

Community Prevention Guidance



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Wyoming Department of Health Programs

County Prevention Grants provide funding to all 23 Wyoming counties for underage alcohol use, adult binge drinking, tobacco use, other drug use, and suicide prevention services and are managed by three Wyoming Department of Health (WDH) programs. The funding from these programs comes from federal and state funds through the Wyoming Legislature.

Tobacco Prevention and Control Program

The purpose of the Tobacco Prevention & Control Program (TPCP) is to reduce tobacco use and the associated negative health and economic consequences in Wyoming.

The WDH contact for the TPCP is:

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Substance Abuse Prevention Program

The Substance Abuse Prevention Program (SAPP) supports communities in the prevention of alcohol abuse and drug use using evidence-based strategies.

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Injury and Violence Prevention Program

The Wyoming Injury and Violence Prevention Program (WIVPP) coordinates state and local efforts to prevent unintentional and intentional injury and violence through public awareness, training, and system change. For the purposes of the community prevention grants, this program specifically supports suicide prevention efforts.

The WDH contact for the WIVPP is:

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Purpose and Audience

This Community Prevention Guidance (Guidance Document) is intended to serve as a guiding resource for communities as they carry out prevention efforts related to alcohol, tobacco, other substances, and suicide prevention. This document provides a short overview of the programs and resources available for community coalitions, prevention professionals, and engaged stakeholders. Throughout the Guidance Document, recommendations and links for further resources and trainings are provided. Information in this document may be updated as prevention science evolves and as the needs of Wyoming communities evolve.

Overview

The United States (U.S.) Substance Abuse and Mental Health Services Administration's (SAMHSA) [Strategic Plan](#) estimates that by 2020, substance use and mental health disorders will surpass all physical diseases as a major cause of disability worldwide. Beyond health consequences, substance abuse, including alcohol, tobacco, and drugs, costs Wyoming communities an estimated \$1.9 billion per year in lost productivity, healthcare, crime, and other associated consequences.

- Alcohol abuse - \$843,220,902
- Tobacco use - \$689,560,639
- Drug abuse - \$391,365,600

Wyoming state-funded prevention efforts began in 2001 and seek to stop abuse before it begins. Prevention efforts have had significant impacts on Wyoming communities. ([WYSAC, 2012](#)) Suicide costs Wyoming a total of \$155,148,000 of combined lifetime medical and work loss costs in 2010 dollars, or an average of \$1,184,336 per suicide death. (WISQARS)

The good news is that like most health conditions, these disorders can be prevented and treated. Keeping Wyoming communities healthy and safe and reducing the costs of substance abuse to communities are two of the WDH's highest priorities.

Understanding Prevention Basics

What is Prevention

Prevention is defined as actions designed to stop something before it occurs. Prevention often lacks the visibility of other efforts, can entail years of implementation, and when successful, is usually unseen. In general, prevention includes a wide range of activities, also referred to as strategies, aimed at reducing unhealthy behaviors. In the public health approach to prevention, efforts are defined by three subcategories:

Primary prevention – activities to prevent the initiation of a behavior

Secondary prevention - activities focused on groups exhibiting a higher risk of engaging in a behavior

Tertiary prevention - interventions provided to those who are actively participating in the behavior but prior to treatment

Wyoming's substance abuse and suicide prevention system focuses most efforts within primary and secondary prevention. Prevention has changed greatly over the last two decades from programs and practices that focused on individual beliefs and behaviors to environmental prevention strategies. Within environmental strategies, there are four main categories that should be addressed within a comprehensive plan: primary prevention, policies, systems, and environment (PPSE). Primary prevention encompasses strategies that provide awareness and knowledge on drug use/abuse and suicide. Primary prevention is often referred to as education and information dissemination. Policy, systems and environmental change approaches go beyond individual behaviors and into the systems that create the community structure. These approaches often overlap, for example, an environmental change may be furthered by a policy or system change. Similarly, a policy could be put in place that results in additional environmental changes. The process is not linear. Ultimately, an effective PPSE approach seeks to impact the population and create sustainable changes.

What is the difference between primary prevention, policies, systems, and environments?

	Primary Prevention	Policy	System	Environment
Definition	Awareness and education and other activities designed to intervene prior to behavior	Modifying laws; Regulations; Resolutions; Ordinances; Policies; Rules	Modifying processes of or interactions between organizations, institutions, or other interrelated functions	Modifying the environment to make choices for healthy behaviors easier
Setting examples	Media; Community norms; Coalition and Stakeholders; General population	Governing bodies; Administrations; Healthcare; Schools; Worksites; Community organizations	Healthcare delivery and insurance systems; Schools; Worksites; Communities; Parks; Events	Physical environments (stores, schools, worksites, parks, healthcare provider offices); Economic; Social environments
Strategy examples	Changing community norms around alcohol, tobacco, and other drugs; Media literacy; Use of mass media appropriately	Smoke-free indoor air ordinances or business policies, Alcohol density restrictions; Model school policy for suicide prevention	Revising health facility procedures on referrals; Institutionalizing the use of health impact assessments to ensure health is considered in community development projects	Barriers and 21 and older areas only for alcohol consumption at community events; Increase price or taxes on tobacco products

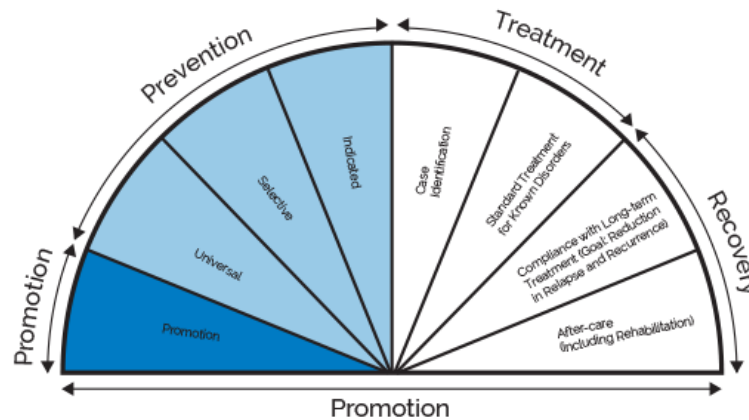
Recommended Training: [Center for the Application of Prevention Technologies Prevention \(CAPT\) SustainAbilities: Understanding the Basics](#) (A free account may need to be created to login.) This interactive, self-paced course provides an overview of sustainability within the context of prevention—including how it's defined, different sustainability approaches, and factors that contribute to success.

Recommended Training: [CAPT Introduction to Substance Abuse Prevention](#) (A free account may need to be created to login.) This foundational course offers practitioners new to the field of prevention, or related fields, an introduction to the history of prevention, key concepts and definitions, specific drug effects, and an exciting glimpse into the effects of substance use and addiction on the brain.

Further Information: [Centers for Disease Control and Prevention \(CDC\) Train](#) (A free account may need to be created to login.) CDC Train is a comprehensive catalog of public health training opportunities with more than 1,000 courses on varying topics.

Prevention within the Continuum of Care

Prevention plays a crucial role in addressing behavioral health and/or substance use disorders. The [Behavioral Health Continuum of Care Model](#), also called the Institute of Medicine (IOM) model, provides a framework for health planning beyond simple and linear distinctions of primary, secondary, and tertiary. This model shows that health needs to be addressed across the entire spectrum from prevention, to treatment, and maintenance (often referred to as recovery).



This model assumes that it is possible to prevent unhealthy behaviors and associated consequences, but also recognizes the linkages between prevention, treatment, and maintenance. Prevention works to create healthy communities not only to reduce substance use, suicide, and other associated consequences, but also to provide a supportive environment to those in recovery and reduce the likelihood of relapse.

- **Promotion** strategies address the entire population and are used for awareness and knowledge building only.
- **Universal** prevention addresses the entire population. The aim of these strategies is to prevent or delay use and provide the community/individuals with information and coping skills.
- **Selective** prevention focuses on subsets of the population considered at risk or vulnerable. These strategies focus on the entire subgroup regardless of the degree of risk of any individual within the group.
- **Indicated** prevention focuses on individuals who are exhibiting early signs of use or suicidal ideation (suicidal thoughts).

Evidence-Based Environmental Prevention Practices

The WDH promotes the use of evidence-based practices (EBP) and evidence-informed practices (EIP) (commonly referred to as best-practices or promising practices). EBPs have been demonstrated to produce positive outcomes through rigorous scientific evaluations, multiple replications, or longitudinal or sustained efforts. EIPs are programs and practices that have been shown to be effective but have not gone through the rigorous evaluations to be considered an EBP. EIPs should only be considered when an appropriate EBP is not available or when there will be excessive barriers for implementing an appropriate EBP.

The standards for defining an activity as evidence-based are as follows:

1. Inclusion in a Federal List or Registry of evidence-based interventions;
2. Being reported (with positive effects) in peer-reviewed journals;
3. Documentation of effectiveness based on the following three guidelines:
 - a. The intervention is based on solid theory or a theoretical perspective that has been validated by research
 - b. The intervention is supported by a documented body of knowledge – a converging of empirical evidence of effectiveness – generated from similar or related interventions that indicate effectiveness
 - c. The intervention is judged by a consensus among informed experts to be effective based on a combination of theory, research and practice experience. “Informed experts” may include key community prevention leaders, and elders or respected leaders within the culture.

Prevention science has shown that a comprehensive mix of prevention services are needed to address substance use and suicide issues within a community that fit their particular needs, populations, and unique circumstances. This comprehensive approach should be conducted using EBPs implemented with fidelity to ensure that all funded activities are effective and beneficial to the community or individuals. If changes to a program are required, it may be possible to contact the developer or another expert, to discuss if there are any acceptable ways to modify the practice or strategy to meet the differing needs, without impacting fidelity or outcomes.

Environmental change strategies have specific advantages over strategies that focus exclusively on the individual. These strategies focus on a much broader audience, therefore they have the potential to produce widespread changes in behavior at the population level. Further, when implemented effectively, they can create shifts in both individual attitudes and community norms that can have long-term, substantial effects.

Practicing Effective Prevention

While prevention may focus on different outcomes (e.g., adult binge drinking, underage alcohol use, opioid abuse, tobacco use, suicide), the key principles to effective prevention remain the same. The key principles include:

- Gathering, using, and understanding data to guide all prevention actions and to ensure the wanted outcomes are being achieved.
- Working with diverse community partners to plan and deliver culturally appropriate, effective, and sustainable prevention practices that are a good fit for the populations being served.
- Understanding and applying current prevention research so that prevention efforts are informed by best practice or evidence and shown to create positive outcomes.

Research has also shown that there are several approaches that are minimally effective and possibly ineffective at creating wanted outcomes. These include:

- Infrequent/occasional offerings (i.e. one-time speakers or presentations, one-day events).
- Competitive approaches (i.e. poster competitions, drawings or lotteries).
- Dramatic approaches (i.e. impact panels, scare tactics, warnings of dire results).
- Discriminatory practices or actions that create stigma.
- Although a program or activity was shown to be effective in changing one or more outcomes, that doesn't mean it will work for the population, setting, or goals.

Here are some tips for selecting strategies:

- Program registries and lists are useful tools, but not every strategy will make sense for each community.
- Registries and lists are usually organized by problems and the risk and protective factors that the strategy is designed to change.
- Focus on registries that have strategies or activities that address the underlying community factors and the conditions that drive or contribute to the issues.
- This Guidance Document provides links to many different lists to find evidence-based strategies. By no means are these the only lists available. Examine the definitions, criteria, and evidence ratings used by each resource or list to find the resource best for the community underlying factors.
- For each potential program or activity, consider the outcomes that were evaluated and the strength of the research evidence for each outcome. This information may be helpful in choosing approaches with more evidence that is relevant for the population, setting, and goals.
- Consider strategies and activities that match the population, setting, and culture and that are feasible in terms of capacity, resources, and readiness to act.

Strategic Prevention Framework Model



The Strategic Prevention Framework (SPF) Model outlines an effective process for prevention. Although initially created for substance abuse prevention, this framework can also be applied to community issues, such as suicide and violence, health-related problems (obesity, heart health, diabetes, HIV), homelessness, or discrimination.

The SPF focuses on risk and protective factors that create sustainable, positive changes and emphasizes the role of the community in prevention. Through the use of the five phases in the SPF, communities everywhere are creating environments that encourage healthier behaviors. For more information on applying the SPF Model, go to [Applying the Strategic Prevention Framework from SAMHSA](#).

Recommended Training: [What Is the SPF? An Introduction to SAMHSA's Strategic Prevention Framework](#)

Risk and Protective Factors

Recent research for unhealthy behaviors has attempted to determine how the behaviors begin and how they progress. This research has generally focused on drug use and has determined that many factors add to a person's risk for drug abuse. Risk factors increase a person's chances of abusing drugs, while protective factors can reduce a person's risk. The more risks a person is exposed to, the more likely the person will use drugs. Some risk factors may be more powerful than others at certain stages in development, such as peer pressure during the teenage years; just as some protective factors, such as a strong parent-child bond, can have a greater impact on reducing risks during the early years. An important goal of prevention is to change the balance between risk and protective factors so that protective factors outweigh risk factors. The [Wyoming Prevention Needs Assessment](#) monitors risk and protective factors by measuring a wide variety of youth attitudes, beliefs, and perceptions. For more information on risk and protective factors, go to [Risk and Protective Factors from SAMHSA](#).

Cultural Competency

Culturally competent prevention involves local people of diverse populations reflective of the community. Cultural competency goes beyond race and ethnicity and can refer to a variety of important characteristics including age, gender, sexual orientation, disability, religion, income level, education, geographical location, and profession. By understanding all cultures within the community, prevention efforts are more likely to be effective.

Recommended Reading: [CAPT Increasing Cultural Competence to Reduce Behavioral Health Disparities](#)

Community Coalitions

Community coalitions made up of a diverse group of individuals are the main vehicle for prevention services. A broad-based coalition may include more than the organizations that have a professional or personal interest in the issue. Benefits of a comprehensive coalition include:

- Sustainability
- Creates comprehensive prevention with varied activities and programs
- Networking opportunities
- New people to a coalition bring new ideas and energy
- Information distribution network within a community

Community Anti-Drug Coalitions of America (CADCA) is a resource to those building and maintaining a coalition. Their mission is to strengthen the capacity of community coalitions to create and maintain safe, healthy, and drug-free communities. Please go to <https://www.cadca.org/> to learn more or take their learning courses at <http://learning.cadca.org/available-courses>.

Prevention Focus Areas

Tobacco

Tobacco is the leading cause of preventable disease, disability and death in the U.S. More than 480,000 deaths every year are from cigarette smoking in the U.S. while approximately 800 deaths each year in Wyoming are directly attributable to smoking. To reduce the negative health and economic consequences associated with tobacco use, the TPCP focuses on the [four nationally recognized priorities](#) of the Centers for Disease Control and Prevention (CDC): 1) prevent youth initiation, 2) eliminate exposure to secondhand smoke, 3) promote tobacco cessation, and 4) address disparities.

Wyoming Statute § 9-4-1204 requires the WDH to improve the health of Wyoming residents by using a science and experience-based approach to develop and implement comprehensive tobacco prevention, and cessation and treatment programs. For this purpose, the TPCP is modeled after the CDC's [2014 Best Practices for Comprehensive Tobacco Control Programs](#) which outlines the components of a successful tobacco prevention and control program. These components are: administration and management, community interventions, mass-reach health communications, evaluation, and cessation services. To promote tobacco use prevention and control, the [Guide to Community Preventive Services](#) addresses the effectiveness of community-based interventions for the four national priorities mentioned above.

To address the four nationally recognized goals and to comply with state statute, the TPCP implements the following:

- Funding community-based prevention programs in all 23 Wyoming counties to include the Wind River Indian Reservation (WRIR) to partner with community coalitions to implement tobacco prevention strategies and activities in local communities.
- Free services through the Wyoming Quit Tobacco Program (WQTP) to all Wyoming residents to help them quit using tobacco, including specially tailored services for pregnant women, Native Americans, and those with mental health issues; statewide media campaigns with a media contractor, Warehouse Twentyone, which includes creative assets for coalitions to utilize in their own communities.
- Evaluation services through the University of Wyoming - Wyoming Survey and Analysis Center (WYSAC) to track program performance and outcomes.
- Statewide tobacco retailer compliance checks carried out through a contract with the Wyoming Association of Sheriffs and Chiefs of Police (WASCOP) to reduce youth access to tobacco products.
- Statewide and local media to promote the WQTP services and educate the public on the dangers of exposure to secondhand smoke and the benefits of smokefree environments.

Data shows that social norms around tobacco use are changing in Wyoming. Attitudes are less accepting of tobacco use in public indoor and outdoor spaces, there is increased support for smokefree environments and smokefree policies, fewer adults are smoking, and fewer youth are starting smoking. The primary challenges the TPCP faces in reducing

tobacco use in Wyoming include that Wyoming does not have a statewide smokefree law and that Wyoming has the 8th lowest cigarette tax in the nation at \$.60 per pack of cigarettes. Every state bordering Wyoming has some form of a statewide smokefree law that prohibits smoking in one or more of these indoor areas: workplaces, restaurants and bars. States that have smokefree laws that cover all three indoor spaces and have higher cigarette taxes, at least equivalent to the national average, generally have lower adult smoking rates and lower rates of youth starting smoking.

Evidence-Based Tobacco Prevention

- The Office on Smoking and Health's [Best Practices for Comprehensive Tobacco Control Programs](#) includes multiple recommendations for preventing tobacco use and promotion of cessation treatment services.
- [Evidence-Based Practices Resource Center](#) provides communities, clinicians, and others the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.
- [The Guide to Community Preventive Services](#) provides recommendations regarding generic programs and policies on a variety of public health areas, including substance misuse, mental health, and HIV/AIDS. The Guide is sponsored by the CDC.

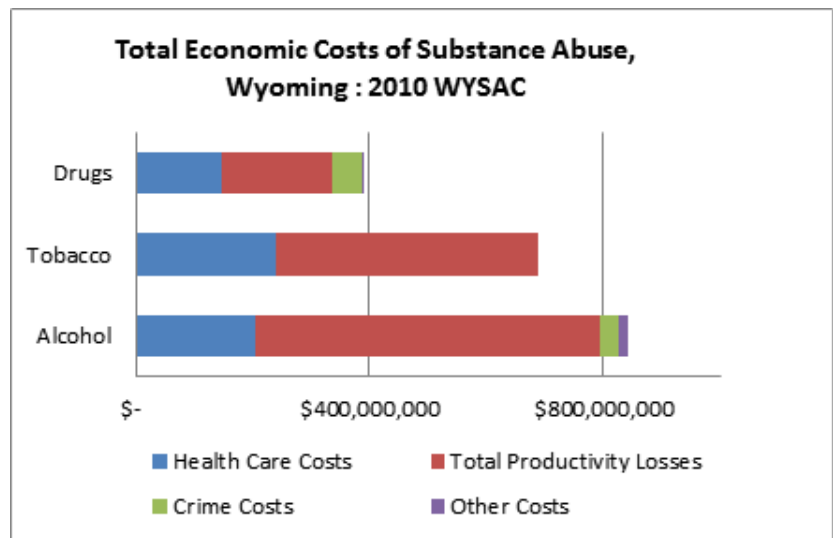
Funding

Tobacco prevention services within County Prevention Grants are funded by Tobacco Settlement Funds.

Alcohol and Other Drugs

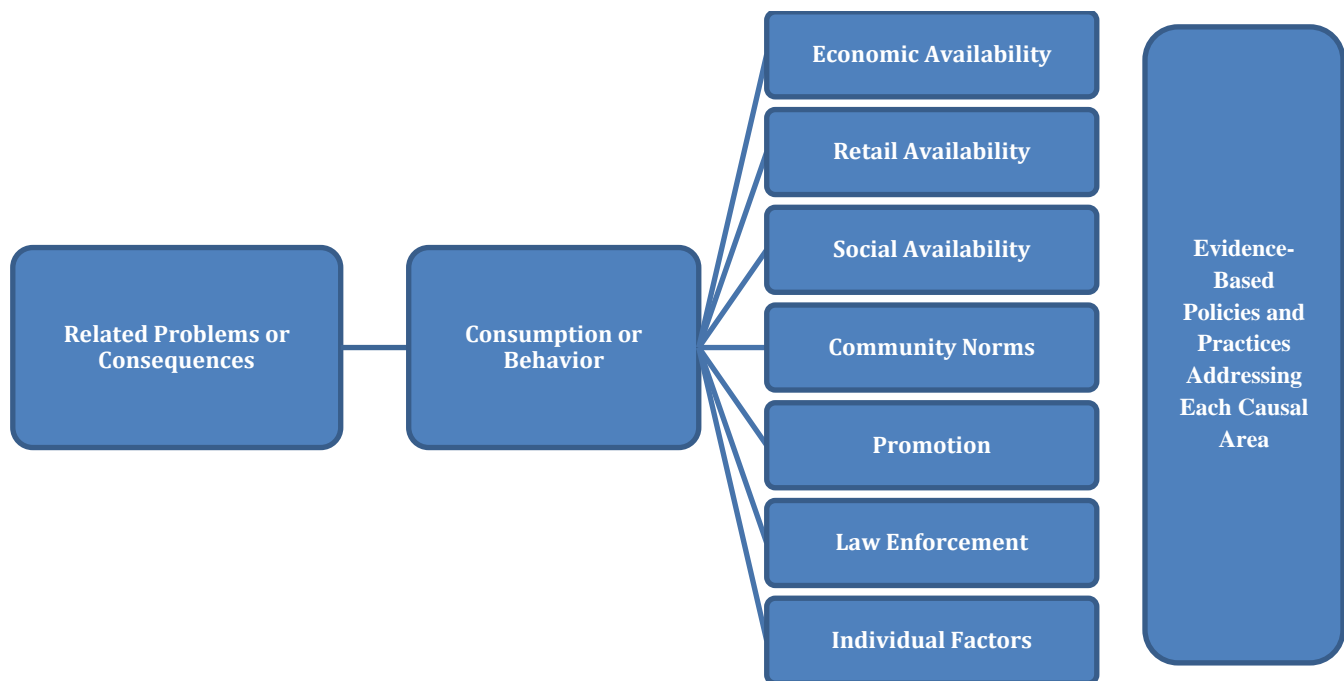
Based on the highest levels of need and associated consequences, Wyoming data consistently identifies alcohol as a priority area. In 2010, a cost of illness analysis of alcohol, tobacco, illicit drug abuse, prescription drug abuse, and mental health in Wyoming found that alcohol abuse constituted greater costs in comparison to tobacco and other drugs at \$843,220,902 in total. (WYSAC, 2012)

[Click here to read the Wyoming Department of Health, Alcohol Prevention Plan 2018-2020.](#)



Community Prioritization/Causal Domains

The below outcome-based prevention model focuses on the seven causes of alcohol and other drug use.



This nationally-recognized model incorporates the work of Birckmayer, Holder, Yacoubian, and Friend (2004) and is a community prioritization process to identify the primary causal areas affecting underage alcohol use, adult binge drinking, opioid prescription drug abuse and other drug abuse. The causal model is intended to assist prevention professionals in identifying the evidence-based policy or practices that will change consumption or behaviors by changing the cause of these behaviors.

Example: County's youth are driving under the influence (related problems or consequences) after drinking (consumption or behavior) at parties where alcohol is present. In order to choose an appropriate prevention practice, consider the following questions: What causal area(s) are involved in promoting the behavior and resulting

consequences? Where are youth obtaining the alcohol? (availability issue) Is underage drinking an acceptable behavior in the community? (community norming issue)

Below is a brief description of each causal domain.

- **Economic availability**

As a general rule, the demand for a good is dependent on the price of the good. In the case of alcohol and tobacco, there is a wide range of evidence from econometric research that demonstrates price is strongly associated with alcohol and tobacco use and related problems. A higher price is associated with lower use (Birckmayer et al., 2004). Environmental prevention strategies that focus on increasing the price of alcohol, tobacco, and other drugs are categorized under the causal domain of economic availability.

- **Retail availability**

Retail availability refers to the accessibility of alcohol, tobacco, and other drugs through retail markets. Retail markets include formal markets such as restaurants, bars, and other legal venues, as well as informal and illegal markets such as private homes and unlicensed businesses (Birckmayer et al., 2004). Restricting retail availability limits consumers' access to substances, thereby limiting use. Restricting retail availability can be achieved through multiple environmental prevention strategies such as minimum age for purchase of a substance, limiting the density of retail outlets, restricting the hours of retail operation, restricting "happy hour" promotions, or seller/server training requirements.

- **Social availability**

Social availability refers to the procurement of alcohol, tobacco, and other drugs through "social" sources outside of retail markets, including family, friends, and other acquaintances (Birckmayer et al., 2004). Unlike retail availability, social availability does not rely on the exchange of money or goods for the product and is not regulated at the state or local level. Therefore, interventions that are effective in the retail market may not be effective in social markets. Some examples of environmental prevention strategies that aim to restrict social availability include alcohol restrictions at community events and responsible event assessment.

- **Enforcement**

Public policies, laws, and regulations governing substance availability, promotion, and use rely on active enforcement for effective implementation. Enforcement may include surveillance of substance sales at retail outlets, issuing penalties and fines for violations, community policing of local ordinances, and providing incentives for upholding substance-related policies. While it remains unclear whether actual enforcement or simply the perceived threat of enforcement motivates individuals to comply with laws related to substances, research shows that as the likelihood of detection, arrest, and/or citation increases, so does compliance (Birckmayer et al., 2004). Strategies focused on impaired driving include revoking licenses of impaired drivers, impounding or immobilizing vehicles of impaired drivers, open container laws, and lower ($<.08$) legal blood alcohol concentration laws. Enforcement efforts aimed at preventing underage drinking include compliance checks, shoulder tap operations, graduated license policies, teen party ordinances, and curfew ordinances.

- **Promotion and media**

In addition to availability, use of alcohol, tobacco, and other drugs is influenced by promotion of substance use and abuse in the media. Here, promotion refers to increased consumer exposure to a product through advertisements, discounts, and/or event sponsorship. For example, many alcohol and tobacco companies depict enjoyable use of their product through different promotional methods in order to recruit new users and retain current users, while improving attitudes about overall product use (Birckmayer et al., 2004). Promotion and media restrictions can limit where advertisements are located, including restrictions in public places and sporting-event sponsorship, the type of media used to display the advertisement, counter-marketing campaigns or require retailers to display warning posters.

- **Community norms**

Norms shape the level of acceptance of alcohol, tobacco, and other drug use within a community. Norms can vary across different social groups and may reflect differing levels of acceptable substance use between social groups. Public policies, laws, and regulations are based on norms and ultimately affect the availability and

promotion of substances within a community (Birckmayer et al., 2004). Active coalition building and social norming campaigns are examples of an environmental prevention strategy that focuses on changing community norms.

- **Individual factors**

Individual factors are the emotions, beliefs, values, and demographics of each individual that influences behaviors regarding drugs and alcohol use. Individual factors are difficult to measure and often strategies cross over into treatment.

Evidence-Based Substance Abuse Prevention

For full descriptions of each causal area and Wyoming's catalog of environmental prevention strategies, please go to <https://www.wyomingpreventiondepot.org/strategies/>. This catalog is a beneficial resource for choosing effective strategies, but it is not inclusive of all evidence-based strategies. Please also consider visiting the following sites for additional resources:

- [Evidence-Based Practices Resource Center](#) provides communities, clinicians, and others the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.
- [The Guide to Community Preventive Services](#) provides recommendations regarding generic programs and policies on a variety of public health areas, including substance misuse, mental health, and HIV/AIDS. The Guide is sponsored by the CDC.
- [A Review of Environmental-Based Community Interventions at National Institute of Alcohol Abuse and Alcoholism \(NIAAA\)](#) presents characteristics of community-level interventions and reviews evidence that such measures can help reduce alcohol use and related problems among both youth and adults.

Further resources can be found at: <https://www.samhsa.gov/capt/tools-learning-resources/finding-evidence-based-programs>.

If interested in a program or practice but are not sure whether it is evidence-based, contact one of the WDH programs (listed on page 2) who can assist in determining if it meets the standards to be considered evidence-based.

Funding

Substance abuse prevention services within County Prevention Grants are funded as follows:

1. Substance Abuse Prevention and Treatment Block Grant (SABG) is a non-competitive grant providing funding from the SAMHSA to all states to address priorities for substance abuse treatment and prevention. The SAPP receives 20% of the annual total amount for Wyoming's priority of adult binge drinking and associated consequences. For more information on this grant, please go to <https://www.samhsa.gov/grants/block-grants/sabg>.
2. Strategic Prevention Framework Partnerships for Success (PFS 2015) is a discretionary grant providing funding from SAMHSA to address underage alcohol use (ages 12-20) and prescription drug abuse (ages 12-25). For more information on this grant, please go to <https://www.samhsa.gov/grants/grant-announcements/sp-16-003>.
3. Tobacco Settlement Funds are provided by the Wyoming Legislature for substance abuse prevention.

Suicide

Suicide is a leading cause of preventable death in Wyoming with negative impacts that are felt by individuals, families, and communities throughout the state. Over the past three decades Wyoming has consistently had one of the highest per-capita suicide rates in the nation.

Historically, suicide prevention has been provided through mental health services to individuals who were already experiencing or showing signs of suicidal thoughts or behavior. These services are extremely important for those who may be considering suicide, but these services do not prevent suicidal thoughts or behaviors from happening in the first place. There are many additional factors which place people at risk for suicide. An environmental approach to suicide prevention can address the wide range of factors that contribute to suicide in several ways.

An environmental approach focuses on prevention across community systems and efforts are focused on impacting groups of people, versus treatment of individuals. In addition, an environmental approach focuses on preventing suicidal behavior before it occurs by addressing a broad range of risk and protective factors.

Suicide is often considered an individual problem, but it impacts families, communities, and society in general. The long-term goal of the County Prevention Grants is to reduce suicide risk by addressing factors at the community and societal levels.

National and State Suicide Prevention Plans

The [2017-2021 Wyoming State Suicide Prevention Plan](#) provides an overview of suicide death in Wyoming, a historical perspective of suicide prevention efforts within the state, and current and planned goals and objectives for suicide prevention initiatives to be implemented. The goals and objectives have been closely aligned with the 2012 National Strategy for Suicide Prevention.

The [2012 National Strategy for Suicide Prevention](#) (National Strategy) is the result of a joint effort by the Office of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention (Action Alliance). The National Strategy is a call to action that is intended to guide suicide prevention actions in the U.S. over the next decade. It outlines four strategic directions with 13 goals and 60 objectives that are meant to work together in a synergistic way to prevent suicide in the nation.

The National Action Alliance for Suicide recently created the accompanying document, [Transforming Communities](#), to the National Strategy as a guide to assist communities in implementing effective suicide prevention efforts.

Evidence-Based Suicide Prevention

- The [Suicide Prevention Resource Center](#) provides a searchable repository providing information on several types of suicide prevention programs, such as education/training, screening, and environmental changes.
- The [Suicide Prevention Resource Center](#) also provides a list of promising practices that are culturally appropriate for American Indian/Alaska Native settings.
- [Evidence-Based Practices Resource Center](#) provides communities, clinicians, and others the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

Funding

Suicide prevention services within County Prevention Grants are funded by State General Funds and Tobacco Settlement Funds.

Reporting

PERC

PERC (Prevention Evaluation Reporting for Communities) is an original web-based data collection system created by Wyoming Survey & Analysis Center (WYSAC) to capture the data that federal funders require. The CDC and the SAMHSA partially fund the prevention efforts in Wyoming. One stipulation of receiving these funds is that Wyoming is required to report process data (data that show whether program activities have been implemented as intended). PERC collects these data which are then submitted to the CDC and SAMHSA.

InsightVision

InsightVision is a strategic performance management system that assists in aligning fragmented local substance abuse and suicide prevention efforts around a common purpose. Communities with a clear aim and shared measurements are more successful at aligning their efforts and driving change, even when resources are limited. InsightVision assists in creating a more efficient system that delivers quality strategies, which in turn helps achieve intended outcomes. Data, work plans, and all other aspects of the system are specific to each county. Counties will update the information within the system (such as progress with the work plan) on a monthly basis. The WDH will review County accomplishments and challenges through this system in order to provide assistance when needed. Data from this system is also used to monitor the success of various activities. Access will be granted to the County and the WDH will work with the County to update data and the work plan, as well as provide technical assistance as needed.

Community Level Instrument (CLI) - Revised

Counties receiving the Strategic Prevention Framework, Partnerships for Success (SPF PFS) Grant funds for underage alcohol use and prescription drug use prevention services may be required to complete this reporting. In spring of 2018, SAMHSA announced that they would be discontinuing the previously used CLI. At this time, it is unknown whether they will replace the CLI with another system.

Certification

SAPST

The Substance Abuse Prevention Skills Training (SAPST) is designed to provide up-to-date, evidence-based information to the prevention field. It is a four-day foundational course in substance abuse prevention, providing knowledge and skills in implementing effective, data-driven prevention programs, practices, and policies to reduce behavioral health disparities and improve wellness. In accordance with Chapter 6 of the Substance Abuse Rules, SAPST is required for all new individuals working in prevention within six months of employment. Please contact Joe D'Eufemia with the WDH at joseph.deufemia@wyo.gov for more information.

IC&RC

International Certification & Reciprocity Consortium (IC&RC) establishes standards for the credentialing of substance use disorder professionals. The WDH, in partnership with IC&RC, offers a Prevention Certification for professionals working in substance abuse prevention. For more information, please go to <https://health.wyo.gov/publichealth/prevention/substanceabuseandsuicide/prevention-specialist-certification/>

Relevant Statutes and Rules

W.S. § 9-2-102(a)(5) Creates a suicide prevention program and outlines that the Department of Health is to assist communities in the development and maintenance of suicide prevention coalitions.

W.S. § 9-2-2701 Creates the substance abuse control plan and rules. Prevention is Chapter 6 of the Substance Abuse Rules.

W.S. § 9-4-1203 Establishes the Tobacco Settlement Trust that shall be expended only for purposes related to improving the health of Wyoming citizens including: efforts in prevention and cessation of tobacco use through school and community-based programs; and efforts to establish and implement programs to prevent, intervene in, and otherwise limit alcohol and substance abuse.

W.S. § 9-4-1204 Creates tobacco prevention under the Wyoming Department of Health that requires the use of science and experience-based approach and gives priority to comprehensive community-based programs.

Rules and Regulations for **Substance Abuse Standards** are promulgated pursuant to W.S. 9-2-2701 to establish standards for community substance abuse prevention, early intervention, recovery support services, and treatment services. Chapter 6 establishes the standards for community substance abuse prevention.

Community Prevention Grant Media Guidance

Media is one of the best tools for prevention when used thoughtfully and appropriately. Media constitutes any form of mass communication including, but is not limited to newspapers, television, radio, digital communication, social media sites, websites, and email. The WDH recommends collaborating with the contacts below who are prepared to help support and provide additional resources for community initiatives.

WDH Contacts

Substance Abuse: Erica Mathews, Substance Abuse Prevention Program Manager

P | 307.777.6463

E | erica.mathews@wyo.gov

Tobacco: Joe D'Eufemia, Tobacco Prevention and Control Program Manager

P | 307.777.3744

E | joseph.deufemia@wyo.gov

Suicide: Lindsay Martin, Injury Prevention Program Manager

P | 307.777.8034

E | lindsay.martin@wyo.gov

Media: Kim Deti, Public Information Officer

P | 307.777.6420

E | kim.deti@wyo.gov

PURPOSE

This document is intended as a brief media and publication guide for community substance abuse, tobacco use, and suicide prevention efforts funded by the WDH. Reimbursable costs for alcohol, tobacco, other substances, and suicide prevention media shall follow these guidelines.

GENERAL GUIDELINES

1. **Media should be a part of a larger strategy.**

Media used in isolation is not effective. An example of this would be an advertisement placed in the newspaper to not drink and drive during the holidays. This could be an effective strategy, though, if it was part of a more comprehensive strategy to reduce driving under the influence.

2. **Media must align with the county work plan.**

Media messaging and content needs to reflect the prevention work plan and promote the county outcomes/goals under the community prevention grant.

3. **Use simple and concise plain language (everyday language).**

Health communication can create problems for the audience when information is presented that makes it difficult for them to understand what they should know and do. Some of the most common mistakes are:

- Using jargon or words and phrases that are not commonly understood by most people.
- Writing dense and long content that overuses the passive voice
- Not giving clear and concise directions or “calls to action.”
- Including too many distracters (for example, visuals and text don’t match or the font is too small).

4. **Consider the content.**

Misinformation is rampant. Assess whether any content is inaccurate (or not telling the full story), stigmatizing, or unsafe. Also ensure any sources are reliable and accurate.

5. **Consider the audience.**

Media should be relevant to the audience. Not only does this include the content, but also the placement. For example, tobacco cessation messaging intended for the 18-25 year old range might be more effective using one platform versus another.

6. **Avoid lobbying verbiage.**

Prevention media/publications, paid for by the WDH, should seek to educate and not directly influence decisions.

7. **Check spelling and grammar.**

Check grammar, spelling, and other problems that can distract from the message.

TOBACCO SPECIFIC GUIDELINES

1. **WDH led tobacco prevention media.**

The WDH will produce mass media assets for education on the harmful effects of exposure to secondhand smoke and for the promotion of the Wyoming Quit Tobacco Program (WQTP). These assets can be provided, as resources allow, to the communities to support local efforts.

2. **Collaborative messaging is more effective.**

The WDH campaign and communities implementing tobacco-related media should collaborate to ensure all placement and messaging is working in coordination and not against one another.

3. **Use the Centers for Disease Control and Prevention (CDC) best practices when creating tobacco media.**

Media created/produced should follow the CDC's best practices for tobacco counter-marketing.

Best Practices User Guide: Health Communications in Tobacco Prevention and Control

<https://www.cdc.gov/tobacco/stateandcommunity/bp-health-communications/index.htm>

Multimedia tools and resources can be found at the CDC's Office of Smoking and Health:

<https://www.cdc.gov/tobacco/multimedia/index.htm>

State and Community Resources:

<https://www.cdc.gov/tobacco/stateandcommunity/index.htm>

4. **Refrain from promotion of tobacco products.**

Media should not promote any tobacco product as safer than any other tobacco product or suggest that it is less harmful. For example, stating that e-cigs or vaping is less harmful or safer than combustible cigarettes.

ALCOHOL AND SUBSTANCE ABUSE SPECIFIC GUIDELINES

1. **Ensure media is the appropriate activity for the desired outcomes.**

There is little evidence that mass media campaigns reduce individual alcohol consumption. There is evidence that campaigns can affect parental attitudes and behaviors towards underage alcohol use, especially when coordinated with high visibility enforcement.

2. **Refrain from promotion of products or providing medical advice.**

When appropriate, include up-to-date information where viewers can find local treatment and promote help-seeking behaviors, but refrain from promotion of products or providing medical advice.

3. **Follow the Do's and Don'ts**

Media created/produced should follow the Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines found in the [Do's and Don'ts of Effective Messaging for Substance Abuse Prevention](#).

SUICIDE PREVENTION SPECIFIC GUIDELINES

1. **Provide resource for help.**

Include, at minimum, the 1-800-Suicide hotline or the Crisis Text Line of texting WYO to 741 741. If appropriate, include up-to-date information where viewers can find local treatment and promote help-seeking behaviors.

2. **Avoid focusing communications on the consequences of suicide.**

Prevention efforts are more successful when sharing positive stories of hope and recovery, as well as examples of support and assistance. Calling it an "epidemic" or emphasizing dire statistics can make suicide seem more common than it is or as an acceptable way to cope with adversity.

3. **Follow recommendations for safely communicating to the public about suicide.**

These recommendations were designed for journalists covering stories about suicide based on research that certain types of media reporting increase the risk of suicide contagion among vulnerable individuals. Recommendations can be found at reportingonsuicide.org.

GUIDELINES for PREPAID MEDIA

Some media may be prepaid, such as a monthly expenditure for a website or social media site. Per the Attorney General Office guidance, please place the following disclaimer on this type of media.

"Neither the State of Wyoming nor any of its agencies, divisions, programs or employees verify information posted on this website/webpage and assume no liability for the accuracy of such information. Similarly, the content, images, forums, and discussions including the perceptions, opinions, beliefs or attitudes of any of the posts to this website/webpage, are not endorsed by the State of Wyoming or any of its agencies, divisions, programs or employees."

The opinions posted to this website/page DO NOT reflect those of the State of Wyoming, its agencies, divisions, programs or employees.”

TEMPLATES

The WDH encourages the use of previously created templates to save time and reduce costs, as well as to increase message and quality consistency and collaboration among counties. A repository of previously used templates can be obtained by contacting Erica Mathews with the WDH at erica.mathews@wyo.gov. Also, appropriate media shared with us may be included in this repository for use by other counties.

WDH LOGO or TAGLINE

The WDH logo or tagline may be used for the promotion of relevant media. If using the WDH logo, pre-approval of all media must be obtained prior to any expenditure of funding and public implementation of media.

Submit any media using the logo or tagline for WDH review to Erica Mathews at erica.mathews@wyo.gov.

When submitting a piece of media or a publication/report for WDH review, include the following information, if applicable:

1. Purpose. *What is the goal?*
2. Scope. *Who will be viewing this?*
3. Deadline. *When will this be published/broadcasted?*
4. Media. *What types of media will be used?*
5. Placement. *Where will the media be placed?*

WDH Logo: If using the logo instead of the tagline, it should not be skewed in size proportion or altered in color (unless media is grayscale). To request a good quality electronic logo file, please contact WDH staff.

OR

Tagline: If using a tagline instead of the logo, it should state, “*Paid for by the Wyoming Department of Health*” (do not abbreviate). Tagline may be adjusted, with approval, based on the messaging and/or substance or topic being addressed in the media.

Resources

Below is information about organizations that maintain a strong focus on alcohol, tobacco, and other drug (AOD) abuse and suicide prevention. This list is not exhaustive and does not necessarily indicate an endorsement by WDH.

- [Alcohol Policy Information System \(APIS\)](#) APIS provides detailed information on a wide variety of alcohol-related policies in the U.S. at both the State and Federal levels. Detailed, state-by-state, information is available for 33 policies. APIS also provides a variety of informational resources of interest to alcohol policy researchers and others involved with alcohol policy issues.
- [Community Anti-Drug Coalitions of America \(CADCA\)](#) CADCA is the premier membership organization representing those working to make their communities safe, healthy and drug-free. CADCA has members in every U.S. state and territory and working in 18 countries around the world.
- [Center for the Application of Prevention Technologies \(CAPT\)](#) SAMHSA's CAPT is a national substance abuse prevention training and technical assistance (T/TA) system dedicated to strengthening prevention systems and the nation's behavioral health workforce.
- [Campaign for Tobacco-Free Kids \(CTFK\)](#) A leading advocacy organization and resource dedicated to working to reduce tobacco use and its deadly consequences in the United States and around the world. Through strategic communications and policy advocacy campaigns, CTFK promotes the adoption of proven solutions that are most effective at reducing tobacco use and save the most lives.
- [Centers for Disease Control \(CDC\) Tobacco Information and Prevention](#) The premiere source for tobacco information and prevention, featuring the Smoking and Health Database. The Database covers more than 30 years of information, and is a comprehensive online resource covering the scientific, technical, social science, policy, legal, and historical literature related to smoking and tobacco use.
- [Injury Prevention & Control: Prescription Drug Overdose](#) The CDC remains committed to advancing a public health approach to preventing drug overdose death and applies its scientific expertise to help curb the epidemic in three ways: 1) Improving [data](#) quality and surveillance to monitor and respond to the epidemic; 2) Strengthening [state](#) efforts by scaling up effective public health interventions; and 3) Equipping [healthcare providers](#) with the data and tools needed to improve the safety of their patients.
- [Center for Substance Abuse Prevention \(CSAP\)](#) CSAP works with federal, state, public, and private organizations to develop comprehensive prevention systems by providing national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use.
- [International Certification and Reciprocity Consortium, Inc. \(IC&RC\)](#) IC&RC is the global leader in the credentialing of prevention, addiction treatment, and recovery professionals. Organized in 1981, it provides standards and examinations to certification and licensing boards in 25 countries, 47 states and territories, five Native American regions, and all branches of the U.S. military.
- [National Governor's Association \(NGA\)](#) The abuse of prescription drugs is the fastest growing drug problem in the U.S., and is the most common type of drug abuse after marijuana use among teens between the ages of 12 and 17. To combat the growing problem, the NGA is hosting a year-long project led by Alabama Gov. Robert Bentley and Colorado Gov. John Hickenlooper.
- [National Highway Traffic Safety Administration](#) NHTSA was established by the Highway Safety Act of 1970 and is dedicated to achieving the highest standards of excellence in motor vehicle and highway safety. It works daily to help prevent crashes and their attendant costs, both human and financial.
- [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\)](#) NIAAA supports and conducts research on the impact of alcohol use on human health and well-being. It is the largest funder of alcohol research in the world.
- [National Institute on Drug Abuse \(NIDA\)](#) NIDA's mission is to lead the nation in bringing the power of science to drug abuse and addiction.
- [National Organization of Fetal Alcohol Syndrome \(NOFAS\)](#) NOFAS is a 501 (c)(3) nonprofit organization founded in 1990 dedicated to eliminating birth defects caused by alcohol consumption during pregnancy and improving the quality of life for those individuals and families affected. NOFAS is the only national organization focusing solely on FAS, the leading known cause of intellectual disabilities.
- [Office of National Drug Control Policy \(ONDCP\)](#) As part of the Executive Office of the President, the ONDCP places an emphasis on community-based prevention programs, early intervention programs in healthcare settings,

aligning criminal justice policies and public health systems to divert non-violent drug offenders into treatment instead of jail, funding scientific research on drug use, and through the Affordable Care Act, expanding access to substance abuse treatment.

- [Partnership for Drug-Free Kids](#) The Partnership for Drug-Free Kids translates the science of teen drug use and addiction for families, providing parents with direct support to prevent and cope with teen drug and alcohol abuse.
- [Society for Prevention Research \(SPR\)](#) The SPR is an organization dedicated to advancing scientific investigation on the etiology and prevention of social, physical and mental health, and academic problems and on the translation of that information to promote health and well-being. The multi-disciplinary membership of SPR is international and includes scientists, practitioners, advocates, administrators, and policy makers who value the conduct and dissemination of prevention science worldwide.
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) SAMHSA is the lead federal agency on substance abuse treatment and prevention. Includes the Centers for Substance Abuse Treatment (CSAT), Prevention (CSAP), and Centers for Mental Health Services (CMHS).
- [U.S. Department of Justice](#) The mission of the U.S. Department of Justice is to enforce the law and defend the interests of the U.S. according to the law; to ensure public safety against threats foreign and domestic; to provide federal leadership in preventing and controlling crime; to seek just punishment for those guilty of unlawful behavior; and to ensure fair and impartial administration of justice for all Americans.
- [Drug Enforcement Administration \(DEA\)](#) The mission of the DEA is to enforce the controlled substances laws and regulations of the U.S. and bring to the criminal and civil justice system of the U.S., or any other competent jurisdiction, those organizations and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the U.S.; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances.
- [U.S. Department of Education](#) The Safe Students-Healthy Schools Initiative supports local educational agencies (LEAs) in the development of community wide approaches to creating safe and drug-free schools and promoting healthy childhood development. Programs are intended to prevent violence and the illegal use of drugs and to promote safety and discipline. Coordination with other community-based organizations (CBOs) is required. This program is jointly funded and administered by the departments of Education, Justice, and Health and Human Services.