



## **CADCA Comments on Revised National Prevention and Health Promotion Strategy**

Community Anti-Drug Coalitions of America (CADCA), which represents more than 5,000 community coalitions nationwide, appreciates the opportunity to provide comments on the Revised National Prevention and Health Promotion Strategy (the Strategy) associated with the Affordable Care Act. CADCA is pleased with many of the changes made to the revised Strategy, and offers the following recommendations.

### **1. Overall Recommendation**

CADCA is pleased to see both prescription and illegal drugs explicitly included in SD6. We would recommend adding over-the-counter drugs and products to the 5<sup>th</sup> bullet point in SD6. The new bullet could read as follows: “Reduce inappropriate access to and use of prescription drugs as well as over-the-counter drugs and products and educate consumers and prescribers on appropriate disposal and management of prescription drugs.” The rationale for adding over-the-counter drugs and products is as follows: According to the 2010 Monitoring the Future Survey, the use of over-the-counter drugs and products were relatively high in past year prevalence. For example, the annual rates of non-medical use of cough/cold medicines for 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders were 3.2%, 5.1% and 6.6% respectively. The annual rates for use of inhalants were 8.1%, 5.7% and 3.6% for 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders respectively. As this data shows, the misuse and abuse of over-the-counter products and drugs is an issue that needs to be addressed in Strategic Direction 6.

### **2. Evidence-Based Actions For Federal Government**

The Federal Government should build on the Drug Free Communities Program (DFC) which has been extremely effective in reducing youth substance use rates. The recent independent national evaluation of the program, conducted by ICF International, found that prevalence of past 30-day use of alcohol, tobacco, and marijuana was lower for high school students in DFC-funded communities than among a nationally representative sample of high school students taking the Youth Risk Behavior Survey (YRBS). Differences in prevalence of 30-day use between YRBS and DFC were statistically significant for alcohol and marijuana in 2003, 2005, and 2007. In real numbers, national DFC estimates suggest a reduction of 181,000 youth using alcohol, a reduction of 200,000 youth using tobacco, and a reduction of nearly 115,000 youth using marijuana. In addition, the national evaluation found that the perception of risk increased significantly for alcohol, tobacco, and marijuana use among DFC youth. Therefore, CADCA recommends that the Strategy build upon the DFC program, and utilize its comprehensive, multi-sector, data driven infrastructure which can greatly contribute to the successful implementation of Strategic Direction 6.

### **3. Evidence-Based Actions For Partners**

Community coalitions should continue to select and implement a comprehensive array of “evidence based” programs, policies, practices and strategies based on local data that reflects their unique local conditions. This needs to explicitly include evidence based strategies to reduce access to and availability of alcohol, tobacco, illegal drugs and prescription and over-the-counter drugs through policy changes, enhanced enforcement and norm changing campaigns.

#### **4. Measures to Monitor Progress**

Measures for incidence, prevalence, age of initiation, perceptions of harm and social disapproval for alcohol, tobacco, illegal drugs and the misuse and abuse of prescription and over the counter drugs and products should be collected and used to monitor progress on implementing Strategic Directions 5&6.