

County of Orange Health Care Agency  
Alcohol and Other Drug Prevention Services

# STRATEGIC PLAN

July 2010



## **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](http://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 yield significant cost savings. 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, the field of alcohol and other drug (AOD) prevention has experienced a rapid learning curve. Fueled by the adoption of a comprehensive public health perspective and a systems approach to AOD problems, the practice of AOD prevention has evolved into a science-based discipline that focuses on identified risk and protective factors and utilizes best practices derived from model programs with proven effectiveness.

### Building on the Strengths of Two County Programs

This strategic plan serves to guide the AOD prevention services provided by the County of Orange Health Care Agency, which includes both the Alcohol and Drug Education and Prevention Team (ADEPT) and the Education, Prevention, Intervention & Community Services (EPICS) program. 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 agency for the prevention of alcohol and other drug-related problems in Orange County. ADEPT provides leadership in countywide AOD prevention programming through the development of strategic goals and objectives and by developing and 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, information dissemination, technical assistance, education, training and evaluation services.

The ADEPT approach to AOD prevention is grounded in the public health model that views AOD problems arising through interactions between the host (e.g., community, family, individual), AOD agents (e.g., alcohol, meth, 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 associated with AOD problems that has emerged from an ever-expanding body of prevention research. In simple terms, the twofold premise of risk and protective factor-focused prevention is:

- 1) to prevent an AOD problem, we need to identify factors that increase the risk of that problem developing, and then find ways to reduce the risk, and
- 2) at the same time, we must identify factors that buffer individuals from the AOD risk factors present in their environments and then find ways to increase that protection.

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 mainly addresses universal and selective populations, with a limited amount of services provided to individuals identified as indicated. Universal prevention is aimed at changing identified risk conditions that can give rise to AOD problems across all population groups. For example, when ADEPT provides responsible beverage service (RBS) training at a bar or restaurant to prevent practices such as serving alcohol to intoxicated persons, this effort universally benefits all members of the community by reducing the risk of impaired driving.

Alternatively, ADEPT often provides more focused or selective prevention services to individuals identified on the basis of their membership in a group that has greater-than-average risk for developing AOD problems, such as children of alcoholics or youth who live in high drug-use neighborhoods. Lastly, ADEPT services that are provided to students who have been assigned to non-traditional or continuation schools is an example of indicated prevention.

While ADEPT prevention emphasizes a community-based approach, the very complexity of AOD problems often requires the coordinated application of multiple strategies to address various dimensions of AOD problems. ADEPT also supports the use of individual-oriented strategies, such as information dissemination, presentations and training to develop AOD prevention knowledge and skills. Such methods can play an important role in AOD problem prevention as one component of a comprehensive approach that uses multiple strategies to accomplish its planned goals and objectives.

### **Education, Prevention, Intervention and Community Services (EPICS) Program**

In 2006, the County of Orange Health Care Agency, Alcohol & Drug Abuse Services (ADAS), created a Prevention Team to provide alcohol and other drug prevention services directly to high-risk populations and service providers in the community who are serving those populations. In addition to ATOD prevention, this team incorporated mental health prevention efforts and in July of 2009 became the Education, Prevention, Intervention and Community Services (EPICS) Program. The team is primarily made

up of professional clinicians who specialize in working with selective and indicated populations as designated by the IOM model. These high-risk groups may include, but are not limited to, students within non-traditional settings (i.e. ACCESS and continuation schools, non-public schools), children of alcohol/drug using or recovering parents, homeless families (within shelters), foster-care youth, wards of the court, and probation and incarcerated youth.

The EPICS Program also provides in-service training to those who work with high-risk populations to recognize the signs and symptoms of AOD abuse and to provide early intervention services. This includes training teachers, parents and caregivers, youth organizations/group staff, probation officers, mental health professionals, and social workers. The EPICS Program is also helping to build capacity by working with schools and community groups to build their own prevention programs by introducing an evidence-based AOD prevention curriculum and providing guidance on implementing best practices.

Because the EPICS Program is co-located within the Alcohol and Drug Abuse Services Division and the Mental Health Prevention and Intervention Division, it also provides an essential link to treatment services. Working together, ADEPT and the EPICS Program cover the full spectrum of prevention strategies to accomplish a shared mission.

### **Strategic Prevention Framework (SPF)**

The SPF is a systematic approach developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) that is designed to enable States and communities to build the infrastructure necessary for effective and sustainable prevention. The SPF reflects a public health, or community-based approach that utilizes findings from public health research along with evidence-based prevention programs to build capacity within the prevention field.

As mandated by the California Department of Alcohol and Drug Programs, California counties use the SPF process to plan and implement prevention services. The SPF begins with assessment and capacity building, followed by the development of a strategic plan that establishes goals, objectives and priorities. The fourth step is implementation, using evidence-based strategies, and the final step is evaluation and monitoring. Of the five steps, a comprehensive plan lies at the center of an ongoing, continuously improving prevention system. 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 second most densely populated county, ranking behind only San Francisco County, and 18th among all counties in the nation. The average household size, at 3.0 persons per household, is substantially higher than the statewide average of 2.87.

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 White (46%), Hispanic/Latino (34%) and Asian or Pacific Islander (16%). Among residents five years of age or older, 44% speak a language other than English at home, and 12% of the population report that they do not speak English "well" or "at all." Another changing Orange County demographic is the trend toward an increasingly older adult population and a declining young adult population. A 94% increase in the population aged 65 years and older is projected from 2010 to 2050. (Orange County Community Indicators, 2009)

In terms of general health status, Orange County has a track record of impressive prevention achievements. For example, we've achieved Healthy People 2010 goals for prenatal care and infant mortality and rank well above the statewide average in most health status indicators, including overall mortality rates, incidence of AIDS and sexually transmitted diseases, low birth weight infants, and births to adolescents. Orange County also has been very successful in reducing the adult smoking rate, which is only 10.9% compared to the national rate of 20.6%. The Orange County rate is below the state rate of 12.9% and the Healthy People 2010 goal of 12%. (County Health Status Profiles 2008, CA Dept. of Public Health)



At the same time, several community issues are pressing: the lack of affordable housing, congested freeways and a high average commute time to work all strain the quality of life for many residents.

## Local Data

This strategic planning process has been informed by both archival data collected at the county, state, and national levels and by the results of several innovative data collection efforts undertaken by ADEPT over the past few years. These multiple data sources were analyzed by ADEPT staff and with a group of key stakeholders to identify common themes, as well as implications for prevention priorities. Below are some of the highlights of this analysis.

### ATOD Use Prevalence: 2002 Survey of Orange County Adults

ADEPT conducted a telephone survey of 3,104 Orange County adults, using a random digit dialing protocol, to assess the prevalence of ATOD use and related risk factors among the county's 18-and-older population. This first-ever local survey provided several insights into adult ATOD consumption patterns. Highlights of these findings include the following:

- Compared to state and national survey results, Orange County residents generally have similar or even lower rates of use. For example, the prevalence of alcohol use in Orange County is comparable to national and state rates, while only 37% of Orange County adults report any lifetime use of illicit drugs, compared to a national rate of 46%.
- A notable exception, however, is the higher prevalence of Orange County adults' lifetime use of methamphetamine at 8%, compared to a national rate of only 4%.
- Younger individuals have more drinks per drinking occasion — the average number of drinks per occasion was 4.1 among residents aged 18-24 years and declines with age to 1.7 among those aged 55 and older.
- One-third of Orange County's past 30-day drinkers (33%) reported at least one binge-drinking episode (five or more drinks in one sitting) 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 the incidence in the population at large
  - » Almost two-thirds of frequent binge drinkers are single and 38% of them have never married — double the incidence in the population at large.
- One of four Orange County adults reported having driven a motor vehicle within two hours of drinking at least once during the past year. Drinking and driving is reported across all age groups, but is more prevalent among males and Whites.

## California Healthy Kids Survey

The overall prevalence of AOD use among Orange County youth, as measured by the California Healthy Kids Survey (CHKS) in 2007-08, is generally comparable to statewide rates. While adolescent use rates for major substances of abuse have declined in recent years across national, state, and local levels, some persistent Orange County patterns of use deserve attention:

**Alcohol** is by far the most frequently used substance among Orange County adolescents; by the 11th grade, a majority of students report some use (59%) and more than one-third (35%) are current users of alcohol.

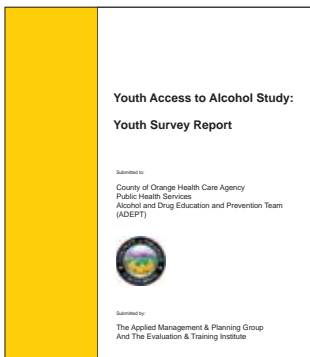
**Marijuana** is the most widely used illicit drug; lifetime experimentation with marijuana actually exceeds the rate for cigarettes (33% v. 29%), while current use prevalence is virtually the same for both of these substances (16-17%).



**Prescription** and over-the-counter (OTC) drug abuse is a growing problem among youth at all geographic levels, with pain killers (Vicodin, OxyContin) and cough/cold medicines being the most commonly abused drugs in these respective categories. In Orange County, 17% of 11th graders report having used prescription pain killers to get high and 19% have similarly used OTC drugs.

**Inhalants**, because of their ready availability, are more commonly used to get high by younger children, and their use tends to decline with age. In Orange County, 6% of 7th graders report past 30 days use of inhalants, compared to only 4% of 11 graders.

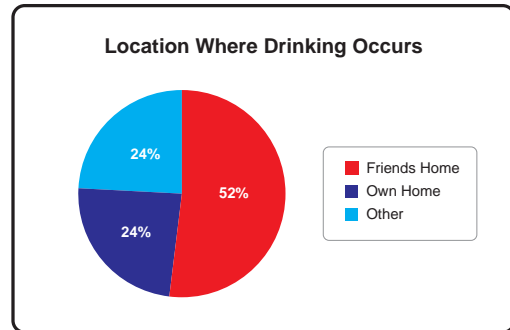
## Youth Access to Alcohol Study (YAAS)



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 significant findings with direct implications for prevention. Some of the important highlights included:

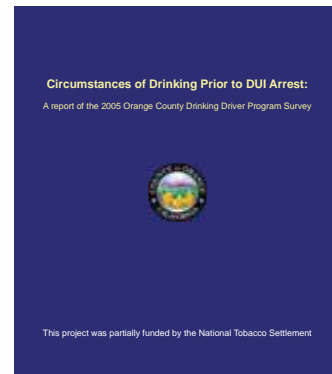
- Nearly two-thirds (62%) of Orange County youth surveyed reported that they had used alcohol at least once in the six months prior to the survey. Of those youth who have used alcohol, 46% drink frequently, defined as drinking alcohol once a month or more often.
- Only one quarter (26%) of the youth surveyed consider consuming alcohol several times a week as high-risk behavior. Most youth consider using alcohol once a month to be “harmless” or “mainly harmless.”

- Of the youth who use alcohol, only one-third (34%) reported that their parents strictly forbid them to drink any alcohol before they are 21.
- 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.

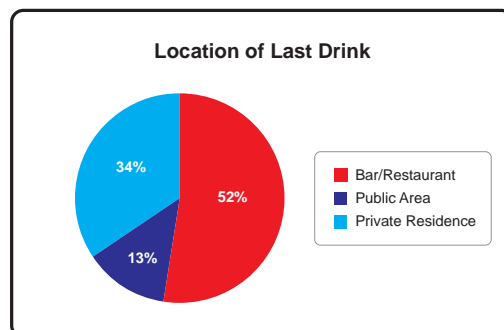


### Circumstances of Drinking Prior to DUI Arrest Surveys

These surveys, also referred to by the acronym 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 pinpoint information about the circumstances of their last drink immediately prior to arrest.



- According to the 2005 COLD survey, the most common cities of last drink in Orange County were Huntington Beach, Anaheim, Newport Beach, Santa Ana, and Costa Mesa. This information corresponds with 2004 California Department of Motor Vehicle data indicating that the top cities where DUI arrests occurred in Orange County were Huntington Beach, Costa Mesa, Santa Ana, Anaheim, and Garden Grove.
- 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, suggesting that the density of alcohol establishments in a city is a significant community-level risk factor for alcohol-impaired driving.
- 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.
- Nearly half (47%) of individuals arrested for DUI had been at their place of last drink for more than two hours before being arrested, and had consumed an average of 4-6 drinks during that time.

## **Police Data related to Alcohol and Other Drugs**

The Alcohol/Drug Sensitive Information Planning System in a Geographic Information System format (ASIPS/GIS) program is a planning information system that combines local law enforcement data with community action to significantly reduce or eliminate community AOD problems. The Orange County ASIPS project is a county-community partnership that is currently operating in Fullerton, Newport Beach, Garden Grove, Laguna Hills, and Lake Forest. ASIPS allows city planners and prevention advocates to focus on specific community risk environments identified by police AOD-related calls for service and arrests.

## **State and National Comparisons**

A 2007 profile of county-level indicators of alcohol and drug abuse risk prepared for the California Department of Alcohol and Drug Programs shows that Orange County risk levels are generally lower than both the statewide average and the rates for a cluster of comparable urban counties.

Although this county profile paints a relatively favorable picture, Orange County is not immune to AOD problems. The County comprises a diverse range of communities with distinctive social, cultural and economic interests, each of which experience AOD problems in different ways. For example, the prevalence rate of current (past 30 days) alcohol use among 11th grade students ranges from 29% to 49% across the county's 28 school districts and the use rates for all substances are significantly higher among youth enrolled in non-traditional schools. More recently there have been increasing reports from schools of the widespread use of over-the-counter drugs, particularly cough medicines with Dextromethorphan (DXM), resulting in a number of overdose episodes and at least one death on a school campus.

Another problem indicator is the higher prevalence of lifetime use of methamphetamine: 8% of Orange County adults report having ever used methamphetamines, compared to 4% nationwide. The current use rate of 0.8%, although numerically small, is nonetheless much higher than the national rate of 0.1%. The public health impact of this comparatively high rate of methamphetamine use is reflected in the fact that, for the years 2006-2008, methamphetamine was the primary drug of choice for over half (54%) of all clients treated in county-operated substance abuse clinics.

These shifts in AOD patterns also affect community systems. Methamphetamine problems disproportionately affect the various components of the criminal justice system, including the county-managed system of treatment services. Geographic regions are also affected. The beach cities, with their high concentration of alcohol outlets, are at greater risk for alcohol-involved vehicle crashes and injuries as well as other community health and safety problems.

Following extensive reviews and analyses 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. Each of the problem statements and corresponding prevention strategies are outlined and discussed in the section that follows.

## **Key Problems and Related Strategies**

### **Problem Statement 1: The adolescent experience entails many risk factors for AOD use**

Youth AOD use is a significant problem in Orange County, as it is in most places. Of the 5,000 youth who die each year as a result of underage drinking, 1,900 die in motor vehicle crashes, 1,600 in alcohol-related homicides, 300 in suicides, and 1,600 from alcohol-related injuries including falls, burns, and drowning, according to the National Institute on Alcohol Abuse and Alcoholism. Even youth who escape the fatal consequences of underage drinking face serious long-term health risks. Research indicates that underage drinking is a leading contributor to sexual assaults, adult alcoholism, and may have long-lasting effects on the developing brain.

While alcohol is the most frequently used drug among Orange County youth, CHKS findings show that marijuana is the most widely used illicit drug, with fully one-third (33%) of eleventh graders reporting at least some lifetime use. More importantly, over half of these lifetime users in the 11th grade are also current (past 30 days) users of marijuana.

Although relatively few young persons are getting high by inhaling common household products, with over 3,400 products available for “huffing,” efforts to prevent this dangerous form of substance abuse are clearly needed. Widespread lack of knowledge about the highly toxic properties of inhalants contributes to experimentation by youth, often with serious and potentially deadly consequences.

### **Risk and Protective Factors**

Analyses of aggregated CHKS data have consistently shown that high levels of protective factors, such as caring relationships, high expectations, and opportunities for meaningful participation, are associated with lower levels of involvement in risk behaviors. Similar results have been reported recently by the National Longitudinal Study on Adolescent Health based on their survey of 90,000 youth in grades 7 – 12.

This survey found that youth who felt “connected” to either their parents or school were unlikely to engage in problem behaviors ranging from alcohol, tobacco, and other drug use to emotional distress, unsafe sexual practices, and acts of violence toward others.

Findings from ADEPT’s YAAS survey indicate that 34% of youth consider using alcohol once a month to be harmless. These results and other data (CHKS) indicate a general lack of knowledge regarding the full range of potential harm involved in underage use of AOD, a substantial risk factor.

In one of ADEPT’s past school-based prevention projects, survey data revealed that 70% of 11th grade students believed most of their grade-level peers drink alcohol, whereas the actual prevalence rate was only 24%. A large body of research has shown that the misperception of peers’ AOD use (“everybody does it”) increases the risk of use.

The ease with which youth obtain alcohol from their older friends, siblings, parents, and even strangers is facilitated by a normative attitude that minimizes the harm of providing alcohol to minors. Moreover, youth who drink frequently are more likely to underestimate the dangers of underage drinking, suggesting that youth might be willing to consume alcohol, in part, because they do not believe it to be significantly harmful.

**Analysis of these findings suggests the following strategies to increase youth protective factors in the family, school and community environments:**

- *Promote and support countywide education campaigns to inform parents and young adults about the direct health and safety consequences of underage drinking*
- *Promote service learning experiences for youth*
- *Provide youth with opportunities for meaningful participation in school and community settings*
- *Support peer-to-peer mentoring*
- *Build media literacy among youth*
- *Develop community and campus-based social norm campaigns*
- *Educate and train parents on effective prevention practices*
- *Provide support services to children of recovering parents*

**Youth Access to Alcohol and Other Drugs**

CHKS data show that marijuana is increasingly perceived to be easy to get as students move into higher grades. In 2008, the combined ratings of “very” and “fairly easy” to obtain marijuana by 7th, 9th and 11th graders were 20%, 45% and 65%, respectively.

The YAAS found that 81% of respondents reported it was easy for them to obtain alcohol, most often from older friends or relatives. The willingness of adults to provide alcohol to youth facilitates underage drinking and increases the level of harm resulting

from such behavior.

Findings from the YAAS also suggest that private residences, either a friend's home (52%) or their own home (24%) are by far the most common locations where underage drinking occurs. Conditions at social environments that promote underage and other high-risk drinking increase the incidence of community alcohol problems. Few Orange County communities currently have social host liability or cost recovery ordinances in place, contributing to a general lack of adult accountability for underage drinking problems.

Retail sales of alcohol to minors contribute to underage drinking and related community problems. When asked where minors could most easily purchase alcohol, 34% of underage youth responding to the YAAS cited liquor stores.

**Analysis of these findings suggests the following strategies to reduce youth access to alcohol through social and retail routes:**

- *Strengthen legal consequences for providing alcohol to minors*
- *Conduct social norm/marketing campaigns targeting adults over 21 who may provide alcohol to underage youth*
- *Conduct responsible beverage sales and service training*
- *Promote/conduct underage drinking enforcement operations*
- *Conduct media campaigns on consequences of selling or providing to minors*

**Problem Statement 2: Adult illicit drug use and high-risk drinking contributes to health problems and poses a threat to community safety**

Numerous studies have shown that people's drinking behavior is influenced by their perceptions of what is "normal" or typical in a particular environment. Norms that promote high-risk drinking, such as those associated with college spring break settings, often result in widespread harm to both individuals and communities. Efforts to limit marijuana use are challenged by the increasing normalization of community perceptions regarding the harmlessness of marijuana. This trend has resulted in a proliferation of medical marijuana dispensaries, increased availability of drug-related paraphernalia in smoke shops and specialty stores, and the open marketing of clothing and other merchandise designed to promote illegal drug use.

ADEPT's ATOD use prevalence survey of Orange County adults reported a lifetime prevalence of methamphetamine use that is nearly double the rate for the U.S. adult population (7.8% to 4.3%). Also, it has now supplanted alcohol as the primary drug of choice among admissions to county-operated substance abuse treatment clinics. The relatively high level of methamphetamine use in Orange County is associated with a broad range of individual, family and community problems. The ASIPS project has identified several community risk environments where there is a high level of illicit drug-related incidents.

ADEPT prevention providers have documented the relationship between the incidence of problems at community events and the presence of risk factors. For example, alcohol industry sponsorship at beach sporting events or July 4th celebrations contributes to alcohol-fueled public disorder as documented by police records. Conditions that promote high-risk drinking increase the incidence of community alcohol problems.

Studies indicate that as many as 24 to 31 percent of all patients treated in emergency departments have positive results when screened for alcohol. The widespread lack of screening procedures contributes to the overall impact of AOD problems within the community.

**Analysis of these findings suggests the following strategies to reduce adult illicit drug use and high-risk drinking:**

- *Institute college social norms/marketing campaigns and initiatives that seek to limit alcohol promotions, underage access to alcohol, and high-risk drinking*
- *Manage retail and social availability on college campuses and surrounding communities*
- *Promote responsible alcohol management practices among campus clubs and organizations*
- *Assist communities in managing high-risk alcohol use settings*
- *Educate the public about the local harms associated with excessive alcohol use*
- *Implement screening and brief interventions in health care settings*
- *Educate owners/operators of alcohol establishments identified as high-risk environments*

**Problem Statement 3: Perception of low risk of arrest, inconsistent patterns of DUI enforcement and irresponsible serving practices contribute to alcohol-impaired driving**

The 2005 COLD survey indicates that 52% of DUI offenders had their last drink at an on-sale alcohol establishment, a de-facto indicator that such environments often harbor a variety of risk conditions. For example, “happy hour” promotions at bars are likely to foster higher incidence of alcohol-impaired driving. Similarly, serving alcohol to already intoxicated persons is a major contributor to the problem of alcohol-impaired driving.

The COLD survey indicates that 75% of respondents believed it was “not at all” or “not very” likely that they would get arrested for DUI when leaving their place of last drink. The estimated low probability of a DUI arrest encourages intoxicated persons to drive while impaired, placing themselves, as well as others, at risk. Moreover, widespread lack of awareness of the legal, social, and economic costs associated with impaired driving serves to perpetuate a climate of indifference or tolerance toward alcohol-impaired driving.

**Analysis of these findings suggests the following strategies to reduce alcohol-impaired driving:**

- *Conduct responsible beverage sales and service training*
- *Support community efforts to require responsible beverage sales and service training*
- *Use of media to increase awareness and visibility of law enforcement activities*
- *Conduct educational campaigns to increase awareness of the economic costs of a DUI arrest*

**Problem Statement 4: Misuse and abuse of prescription and over-the-counter drugs contributes to community health and safety problems**

The nonmedical use and abuse of prescription and over-the-counter drugs to get high is a serious and growing public health problem throughout the nation. While the use of illegal substances like methamphetamine, heroin, and marijuana has declined over the past decade, abuse of prescription and over-the-counter drugs has increased sharply. According to the most recent Partnership for a Drug-Free America's annual tracking survey, one in five teens reports having abused a prescription drug to get high, and one in ten young people reports having abused over-the-counter cough medicines to get high (PATs, 2009). In Orange County, teen abuse of these drugs is either on par with or higher than national trends. With regard to prescription drugs, 17% of 11th grade students report having misused prescription painkillers at least once in their lifetime, while an even greater percentage (19%) report having used over-the-counter cough and cold medications at least once to get high (CHKS, 2008).

Two aspects of this problem are especially troubling: 1) the relative ease with which young people are able to obtain these drugs, and 2) the fact that many youth believe the myth that prescription and over-the-counter drugs provide a "safe" high. The National Survey on Drug Use and Health (2008) found that over half (54%) of individuals reporting nonmedical use of psychotherapeutics got them "from a friend or relative for free." And the Partnership Attitude Tracking Study (2005) reports the following:

- *40% of teens feel that the use of prescription drugs is safer than using illegal drugs*
- *33% of teens believe that there is "nothing wrong" with using prescription drugs without a prescription once in a while*
- *29% of teens are under the impression that prescription pain relievers are not addictive*
- *32% of teens believe they have fewer side effects than street drugs*
- *25% of teens think prescription drugs can be used as study aids*

While the proper use of these medications can be lifesaving, the consequences of their abuse can be as dangerous as those from illegal drugs, leading to emergency department visits and deaths. In fact, unintentional poisoning deaths involving psychotherapeutic drugs, such as painkillers, sedatives and antidepressants, grew 84% from 1999 to 2004 (Centers for Disease Control and Prevention, 2007).

**Analysis of these findings suggests the following strategies to reduce prescription and over-the-counter drug abuse:**

- *Educate adults/parents about reducing access to these substances at home*
- *Partner with law enforcement, medical professionals, and pharmaceutical companies to conduct media campaigns to increase awareness of the prevalence and consequences of Rx and OTC abuse*
- *Coordinate Rx and OTC disposal events and establish year-round countywide disposal capabilities*

## **Prevention Resources**

Strategic planning requires an inventory of current prevention resources and programs. The following is an overview of Orange County's prevention resources/initiatives.

**Youth and Family Oriented Initiatives** - These projects employ a range of strategies, but share a common focus on youth in a variety of settings—the home/family, both public and private school sites (including alternative and continuation schools), probation camps, and faith institutions.

**Community Initiatives** - The County coordinates a broad range of prevention projects that address four priority areas: underage drinking and other drug use, high-risk drinking and drug use, impaired driving, and prescription and over-the-counter drug abuse. Initiatives in these areas involve partnerships with law enforcement, alcohol retailers, health professionals, businesses, schools, and community prevention organizations.

**Data and other Prevention Information** - Good prevention practice must be based on good information. As previously described, ADEPT has a broad base of AOD prevention information and archival data. In addition, ADEPT maintains an extensive collection of AOD prevention pamphlets and videos that are available to the public.

### III. SPF Step 2 - Capacity Building

Capacity building is an integral part of the County's overall prevention mission. Given the limited prevention resources and the size and diversity of Orange County, it is essential to increase the skills, infrastructure, and resources of individuals, organizations and communities. To this end, the County is committed to building capacity for AOD prevention as follows:

- Providing educational presentations on various AOD topics to a broad range of school and community audiences
- 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
- 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 parents to be involved in the prevention process
- Providing training and technical assistance to community and school-based prevention partners to effectively address the four identified priority areas
- Promoting sustainable prevention activities and strategies
- Seeking additional funding resources to expand prevention services in the County







## IV. SPF Step 3 - Planning Process

Orange County 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. Working within the framework of a science-based approach, prevention services are outcome/results-driven. Through this planning process, logic models, strategic goals, measurable objectives, performance measures and action plans are produced.

AOD prevention is a valuable, but not unlimited resource. A good strategic plan maximizes these important resources by ensuring coordination, reducing duplication, and focusing prevention resources on priorities. Prevention science suggests that a comprehensive array of coordinated strategies, nested in ways that support common goals, is important.

In 2003, ADEPT implemented a strategic planning process that produced the initial strategic plan for AOD prevention in Orange County. The intent of the plan was to provide structure and vision for the many alcohol and other drug prevention programs. This strategic plan updates the original plan, and incorporates new resources, current data, trends, and research into a planning framework for future years. The County recognizes that planning is a process and the current strategic plan will continue to be reviewed and refined on a periodic basis.

An integral component of strategic planning is soliciting input from key stakeholders to help identify AOD priorities and existing resources and obtain their buy-in. Among those providing input were representatives from prevention and treatment agencies, the education system, social service programs and community coalitions. The following table summarizes the top priorities identified by these stakeholders.

Top Priority Areas		Number of Responses	Response Ratio
Youth using alcohol		28	67%
Asset development and protective factors		20	48%
Factors in the community which contribute to misuse of alcohol and other drugs		19	45%
Change norms regarding AOD		15	36%
Youth using illegal drugs		14	33%
Adults using methamphetamine and other illegal drugs		13	31%

## Orange County Strategic Goals and Objectives

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. The following goals and objectives represent a balanced and comprehensive approach to the identified prevention priorities in a way that is aligned with current data and utilizes County and community strengths.

<b>SP Goal #1: Reduce underage drinking and other drug use</b>
<b>Objective #1.1:</b>
Increase protective factors that mitigate youth exposure to risks for alcohol and other drug use
<b>Objective #1.2:</b>
Reduce youth access to alcohol and other drugs
<b>Objective #1.3:</b>
Modify social norms that are accepting and/or encouraging of youth drinking and drug use
<b>SP Goal #2: Reduce drug use and high-risk drinking</b>
<b>Objective #2.1:</b>
Reduce risk conditions in community environments where alcohol and drugs are used
<b>Objective #2.2:</b>
Increase screening for alcohol and other drug use
<b>Objective #2.3:</b>
Modify social norms that are accepting and/or encouraging of drug use and high-risk alcohol use
<b>SP Goal #3: Reduce alcohol and drug impaired driving</b>
<b>Objective #3.1:</b>
Increase responsible alcohol sales and serving practices in licensed settings
<b>Objective #3.2:</b>
Increase the perceived risk of being arrested for AOD-impaired driving
<b>Objective #3.3:</b>
Increase responsible alcohol serving practices in social settings
<b>SP Goal #4: Reduce Rx and OTC drug abuse</b>
<b>Objective 4.1:</b>
Reduce risk factors in the family/home environment that contribute to the abuse of Rx and OTC drugs
<b>Objective 4.2:</b>
Reduce risk factors in the school/peer environment that contribute to the abuse of Rx and OTC drugs
<b>Objective 4.3:</b>
Reduce risk factors in the community/business environment that contribute to the abuse of Rx and OTC drugs.

## V. SPF Step 4 – Implementation

Implementation of the countywide objectives will employ the combined competencies and resources held by: 1) ADEPT staff; 2) EPICS prevention staff, and 3) prevention contractors whose prevention initiatives will address various specified target communities (municipalities or neighborhoods) and target populations (universal, selective, or indicated). Accordingly, the strategic implementation plan outlined below provides only a general framework for use in developing the more detailed operational work plans of both county and contracted prevention service providers.

### Orange County Prevention Services Implementation Plan

SP Goal #1: Reduce Underage Drinking and Other Drug Use		
Long Term Outcome: Decreased rates of underage drinking and related consequences		
Objective	Approach/Strategy	Expected Outcomes
1.1: Increase protective factors that mitigate youth exposure to risks for alcohol and other drug use	<ul style="list-style-type: none"> <li>• Youth development programs</li> <li>• School/community partnerships</li> <li>• Community education:                             <ul style="list-style-type: none"> <li>&gt; Briefings</li> <li>&gt; Town halls</li> <li>&gt; Parent forums</li> </ul> </li> <li>• Parent/youth education</li> </ul>	1.1.1. Increased knowledge of the risk/protective factor framework and youth development approach among adults in a position to shape youth environments 1.1.2. Increased motivation / willingness among adults to take action that will increase / strengthen youth protective factors 1.1.3. Increased levels of protective factors among youth
1.2: Reduce youth access to alcohol and other drugs	<ul style="list-style-type: none"> <li>• Community task forces</li> <li>• Community education:                             <ul style="list-style-type: none"> <li>&gt; Briefings</li> <li>&gt; Town halls</li> <li>&gt; Parent forums</li> </ul> </li> <li>• Collaboration with law enforcement agencies / compliance checks</li> <li>• Multimedia campaigns</li> <li>• Merchant education</li> <li>• Responsible beverage service training</li> </ul>	1.2.1 Increased adult awareness of the ease with which youth can obtain alcohol 1.2.2 Increased proportion of adults who disapprove of parents/adults providing alcohol to underage youth 1.2.3 Increased proportion of parents/adults who are knowledgeable of specific parental actions that can deter youth from AOD use 1.2.4 Increased proportion of merchants who are knowledgeable of CA Alcoholic Beverage Control laws 1.2.6 Increased law enforcement compliance checks 1.2.7 Reduced proportion of retail establishments selling alcohol to minors 1.2.8 Reduced proportion of youth reporting it is easy to obtain alcohol/marijuana
1.3: Modify social norms that are accepting and/or encouraging of youth drinking and drug use	<ul style="list-style-type: none"> <li>• Media literacy training</li> <li>• Youth development/ education programs</li> <li>• Community education:                             <ul style="list-style-type: none"> <li>&gt; Briefings</li> <li>&gt; Town halls</li> <li>&gt; Parent forums</li> </ul> </li> <li>• Multimedia campaigns</li> <li>• Community events/ mobilization</li> <li>• Parenting education</li> </ul>	1.3.1 Increased proportion of adults who consider underage drinking and drug use a serious issue 1.3.2 Increased proportion of adults who believe that youth drinking and drug use is harmful 1.3.3 Increased proportion of youth who report that parents would disapprove of their AOD use 1.3.4 Increased proportion of young people who perceive risk/harm associated with AOD use

<b>SP Goal #2: Reduce Drug Use and High-Risk Drinking</b>		
Long term outcome: Decreased rates of drug use and high-risk drinking among adults and young adults		
Objective	Approach/Strategy	Expected Outcomes
2.1: Reduce risk conditions in community environments where alcohol and drugs are used	<ul style="list-style-type: none"> <li>• Collect/analyze data to document community AOD risk environments</li> <li>• Community education:               <ul style="list-style-type: none"> <li>&gt; Briefings</li> <li>&gt; Town halls</li> <li>&gt; Parent forums</li> </ul> </li> <li>• Community organizing/mobilization</li> </ul>	2.1.1 Increased knowledge of the site and nature of AOD risk environments among community stakeholders 2.1.2 Increased community support for actions to reduce or eliminate risk conditions in identified environments where high-risk drinking and drug use occur 2.1.3 Reduced risk conditions in identified community environments where high-risk drinking and drug use occur
2.2: Increase screening for alcohol and other drug use	<ul style="list-style-type: none"> <li>• Education/training/technical assistance for implementing screening protocol</li> </ul>	2.2.1 Increased knowledge of AOD screening protocol among health and human service providers 2.2.2 Increased readiness to implement an AOD screening protocol among health and human service providers 2.2.3 Increased implementation of screening for AOD use/abuse in health and human service agencies
2.3: Modify social norms that are accepting and/ or encouraging of drug use and high-risk alcohol use	<ul style="list-style-type: none"> <li>• Social norms campaigns</li> </ul>	2.3.1 Increased young adult's knowledge of the actual prevalence and frequency of binge drinking among peers 2.3.2 Increased prevalence of disapproving attitudes toward binge drinking and drug use among young adults

<b>SP Goal #3: Reduce Alcohol and Drug-impaired Driving</b>		
Long-term Outcome: Decreased number of AOD-involved crashes, injuries and fatalities countywide		
Objective	Approach/Strategy	Expected Outcomes
3.1: Increase responsible alcohol sales and serving practices in licensed settings	<ul style="list-style-type: none"> <li>• Responsible beverage service training</li> </ul>	3.1.1 Increased proportion of retail alcohol outlets participating in training on responsible alcohol service 3.1.2 Increased proportion of retail alcohol outlets implementing and enforcing responsible alcohol service policies and practices
3.2: Increase the perceived risk of being arrested for AOD-impaired driving	<ul style="list-style-type: none"> <li>• Collaboration with law enforcement agencies</li> <li>• Multimedia campaigns</li> </ul>	3.2.1 Increased public knowledge of and support for employing evidence-based strategies to reduce impaired driving 3.2.2 Increased media coverage of DUI enforcement operations 3.2.3 Increased public support for DUI enforcement operations 3.2.4 Increased community perception of a high level of DUI enforcement operations 3.2.5 Increased community perception of the likelihood of arrest if driving while impaired
3.3: Increase responsible alcohol serving practices in social settings	<ul style="list-style-type: none"> <li>• Social host marketing</li> </ul>	3.3.1 Increased public awareness of, and receptivity to, media messages advocating responsible alcohol serving practices at public events and private party settings 3.3.2 Increased public awareness of, and receptivity to, media messages about the community costs of alcohol/drug impaired driving 3.3.3 Increased prevalence of public attitudes toward holding private party hosts accountable for alcohol-impaired guests

<b>SP Goal #4: Reduce Prescription and Over-the-counter Drug Abuse</b>		
Long-term Outcome: Decreased rates of Rx and OTC-related morbidity and mortality		
Objective	Approach/Strategy	Expected Outcomes
4.1: Reduce risk factors in the family/home environment that contribute to the abuse of Rx and OTC drugs	<ul style="list-style-type: none"> <li>• Media campaigns</li> <li>• Information dissemination</li> <li>• Classroom presentations</li> <li>• Community mobilization</li> <li>• School/community partnerships</li> <li>• Community education:                             <ul style="list-style-type: none"> <li>&gt; Briefings</li> <li>&gt; Town halls</li> <li>&gt; Parent forums</li> </ul> </li> </ul>	<p>4.1.1 Increased adult receptivity to media messages that Rx and OTC drug abuse among youth is a serious problem</p> <p>4.1.2 Increased adult knowledge of the growing prevalence and harmful consequences of young people abusing Rx and OTC drugs</p> <p>4.1.3 Increased adult knowledge of the common ways that young people gain access to Rx and OTC drugs</p> <p>4.1.4 Decreased proportion of young people who believe that Rx and OTC drugs are safer than street drugs</p> <p>4.1.5 Increased proportion of adults willing to employ practices that reduce risk factors for Rx and OTC abuse among youth</p> <p>4.1.6 Increased proportion of parents and adults who report they have employed specific practices that reduce identified risk factors for Rx and OTC drug abuse among young people</p>
4.2: Reduce risk factors in the school/peer environment that contribute to the abuse of Rx and OTC drugs		4.2.1 Increased proportion of school personnel who demonstrate knowledge of, and willingness to employ, practices to reduce identified risk factors for Rx and OTC drug abuse among young people
4.3: Reduce risk factors in the community/business environment that contribute to the abuse of Rx and OTC drugs		4.3.1 Increased proportion of physicians, pharmacists and healthcare professionals who demonstrate knowledge of, and willingness to employ practices to reduce identified risk factors for Rx and OTC drug abuse among young people

## VI. SPF Step 5 - Evaluation

Evaluation of the County's strategic prevention goals and objectives is addressed in a separate document entitled A Framework for Evaluation. This document provides a framework for measuring the outcomes of all AOD prevention services that are aligned with this strategic plan, seeking to account for the dosage/intensity and geographic site of each intervention and providing an aggregate measure of the countywide impact of prevention services.

The evaluation framework specifies expected outcomes from various prevention strategies at three points in time: short-term (one year or less), intermediate (1 to 2 years), and long-term (3 years or more). Each AOD prevention provider is responsible for reporting into this framework as part of their regular reporting cycle.

This evaluation framework serves to organize the efforts of all prevention service providers under each of the four goals, and to delineate the aggregate contribution of these services toward achievement of each prevention goal. Evaluation guidelines are provided for each goal in the form of a logic model and a comprehensive set of short-term, intermediate, and long-term outcome indicators and measures. The intent is for all providers to employ a standard measure of a particular outcome as a core element of their project-specific evaluation, thus enabling the County to aggregate outcome data across a variety of interventions.





County of Orange  
Health Care Agency