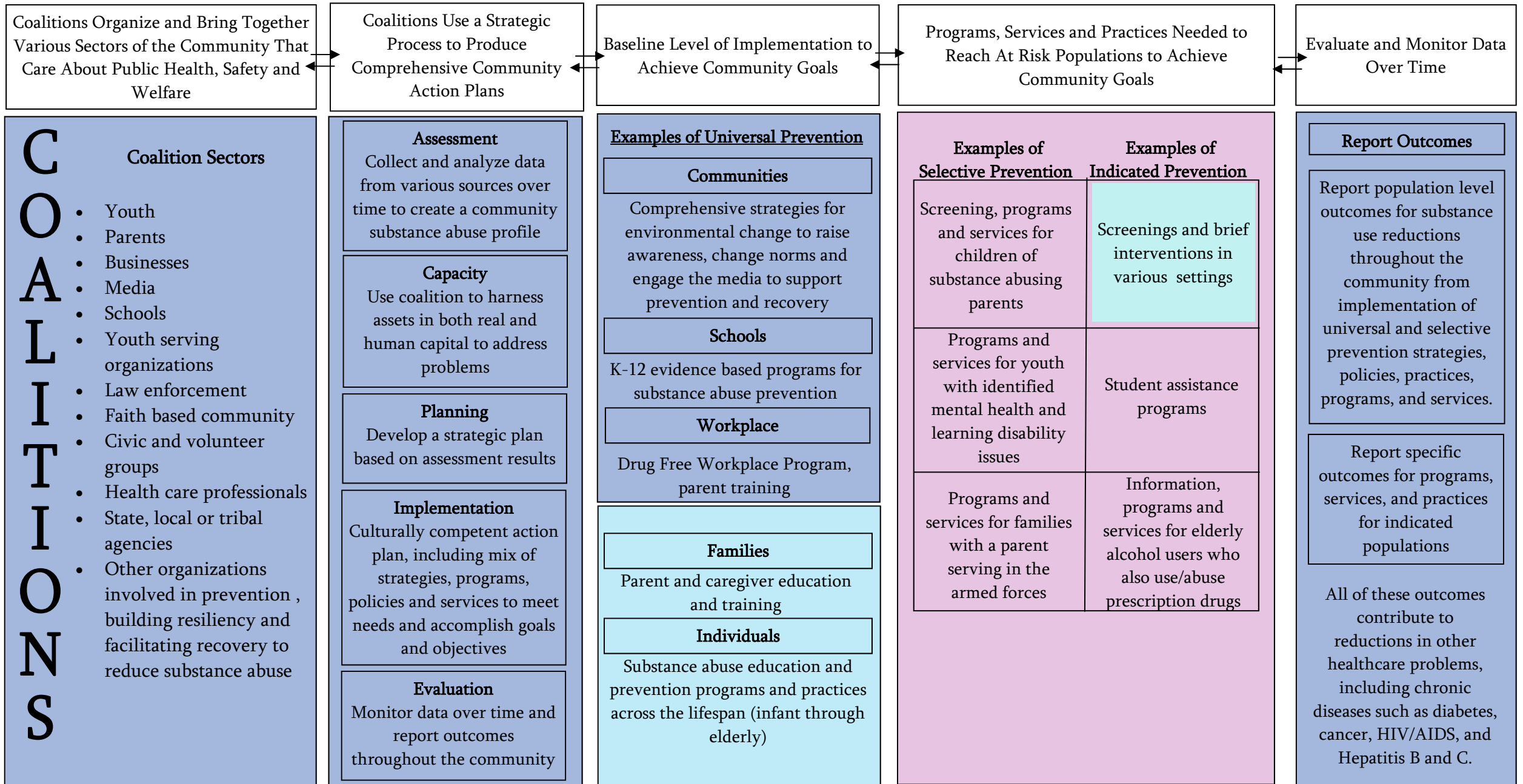


Drug Use and Underage Drinking Prevention Paradigm for Health Care Reform (HCR)

★ Goal—Population Level Reductions in Drug Use and Underage Drinking to Decrease Healthcare and Other Economic Costs

(See Attached Paper For Detailed Explanation)



Key: ■ = Potentially Funded in Health and Wellness Fund in HCR ■ = Potentially funded in medical home model in HCR ■ = Potentially funded in a benefit package in HCR

Proposal to Include Drug and Alcohol Prevention In Healthcare Reform

Recommendations to Consider

- 1. Fund the community based processes and infrastructure, including the baseline level of implementation, for universal prevention from within any Health and Wellness Fund*
- 2. Include programs and services for populations, across the lifespan, at high risk for substance use and/or abuse, or in need of recovery support services, through a medical home model*
- 3. Include relevant universal, individual and family based substance abuse prevention practices in a benefits package*
- 4. Include screening and brief interventions for drug and alcohol use and abuse in a benefits package*
- 5. Include substance abuse treatment services in a benefits package*

The Prevention of Drug and Alcohol Addiction Must Play a Significant Role in Healthcare Reform to Reduce Economic and Medical Costs and Consequences

Alcohol and drug addiction is a chronic disease for which there are effective community based prevention and wellness programs, strategies, policies and activities. Research over the last two decades has proven that drug and alcohol addiction is both preventable and treatable, and recovery is a reality for millions of Americans. Therefore, the entire continuum of care must be a critical component of healthcare reform.

Excluding substance abuse prevention from healthcare reform would be a costly mistake, as the healthcare and economic consequences associated with substance abuse in the United States are already overwhelming:

- The economic cost of drug, alcohol and tobacco abuse in the United States is nearly \$500 billion,ⁱ and impacts 100 million people's lives, either directly or indirectly. This is more than the total costs associated with diabetes and cancer combined.ⁱⁱ
- The estimated total cost of medical consequences (including hospital and ambulatory care, drug-exposed infants; tuberculosis; HIV/AIDS; Hepatitis B and C; crime victim healthcare costs; and health insurance administration) associated with drug abuse in the United States was \$5.7 billion.ⁱⁱⁱ **(See Appendix 1 for additional information)**

While these costs and consequences are staggering, historical evidence supports the fact that population level changes in the healthcare arena, specifically as it relates to chronic diseases, can be achieved if an infrastructure is in place to effectively assess, prevent, treat and provide recovery support to the affected individuals and communities.

A Multi-Sector Approach to Prevention Based On a Public Health Infrastructure Is Critical To Achieving Population Level Outcomes

Effective substance abuse prevention in the community wide context requires a strong public health infrastructure with a functioning multi-sector coalition capable of executing a strategic planning, implementation and evaluation process. These coalitions work to ensure that the proper mix of strategies, programs, services and practices is implemented and supported by healthy community norms and policy interventions in order to achieve population level changes in substance use rates.

Comprehensive Strategies Must Be Implemented to Change Community Norms and Environments

Coalitions are data driven, multi-sector entities that work to implement comprehensive strategies to change community environments and norms to support prevention and recovery. In implementing a community's strategic plan the comprehensive community wide strategies to raise awareness, change norms, laws, practices and procedures and engage the media are done by the coalition staff and relevant community sectors. The community's strategic plan also identifies the range of programs and services needed to best serve the community. The programs and services identified in the community's strategic plan are delivered by specific community sectors such as schools, law enforcement, youth serving organizations, healthcare providers and other relevant community participants in the coalition. The specific entity providing a program or service will depend on the specific population or sub-population being targeted and the relevant setting for the program or service to be provided in. In this context, community coalitions mobilize, organize and bring together various sectors of the community that care about public health, safety and welfare and use a strategic process to determine what entity in the community is best suited to provide each of the mix of strategies, programs, practices and services needed to achieve the community's goals and objectives as laid out in their strategic plan. In some cases the planning process will identify gaps in the array of strategies, services and programs that the community needs. It is the job of the coalition to develop, integrate and monitor the programs and services needed over time, as well as to work through all of its members to try to find resources to fill those gaps. The coalition works to ensure that necessary programs and services are provided across all community sectors in all relevant settings to address the needs of individuals and families at every level of risk, low through high. Over time as more effective approaches emerge, additional resources become available, or the community's substance abuse problems change, the coalition will reevaluate and alter its implementation plan to reflect these factors.

Prevention Strategies Are Effective

Substance use and abuse can be prevented through interventions that are coordinated, well-implemented and sustained over time. Federal, state and local laws and regulations regarding access to alcohol and tobacco have by themselves impacted overall rates of the use of these substances. Other prevention approaches such as specific parenting education and support (e.g., Positive Parenting Program, Home Visiting), interventions that address early aggression and school performance (e.g., the Good Behavior Game), and substance-specific school-based curriculum (e.g., LifeSkills Training, Project ALERT), when delivered consistently over time not only have a positive impact on substance use but on other behaviors including academic performance and violence. When regulatory approaches to change a community's norms and environment are implemented in tandem with appropriate programs and services, based on a community's strategic plan, better outcomes can be achieved in terms of lower alcohol, tobacco and drug usage rates.

Community Wide Prevention Efforts Can Be Tracked Over Time

When prevention efforts and data driven policies, practices, programs and strategies are implemented in a comprehensive community wide context, they can be evaluated and monitored over time to show population level reductions in substance use and abuse (*see Appendix 2 for a detailed explanation of outcomes from comprehensive community wide prevention efforts through coalitions*).

The Community Based Coalition Infrastructure is Cost Effective

Utilizing the community coalition infrastructure to deliver prevention strategies, programs, practices, policies, activities and services in a comprehensive community wide context is cost effective because:

- Coalitions already have all of the relevant community sectors at the table;
- Coalitions are an effective, data driven infrastructure at the community level that have proven successful in achieving outcomes in reducing substance use and abuse;
- Coalitions have already developed community-wide, data based strategic action plans;
- Coalitions can quickly and effectively implement targeted prevention strategies and programs in multiple settings, for populations at every level of risk;
- Coalition implemented strategies and programs are community developed, based on community data and shelf ready

How To Incorporate the Community Based Coalition Infrastructure in Healthcare Reform

Any efforts to improve or reform the healthcare system should incorporate the community based coalition infrastructure that has been utilized by the substance abuse prevention field. This infrastructure engages schools, parents, law enforcement, business, healthcare providers, the faith community, and other community groups to work comprehensively and collaboratively throughout the community to implement a full array of education, prevention and enforcement strategies. Coalitions use a strategic process to produce, implement and evaluate comprehensive community action plans. This process includes:

- Collecting and analyzing data from various sources over time to create a community profile;
- Building capacity by harnessing assets in both real and human capital to address problems;
- Developing a strategic plan, based on assessment results;
- Implementing a culturally competent action plan, that includes a mix of strategies, programs, policies, practices and services to meet the community's needs and accomplish its goals and objectives; and
- Monitoring data over time and reporting outcomes throughout the community

The baseline level of implementation for substance abuse prevention in every community should include the mix of strategies, programs, policies and services to meet the community's identified needs for "universal" prevention (aimed at everyone in the community, and those who have not yet initiated use) throughout all of the relevant community settings.

For example, the baseline level of implementation for substance abuse prevention for the:

- Community could include at a minimum: comprehensive environmental (policies, laws, practices and procedures) awareness raising, norm changing and media strategies targeted through relevant community sectors to all populations in the community, to help change the community context to be more conducive to prevention and recovery.
- Schools/Peers could include at a minimum: K-12 evidence based programs for substance abuse prevention.
- Workplace could include Drug Free Workplace programs, as well as parent education and training in drug and underage drinking prevention, provided in workplace settings.
- Family could include relevant parent and caregiver education and prevention programming through relevant community sectors and service providers.
- Individual could include substance abuse education and prevention, information and programs across the lifespan, through relevant community sectors and service providers.

The community based process and infrastructure, outlined above, including the baseline level of implementation for universal prevention should be funded from within any Health and Wellness Fund included as part of healthcare reform.

In addition, there are some individual and family universal substance abuse prevention practices, such as receiving information from healthcare providers about the health consequences of using alcohol, tobacco and other drugs that would be appropriate for inclusion in a benefits package under healthcare reform.

After having completed the essential processes outlined above, working through the community coalition infrastructure, the community will have identified what it needs to implement, in all community settings and for all of the populations and subpopulations, at all levels of risk (from never having used alcohol, tobacco and drugs to those who need treatment and or recovery support services).

As part of the comprehensive community wide process for planning, implementation and evaluation, the community will also have identified it's needs and gaps for programs and services for higher risk sub groups in the population including individuals and groups identified as "selective and indicated" under the IOM definition of prevention.

- Selective populations are at higher risk for initiating substance use/abuse (such as, children of substance abusing parents, middle school students, children with identified mental health and learning disability issues,

single teen mothers, elderly alcohol users who also use prescription drugs), and need more intensive programs and services than the general population.

- Indicated populations are those who have already initiated substance use and could benefit from screening, brief interventions and programs such as student assistance.

The coalition's planning process should address the programs and services the community and its residents need throughout community sectors and settings for all populations and subpopulations along the universal, selective and indicated continuum for prevention. A Community's strategic plan would include and work to address all of the identified needs in multiple settings and sectors for all target groups and sub-populations across levels of risk, including recovery support services.

Programs and services for populations, across the lifespan, at high risk for substance use and /or abuse or in need of recovery support services should be included for funding through a medical home model in healthcare reform.

In addition, screening and brief interventions provided by healthcare providers, should be considered for inclusion in a benefit package under healthcare reform.

Finally, although coalitions are not directly involved in providing addiction treatment, many of them do track the need for and availability of these services and advocate for increased access to and availability of appropriate community based treatment services when they are identified through the community assessment as a service delivery gap. Appropriate treatment services must be included as a benefit in healthcare reform, on par with other diseases, and community based treatment and recovery support must be available for all who need and want it.

ⁱ National Institute on Drug Abuse. (2006). *NIDA InfoFacts: Treatment Approaches for Drug Addiction*. Available: <http://www.drugabuse.gov/Infofacts/treatmeth.html>

ⁱⁱ National Institute on Drug Abuse. (2008) *Drug abuse and addiction: One of America's most challenging public health problems*. Available: <http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude/>

ⁱⁱⁱ Office of National Drug Control Policy (2001). *The Economic Costs of Drug Abuse in the United States, 1992-1998*. Washington, DC: Executive Office of the President (Publication No. NCJ-190636). Available: http://www.whitehousedrugpolicy.gov/publications/pdf/economic_costs98.pdf

Appendix 1

Substance Abuse Prevention Paradigm: Why Is It Relevant in the Broader Healthcare Discussion?

Healthcare and Economic Consequences of Untreated Addiction

Healthcare

- Each year approximately 40 million debilitating illnesses or injuries occur among Americans as the result of their use of tobacco, alcohol or other illicit drugs.ⁱ
- Alcohol abuse kills approximately 100,000 Americans every year, and is the third leading preventable cause of death in the United States.ⁱⁱ
- On average, untreated alcoholics incur general healthcare costs that are at least 100% higher than those of non-alcoholics.ⁱⁱⁱ After substance use treatment, there was a 50% decrease in days lost to illness, sickness claims, and hospitalizations.^{iv}
- The estimated total cost of medical consequences (including hospital and ambulatory care, drug-exposed infants; tuberculosis; HIV/AIDS; Hepatitis B and C; crime victim health care costs; and health insurance administration) associated with drug abuse in the United States was \$5.7 billion.^v

Economic

- The economic cost of drug, alcohol and tobacco abuse in the United States is nearly \$500 billion,^{vi} and impacts 100 million people's lives, either directly or indirectly. This is more than the total costs associated with diabetes and cancer combined.^{vii}
- The estimated economic impact of alcohol related crashes in the United States is \$15.7 billion.^{viii}
- Alcohol-involved crashes resulted in 16,792 fatalities, 513,000 nonfatal injuries, and \$50.9 billion in economic costs in 2000, accounting for 22 percent of all crash costs.^{ix}
- Drugs are used by approximately 10 to 22 percent of drivers involved in crashes, often in combination with alcohol.^x Drugged driving causes \$33 billion in damages every year.^{xi}
- Children with prenatal cocaine exposure are one and one half times more likely than other children to need special education services in school. Special education costs for this population are estimated at \$23 million per year.

Other Consequences of Drug and Alcohol Abuse

HIV/AIDS

- Approximately one-third of AIDS cases reported and most cases of hepatitis C in the United States are associated with injection drug use. Approximately half of pediatric AIDS cases result from injection drug use or sex with injection drug users by the child's mother.^{xii}
- In 2006 alone, 5,908 cases of HIV/AIDS were transmitted as a result of injection drug use.^{xiii}

Child Abuse

- Approximately 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.^{xiv}

Education

- Compared to their non-using peers, high school students who use alcohol or other drugs are up to five times more likely to drop out of school.^{xv}
- School aged youth who engaged in fighting or other delinquent behaviors were more likely than other youth to have used illicit drugs.^{xvi}

Research Substantiates the Effectiveness of Community-Based Prevention

- Effective prevention hinges on the extent to which schools, parents, law enforcement, business, healthcare providers, the faith community, and other community groups work comprehensively and collaboratively through community-wide efforts to implement a full array of education, prevention and enforcement strategies.^{xvii}
- The public health model, which involves data-based planning and targeted implementation in all community sectors with comprehensive strategies to change community environments and norms that lead to population level outcomes has been used broadly by the community-based substance abuse prevention field and has achieved documented results. In fact, overall youth drug use has declined by 25% over the past seven years, as documented by the *2008 Monitoring the Future* survey.

Research Supports the Need For Prevention

- Drug addiction is a developmental disorder that begins in adolescence, sometimes as early as childhood, for which effective prevention is critical.^{xviii}
- According to studies by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the younger a person first uses drugs or alcohol, the greater the likelihood that they will become dependent and/or addicted to drugs and alcohol as an adult.
- Youth who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs in adulthood.^{xix}
- Forty-five percent of youth who began drinking before age 15 were classified as dependent later in life whereas of youth who began drinking between the ages of 17 and 21, 24.5 percent were classified as dependent, and of youth who began drinking at age 21 or 22, 10 percent were classified as dependent.^{xx}
- It is therefore critical to delay the age of first initiation.

Use Increases When Attention To and Funding For Substance Abuse Prevention Wanes

- Research demonstrates that illegal drug use among youth increases as attitudes soften, and softening attitudes generally precede increases in drug use by approximately two years.
- Data from the most recent *Monitoring the Future Survey* indicates that among 10th graders, past 30 day use of marijuana has already eclipsed that of tobacco.^{xxi}
- If general substance abuse prevention efforts are not maintained and enhanced, this trend will continue.

Investing in Community-Based Prevention Yields Savings and Reduces Economic and Healthcare Burdens

- Alcohol and drug addiction is a chronic disease for which there are effective community-based prevention and wellness programs, strategies and activities.
- When delivered in a comprehensive community-wide context, every dollar invested in these programs, strategies and activities have the potential to save up to \$7 in areas such as substance abuse treatment and criminal justice system costs, not to mention the wider impact on the trajectory of young lives and their families and communities.^{xxii}

Addiction is a chronic disease, which is preventable and treatable.

In order to achieve population level changes in addiction rates and reduce the economic impact of this chronic disease, substance abuse prevention must be included as a critical component of the broader healthcare reform discussion.

National Institute on Drug Abuse. (2008) *Drug abuse and addiction: One of America's most challenging public health problems*. Available: <http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude/>

ⁱⁱ McGinnis, JM, Foege, WH. (1993). "Actual causes of death in the United States." *JAMA*. 270:2207-2212.

ⁱⁱⁱ Holder, H.D. (1987). Alcoholism treatment and potential health care cost savings. *MedCare*. 25(1):52-71.

^{iv} Rutgers University Center of Alcohol Studies. (1993). *Socioeconomic evaluations of addictions treatment: Executive summary*. The White House President's Commission on Model State Drug Laws.

^v Office of National Drug Control Policy (2001). *The Economic Costs of Drug Abuse in the United States, 1992-1998*. Washington, DC: Executive Office of the President (Publication No. NCJ-190636). Available:

http://www.whitehousedrugpolicy.gov/publications/pdf/economic_costs98.pdf

^{vi} National Institute on Drug Abuse. (2006). *NIDA InfoFacts: Treatment Approaches for Drug Addiction*. Available:

<http://www.drugabuse.gov/Infofacts/treatmeth.html>

^{vii} National Institute on Drug Abuse. (2008) *Drug abuse and addiction: One of America's most challenging public health problems*. Available:

<http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude/>

^{viii} TENTH SPECIAL REPORT TO CONGRESS ON ALCOHOL AND HEALTH FROM THE SECRETARY OF HUMAN SERVICES (June 2000), DHHS Publication No. 00-1583. Adapted from Harwood, H., Updating Estimates of the Economic costs of Alcohol Abuse in the United States: Estimates, Update Methods, and Data, report prepared by the Lewin Group for the National Institute on Alcohol Abuse and Alcoholism, 2000; and Harwood, H., Fountain., and Livermore, G., The Economic Costs of Alcohol and Drug Abuse in the United States 1992, report prepared for the National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism, National Institute of Health, Department of Health and Human Services, NIH Publication No. 98-4327, Rockville, MD: National Institutes of Health, 1998.

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^x National Institute on Drug Abuse. (2008) *Drug abuse and addiction: One of America's most challenging public health problems*. Available:

<http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude/>

<http://druggeddriving.org/research.html#ref>

^{xi} National Institute on Drug Abuse. (2008) *Drug abuse and addiction: One of America's most challenging public health problems*. Available:

<http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude/>

^{xiii} Centers for Disease Control. (2006) *HIV/AIDS surveillance report: Cases of HIV infection and AIDS in the United States and dependent areas, 2006*. Available: <http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivaidsexposure>

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^{xvi} Office of Applied Studies, Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health: National Findings. (2005). *Youth Prevention-Related Measures: Fighting and Delinquent Behavior*. 64. Available: <http://oas.samhsa.gov/nsduh/2k5nsduh/2k5results.pdf>.

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^{xviii} Quote by Dr. Nora Volkow, Director of the National Institute on Drug Abuse

^{xix} Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Science. (2003). *The 2002 National Household Survey on Drug Use*. Rockville, MD.

^{xx} Grant, B.F., and Dawson, D.A. Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *J Sub Abuse* 9:103-110, 1997.

^{xxi} Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2008, December 11). *Various stimulant drugs show continuing gradual declines among teens in 2008, most illicit drugs hold steady*. University of Michigan News Service, Ann Arbor, 57 pp. Available:

<http://monitoringthefuture.org/pressreleases/08drugpr.pdf>

^{xxii} National Institute on Drug Abuse. (2007). *Research Update from the National Institute on Drug Abuse — Drug Abuse is a Preventable Behavior*. Bethesda: MD. Available: <http://www.drugabuse.gov/tib/prevention.html>.

Appendix 2

Outcomes Achieved By Implementing Comprehensive Community Wide Prevention Efforts and the Link to Healthcare Reform

Why Substance Abuse Prevention Matters in the Broader Healthcare Reform Discussion

Alcohol and drug addiction is a chronic disease for which there are effective community based prevention and wellness programs, strategies, policies and activities. Research over the last two decades has proven that drug and alcohol addiction is both preventable and treatable, and recovery is a reality for millions of Americans. Therefore, the entire continuum of care must be a critical component of healthcare reform.

It is vital that prevention is heavily emphasized in healthcare reform because addiction is a developmental disorder that begins in adolescence, sometimes as early as childhoodⁱ, and increasing the age of initiation is the key to ensuring fewer youth become addicted. Children who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs as adults than those who first use marijuana at age 18.3.ⁱⁱ Furthermore, adolescents who begin drinking before the age of 15 are four times more likely to develop alcohol dependence, whereas each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14%.ⁱⁱⁱ It is therefore critical that a substantial investment is made in delaying the age that American youth start to use alcohol and illegal drugs by including substance abuse prevention in the broader healthcare reform discussion.

The Strategic Prevention Framework

The Strategic Prevention Framework both defines and supports the roles, responsibilities, infrastructure and capacity needed to bolster community based prevention efforts. It focuses on building and strengthening the infrastructure and capacity for data-driven decision making and identifying, implementing and evaluating effective substance abuse prevention strategies, programs, policies and activities.

The strength of the comprehensive community wide approach is that it not only identifies a community's issues, problems and program service gaps, but also its assets and resources. This allows a community to plan, implement and evaluate its efforts across all community sectors in all relevant settings for individuals, families, schools, workplaces and the community at large at every level of risk, low through high.

Prevention in the Community Context Works

Research substantiates that effective prevention hinges on the extent to which schools, parents, law enforcement, business, the faith community, and other community groups work comprehensively and collaboratively through community-wide efforts to implement a full array of education, prevention and enforcement strategies.^{iv} The public health model, which involves data-based planning and targeted implementation in all community sectors with comprehensive strategies to change community environments and norms that lead to population level outcomes has been used broadly by the community-based substance abuse prevention field, as well as other public health fields, and has achieved documented results.

Coalitions and the Community Problem Solving Approach

Community coalitions are broad based groups consisting of multiple community sectors that use their collective energy, experience and influence to address community problems, including drug use and underage drinking, in their neighborhoods, cities, counties and states. As it relates to addiction, these coalitions develop strategies for addressing every aspect of their substance abuse problem - prevention, intervention, treatment, aftercare and law enforcement, but with a particular focus on prevention – to achieve population level changes.

Why Do Sectors Matter?

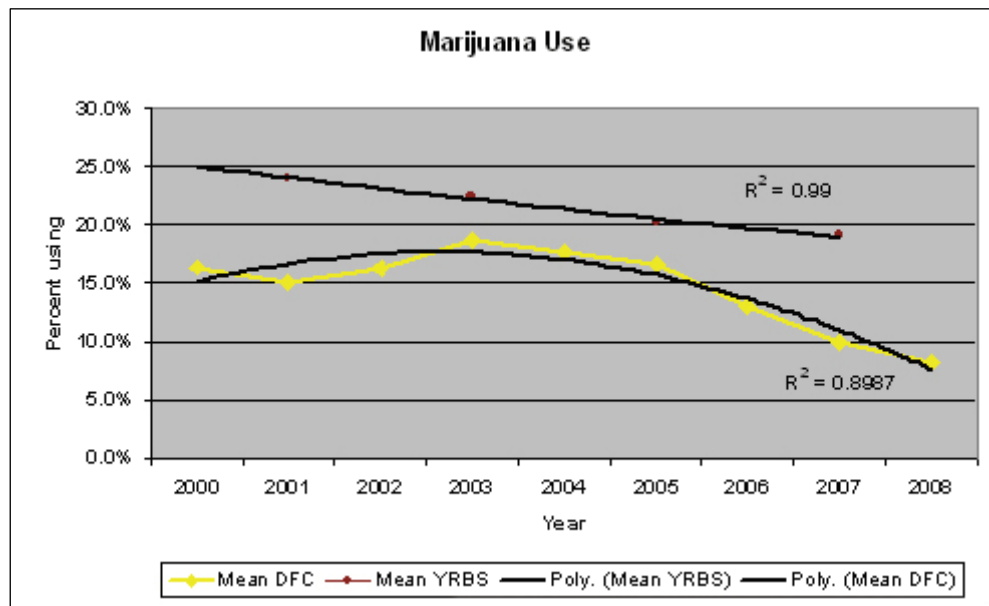
In order to achieve population level change, it is critical to have buy in from all community sectors, including but not limited to: youth; parents; businesses; media; schools; youth serving organizations; law enforcement; faith; civic and volunteer

groups; health care professionals and clinicians; State, local or tribal agencies; and other organizations involved in reducing substance abuse. While no one sector will achieve success in isolation, working in tandem, each of the community sectors can identify and provide the targeted prevention strategies, programs, policies and activities that are needed to achieve population level change.

Successful Implementation of the Prevention Infrastructure in the Community Context: The Community Coalition Model

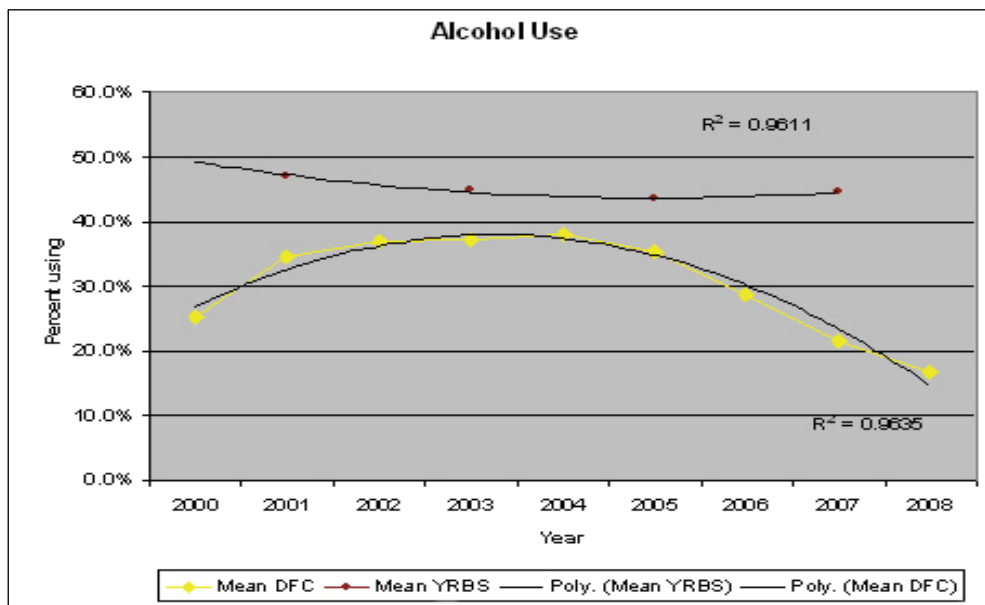
The community coalition model, particularly those coalitions funded by the Drug Free Communities (DFC) program, utilizes the strategic prevention framework infrastructure and has achieved marked success. In fact, the national cross-site evaluation of the DFC program reveals that DFC grantee communities have significantly lower substance use rates as compared to communities without DFC funded coalitions. For example:

**DFC Coalition Youth (Grades 9-12) Report
Accelerated Rates of Declining Marijuana Use Since 2004**



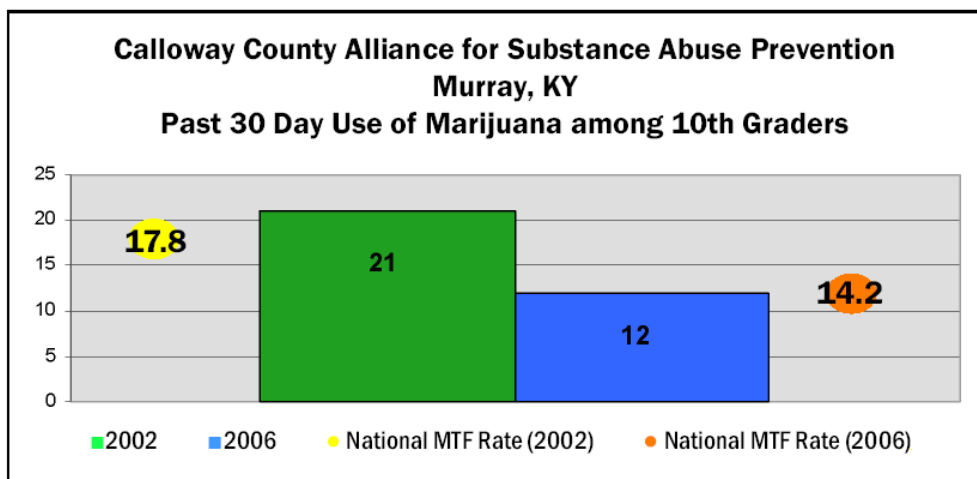
DFC communities indicate a **drop from 16.6% to 9.8%** from 2005 to 2007 among high school age youth while Youth Risk and Behavior Survey (YRBS) has dropped less dramatically from 20.2% to 19.7%.

**DFC Coalition Youth (Grades 9-12) Report
Accelerated Rates of Declining Alcohol Use Since 2004**



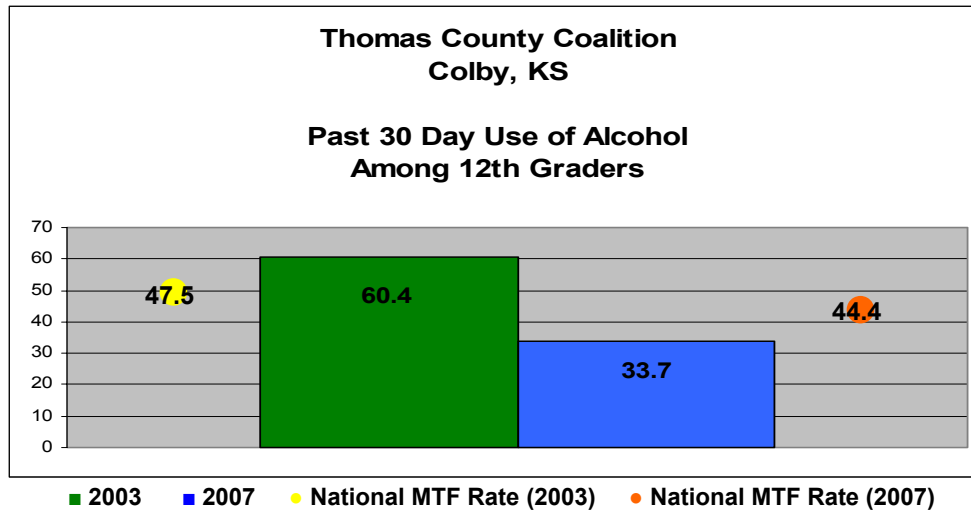
- Alcohol use in DFC communities has steadily decreased since 2004.
- 30-day use among 9th-12th graders in DFC communities **dropped from 35.4% to 21.4%** from 2005 to 2007 while YRBS data show a slight uptick during that same time frame from 43.3% to 44.7%.

DFC grantee communities have significantly lower drug and alcohol use rates than the national average, even as drug use rates have declined over the past seven years. For example:

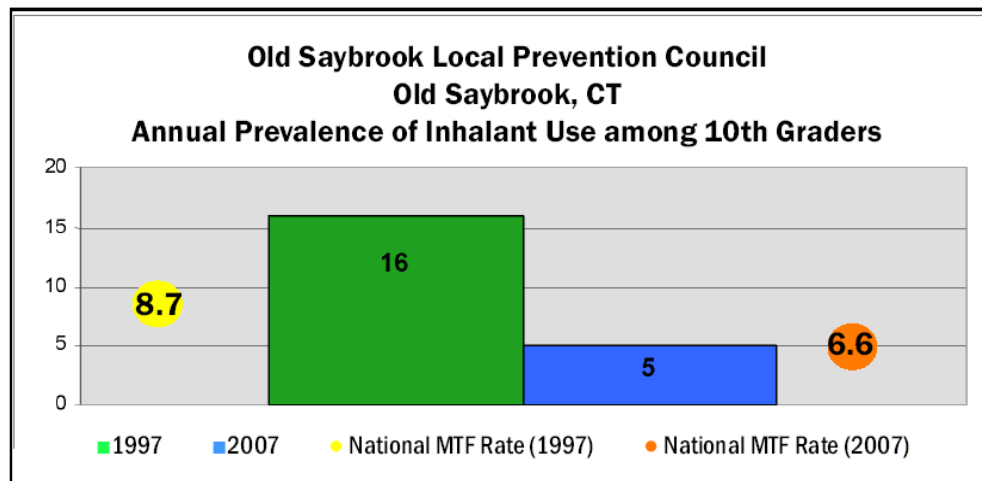


In this community, past 30 day use of marijuana use among 10th graders decreased to 12% in 2006, a **42.9% decrease** since 2002, as measured by the *Kentucky Incentives for Prevention Student Survey*. During this same time frame, according to MTF, the national rate dropped to 14.2%, a 20.2% decrease since 2002. In order to achieve this population level reduction, the Calloway County Alliance for Substance Abuse Prevention implemented a comprehensive community

wide plan, which included the use of social marketing campaigns; extensive local media campaigns executed in multiple venues; the promotion of parent education; and taking science-based programs to scale for all 3rd – 8th graders.



In this community, past 30 day use of alcohol among 10th graders decreased to 33.7% in 2007, a **44.2% decrease** since 2003, as measured by the *Kansas Communities That Care Student Survey*. During this same time frame, according to MTF, the national rate dropped to 44.4%, a 6.5% decrease since 2003. The Thomas County Coalition developed and implemented an array of community-wide strategies, programs and policies to achieve this population level change, including the following: a social norms campaign; the development and dissemination of educational and informational materials; the provision of cross-age prevention activities; and a comprehensive youth component to address underage drinking.



In this DFC community, annual prevalence of inhalant use among 10th graders decreased to 5% in 2007, a **68.8% decrease** since 1997, as measured by the *Search Institute's Profile of Student Life: Attitudes and Behaviors*. During this same time frame, according to MTF, the national rate dropped to 6.6%, a 24.1% decrease since 1997. The Old Saybrook Prevention Council increased parent training and education; developed and implemented public awareness and media

campaigns; and provided meaningful opportunities for youth participation throughout the community in order to achieve these results.

Conclusion

In order to sustain and accelerate the downward trend in youth drug use (a 25% reduction from 2001 - 2008) and most cost effectively deal with the societal costs and consequences of substance abuse and addiction, prevention efforts that broadly focus on environmental and population level changes must be an integral part of healthcare reform. As evidenced by the above listed Drug Free Communities examples, when the prevention infrastructure is implemented in a comprehensive community wide context, it is incredibly successful in reducing drug and alcohol use.

ⁱ Quote by Dr. Nora Volkow, Director of the National Institute on Drug Abuse

ⁱⁱ The National Household Survey on Drug Abuse (NHSDA) report. August 23, 2002. Available:

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