philanthropy News Digest,
www.fdncenter.org

Office of National Control Drug Policy—Funding. Listing of drug-related funding opportunities, training and technical assistance, equipment procurement programs and resources from public and private sources,
www.whitehousedrugpolicy.gov/funding/index.html

SAMHSA Funding Opportunities. Information on current grant funding opportunities, awardees, assistance with applications, special notices and archives,
www.samhsa.gov/grants/grants.html

U.S. Department of Education—Grants. Funding opportunities forecast, searchable guide to ED programs, discretionary grants process overview,
www.ed.gov/about/offices/list/ocfo/grants/grants.html

A word about words

As noted at the beginning of this handbook, there are a number of terms that sometimes are used interchangeably. Often, the difference depends on who is funding your efforts or the field from which you come. The following chart highlights terms that often are used to describe the same or similar concept.

A word about words			
Assess	Plan/ Implement	Evaluate	
“The problem is... But why? But why here?”			
What you want	What you do to get there	Are you getting there?	Did you get there?
<ul style="list-style-type: none">• Aim• Goal• Objective• Target	<ul style="list-style-type: none">• Activity• Approach• Initiative• Input• Method• Policy• Practice• Program• Strategy	<ul style="list-style-type: none">• Benchmark• Indicator• Intermediate Outcome• Input/Output• Measure• Milestone• Short-term Outcome• Output	<ul style="list-style-type: none">• Impact• Outcome• Results
<div>←----- Build Capacity -----→</div> <div>←----- Sustain the Work -----→</div> <div>←----- Increase Cultural Competence -----→</div>			

GLOSSARY

Activities: Efforts to be conducted to achieve the identified objectives.

Adaptation: Modification made to a chosen intervention; changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when underlying program theory is understood; core program components have been identified; and both the community and needs of a population of interest have been carefully defined.

Addiction: Compulsive physiological need for and use of a habit-forming substance (as marijuana, nicotine or alcohol) characterized by tolerance and by well-defined physiological symptoms upon withdrawal.

Age of Onset: The age of first use.

Agent: In the Public Health Model, the agent is the catalyst, substance or organism causing the health problem. In the case of substance abuse, the agents are the sources, supplies and availability.

ATOD: Acronym for alcohol, tobacco and other drugs.

Baseline: The level of behavior or the score on a test that is recorded before an intervention is provided or services are delivered.

Capacity: The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions.

Capacity Building: Increasing the ability and skills of individuals, groups and organizations to plan, undertake and manage initiatives. The approach also enhances the capacity of the individuals, groups and organizations to deal with future issues or problems.

Coalition: A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy and drug-free community.

Community: People with a common interest or experience living in a defined area. For example, a neighborhood, town, part of a county, county, school district, congressional district or regional area.

Community Readiness: The degree of support for or resistance to identifying substance use and abuse as significant social problems in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

Cultural Diversity: Differences in race, ethnicity, language, nationality or religion among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups.

Cultural Sensitivity: An awareness of the nuances of one's own and other cultures.

Culture: The shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people that are unified by race, ethnicity, language, nationality or religion.

Environment: In the Public Health Model, the environment is the context in which the host and the agent exist. Environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces or sustains problematic use of drugs.

Epidemiological Data: Measures of the frequency, distribution and causes of diseases in a population, rather than in an individual.

Evaluation: A process that helps prevention practitioners discover the strengths and weaknesses of their activities so that they can do better over time. Time spent on evaluations is well spent because it allows groups to use money and other resources more efficiently in the future. Some evaluations can be done at little or no cost and some can be completed by persons who are not professional evaluators.

Expected Outcomes: The intended or anticipated results of carrying out program activities. There may be short-term, intermediate and long-term outcomes.

Goal: A broad statement of what the coalition project is intended to accomplish (e.g., delay in the onset of substance abuse among youth).

Host: In the Public Health Model, the host is the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Impact Evaluation: Evaluation that examines the extent of the broad, ultimate effects of the project, i.e., did youth drug use decrease in the target area?

Logic Model: A comprehensive and sequential method of moving from defining needs to developing goals, objectives, activities and outcome measures. The Logic Model shows the link between each component. The goal is often built around the ultimate impact that is sought by the program. The objectives are often built around the risk and protective factors. The activities then may indicate several interventions.

Multisector: More than one agency or institution working together.

Multistrategy: More than one prevention strategy, such as information dissemination, skill building, use of alternative approaches to substance abuse reduction, social policy development and environmental approaches, working with each other to produce a comprehensive plan.

Objectives: What is to be accomplished during a specific period of time to move toward achievement of a goal, expressed in specific measurable terms.

Outcome Evaluation: Evaluation that describes the extent of the immediate effects of project components, including what changes occurred.

Process Evaluation: Evaluation that describes and documents what was done, how much, when, for whom and by whom during the course of the project.

Protective Factors: Those factors that increase an individual's ability to resist the use and abuse of drugs, e.g., strong family bonds, external support system and problem-solving skills.

Resiliency Factors: Personal traits that allow children to survive and grow into healthy, productive adults in spite of having experienced negative/traumatic experiences and high-risk environments.

Risk Factors: Those factors that increase an individual's vulnerability to drug use and abuse, e.g., academic failure, negative social influences and favorable parental or peer attitudes toward or involvement with drugs or alcohol.

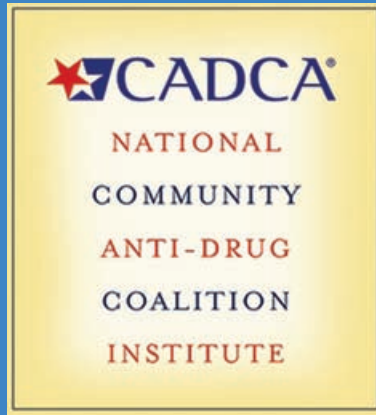
Substance Abuse: The use or abuse of illegal drugs; the abuse of inhalants; or the use of alcohol, tobacco or other related product as prohibited by state or local law.

Sustainability: The likelihood of a program to continue over a period of time, especially after grant monies disappear.

Target Group: Persons, organizations, communities or other types of groups that the project is intended to reach.

Technical Assistance (TA): Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations and individuals to conduct, strengthen or enhance activities that will promote prevention.

Theory of Change: As used in the Achieving Outcomes Guide, a set of assumptions (also called hypotheses) about how and why desired change is most likely to occur as a result of a program. Typically, the theory of change is based on past research or existing theories of human behavior and development.



© Copyright 2009 Community Anti-Drug Coalitions of America

Community Anti-Drug Coalitions of America (CADCA) is a nonprofit organization that is dedicated to strengthening the capacity of community coalitions to create and maintain safe, healthy and drug-free communities. The National Community Anti-Drug Coalition Institute works to increase the knowledge, capacity and accountability of community anti-drug coalitions throughout the United States. CADCA's publications do not necessarily reflect the opinions of its clients and sponsors.

CADCA® is a registered trademark.

All rights reserved. This publication, in whole or in part, when used for educational purposes, may be reproduced in any form by any electronic or mechanical means (including photocopying, recording or information storage and retrieval) without written permission. Please cite CADCA's National Coalition Institute in references. Reproduction in any form for financial gain or profit is prohibited.

Published 2004, revised 2005, 2009
CADCA National Coalition Institute
625 Slaters Lane, Suite 300, Alexandria VA 22314
Web site: www.cadca.org
Blog: prevention.typepad.com
Telephone: 703-706-0560, ext. 240
Fax: 703-706-0579
E-mail: training@cadca.org

CADCA's National Coalition Institute is operated by funds administered by the Executive Office of the President, Office of National Drug Control Policy in partnership with SAMHSA's Center for Substance Abuse Prevention.