



# STAND: Schools Together Allowing No Drugs

BY UCHECHI NWOGWUGWU

Schools Together Allowing No Drugs (STAND) is a coalition of community organizations, businesses, and individuals focused on the health and well-being of youth in Scott County TN. Their primary goal is to promote prevention of alcohol and drug use amongst adolescents in the community. To do this, STAND has sponsored prescription drug take-back events, advocated for policy changes related to drug and alcohol ordinances, worked with local law enforcement agencies, and met with community leaders to help shape drug and alcohol policies. STAND coalition members work closely with both high schools in Scott County and are considered broadly as a part of the school staff. Members of the coalition teach drug and alcohol prevention, the effects of adverse childhood experiences (ACEs), and various life skills.



The STAND coalition also has a youth board that is 80 members strong and growing. This group of young people, with adult support, vote on and make decisions about projects referred to as youth service learning initiatives that the coalition will take on. Past projects have been food and clothing drives, educational events, volunteering at the local women's and homeless shelters, and town halls. Some of the big focuses of this youth board include reducing stigma surrounding addiction and recovery as well as increasing access to mental health resources in rural areas.

Director Trent Coffey has held his position with STAND for over 25 years, and has had a great deal of success with community engagement. He claims the secret to this success has been listening to his youths' expressed needs, wants, and concerns. That, as well as being consistent, being present, and being visible. He takes a holistic approach to youth outreach, focusing not only drug prevention, but also teaching the youth he works with lifelong communication skills they can carry with them for years to come.

## FOCUS ON YOUTH

**STAND: SCHOOLS TOGETHER  
ALLOWING NO DRUGS**

PAGE 1

**MINDY GRIMM DIRECTOR OF  
ICARE UNION COUNTY Q&A**

PAGE 2 - 4

**WHAT IS AN EVIDENCE-BASED  
PRACTICE**

PAGE 5 - 6

**RESOURCES FOR SUBSTANCE USE  
PREVENTION**

PAGE 7 - 8

**UPCOMING RCORP EVENTS**

PAGE 9



# MEET MINDY GRIMM, DIRECTOR OF ICARE UNION COUNTY



## What is iCARE Union County?

iCare is a substance use prevention coalition that serves the entire county. Our target group is 12-25 year olds. We do a lot of prevention education in schools and recently began working with COURAGE, an RCORP-ETC project directed by Dr. Laurie L. Meschke. To support youth prevention, I presented a proposal to the Union County school board in November. The board approved us to teach prevention classes in all 5 Union County 5th grade classrooms. The request took a lot of work and the approval is a huge accomplishment for us. Every fifth grade class is now receiving roughly 20 hours of prevention, education, and life skills training, and that's really a big deal.

## How did you become the director of iCARE?

My degree is in education and I've always been in the education field in some aspects. I taught at Union County Schools for a while, and then I decided that a classroom wasn't for me. I then worked at the YMCA at Northside for 12 years. My education training focused on health and wellness classes at the YMCA. I taught home school PE classes, swim lessons, personal training classes, and more. I kept my ties with the school system by coaching middle school soccer. The Union County school district eventually asked me if I'd like to take the position at iCARE. I accepted. I was happy at the YMCA, I loved it there and I was sad about leaving, but being in my home county and able to make an impact was the convincing factor. I have family members who are addicted to substances, and it's a tough thing to deal with. They keep me invested in prevention. I've learned a lot over my seven years with iCARE.

## What are the ways you've seen the work iCARE has done impact Union County?

The most apparent impact of iCARE is the fact that we're talking about addiction as a disorder. Addiction is not talked about enough because of stigma. Families have been embarrassed or students don't know who to talk to or how to talk about it. These prevention classes in the school system have opened up the door for students to talk about things that are going on at home, including parents with addiction or being addicted themselves. Supporting conversations about addiction and promoting a safe space has been very beneficial.

## Are there any activities that iCARE has done that you have particularly enjoyed?


"Red Ribbon week" has been one of the most fun activities. It's like a spirit week that we have in the schools in October. Each day, the kids dress up or wear a certain color to represent that particular day. We have poster contests and lots of different activities for the students throughout the day. We also have a teachers' appreciation lunch. The event is very interactive and students seem to get a lot out of it. The most impactful thing that iCARE has ever done has been the overdose awareness, candlelight services. It's very simple. We gather at a site. Sometimes we have someone who wants to share their story. We light candles and recognize those we've lost to overdose and those who are struggling with addiction. It's really intimate and sweet. I like this event the most; it really sticks with me.

## Why is it important to focus on youth when dealing with substance abuse awareness and prevention?

We at iCARE work in prevention, as guided by our grant money, but personally, I believe that it all ties together -- whether it's prevention, awareness, treatment, and recovery. When I first started the job, I was like, "What is prevention?" I didn't really know the niche behind it. Someone explained to me like this: you have some people who keep falling in a river. They keep on falling in this river. And people will keep dragging them back up out of the river, pulling them up out of the river, and it's just constantly falling and somebody's pulling you out. So prevention is looking at what's **causing** these people to fall in the river. You then analyze your community, or, as they say, you're making an analysis of the river. With the assessment, you find out that there's the bridge up ahead without a railing. In order to prevent people from falling in the river, we need to go upstream and fix the bridge. This describes what prevention is and our focus on youth. We're trying to support them before they make life decisions that they can't get out of or they get stuck in.

## For iCARE, how important has collaboration been to promote substance use prevention and how has iCARE managed to do this?

iCARE couldn't do what we do without collaboration. It's a no-brainer for me. If you can't collaborate with other entities, you're going to be siloed or stuck in your little lane. We've been able to draw so much more influence across the county by collaborating with the faith-based community or collaborating with the sheriff's department, emergency medical services, the teachers at the schools, and our county government. I don't think you can do this job effectively without collaboration.




### **What are some common misconceptions you have seen or heard about substance use disorder in your work?**

The main one that we really struggle with is seeing addiction as solely a moral failure and not necessarily a disease. It's hard, especially in a rural area, because you have a lot of people who say, "Oh, I just need to quit." And it's not that simple. Getting people to understand the complexities has been the biggest challenge, and then having them understand that there's more to addiction than bad choices. It gets to a point where using drugs is not really a choice. It's like survival. So what I'm bringing to the community whenever I do presentations is to help people understand what addiction does to the brain and how it actually changes pathways.

### **How can those interested get involved with iCARE?**

They can contact me through email or a phone and I can put them on our email list. They can also join our coalition meetings that are once a month. Then we can send them our quarterly newsletter, and they can get in on our activities and actually help us to make implementation plans for the county. I mean, this is something that we really try to get everybody who wants to be involved, involved. There's no limits on it so if you really want to be involved in the coalition they absolutely can.



### **What advice would you give to someone who either wants to work in the field of youth prevention or is currently working in the field of youth prevention?**

I would say find a mentor, somebody who has been doing this job for a while, to give yourself a baseline because there really is a lot to it. You know, people get to see the events and the things that we're doing but they don't see other parts like making an action plan, doing a community assessment, and finding out what your community really needs instead of just going saying "Let's try this and see if this works." You have to go into this work strategically -- developing a plan, looking at data, finding hotspots in the community that you can really make more of an impact in -- all this matters. It will make your progress a lot quicker if you've got a plan, and you got people to help you.



### **Does iCARE have any upcoming events you'd like to share?**

We'll be having a caregivers workshop in the spring. We are also doing a teachers' in-service in February. We will teach something called Addiction 101, which will be renamed to be more recognizable to our teachers and caregivers. I think there are still a lot of people in the county that don't really know who we are. And even though we're doing stuff and we're working hard, we're still trying to grow and expand by getting people to jump on board and join our coalition. We just want to make some community change. That's our goal, and we can't do that without the community being involved. We're trying to do the right thing.



# Promoting Youth Substance Use Prevention

## WINTER RCORP-ETC CONSORTIUM MEETING

Friday, February 17, 2023

1-3pm via Zoom



Justifying a  
Focus on  
Youth  
Prevention

Laurie L.  
Meschke, PhD  
Professor of Public  
Health, UTK



Applying an  
Ecological  
Lens to Youth  
Prevention

Sean Bryant,  
MSSW  
Field Education  
Specialist  
UTK College of  
Social Work



Promoting  
Youth  
Prevention in  
Afterschool  
Time

Matt Devereaux,  
PhD  
Professor and  
Human Development  
Extension Specialist  
in the Department of  
Family and  
Consumer Sciences,  
UTIA

RSVP AT [TINY.UTK.EDU/FEB2023RSVP](https://tiny.utk.edu/feb2023rsvp) TO RECEIVE A COPY OF THE MEETING LINK. PLEASE SHARE WITH ALL COLLEAGUES AND COMMUNITY MEMBERS WITH AN INTEREST IN THE PROMOTION OF THE HEALTH OF YOUTH.

# Evidence-Based Programs 101

## What are Evidence-Based Programs?



In the field of healthcare and substance use prevention, we rely heavily on evidence-based programs and practices to inform health and prevention initiatives. Evidence-based programs (EBP) have been rigorously tested in controlled settings (e.g., randomized control-treatment design), proven effective, and translated into practical models that are made available to community-based organizations.<sup>1</sup> These practices involve integrating the best available evidence, with clinical knowledge and expertise while also considering a patient's, client's, or participant's unique needs and personal preferences. The evidence for these programs is generally graded according to its strength, with the meta-analyses of randomized controlled trials being the gold standard as far as evidence goes.<sup>2</sup>

EBP guides clinicians and healthcare workers to step away from outdated care delivery practices and choose effective, scientifically validated methods to meet individual patient or client needs. The main advantage to using evidence-based programs is that the EBP have been shown to create desired change for a particular community. Ideally, these results will hold true with the community that you serve. So, yes, keep in mind that EBP status does not mean a program will work in every community-setting. Variations in the population, and implementation of a program can lead to variations of a program's outcome. With that being said, EBP is still often considered the best approach for community health promotion.

## How is an EBP Determined?

Programs must undergo a rigorous evaluation process in order to be promoted and widely accepted as an evidence-based practice. Practices are evaluated on a scale with certain requirements necessary to be assigned to each category of practice. The table below details the program requirements for each category.<sup>3</sup>

<b>Evidence-based practice</b>	<ul style="list-style-type: none"><li>• Shown to have a positive effect on student outcomes</li><li>• The research design allows one to infer that the practice led to child or student improvement</li><li>• Multiple high-quality studies have been conducted</li><li>• Reviewed by a reputable organization (e.g., What Works Clearinghouse)</li></ul>
<b>Promising practice</b>	<ul style="list-style-type: none"><li>• Shown to have positive effects on learner outcomes</li><li>• The research design does not clearly demonstrate that the practice led to child or student improvement</li><li>• Insufficient number of studies conducted to demonstrate its effectiveness</li></ul>
<b>Research-based practice</b>	<ul style="list-style-type: none"><li>• Some research studies have demonstrated positive effects on student outcomes while other studies have not</li><li>• Based on research that may or may not clearly demonstrate that the practice led to improved child or student outcomes</li><li>• Multiple studies have been conducted</li></ul>
<b>Emerging practice</b>	<ul style="list-style-type: none"><li>• Anecdotal evidence of effectiveness</li><li>• Research has not been conducted</li></ul>

# How Do We Find Evidence-Based Programs for SUD Prevention?



## EVIDENCE-BASED PRACTICES RESOURCE CENTER

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides an evidence-based practices resource center that aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. This approach by SAMHSA allows for more efficient development and dissemination of expert consensus on the latest prevention, treatment, and recovery science; collaborate with experts in the field to rapidly translate science into action; and provide communities and practitioners with tools to facilitate comprehensive needs assessment, match interventions to those needs, support implementation, and evaluate and incorporate continuous quality improvement into their prevention, treatment, and recovery efforts. Using the resource center, one can search by search by topic area, substance or condition as well as resource type, target population, and target audience. The resource center website can be found at

<https://www.samhsa.gov/resource-search/ebp>



### References

1. Tallie Casucci, M.-J. (2021, February 26). What is evidence-based practice? What is Evidence-Based Practice? Retrieved January 14, 2023, from <https://accelerate.uofuhealth.utah.edu/improvement/what-is-evidence-based-practice>
2. Project Enhance. (2022, May 5). What is an evidence-based program? Project Enhance. Retrieved January 14, 2023, from <https://projectenhance.org/what-is-an-evidence-based-program/>
3. Cook, B. (2022). What is an evidence-based practice or Program (EBP)? IRIS Center. Retrieved January 14, 2023, from [https://iris.peabody.vanderbilt.edu/module/ebp\\_01/cresource/q1/p01/](https://iris.peabody.vanderbilt.edu/module/ebp_01/cresource/q1/p01/)

# RESOURCES FOR SUBSTANCE USE PREVENTION

BY: SOPHIE MAYNARD

Below you'll find some helpful resources for substance use prevention in developmentally appropriate ways

Resource	Link	Target Group	Description
Early Steps, Family Check Up	<a href="https://fcu.uoregon.edu/">https://fcu.uoregon.edu/</a>	Mother, Child ages 2-17	A brief selective intervention designed to support families with young children who may experience stress due to income or other family circumstances.
Family Spirit	<a href="https://www.jhsph.edu/research/affiliated-programs/family-spirit/">https://www.jhsph.edu/research/affiliated-programs/family-spirit/</a>	Mother, Child Ages 0-3	A pregnancy and early childhood selective prevention intervention for American Indian teen mothers and their children in home visits. Sessions target parenting skills, maternal substance abuse prevention and life skills.
Nurse Family Partnership	<a href="https://www.nursefamilypartnership.org/about/">https://www.nursefamilypartnership.org/about/</a>	Mother, Father, Child ages 0-2	A selective prenatal and infancy home visitation program for first-time mothers from low socio-economic backgrounds. The programs main goal is to improve the outcomes of pregnancy by helping women improve their health through diet and discontinuing drug use.
Linking the Interests of Families and Teachers (LIFT)	<a href="https://nationalgangcenter.ojp.gov/spt/Programs/91#07byc">https://nationalgangcenter.ojp.gov/spt/Programs/91#07byc</a>	Parents, Teachers, Students in 1st through 5th grade (age 6-11)	A universal preventative intervention that was developed for elementary schools in communities with high levels of juvenile delinquency.



Resource	Link	Target Group	Description
Early Risers “Skills for Success” Risk Prevention Program	<a href="https://innovation.umn.edu/early-risers/">https://innovation.umn.edu/early-risers/</a>	Children ages 6-10, Family	A selective intervention for children at higher risk for the development of serious conduct problems, including the use and misuse of drugs.
Incredible Years Parents, Teachers, and Children Training Series	<a href="https://incredibleyears.com/">https://incredibleyears.com/</a>	Parents, Teachers, and Children ages 0-8.	A tiered, multi-component prevention and treatment intervention in day care, preschool and early primary school.
Communities Mobilizing for Change on Alcohol	<a href="https://iprc.iu.edu/docs/CMCA.pdf">https://iprc.iu.edu/docs/CMCA.pdf</a>	Youth ages 15-20	Designed to reduce youth access to alcohol by changing community and law enforcement policies, attitudes, and practices, and by targeting commercial and noncommercial availability of alcohol to underage drinkers.
Brief Alcohol Screening and Intervention for College Students (BASICS)	<a href="https://www.blueprintsprograms.org/programs/203999999/brief-alcohol-screening-and-intervention-for-college-students-basics/">https://www.blueprintsprograms.org/programs/203999999/brief-alcohol-screening-and-intervention-for-college-students-basics/</a>	Early Adulthood (19-24)	BASICS is designed to help students make better alcohol-use decisions based on a clear understanding on the genuine risks associated with problem drinking, enhanced motivation to change, and the development of skills to moderate drinking.

