Overview of CSAP Strategies & IOM Categories

CSAP Prevention Strategies

The SAMHSA Center for Substance Abuse Prevention (CSAP) promotes the following six (6) Prevention Strategies. Prevention providers are expected to identify which Prevention Strategy their programs and activities fall under. The below list provides an overview and example activities for each Strategy. Additional context and programmatic examples for the six Strategies can be found on pages 4-6 of the SFY26 Notice of Funding Opportunity as well as the SAMHSA resource Focus on Prevention: Strategies and Programs to Prevent Substance Use.

1. Information Dissemination: One-way communication from the source to the audience, with limited contact between the two. The goal of information dissemination is to increase awareness and knowledge related to drug and alcohol misuse, use, effects, and availability for prevention and treatment.
   Examples include: Media Campaigns, Brochures, Public Service Announcements, Health Fairs, Presentations/Speaking Engagements, Town Halls, etc.
2. Prevention Education: Two-way communication that facilitates learning through interaction between the educator/facilitator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.
   Examples include: Parent and Family Management Classes, Peer Leader/Helper Programs, Classroom/Small Group Sessions, Groups for Children of Substance Abusers, etc.
3. Alternatives: Participation of the target populations in activities that exclude drug use and promote healthy lifestyles. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco, and other drugs.
   Examples include: Drug Free Social and Recreational Activities, Youth and Adult Leadership Activities, Mentoring Programs; Afterschool Activities; Drop-in Recreational Centers, Community Service Activities, etc.
4. Community-Based Process: Enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug misuse disorders.
   Examples include: Community Organizing, Systematic Planning and Coalition Building, Multi-Agency Coordination, Assessment Services, Community Team Building.
5. Environmental: Seeks to establish or change community standards, codes, laws, policies, procedures, norms, and attitudes thereby influencing drug and alcohol consumption in communities.
   Examples include: Establishment and Review of ATOD Policies in Schools, Technical Assistance to Assist Communities to Maximize Law Enforcement Procedures Regarding ATOD, Modification of ATOD Advertising, Product Pricing Strategies, Modify availability and distribution of alcohol and other drugs, etc.
6. Problem Identification and Referral: Identify those who engaged in illegal/age-inappropriate behavior to assess if their behavior can be reversed through education.
   Examples include: DUI and DWI Education, Employee Assistance Programs, Student Assistance Programs, etc.

IOM Categories

According to SAMHSA, a comprehensive approach to behavioral health also means seeing prevention as part of an overall continuum of care. The Institute of Medicine (IOM) Model classifications, often referred to as a continuum of care, categorizes preventive activities according to their population of focus.

The IOM model divides the continuum of services into three parts: prevention, treatment, and recovery. The three prevention classifications are further subdivided into universal, selective, and indicated. The IOM category is assigned by looking at the risk level of the individual or group receiving the service.

Prevention providers are expected to be able to identify which IOM category their programs and activities fall under. A description of the IOM categories is provided below. For additional IOM category information, view these resources: IOM Category Definitions, IOM Classifications for Prevention, and IOM Classification System.

- Universal: Activities that focus on the general public or a whole population group, not specific risk group, with messages and programs aimed at preventing or delaying the abuse of alcohol or other drugs. All members of the population share the same general risk for substance abuse, although the risk may vary among individuals.
    - Universal Indirect: Initiatives that support population-based programs and environmental strategies (i.e., establishing substance use policies, modifying substance use advertising practices, coalition activities, media campaigns).
      Example: Community at large.
    - Universal Direct: Interventions directly serve an identified group of participants but who have not been identified as having any risk factor for substance abuse. Implementing this category provides direct programming to a group (i.e., school curriculum, afterschool program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact.
      Examples: School-based or after-school program, parenting classes.
- Selective: Activities implemented with individuals or a subgroup of the population whose risk of developing a substance use disorder is significantly higher than average because of an underlying risk factor.
  Examples: Children of individuals with substance use disorders, individuals with ACEs.
- Indicated: Activities implemented with individuals who do not meet the criteria for substance abuse or dependence, but who are showing early danger signs, such as failing grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting potential early signs of substance abuse and other problem behaviors associated with substance use, and to target them with special programs. *Examples: Individuals involved in the criminal justice system, youth who have experimented with drugs or alcohol.*