IMPLEMENTING EFFECTIVE PREVENTION STRATEGIES IN THE FACE OF A CHANGING ENVIRONMENT

This training is supported by Florida Department of Children and Families Office of Substance Abuse and Mental Health

ABOUT ME...
TODAY’S AGENDA

The Changing Landscape: Drug Trends

Prevention Fundamentals - IOM Continuum of Care

Strategic Prevention Framework

Understanding The Role of Coalitions: Community Level Risk Factors

Key Capacity Building Elements

LEARNING OBJECTIVES

• Comprehend the role of prevention using the Institute of Medicine (IOM) Continuum of Care and the public health approach to community problem solving. (Domain 1 – Understanding Addiction; Domain 4 – Prevention Education & Service Delivery)

• Understand the role of coalitions in addressing community level risk factors. (Domain 1 – Understanding Addiction)

• Apply a credible planning process – SAMHSA’s Strategic Prevention Framework (SPF) – to achieve outcomes (Domain 4 – Planning & Evaluation)

• Coalition Capacity Building – Mobilizing the Community for Success (Domain 6 – Community Organization)
GETTING TO KNOW EACH OTHER

• YOUR GROUP’S NAME/REGION SERVED
• YOUR NAME(S) AND ROLE
• HOW LONG YOU HAVE BEEN WORKING IN PREVENTION
• WHY IS LEARNING ABOUT EFFECTIVE PREVENTION IMPORTANT TO YOU?

• REVIEW
  • REFRESH
  • REVISE
  • RE-ENERGIZE!
TRAINING OVERVIEW AND EXPECTATIONS

What are your expectations for this training?

What do you hope to learn about?

THE CHANGING LANDSCAPE: DRUG TRENDS

• How has drug use changed since you were in high school?
• Has anything stayed the same?
DRUG TRENDS: MONITOR & RESPOND

Florida Drug Trends 2017
Lee A. Crandall, Ph.D., Professor
Department of Public Health Sciences
Clemson University

MARIJUANA - FLORIDA

VI. Cannabis/Marijuana

- Changing/ambivalent legal status
- Use by persons ages 12 and older as measured by NSDUH (2016)
- Youth data as reported in FYSAS – is DOWN from levels of 2010-2014 and lowest since 2006

NSDUH 2015-2016 (Estimates)
- Past Year Marijuana Use ages 12 and older
  - 2014-15 = 12.59
  - 2015-16 = 13.07
- Past Year Marijuana Use ages 12-17
  - 2014-15 = 13.49
  - 2015-16 = 12.72
- Past Year Marijuana Use ages 18-25
  - 2014-15 = 32.88
  - 2015-16 = 33.66
- Past Year Marijuana Use ages 26 and older
  - 2014-15 = 9.37
  - 2015-16 = 10.21
- Age 12+ data shows gradual increase in past 30 day use since low point in 2006-2008
- Greatest use is in the 18-25 age group
- Florida increase is slower than the national increase

• Recreational marijuana is legal in nine states and medical marijuana is legal in 29 states.

• A 2017 Gallup poll showed that 64% of Americans support legalization.

“STUDY FINDS A SIGNIFICANT INCREASE IN ACCIDENTAL CHILD POISONINGS WITH CANNABIS”

https://www.researchgate.net/publication/313817773_A_10-year_review_of_cannabis_exposure_in_children_under_3-years_of_age_do_we_need_a_more_global_approach
SYNTHETIC DRUGS

• CANNABINOIDS
• CATHINONES

https://commons.wikimedia.org/wiki/File:Crystal_Meth_Rock.jpg

http://www.pendleton.marines.mil/Photos/sqphoto/250552/

SYNTHETIC DRUGS: CANNABINOIDS

During the first quarter of 2018, over 200 cases of people Bleeding after taking in three Midwestern States

https://www.dhs.wisconsin.gov/chemical/synthetic-cannabinoids.htm

SYNTHETIC DRUGS: CATHINONES

Synthetic Cathinones

- Epidemic of “flakka” (alpha PVP) in Southeast Florida – especially Broward County - in 2015
- Apparent dramatic decrease starting in 2016
- Attempts to circumvent law by reformulating cathinones and other synthetic drugs to allow legal sales.

New Tools to Control Synthetic Drugs in Florida

- Florida amended its controlled substance statute in 2017. It now defines a “synthetic” with reference to the similarity of its molecular structures to an illegal drug.
- Law enforcement officials now can prosecute those trying to avoid criminal penalties by selling products that have simply made a small change to a synthetic drug’s molecular structure.
- This should provide a much more rapid means to respond to novel synthetic drugs.

**ALCOHOL - FLORIDA**

### II. Youth and Alcohol

- Long range trend:
  - Decreasing use
  - Lower than the national average

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**OPIOIDS - FLORIDA**

**Monitoring Opioid Use/Misuse**

- Prescriptions are tracked
- Illicit opioids are not easily monitored
- Annual Medical Examiners Reports on drugs in deceased persons show evidence of:
  - Prevalence of use
  - Prevalence of presumptively lethal use
- Biggest change since last year’s data is growth of deaths related to fentanyl/analogs (carfentanil, etc.)

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Total U.S. Drug Deaths*
More than 64,000 Americans died from drug overdoses in 2016, including illicit drugs and prescription opioids—nearly double in a decade.
Source: CDC WONDER

[Graph showing drugs involved in U.S. overdose deaths, 2000 to 2016]


“Alabama sues OxyContin maker Purdue Pharma over opioid epidemic”

-Reuters, February 6, 2018

DISCUSSION

What are the trends in your community?

How do you know?
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol are 2x
- Marijuana are 3x
- Cocaine are 15x
- Rx Opioid Painkillers are 40x

...more likely to be addicted to heroin.


Prevention of Substance Use Disorder

- Vaping prevention
- Underage Drinking Prevention
- Overdose Prevention
- Prevention of Progression from Rx to Heroin
- Prevention of Neonatal Abstinence Syndrome
- Prevention of Marijuana use
- HIV Prevention
FUNDAMENTAL PREVENTION CONCEPTS

CONTINUUM OF CARE

https://www.samhsa.gov/capt/
UNIVERSAL, SELECTIVE, INDICATED

- CLASS FOR STUDENTS WHO RECEIVED UNDERAGE DRINKING CITATIONS
- ALCOHOL OUTLET DENSITY ORDINANCE
- PROGRAM FOR STUDENTS WHO ARE IN THE JUVENILE COURT SYSTEM
- EDUCATION CLASS FOR SENIORS WHO HAVE UNINTENTIONALLY MISUSED RX MEDICATIONS
- A PREVENTION CLASS FOR ALL EIGHT GRADERS IN A SCHOOL DISTRICT
- PROGRAM FOR STUDENTS WHO HAVE INCARCERATED PARENTS
- SMOKE FREE LAWS

UNIVERSAL, SELECTIVE, OR INDICATED?
THE PUBLIC HEALTH APPROACH TARGETS BOTH THE FROGS AND THE POND

- Programs Target Individuals
- Population: Policies Systems & Environments
PUBLIC HEALTH: POLICY, SYSTEMS & ENVIRONMENT

By changing policies, systems and/or environments, communities can help tackle health issues like obesity, diabetes, cancer and other chronic diseases.

DISCUSSION

• CAN YOUR TEAM/COALITION MEMBERS DEFINE “PREVENTION”
• DO YOUR TEAM/COALITION MEMBERS UNDERSTAND THE PUBLIC HEALTH APPROACH?
• IS IT IMPORTANT THAT THEY CAN? WHY OR WHY NOT?
STRATEGIC PREVENTION FRAMEWORK (SPF)

https://www.samhsa.gov/capt/

Strategic Prevention Framework

Step One: Assessment is based upon the collection and analysis of DATA
DATA - WHAT TO ASSESS

- The nature and extent of substance use problems and related behaviors
- The risk and protective factors that influence these problems and behaviors
- The existing resources and readiness of the community to address its problems

UNDERSTANDING THE NATURE OF THE PROBLEMS AND RELATED BEHAVIORS

Assessment Questions:
- What are the problems and related behaviors?
- How often are they occurring?
- Where are they occurring?
- Which populations experience them most?
EXAMPLES OF SUBSTANCE USE BEHAVIORS

- Overall Consumption
- Acute/Heavy Consumption
- Consumption In Risky Situations
  - Drinking And Driving
  - Smoking Around Young Children
- Consumption By Populations/Groups
  - Youth, College Students, Older Adults
  - Pregnant Women

EXAMPLES OF SUBSTANCE-RELATED PROBLEMS

<table>
<thead>
<tr>
<th></th>
<th>TOBACCO</th>
<th>ALCOHOL</th>
<th>ILLICIT DRUG</th>
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<tbody>
<tr>
<td>Illness</td>
<td>Lung cancer</td>
<td>Cirrhosis</td>
<td>Overdose</td>
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<tr>
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<td>Heart disease</td>
<td>Cancer</td>
<td>HIV and STDs</td>
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<tr>
<td></td>
<td>Lung disease</td>
<td>Heart disease</td>
<td>Fetal effects</td>
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<td></td>
<td>Fetal effects</td>
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<tr>
<td>Injury</td>
<td>Burns</td>
<td>Motor vehicle crashes</td>
<td>Motor vehicle crashes</td>
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<td></td>
<td></td>
<td>Suicide</td>
<td>Suicide</td>
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<td></td>
<td></td>
<td>Homicide</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td>Crime at work/school</td>
<td>Crime at work/school</td>
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https://www.samhsa.gov/capt/
# TYPES OF DATA

<table>
<thead>
<tr>
<th>Quantitative</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOWS HOW OFTEN AN EVENT/BEHAVIOR OCCURS OR TO WHAT DEGREE IT EXISTS</td>
<td>EXPLAINS WHY PEOPLE BEHAVE OR FEEL THE WAY THEY DO</td>
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https://www.samhsa.gov/capt/
So... What is Prevention?

RISK AND PROTECTIVE FACTORS - MULTIPLE CONTEXTS

- Individual
- Family
- Community
- Society
RISK FACTOR

A CHARACTERISTIC AT THE BIOLOGICAL, PSYCHOLOGICAL, FAMILY, COMMUNITY, OR CULTURAL LEVEL THAT PRECEDES AND IS ASSOCIATED WITH A HIGHER LIKELIHOOD OF PROBLEM OUTCOMES

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PROTECTIVE FACTOR

A CHARACTERISTIC AT THE INDIVIDUAL, FAMILY OR COMMUNITY LEVEL THAT IS ASSOCIATED WITH A LOWER LIKELIHOOD OF PROBLEM OUTCOMES

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ACTIVITY – RISK & PROTECTIVE FACTORS

- On your own, think of factors that could put a person at risk for substance abuse—either individual characteristics or factors related to family, or school/community. Write one factor on each sticky note.

- On the wall are 8 sheets of paper with separate headings for individual, family, and school, and community risk and protective factors. Put your risk factors on the appropriate sheet of paper.

- Then write down on five separate sticky notes factors that could protect a person from substance abuse and build their resilience. When you are done, put them on the appropriate sheet of paper.

- In small groups, review the sticky notes on your assigned sheet of paper and organize the factors, looking for similarities and differences.

- Each group will summarize and report out.

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SHARED RISK AND PROTECTIVE FACTORS

<table>
<thead>
<tr>
<th>Context/Domain</th>
<th>Examples of Risk Factors for both Substance Abuse and Mental Health Problems</th>
<th>Examples of Protective Factors for both Substance Abuse and Mental Health Problems</th>
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</thead>
<tbody>
<tr>
<td>Family</td>
<td>• Family history of substance use disorders</td>
<td>• Parental support and bonding</td>
</tr>
<tr>
<td>School/Community</td>
<td>• Poor grades/achievement</td>
<td>• Participation in social activities</td>
</tr>
</tbody>
</table>

https://www.samhsa.gov/capt/
ROLE OF THE COALITION – COMMUNITY RISK FACTORS

Programs Target Individuals

Population: Policies Systems & Environments

A Work in Progress

https://www.samhsa.gov/capt/
DISCUSSION

WHAT IS OUR ROLE IN COMMUNITY HEALTH IMPROVEMENT IN ENSURING WE ADDRESS RISK FACTORS AS A PREVENTION STRATEGY?
YOUR COMMUNITY IS EXACTLY CONDITIONED FOR THE RESULTS THAT YOU HAVE

Your Community’s Conditions:
Local “Diagnosis”

1. Community Mapping
2. Risk/Protective Photos
3. The Five Why’s
What does your community look like?
Boundaries? What is your service area?
Trouble Spots?
Towns?
Festivals?
Roads?

*Circle some risk factors you identify*

Channel your inner artist!

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**Your Community’s Conditions: Photos**

**Risk/Protective Photos**

Ask your colleagues to build on the map exercise with bringing photos of the conditions in the community

How can this move a group toward- or keep a group focused - on using data to plan?

How can this lead to building capacity in your community?
Your Community’s Conditions: 5 Why’s

- Unsupervised Time
- Parents leave teens alone at home
- Students leave school at lunch
- Acceptable Peer Behavior
- Alcohol Use

The 5 Whys

DISCUSSION

- WHAT IS THE BIGGEST SUBSTANCE USE PROBLEM IN YOUR COMMUNITY?
- WHAT ARE THE COMMUNITY CONDITIONS THAT ARE CONTRIBUTING TO THE PROBLEM?
- HOW CAN WE SERVE AS THE SUBJECT MATTER EXPERTS IN “SPF” TO STRENGTHEN PREVENTION EFFORTS IN OUR COMMUNITY?
STRATEGIC PREVENTION FRAMEWORK (SPF)

https://www.samhsa.gov/capt/

SPF: CAPACITY BUILDING
COMPONENTS OF AN EFFECTIVE COALITION

CLEAR ORGANIZATIONAL STRUCTURE

• TO BE EFFECTIVE, COALITIONS REQUIRE:
  • A STRONG AND STABLE ORGANIZATIONAL STRUCTURE THAT CLARIFIES ROLES AND PROCEDURES
  • A FORMALIZED SET OF STRUCTURES AND PRACTICES
  • MANAGEMENT STRATEGIES THAT INCLUDE EFFECTIVE COMMUNICATION, CONFLICT RESOLUTION, AND SHARED DECISION-MAKING

https://www.samhsa.gov/capt/tools-learning-resources/components-effective-coalition

COMPONENTS OF AN EFFECTIVE COALITION

CLEAR ORGANIZATIONAL STRUCTURE

• POSITIVE WORK CLIMATE, MEMBER SATISFACTION, COMMUNICATION AMONG COMMITTEE MEMBERS, LINKAGES WITH COMMUNITY ORGANIZATIONS, AND NO CONFLICT.

• EFFECTIVE LEADERSHIP, OPPORTUNITIES FOR LEADERSHIP DEVELOPMENT, AND STAFF SUPPORT ARE FREQUENTLY IDENTIFIED AS THE MOST ESSENTIAL ELEMENTS OF AN EFFECTIVE COALITION.

• EFFECTIVE LEADERS ARE OPEN, TASK-ORIENTED, AND SUPPORTIVE OF THE GROUP.

https://www.samhsa.gov/capt/tools-learning-resources/components-effective-coalition
COMPONENTS OF AN EFFECTIVE COALITION

CLEAR ORGANIZATIONAL STRUCTURE

• LEADERSHIP.
• ORGANIZATIONAL STRUCTURE
• ROLE DESCRIPTIONS? CLEAR ASSIGNMENT OF TASKS AND DUTIES

https://www.samhsa.gov/capt/tools-learning-resources/components-effective-coalition

COMPONENTS OF AN EFFECTIVE COALITION

MEMBERSHIP CAPACITY TO DO THE WORK

• KEY COALITION MEMBERS MUST HAVE A CLEAR UNDERSTANDING OF THE COALITION DEVELOPMENT PROCESS AND A BASIC KNOWLEDGE OF PREVENTION PLANNING AND CONCEPTS.
• THE COMMUNITY MUST HAVE AN APPROPRIATE LEVEL OF READINESS TO ENSURE OWNERSHIP AND COMMITMENT TO ACT ON SUBSTANCE MISUSE ISSUES.

https://www.samhsa.gov/capt/tools-learning-resources/components-effective-coalition
COMPONENTS OF AN EFFECTIVE COALITION

MEMBERSHIP CAPACITY TO DO THE WORK

• ADEQUATE TIME AND STAFF SUPPORT ARE NECESSARY FOR EFFECTIVE COALITION DEVELOPMENT, PLANNING, AND ACTIVITIES.

• COALITIONS REQUIRE A COMMON VISION, HIGH QUALITY COMMUNICATION, STRONG RELATIONSHIPS BOTH INTERNALLY AND EXTERNALLY, TARGETED OUTCOMES, AND HUMAN AND FINANCIAL RESOURCES TO BE EFFECTIVE.

https://www.samhsa.gov/capt/tools-learning-resources/components-effective-coalition

COMMUNITY ENGAGEMENT: CULTURAL COMPETENCE

Nothing About Us
Without Us
REVISIT THE COMMUNITY MAP

REVISIT YOUR COMMUNITY MAP

• GEOGRAPHIC AREAS OF THE COMMUNITY
• CULTURALLY DIVERSE POPULATIONS
• THINK OF THE MANY WAYS WE DEFINE CULTURE

ACTIVITY – THE PEOPLE IN YOUR COMMUNITY

1. WHAT GROUP SHOULD BE ENGAGED IN PREVENTION WORK BUT IS DIFFICULT TO ENGAGE?

2. AT YOUR TABLES, SHARE YOUR ANSWER. AS A GROUP, TAKE A MOMENT TO IDENTIFY ONE OF THE HARD TO ENGAGE POPULATIONS IDENTIFIED IN #1 AND SPEND A FEW MOMENTS PROBLEM SOLVING – HOW MIGHT THAT SECTOR BE ENGAGED?
WORDS MATTER: REDUCING STIGMA

Non-stigmatized Conditions
Low perceived fault
Low perceived control

Low perceived fault
High perceived control

Stigmatized Conditions

• HOW CAN WE CONTRIBUTE TO REDUCING STIGMA?
Moving Into Action

Action Plan
Timeline
Logic Model- Road Map
Action Oriented Meetings

<table>
<thead>
<tr>
<th>Actions</th>
<th>Importance to Results</th>
<th>Decisions/Capacity Needed</th>
<th>Data to be Completed</th>
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TIMELINE

Planning and timelines help to clarify:

- Scheduling and timing of efforts
- Distribution of the work
- Allocation of resources
- Prioritization of efforts
- Accountability
- Transparency

ACTION ORIENTED AGENDAS
PUTTING THE PIECES TOGETHER

REFERENCES

- [https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6353a2.htm?s_cid=mm6353a2_w](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6353a2.htm?s_cid=mm6353a2_w)
- Substance Abuse and Mental Health Services Administration’s Center. [https://www.samhsa.gov/capt/tools-learning-resources/components-effective-coalition](https://www.samhsa.gov/capt/tools-learning-resources/components-effective-coalition)
- CAPT Decision Support Tools Prescription Drug Misuse: Prevention Programs And Strategies. SAMHSA’S Center For The Application Of Prevention Technologies February, 2016. task order. Reference #HHS283201200024I/HHSS28342002T, Reference #277-08-0218..
THANK YOU!

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