

Better Together: A Comprehensive Approach to Substance Misuse Prevention
2019 LASACT Conference




**2019
LASACT Conference**

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John Bel Edwards
Office of the Governor

Conflict of Interest Disclosure

I do not have any financial or commercial relationship relevant to the educational content of my presentation and/or in the planning of this educational activity.



**Better Together: A Comprehensive
Approach to Substance Misuse
Prevention**

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Activity

When you were in high school:

1. What were the drugs of abuse?
2. What were the attitudes about drugs?
3. What did "prevention" look like?



| Time | National Perspective | Strategy | Activities |
|-------------------|--|--|--|
| 1950s | Drugs are a problem of the ghetto; Used to escape pain and avoid reality | Scare tactics | Films & speakers |
| Early 1960s | Drugs are used to escape pain and avoid reality; More than just a problem of ghettos | Scare tactic | Films & speakers |
| Late 1960s | Drugs used to intensify life, to have psychedelic experiences; Drug use is considered a national epidemic | Information | Films & speakers |
| Early 1970s | A variety of drugs are being introduced for a variety of reasons; Speed up experiences, intensity experiences, escape, expand perceptions, relieve boredom, and conform with peers | Drug education | Curricula based on factual information |
| Mid to Late 1970s | Users become more sophisticated and society develops an increasing tolerance of drug use | Affective education & alternatives to drug use | Curricula based on communication, decision making, values clarification, & self-esteem |

| Timeline (cont'd) | | | |
|---------------------------|--|--|---|
| Time | National Perspective | Strategy | Activities |
| Late 1970s to Early 1980s | Parents begin to form organizations that combat the incidences of drug use | Affective education; Alternatives to drug use; Training | Social skills curricula; Refusal skills training; Parent education |
| Late 1980s to Mid 1990s | Drug use is highly complex | Parent, school, and community partnerships | Research-based curricula; Peer programs |
| Mid 1990s to 2000 | The gap between research and application is gradually being bridged | Replication of research-based models and application of research-based approaches | Environmental approaches; Comprehensive programs targeting many domains; Evaluation of prevention programs; Normative media campaigns |
| 2000-2010 | Use of designer drugs, meth production, non-medical use of prescription drugs explode; Medical marijuana is becoming common; Research on effects of drugs on brain and development | Coalition-led community program solving; Data-driven decision making; Environmental change initiatives | Strategic Prevention Framework; Coalition building; Comprehensive prevention approaches |

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A Public Health Model for Addressing Substance Misuse and Related Consequences

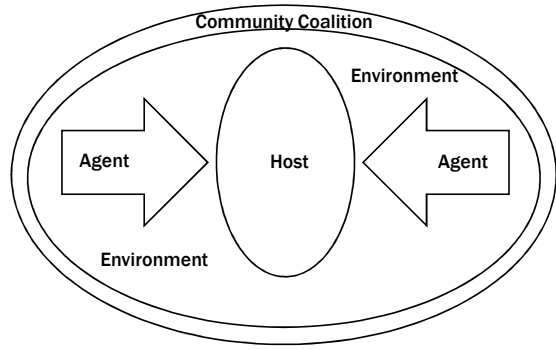
A public health systems approach to substance misuse and its consequences, including substance use disorders, aims to:

- Define the problem through the systematic collection of data on the scope, characteristics, and consequences of substance misuse;
- Identify the risk and protective factors that increase or decrease the risk for substance misuse and its consequences, and the factors that could be modified through interventions;
- Work across the public and private sector to develop and test interventions that address social, environmental, or economic determinants of substance misuse and related health consequences;
- Support broad implementation of effective prevention and treatment interventions and recovery supports in a wide range of settings; and
- Monitor the impact of these interventions on substance misuse and related problems as well as on risk and protective factors.

A healthy community is one with not just a strong health care system but also a strong public health educational system, safe streets, effective public transportation and affordable, high quality food and housing – where all individuals have opportunities to thrive. Thus, community leaders should work together to mobilize the capacities of health care organizations, social service organizations, educational systems, community-based organizations, government health agencies, religious institutions, law enforcement, local businesses, researchers, and other public, private, and voluntary entities that can contribute to the above aims. Everyone has a role to play in addressing substance misuse and its consequences and thereby improving the public health.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

Coalitions: A Perfect Vehicle for Community Change



Example



Agent = Flu


Host = 10 year old George

Environment = School

Strategies?

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Example



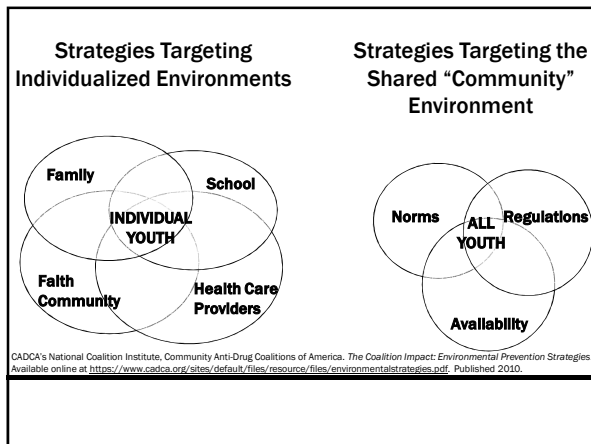
Agent = Cocaine

Host = 21 year old Nicole

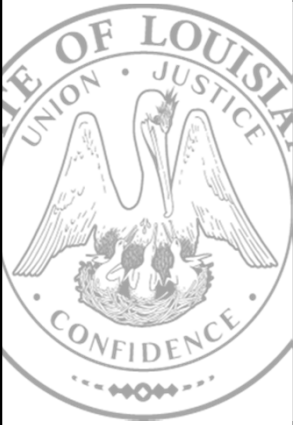
Environment = Local Bar

Strategies?





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**Prevention
Strategies: Types
and Examples**

Programs, Policies, and Practices

- Program: set of predetermined, structured, and coordinated activities
- Policy: statement of intent implemented as a procedure or protocol
- Practice: method for applying an approach, technique, or idea

A program can incorporate different practices. Guidance for implementing a specific practice can be developed and disseminated as a program. A policy can mandate the implementation of a program or practice.

One strategy can have multiple action steps; those action steps can include implementation of programs, policies, and practices!

Source: Selecting Best-Fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners - SAMHSA

Two Strategy Categories

- Individual behavior change strategies
- Environmental change strategies

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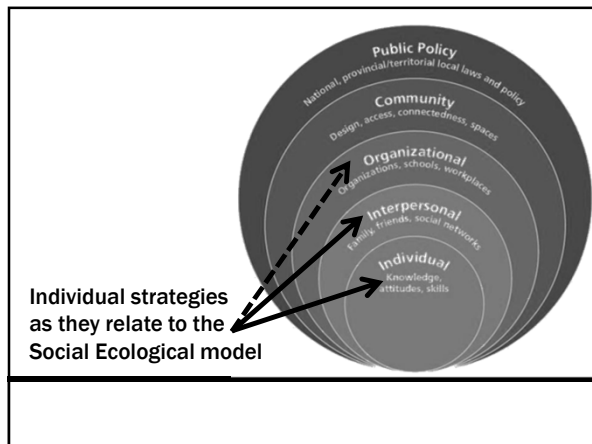
Individual Behavior Change Strategies

Prevention efforts aimed at providing information, correcting beliefs, building skills, or supporting individuals or targeting groups of individuals

Afterschool Programs • School Curricula • Life Skills Training • Employment Programs • Health Fairs • School Assemblies • Media Campaigns • Parenting Classes • Tutoring Programs • Assessment/Referral/Counseling • Media Literacy • Awareness Days/Weeks • Youth Councils • Mentoring Programs

Individual Behavior Change Strategies

- Focus on behavior and behavior change
- Focus on relationship between individual and drug-related problems
- Short-term focus on program development
- Individual does not generally participate in decision making
- Individual is an audience



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Environmental Change Strategies

Prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems, and policies that shape behaviors

- Restrict Hours/Days of Sale • Clean Air Laws • Happy Hour Ordinance • Advertising Ordinance/Laws • Social Host Ordinances
- Compliance Checks • Party Patrol • Outlet Density Reduction • Open Container Ordinance • Festivals – Beer Gardens • Third Party Transaction – Shoulder Tap • Responsible Beverage Server Training • Fake ID Enforcement • Controlled Party Dispersal

Environmental Change Strategies

- Focus on policy and policy change
- Focus on social, political, economic content of alcohol/drug problems
- Long-term focus on policy development
- People gain power by acting collectively
- Individual as an advocate

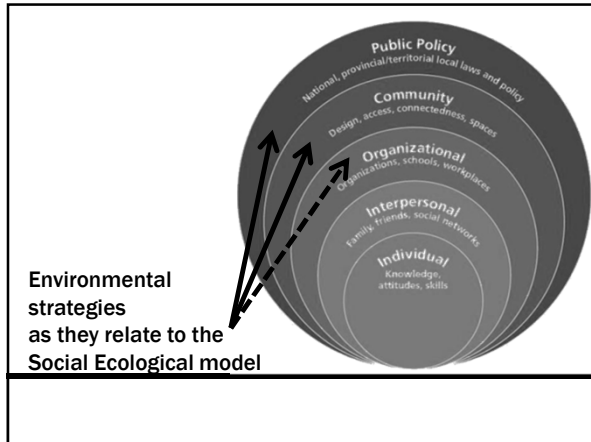
Environmental strategies in a community seek:

1. To bring about system-level change (including physical space, local community policies, availability of drugs and alcohol, etc.)
2. To reduce substance abuse problems at the population level.

Both conditions must be met.

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Popular Myths About Environmental Strategies

- Environmental strategies are difficult to implement.
- Environmental strategies are all about policy change and we cannot lobby as public servants.
- Environmental strategies do not work with the community.
- Environmental strategies cannot be evaluated.
- ATOD abuse is about individual decisions, so environmental strategies are not relevant.
- Environmental strategies do not work with youth.

FALSE!

Prevention Strategies: Selecting and Designing

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Biggest Mistakes in Prevention Currently

- Doing “feel good” things that have little or no effect
- Not developing a logic model to inform selection of strategies
- Selecting strategies that do not have a base of evidence of effectiveness
- Implementing evidence-based strategies, but only one or two and expecting them to have significant effect

What is a Good Strategy?

1. Builds community
2. Strengthens individuals, community partners, and prevention infrastructure
3. Complements another strategy addressing elements of another social ecological domain
4. Contributes to targeted outcomes

Criteria for Selecting Strategies

1. Connects with local diagnosis
2. Capacity to implement
3. Evidence of effectiveness
4. Complements rest of comprehensive plan

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Criteria 1: Connects with Local Diagnosis

Figure 2. LOGIC MODEL FOR PREVENTION

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graph LR; A[Priority Problem] --> B[Priority Risk and Protective Factors]; B --> C[Prevention Programs and Practices]; C --> D[Short- and Long-Term Outcomes]
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Source: Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners - SAMHSA

Criteria 2: Capacity to Implement

Conceptual fit is the degree to which a strategy is a good match for the job that needs to be done

Practical fit is the degree to which a strategy is a good match for the people involved and the community overall

Criteria 3: Evidence of Effectiveness

Proof that a strategy can (or cannot) do the job that needs to be done

What counts as evidence?

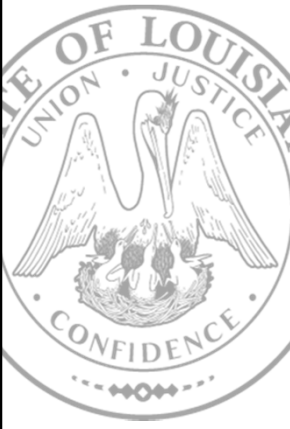
1. Community wisdom and experience
2. Adaptation from other professions
3. Prevention science

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**Criteria 4: Complements
Comprehensive Plan**

Successful prevention is inherently interdisciplinary.
National Research Council and Institute of Medicine, 2009

Drawing on a variety of different strategies at multiple levels have led to effective tobacco control and reductions in underage drinking.
National Research Council and Institute of Medicine, 2009

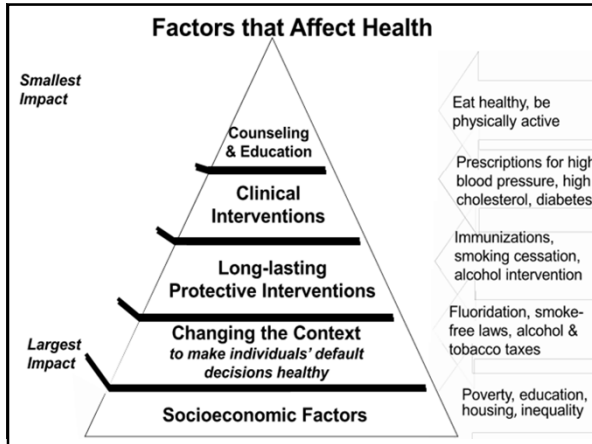


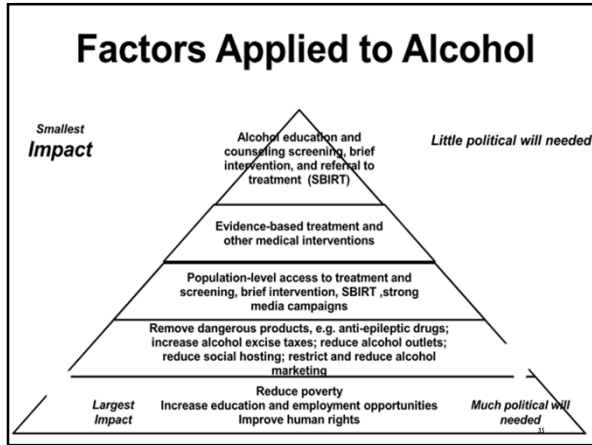
**Comprehensive
Strategies
Approach**

**Strategies that are
complementary and reinforcing**

| Individual Strategies | Environmental Strategies |
|--|--|
| Focus on behavior and behavior change | Focus on policy and policy change |
| Focus on relationship between individual and drug-related problems | Focus on social, political, economic content of alcohol/ drug problems |
| Short-term focus on program Development | Long-term focus on policy Development |
| Individual does not generally participate in decision making | People gain power by acting Collectively |
| Individual is an audience | Individual as an advocate |

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Comprehensive Coalitions Implement Multiple Strategies

WHAT DOES THIS LOOK LIKE?

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**CADCA's Seven Strategies
to Affect Community Change**

1. Provide information through multiple dissemination outlets
2. Build skills through training and experiential opportunities
3. Provide social and developmental support
4. Reduce barriers/enhance access to services, info, systems
5. Change behaviors through incentives/disincentives
6. Alter the physical design of the environment
7. Change policies, standards, rules, ways of doing business

Adapted from CADCA's National Coalition Institute, Community Anti-Drug Coalitions of America. *The Coalition Impact: Environmental Prevention Strategies*. Available online at <https://www.cadca.org/sites/default/files/resource/files/environmentalstrategies.pdf>.
Published 2010.

**1. Provide information through
multiple dissemination outlets**

Educational presentations, workshops, seminars, data presentations, brochures, billboards, social norms campaigns, town hall meetings, web-based communications, public service announcements, etc.

**2. Build skills through training and
experiential opportunities**

Workshops, seminars or activities designed to increase knowledge and teach new skills needed to achieve population-level outcomes

Recipients of skills building can be members of the target audience, influencers of audience, coalition staff/members, partners who will implement strategies, etc.

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3. Provide social and developmental support

Create opportunities to support people to participate in activities that reduce risk and enhance protection

3. Provide social and developmental support

This can be direct support such as providing alternative activities, mentoring, referrals for services, organizing support groups, youth clubs, parenting groups

Can also be indirect support such as assisting others to obtain training, obtaining funding for equipment, reach specific target audiences

4. Change barriers and access to services, information, systems, etc.

Improving systems and processes to increase the ease, ability and opportunity to utilize systems and services

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4. Change barriers and access to services, information, systems, etc.

Access:

- Provide transportation to and childcare at support group meetings
- Give scholarships to training programs
- Provide training at vendor locations

Barriers:

- Enhance police operations for dealing with MIP
- Remove tobacco machines from public venues
- Place pseudoephedrine behind the counter

5. Change behaviors through incentives/disincentives

Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior

5. Change behaviors through incentives/disincentives

Incentives:

- Provide awards to businesses who pass Compliance Checks
- Public Recognition (as part of a overall effort)

Disincentives:

- Increase citations/fines
- Increase excise taxes
- Use/Lose laws

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6. Alter the physical design of the environment

Changing the physical design or structure of the environment to reduce risk or enhance protection

6. Alter the physical design of the environment

- Lighting in parks
- Signage
- Alcohol Outlet Density/Proximity
- Advertising (Restrictions)
- Product Placement
- Packaging

7. Change policies, standards, rules, ways of doing business

Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures

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**7. Change policies, standards, rules,
ways of doing business**

- **Laws:** Social Host Liability, 21 for bar entry
- **Policies:** EB curriculum adopted across the school district, Drug Free Workplace Policies, Mandatory Merchant Education with License Re-Application
- **Procedures:** Processing by law enforcement for an underage drinking arrest
- **By-Laws:** Worksite provision of alcohol at official functions

Putting It All Together – Example 1

Risk factor: Tobacco products are sold to youth despite age restrictions

1. **Provide information:** Post signs “We don’t sell tobacco to >18”
2. **Build skills:** Train merchants to check IDs for all purchasing tobacco products
3. **Provide support:** Offer tobacco cessation classes
4. **Access/Barriers:** Host classes at local youth center
5. **Incentives/Disincentives:** Increase taxes on cigarettes; Provide public recognition for retailers who don’t sell to youth
6. **Physical design:** Place tobacco products behind counters
7. **Change Policies:** Change purchase age for tobacco to 21

Putting It All Together – Example 2

Risk factor: Teens and young people are obtaining Rx and OTC medications from their family and friends.

1. **Provide information:** Create a social media campaign
2. **Build skills:** Integrate existing Rx abuse prevention modules for elementary, middle and high school-aged students
3. **Provide support:** Establish relationships with treatment programs to be able to refer teens who exhibit medicine abuse
4. **Access/Barriers:** Provide lock boxes so homeowners can lock up RXs and OTC meds when visitors are in their homes
5. **Incentives/Disincentives:** Incentivize docs who educate about the dangers associated with sharing medications
6. **Physical design:** Collaborate with local builders on creating Rx safe boxes in new homes
7. **Change Policies:** Support formal reporting practices among health care providers and pharmacists

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Putting It All Together – Example 3

Risk factor: Social availability of alcohol at local church fair

1. Provide information: Educate event organizers about the issue
2. Build skills: Train event staff to check and monitor IDs - free
3. Provide support: Identify non-alcohol sponsors for events
4. Access/Barriers: Establish ID bracelet system for alcohol access
5. Incentives/Disincentives: Provide paid advertising for event
6. Physical design: Consolidate alcohol vendors away from center and rope off
7. Change Policies: Adopt alcohol serving policy at public events



Putting It All Together – Example 3

Risk factor: Social availability of alcohol at local church fair

1. Provide information: Educate event organizers about the issue
2. Build skills: Train event staff to check and monitor IDs - free
3. Provide support: Identify non-alcohol sponsors for events
4. Access/Barriers: Establish ID bracelet system for alcohol access
5. Incentives/Disincentives: Provide paid advertising for event
6. Physical design: Consolidate alcohol vendors away from center and rope off
7. Change Policies: Adopt alcohol serving policy at public events



Now it's your turn!

Activity: Develop a comprehensive map of strategies to address the following risk factor.

Risk factor: Teens and young people are obtaining Rx and OTC medications from their family and friends.

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Problem Behavior: Underage Drinking

Risk Factor: Young adults host apt./house parties and invite underage people

| Strategy Category | Actions |
|--------------------------|----------------|
| Provide information | |
| Build skills | |
| Provide support | |
| Access/Barriers | |
| Incentives/Disincentives | |
| Physical design | |
| Policies/Regulations | |

Activity – My Answers

Risk factor: Young adults host apt./house parties and invite underage people



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