CSN
Children's Safety Network

Evidence-Based Strategies and Readings in Five Injury Topics

Acknowledgements

Falls Prevention

Definition	Evidence-Based Strategies for:	
	Infant and Child	**Adolescent**
An unintended "event which results in a person coming to rest inadvertently on the ground or floor or other lower level." The most common causes of falls are from sports-related activities and furniture. Source: WHO	**Falls from windows**: Parent education + laws mandating window guards + common space for children less than 10 years to play + enforcement (1) **Falls on/near stairs**: Fitted stair gates via safety resource center or home visits (2); Reduce baby walker use by midwife and health visitor (3);Home visit + installation of stair gate (4); and, Meta-analysis results indicating education + low-cost/free home safety equipment (gate) + home safety inspection + fitting reduces injuries (5) **Falls from bikes:** Correctly wearing bike helmet, Risk Watch (for 7-10 yo) (6); Promoting use of bike helmets among <12 yo = community based + education + free helmet (school settings work too) (7) **Falls on playgrounds**: Increasing depth of energy absorbing surfaces and removal of monkey bars (8); [also see CPSC handbook for safety standards, (9)] **Preventing all injuries, including falls**: Children with lower parental supervision scores have higher rates of injury, most of which are falls (10); *Supervising for Home Safety* enhances parents' supervision practices (11)	**Playground related falls:** Ensure compliance with US Consumer Product Safety Commission (CPSC) voluntary standards and ASTM codes related to layout, sightlines, surfacing, heights, protrusions, age-appropriate equipment, age separation. (9, 12) **Promoting bike helmet use among adolescents:** Theoretical constructs necessary to promote include favorable opinion among parents and friends, instrumental attitudes (i.e., helmet use is beneficial), (13) **Reducing injury rates among football players**: *Heads Up Youth Football*, (comprehensive coach education) + Pop Warner practice guidelines limiting player-to-player contact (14) **Reducing *all* injury rates in adolescent sport**: Preseason conditioning, functional training, education, proprioceptive balance training and sport-specific skills should be continued. (15) **Effectively implementing programs once state concussion laws are passed**: Institute of Medicine (IOM) report endorses a number of recommendations including but not limited to: involve all stakeholders, develop plan early, communicate with recreation leagues, educate professionals involved in diagnosis and management, and involve teachers. (16)

Readings and Resources

Pressley JC, Barlow B. **Child and adolescent injury as a result of falls from buildings and structures**. Injury Preventtion 2005;11:267-273.

Gielen AC et al. **Effects of improved access to safety counseling, products and home visits on parents' safety practices.** Archives of Pediatrics & Adolescent Medicine 2002;156(1):33-40.

Kendrick D et al. **Promoting child safety in primary care: a cluster RCT to reduce baby walker use**. British Journal of General Pediatrics 2005; 582-588.

Phelan KJ et al. **A RCT of home injury hazard reduction: the HOME injury study**. Injury Prevention 2010;16 Suppl:A171.

Hubbard S et al. **Network meta-analysis to evaluate the effectiveness of interventions to prevent falls in children under age 5**. Injury Prevention 2015;21:98-108.

Kendrick D et al. "Risk Watch": **Cluster randomized controlled trial evaluating an injury prevention program**. Injury Prevention 2007;13:93-99.

Owen R et al. **Non-legislative interventions for the promotion of cycle helmet wearing by children** (review). Cochrane Collaboration, 2011.

Sibert J et al. **Preventing injuries in public playgrounds through partnership between health services and local authority: community intervention study**. British Medical Journal 1999;318:1595.

Public Playground Safety Handbook, CPSC, 2015. Available at: https://www.cpsc.gov/s3fs-public/325.pdf

Schnitzer PG et al. **Supervision and risk of unintentional injury in young children**. Injury Prevention 2015;21:e63-e70. DOI:10.1136/injuryprev-2013041128.

Morrongiello BA. **Results of a randomized controlled trial assessing the efficacy of the Supervising for Home Safety program: Impact on mothers' supervision practices**. Accident Analysis & Prevention 2013 Jan;50:587-95. DOI: 10.1016/j.aap.2012.06.007

Chalmers DJ et al. **Height and surfacing as risk factors for injury in falls from playground equipment: a case-control study**. Injury Prevention 1996;2:98-104.

Lajunen T. **Can social psychological models be used to promote bicycle helmet use among teenagers? A comparison of the Health Belief Model, Theory of Planned Behavior and the Locus of Control.** Journal of Safety Research 2004;35(1):115-23.

Kerr ZY et al. **Comprehensive coach education and practice contact restriction guidelines result in lower injury rates in youth American football**. Orthopaedic Journal of Sports Medicine 2015;3(7), 2325967115594578 DOI: 10.1177/23259677115594578.

Abernathy L, Bleakley C. **Strategies to prevent injury in adolescent sport: a systematic review**. British Journal of Sports Medicine 2007;41:626-638.

IOM Report, **Sports-Related Concussions in Youth**, *Chap 6. Protection and Prevention Strategies*. Available at: http://www.ncbi.nlm.nih.gov/books/NBK185338/.

Injury Prevention: Falls. Eileen M. McDonald, MS, Andrea Carlson Gielen, ScD, ScM. Johns Hopkins Center for Injury Research and Policy, Johns Hopkins Bloomberg School of Public Health, USA. December 2010

Interpersonal Violence Prevention

Definition	Evidence-Based Strategies for:	
	Infant/Child	Adolescent

Deaths and non-fatal injuries resulting from intentional force used by one person against another. It includes:
 	
• Assault
• Bullying
• Child Maltreatment
• Homicide
• Sexual Assault
	• Coping Power Program
	• Mentoring programs to increase connections with caring adults
	• Evidence-based home visitation programs (e.g. Nurse-Family Partnership)
	• Olweus Bullying Prevention Program
	• Parent-Child Interaction Therapy (child maltreatment prevention)
	• Safe Environment for Every Kid (SEEK) screening program (child maltreatment prevention)
	• School-wide Positive Behavioral Interventions and Supports (PBIS)
	• Social and Emotional Learning (SEL) program – Promoting Alternative Thinking Strategies
	• SEL program – Second Step
	• Steps to Respect
	• The Finish KiVa Program
	• The Good Behavior Game
	• Parenting programs to increase family support and connectedness and to promote healthy child development (e.g., Essentials of Parenting, Triple P Positive Parenting)
	• Incredible Years
	• Safe Care
	• Strengthen economic supports for families
		• Community policing to support neighborhoods in proactive problem solving
		• Safe Dates
		• Bystander Intervention Programs (e.g., Green Dot, Coaching Boys Into Men; Bringing in the Bystander)
		• Shifting Boundaries
		• Coping Power Program
		• Hospital and community-based violence intervention programs (e.g., Cure Violence, Boston's Operation Ceasefire)
		• Mentoring programs to increase connections with caring adults (e.g., school-based, community-based)
		• Olweus Bullying Prevention Program
		• Parenting programs to increase family support and connectedness
		• School-based and after-school programs to increase connections with schools, pro-social peers, and caring adults
		• Create protective environments (i.e., school climate interventions)
		• School-wide Positive Behavioral Interventions and Supports (PBIS)
		• Screening interventions (e.g., Bright Futures guidelines, Safe Environment for Every Kid (SEEK) Program
		• SEL program – Promoting Alternative Thinking Strategies
		• SEL program – Second Step
		   o Steps to Respect
		   o The Finish KiVa Program
		   o The Good Behavior Game
		   o Training in non-violent problem solving skills

	• Change social norms to support parents and positive parenting	○ Urban Networks to Increase Thriving Youth through Violence Prevention (UNITY) – the UNITY Roadmap (Prevention Institute, Harvard School of Public Health, and UCLA School of Public Health) • Neighborhood-based strategies to protect children and strengthen families (e.g., Strong Communities)

Readings and Resources

Building Capacity to Reduce Bullying: Workshop Summary
http://www.nap.edu/catalog/18762/building-capacity-to-reduce-bullying-workshop-summary
Simon, P., Olson, S. Rapporteurs. (2014). Washington, DC: Board on Children, Youth, and Families; Committee on Law and Justice; Institute of Medicine; National Research Council

Child Maltreatment: Prevention Strategies
http://www.cdc.gov/violenceprevention/childmaltreatment/prevention.html
This list from the Centers for Disease Control and Prevention contains evidence-based programs to stop child maltreatment. Prevention strategies include effective programs that focus on attitude change and on modifying policies and societal norms to create safe, stable, and nurturing relationships and environments.

Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence
http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf
Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

Preventing Youth Violence: An Overview of the Evidence
http://apps.who.int/iris/bitstream/10665/181008/1/9789241509251_eng.pdf?ua=1&ua=1&ua=1
World Health Organization (2015) Preventing Youth Violence: An Overview of the Evidence. Geneva, Switzerland

Preventing Youth Violence: Opportunities for Action
https://www.cdc.gov/violenceprevention/youthviolence/pdf/opportunities-for-action.pdf
David-Ferdon C, Simon TR. Preventing Youth Violence: Opportunities for Action. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2014

Understanding and Addressing the Early Childhood Origins of "Mean" Behavior and Bullying: Resources for Practitioners
http://www.childtrends.org/wp-content/uploads/2015/08/2015-33AddressingEarlyMeanBehavior.pdf
Darling-Churchill, K., Temkin, D., DeVooght, K., Dally, S., Novak, M., VanderVen, K. (2015). Understanding and Addressing the Early Childhood Origins of "Mean" Behavior and Bullying: Resources for Practitioners. Bethesda, MD: Child Trends. Pittsburgh, PA: University of Pittsburgh.

What Works for Bullying Programs: Lessons from Experimental Evaluations of Programs and Interventions
http://www.childtrends.org/wp-content/uploads/2013/10/briefing_bullying5_anm1.pdf
Lawner, E.K., Terzian, M.A. (2013). What Works for Bullying Programs: Lessons from Experimental Evaluations of Programs and Interventions. Bethesda, MD: Child Trends.

Youth Violence: Using Environmental Design to Prevent School Violence
http://www.cdc.gov/ViolencePrevention/youthviolence/cpted.html
A description of the concepts and background of Crime Prevention through Environmental Design (CPTED).

Child Trends' What Works Database
http://www.childtrends.org/what-works/ Topics: Bullying; Mental Health; Substance Use; Child Maltreatment; Aggression

Blue Prints for Healthy Youth Development
http://www.blueprintsprograms.com/ Topics: Violence Prevention

STRYVE Strategy Selector Tool
https://vetoviolence.cdc.gov/apps/stryve/detail/selection

Understanding Evidence
http://vetoviolence.cdc.gov/apps/evidence/#&panel1-1

Home Visiting Evidence of Effectiveness
http://homvee.acf.hhs.gov/
From the Department of Health and Human Services comes this review of home visiting research literature.

Suicide & Self-Harm Prevention

Definition	Evidence-Based Strategies *(Note: The strength of the evidence for the programs listed below varies. Also, some are considered evidence-based because they had an impact on risk and protective factors rather than suicidal thoughts or behaviors.)*
Suicidal behaviors: Behaviors related to suicide, including preparatory acts, suicide attempts, and deaths. **Suicide death:** death caused by self-injurious behavior with any intent to die. **Suicide attempt:** a nonfatal, self-directed, potentially injurious behavior with any intent to die (may or may not result in injury). **Suicidal ideation:** Thoughts of engaging in suicide-related behavior. **Self-Harm** is non-fatal bodily harm resulting from action that is self-directed with or without the intent to die	• **Care transitions**, e.g. Emergency Room Intervention for Adolescent Females • **Access to evidence-based treatments**, e.g., training providers in evidence-based treatments such as Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric); Attachment-Based Family Therapy (ABFT); Dialectical Behavior Therapy (DBT); Dynamic Deconstructive Psychotherapy (DDP) • **Access to lethal means,** e.g., ED Means Restriction Education • **Crisis response and crisis care**, e.g. crisis hotlines and follow-up contacts (adults) • **Early elementary classroom behavior management**, e.g. Good Behavior Game • **Multicomponent programs**, e.g., Model Adolescent Suicide Prevention Program, Sources of Strength • **Identify and assist people at risk**, e.g., SOS Signs of Suicide (screening and education); American Indian Life Skills Development (training for peers); various gatekeeper trainings (training for educators & other adults), create safe environments for LGBT teens using programs such as Allies Matter • **Life skills training**, e.g., Coping And Support Training (CAST) (curriculum) • **Increase likelihood of help-seeking,** e.g. Lifelines, LEADS for Youth (curricula) • **Health & behavioral health systems transformation** (i.e. Zero Suicide) • **Expanding means restriction options** • **Suicide prevention in high risk settings**, e.g. juvenile justice

Readings and Resources

A Comprehensive Approach to Suicide Prevention
http://www.sprc.org/basics/about-suicide-prevention/comprehensive
This resource from the Suicide Prevention Resource Center (SPRC) explores seven key strategies that should be considered to effectively prevent suicide. An updated version with nine strategies will be presented at the Summit.

CDC Resources on Suicide Prevention
http://www.cdc.gov/violenceprevention/suicide/
Provides a useful overview of suicide prevention, including definitions, fact sheets, data sources, risk and protective factors, and other information. Also see Youth Suicide:
http://www.cdc.gov/ViolencePrevention/suicide/youth_suicide.html

Suicide Prevention Resource Center: State Pages
http://www.sprc.org/states
Learn about suicide prevention activities going on in your state and find state suicide prevention plans.

National Strategy for Suicide Prevention
www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/
The National Strategy is a call to action that is intended to guide suicide prevention actions in the United States over the next decade. It outlines four strategic directions with 13 goals and 60 objectives that are meant to work together in a synergistic way to prevent suicide in the nation.

Toolkit: Zero Suicide in Health and Behavioral Health Care
http://zerosuicide.sprc.org/zero-suicide-toolkit
The Zero Suicide Toolkit is a collection of information, tools, resources, and activities for health and behavioral health care leaders and leadership teams to assist them in transforming health care systems to provide effective suicide care.

Resources for Health Care & Behavioral Health Providers
http://www.sprc.org/for-providers
Lists extensive suicide prevention resources for Primary Care, Emergency Departments, and Outpatient Mental Health

A Strategic Approach to Suicide Prevention in High Schools
http://www.sprc.org/training-institute/r2p-webinars/strategic-approach-suicide-prevention-schools
A webinar about how to approach school-based suicide prevention plus links to related resources including a comprehensive toolkit on preventing suicide in high schools.

National Registry of Evidence-Based Programs and Practices (NREPP):
http://www.nrepp.samhsa.gov Topics: Suicide; Substance Abuse; Mental Health

NREPP Learning Center Literature Review: Suicide Prevention
http://nrepp.samhsa.gov/Docs/Literatures/NREPP%20Learning%20Center%20Lit%20Review_%20Suicide%20Prevention.pdf
Prepared in 2015 by Development Services Group, Inc., under contract no. HHSS 2832 0120 0037i/HHSS 2834 2002T, ref. no. 283– 12–3702

Motor Vehicle Crashes

Readings and Resources

Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS):
http://www.cdc.gov/motorvehiclesafety/calculator/
This tool from the Centers for Disease Control and Prevention will help state decision makers prioritize and select from a suite of 12 effective motor vehicle injury prevention interventions. MV PICCS is designed to calculate the expected number of injuries prevented and lives saved at the state level and the costs of implementation, while taking into account available resources. A fact sheet for each intervention and a final report with a user guide are included.

Countermeasures That Work: A Highway Safety Countermeasure Guide for Highway Safety Offices, 7th Edition
http://www.nhtsa.gov/staticfiles/nti/pdf/811727.pdf
Developed by NHTSA and updated in 2013, the guide is designed to help states and safety practitioners select effective, evidence-based countermeasures for traffic safety problem areas including young drivers.

Transportation and Health Tool (U.S. Department of Transportation and CDC)
https://www.transportation.gov/transportation-health-tool

Uniform Guidelines for State Highway Safety Programs (NHTSA)
- Highway Safety Program Guideline No. 20: Occupant Protection
  http://www.nhtsa.gov/nhtsa/whatsup/tea21/tea21programs/pages/OccupantProtection.htm
- Highway Safety Program Guideline No. 8: Impaired Driving
  http://www.nhtsa.gov/nhtsa/whatsup/tea21/tea21programs/pages/ImpairedDriving.htm
- Highway Safety Program Guideline No. 4: Driver Education
  http://www.nhtsa.gov/nhtsa/whatsup/tea21/tea21programs/pages/guideline04-march2009.pdf

Teen Driver Safety

Definition	Evidence-Based Strategies
Deaths and non-fatal injuries resulting from a crash in which the victim was a driver or occupant of a vehicle or a pedestrian and between the ages of 15-19.	• Enforcement of comprehensive graduated driver licensing (GDL) laws (minimum learner's permit age of 16, minimum intermediate license age of 17, at least 65 supervised driving hours, night driving restrictions beginning at 8 pm while in the intermediate stage, and no passengers while in the intermediate stage) http://www.ghsa.org/html/stateinfo/laws/license_laws.html • Increase in the length of learner's permit and supervised hours • Establish intermediate-nighttime restrictions • Enforcement of minimum legal drinking age and zero tolerance for drinking and driving laws • Enactment and enforcement of primary seat belt laws http://www.ghsa.org/html/stateinfo/laws/seatbelt_laws.html • Enforcement of laws to prevent speeding http://www.safercar.gov/parents/TeenDriving/speeding.htm • Reduction of cell phone use and texting among young drivers • Parent education programs with clearly defined behavioral objectives and evaluation such as Parents are the Key (Centers for Disease Control and Prevention), Checkpoints (National Institutes of Health), Share the Keys (NJ Division of Highway Traffic Safety), and Power of Parents (MADD) • Campaigns to increase parent engagement, such as 5 to Drive (NHTSA) and Drive It Home (NSC) • Physician counseling to educate parents and teens about the dangers of teen driving and ways to reduce risk • Parent/Teen Driving Agreements that at minimum address what is outlined in a state's GDL law • Peer-to-peer programs that have been evaluated such as Teens in the Driver Seat (Texas Transportation Institute), Impact Teen Drivers (Impact Teen Drivers, CA), Be In the Zone (Children's Hospital at Vanderbilt) and the Champion Schools Program (Brain Injury Alliance of NJ) • Reduction of distraction by reducing the number of additional peers in the vehicle • Reduction of alcohol/drug impairment while driving

Readings and Resources

A New GDL Framework
http://www.tirf.ca/publications/publications_show.php?pub_id=321
A collaborative effort of the Traffic Injury Research Foundation (TIRF), the National Safety Council, the National Highway Traffic Safety Administration (NHTSA), and the Allstate Foundation, the report describes a comprehensive Graduated Driver Licensing (GDL) framework that has been developed, through a review of research and best practices, to better address the elevated crash risk of young and new drivers in the U.S. and internationally. The GDL framework is unique in that it proposes that driver education, licensing and testing requirements, as well as in-vehicle monitoring technology be integrated into an enhanced GDL program that has the potential to increase the safety outcomes of young and novice drivers.

Insurance Institute for Highway Safety GDL Calculator
http://www.iihs.org/iihs/topics/laws/gdl_calculator?topicName=teenagers
The calculator uses Institute research to show how changes to state GDL provisions might affect collision claims and fatal crash rates among young drivers. For every state and the District of Columbia, the Institute has estimated the effects of strengthening or weakening five key graduated driver licensing provisions: **permit age, practice driving hours, license age and night driving and passenger restrictions.** The projections are based on research showing what matters most when it comes to preventing fatal crashes and collision claims among teen drivers.

Promoting Parent Involvement in Teen Driving: An In-Depth Look at the Importance and the Initiatives
http://www.ghsa.org/resources/promoting-parent-involvement-teen-driving-depth-look-importance-and-initiatives
This 2013 GHSA publication examines the critical role parents play in helping their teens survive their driving years, how parents can support – or supplement – state laws to help their teens develop into good, safe drivers and best practices for reaching parents and the key elements of a successful parent program.

Speeding-Related Fatal Crashes Among Teen Drivers and Opportunities for Reducing the Risks
http://www.ghsa.org/resources/speeding-related-fatal-crashes-among-teen-drivers-and-opportunities-reducing-risks
Despite a significant drop in overall fatal teen driving crashes over the past decade, speeding has actually grown slightly as a contributing factor. This 2013 GHSA publication examines the scope of the teen speeding problem, why it exists and what policymakers and parents can do to help reduce the number of teen speeding-related fatalities.

Getting It to Click: Teens and Seat Belt Use
http://www.ghsa.org/resources/getting-it-click-connecting-teens-and-seat-belt-use
This 2014 GHSA report details promising programs and practices that states are using to encourage teens to wear their seat belts every time they drive or ride in a vehicle. The programs listed can serve as road maps to other states and stakeholders concerned about keeping young drivers safe on our roads.

Distracted and Dangerous: Helping States Keep Teens Focused on the Road
http://www.ghsa.org/resources/distracted-dangerous-helping-states-keep-teens-focused-road
This 2014 GHSA report discusses what is currently know about teens and distracted driving and outlines nearly two dozen legislative, enforcement and educational programs developed and implemented by the public and private sector at the national, state and local level to help address the distractions that are putting teens and others they share the road with at risk.

Under Their Influence: The New Teen Safe Driving Champions
http://www.ghsa.org/resources/under-their-influence-new-teen-safe-driving-champions
Teens spend a tremendous amount of time around adults other than their parents. This 2015 GHSA publication examines how these adults – coaches, teachers, law enforcement officials, doctors, and many more – have the opportunity to influence teen decision-making about driving and showcases several safe driving initiatives.

Child Passenger Safety

Definition	Evidence-Based Strategies
Deaths and non-fatal injuries resulting from a motor-vehicle crash in which the victim was an occupant of a vehicle and between the ages of 0-14 years old.	• Child safety seat distribution and education in which free or low-cost seats are distributed to parents • Community-wide information and enhanced enforcement campaigns that utilize mass media and high visibility enforcement strategies to convince parents to use child safety seats • Provide mobile fitting stations and car seat inspection stations to ensure that child safety seats are correctly installed • Proper installation and use of booster seats, including education on height and age recommendations and proper seat belt fit http://www.safercar.gov/parents/SeatBelts/Tweens-Seat-Belt-Safety.htm • Proper installation and use of child safety seats http://www.ghsa.org/html/stateinfo/laws/childsafety_laws.html http://www.safercar.gov/parents/CarSeats/Car-Seat-Safety.htm • Communications and outreach efforts focused on moving from child safety seat to booster seat to seat belt to reduce premature graduation of children ages 0-12 to restraints that are inappropriate for their height and weight • Safety seat education that is provided by physicians and other health care professionals in clinical settings • Increase the number of certified Child Passenger Safety Technicians • Strengthen child/youth occupant restraint laws • Child safety seats and/or booster seats paid for through state's child Medicaid program • Partner with researchers to develop and evaluate programs to address racial/ethnic differences in getting children buckled up

Readings and Resources

Best practice recommendations for protecting child occupants
Klinich KD, Manary MA (2015) Best practice recommendations for protecting child occupants
Accidental Injury: Biomechanics and Prevention. 2015:697-719.
https://link.springer.com/chapter/10.1007%2F978-1-4939-1732-7_23

Child Passenger Safety Reports
https://injury.research.chop.edu/traffic-injury-prevention/child-passenger-safety/child-passenger-safety-tools/child-passenger-safety#.VjPOAdKrRpg
From the Center for Injury Research and Prevention, this compendium of reports explores the state of research, intervention, and policy related to improving child passenger safety.

Ten Strategies for Keeping Children Safe on the Road
http://www.who.int/roadsafety/week/2015/Ten_Strategies_For_Keeping_Children_Safe_on_the_Road.pdf
This publication from the World Health Organization outlines strategies to keep kids safe on the road.

General Injury Prevention & Overarching Issues

Definition	Evidence-Based Strategies for:	
	Infant/Child	Adolescent
Approaches that address more than one form of injury or risk factor for injury.	- Good Behavior Game - Home Injury Prevention Project (HIPP), developed by Massachusetts, which includes safety inspections and safety counseling - Parent education classes - Positive parental role modeling	- Educate and train providers on appropriate dose and quantity of medication to both reduce opioid abuse and maintain appropriate access to these medications - Education to prevent underage drinking and binge drinking, particularly through programs that promote personal responsibility and that encourage active supervision by parents/caregivers - Enforcement of laws prohibiting underage drinking - Good Behavior Game - Increase provider use of prescription drug monitoring programs (PDMPs) - NIH's *PEERx* initiative - Other: - Parent education classes - Physician counseling - Positive parental role modeling - Prevent opioid overdose through use of Narcan (naloxone hydrochloride) - Project Towards No Drug Abuse, a classroom-based substance abuse prevention program developed by the University of Southern California - SAMHSA's *Not Worth the Risk, Even If It's Legal* campaign - Screening, Brief Intervention Referral to Treatment (SBIRT)

Readings and Resources

Evidence-Based Effective Strategies for Preventing Injuries: Child Restraints, Seat Belts, Reducing Alcohol-Impaired Driving, Teen Drivers, Child Abuse Prevention, Bike Helmets, Residential Fire, and Drowning (2002):
http://www.npaihb.org/images/epicenter_docs/injuryprevention/EffectiveStrategiesDavidWallace.pdf
Compiled by L.J. David Wallace, MSEH National Center for Injury Prevention and Control, CDC. This is a matrix of evidence-based programs organized by type of intervention, which includes information about recommendations and where the evidence was generated.

Guide to Community Preventive Services
http://www.thecommunityguide.org/
The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

Relevant topics covered include: Alcohol Consumption; Mental Health; Motor Vehicle Injury; Physical Activity; and Violence.

Injury Prevention: What Works? A Summary of Cost-outcome Analysis for Injury Prevention Programs
http://www.childrenssafetynetwork.org/publications/whatworks2014
This document from the Children's Safety Network summarizes the incidence and cost savings of interventions to prevent injuries due to motor vehicles, impaired driving, open-flame/burns, and violence. The publication also includes cost savings realized by health/miscellaneous services and substance abuse prevention.

National Action Plan for Child Injury Prevention
http://www.cdc.gov/safechild/nap/
The National Action Plan for Child Injury Prevention was developed by the Centers for Disease Control and Prevention and more than 60 stakeholders to spark action across the nation. The National Action Plan's overall goals are to:

- Raise awareness about the problem of child injury and the effects on our nation.
- Highlight prevention solutions by uniting stakeholders around a common set of goals and strategies.
- Mobilize action on a national, coordinated effort to reduce child injury.

Identifying and Selecting Evidence-Based Interventions for Substance Abuse Prevention
http://store.samhsa.gov/product/Identifying-and-Selecting-Evidence-Based-Interventions-for-Substance-Abuse-Prevention/SMA09-4205
This resource from the Substance Abuse and Mental Health Services Administration describes the Strategic Prevention Framework (SPF), a 5-step planning process to guide states and communities in substance abuse prevention activities. It promotes implementation of evidence-based practices for prevention in communities across the country.