



**Orange County
Health Care Agency**

**Alcohol and Other Drug Prevention Services
STRATEGIC PLAN**

FY 2013 – 2018

(Inside front cover)

Alcohol and Other Drug Prevention Services Strategic Plan

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This document may be downloaded from the ADEPT website:

www.ochealthinfo.com/adept

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I. INTRODUCTION AND COUNTY OVERVIEW

Prevention Works

A large body of research has demonstrated that substance abuse prevention programs work—they can reduce rates of substance use, delay the age of first use, and they can be cost effective. Moreover, the American public supports investment in prevention programs as a strategy for dealing with America’s substance abuse problems (Robert Wood Johnson Foundation, 2009).

During the past two decades, alcohol and other drug (AOD) prevention has grown into a data driven, evidence-based field. This growth has been fueled by the adoption of a comprehensive public health perspective and a systems approach to AOD problems. Today the practice of AOD prevention has evolved into a discipline that relies on evidence-based practices with proven outcomes. The strongest evidence has been based on prevention research that addresses specific contributing factors.

This plan describes what is known about Orange County AOD problems, and identifies priorities for action utilizing federal Substance Abuse Prevention and Treatment (SAPT) block grant funds. These priorities represent the main focus for prevention, although emerging substance abuse issues will continue to be monitored. The plan identifies contributing factors as the focal point of County efforts to achieve its strategic goals and objectives.

Building on the Strengths of Two County Programs

The strategic plan informs and directs AOD prevention services provided by the Orange County Health Care Agency, which includes the Alcohol and Drug Education and Prevention Team (ADEPT), a program within Public Health Services, and the Alcohol and Other Drug (AOD) Prevention Team within Behavioral Health Services. These two prevention teams work together under one strategic plan that capitalizes on their complementary strengths.

Alcohol and Drug Education and Prevention Team (ADEPT)

ADEPT is the lead County-level prevention program for alcohol and other drug-related problems in Orange County. ADEPT guides countywide AOD prevention programming through the development of strategic goals and objectives and by administering contracts with community and school-based prevention programs. The Health Education Team within ADEPT provides direct prevention services to address priority AOD issues countywide. ADEPT supports AOD prevention efforts with research, data collection, technical assistance, education, training and evaluation services.

The ADEPT approach to AOD prevention is grounded in the **public health model**. This model posits that AOD problems arise from the interaction between the *host* (e.g., community, family, individual), *AOD agents* (e.g., alcohol, marijuana), and various

environmental factors (e.g., existing laws, norms, enforcement). The mission of ADEPT is to reduce both the incidence and impact of a wide range of problems related to AOD use.

ADEPT's prevention programming is guided by the **theoretical framework of risk and protective factors** that has emerged from an ever-expanding body of AOD prevention research. In simple terms, the twofold premise of risk and protective factor-focused prevention is:

- 1) **Reduce Risk.** To prevent an AOD problem, we need to identify and reduce factors that increase the risk of that problem developing, and
- 2) **Increase Protection.** At the same time, we must identify and increase factors that buffer individuals from the AOD risk factors present in their environments.

The **Institute of Medicine (IOM) model** classifies prevention services into three categories: *Universal*, broad-based prevention efforts targeting the general population; *Selective*, focusing services to address defined sub-groups known to be at some risk; *Indicated*, targeting specific individuals already identified as being at-risk.

ADEPT programming employs strategies that target both universal and selective populations. Universal-focused prevention is aimed at changing identified risk conditions which can give rise to and sustain AOD problems across all population groups. For example, responsible beverage service (RBS) training is a prevention strategy that seeks to change drinking behavior by changing identified risk conditions at alcohol outlets, such as over-serving or serving alcoholic beverages to minors. When RBS policies and practices are implemented and enforced, such risk conditions are reduced for all patrons of the trained alcohol establishments.

ADEPT also provides prevention services to individuals who are part of a group that has a greater-than-average risk for developing AOD problems. An example of this selective population could include students in a continuation school, many with experience of academic or behavioral challenges.

ADEPT recognizes that the complexity of AOD problems requires prevention strategies that are comprehensive and coordinated. ADEPT thus supports the use of strategies to reduce community level risk, along with individual-oriented strategies, such as education and training. A comprehensive approach that uses multiple coordinated strategies is more likely to accomplish planned goals and objectives.

Alcohol and Other Drug (AOD) Prevention Team

The AOD Prevention Team provides alcohol and other drug prevention services to all three IOM populations, with an emphasis on high-risk youth, including students within non-traditional school settings, children of parents who are using alcohol/drugs or in AOD recovery, homeless families within shelters, foster-care youth, wards of the court, and probation/incarcerated youth. The team recognizes the clinical nexus between mental

health and substance abuse prevention and provides links to treatment services when necessary.

This team provides in-service training on a broad range of AOD prevention and early intervention strategies to those who work with high-risk populations: teachers, parents and caregivers, youth organizations/group staff, probation officers, mental health professionals, and social workers. These trainings build capacity of school personnel and community groups to strengthen their prevention programming skills. Evidence-based AOD prevention curricula and best practices are highlighted.

Working together, ADEPT and the AOD Prevention Team cover the full spectrum of prevention strategies to accomplish a shared vision and mission.

Strategic Prevention Framework (SPF)

The SPF is a systematic approach developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF process enables states and communities to build the infrastructure necessary for effective and sustainable prevention. As mandated by the California Department of Alcohol and Drug Programs, California counties use the SPF process to plan and implement prevention services.

The five-step SPF process begins with **assessment**, followed by **capacity building**, which provides a foundation for developing a strategic **plan** with specific goals and objectives. **Implementation** is the fourth step leading to the final SPF step, **evaluation**. This Strategic Plan itself exemplifies the five step SPF process. ADEPT has used strategic planning to ensure that AOD prevention resources are aligned with community priorities, evidence-based strategies and the mission of the County's Health Care Agency.

II. SPF STEP 1 – NEEDS AND RESOURCE ASSESSMENT

Orange County Demographics

Orange County is home to more than three million residents, who live in 34 cities and unincorporated areas. Orange County is California's third largest county, ranking behind only Los Angeles and San Diego counties, and 6th among all counties in the nation.

The trend toward greater ethnic diversity in Orange County continues. Since 2004, no single ethnic group has comprised more than 50% of the total population. Orange County's three major ethnic populations are Non-Hispanic White (45%), Hispanic/Latino (34%) and Asian or Pacific Islander (17%). Slightly less than 2% of residents are African American and another nearly 2% are two or more races. Among residents five years of age or older, 45% speak a language other than English at home, and 22% of the total population report that they do not speak English "very well." Orange County residents reflect a demographic trend toward an increasingly older adult population and a declining young adult population. A 100% increase in the population aged 65 years and older is projected from 2010 (11%) to 2050 (22%). (Orange County Community Indicators 2011)

In terms of general health status, Orange County has a track record of impressive prevention achievements. For example, Healthy People 2010 goals have been achieved for prenatal care and infant mortality and most health status indicators rank well above the statewide average, including overall mortality rates, incidence of AIDS and sexually transmitted diseases, low birth weight infants, and births to adolescents. (County Health Status Profiles, 2012) Orange County also has been very successful in reducing the adult smoking rate, which is 10.8% compared to the national rate of 21.2% and the state rate of 13.7%. (2011 Behavioral Risk Factor Survey)

Specific Alcohol and Other Drug Issues

This strategic planning process continues to be informed by both archival data collected at the county, state, and national levels and by the innovative data collection efforts undertaken by ADEPT over the past few years. These multiple data sources are analyzed by ADEPT staff with stakeholder input to identify AOD problems and contributing factors. Below are some of the highlights of this analysis.

Adult AOD Use

2012 Survey of Orange County Adults and OC Sheriff-Coroner Data

ADEPT conducted a telephone survey of Orange County adults in both 2002 and 2012, using a random digit dialing protocol. The survey assessed the prevalence of AOD use and related risk factors among the county's 18-and-older population. These results provide several insights into adult AOD consumption patterns and trends over time. Highlights of these findings include the following:

Alcohol Use

Overall, past 30-day alcohol use rates remained stable, with 46% of adults using alcohol in the previous month in 2002 compared with 47% who were past-month alcohol users in 2012.

The largest increases reported in past-month alcohol use between 2002 and 2012 were among persons aged 55-64 (19%), those aged 65+ (15%), and Asian/Pacific Islander adults (16%). In contrast, both the 18-24 and 35-44 age groups showed decreases in past-month alcohol use over the same time period (-9%). While men showed a small decrease in past-month alcohol use over the 10-year period (-5%), women showed a moderate increase (11%).

Additional findings include:

- One-third of Orange County's past-30 day drinkers (33%) reported at least one binge-drinking episode in the past month.
- The frequent binge drinker profile differs significantly from the profile of past 30-day drinkers and Orange County's population at large.
 - ✓ Almost nine out of ten frequent binge drinkers are males (88%)
 - ✓ Half of all frequent binge drinkers are aged 18-34, double their proportion in the population at large
- One in ten past year alcohol users reported having driven a motor vehicle when they had too much to drink at least once during the past year. When combined with survey data on the frequency of drinking and driving, this prevalence rate yields an estimate of nearly 1,000 adult drinking and driving episodes each day in Orange County.

Drug Use Highlights

Compared to state and national survey results, Orange County residents generally have similar or even lower rates of prescription drug abuse and illicit drug use.

- Nonmedical use of any prescription drug in the past 30 days decreased or remained the same between 2002 and 2012 for all demographic segments of the adult population, with one exception: 18-24 year olds increased from a rate of 2% in 2002 to 3% in 2012.
- Lifetime methamphetamine use declined by 25% between 2002 and 2012 among Orange County adults. Now at 6%, methamphetamine use is more similar to the national rate of 5%.
- Marijuana was by far the illicit drug most commonly used by Orange County adults, with lifetime use reported by 33% (or approximately 758,000 adults), past year use reported by 8% (or approximately 181,000 adults), and past 30 day use reported by 4.5% (or an estimated 103,000 adults). Rates of past 30 day use of marijuana

increased among most age groups between 2002 and 2012, especially among adults aged 25-34 (4% to 8%) and those aged 55-64 (0.3% to 4%).

In addition to the above survey results, data from the Orange County Sheriff-Coroner show that 84% of the 113 prescription drug-related deaths from 2007 to 2011 were opioid-related⁷

Youth AOD Use

California Healthy Kids Survey

The overall prevalence of self-reported AOD use among Orange County youth is measured by the biennial California Healthy Kids Survey (CHKS). Adolescent use rates for most substances of abuse have declined in recent years across national, state, and local levels. Countywide results from the most recent survey (2011-13) are summarized below.

Alcohol is by far the most frequently used substance among Orange County adolescents. A majority of 11th graders (53%) report lifetime alcohol use and more than one-fourth (28%) are current (past 30 days) users of alcohol. Notably, however, alcohol use rates have declined across all grade levels in recent years, with current use prevalence among 11th grade students declining by 22% over the past six years.

Marijuana is the most widely used illicit drug; the prevalence of past 30-day use of marijuana is nearly double the rate for cigarettes among both 9th (11% v. 6%) and 11th grade students (18% v. 10%). While marijuana use has generally increased among Orange County youth over the past few years, the most recent CHKS data shows a leveling off of that rising trend among 11th graders and even a slight decline among 9th graders.

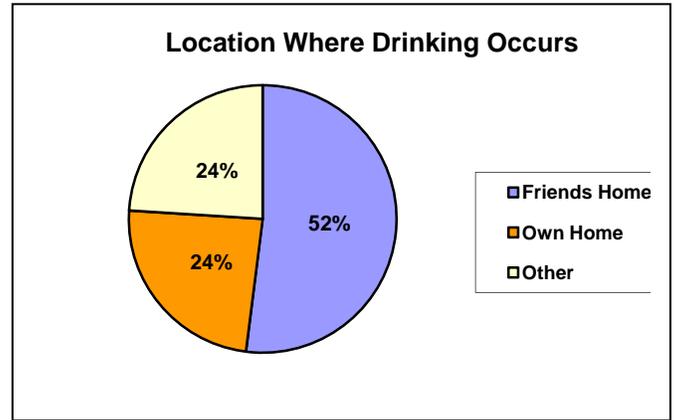
Prescription and Over-the-Counter drug abuse is a problem among youth at the local, state and national levels, with pain killers (Vicodin, OxyContin) and cough/cold medicines being the most commonly abused drugs in these categories. In Orange County, 13% of 11th graders report having used prescription pain killers to get high in their lifetime, a decline from a peak rate of 18% in 2005-06.

Youth Access to Alcohol Study (YAAS)

In the spring of 2006, ADEPT conducted a survey of 1,925 Orange County youth ages 16 to 20 regarding their access to alcohol. This study produced a number of findings that still have relevance for present-day alcohol prevention efforts.

- Young people most often consume alcohol at a private home, either at a friend's home (52%) or at their own home (24%).

- More than eight out of 10 youth (81%) surveyed reported that it was “very easy” or “fairly easy” to obtain alcohol.
- Adults 21 years and older are the single most common source of alcohol for minors, outpacing all commercial sources.
- When asked where minors could most easily purchase alcohol, one-third (34%) of underage drinkers cited liquor stores.

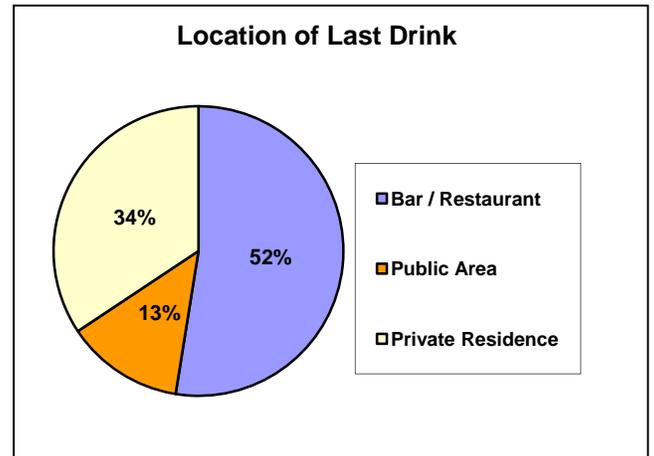


Impaired Driving: DUI Offender Surveys

These surveys, also referred to as COLD (Circumstances of Last Drink) surveys, have been conducted in 2002 and 2005 with DUI offenders enrolled in the court-mandated Drinking Driver Program to learn about the circumstances of their drinking immediately prior to their arrest. Although dated, this information continues to inform the County’s impaired driving prevention programming.

Cities with a higher density of alcohol retail establishments (the number of establishments per 10,000 adult residents) were more likely to be reported as a city of last drink.

- Only 59% of individuals were arrested for DUI in the same city in which they had last been drinking prior to arrest, indicating that four out of 10 intoxicated drivers may travel some distance before being arrested.
- Over half (52%) of the individuals arrested for DUI had their last drink in a bar, restaurant, or other establishment licensed to sell alcohol for on-site consumption, while 34% had their last drink in a private residence, and 13% had their last drink in a public or other setting.

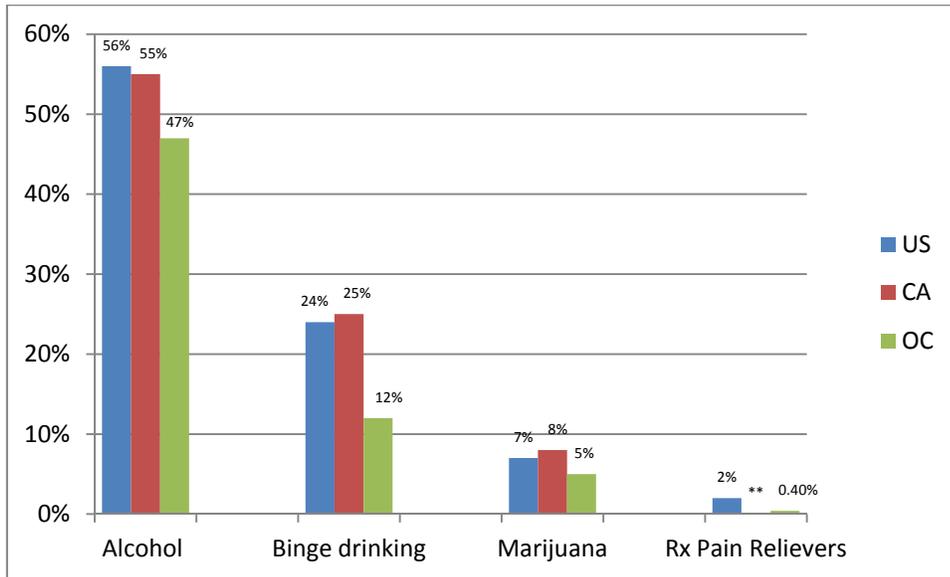


AOD Comparisons: County, State and National Data

While the prevalence of adult alcohol use in OC is comparable to that of the most recent available national and state data, the reported rate of binge drinking in the past month among OC adults is only half the U.S. and California rates. Similarly, the prevalence of nonmedical use of prescription drugs is appreciably lower among OC adults than among

adults nationwide. Also, reported rates of past year and past month marijuana use among OC adults are considerably lower than both the U.S. and California prevalence rates.

Comparison of Adult Past Month Substance Use and Binge Drinking Prevalence Rates: US, CA, OC



** = CA data not available

US data source: 2011 National Survey on Drug Use and Health
CA data source: State Estimates of Substance Use From the 2009-10 National Survey on Drug Use and Health
Orange County data source: Orange County Health Care Agency 2012 Alcohol and Other Drug Use Survey

Key Problems and Related Strategies

Following analysis of quantitative and qualitative data pointing to current alcohol and other drug use trends and corresponding problems experienced among youth and adult residents of Orange County, a series of specific problem statements were developed.

Contributing Factors Underlie the Framework of Goals and Objectives

Prevention science and local analysis point to several factors that contribute to AOD problems. These contributing factors are the very things that need to change in order to mitigate substance abuse and related consequences. The Orange County framework of goals and objectives are shaped by the following:

The risk and protective factor model points to the importance of specific skills and a sense of connectedness between young people and their family, school and community as protection against alcohol and other drug use. This causal link between such protective factors and a reduced risk of health problems has been well documented by the Centers for Disease Control and Prevention, summarizing numerous journal publications and data sources such as the National Longitudinal Study on Adolescent Health. Youth who feel “connected” to their family, school or community are less likely to engage in problem behaviors ranging from substance use to unsafe sexual practices and acts of violence.

Strategies to increase protective factors, particularly school connectedness, are recognized as evidence-based prevention practice.

Easy access to alcohol and other drugs contributes to use by youth. This risk factor is also cited by national agencies, publications and research. A large body of science points to the effectiveness of reducing access in order to reduce substance use by youth, particularly alcohol. The widespread availability of alcohol, as well as practices that promote over consumption in both retail and social settings, contribute to high-risk drinking and impaired driving. Promotions such as happy hours at retail establishments and drinking games at parties/gatherings fuel the impaired driving problem, as does the growing normalization of marijuana use.

Social norms influence decisions to use alcohol and other drugs as well as perceptions of risk related to use. The power of these social cues, at peer, family and community levels, are also documented in the prevention literature. Research supports the idea that modifying pro-substance norms can result in healthier behaviors.

The prevention field has recognized that comprehensive strategies that address a broad array of contributing factors produce positive outcomes.

Problem Statement 1: The adolescent experience entails many risk factors for alcohol

Alcohol use by those under 21 years of age is a continuing problem in Orange County, as it is in most places in the state and nation. According to the Centers for Disease Control and Prevention, alcohol is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs. Ease of access, social norms and insufficient protective factors contribute to underage drinking.

Orange County is employing the following research-based practices to reduce underage drinking:

- Parent/adult/youth education
- Community service activities and other opportunities for meaningful participation in school and community settings
- Media literacy training
- Social marketing campaigns
- Parenting/family management services
- Responsible beverage sales and service training

Problem Statement 2: Alcohol and other drug impaired driving is prevalent to Orange County and has a pervasive impact on communities

Drinking norms, attitudes and beliefs, as well as patterns of availability are important contributors to impaired driving among adults. The perception of a low risk of a DUI arrest is a major contributor to impaired driving. The 2005 COLD survey indicates that most respondents thought their ability to drive safely was relatively unimpaired, despite having

consumed four to six drinks. Nearly one-third of respondents had at least one passenger with them when they were arrested for DUI, thereby placing those individuals at risk for injury.

Analysis of relevant research has informed Orange County to implement the following strategies to reduce AOD-impaired driving collisions:

- Responsible beverage sales and service training
- Social marketing campaigns
- Adult education
- Collaboration with law enforcement

Problem Statement 3: Adult high-risk drinking contributes to health problems and poses a threat to community safety

Alcohol-use norms and widespread availability contribute to high-risk drinking by adults over 21. Numerous studies have shown that people's drinking behavior is influenced by their perceptions of what is "normal" or typical in a particular environment. Conditions such as happy hour promotions and high concentrations of alcohol establishments promote high-risk drinking increase the incidence of community alcohol problems.

To address this problem, Orange County is employing the following evidence-based strategies:

- Social marketing campaigns
- Responsible beverage sales and service training
- Adult education

Problem Statement 4: Abuse of prescription drugs impacts public health and community safety

The nonmedical use and abuse of prescription drugs to get high is a serious public health problem. At the core of this problem is the rising tide of prescription opioid abuse, driven primarily by the nonmedical use of opioid pain relievers, e.g. hydrocodone and oxycodone.

In the case of young people, the relative ease with which they are able to obtain these drugs, and the fact that many believe that prescription drugs provide a "safe" high contribute to the problem.

Research suggests the following strategies to reduce prescription drug abuse:

- Adult/parent/youth education
- Collaboration with law enforcement, health care professionals and pharmacies
- Social marketing campaigns

Marijuana is an evolving public health issue: Further assessment in Orange County is planned

Orange County, like the state and nation, is experiencing heightened community concerns about marijuana. Given current California law that allows the use of marijuana for medical purposes and other states having legalized recreational use, the social norms regarding marijuana use have changed considerably. In stakeholder focus groups, respondents expressed growing concern about the increasing normalization of marijuana use. Prevention stakeholders commented that the public is genuinely confused by media reports on medicinal uses of marijuana and by the lack of clear, credible information with which to evaluate such claims. In response to the growing public questions and concerns, a comprehensive assessment will be conducted, data will be analyzed and findings summarized in a report, which will be used to guide future prevention efforts.

III. SPF STEP 2 – CAPACITY BUILDING

Capacity building is an integral part of the County's overall prevention mission. The current County prevention infrastructure is stable, providing a solid foundation for systematic prevention now and in the future. Given the size and diversity of Orange County, it is important to maintain and build upon the skills and capabilities of individuals, organizations and communities. To this end, the County is committed to continuing to build capacity for AOD prevention as follows:

- Providing education to schools and community groups on various AOD topics and effective prevention strategies
- Mobilizing communities by developing and supporting coalitions and task forces
- Serving as a data resource for prevention planning and evaluation
- Providing training and technical assistance to interested schools, community groups and businesses/retailers
- Disseminating AOD informational resources (e.g., pamphlets, fact sheets, videos) for use by community organizations and the general public
- Collaborating with prevention stakeholders and contractors to implement effective, evidence-based interventions
- Engaging many community partners, such as parents, restaurant owners, law enforcement personnel and educators in the prevention process
- Promoting the sustainability of prevention activities and strategies

IV. SPF STEP 3 – PLANNING PROCESS

Working within the framework of a science-based approach, County-funded prevention services are data driven and outcome oriented, involving literature reviews and the selection of evidence-based programs and strategies. Through a collaborative planning process, logic models, strategic goals, performance objectives and measures are developed. Each project develops an action plan that specifies relevant sub-objectives, the implementation timeframe, parties responsible and evaluation details. The overall planning process is shaped by such principles as fostering coordination, reducing duplication, identifying sustainable practices and focusing prevention resources on priorities.

In the fall of 2012, ADEPT conducted focus groups and key informant interviews to collect information for this strategic plan update with regard to substances, strategies, and/or target populations. Stakeholders included prevention professionals, law enforcement, educators, faith leaders, mental health professionals and health care professionals. From these sessions, alcohol, marijuana and prescription drug abuse were identified as the most pressing concerns, which, in turn, reinforced their priority position in the plan. This input, combined with the broad range of local AOD data, shaped the County's goals and objectives (found at the end of this document).

Orange County continues its commitment to timely revisions of the strategic plan, which provides structure and vision for local programming. This update incorporates current data, trends, and research into a planning framework for the next three to five years.

Orange County Goals

The Health Care Agency has established four long term prevention goals, each of which entails several intermediate and short-term objectives that serve to benchmark progress toward achieving the goals. In addition, the County is committed to learning more about the marijuana landscape. To this end, a comprehensive assessment of marijuana issues will be conducted, followed by a report identifying community needs and strategies for prevention. Below is a list of these goals; at the end of this document is the complete framework of goals and objectives.

Goal 1: Reduce use of alcohol among youth under the age of 21

Goal 2: Reduce AOD impaired driving collisions

Goal 3: Reduce high-risk drinking among adults over the age of 21

Goal 4: Reduce prescription drug abuse

Assessment Goal: Develop a report to inform marijuana prevention

V. SPF STEP 4 – IMPLEMENTATION

The action plans developed in the Planning phase provide a blueprint for implementation. Prevention services employ the combined resources and staff competencies of both County and contracted service providers and encompass the three categories of prevention as outlined in the Institute of Medicine (IOM) model. Services are implemented in diverse settings and environments throughout the county, such as schools and other youth-serving organizations, retail establishments, faith-based communities and health care organizations. Effective implementation requires relationships with a range of community partners: law enforcement, health care providers, educators, business owners, parents, youth, city officials and faith leaders. Selected strategies include education, training, media campaigns, multi-agency collaboration and parent/family management skills. Given the diverse ethnic profile of Orange County, services are provided in a culturally appropriate manner. The sustainability of these services is addressed through such activities as developing educational tool kits and training community agencies and leaders in their use.

VI. SPF STEP 5 – EVALUATION

Evaluation involves measuring the impact of the implemented prevention services. The County continues to utilize its *Framework for Evaluation*, which provides guidelines for measuring a variety of AOD prevention outcomes. Evaluation methods largely rely on post-intervention surveys, and also include follow-back with intervention participants to assess prevention actions taken.

Orange County has shaped its objectives across three timeframes: short-term (one year), intermediate (1 to 2 years), and long-term (3 years or more). Details concerning the quantitative values of objectives and their respective time frames are specified in each of the County/contractor action plans. Developing evaluation plans and measuring outcomes are core components of each prevention initiative. Quarterly and year-end reports document progress toward meeting identified objectives. This evaluation data informs future planning to support a continuous improvement process.

ORANGE COUNTY ALCOHOL & OTHER DRUG PREVENTION SERVICES STRATEGIC PLAN

GOAL 1: Reduce use of alcohol among youth under the age of 21

GOAL 2: Reduce AOD impaired driving collisions

GOAL 3: Reduce high-risk drinking among adults over the age of 21

GOAL 4: Reduce prescription drug abuse

ASSESSMENT GOAL: Develop a report to inform marijuana prevention

FY 2013 – 2018

Goal 1: Reduce use of alcohol among youth under the age of 21

Long Term Objectives (3+ years)	Intermediate Objectives (1 - 2 year)	Short Term Objectives (one year)	Examples of Strategies	
<p>1 Increase protective factors that mitigate youth risks for alcohol use.</p>	<p>1.1 Increase youth connectedness to school and community</p>	<p>1.1.1 Increase youth interpersonal skills that facilitate active involvement in school/community activities</p> <p>1.1.2 Increase youth engagement in pro-social activities in school/community environments</p> <p>1.1.3 Increase youth refusal and resistance skills regarding social influences to use alcohol</p>	<ul style="list-style-type: none"> ▪ Parent/Adult/Youth Education ▪ Youth Development Activities ▪ Parenting Classes ▪ Service Learning 	
	<p>1.2 Increase parent and youth skills in managing risk factors</p>	<p>1.2.1 Increase perceived importance among parents of self/family management in preventing adolescent alcohol use</p>		
	<p>1.3 Increase parent/adult skills in managing adolescent developmental factors that contribute to alcohol use</p>	<p>1.3.1 Increase parent/adult knowledge of alcohol use risk related to adolescent brain development</p>		
	<p>2 Reduce availability/access to alcohol by youth</p>	<p>2.1 Reduce social access to alcohol</p>		<p>2.1.1 Reduce adult provision of alcohol to youth in homes/parties</p> <p>2.1.2 Increase adult supervision at youth gatherings to prevent alcohol use</p>
		<p>2.2 Reduce commercial access to alcohol</p>		<p>2.2.1 Reduce underage drinking risk factors in commercial retail settings</p>

Long Term Objectives (3+ years)	Intermediate Objectives (1 - 2 year)	Short Term Objectives (one year)	Examples of Strategies	
3 Modify social norms that accept or encourage youth alcohol use	3.1 Reduce peer approval of underage alcohol use	3.1.1 Increase adult/youth knowledge of negative consequences of youth alcohol use	<ul style="list-style-type: none"> ▪ Adult/youth education ▪ Social media ▪ Media campaigns ▪ Media literacy training ▪ Merchant education ▪ Parenting classes ▪ Youth development activities ▪ Campus education 	
		3.1.2 Reduce the social approval of drinking games or other activities that result in high-risk drinking at parties/gatherings		
		3.1.3 Increase the willingness of youth to obtain medical assistance for their peers who are experiencing an alcohol-related crisis		
	3.2 Reduce adult acceptance of underage use of alcohol as a rite of passage	3.2.1 Reduce role of alcohol in family celebrations		
		3.2.2 Increase accurate perception of adolescent use rates among adults and youth		
	3.3 Reduce the influence on youth of alcohol marketing, promotions and products that glamorize alcohol use	3.3.1 Increase positive health messaging in social media/other media venues		
			3.3.2 Increase actions which address products and promotions that normalize alcohol use by youth	
			3.3.3 Increase youth capacity to understand the messages in alcohol ads and promotions	
	3.4 Increase positive supports for those transitioning to institutions of higher education	3.4.1 Increase the priority of alcohol education in new student orientations	<ul style="list-style-type: none"> ▪ Student orientation ▪ AOD-free alternative activities 	
				3.4.2 Increase student involvement in healthy campus activities

Goal 2: Reduce AOD impaired driving collisions

	Long Term Objectives (3+ years)	Intermediate Objectives (1 - 2 year)	Short Term Objectives (one year)	Examples of Strategies
1	Reduce overconsumption of alcohol among drivers	<p>1.1 Reduce retail serving practices that contribute to overconsumption</p> <p>1.2 Reduce retail promotions that encourage overconsumption</p> <p>1.3 Modify the social hosting norms and practices that contribute to overconsumption</p> <p>1.4 Increase perceived risk of being stopped by police for alcohol-impaired driving</p>	<p>1.1.1 Increase retailer skills in alcohol serving practices that minimize overconsumption</p> <p>1.2.1 Increase public recognition for establishments that support participation in responsible alcohol service training</p> <p>1.2.2 Increase retailer awareness of how alcohol promotions can contribute to overconsumption</p> <p>1.3.1 Increase adult skills in responsible social hosting</p> <p>1.3.2 Reduce the social approval of drinking games that result in high-risk drinking at parties/gatherings</p> <p>1.3.3 Increase social acceptability of not drinking at parties/gatherings</p> <p>1.3.4 Increase public awareness of how social hosting can contribute to impaired driving</p> <p>1.4.1 Increase public visibility of DUI enforcement</p> <p>1.4.2 Increase public support for DUI enforcement</p>	<ul style="list-style-type: none"> ▪ RBS trainings for retailers and social hosts ▪ Media events ▪ Social media ▪ Media campaigns ▪ Promotion of alternative transportation ▪ Adult education

Long Term Objectives (3+ years)	Intermediate Objectives (1 - 2 year)	Short Term Objectives (one year)	Examples of Strategies
2 Reduce drug use that impairs driving	2.1 Increase perceived risk of being stopped by police for drug-impaired driving	2.1.1 Increase public awareness of drugged driving problems 2.1.2 Increase visibility of drug-impaired driving enforcement 2.1.3 Increase knowledge among drivers about the risk of impairment with drug use	<ul style="list-style-type: none"> ▪ Public education ▪ Social media ▪ Media campaigns
3 Reduce mixing of alcohol, other drugs and medication among drivers	3.1 Increase drivers' intent to avoid mixing substances when driving 3.2 Increase health professional communication to patients to avoid mixing alcohol and medication	3.1.1 Increase drivers' knowledge of the interaction among alcohol, other drugs and medication 3.1.2 Increase the number of driver education curricula in public/private driving schools that emphasize the dangers of drugged driving 3.2.1 Increase the health professionals' knowledge of prevalence of impaired driving due to mixing medication and alcohol	<ul style="list-style-type: none"> ▪ Adult/health professional education ▪ Partner with driver schools ▪ Self-management skill development ▪ Social media ▪ Media campaigns

Goal 3: Reduce high-risk drinking among adults over the age of 21					
Long Term Objectives (3+ years)	→	Intermediate Objectives (1 - 2 year)	→	Short Term Objectives (one year)	Examples of Strategies
1 Modify social norms that accept or encourage adult high-risk alcohol use	1.1	Reduce peer approval of high-risk drinking among adults	1.1.1	Increase knowledge of negative consequences associated with high-risk drinking	<ul style="list-style-type: none"> ▪ Social media ▪ Media campaigns ▪ Adult education ▪ RBS education/training ▪ Merchant education ▪ Social hosting education
			1.1.2	Increase adult awareness of actual rates of alcohol use	
			1.1.3	Reduce the social approval of drinking games or other activities that result in high-risk parties/gatherings	
	1.2	Reduce social and retail promotion of alcohol	1.2.1	Increase positive health messaging in social media/other media venues	
			1.2.2	Increase counter-messaging to alcohol advertising that normalizes high-risk consumption	
			1.2.3	Modify retail practices that promote over consumption of alcohol	
	1.3	Decrease problems associated with high-risk drinking at social gatherings	1.3.1	Increase the willingness of adults to obtain medical assistance for others who are experiencing an alcohol-related crisis	
			1.3.2	Increase responsible social hosting skills among adults	

Goal 4: Reduce prescription drug abuse						
	Long Term Objectives (3+ years)	→	Intermediate Objectives (1 - 2 year)	→	Short Term Objectives (one year)	Examples of Strategies
1	Reduce access to prescription drugs for purposes other than as prescribed	1.1	Reduce access to prescription drugs in home environments	1.1.1	Increase adult actions that prevent access to prescription drugs in homes	<ul style="list-style-type: none"> ▪ Adult/youth education ▪ Health professional education ▪ Social media ▪ Media campaigns
		1.2	Reduce prescription drug diversion in community environments	1.2.1	Increase health professional actions to reduce prescription drug abuse	
2	Modify social norms that accept or encourage abuse of prescription drugs	2.1	Reduce peer approval of prescription drug abuse	2.1.1	Increase community awareness of actual rates of non-medical use of prescription drugs by youth and adults	<ul style="list-style-type: none"> ▪ Adult/youth education ▪ Social media ▪ Media campaigns ▪ Youth development activities
		2.2	Increase personal actions that model the safe management of prescription drugs	2.2.1	Increase adult/youth knowledge of the negative consequences of prescription drug abuse	
		2.3	Increase adult/youth perception of harm from prescription drug abuse	2.3.1	Increase adult/youth communication about the consequences of prescription drug use	

Assessment Goal: Develop a report to inform marijuana prevention					
Long Term Objectives (3+ years)	→	Intermediate Objectives (1 - 2 year)	→	Short Term Objectives (one year)	Examples of Strategies
1 Understand the scope of marijuana problems among youth and adults	→	1.1 Identify the prevalence of use	→	1.1.1 Gather data on youth and adult use from national and local databases	<ul style="list-style-type: none"> ▪ Review existing databases (CHKS, Adult Household Survey, ED Mentions, Arrests) ▪ Key informant interviews ▪ Focus groups ▪ Environmental scans (Advertising, storefronts)
	→	1.2 Identify the consequences of use	→	1.2.1 Gather data on medical/health, academic and other problems associated with marijuana use	
	→	1.3 Identify factors in peer, family, school and community domains that contribute to marijuana use	→	1.3.1 Understand the role of marijuana social norms among peer, family and communities	
2 Develop a strategic plan goal that incorporates the marijuana assessment findings	→	2.1 Identify local capacity and resources to use evidence-based practices	→	1.3.2 Research marketing and promotion practices that glamorize marijuana use	
	→		→	2.1.1 Conduct a literature review to identify best practices for the prevention of marijuana use	
			→	2.1.2 Share assessment findings with stakeholders	