

Alcohol and Other Drug Prevention Services in Orange County

Fiscal Year 2008–2009



County of Orange • Health Care Agency
Public Health Services • Alcohol and Drug Education and Prevention Team (ADEPT)

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Introduction

The County's Alcohol and Drug Education and Prevention Team (ADEPT) began in 1988 to provide support, leadership and countywide coordination of community efforts in the field of alcohol and other drug prevention. To this end, ADEPT has developed a strategic plan which identifies prevention goals and objectives; populations to be served; and effective strategies to be employed. In Orange County, this plan is a framework for prevention planning, implementation and evaluation and serves as a guide for both county and contracted prevention projects. In fiscal year 2008–2009, there were two county-operated prevention programs and 13 contracted providers. Contracts were in place with both community and school-based organizations. Prevention services were directed to youth and adult populations and took place in many different environments, including schools, neighborhoods, and business/retail establishments. Almost all of these prevention services were funded through the federal Substance Abuse Prevention and Treatment block grant.

This report contains data on alcohol and other drug prevention services in Orange County from July 1, 2008 through June 30, 2009 (FY 08–09). Data is collected through the California Outcome Measurement Service for Prevention – CalOMS, which is the California Department of Alcohol and Drug Program's web-based reporting system. This report highlights the multitude of prevention activities taking place in Orange County, as well as provides a snapshot of how many and what types of people are being served.

Center for Substance Abuse Prevention (CSAP) – Six Prevention Strategies

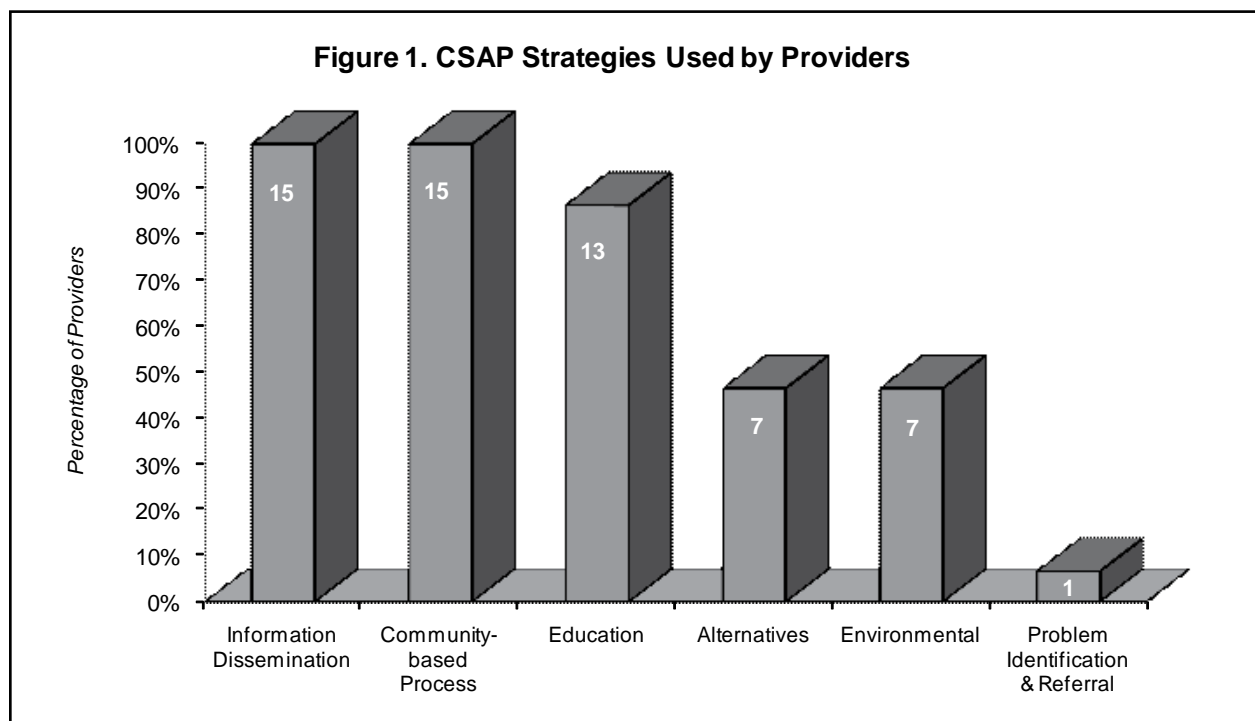
Established in 1992 as part of the Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Substance Abuse Prevention (CSAP) provides national leadership in the Federal effort to prevent alcohol, tobacco, and other drug problems. CSAP has established the following six strategies:

1. **Information dissemination:** This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families and communities. This strategy is characterized by one-way communication from the source to the audience, with limited contact between the two.
2. **Education:** This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, and refusal skills.
3. **Alternatives:** This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to alcohol and drugs and, therefore, minimize their use.

4. **Problem identification and referral:** This strategy aims at the identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of treatment.
5. **Community-based process:** This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing effectiveness of service implementation, interagency collaboration, coalition building and networking.
6. **Environmental:** This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population.

Research has shown that prevention efforts are most effective when a combination of these strategies are used together. This is the case in Orange County, as all prevention service providers implement two or more of these strategies concurrently.

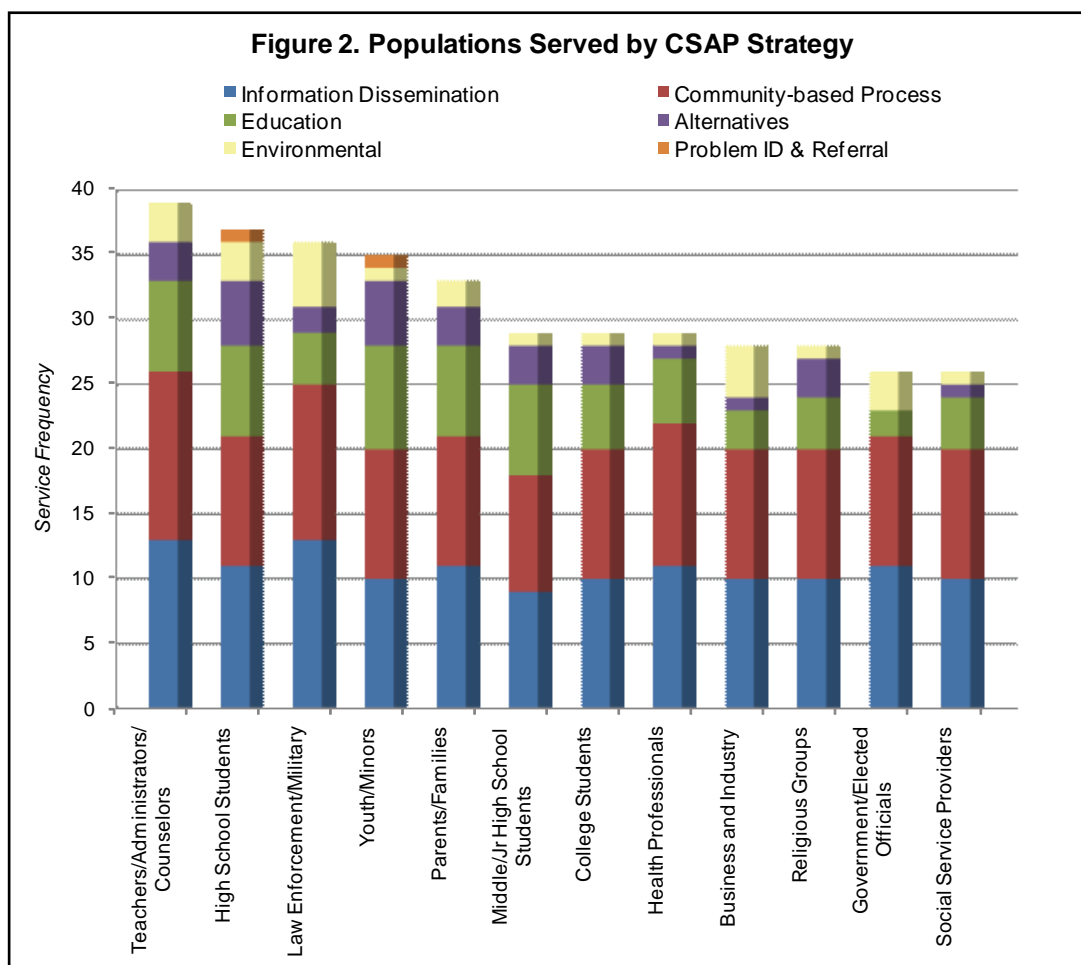
Prevention Strategies: During FY 08–09, all 15 providers utilized Information Dissemination and Community-based Process, and nearly all (n = 13) used Education. About half (n = 7) of the providers implemented Alternatives and Environmental approaches, while only one provider used Problem Identification and Referral as a prevention strategy (see Figure 1).



Populations Served

Persons directly receiving a service or participating in an activity are referred to as the service population. There are 28 service population categories listed in the CalOMS system. Individuals may be identified under more than one category. Orange County prevention services reach many different populations, as well as persons from a variety of backgrounds. The most commonly served populations include those in educational settings (e.g. teachers/administrators/counselors, high school students), as well as law enforcement/military personnel, youth/minors, and parents/families.¹

As shown in Figure 2, Information Dissemination and Community-based Process strategies were the predominate strategies employed across the service populations listed. As might be expected, Education was used primarily with youth/minors and those in educational settings (e.g., students, teachers/administrators/counselors). However, Education



¹ Youth/minors and high, junior and elementary students are separate service population categories within the CalOMS system. Youth/minors refer to young people not counted under one of the school grade categories. Examples include youth in boys and girls clubs, recreational youth groups, or youth attending summer camps.

was likely to be utilized with parents/families. Interestingly, Alternatives were used mostly with youth/minors and high school student populations, while Environmental strategies were used most often with law enforcement/military and business/industry populations (see Figure 2).

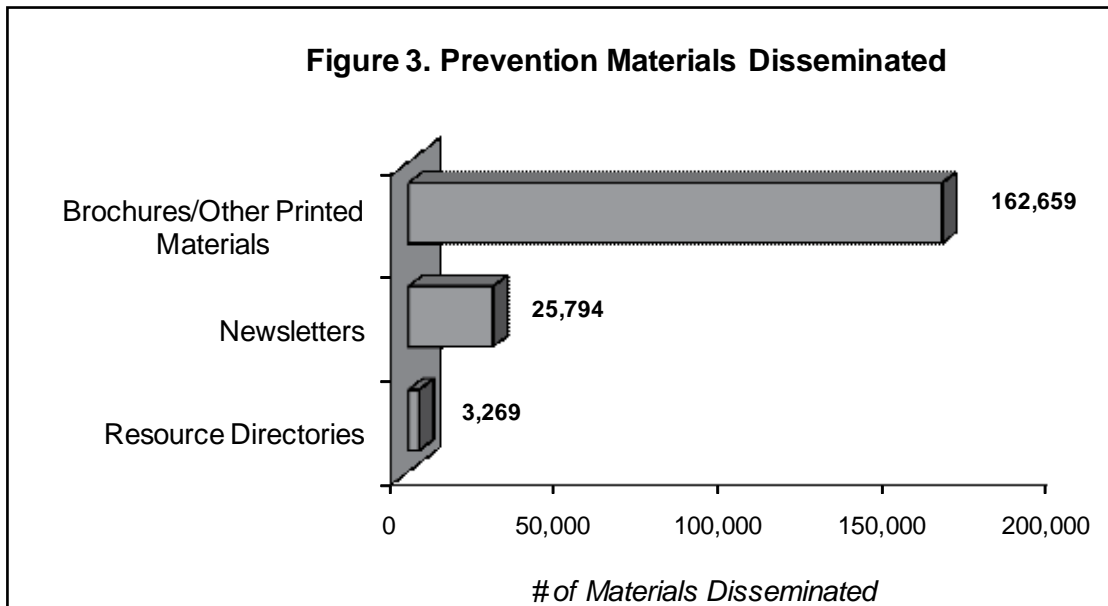
The most common prevention activity implemented by Orange County providers was youth/adult leadership activities (defined as youth or adults serving as role models for youth), followed by assessing needs/systematic planning and speaking engagements (see Table 1).

Table 1. Prevention Activities

Activity	Frequency
Youth/adult leadership activities	1073
Assessing needs/Systematic planning	510
Speaking engagements	357
Evaluation services	350
Educational services for youth groups	294
Classroom educational services	287
Health fairs/Promotions	214
Peer leader/helper programs	55
Media campaigns	36
Responsible beverage service training	34
Drug paraphernalia surveillance	27
Social norms marketing campaigns	16

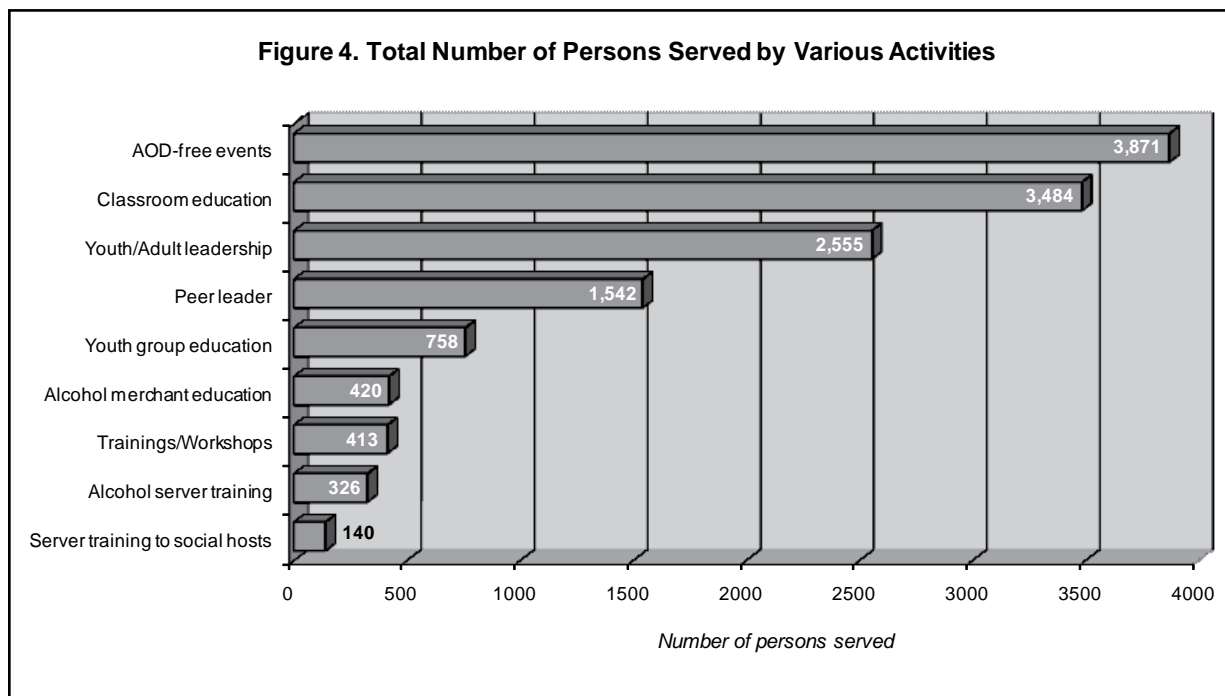
Dissemination of Printed Prevention Materials

More than 160,000 brochures and other printed materials focused on drug and alcohol prevention were disseminated by all 15 providers throughout Orange County. Moreover, nearly 26,000 newsletters and over 3,200 resource directories were distributed (see Figure 3).



Number of Persons Served

Alcohol and other drug (AOD)-free events reached the greatest number of persons, followed by Classroom education, and Youth/Adult leadership activities (see Figure 4).

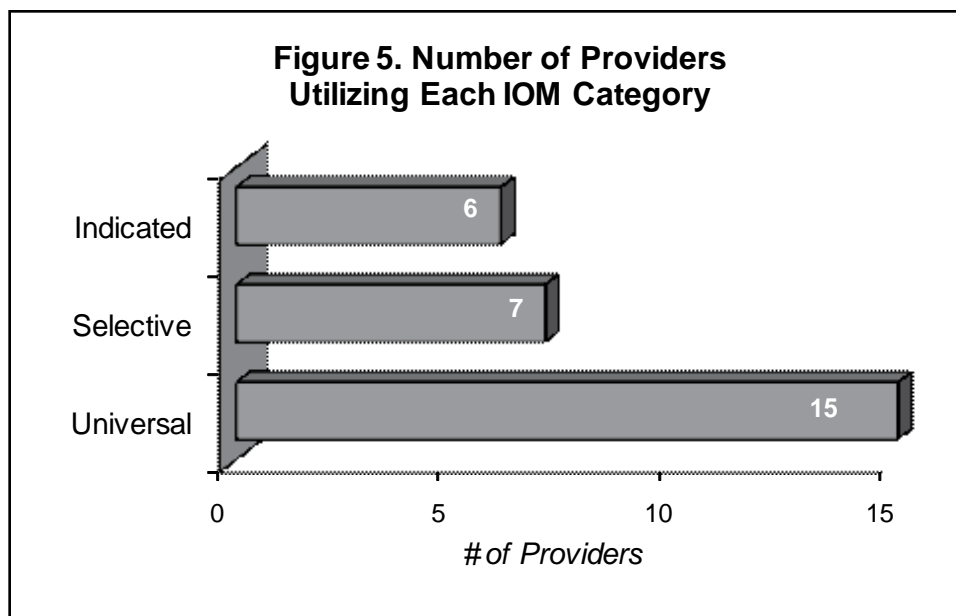


Institute of Medicine (IOM) Definition of Prevention

In 1994, the Institute of Medicine (IOM) proposed a new framework for classifying prevention. The IOM model divides prevention into three classifications – universal, selective and indicated interventions, which replace the concepts of primary, secondary, and tertiary prevention. These three IOM categories represent the level of risk for substance abuse of the population being served, the persons who directly receive prevention services.

- **Universal prevention** serves the general population. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem.
- **Selective prevention** serves population subsets or groups at higher-than-average risk for substance abuse (as compared to the entire population). Examples include children of alcoholics, youth who have dropped out of school or students who are failing academically.
- **Indicated prevention** serves individuals already using substances or who are engaging in other high-risk behaviors, but have not been identified to be in need of treatment. For the most part, indicated strategies would be the most appropriate for youth already involved with the juvenile justice system.

Utilization of IOM Categories: All Orange County providers utilized Universal prevention services in attempting to reduce/prevent substance use, while about half also provided prevention services to Selective or Indicated populations (see Figure 5).



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