

Environmental Strategy Implementation

Fidelity Assessment Guidelines

**Washington Department of Social and Health Services
Division of Behavioral Health and Recovery**

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Contents

Acknowledgements	5
Introduction	6
General Instructions	7
How can a community use the rubric for better implementation?	7
Who should conduct the assessment ratings?	7
When should the first assessments occur?	7
How often should follow-up assessments be conducted?	7
What data sources should be consulted in conducting these ratings?	8
How should the data be recorded and submitted?	8
How will the data be used?	8
How are the three fidelity categories defined?	8
Alcohol-Related Strategies	9
Alcohol Compliance Checks	9
Alcohol Purchase Surveys	12
Alcohol Restrictions at Community Events	15
Social Norms Marketing	17
Policy Review and Development	20
Counter-Advertising	23
Prescription Drug-Related Strategies	26
Prescription Drug Safe Disposal	26
Provider Educational Outreach	29
Marijuana-Related Strategies	31
Social Norms Marketing	31
Policy Review and Development	34
Counter-Advertising	37
Further Reading	40
General Fidelity	40
Alcohol Compliance Checks	40
Alcohol Purchase Surveys	41
Alcohol Restrictions at Community Events	41
Counter-Advertising	42
Prescription Drug Safe Disposal	42
Provider Educational Outreach	43
Social Norms Marketing	43
Policy Review and Development	44

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Prevention research has demonstrated the importance of high quality implementation to the effectiveness of prevention strategies. The assessment of implementation fidelity of environmental strategies can provide information about how well environmental strategies are implemented in communities in the state, and whether higher quality implementation of environmental strategies is associated with stronger prevention outcomes.

The Fidelity Assessment Guidelines are intended to provide staff with rating scales to assess the fidelity of implementation of eleven specific environmental strategies currently implemented in communities in Washington State. The eleven strategies are organized by alcohol-related strategies, prescription drug-related strategies, and marijuana-related strategies. In the future, the guidelines may be expanded to include additional environmental strategies.

Alcohol-related strategies
<ol style="list-style-type: none">1. Alcohol Compliance Checks2. Alcohol Purchase Surveys3. Alcohol Restriction at Community Events4. Social Norms Marketing5. Policy Review and Development6. Counter-Advertising
Prescription drug-related strategies
<ol style="list-style-type: none">7. Prescription Drug Safe Disposal8. Provider Educational Outreach
Marijuana-related strategies
<ol style="list-style-type: none">9. Social Norms Marketing10. Policy Review and Development11. Counter-Advertising

General Instructions

This section contains general instructions for use of the fidelity rating scales as both an implementation and monitoring tool, addressing the following questions:

- How can a community use the rubric for better implementation?
- Who should conduct the ratings?
- When should they be conducted?
- What data sources should be used?
- How should the ratings data be recorded and submitted?
- How will the data be used?
- How are the three fidelity categories (i.e., preparation, implementation quality, implementation reach/intensity) defined?

How can a community use the rubric for better implementation?

The rubrics for each strategy provided here are not only intended for monitoring fidelity; they also provide a roadmap for quality implementation of environmental strategies. Communities implementing the strategies should feel free to consult the rubrics when considering next steps or quality implementation of core activities. For example, when preparing to implement social norms marketing, communities can refer to the rubric when collecting baseline data or developing messages.

Who should conduct the assessment ratings?

We recommend the ratings be completed by an external evaluator, TA consultant or state-level staff person. It is recommended that a designated representative (or team) be responsible for training and providing guidance to all raters to enhance inter-rater reliability across community ratings. It may also be advisable to have a few communities rated by more than one rater, followed by consultation and reconciliation among the raters to inform the subsequent, independent rating of communities by these same raters.

Keep in mind that the rating process will require a certain amount of subjectivity in raters' judgments. With a consistent external rater or good training and communication across raters, any subjective biases are at least consistently applied across communities.

When should the first assessments occur?

We suggest that the first assessment occur six months after the community begins implementation of the environmental strategy. The timing of each assessment will likely vary by strategy within community.

How often should follow-up assessments be conducted?

After the initial assessment, we recommend the fidelity assessment be repeated on an annual basis, i.e., one-year after the prior assessment for each strategy. The important principles are that (a) the assessment occurs on an ongoing basis through the life of the project, and (b) it occurs at times when a sufficient amount of work has gone on for each of the assessed strategies.

What data sources should be consulted in conducting these ratings?

Structured interviews with key informants in each community (e.g., the local project coordinator, board chair, law enforcement representative) can provide information about implementation of the environmental strategies in the community. Conducting multiple interviews per community to obtain perspectives from a variety of individuals and organizations will add value to the assessment. Observational data (e.g., marketing campaigns or attendance at city council meetings) may also prove useful when using the fidelity assessment tools.

How should the data be recorded and submitted?

Rubrics appear in the overall guide, but they can also be copied individually so that the tool can be completed electronically and submitted by email to the responsible State level staff person.

How will the data be used?

A key purpose of the ratings is to provide data to examine whether there is a relationship between high quality implementation of environmental strategies and prevention outcomes. Data may also be used to assess whether specific aspects of implementation are more critical than others. These findings would provide useful guidance to the state in provision of technical assistance to communities. The state may also use communities' data to provide tailored feedback to improve implementation of environmental strategies.

How are the three fidelity categories defined?

The fidelity rubric for each environmental strategy listed in this guide is organized by the following three categories:

- 1) **Preparation;**
- 2) **Implementation Quality;** and
- 3) **Implementation Reach/Intensity.**

Preparation includes indicators to examine the process of preparing to implement an intervention, such as conducting assessment(s) or gathering data, participating in efforts to build community support, involving key stakeholders, and creating an implementation plan.

Implementation quality includes indicators to examine the quality of the intervention, such as conducting public awareness of the effort, using established best practices specific to the intervention, measuring implementation effectiveness, and using efforts to mobilize for sustainable upstream change. **Implementation reach/intensity** includes indicators to examine how successful an intervention was at reaching its target audience, such as communitywide reach, repeated or ongoing exposure, degree of change in desired outcome, and integration with complementary efforts to enhance reach.

Alcohol-Related Strategies

Alcohol Compliance Checks

While DBHR funds cannot be used to implement alcohol compliance checks, they can be implemented by communities as a tool to identify alcohol establishments that sell to underage youth and to increase retailer compliance with prohibitions on alcohol sales to minors. The practice of conducting compliance checks can be mandated by a local ordinance. Typically the ordinance will outline the standards for conducting the checks, the people or agencies responsible for conducting the checks, and the penalties for establishments, servers, and sellers who illegally sell or serve alcohol/tobacco to underage youth¹. The practice also may be voluntarily implemented by law enforcement or licensing authorities.² Compliance checks have two general purposes. The first is to enforce state criminal statutes and/or local administrative ordinances. The second purpose is to identify, warn, and educate establishments that serve or sell alcohol to underage youth. Alcohol compliance checks as part of a multi-component intervention were generally found to be effective at reducing underage sales³.

Fidelity Rubric for Alcohol Compliance Checks

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Assessment of previous local compliance check efforts and results were used to inform implementation approach.	No assessment made of previous local efforts and results	Some assessment of previous efforts and results, but this was not a key factor in implementation approach	Assessment of previous efforts and results had some influence on implementation approach	The rationale for implementation approach is clearly linked to assessment of previous efforts and results	
Law enforcement, judicial and/or regulatory system officials (courts, liquor control officials), and community leaders or groups were involved in planning.	Only the implementing agency (i.e., law enforcement or liquor control) was involved in planning	Implementing agency provided other officials and community leaders with information about plans	Implementing agency included other officials and community leaders in planning meetings	Other officials and community leaders were key contributors, working closely with the implementing agency	

¹ Saltz, R. F., Welker, L. R., Paschall, M. J., Feeney, M. A., & Fabiano, P. M. (2009). Evaluating a comprehensive campus-community prevention intervention to reduce alcohol-related problems in a college population. *Journal of Studies on Alcohol and Drugs*. (Suppl. 16), 21–27.

² Willingham, M. (2010). *Reducing Alcohol Sales to Underage Purchasers: A Practical Guide to Compliance Investigations*. Pacific Institute for Research and Evaluation. Accessed online: www.pire.org/documents/ReduceAlsal.pdf

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

Public awareness activities conducted to inform licensees that compliance checks are planned and build stakeholder support (e.g., media announcements, letters or visits to licensees)	No awareness activities conducted	Implemented either media activities or licensee letters/visits	Implemented a media activity and licensee letters/visits	Implemented multiple types of media activities and licensee letters/visits	
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Implementation Quality

Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
<u>Buyer team specifications:</u> Compliance checks were conducted by multiple underage buyers, including both males and females, observed at a distance by a plainclothes officer.	No compliance checks were conducted	Buyer team characteristics did not meet core activity specifications	Buyer team characteristics met some, but not all core activity specifications	Buyer team characteristics met all core activity specifications	
<u>Enforcement specifications:</u> Compliance checks included sufficient documentation to meet state/local standards of evidence, administrative citations to licensees, graduated licensee penalties for repeat violations, and letters of appreciation to licensees that passed.	No compliance checks were conducted	Compliance checks did not meet core activity specifications	Compliance checks met some, but not all core activity specifications	Compliance checks met all core activity specifications	
<u>Media/publicity:</u> Publicized the results of the effort (e.g., numbers passed/failed, congratulations to businesses that passed), in order to foster the perception that enforcement is widespread and continuous.	No media/ publicity was conducted	Media/publicity was conducted using one media type	Media/publicity was conducted using two or three types of media	Media/publicity was conducted using multiple media types, including both free and paid media	
<u>Community policy/practice change:</u> The compliance check effort was used to mobilize for policy change, influence funding decisions, or change communitywide practices.	No attempt was made to use the compliance check effort for policy/practice change	Attempted, but were not successful in using the effort for policy/ practice change	Compliance check effort led to minor changes in communitywide policy/practice	Compliance check effort led to substantive communitywide policy/practice change	

Implementation Reach/Intensity

Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
Outlets were selected from all licensees in the entire geographic area readily accessible to the community's youth.	No compliance checks were conducted	Checked a subset of licensee types (e.g., by license type or complaint/violation history)	Checked all licensee types in a sub-area (e.g., a neighborhood) within the community	Checked all licensees or a random selection of licensees from the entire area accessible to youth	

Compliance checks were ongoing throughout the year, or occurred in a condensed period more than once per year	No compliance checks were conducted	Compliance checks occurred in one period during the year	Compliance checks occurred in 2 periods during the year	Compliance checks were ongoing or in 3 or more periods during the year	
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Alcohol Purchase Surveys

Alcohol purchase surveys involve sending young adults who appear underage into stores to purchase alcohol. Communities, local coalitions, and other groups carry out the purchase survey in order to gather data on how easily available alcohol is for minors and who is selling to youth⁴. The surveys provide information that can be used to strengthen targeted efforts to reduce underage drinking⁵. As a strategy, alcohol purchase surveys are intended to bolster community and leader support and potential policy changes and allocation of resources⁶. They differ from alcohol compliance checks in that they do not necessarily include law enforcement and do not use minors as subjects of the purchase. Instead, very young looking adults (21 years or older) are used to purchase alcohol and check on whether or not retailers implement relevant practices like checking IDs⁷.

Fidelity Rubric for Alcohol Purchase Surveys

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Assessment of previous local compliance check or purchase survey efforts and results was used to inform implementation approach.	No assessment made of previous local efforts and results	Some assessment of previous efforts and results, but this was not a key factor in implementation approach	Assessment of previous efforts and results had some influence on implementation approach	The rationale for implementation approach is clearly linked to assessment of previous efforts and results	
Local law enforcement and/or liquor control officials were involved in planning.	Law enforcement and liquor control officials were not involved in planning	Provided law enforcement/ liquor control with written information about plans	Included law enforcement/ liquor control officials in planning meetings	Law enforcement/ liquor control officials were key contributors, working closely with planning team	
Activities conducted to build stakeholder support for implementation (e.g., meetings with law enforcement/liquor control leadership, diverse strategies for survey team recruitment, contact with agency that maintains outlet listings).	No activities conducted to build support for implementation	Conducted a single activity to build stakeholder support	Conducted more than one activity to build stakeholder support	Conducted activities in multiple dimensions (e.g., with multiple stakeholder types)	

⁴ Grube, J. W., & Stewart, K. (1999). Guide to conducting alcohol purchase surveys. Pacific Institute for Research and Evaluation (PIRE). Accessed online: www.udetc.org/documents/purchase.pdf

⁵ Lang, E., Stockwell, T., Rydon, P., & Beel, A. (1996). Use of pseudopatrons to assess compliance with laws regarding under-age drinking. *Australian and New Zealand Journal of Public Health*, 20(3), 296-300.

⁶ Lewis, R. K., Paine-Andrews, A., Fawcett, S. B., Francisco, V. T., Richter, K. P., Copple, B., & Copple, J. E. (1996). Evaluating the effects of a community coalition's efforts to reduce illegal sales of alcohol and tobacco products to minors. *Journal of Community Health*, 21, 429-436.

⁷ Grube, JW.; Nygaard, P. Alcohol policy and youth drinking: Overview of effective interventions for young people. In: Stockwell, T.; Gruenewald, PJ.; Toumbourou, JW.; Loxley, W., editors. *Preventing harmful substance use: The evidence base for policy and practice*. Chichester, West Sussex, England: John Wiley & Sons; 2005. p. 113-127.

Implementation Quality					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
<u>Law enforcement:</u> Law enforcement was not involved in survey implementation and citations were not issued during the survey period, in order to gather accurate information about the extent of the problem and avoid alerting merchants to the survey effort.	No purchase surveys were conducted	Law enforcement involvement/ citations occurred during the purchase survey period	N/A	Law enforcement involvement/ citations did not occur during the survey period	
<u>Buyer characteristics specifications:</u> Purchase surveys were conducted by adults over 21 years old who appear to be 18 to 19 years old, and included both males and females.	No purchase surveys were conducted	Buyer characteristics did not meet core activity specifications	Buyer characteristics met some, but not all core activity specifications	Buyer characteristics met all core activity specifications	
<u>Buyer assignment specifications:</u> Purchase surveys used multiple buyers; buyers were assigned to neighborhoods matching their own race/ethnicity; and buyers were randomly assigned to outlets within neighborhoods.	No purchase surveys were conducted	Buyer assignment did not meet core activity specifications	Buyer assignment met some, but not all core activity specifications	Buyer assignment met all core activity specifications	
<u>Data collection specifications:</u> Buyers used a standardized form documenting date/time/location; outlet type; age/gender of buyer and clerk; number of clerks in store; whether ID was requested; presence of "no sale" warning sign; and purchase attempt outcome.	No purchase survey data were collected	Data collection did not meet core activity specifications	Data collection met some, but not all core activity specifications	Data collection met all core activity specifications	
<u>Media/publicity:</u> Publicized the results of the effort <i>after</i> the survey period; included individual feedback letters to merchants and media activities.	No media/ publicity was conducted	Publicity was conducted, but occurred during the survey period	Publicity occurred after the survey period, but did not include both feedback letters and media	Publicity occurred after the survey period, and included both feedback letters and media	
<u>Community policy/practice change:</u> The purchase survey results were used to mobilize for policy change, influence funding decisions, or change communitywide practices.	No attempt was made to use purchase survey results for policy/practice change	Attempted, but were not successful in using results for policy/ practice change	Purchase survey effort led to minor changes in communitywide policy/practice	Purchase survey effort led to substantive communitywide policy/practice change	

Implementation Reach/Intensity					
Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
Outlet sample was drawn from the entire geographic area readily accessible to the community's youth.	No purchase surveys were conducted	Sample was drawn from a smaller sub-area (e.g. a neighborhood) within the community	Sample was drawn from more than one sub-area, but less than the entire area accessible to youth	Sample was drawn from the entire area accessible to youth	
A full census of outlets were surveyed, or a random sample using sample size recommendations by PIRE.(Grube & Stewart, 1999)	No purchase surveys were conducted	Sample was not a full census or random sample, or did not meet sample size recommendations	Used random sample; sample size provided confidence interval larger than $\pm 5\%$	Used a full census or random sample providing $\pm 5\%$ confidence interval or better	
<u>Purchase Attempt Intensity specifications:</u> Two purchase attempts made per outlet using different buyers; attempts made on different days/times (not during school hours); all attempts completed within a 4-week period.	No purchase surveys were conducted	Purchase attempt intensity did not meet core activity specifications	Purchase attempt intensity met some, but not all core activity specifications	Purchase attempt intensity met all core activity specifications	

Alcohol Restrictions at Community Events

Alcohol restrictions at community events include policies that control the availability and use of alcohol at public venues, such as concerts, street fairs, and sporting events. Such restrictions can be implemented voluntarily by event organizers or through local legislation⁸. These restrictions may reduce sales to underage purchasers⁹ and are also intended to reduce alcohol-related problems such as traffic crashes, vandalism, fighting, and other public disturbances. Alcohol restrictions at these events can range from a total ban on alcohol consumption to the posting of warning posters that detail the risks associated with consuming alcohol. Examples of restrictions include: non-drinking areas for families and youth, limiting alcohol sponsorships, prohibiting drinking by servers, limiting cup sizes, limiting the number of servings per person, or requiring responsible beverage service training.¹⁰

Fidelity Rubric for Alcohol Restrictions at Community Events

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Assessment of current local and event-specific policies/practices were used to prioritize restrictions to implement (e.g., assessment of gaps in current local ordinances or event policies, or degree of enforcement of existing policies).	No assessment made of local policies and practices	Some assessment of local policies and practices, but this was not a key factor in prioritization	Assessment of local policies and practices had some influence on prioritization	The rationale for prioritization is clearly linked to assessment of local policies and practices	
Activities conducted to build support for enacting the policy/practice among key decision-makers responsible for establishing or enforcing restrictions (e.g., elected officials, event organizers, law enforcement).	No activities conducted to build support of key decision-makers	Provided key decision-makers with written information about intended policy/practice change	Presented at general meetings of key decision-makers to gain their support	Held individual meetings with key decision-makers and presented at general meetings	
Activities conducted to build support for enacting the policy/practice within the community (e.g. media campaigns, town hall meetings).	No activities conducted to build broad community support	Implemented a single activity to build community support	Implemented more than one activity to build community support	Conducted activities in multiple dimensions (e.g., letters to editor, town hall, media advocacy)	

⁸ University of Minnesota Alcohol Epidemiology Program. (2009). Alcohol Restrictions at Community Events. Retrieved July 24, 2012, from: <http://www.epi.umn.edu/alcohol/policy/atevents.shtml>

⁹ Toomey, T.L., Erickson, D.J., Patrek, W., Fletcher, L.A., & Wagenaar, A.C. (2005). Illegal alcohol sales and use of alcohol control policies at community festivals. *Public Health Reports*, 120, 165-173.

¹⁰ Toomey, T.L., Fabian, L.A., Erickson, D.J., Wagenaar, A.C., Fletcher, L., & Lenk, K.M. (2006). Influencing alcohol control policies and practices at community festivals. *Journal of Drug Education*, 36(1), 15-32.

Implementation Quality					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Established or attempted to establish policies communitywide or within event organizations.	Attempted, but not adopted OR did not attempt	Adopted but modified in ways that substantially weaken impact	Adopted but modified in ways that may somewhat weaken impact	Adopted as recommended by prevention field	
Established and implemented enforcement procedures for new/existing policies (including on-site event security/monitoring).	No enforcement procedures established or implemented	Informal enforcement procedures implemented at an event or events (e.g., coalition volunteers conduct enforcement)	Enforcement procedures implemented by designated staff (event organization staff, law enforcement, city staff)	Enforcement procedures implemented by designated staff and incorporated into written policy	
Conducted public awareness or media activities about new/existing policies and practices.	No public awareness activities conducted	Publicized policies/practices during the event(s)	Conducted a public awareness activity outside of or prior to event(s)	Conducted public awareness activities in multiple dimensions (e.g., letters to editor, media advocacy)	
Implementation Reach/Intensity					
Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
<u>Policy reach</u> : Established a communitywide policy that applies to all events (as opposed to an event-specific policy).	No policies were enacted	The policy was enacted within a minority of events in community	While a communitywide policy was not enacted, the policy was enacted within most or all events currently in community	A communitywide policy (e.g., local ordinance) was enacted that applies to all events	
<u>Enforcement reach</u> : Monitored/ensured enforcement of policies at all community events (as opposed to one specific event).	Enforcement was not monitored or ensured	Enforcement monitored or ensured within a minority of events in community	Enforcement monitored or ensured within most events in community	Enforcement monitored or ensured across all events in community	
<u>Policy/practice intensity</u> : Degree of change in tone of event(s) as the result of policies, practices, and enforcement procedures implemented.	No policy, practice, or procedural changes implemented	Policies/practices/procedures created no change or barely perceptible change in tone of event(s)	Policies/practices/procedures created perceptible change in tone of event(s)	Policies/practices/procedures created dramatic change in tone of event(s)	

Social Norms Marketing

The social norms approach to prevention gathers credible data from a target population and then, using various health communication strategies, consistently tells that population the truth about actual norms of health, protection, and the avoidance of risk behaviors. With repeated exposure to a variety of positive, data-based messages, misperceptions that help to sustain problem behavior are reduced, and a greater proportion of the population begins to act in accord with the more accurately perceived norms of health, protection, and safety¹¹.

Misperceptions of peer norms have consistently been shown to be correlated with individual risk behavior. Research shows that correcting these misperceptions, to be in line with peers' actual behaviors, results in decreased risk behavior among target audiences¹² – especially college students¹³. A recent study evaluating a statewide campaign for young adults found the social norms marketing campaign to be effective at reducing drinking and driving¹⁴.

Fidelity Rubric for Social Norms Marketing Campaign

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Baseline survey data that describe the attitudes and behaviors of the target population was collected.	No baseline data collected	Some data were used, but did not reflect the attitudes and behaviors of the target population	Survey data mostly reflected recent attitudes and behaviors of the target population, but quality could be improved	A recent survey collected high quality, up-to-date data on attitudes and behaviors of the target population	
Positive messages that point out and attempt to correct misperceptions around substance use within the targeted population were developed in an attempt to change the social norm.	No messages developed	Positive messages were created, but they may not be believable, fully address the target population, or describe social norm data	Positive and believable messages that address the target population and data were created	Clever, engaging, believable, messages that correct misperceptions and speak to the target population using accurate data were created	

¹¹Haines, M.P., Perkins, H. W., Rice, R. M., Barker, G. (2005). A guide to marketing social norms for health promotion in schools and communities. National Social Norms Resource Center. Available at: <http://www.nmpreventionnetwork.org/aguidetomarketingsocialnorms.pdf>

¹² Linkenbach, J. (1999) Application of Social Norms Marketing to a Variety of Health Issues. *Wellness Management*, 15, 7-8.

¹³ Glider, P., Midyett, S.J., Mills-Novoa, B., Johannessen, K., & Collins, C. (2001). Challenging the collegiate rite of passage: A campus-wide social marketing media campaign to reduce binge drinking. *Journal of Drug Education*, 31(2), 207-220.

¹⁴ Perkins, H. W., Linkenbach, J. W., Lewis, M. A., & Neighbors, C. (2010). Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign. *Addictive Behaviors*, 35(10), 866–874. doi:10.1016/j.addbeh.2010.05.004

A comprehensive marketing plan that involved a variety of media strategies was created.	No marketing plan developed	A media plan using only one or two messages and media types was created	A media plan using more than one message and two or three types of media was created	A plan that used multiple messages with multiple media types that include both free and paid media was created	
Implementation Quality					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Message testing showed that the target population and public reacted positively to the media messages.	No message testing was conducted	Target population and public did not respond or responded negatively to the media campaign	Some positive and some negative responses from the target population and public to the media campaign	Target population and public responded very positively to the media campaign	
All outreach materials and media used during the campaign period reflect positive messages when discussing the target substance/population	No media or outreach materials used	Positive messages ran concurrently with negative messages/images intended to draw attention to the extent of the problem	Most of the messages were positive, but some materials/media used contained negative messages or images	All materials and media used during campaign reflected positive messages related to the target issue	
Positive messages were used to communicate with key stakeholders in an attempt to change perceptions and practices (e.g. with the local prevention coalition or local law enforcement).	Messages not used to communicate with key stakeholders	Positive messages were discussed briefly, but no real action was taken	Positive messages were discussed and considered as stakeholders made decisions	Stakeholders embraced positive messages and used the new social norm to inform their work and make decisions	
Implementation Reach/Intensity					
Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
Media containing the positive messages and correcting misperceptions were placed in multiple venues and reached communitywide rather than within a specific setting (e.g., school building).	Media not placed	Media placed in a small number of planned venues, or restricted to a single setting	Media placed in more than one venue and setting, but not communitywide	Media placed in multiple venues, and reached community wide	
The target audience experienced repeated exposures to the positive messages and new social norm.	Target audience was not ever exposed to the positive messages	Target audience was exposed to media and positive messages multiple times per month	Target audience was exposed to media and positive messages multiple times per week	Target audience was exposed to the media and positive messages multiple times per day	

<p>Key stakeholders changed activities and practices to reflect the new social norm and in other prevention work.</p>	<p>Stakeholders did not change activities or practices or consider the new social norm as part of other prevention work</p>	<p>Stakeholders considered the new social norm and positive messaging in other prevention work but not as part of policy or practice change</p>	<p>Stakeholders considered the new social norm and positive messaging in other prevention work and as part of policy or practice change</p>	<p>Stakeholders used the new social norm and positive messages to effect changes in policy and practice within the community as well as in other prevention work</p>	
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Policy Review and Development

One way to influence the laws and policies that relate to substance abuse is through legislative advocacy¹⁵. Legislative advocacy can involve anything from working personally with a legislator on the wording of a bill to mobilizing hundreds or even thousands of supporters to voice their opinions to the legislature with phone calls about an issue. Advocacy can require educating legislators, supporters, and the public about the issue; working with the media; continuously seeking out allies; and being persistent over long periods of time. Law makers can support substance abuse prevention by promoting a bill related to prevention, creating a local ordinance that supports prevention, advocating for budget reforms, gaining political support for a project/campaign, or creating networking connections for support of a program/campaign. In substance abuse prevention, policy development at the local ordinance level is common. Policy development is often used in conjunction with other prevention measures and can be the byproduct of successful coalition building¹⁶.

An administrative penalty is a policy that allows a local governing body to penalize alcohol license holders for failing to comply with state laws or local ordinances relating to sales of alcoholic beverages. It usually involves a monetary fine or the suspension or revocation of an alcohol license. It is administered by a local governing body (city council, county board), rather than the court system. It is imposed upon the license holder (in contrast to state laws that target the behavior of individual sellers and servers of alcohol). Administrative penalties are intended to provide an alternative enforcement mechanism that is more cost-effective, timely and practical than prosecuting servers and sellers through the court system. It provides an alternative to criminal prosecution, but does not necessarily replace criminal prosecution (some communities pursue both prosecution and administrative penalties)¹⁷.

Note that lobbying activities cannot be paid for using federal funds. But other options exist for community coalition members to lobby or volunteer. While much research has been done on state or municipal policies, these rubrics can also be used for smaller policies in schools or work places.

Fidelity Rubric for Policy Review & Development

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Assessment of current local policies in place (e.g., assessment of gaps in current local ordinances or degree of enforcement of existing policies).	No assessment made of local policies	Some assessment of local policies, but this was not a key factor in prioritization of policies to pursue	Assessment of local policies had some influence on prioritization of policies to pursue	The rationale for prioritization of policies to pursue is clearly linked to an assessment of local policies	

¹⁵ Guide to Community Preventive Services. (2012). Policy Development. Retrieved August 14, 2012, from: http://www.thecommunityguide.org/uses/policy_development.html

¹⁶ The Community Toolbox. (2012). Influencing Policy Development. Retrieved July 30, 2012, from: http://ctb.ku.edu/en/dotthework/tools_tk_content_page_250.aspx

¹⁷ University of Minnesota Alcohol Epidemiology Program. (2011). Administrative Penalties. Retrieved July 27, 2012, from: <http://www.epi.umn.edu/alcohol/policy/admnpnl.shtm>

Learned how policies are adopted and implemented within the community (e.g., what governing body is responsible for passing policy or what voting process leads to policy adoption?)	No learning of how policies are adopted took place	Some learning of how policies are adopted took place	Learning of how policies are adopted took place and influenced the policy development process	A full understanding of how policies are adopted was used in the policy development process	
Relationships built with key partners critical to policy adoption and education/lobbying of policy makers.	No relationships with key partners were built	One or two relationships with key partners were built	A few important relationships with key partners were built	Relationships were built with all relevant/ important key partners	
Policy drafted based upon best practices or similar policies created in other communities.	No policy was drafted	A policy was drafted but not based upon best practices or similar policies in other communities	A policy was drafted based upon limited information on best practices and similar policies in other communities	A policy was drafted based upon best practices in the prevention field	

Implementation Quality

Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Activities conducted to build support for enacting the policy among key policy makers (e.g., elected officials, event organizers, law enforcement).	No activities conducted to build support of key policy makers	Provided key policy makers with written information about intended policy change	Presented at general meetings of key policy makers to gain their support	Held individual meetings with key policy makers and presented at general meetings	
Activities conducted to build support within the community for enacting the policy (e.g. media campaigns, town hall meetings).	No activities conducted to build broad community support	Implemented a single activity to build community support	Implemented more than one activity to build community support	Conducted activities in multiple dimensions (e.g., letters to editor, town hall, media advocacy)	
Established or attempted to establish policies.	Attempted, but not adopted OR did not attempt	Adopted but modified in ways that substantially weaken impact	Adopted but modified in ways that may somewhat weaken impact	Adopted as recommended by prevention field	
Established and implemented enforcement procedures for new policies.	No enforcement procedures established or implemented	Informal enforcement procedures implemented in the community (e.g., coalition volunteers conduct enforcement)	Enforcement procedures implemented by designated staff (event organization staff, law enforcement, city staff)	Enforcement procedures implemented by designated staff and incorporated into written policy	

Implementation Reach/Intensity

Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
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<u>Policy reach:</u> Established a communitywide policy (as opposed to a policy that only applies to specific events or venues).	No policies were enacted	A policy was enacted that applies to a minority of community events or venues	A policy was enacted that applies to most or all community events and venues	A communitywide policy (e.g., local ordinance) was enacted that applies to all events and venues	
<u>Enforcement Reach:</u> Monitored/ensured enforcement of policies communitywide (as opposed to one specific event or venue).	Enforcement was not monitored or ensured	Enforcement monitored or ensured within a minority of community events or venues	Enforcement monitored or ensured within most community events or venues	Enforcement monitored or ensured across all community events and venues	
<u>Policy/practice intensity:</u> Degree of change in tone as the result of policies and enforcement procedures implemented.	No policy, practice, or procedural changes implemented	Policies/practices/procedures created no change or barely perceptible change in tone in applicable events or venues	Policies/practices/procedures created perceptible change in tone of applicable events or venues	Policies/practices/procedures created dramatic change in tone of applicable events or venues	

Counter-Advertising

Counter-advertising refers to the use of commercial marketing tactics to reduce the prevalence of substance use. Counter-advertising attempts to counter pro-substance influences and increase pro-health messages and influences throughout a state, region, or community¹⁸. Results of a review article indicate varied evidence of effectiveness for counter-advertising efforts targeting alcohol consumption¹⁹. Evidence of effectiveness is also mixed for counter-advertising campaigns targeting other drugs. A 2002 study reported that recall of antidrug advertising was associated with a lower probability of marijuana and cocaine/crack use²⁰. However, a study assessing the National Youth Antidrug Media Campaign did not find an association between the campaign and reduced marijuana use²¹.

Fidelity Rubric for Counter-Advertising Campaign

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Research on pro-alcohol influences and alcohol-related health problems in the community was completed.	No research	Some research was done, but it did not lead to a full understanding of the impact of pro-alcohol influences and community problems	Research was done and provided a moderate understanding of problems and pro-alcohol influences	Quality research was completed leading to a full understanding of problems and pro-alcohol influences that could be used in creating counter-advertising messages	
Pro-health messages or messages that counter pro-alcohol influences were developed in an attempt to change attitudes and behaviors were created.	No messages developed	Messages were created, but they may not be believable, fully address the target population, or counter pro-alcohol influences	Believable messages that address the target population and data were created	Clever, engaging, believable, messages that counter pro-alcohol influences and speak to the target population using accurate information were created	

¹⁸ Centers for Disease Control and Prevention. (2003). Designing and implementing an effective tobacco counter-marketing campaign. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at: http://www.cdc.gov/tobacco/stateandcommuity/counter_marketing/manual/pdfs/tobacco_cm_manual.pdf

¹⁹Agostinelli, G. & Grube, J.W. (2002). Alcohol counter-advertising and the media: A review of recent research. *Alcohol Research and Health*, 26(1), 15-21.

²⁰ Glider, P., Midyett, S.J., Mills-Novoa, B., Johannessen, K., & Collins, C. (2001). Challenging the collegiate rite of passage: A campus-wide social marketing media campaign to reduce binge drinking. *Journal of Drug Education*, 31(2), 207-220.

²¹ Hornik, R., Jacobsohn, L., Orwin, R., Piesse, A., & Kalton, G. (2008). Effects of the national youth anti-drug media campaign on youths. *American Journal of Public Health*, 98(12), 2229-2236.

A comprehensive marketing plan that involved a variety of media strategies was created.	No marketing plan developed	A media plan using only one or two messages and media types was created	A media plan using more than one message and two or three types of media was created	A plan that used multiple messages with multiple media types that include both free and paid media was created	
Implementation Quality					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Message testing showed that the target population and public reacted positively to the media messages.	No message testing was conducted	Target population and public did not respond or responded negatively to the media campaign	Some positive and some negative responses from the target population and public to the media campaign	Target population and public responded very positively to the media campaign	
All outreach materials and media used during the campaign period reflect pro-health and counter pro-alcohol influences when discussing the target substance/population (as opposed, for example, to PSAs listing hazards, showing teens drinking, or raising alarms about prevalence).	No media or outreach materials used	Some of the messages used during campaign reflected pro-health and countered pro-alcohol influences	Most of the messages used during campaign reflected pro-health and countered pro-alcohol influences	All materials and media used during campaign reflected pro-health and countered pro-alcohol influences	
Pro-health and counter pro-alcohol messages were used to communicate with key stakeholders in order to change knowledge, attitude, and practice (e.g. with the local prevention coalition or local law enforcement).	Messages not used to communicate with key stakeholders	Messages were discussed briefly, but no real action was taken	Messages were discussed and considered as stakeholders made decisions	Stakeholders embraced messages and used them to inform their work and make decisions	
Implementation Reach/Intensity					
Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
Media containing the pro-health messages or messages that counter pro-alcohol influences were placed in multiple venues and reached communitywide rather than within a specific setting (e.g., school building).	Media not placed	Media placed in a small number of planned venues, or restricted to a single setting	Media placed in more than one venue and setting, but not communitywide	Media placed in multiple venues, and reached community wide	

The target audience experienced repeated exposures to the pro-health messages or messages that counter pro-alcohol influences.	Target audience was not ever exposed to the messages	Target audience was exposed to media and messages only multiple times per month	Target audience was exposed to media and messages multiple times per week	Target audience was exposed to the media and messages multiple times per day	
Key stakeholders integrated the counter-advertising messages into other alcohol prevention program, policy, and practice efforts.	Stakeholders did not integrate campaign messages into other prevention work	Stakeholders integrated the messaging in prevention program work but not as part of policy or practice change	Stakeholders integrated the messaging in prevention program work and as part of policy or practice change	Stakeholders used the messages as an integral part of prevention program, policy, and practice change efforts	

Prescription Drug-Related Strategies

Prescription Drug Safe Disposal

Prescription Drug Safe Disposal refers to the use of medication take-back programs to dispose of leftover and expired prescription drug medications in a safe and environmentally conscious way. Prescription Drug Safe Disposal programming includes ongoing drop-off programs, one-day collection events, mail-back programs, or a combination of these approaches²². Results of Prescription Drug Safe Disposal programming are promising. Authors describe successful events that allow community members to return controlled and non-controlled substances in an accessible, safe, and comfortable way^{23,24,25}. Research is still needed to examine the effectiveness of Prescription Drug Safe Disposal programming and prescription drug consumption and consequence outcomes.

Fidelity Rubric for Prescription Drug Safe Disposal

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Activities conducted to build stakeholder support and collaboration for implementation (e.g., meetings with leadership or representatives from law enforcement, DEA, retail pharmacies, hospital/clinic pharmacies, environmental services agency, health department, waste management authority, and community volunteers).	No activities conducted to build support for implementation	Conducted a single activity to build stakeholder support	Conducted more than one activity to build stakeholder support	Conducted activities in multiple dimensions (e.g., with multiple stakeholder types)	
Assessment of local needs and conditions was used to inform locations and collection/disposal approaches.	No assessment made of local needs and conditions	Some assessment of local needs and conditions, but this was not a key factor in prioritization	Assessment of local needs and conditions had some influence on prioritization	The rationale for prioritization is clearly linked to assessment of local needs and conditions	

²² "How Medicine Take-Back Works." Take Back Your Meds. Washington Poison Center, n.d. Web. 23 June 2017.

²³ Welham, G. C., Mount, J. K., & Gilson, A. M. (2015). Type and Frequency of Opioid Pain Medications Returned for Disposal. *Drugs-Real World Outcomes*, 2(2), 129-135.

²⁴ Simons, T. E. (2010). Drug Take-Back Programs: Safe Disposal of Unused, Expired, Or Unwanted Medications in North Carolina. *Coastal Coalition for Substance Abuse Prevention*, 10.

²⁵ Smolen, A. (2011). Role of The Pharmacist in Proper Medication Disposal. *US Pharm*, 36(7), 52-55.

A plan was developed to ensure proper and timely disposal of the controlled and non-controlled substances collected through safe disposal efforts.	No disposal plan was developed	Informal disposal plan was developed, but did not include a staffing plan and was not incorporated into written policy	Disposal plan was developed to be implemented by designated staff	Disposal plan was developed to be implemented by designated staff and incorporated into written policy	
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Implementation Quality

Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Established and implemented safe disposal practices, including collecting controlled substances in addition to non-controlled substances and conducting regular and adequate emptying of disposal boxes after collection.	No safe disposal practices were implemented	Safe disposal effort included regular and adequate emptying of disposal boxes after collection	Safe disposal effort included collecting controlled substances in addition to non-controlled substances	Safe disposal effort included collecting controlled substances in addition to non-controlled substances and conducting regular and adequate emptying of disposal boxes after collection	
Evaluated effectiveness of prescription drug safe disposal efforts by organizing and weighing returned medicine and/or via in-person (at the event) or phone/web-based (post event) surveys.	No evaluation activities were conducted	Evaluation activities included conducting in-person and/or phone/web-based surveys	Evaluation activities included organizing and weighing returned medicine	Evaluation activities included organizing and weighing returned medicine and conducting in-person and/or phone/web-based surveys	
The safe disposal effort was used to mobilize for policy change (e.g., pharmaceutical stewardship policy), influence funding decisions, or change communitywide practices.	No attempt was made to use safe disposal effort for policy/practice change and/or funding decisions	Attempted, but were not successful in using safe disposal effort for policy/practice change and/or funding decisions	Safe disposal effort led to minor changes in communitywide policy/practice change and/or funding decisions	Safe disposal effort led to substantive communitywide policy/practice change and/or funding decisions	

Implementation Reach/Intensity

Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
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Prescription drug safe disposal options were available throughout the year.	No safe disposal options were available	Participated in one or more collection events annually (included DEA's National PD Take-Back Days) and/or mail-back programs	Established ongoing drop boxes	Established ongoing drop boxes supplemented by mail-back programs to reach individuals with mobility or transportation challenges	
Prescription drug safe disposal options were available at locations that are accessible throughout the geographic area, secure, and comfortable and appropriate for community members.	Safe disposal options were not accessible, secure, or comfortable and appropriate	Safe disposal options were met 1 of 3 of the following criteria: accessible, secure, comfortable and appropriate	Safe disposal options were met 2 of 3 of the following criteria: accessible, secure, comfortable and appropriate	Safe disposal options were met all 3 of the following criteria: accessible, secure, comfortable and appropriate	
Conducted a comprehensive marketing plan to advertise the availability and location of the prescription drug safe disposal sites and options.	No marketing plan was developed	A plan using only one or two messages and media types was created	A plan using more than one message and two or three types of media was created	A plan that used multiple messages with multiple media types that include both free and paid media was created	
Conducted a public awareness campaign about the importance and reasons for proper medication disposal.	No public awareness campaign was developed	A campaign using only one or two messages and media types was created	A campaign using more than one message and two or three types of media was created	A campaign that used multiple messages with multiple media types that include both free and paid media was created	

Provider Educational Outreach

Provider educational outreach refers to face-to-face outreach education that gives providers an accurate and unbiased overview of best practices in a specified topic area to improve patient care²⁶. Provider educational outreach (sometimes called academic detailing) supports provider efforts to stay current in best practices and effective in improving patient outcomes²⁷. Examples of outreach education topics related to prescription drugs include: Prescription Drug Monitoring Program (PMP) registration and use, naloxone co-prescribing, opioid prescribing best practices, and national and state prescribing guidelines.

Fidelity Rubric for Provider Educational Outreach

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Available data (e.g., prescribing patterns, PMP use, opioid-related harms) were used to inform implementation approach and provider selection.	No data were used to inform implementation approach	Some data were used, but this was not a key factor in implementation approach	Available data had some influence on implementation approach	The rationale for implementation approach is clearly linked to available data	
Appropriate stakeholders (e.g., medical, healthcare, and public health professionals; PMP staff) were involved in the planning and selecting and training of educational outreach staff.	Stakeholders were not involved in planning	Stakeholders were provided information about plans	Stakeholders were involved in planning meetings	Stakeholders were key contributors in the planning process	
Educational outreach staff received initial and ongoing training, including trainings on topic content and communication and persuasion skills.	Did not provide training or provided written materials but not training	Provided initial training on topic content and/or communication and persuasion skills	Provided initial and ongoing training on topic content	Provided initial and ongoing training on topic content and communication and persuasion skills	
Implementation Quality					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Educational outreach staff have adequate medical background (e.g., physicians, pharmacists).	Educational outreach staff do not have a healthcare or public health background	Educational outreach staff have a healthcare or public health background but are not physicians, pharmacists, or medical/pharmacy students	Educational outreach staff are medical or pharmacy students or interns	Educational outreach staff are physicians or pharmacists	

²⁶ Fischer, M. A., & Avorn, J. (2012). Academic detailing can play a key role in assessing and implementing comparative effectiveness research findings. *Health Affairs*, 31(10), 2206-2212.

²⁷ Van Hoof, T. J., Harrison, L. G., Miller, N. E., Pappas, M. S., & Fischer, M. A. (2015). Characteristics of academic detailing: results of a literature review. *American health & drug benefits*, 8(8), 414.

Educational outreach visits were tailored to the provider's specific needs, including clinical context and barriers expressed by the provider.	Educational outreach visits were not tailored to the provider's specific needs.	Educational outreach visits were tailored based on the clinical context of the provider	Educational outreach visits were tailored based on specific barriers faced by the provider	Educational outreach visits were tailored based on the clinical context of the provider and on specific barriers faced by the provider	
Educational outreach staff shared feedback with the provider about clinical performance (e.g., prescribing patterns, PMP use) and recommendations for practice change.	No clinical performance feedback was shared	General performance information for the provider's geographic area was shared	Performance feedback specific to the provider's clinic or practice was shared	Performance feedback specific to the provider was shared	
Evaluated the effectiveness of educational outreach by collecting administrative data (e.g., prescribing patterns) and survey data (e.g., provider's decision-making).	No evaluation activities were conducted	Evaluation activities included conducting surveys	Evaluation activities included collecting administrative data	Evaluation activities included conducting surveys and collecting administrative data	
<u>Educational outreach visit specifications</u> : Visits include discussions of both general learning (topic content, expert opinions, support tools) and applied learning (barriers and solutions, challenging cases, and feasibility of recommended changes).	Discussions did not meet any of the core activity specifications	Discussions met some of the core activity specifications	Discussions met most of the core activity specifications	Discussions met all of the core activity specifications	

Implementation Reach/Intensity

Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
As part of this intervention, educational outreach staff conducted at least one follow-up visit to providers and offered ad hoc support and resources.	No follow-up contact occurred	Ad hoc support or resources were offered	Planned follow-up visit(s) occurred but no ad hoc support or resources were offered	Planned follow-up visit(s) occurred and ad hoc support and resources were offered	
All targeted providers in the geographic service area received an educational outreach visit.	None of the targeted providers received an educational outreach visit	Some targeted providers were approached and received an educational outreach visit	Most or all of the targeted providers were approached and some received an educational outreach visit	Most or all of the targeted providers received an educational outreach visit	

Marijuana-Related Strategies

Research on environmental prevention strategies targeting marijuana use is relatively new, but because the availability of marijuana is similar to that of alcohol many communities have begun adapting alcohol-related environmental strategies for marijuana prevention. The rubrics below do the same by providing core activities and strength of fidelity measures for marijuana strategies adapted from three evidence-based alcohol strategies. This is based upon the peer reviewed research around alcohol prevention as a starting point for marijuana prevention.

Social Norms Marketing

The social norms approach to prevention gathers credible data from a target population and then, using various health communication strategies, consistently tells that population the truth about actual norms of health, protection, and the avoidance of risk behaviors. With repeated exposure to a variety of positive, data-based messages, misperceptions that help to sustain problem behavior are reduced, and a greater proportion of the population begins to act in accord with the more accurately perceived norms of health, protection, and safety²⁸.

Misperceptions of peer norms have consistently been shown to be correlated with individual risk behavior. Research shows that correcting these misperceptions, to be in line with peers' actual behaviors, results in decreased risk behavior among target audiences²⁹ – especially college students³⁰. A recent study evaluating a statewide campaign for young adults found the social norms marketing campaign to be effective at reducing drinking and driving³¹.

Fidelity Rubric for Social Norms Marketing Campaign

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Baseline survey data that describe the attitudes and behaviors of the target population was collected.	No baseline data collected	Some data were used, but did not reflect the attitudes and behaviors of the target population	Survey data mostly reflected recent attitudes and behaviors of the target population, but quality could be improved	A recent survey collected high quality, up-to-date data on attitudes and behaviors of the target population	

²⁸Haines, M.P., Perkins, H. W., Rice, R. M., Barker, G. (2005). A guide to marketing social norms for health promotion in schools and communities. National Social Norms Resource Center. Available at: <http://www.nmpreventionnetwork.org/aguidetomarketingsocialnorms.pdf>

²⁹ Linkenbach, J. (1999) Application of Social Norms Marketing to a Variety of Health Issues. *Wellness Management*, 15, 7-8.

³⁰ Glider, P., Midyett, S.J., Mills-Novoa, B., Johannessen, K., & Collins, C. (2001). Challenging the collegiate rite of passage: A campus-wide social marketing media campaign to reduce binge drinking. *Journal of Drug Education*, 31(2), 207-220.

³¹ Perkins, H. W., Linkenbach, J. W., Lewis, M. A., & Neighbors, C. (2010). Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign. *Addictive Behaviors*, 35(10), 866–874. doi:10.1016/j.addbeh.2010.05.004

Positive messages that point out and attempt to correct misperceptions around substance use within the targeted population were developed in an attempt to change the social norm.	No messages developed	Positive messages were created, but they may not be believable, fully address the target population, or describe social norm data	Positive and believable messages that address the target population and data were created	Clever, engaging, believable, messages that correct misperceptions and speak to the target population using accurate data were created	
A comprehensive marketing plan that involved a variety of media strategies was created.	No marketing plan developed	A media plan using only one or two messages and media types was created	A media plan using more than one message and two or three types of media was created	A plan that used multiple messages with multiple media types that include both free and paid media was created	

Implementation Quality

Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Message testing showed that the target population and public reacted positively to the media messages.	No message testing was conducted	Target population and public did not respond or responded negatively to the media campaign	Some positive and some negative responses from the target population and public to the media campaign	Target population and public responded very positively to the media campaign	
All outreach materials and media used during the campaign period reflect positive messages when discussing the target substance/population.	No media or outreach materials used	Positive messages ran concurrently with negative messages/images intended to draw attention to the extent of the problem	Most of the messages were positive, but some materials/media used contained negative messages or images	All materials and media used during campaign reflected positive messages related to the target issue	
Positive messages were used to communicate with key stakeholders in an attempt to change perceptions and practices (e.g. with the local prevention coalition or local law enforcement).	Messages not used to communicate with key stakeholders	Positive messages were discussed briefly, but no real action was taken	Positive messages were discussed and considered as stakeholders made decisions	Stakeholders embraced positive messages and used the new social norm to inform their work and make decisions	

Implementation Reach/Intensity

Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
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Media containing the positive messages and correcting misperceptions were placed in multiple venues and reached communitywide rather than within a specific setting (e.g., school building).	Media not placed	Media placed in a small number of planned venues, or restricted to a single setting	Media placed in more than one venue and setting, but not communitywide	Media placed in multiple venues, and reached community wide	
The target audience experienced repeated exposures to the positive messages and new social norm.	Target audience was not ever exposed to the positive messages	Target audience was exposed to media and positive messages multiple times per month	Target audience was exposed to media and positive messages multiple times per week	Target audience was exposed to the media and positive messages multiple times per day	
Key stakeholders changed activities and practices to reflect the new social norm and in other prevention work.	Stakeholders did not change activities or practices or consider the new social norm as part of other prevention work	Stakeholders considered the new social norm and positive messaging in other prevention work but not as part of policy or practice change	Stakeholders considered the new social norm and positive messaging in other prevention work and as part of policy or practice change	Stakeholders used the new social norm and positive messages to effect changes in policy and practice within the community as well as in other prevention work	

Policy Review and Development

One way to influence the laws and policies that relate to substance abuse is through legislative advocacy³². Legislative advocacy can involve anything from working personally with a legislator on the wording of a bill to mobilizing hundreds or even thousands of supporters to voice their opinions to the legislature with phone calls about an issue. Advocacy can require educating legislators, supporters, and the public about the issue; working with the media; continuously seeking out allies; and being persistent over long periods of time. Law makers can support substance abuse prevention by promoting a bill related to prevention, creating a local ordinance that supports prevention, advocating for budget reforms, gaining political support for a project/campaign, or creating networking connections for support of a program/campaign. In substance abuse prevention, policy development at the local ordinance level is common. Policy development is often used in conjunction with other prevention measures and can be the byproduct of successful coalition building³³.

For marijuana, policy development may focus upon local level administrative penalties or zoning ordinances or new policies in schools. The process is similar to that used for alcohol or tobacco, and the rubric below provides core activities for the successful review and development of marijuana policies. Note that lobbying activities cannot be paid for using federal funds. But other options exist for community coalition members to lobby or volunteer. While much research has been done on state or municipal policies, these rubrics can also be used for smaller policies in schools or work places.

Fidelity Rubric for Policy Review & Development

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Assessment of current local policies in place (e.g., assessment of gaps in current local ordinances or degree of enforcement of existing policies).	No assessment made of local policies	Some assessment of local policies, but this was not a key factor in prioritization of policies to pursue	Assessment of local policies had some influence on prioritization of policies to pursue	The rationale for prioritization of policies to pursue is clearly linked to an assessment of local policies	
Learned how policies are adopted and implemented within the community (e.g., what governing body is responsible for passing policy or what voting process leads to policy adoption?).	No learning of how policies are adopted took place	Some learning of how policies are adopted took place	Learning of how policies are adopted took place and influenced the policy development process	A full understanding of how policies are adopted was used in the policy development process	

³² Guide to Community Preventive Services. (2012). Policy Development. Retrieved August 14, 2012, from: http://www.thecommunityguide.org/uses/policy_development.html

³³ The Community Toolbox. (2012). Influencing Policy Development. Retrieved July 30, 2012, from: http://ctb.ku.edu/en/dothework/tools_tk_content_page_250.aspx

Relationships built with key partners critical to policy adoption and education/lobbying of policy makers.	No relationships with key partners were built	One or two relationships with key partners were built	A few important relationships with key partners were built	Relationships were built with all relevant/ important key partners	
Policy drafted based upon best practices or similar policies created in other communities.	No policy was drafted	A policy was drafted but not based upon best practices or similar policies in other communities	A policy was drafted based upon limited information on best practices and similar policies in other communities	A policy was drafted based upon best practices in the prevention field	

Implementation Quality

Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Activities conducted to build support for enacting the policy among key policy makers (e.g., elected officials, event organizers, law enforcement).	No activities conducted to build support of key policy makers	Provided key policy makers with written information about intended policy change	Presented at general meetings of key policy makers to gain their support	Held individual meetings with key policy makers and presented at general meetings	
Activities conducted to build support within the community for enacting the policy (e.g. media campaigns, town hall meetings).	No activities conducted to build broad community support	Implemented a single activity to build community support	Implemented more than one activity to build community support	Conducted activities in multiple dimensions (e.g., letters to editor, town hall, media advocacy)	
Established or attempted to establish policies.	Attempted, but not adopted OR did not attempt	Adopted but modified in ways that substantially weaken impact	Adopted but modified in ways that may somewhat weaken impact	Adopted as recommended by prevention field	
Established and implemented enforcement procedures for new policies.	No enforcement procedures established or implemented	Informal enforcement procedures implemented in the community (e.g., coalition volunteers conduct enforcement)	Enforcement procedures implemented by designated staff (event organization staff, law enforcement, city staff)	Enforcement procedures implemented by designated staff and incorporated into written policy	

Implementation Reach/Intensity

Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
<u>Policy reach:</u> Established a communitywide policy (as opposed to a policy that only applies to specific events or venues).	No policies were enacted	A policy was enacted that applies to a minority of community events or venues	A policy was enacted that applies to most or all community events and venues	A communitywide policy (e.g., local ordinance) was enacted that applies to all events and venues	

<u>Enforcement reach:</u> Monitored/ensured enforcement of policies communitywide (as opposed to one specific event or venue).	Enforcement was not monitored or ensured	Enforcement monitored or ensured within a minority of community events or venues	Enforcement monitored or ensured within most community events or venues	Enforcement monitored or ensured across all community events and venues	
<u>Policy/practice intensity:</u> Degree of change in tone as the result of policies and enforcement procedures implemented.	No policy, practice, or procedural changes implemented	Policies/practices/procedures created no change or barely perceptible change in tone in applicable events or venues	Policies/practices/procedures created perceptible change in tone of applicable events or venues	Policies/practices/procedures created dramatic change in tone of applicable events or venues	

Counter-Advertising

Counter-advertising refers to the use of commercial marketing tactics to reduce the prevalence of substance use. Counter-advertising attempts to counter pro-substance influences and increase pro-health messages and influences throughout a state, region, or community³⁴. Results of a review article indicate varied evidence of effectiveness for Counter-advertising efforts targeting alcohol consumption³⁵. Evidence of effectiveness is also mixed for Counter-advertising campaigns targeting other drugs like marijuana. A 2002 study reported that recall of antidrug advertising was associated with a lower probability of marijuana and cocaine/crack use³⁶. However, a study assessing the National Youth Antidrug Media Campaign did not find an association between the campaign and reduced marijuana use³⁷.

Fidelity Rubric for Counter-Advertising Campaign

Preparation					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Research on pro-marijuana influences and marijuana-related health problems in the community was completed.	No research	Some research was done, but it did not lead to a full understanding of the impact of pro-alcohol influences and community problems	Research was done and provided a moderate understanding of problems and pro-alcohol influences	Quality research was completed leading to a full understanding of problems and pro-alcohol influences that could be used in creating counter-advertising messages	
Pro-health messages or messages that counter pro-marijuana influences were developed in an attempt to change attitudes and behaviors were created.	No messages developed	Messages were created, but they may not be believable, fully address the target population, or counter pro-alcohol influences	Believable messages that address the target population and data were created	Clever, engaging, believable, messages that counter pro-alcohol influences and speak to the target population using accurate information were created	

³⁴ Centers for Disease Control and Prevention. (2003). Designing and implementing an effective tobacco counter-marketing campaign. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at: http://www.cdc.gov/tobacco/stateandcommuity/counter_marketing/manual/pdfs/tobacco_cm_manual.pdf

³⁵ Agostinelli, G. & Grube, J.W. (2002). Alcohol counter-advertising and the media: A review of recent research. *Alcohol Research and Health*, 26(1), 15-21.

³⁶ Glider, P., Midyett, S.J., Mills-Novoa, B., Johannessen, K., & Collins, C. (2001). Challenging the collegiate rite of passage: A campus-wide social marketing media campaign to reduce binge drinking. *Journal of Drug Education*, 31(2), 207-220.

³⁷ Hornik, R., Jacobsohn, L., Orwin, R., Piesse, A., & Kalton, G. (2008). Effects of the national youth anti-drug media campaign on youths. *American Journal of Public Health*, 98(12), 2229-2236.

A comprehensive marketing plan that involved a variety of media strategies was created.	No marketing plan developed	A media plan using only one or two messages and media types was created	A media plan using more than one message and two or three types of media was created	A plan that used multiple messages with multiple media types that include both free and paid media was created	
Implementation Quality					
Core Activity	Missing 0	Weak Fidelity 1	Moderate Fidelity 2	Strong Fidelity 3	Rating Score
Message testing showed that the target population and public reacted positively to the media messages.	No message testing was conducted	Target population and public did not respond or responded negatively to the media campaign	Some positive and some negative responses from the target population and public to the media campaign	Target population and public responded very positively to the media campaign	
All outreach materials and media used during the campaign period reflect pro-health and counter pro-marijuana influences when discussing the target substance/population (as opposed, for example, to PSAs listing hazards, showing teens using marijuana, or raising alarms about prevalence).	No media or outreach materials used	Some of the messages used during campaign reflected pro-health and countered pro-alcohol influences	Most of the messages used during campaign reflected pro-health and countered pro-alcohol influences	All materials and media used during campaign reflected pro-health and countered pro-alcohol influences	
Pro-health and counter pro-marijuana messages were used to communicate with key stakeholders in order to change knowledge, attitude, and practice (e.g. with the local prevention coalition or local law enforcement).	Messages not used to communicate with key stakeholders	Messages were discussed briefly, but no real action was taken	Messages were discussed and considered as stakeholders made decisions	Stakeholders embraced messages and used them to inform their work and make decisions	
Implementation Reach/Intensity					
Core Activity	Missing 0	Weak Reach 1	Moderate Reach 2	Strong Reach 3	Rating Score
Media containing the pro-health messages or messages that counter pro-marijuana influences were placed in multiple venues and reached communitywide rather than within a specific setting (e.g., school building).	Media not placed	Media placed in a small number of planned venues, or restricted to a single setting	Media placed in more than one venue and setting, but not communitywide	Media placed in multiple venues, and reached community wide	

The target audience experienced repeated exposures to the pro-health messages or messages that counter pro-marijuana influences.	Target audience was not ever exposed to the messages	Target audience was exposed to media and messages only multiple times per month	Target audience was exposed to media and messages multiple times per week	Target audience was exposed to the media and messages multiple times per day	
Key stakeholders integrated the counter-advertising messages into other marijuana prevention program, policy, and practice efforts.	Stakeholders did not integrate campaign messages into other prevention work	Stakeholders integrated the messaging in prevention program work but not as part of policy or practice change	Stakeholders integrated the messaging in prevention program work and as part of policy or practice change	Stakeholders used the messages as an integral part of prevention program, policy, and practice change efforts	

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