



# Fresno County's Alcohol and Other Drug Strategic Prevention Plan

July 1, 2015 – June 30, 2020



County of Fresno  
Department of Behavioral Health  
Substance Use Disorder Services



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## Acknowledgements

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Bullard High School Youth

California Health Collaborative Youth

Clovis West High School Youth

Fresno BHC Youth

Fresno Center for New Americans Parents

Juvenile Justice Campus Parents

Juvenile Justice Campus Social Work Interns and Staff

Juvenile Justice Campus Youth

Leavenworth Elementary School Parents

PATH Youth Advisory Board

Reedley College Upward Bound Youth

Turner Elementary School Parents

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## Glossary of Acronyms

AOD	Alcohol and Other Drug Use
CalOMS	California Outcomes Management System
CHIS	California Health Interview Survey
CHKS	California Healthy Kids Survey
CL	Club Live
CSAP	Center for Substance Abuse Prevention
CSU	California State University
DBH	Department of Behavioral Health
DUI	Driving Under the Influence
FUSD	Fresno Unified School District
FNL	Friday Night Live
IOM	Institute of Medicine
NIH	National Institutes of Health
PATH	Performing Above the High
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SPF	Strategic Prevention Framework
SPP	Strategic Prevention Plan
SUD	Substance Use Disorders
FY	Fiscal Year

# Fresno County Five Year Strategic Prevention Plan for Alcohol and Other Drugs

## Introduction and Background

The goal of Fresno County, Department of Behavioral Health, Substance Use Disorder Services and its partners is to prevent and reduce substance use and related problems and increase the public health and well-being of the people in the County. With funding and guidelines from the Substance Abuse and Mental Health Services Administration, the County used strategic planning to inform the selection of priority areas, and to guide allocations from the Substance Abuse Prevention and Treatment funding as well as other funding sources. The Strategic Prevention Planning Process and the Strategic Prevention Framework provided direction for the Strategic Prevention Plan for FY 2011-FY 15 and for the current process to develop the FY 2016-FY 2020<sup>1</sup> Strategic Prevention Plan.

## Strategic Prevention Planning Process Description

In early 2014, Substance Use Disorder (SUD) Services began the planning process for the FY 2016-FY 2020 Strategic Prevention Plan (SPP) for Fresno County. In April the County contracted with LPC Consulting Associates, Inc. to provide support focusing on (1) conducting the needs assessment study; (2) facilitating the planning process with a multi-disciplinary Advisory Committee; and (3) generating a report on prevention priorities as identified through the Strategic Prevention Planning Process. In May and June SUD Services staff identified and invited several members of the Fresno County community to participate on the SPP Advisory Group. The selection of these individuals was based on their respective roles in the community in the fields of prevention and/or substance use. A list of the individuals who agreed to participate in the planning process and the organizations and agencies represented is in *Attachment A*. SUD Services staff and the SPP Advisory Group provided data and access to local youth, parents, and experts on prevention and substance use issues to include in the needs assessment.

## Mission, Vision, and Guiding Principles

The mission, vision and guiding principles of Fresno County SUD Services - Prevention were included in the FY 2011-FY 2015 Strategic Prevention Plan, and remain relevant for the FY 2016-FY 2020 plan.

*SUD Services - Prevention's Mission is to develop and maintain a comprehensive prevention system to avert and reduce the harmful effects of alcohol and other drug-related issues, and in the process to help individuals, families and communities in Fresno County enjoy increased health, well-being and economic independence.*

The **Vision** of SUD Services - Prevention is to provide substance use prevention services, raise awareness, foster collaboration, and enhance the efforts of existing community programs for the enrichment of youth, families, and every resident of Fresno County.

<sup>1</sup> FY 2016 begins July 1, 2015 and ends June 30, 2016; FY 2020 begins July 1, 2019 and ends June 30, 2020.

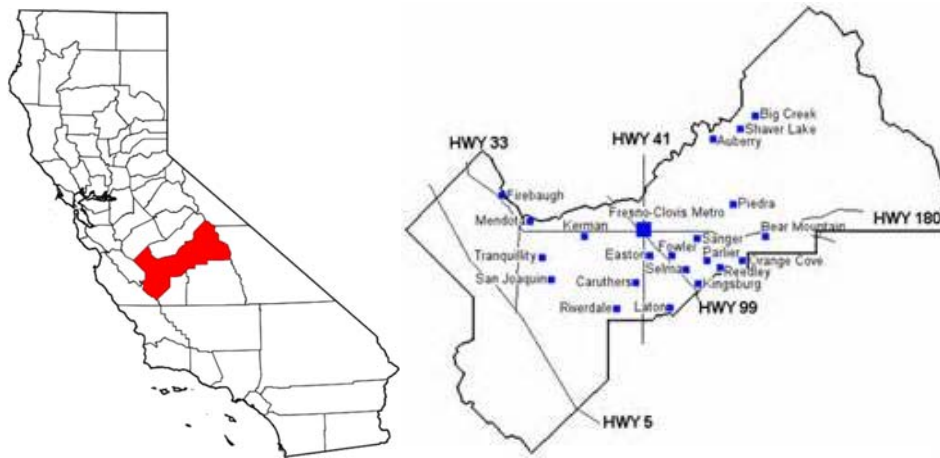
The **Guiding Principles** for SUD Services - Prevention<sup>2</sup> are to:

- Be evidence-based, data-driven, objective, and outcome-oriented with a focus on current trends and continuously updated data to promote environmental and systematic changes.
- Build partnerships that are sustainable beyond the life of specific programs while leveraging other prevention resources to provide a full service continuum of care.
- Promote client, family member(s) and community-wide input, planning, outcome evaluation and advocacy.
- Provide compassionate and respectful services that are culturally affirmative, sensitive to the needs, history, beliefs, and gender of at-risk and under-served populations.
- Connect community members with existing prevention resources to provide education and centralized resources for Fresno County’s prevention community.

This report is a summary of the second five year strategic planning process in the history of Department of Behavioral Health (DBH). It includes an update on county demographic characteristics; a review of the Strategic Prevention Framework; a summary of priorities and funded initiatives from the FY 2011-FY 2015 SPP; a description of the needs assessment study for 2014; a summary of findings from the needs assessment; and priorities identified from the 2014 needs assessment study for the next five years.

## Fresno County Community Profile: Update

Fresno is the state’s sixth largest county in California, and ranks 10<sup>th</sup> in population. The estimated population in 2014 for Fresno County is 964,040. Almost two thirds (60%) of the County’s total population resides in the contiguous cities of Fresno and Clovis, representing a prominent urban center. Over the last two decades, Fresno has been one of the fastest growing cities in the United States. In addition to Fresno, there are 14 incorporated cities, and 25 small, unincorporated communities, illustrated in the maps below.



The City of Fresno is the county seat as well as the commercial, financial, and cultural center of the San Joaquin Valley and central California region. The primary industry is agriculture, which influences the composition of the population and the geographic dispersion of the population throughout the 6,011 square miles of Fresno County.

The 2013 US Census estimates Fresno County’s three major ethnic populations are Hispanic/Latino (52%), White (31%), and Asian (11%). Nearly half of all residents aged 5 years or older (43%) speak a language other than English in the home. Of the known population, 29 percent are under 18 years of age, which is slightly higher than the

<sup>2</sup> Hereafter referred to as SUD Services.

state of California (24%). The average household size is 3.18 persons, which is substantially higher than the statewide average of 2.93.

The City of Fresno is considered one of the most diverse in the country, with more than 70 nationalities represented and one of the largest refugee populations in the United States (estimated at 55,200 in 2009). In addition, the total estimated migrant population is approximately 111,000. These families encounter challenges related to cultural and language barriers, low work skills and unemployment, access to affordable housing, lack of access to traditional support and services, and identification of and focus on mental health issues. In addition there are a host of issues related to generational gaps associated with language and culture that contribute to disparities between youth and parent acculturation. These differences challenge parental authority and discipline as well as parental interface with public systems like education, child welfare, and criminal justice. The long standing supports associated with cultural or family traditions may be challenged as youth adapt to the values, attitudes, and behaviors of their American peers.

## The Strategic Prevention Framework

The first Fresno County SPP was the result of a process guided by the Strategic Prevention Framework (SPF) developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services. The SPF is required for funding from SAMHSA in support of Substance Abuse Prevention and Treatment (SAPT). The SPF outlines a multi-step process for developing a plan that engages the community and features collaboration at its core. The SPF and Guiding Principles are illustrated in Figure 1.<sup>3</sup>

The planning followed five steps outlined in the SPF to maximize collaboration and improve substance use reduction outcomes in Fresno County:

Figure 1 - Strategic Prevention Framework



### Assessment

Profile population needs, resources, and readiness to address needs and gaps

### Capacity

Mobilize and/or build capacity to address needs

### Planning

Develop a comprehensive Strategic Plan

### Implementation

Implement evidence-based prevention programs and activities

### Evaluation

Monitor, evaluate, sustain, and improve or replace those that fail

<sup>3</sup> <http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>



The SPF has provided the basis for determining how to develop a platform of prevention programming, with strategies that address specific population groups and/or geographic areas of the County. Because prevention programming resources are finite, it is critical to be strategic and selective with focus on the most urgent or emergent needs of the County. Furthermore, because Fresno County has been funding prevention programs on the basis of the original SPP for FY 2011-FY 2015, the following section provides a summary of current prevention strategies and activities.

## Background of Strategic Prevention Plan in Fresno County: FY 2011-FY 2015

DBH/SUD Services introduced the SPF in 2008 as it provided guidance in the development of the first five-year strategic plan for the prevention of alcohol and other drug (AOD) use in Fresno County. For the SPP of FY 2011-FY 2015, DBH/SUD Services enlisted technical assistance from the Center for Applied Research Solutions and county staff guided the prevention planning process, including the assessment stage. The plan that resulted from that process identified the priority areas below, which informed the strategies funded by DBH/SUD Services since 2010. Table 1 presents a summary of the key findings (SPP Problem Statements) from the needs assessment study, resulting in the identification of priorities, and associated funding determinations for programs during FY 2011-FY 2015.

**Table 1 - FY 2011-FY 2015 Prevention Priority Areas and Programs**

SPP Problem Statements	Priority Areas	Prevention Program & Provider
Current marijuana use is a significant problem with 9 <sup>th</sup> and 11 <sup>th</sup> grade students, particularly among African Americans. <sup>4</sup>	<b>Reduce marijuana use among high school students.</b>	<b>PATH (Performing Above the High)</b> California Health Collaborative
Lifetime painkiller use among 9 <sup>th</sup> grade students is higher than the statewide average. <sup>2</sup>	<b>Reduce painkiller use among youth between 11-17 years of age.</b>	<b>Lock it Up Program</b> California Health Collaborative
Alcohol use and attitudes favorable to use by middle and high school students are higher than statewide averages. <sup>2</sup>	<b>Reduce alcohol use by middle and high school youth.</b>	<b>Social Norms Campaign, Friday Night Live, Club Live</b> Youth Leadership Institute
Nontraditional 7 <sup>th</sup> -12 <sup>th</sup> grade students report significantly higher use rates in all reported AOD areas than 11 <sup>th</sup> grade students. <sup>2</sup>	<b>Reduce AOD use among nontraditional students.</b>	<b>Service Learning and Leadership</b> Fresno County Office of Education

It is important to acknowledge the priorities identified in the FY 2011-2015 SPP because those prevention strategies have been funded as a result of the earlier findings and are now part of the prevention landscape. They are present as resources to the community that were not available prior to 2010, and they have established themselves as resources for the FY 2016-FY 2020 Strategic Prevention Planning Process.

The evaluation of the initiatives funded on the basis of recommendations from the original SPP has generated findings for years 2, 3 and 4 of the prevention programs identified above.<sup>5</sup> Absent the California Healthy Kids Survey (CHKS) being universally used at school sites as a data and program measurement tool, evaluation of alcohol and other drug use was challenging. Four years into implementation, data findings suggest there may be some incremental changes in the desired direction for these initiatives, summarized in Table 2.

<sup>4</sup> Based on the 2006-08 CHKS data.

<sup>5</sup> The evaluation contractor, LPC Consulting Associates, Inc. began the evaluation after the first year of implementation. The fifth and final year of project funding and the evaluation will conclude with a summary of cumulative findings from the evaluation.

**Table 2 - SPP FY 2011-FY 2015 Findings**

Priority Areas	Prevention Program & Provider	Preliminary Evaluation Findings <sup>6</sup>
Reduce marijuana use among high school students.	<b>PATH (Performing Above the High) California Health Collaborative</b>	Prior to PATH, rates of current marijuana use ranged from 5-7% for middle school students and from 13-19% for high school students (16% reported current use in original SPP). Based on data collected since 2011, middle school use has ranged from 7-15% and high school use has ranged from 13-19%. Thus, middle school use seems to be increasing and high school use is unchanged.
Reduce painkiller use among youth between 11-17 years of age.	<b>Lock it Up Program California Health Collaborative</b>	Prior to the Lock It Up Program, 12% of 9 <sup>th</sup> graders and 16% of 11 <sup>th</sup> graders reported lifetime use of painkillers. Based on data collected since 2011, current use of prescription drugs has ranged from 4-7% for middle school students and from 7-9% for high school students. This suggests local trend rates that are similar to national trends (though lifetime use and current use are not comparable).
Reduce alcohol use by middle and high school youth.	<b>Social Norms Campaign, Friday Night Live, Club Live Youth Leadership Institute</b>	The rate of current alcohol use prior to the expansion of Friday Night Live (FNL) and Club Live (CL) was 15% for middle school students, and ranged from 25-33% for high school students. Based on data collected since 2011, middle school current use of alcohol is ranging from 6-11%; high school current use is ranging from 18-30%. The most recent data for FY 2012/13 and for FY 2013/14 is showing the lowest rates for middle school students, and mostly declining trends for current high school use.
Reduce AOD use among nontraditional students.	<b>Service Learning and Leadership Fresno County Office of Education</b>	No findings to date; this initiative has been operational for only one year, and data collection and analysis will be included in the final evaluation report.

Based on the findings from the evaluation to date and progress toward the original targets for change in the original SPP, Fresno County should continue to support prevention efforts as follows:

Prevention programming to:

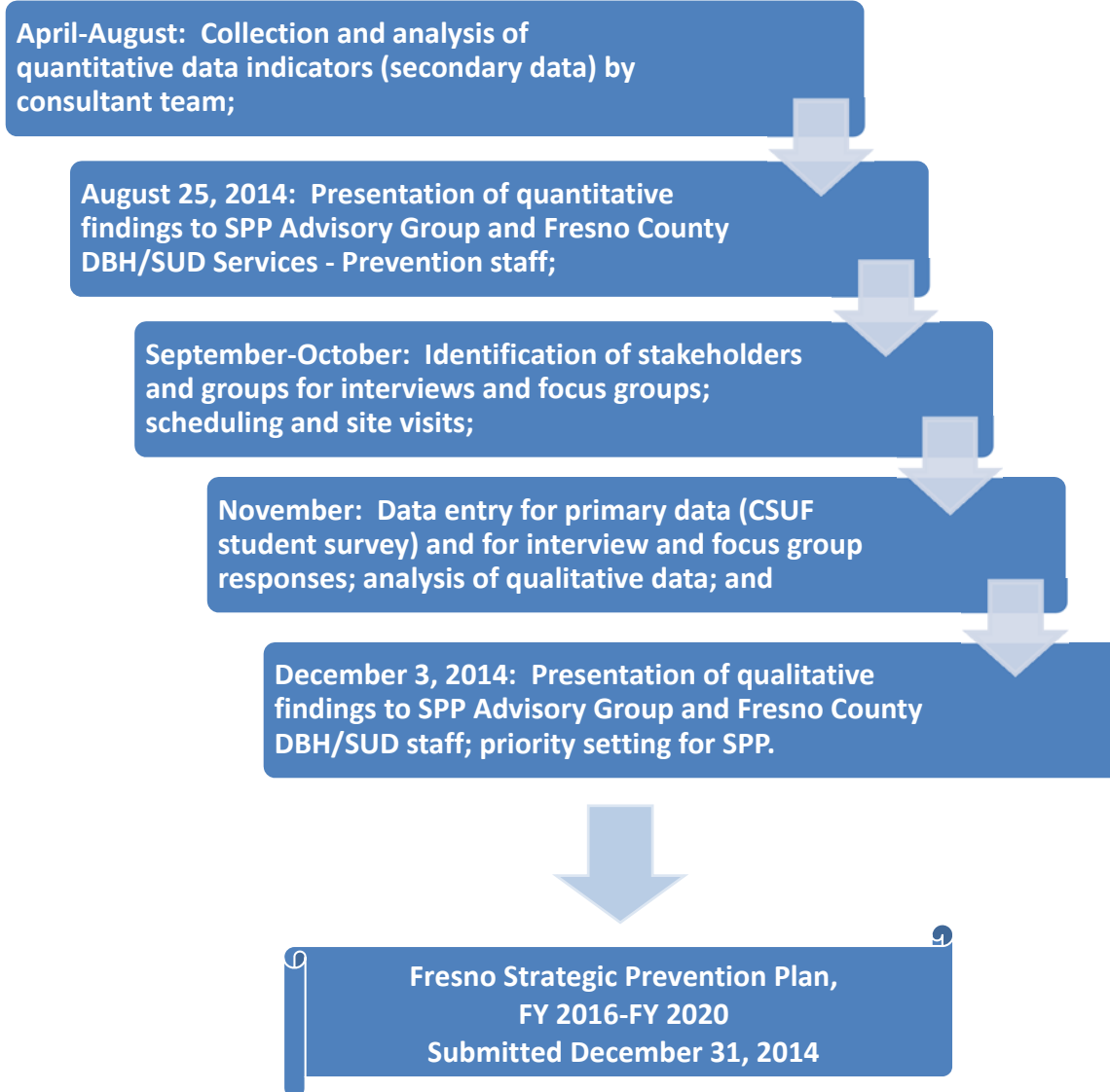
- Reduce lifetime and current use of marijuana, particularly in the context of shifting social norms related to the relaxed legal consequences related to simple possession;
- Further reduce current alcohol use by sustaining school site-specific alcohol and other drug use prevention activities for middle and high school age students; and
- Sustain the campaign to reduce access to prescription drug misuse, both in terms of lifetime and current use of painkiller medications (both over-the-counter and prescription).

<sup>6</sup> Self-reported use of marijuana and alcohol is based on multiple sources, and represent broad trends lacking the universality of using a single measure, such as the CHKS. Detailed graphs are in Attachment B, the data presentation to the SPP Advisory Group on August 25, 2014.

## What's Next? Strategic Prevention Planning for FY 2016-FY 2020

Midway through the fourth year of the FY 2011-2015 cycle, DBH/SUD Services began proceedings to develop the SPP for FY 2016-FY 2020. The Assessment, Capacity, and Planning steps of the SPP were the focus of 2014. The timeline in Figure 2 below presents the milestones and core activities for the planning process in 2014.

**Figure 2 - Timeline for Fresno County Strategic Prevention Planning Process**



For the FY 2016-FY 2020 planning process, DHB/SUD Services staff identified a multi-disciplinary group of local stakeholders and community members to serve on the SPP Advisory Group. This group was the nexus of community input for the planning process as they reviewed data on the current state of substance use disorder issues in Fresno County, provided leads to data and expertise, and identified key problem issues and priorities for the FY 2016-FY 2020 plan.

DBH/SUD Services hosted two meetings with the SPP Advisory Group, summarized as follows:

- **August 25, 2014:** Kick off meeting for Strategic Prevention Planning Process. DBH/SUD Services staff provided overview of the process and timeline. Consultant presented quantitative community indicator data describing substance use issues and consequences.

- **December 3, 2014:** Priority setting meeting where consultant provided additional needs assessment findings from qualitative data collection via focus groups, interviews with selected populations, and area experts which were summarized in a presentation, prior to priority setting process.

This report is the culmination of these planning steps, a presentation of the priorities for SUD Services prevention efforts for Fresno County in FY 2016-FY 2020. The processes for the planning steps are described below, followed by a summary of the needs assessment findings that informed identification of the FY 2016-FY 2020 priorities.

### Step 1: Assessment

The assessment phase of the Strategic Prevention Planning Process included the collection and analysis of quantitative and qualitative data from multiple sources. The purpose of the assessment was to document and describe the current AOD use prevention needs, present existing assets and resources, as well as identify gaps in prevention capacity. This section presents an overview of the data collection sources and content. The findings are summarized in detailed data presentations to the SPP Advisory Group in late August and early December, 2014 included in *Attachment B* and *Attachment C*.

For the current assessment the quantitative data featured several of the most serious consequences related to AOD use, and a composite of youth attitudes and behaviors from multiple sources, listed and described briefly in Table 3 below.

**Table 3 - Assessment Data Collection Overview**

Data Collection Sources	Data Content
CalOMS (California Outcomes Management System). FY2008/09 – FY2012/13, five year composite	Descriptive data on individuals admitted to substance abuse treatment programs funded by the State. Data on age of onset, primary and secondary drugs of choice, geographic distribution of clients, and admissions under and over age 20.
California Health Interview Survey (CHIS) FY2011/12	Rates of binge drinking by gender, age, race/ethnicity.
Student Surveys: Trends for FY2006/08-FY2013/14 from School Climate Questions (for FUSD); California Healthy Kids Survey (CHKS) and Prevention Evaluation Surveys	Youth attitudes, beliefs and behaviors related to AOD use in Fresno County (mix of secondary and primary data sources).
California Department of Justice, Criminal Justice Information Services Division, trends for 2003-2012	AOD arrest rates for individuals 0-19 years of age and over 20, by gender, race/ethnicity.
California Department of Motor Vehicles 2013 Annual Report of CA DUI, MIS, trends for 2009, 2010, 2011	Driving Under the Influence (DUI) of AOD, traffic injuries and fatalities, DUI arrests by age, gender, race/ethnicity in Fresno County.
Fresno County Department of Health Services, Epidemiology, trends for 2009-2014	Emergency room admissions related to AOD by community and rates for youth.
California Department of Alcoholic Beverage Control, trends for 2008-2013	Retail alcohol sales to minors by geographic location in Fresno County.
Fresno Unified School District (FUSD), FY2013/14	Suspensions and expulsions for AOD-related reasons, by grade level, gender, race/ethnicity, and location.
California State University (CSU), Fresno October 2014	Convenience survey of 195 college age students about perceptions, attitudes and behaviors related to AOD use (primary data).

To complement the quantitative data, the consultant team collected qualitative input from many experts, stakeholders, youth and parent groups throughout October 2014. The purpose for the qualitative component of the Assessment was to enhance interpretation and understanding of findings from the quantitative data presented in August; to identify and address issues not readily accessible through quantitative measures; and to elicit more subjective perceptions and observations from a variety of perspectives of adults and youth of Fresno County. *Attachment D* includes the Interview and Focus Group Questions for adult and youth groups and individual professionals. *Attachment E* provides a description of the young adults who responded to the Youth Voice Survey at CSU, Fresno. The questions for the interviews and focus groups addressed the following list of issues.

1. Top 3 drug and alcohol issues
2. Sources of drugs and alcohol for youth
3. Perceptions about youth motivations for alcohol and other drug use
4. Perceptions of most serious consequences of youth use
5. Messages from adults to youth about alcohol and drug use
6. Existing community assets, resources for alcohol and other drug use prevention

Altogether LPC staff and consultants facilitated focus group discussions with 104 youth, 38 parents, and 30 professionals. A detailed description of the youth participants in the focus group discussions is in *Attachment F*. In addition, staff conducted interviews with 13 representatives who were considered stakeholders in AOD prevention or treatment. Among those represented in the qualitative data collection were:

- Building Healthy Communities youth;
- California State University, Fresno;
- City of Clovis;
- City of Reedley;
- County DBH, Mental Health Services;
- Faith community;
- Hospital Council;
- Juvenile Justice Campus staff, youth, and parents of youth;
- Law enforcement;
- Parents of elementary school age youth;
- Prevention providers;
- Punjabi youth;
- Reedley College Upward Bound youth groups;
- Southeast Asian youth;
- Substance abuse treatment professionals;
- Youth Advisory Group (prevention); and
- Youth from various schools (Bullard High School, ACEL Charter School, Clovis West High School).

Key findings from the quantitative and qualitative data collection are summarized in the section, Summary of Findings from the 2014 Needs Assessment. Detailed information about the individuals and groups represented in interviews and focus group discussions is in *Attachment G*.

## Step 2: Capacity

The capacity of the community is a critical element of prevention planning, and includes acknowledgment of existing community assets and resources that are building blocks for primary prevention, prevention initiatives, and potential partners for collaboration and resource leveraging opportunities. For example, the individuals who participated in the SPP Advisory Group as well as all individuals and organizations who participated in interviews and focus group discussions are potential partners for mobilizing resources for prevention. One cornerstone for the FY 2016-FY 2020 SPP is the platform of prevention initiatives that were funded by SUD Services based on findings and priorities that emerged in the first needs assessment in 2009.

The Assessment phase of the Strategic Prevention Planning Process included inquiries to facilitate the understanding of the current capacity for responding to AOD issues in Fresno County. Community prevention capacity extends along a continuum for *primary* prevention (pre-AOD use), *secondary* prevention or intervention, and *tertiary* prevention (treatment). In Fresno County *primary prevention* resources include a host of after-school activities and school-based youth clubs, organized sports leagues and team sports; individual pursuit of sports, culture, the arts, and music; community-based organizations like the Boys and Girls Clubs and Big Brothers, Big Sisters; and youth employment (see comprehensive list in *Attachment H*). There are also the prevention activities that address AOD directly, such as those funded by DBH/SUD Services and described in Table 4.

**Table 4 - Current Prevention Programs**

Program/Provider	Services & Activities thru FY 2013/2014	CSAP <sup>7</sup> Strategy Area
PATH (Performing Above the High) <i>California Health Collaborative</i>	Increase awareness among youth and young adults about the risks and consequences associated with marijuana use ( <i>Project ALERT</i> and adaptation of <i>Too Good for Drugs</i> ; Reality Tour).	Information dissemination Education Community-Based Process
Lock it Up Program <i>California Health Collaborative</i>	Raise awareness about misuse of prescription drugs among youth, engaged parents, adult caregivers, and local pharmacies in reducing access.  <i>20+ pharmacies participating, over 5,000 pounds of discarded prescription drugs, and education and outreach to 20,000+ people annually.</i>	Information dissemination Education Environmental
Friday Night Live, Club Live <i>Youth Leadership Institute</i>	Sustain and expand FNL and CL as venues for peer-to-peer approaches for AOD Prevention, and as an alternative activity.	Education Alternatives Environmental
Social Norms Campaign <i>Youth Leadership Institute</i>	Recast social norms by developing messages that correct misperceptions about current AOD use, which tend to overestimate youth rates.	Information dissemination
After School Leadership Services <i>Fresno County Office of Education</i>	Increase protective factors, healthy attitudes toward alcohol and drug use, and understanding of harms associated with AOD use among at-risk youth attending afterschool programs ( <i>LifeSkills Training</i> , leadership, service learning, mentorships, and home visits).	Education Alternatives

<sup>7</sup> The Center for Substance Abuse Prevention (CSAP) has six categories of prevention strategies: (1) Information dissemination—One-way information sharing to provide awareness and knowledge; (2) Education—Two-way communication designed to change decision making and choices; (3) Alternatives—Targeted activities designed to provide healthy alternatives to alcohol or drug use; (4) Problem identification and referral—Targeted approaches to early intervention, via education leading to behavior change; (5) Community-based process—Community level coordination and more effective use of resources to address prevention and treatment; and (6) Environmental—Changes to policy and community standards to influence incidence and prevalence of alcohol and drug use.

At the other end of the prevention continuum, there are resources that provide *tertiary prevention* services or *treatment* for AOD use. Throughout Fresno County as many as 20 organizations provide substance use treatment services with a capacity for approximately 3,800 individuals. Though these services represent a variety of treatment modalities, four providers consider their services “youth treatment” with an outpatient capacity for 270; in addition the Juvenile Justice Campus has a treatment program component for youth who are sentenced to local detention, the only known residential treatment resource for Fresno youth.

The Assessment study did not reveal any specific *secondary prevention* resources for *early intervention* with youth who may be presenting experimental AOD use or use of traditional gateway drugs like alcohol and marijuana.

### Step 3: Planning

The Planning phase of the Strategic Prevention Planning Process culminated in early December 2014 when the SPP Advisory Group met for the second time. The meeting agenda combined a brief presentation summarizing the qualitative findings from interviews and focus group discussions, as well as some additional quantitative data from FUSD. The purpose of the meeting was to provide a forum for reflection and discussion of the findings from the Assessment and Capacity phases of the planning process, and to select priorities for the Fresno County FY 2016-FY 2020 SPP. Using a combination of large and small group discussions, the SPP Advisory Group identified 13 potential areas of interest, and selected the top six based on an open voting process (e.g., each participant had five colored sticky dots to post on the list of 12 areas; voting could be spread across five areas or concentrated in 1-4 areas). The top six priority areas are listed in Table 5, followed by three goals for the FY 2016-FY 2020 SPP.

**Table 5 - FY 2016-FY 2020 Prevention Priority Areas**

<p><b>Problem Statement 1: Current self-reported survey data on attitudes and behavior related to alcohol and drug use among youth and young adults is limited in scope and consistency across time.</b></p> <ul style="list-style-type: none"> <li>School districts have been the primary source of student self-reported data on youth knowledge, attitudes, and behaviors related to alcohol and drug use; since 2009 some districts continue to rely on the bi-annual CHKS, while others have discontinued use or replaced CHKS with other surveys that are far more limited in scope of questions about alcohol and drug use.</li> <li>There is no countywide data from uniform measures of youth alcohol and drug use attitudes and behaviors.</li> <li>Data about alcohol and drug use attitudes and behaviors is available for some school districts, and for specific prevention program participants.</li> </ul> <p><b>Priority Area 1: Develop and improve systems for collecting and analyzing data on alcohol and drug use among youth and young adults.</b></p>
<p><b>Problem Statement 2: Adults are contributing to youth alcohol and marijuana use.</b></p> <ul style="list-style-type: none"> <li>Alcohol and marijuana were the dominant gateway drugs reported among individuals admitted to treatment who were under the age of 20.</li> <li>Youth in focus group discussions identified the following sources for minors obtaining alcohol and marijuana: older people, older siblings, parents, and home and family.</li> <li>Adults in focus group discussions and interviews identified the following sources for minors obtaining alcohol and marijuana: parents, family, older people and older siblings.</li> <li>According to local experts and stakeholders, adults are not holding youth accountable for alcohol and marijuana use. This includes parents, schools, and the juvenile justice system.</li> <li>According to local experts and stakeholders, many adults throughout the community discount alcohol and marijuana use among youth as a rite of passage. Conversely, adults are either ignoring or unaware of the consequences of alcohol and marijuana use related to failure in school, criminal behavior, driving under the influence, alcohol or drug dependency, progressive use of more potent and more serious drugs (e.g., methamphetamine), mental health issues, alcohol or drug overdose and death.</li> </ul> <p><b>Priority Area 2: Engage parents as partners in prevention.</b></p>

**Problem Statement 3: Marijuana use continues to be a significant problem with Fresno County youth.**

- Marijuana is the primary drug reported by 59% of individuals under the age of 20 who are admitted to alcohol and drug treatment programs in Fresno County.
- Marijuana was the initial drug used by almost two-thirds (66%) of all individuals under the age of 20 who were admitted to alcohol and drug treatment programs in Fresno County, regardless of the primary drug used at the time of admission.
- Between 7% and 15% of middle school age youth report current use of marijuana (depending on data source and year data collected from FY2011/12 through FY2013/14).
- Between 13% and 19% of high school age youth report current use of marijuana (depending on data source and year data collected from FY2011/12 through FY2013/14).
- From a sample of CSU, Fresno students (n=195) 83% reported that they believe marijuana use is the top drug problem for middle school age students, outranking alcohol (78%).
- Youth in focus group discussions ranked marijuana as the second highest substance abuse issue for Fresno County youth (n=103).
- Adults in focus group discussions and interviews ranked marijuana the highest substance abuse issue for Fresno County youth (n=64).
- The advent of medical marijuana has contributed to relaxed attitudes about youth use of marijuana, in the absence of legal consequences or non-enforcement.
- A focus group discussion with youth revealed anecdotal reports of death by drug overdose from marijuana; adults do not realize the potency of today’s product compared to marijuana of the 1960s.
- Youth do not realize the environmental consequences of illegal marijuana production, including depletion of water resources that support agriculture; use of toxic materials and fertilizers that impact both water and land; and extensive damage to the environment in remote areas where there is unrestrained and unregulated production and waste.

**Priority Area 3: Reduce first time use of marijuana.**

**Problem Statement 4: Underage youth have easy access to alcohol throughout Fresno County.**

- As many as 42% of 11<sup>th</sup> graders, 34% of 9<sup>th</sup> graders, and 19% of 7<sup>th</sup> graders perceive alcohol as “very easy” to get. Approximately 60% of high school students reported alcohol as “fairly easy” and “very easy” to get (CHKS data for districts participating in data collection for FY2012/13).
- The top ranking sources of alcohol for underage minors were: (1) older friends, (72%); (2) other adults (32%); (3) at home (59%); and (4) from older siblings (29%) according to a sample of 195 students at CSU, Fresno (2014).
- Alcohol is easy for underage minors to get from home, from older siblings or relatives, from parents, or from older adults who will make a purchase for a minor (from focus groups with youth, parents, and professionals).
- Between 2009 and 2014 (June) there were 264 reported violations for sales to a minor among alcohol retailers throughout Fresno County.

**Priority Area 4: Reduce perceived and actual youth accessibility to alcohol and its use.**



<b>Problem Statement 5: Prescription drug misuse is a growing problem nationally, and is gaining attention locally.</b>
<ul style="list-style-type: none"> <li>Nationally the rate of prescription drug misuse is about 7% and is considered a priority for substance abuse prevention programming.</li> </ul>
<ul style="list-style-type: none"> <li>There are inconsistencies and discrepancies in student self-reported use of prescription drugs across school districts, and anecdotal reports from prevention providers who work with youth throughout Fresno County.</li> </ul>
<ul style="list-style-type: none"> <li>FUSD’s School Climate Survey revealed a self-reported rate of prescription drug misuse at 3% in FY2013/14, compared to 17% lifetime painkiller use among 9<sup>th</sup> graders, and 11% lifetime use of painkillers among 11<sup>th</sup> graders for Fresno school districts collecting CHKS data.</li> </ul>
<ul style="list-style-type: none"> <li>Substance abuse prevention providers asserted that prescription misuse among youth is a problem in Fresno County, and that survey questions may not elicit truthful responses, or may be misinterpreted by youthful respondents (e.g., what is “misuse” if prescriptions are legal?).</li> </ul>
<ul style="list-style-type: none"> <li>Youth in focus group discussions ranked prescription and over-the-counter drug misuse as the top substance abuse issue for Fresno County youth (n=103).</li> </ul>
<b>Priority Area 5: Reduce youth access to prescription drug misuse, and expand options for safe disposal.</b>

<b>Problem Statement 6: Focus public funding for prevention on activities that target youth and young adults from age 10-25.</b>
<ul style="list-style-type: none"> <li>Between 2007 and 2012 (annually) minors under the age of 20 accounted for: (1) approximately 700-1,000 non-fatal emergency department visits for alcohol and drug related incidents; (2) approximately 400-500 non-fatal emergency department visits with a primary diagnosis of alcohol or drug abuse; (3) approximately 300-500 hospital admissions where alcohol or drug use was documented; and (4) approximately 40-60 hospital admissions where alcohol or drug use was the primary diagnosis.</li> </ul>
<ul style="list-style-type: none"> <li>Youth and young adults under the age of 20 accounted for 37% of all admissions for alcohol and drug treatment in Fresno County between 2008 and 2013; nearly half (47%) were under the age of 25.</li> </ul>
<ul style="list-style-type: none"> <li>In the most recent year (FY2012/13) youth and young adults under the age of 20 accounted for 43% of all admissions for alcohol and drug treatment in Fresno County between 2008 and 2013; over half (51%) were under the age of 25.</li> </ul>
<ul style="list-style-type: none"> <li>76% of all admissions to treatment for alcohol and drug abuse reported age of first use under the age of 20; this increased to 87% for age of first use under the age of 25.</li> </ul>
<ul style="list-style-type: none"> <li>As many as 45% of individuals admitted for treatment of alcohol and/or drug abuse reported the age of first use as 13 and under; a small percentage (less than 5%) reported first use as young as 9 years old.</li> </ul>
<ul style="list-style-type: none"> <li>Between 6% and 13% of middle school age youth report current use of alcohol (depending on data source and year data collected from FY2011/12 through FY2013/14).</li> </ul>
<ul style="list-style-type: none"> <li>Between 18% and 30% of high school age youth report current use of alcohol (depending on data source and year data collected from FY2011/12 through FY2013/14).</li> </ul>
<ul style="list-style-type: none"> <li>In 2011 youth under the age of 21 accounted for 360 DUI arrests in Fresno County; an additional 2,009 DUI arrests were for young adults 21-30 years of age. In 2011 53% of all DUI arrests in Fresno County were under the age of 30.</li> </ul>
<ul style="list-style-type: none"> <li>In FY2012/13 schools throughout Fresno County reported 1,267 suspensions and 157 expulsions for alcohol or drug related incidents. Alcohol or drug related incidents accounted for 8% of all suspensions and 31% of all expulsions.</li> </ul>
<b>Priority Area 6: Extend prevention to reach younger populations sooner.</b>

Priority Problems were condensed by SUD Services into three goals that conform to the Prevention Division’s scope of work and take into consideration available staff and resources. However, the remaining areas will be deemed elevated priorities for continued attention and to guide pursuit of other opportunities for collaboration and resource leveraging.

**Table 6 - FY 2016-FY 2020 Prevention Planning Goals****Goal 1: Raise awareness of adults and youth about the consequences of substance use, including alcohol and marijuana as gateway drugs.**

## Objectives:

1. Engage parents and schools throughout Fresno County in prevention programming to address the consequences of substance use.
2. Engage youth in developing authentic messages and campaigns to reach their peers.
3. Collect and share data in support of raising community awareness about alcohol and drug use among youth, as well as the severity of consequences for use and abuse.

**Goal 2: Reduce access to alcohol, marijuana, and prescription or over-the-counter drugs among youth under the age of 25.**

## Objectives:

1. Reduce access to alcohol provided by adult social sources, such as parents, older siblings and cousins, or other adults.
2. Reduce access to marijuana provided by adult social sources, such as parents, older siblings and cousins, or other adults.
3. Sustain and expand the campaign to reduce access to prescription and over-the-counter drugs among youth and young adults.

**Goal 3: Retain and augment alternative programming through school-based and community projects that engage youth in primary prevention education and activities.**

## Objectives:

1. Reduce marijuana use among youth (from 2010 SPP).
2. Reduce alcohol use among targeted youth aged 10-25 (updated from original SPP, to include younger and older age youth).
3. Reduce illicit use of prescription painkillers among youth (from 2010 SPP).
4. Increase age of onset for alcohol and marijuana use.
5. Engage youth and young adults in peer-to-peer education and awareness activities.

Among the areas identified from the assessment findings but not receiving sufficient votes to make the top six priority areas were: focusing prevention strategies by zip code, based on public health and crime data; focusing on age groups 10-18 years of age, with more focus on younger youth; methamphetamine use; strategies to address marijuana legalization, assuming that is forthcoming; addressing current youth trends, such as misuse of over-the-counter or prescription drugs; specific strategies for marginalized youth in foster care, homeless youth, siblings of youth who are using AOD; and examination of research data on treatment admissions increases for youth 0-19 between 2009-13.

Fresno County has been developing a network of prevention activities based on findings presented in the original SPP. These services have focused on priority areas identified during the first planning process. For this plan, findings from an evaluation of those prevention services have contributed to the development of the SPP for FY 2016-FY 2020. In addition to the specific findings from the evaluation data collected and analyzed to date, community level indicators and qualitative input contributed to the current identification of problems and priorities, goals and objectives, and short term, intermediate, and long term outcomes described in the Logic Model (*Attachment I*).

In addition to the data collected and analyzed for this planning process, Fresno County will continue to integrate values related to sustainability, cultural competency, and interdisciplinary collaboration. All prevention service contracts will be linked to the priorities identified herein, with new contract implementation dovetailed to the start of the new SPP term and lasting for five years. These values are key elements of the planning process and the plan:

- Sustainability: The Request for Proposals will require newly funded prevention projects to address the extent to which the proposed activities and services are sustainable, beyond the five year funding period. It is important to develop an effective network of prevention activities and services that will survive beyond the term of the contract. Evaluation findings will help inform the relative merits of funded prevention projects, and identify elements to continue or discontinue, based on a reassessment of needs.
- Culturally Affirmative: Fresno County requires contractors to address cultural and linguistic competence of both provider staff and services. This includes sensitivity to sexual orientation and gender, and capacity to serve the diversity of the County.
- Collaboration: In recognition of the overlapping issues related to substance use, Fresno County, and its providers in these areas, will collaborate and coordinate resources and planning to insure an integrated approach to prevention. Furthermore, because schools are a critical partner in any and all youth prevention work, the County and its providers will expect to form and expand partnerships between community-based prevention providers, individual schools, school districts, and the Fresno County Office of Education.
  - To align with the Healthy Stores for a Healthy Community statewide campaign, the County Departments of Behavioral and Public Health will work to improve the health of Californians through changes in the community, including educating people on how product marketing influences consumption of unhealthy products. Concentrated efforts will focus on reducing signage on visible facilities that market and promote unhealthy lifestyle habits, including alcohol, tobacco, and unhealthy food products. DBH/SUD Services, in cooperation with Fresno County's Tobacco Free Coalition, shall work jointly towards the following objective:
 

*By June 30, 2017, at least one city in Fresno County and/or the County of Fresno, will adopt a policy that requires that no more than 15% of the total square footage of windows and clear (e.g., glass) doors of an alcohol/tobacco retailer may have advertising of any sort, including tobacco.*
  - As a part of its commitment to early intervention and working with youth to address their unique needs, DBH/SUD Services shall require all contracted prevention providers to complete the Mental Health First Aid Training provided to mental health professionals. Through this process, providers will be better equipped to identify mental health problems early and increase awareness of resources and intervention strategies to help those in need.<sup>8</sup>

#### Step 4: Implementation

Substance abuse prevention has been the subject of research for years to ascertain the most effective approaches and strategies, and to identify promising and evidence-based practices. Research has ascertained that a multi-pronged approach to prevention has the most impact. Prevention strategies may be driven by needs assessment studies and findings, influenced by high-impact tragedies or high profile consequences, opportunistic resources and/or public will. This section provides a series of checklists and guides for planning specific strategies for primary prevention and early intervention with youth. It also includes input from the Fresno County community and from youth, parents, and professionals regarding strategies for prevention.

The following goals and objectives are based on input from the 2014 needs assessment, evaluation findings related to prevention programs that were borne of the original SPP, and from growing experience with and exposure to resources for prevention planning. Among those resources are the CSAP and the National Clearinghouse of Evidence-Based Prevention Strategies, the six strategies for prevention as defined by CSAP, and the Institute of Medicine (IOM) categories of a continuum of care for substance abuse prevention, treatment, and maintenance. The IOM categories of prevention align with reach, defined as: universal, selective, and indicated prevention

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<sup>8</sup> At the December meeting, the Fresno County Board of Supervisors did preliminarily approve and authorize consolidation of the Mental Health Board and the Alcohol and Drug Advisory Board into a single Board, the Behavioral Health Board.

interventions. The Logic Model in *Attachment I* references both the CSAP strategies and the IOM categories, along with goals and objectives and short, intermediate and long term outcomes.

From the 2014 Strategic Prevention Planning Process, the following goals and objectives have emerged and are integrated in the Logic Model in *Attachment I*.

**Goal 1: Raise awareness of adults and youth about the consequences of substance use, including alcohol and marijuana as gateway drugs.**

Objectives:

1. Engage parents and schools throughout Fresno County in prevention programming to address the consequences of substance use.
2. Engage youth in developing authentic messages and campaigns to reach their peers.
3. Collect and share data in support of raising community awareness about alcohol and drug use among youth, as well as the severity of consequences for use and abuse.

The IOM category for Goal 1 is “universal” in recognition that there is a need to reach broad populations throughout Fresno County, including but not limited to adults, parents, school administrators, teachers, as well as youth. Based on input from the SPP Advisory Group, the target age for the youth focus should extend from 10 to 25 years of age, recognizing that children are beginning experimental use as early as elementary school age. Though middle and high school age students will continue to be an important target population, young adults will also be part of the focus in recognition that prevention may address young adults for whom some of the most negative consequences of substance abuse may be manifesting. The CSAP strategies that are most relevant for this goal and the objectives listed above are Education, Environmental, and Information Dissemination strategies for prevention.

**Goal 2: Reduce access to alcohol, marijuana, and prescription or over-the-counter drugs among youth under the age of 25.**

Objectives:

1. Reduce access to alcohol provided by adult social sources, such as parents, older siblings and cousins, or other adults.
2. Reduce access to marijuana provided by adult social sources, such as parents, older siblings and cousins, or other adults.
3. Sustain and expand the campaign to reduce access to prescription and over-the-counter drugs among youth and young adults.

The IOM category for Goal 2 is also “universal” in recognition that there is a need to reach broad populations throughout Fresno County, to address multiple issues related to youth access to alcohol, marijuana, prescription and over-the-counter medications. Focus group discussions indicate adults are a major contributing factor for youth access to gateway and prescription drugs. These “social sources” represent an important target if local norms are to change with regard to adult expectations about underage drinking, perceptions of marijuana use in the context of changing laws, and a national uptick in prescription and over-the-counter drug misuse. Adults are key gatekeepers and are no longer a formidable obstacle to youth use and abuse. The CSAP strategies that are most relevant for this goal and the objectives listed above are Information Dissemination, Education, and Community-Based Process.

**Goal 3: Retain and augment alternative programming through school-based and community projects that engage youth in primary prevention education and activities.**

Objectives:

1. Reduce marijuana use among youth (from 2010 SPP).
2. Reduce alcohol use among targeted youth aged 10-25 (updated from original SPP, to broaden age group).
3. Reduce illicit use of prescription painkillers among youth (from 2010 SPP).
4. Increase age of onset for alcohol and marijuana use.
5. Engage youth and young adults in peer-to-peer education and awareness activities.

This goal is a carry-over from the former SPP in recognition of the work of prevention programs funded for the last four years. It encourages progress, as well as addresses new challenges. Fresno County has achieved momentum with the first prevention programs funded on the basis of the original five-year SPP (FY 2011-2015). Although Goals 1-2 in this Plan complement that prevention platform and the work to date has shown promise, the problem areas identified in 2009 have not been eliminated. Furthermore, the current plan expands the age range for the prevention focus.

The IOM category for Goal 3 is prevention activities that are appropriate for youth ages 10-25 (expanding the original age range beyond 12-20), with Universal, Selected and Indicated groups targeted for services. The CSAP strategies that are most relevant for this goal and the objectives listed above are Environmental, Education, and Information Dissemination. The continuance of these prevention activities complement the objectives and outcomes for other goals.

### From the Field of Prevention Planning

The CSAP<sup>9</sup> provides a framework to guide local prevention planning which includes approaches that address strategies for:

#### 1. Information Dissemination:

**“This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse, and addiction, and the effects on individuals, families and communities... (and) ...increases knowledge and provides awareness of available prevention programs and services. “**

The CSAP characterizes Information Dissemination as “one-way” communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Clearinghouse/information resource center(s);
- Resource directories;
- Media campaigns;
- Brochures;
- Radio/TV public service announcements;
- Speaking engagements;
- Health fairs/health promotion; and
- Information lines (telephone or internet “warm” lines).

#### 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, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Classroom and/or small group sessions (all ages);
- Parenting and family management classes;

<sup>9</sup> <http://captus.samhsa.gov/prevention-practice/prevention-approaches>.

- Peer leader/helper programs;
- Education programs for youth groups; and
- Children of substance abusers groups.

**3. Alternatives:**

**“This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or remove the need to use these substances.”**

Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Drug free dances and parties;
- Youth/adult leadership activities;
- Community drop-in centers; and
- Community service activities.

**4. Problem Identification and Referral:**

**“This strategy aims at 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 and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.”**

Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Employee assistance programs;
- Student assistance programs; and
- Driving while under the influence/driving while intoxicated education programs.

**5. Community-Based Process:**

**“This strategy aims to enhance the ability of the community to more effectively provide prevention services for alcohol, tobacco, and other drug use and/or abuse. Activities in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.”**

Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff officials training;
- Systematic planning;
- Multi-agency coordination and collaboration;
- Accessing services and funding; and
- Community team-building.

## 6. Environmental:

“The Environmental Strategy focuses on places and specific problems with results that can be wide-ranging and sustained, although specific recipients are not identified. This strategy involves the creation, modification and/or passage of written and unwritten codes, legislation, ordinances, policies, and regulations, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general populations. The subcategories within the Environmental Strategy permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives.”

Examples of activities conducted and methods used for this strategy shall include, but not be limited to, the following:

- Promoting the establishment and review of alcohol, tobacco and drug use policies in schools;
- Providing technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use;
- Modifying alcohol and tobacco advertising practices; and
- Recommending product pricing strategies.

These broad strategy areas guided the planning for Fresno County’s FY 2011-FY 2015 SPP, and provided a framework for selection and funding for prevention projects funded during the last four years.

The IOM adds another dimension to developing strategies, based on the defined population reach and target. These include:

- (1) **Universal** prevention population, for general messaging and public awareness campaigns; the priorities identified in the Logic Model in *Attachment I* reflect examples of universal prevention efforts;
- (2) **Selective** prevention population, to address a subset or segment of the general population known to be subject to greater risk; and
- (3) **Indicated** prevention population, which is “demonstrating early signs” of use or behaviors likely to develop into problem use and abuse.

Finally from the world of treatment for substance abuse, guiding principles for prevention include some of the following<sup>10</sup>:

- **Addressing Multiple Risk and Protective Factors<sup>11</sup> is Most Effective** (e.g., reduce risk and increase resiliency).
  - **Risk Factors include:** Chaotic home environment; ineffective parenting; little mutual attachment and nurturing; inappropriate, shy or aggressive classroom behavior; academic failure; low academic aspirations; poor social coping skills; affixations with deviate peers; perceived external approval of drug use (from peers, family, community); and parental substance abuse or mental illness.
  - **Resiliency Factors include:** Proactive and engaged parenting; strong family bonds; clear parental expectations and consequences; academic success; strong bonds with pro-social institutions like school and church; conventional norms about drugs and alcohol; and non-using peers.
- **Messages about Alcohol and Drug Use:** Prevention needs to include “pervasive, consistent messages” from multiple messengers, repeatedly from childhood through adolescence.

<sup>10</sup> Hazeldon Betty Ford Foundation website, [http://www.hazeldon.org/web/public/substance\\_abuse\\_prevention.page](http://www.hazeldon.org/web/public/substance_abuse_prevention.page).

<sup>11</sup> US Department of Health and Human Services, National Institutes of Health (NIH), National Institute on Drug Abuse, (1997) *Preventing drug use among children and adolescents: A research-based guide*. NIH Publication No. 97-4212.

- **Delay Onset:** Use prior to age 14 increases the likelihood of dependence on alcohol or other drugs, while first use after age 21 is far less likely to result in dependence. Also, research on brain development shows that adolescents lack impulse control and do not have the capacity to assess risk and consequences for their behavior.<sup>12</sup> Alcohol and drug use may feel good, but may cause permanent changes in adolescent brain development, and subject users to greater risk for more serious consequences over a lifetime

### From the Voice of the Fresno County Community

The 2014 needs assessment for the SPP included focus group discussions with youth, professionals and parents with an interest in substance abuse prevention, and interviews with stakeholders and other experts. In response to the question, *“What types of strategies do you recommend for reaching youth at risk for alcohol and other drug use?”* the following suggestions came from the community.

The most frequent response from interviewees was to provide *more activities* for youth and to make them equally accessible in all parts of Fresno County. Respondents explained that adolescents, in particular, need alternatives to address so-called “boredom” to mitigate the reliance on substance use for fun or excitement. Prevention, intervention, and outreach should be introduced at increasingly younger ages to insure continuity from childhood through adolescence. Parent education is also needed to reinforce responsible parenting, and to help parents more readily recognize and respond to the signs of substance use with their children. Respondents recognize that the value of parent education will be limited if parents are not involved in their children’s lives; family involvement and communication are essential elements of primary prevention. Lastly, mental health and substance use disorder services should be readily available to youth regardless of where they live or attend school. Primary prevention at the individual level is most effective when other issues are addressed directly and before youth turn to alcohol and other substance uses.

The parent and professional stakeholder focus groups were also asked, *“What other things do you think adults need to know to encourage youth to not use, or postpone use, of alcohol and other drugs?”* These groups generated the following ideas, with a summary of their discussion:

- Prevention and education about alcohol and other drugs;
- Family involvement;
- Youth activities;
- Mental health care and substance use disorder services;
- Educational opportunities; and
- Improved access to services.

### Prevention and Education

*“Need to give parents the information of what to look for. Not the obvious things, but the subtle things like mouthwash and eye drops.”*

*“Need to start younger; elementary school aged. High school is too late.”*

All of the focus group participants identified a variety of prevention and education efforts that should be targeted at youth. A key component to effective efforts directed at youth was an early introduction to the topic of alcohol and other drugs and a continuous effort throughout their development. Many focus group participants are in support of starting prevention efforts in elementary school, before youth reach the age where they begin experimenting with substance use. It was clearly evident that prevention and education efforts need to be honest and open about both the “fun” and the negative consequences of substance use, and provide real exposure about

<sup>12</sup> Thomas J. Crowley, M.D. and Elizabeth Whitmore, Ph.D. 2014.  
[https://www.hbo.com/addiction/thefilm/centerpiece/615\\_segment\\_4.html](https://www.hbo.com/addiction/thefilm/centerpiece/615_segment_4.html)



both to youth. Youth focus groups reinforce the suggestion for prevention efforts to be continuous in nature, in contrast to one time presentations or lessons. It was also suggested that educational opportunities be available for parents so they learn about trends in substance use and how to address those specific issues.

### **Family Involvement**

*“Parents, at the end of the day, have a lot of influence with their children.”*

*“Parents need to be involved and participate in their children’s lives.”*

Participants for all of the focus groups advocated for greater parent involvement and open lines of communication with their children. Parents should assume an active role in their children’s lives and not defer to social media as the primary source of communication. By communicating with their children, parents will know more about what is going on in their children’s lives and will be better able to intervene if they suspect substance use. Many participants suggested educational opportunities for parents to learn effective parenting and communication skills.

### **Youth Activities**

*“There needs to be an opportunity to empower youth to go out and make change in the community.”*

*“There should be anything to keep them busy. Kids need something to do other than sitting around and being bored.”*

All focus group participants mentioned that youth need more activities and increased participation in recreational and other activities, including: school-sponsored sports and clubs; community centers and recreation centers; community sports leagues; opportunities for arts and music; community service and volunteer opportunities; as well as faith-based opportunities such as youth group and church-sponsored events. There was general consensus that youth just need more opportunities for productive ways to spend their time so they do not succumb to boredom by experimenting with alcohol and other drugs.

### **Mental Health and Substance Abuse Services**

*“A lot of kids do not want to admit they have problems, so they need to be given the opportunity to discuss those things and find help.”*

*“There needs to be something for kids to address the issues they may have and find the help they need without the stigma that is associated with mental health and substance use right now.”*

Participants from the focus groups discussed the need for easily accessible mental health care and substance abuse services for youth. Since there are a substantial number of youth who turn to substance abuse as a form of self-medication, mental health care services could help youth better deal with these issues in a healthier manner. It was also noted that substance abuse counseling should be available for youth who are having issues with alcohol or drug use, and are ready and willing to address their dependency.

### **Educational Opportunities**

*“Schools need programs other than sports for kids. Not all kids are good at sports or have the necessary grades to be allowed to.”*

*“Kids need help with schooling, such as tutoring or other programs.”*

Many focus group participants believe that youth need more resources available to them in order to succeed in school. The rationale was that schooling plays an important role in other life opportunities, such as playing sports or getting into college, and all children should have an opportunity to experience successes related to either extra-curricular or college preparatory activities. Tutoring and after school educational clubs could help youth stay focused in school and obtain the necessary grades to participate in extra-curricular activities.

## Improved Access to Services

*“Nothing is accessible because there is nothing within walking distance.”*

*“There isn’t really anything directly in our community.”*

Focus group participants emphasized the need for improved access to services in every part of Fresno County. Transportation is perceived as a significant barrier to services that are available. Affordability was another concern. A few of the parent focus groups mentioned that while community sports leagues were often planned, they were prohibitively expensive or required transportation that families may not be able to provide.

Informed by the FY 2016-FY 2020 SPP the Fresno County DHB/SUD Services will determine how to develop strategies and allocate funding to support its prevention programming. The new prevention plan for the next five years will be based on a combination of the data presented from the Assessment and Capacity findings, priorities identified through Planning, and guidance from the Implementation summary and references to current prevention practice.

### Step 5: Evaluation

The evaluation of prevention initiatives funded by Fresno County SUD Services should be accompanied by an evaluation study. The strategies funded since 2010 are all subject to an ongoing evaluation, which has proven a valuable resource for determining the reach, participation in, and immediate and intermediate outcomes for program participants. Though not ideal, there are additional community indicators that can provide a continuous examination of trends and patterns for specific consequences related to substance use and abuse in Fresno County. Incidence and prevalence data about youth alcohol and drug use is based largely on self-report in surveys conducted through schools. Quality of and confidence in that data varies widely across Districts. Charting change over time is challenging in the absence of consistent measures and methods. For example, though recent rates of prescription misuse are not readily available for Fresno County,<sup>13</sup> there are both anecdotal and survey data suggesting this is a problem for as many as 7 percent of high school age youth. This compares to estimated marijuana current use rates ranging between 13-19 percent, and estimated alcohol current use rates from 18-30 percent corresponding to grade level. One of the areas for development in 2016-2020 will be to develop an inventory of data sources, identifying data elements that are accessible, and acknowledging limitations for each measure as an indicator of change countywide. While some of the identified indicators of change data may be limited in scope or scale, they represent a sample that can be tracked over time.

The prevention planning process includes the development of a logic model to facilitate both program implementation and evaluation, once strategies for FY 2016-FY 2020 have been selected. Based on the Goals identified in 2014 during the Strategic Prevention Planning Process, this section identifies short term, intermediate, and long term outcomes derived from the Logic Model (details in *Attachment I*).

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<sup>13</sup> Prescription drug abuse among youth is just as concerning in California, specifically in Fresno County. According to the 2007-2009 CHKS results, 13 percent of 9<sup>th</sup> grade and 17 percent of 11<sup>th</sup> grade students in the County reported lifetime painkiller use without a doctor’s order. Among students attending non-traditional schools the rate was even higher, at 23 percent. Unfortunately, CHKS data has not been collected uniformly across Fresno County schools since 2009. *Source:* 2006-2008 CHKS data for Fresno County schools.

**Goal 1: Raise awareness of adults and youth about the consequences of substance use, including alcohol and marijuana as gateway drugs.**

Outcome	Short Term	Intermediate	Long Term
<b>Goal 1</b>	<ol style="list-style-type: none"> <li>By 6/30/16, develop and launch community level education and awareness campaigns targeting adults.</li> <li>By 6/30/16, develop and launch community level education and awareness campaigns targeting youth.</li> <li>By 6/30/17, engage youth in education and awareness campaigns to raise awareness among peers, and adults.</li> </ol>	<ol style="list-style-type: none"> <li>By 6/30/18, increase awareness among adults about the consequences of youth substance use, risks of use associated with gateway drugs, alcohol and marijuana.</li> <li>By 6/30/18, increase awareness among youth about the consequences of substance use, risks of use associated with gateway drugs, alcohol and marijuana.</li> </ol>	<ol style="list-style-type: none"> <li>By 6/30/20, 5% reduction in current marijuana use in targeted schools.</li> <li>By 6/30/20, 5% reduction in current use of alcohol among youth at targeted schools.</li> <li>By 6/30/20, 5% reduction in binge drinking among youth at targeted schools.</li> </ol>

**Goal 2: Reduce access to alcohol, marijuana, and prescription or over-the-counter drugs among youth under the age of 25.**

Outcome	Short Term	Intermediate	Long Term
<b>Goal 2</b>	<ol style="list-style-type: none"> <li>By 6/30/16, reduce perceived ease of access to alcohol among underage youth by 5%.</li> <li>By 6/30/16, reduce perceived ease of access to marijuana among youth by 5%.</li> <li>By 6/30/16, increased participation in the campaigns to reduce youth access to prescription and over-the-counter painkillers by 5%.</li> </ol>	<ol style="list-style-type: none"> <li>By 6/30/18, 5% reduction in frequency of alcohol use reported by middle school age youth.</li> <li>By 6/30/18, 5% reduction in frequency of use of marijuana by middle school age youth.</li> <li>By 6/30/18, 5% reduction in frequency of use of prescription and over-the-counter drugs by high school age youth.</li> </ol>	<ol style="list-style-type: none"> <li>By 6/30/20, 5% reduction in incidents of underage alcohol use/possession (e.g., at school, by law enforcement, hospital admissions).</li> <li>By 6/30/20, 5% reduction in current use of marijuana by youth.</li> <li>By 6/30/20, 5% reduction in life-time use of prescription and over-the-counter drug use.</li> </ol>

The goals and outcomes listed above will provide SUD Services with targets for change, and will guide providers selected to implement various prevention projects toward preparing to document and describe measures associated with the short term, intermediate and long term outcomes. These measures may be augmented with project-specific milestones and performance measures to ascertain the reach of provider efforts, as well as the changes in awareness, attitudes, and behaviors of the populations targeted for each strategy. Progress for each funded project will be tracked in accordance with the outcomes shown above. To the extent feasible, the evaluation for the next five years of prevention project implementation will collect and analyze a variety of indicators at the community level to ascertain trends at the county, city, or zip code level. Sources of secondary data will include those referenced in the 2014 Strategic Prevention Planning Process, such as CalOMS, the CHIS, the CHKS for schools and districts where administered, and the School Climate survey used by FUSD. Other data sources related to the consequences of youth alcohol, drug, and prescription and over-the-counter drug use will be collected and tracked to illustrate trends over time. The project-specific and community level indicators will be used in combination to inform current progress toward desired changes, and incorporate into prevention planning for the five year cycle beginning in FY 2021/22.

**Goal 3: Retain and augment alternative programming through school-based and community projects that engage youth in primary prevention education and activities.**

Outcome	Short Term	Intermediate	Long Term
<b>Goal 3</b>	1. By 6/30/16, increase the number of youth and young adults by 5% over the baseline year (2014) participating in peer-to-peer education and awareness campaigns related to underage and illicit alcohol and other drug use.	1. By 6/30/18, 80% of middle school age youth receiving prevention services will demonstrate increased knowledge about the consequences of alcohol and marijuana use (e.g., gateway drugs). 2. Increased perceptions of community intolerance for underage and illicit alcohol and other drug use.	1. By 6/30/20, increased age of onset by one year for alcohol and marijuana use. 2. Decreased negative consequences related to underage and illicit alcohol and other drug use (e.g., school, traffic incidents, and delinquency).

As the Fresno County community continues to develop and evolve a constellation of primary and secondary prevention activities and projects, it will be important to build upon momentum derived from prevention goals and activities that began with the first five year SPP. To reinforce the integration of old and new goals and objectives, the evaluation plan will identify measures that are both program and project specific, and likely to lead to changes in community norms and expectations. For example, for Goal 1 the short term measure will feature engagement of youth and young adults as the face of prevention, to reach out to peers and to share “the truth” about consequences related to alcohol and other drug use. Intermediate measures will focus on changes in awareness among the actual youth and young adults participating in campaigns or receiving messages from their peers. And the long term measures will anticipate a gradual reversal in the trend for younger and younger age of onset, as well as a growing perception that adults and “systems” will not tolerate underage or illicit use of alcohol and other drugs. At the conclusion of this five year plan, Goal 1 aims to upend the widely held perceptions that many adults are complicit in youth alcohol and other drug use, and that systems like schools and the juvenile justice system do not intervene at the first signs of use.

**Summary of Findings from 2014 Needs Assessment Study**

The 2014 Needs Assessment study findings are a composite of quantitative data from multiple sources and qualitative information from a variety of populations, experts, and stakeholders. The 2014 needs assessment relied on community indicator data from secondary sources to illustrate trends related to alcohol and drug use, as well as consequences from use and abuse. In contrast, the primary data source used for the 2009 needs assessment was the CHKS which provided countywide data from a survey of 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students every other year. The CHKS data was unique in its universality and valuable for its continuity and consistency. For many counties and statewide the CHKS has been considered a viable resource for tracking trends when the sample sizes were sufficiently large (60%) at each school. Though some Fresno County school districts have maintained the use of the CHKS, the larger districts do not. Fresno Unified has replaced the CHKS with a School Climate survey, and included three questions related to substance use at the request of DBH/SUD Services for tracking trends on a limited basis. Currently there is no universal measure of AOD attitudes and behaviors among youth across Fresno County.

In addition to a mix of community level indicators, the 2014 needs assessment included data from prevention programs funded over the last four years. Program specific data is limited to responses from the students and schools where these programs were operating. However, between FY 2011/12 and FY 2013/14 there were prevention activities at 29 schools across Fresno County representing two elementary, six middle, and 18 high

schools across 14 school districts, plus one college site. The program level data provides a measure of change related directly to specific prevention activities for student participants and schools impacted.

To augment the quantitative indicators related to alcohol and drug use, focus group participants and individual interviewees were asked to describe their perceptions about alcohol and other drug use in Fresno County, with emphasis on describing:

- Most common substances used;
- Where people obtain and use alcohol and other drugs;
- Contributing factors to alcohol and other drug use;
- Consequences of use;
- Effective strategies to address use and prevention; and
- Resources in the community that could be utilized to address the issue.

Table 7 presents a summary of the responses to these key questions, differentiating by youth, adult stakeholders and professionals, and parents who participated in focus group discussions for the 2014 SPP needs assessment.

**Table 7 - Summary of Responses by Focus Group Category**

Topic	Youth	Stakeholders/Professionals	Parents
What are the Top Substance Use and Abuse Issues?	Prescription Pills and OTC	Marijuana	Marijuana
	Marijuana	Alcohol	Alcohol
	Alcohol	Prescription Pills and OTC	Meth
	Cocaine	Meth	Cocaine
	Meth	Synthetic	Prescription Pills and OTC
Where Do Youth Get Those Substances?	Peers	Peers	Peers
	Easy Access	Easy Access	Family
	Older People	Take it from family	Easy Access
	Family	Older People	Take it from family
	Take it from family	Family	Older People
What are the Primary Contributing Factors to Substance Use?	Mental Health	Socially Acceptable	Mental Health
	Peers	Environment	Peers
	Easy Access	Easy Access	Socially Acceptable
	Environment	Mental Health	Easy Access
	Socially Acceptable	Peers	Environment
What are the Most Serious Consequences of Substance Abuse?	Limited life opportunities	Legal Issues	Limited life opportunities
	Health issues	Limited life opportunities	Legal Issues
	Legal Issues	Health issues	Mental health issues
	Further drug use	Mental health issues	Health issues
	Mental health issues	Further drug use	Death
	Incomplete education	Death	Incomplete education
	Death	Incomplete education	Further drug use
What are Some Strategies for Substance Abuse Prevention?	Outreach	Family involvement	Family involvement
	Family involvement	Education for parents	Activities to participate in
	Education	Education	Communication
	Activities to participate in	Communication	Outreach
	Communication	Early introduction	Education for parents
	Early introduction	Activities to participate in	Education
	MHSA Services	Outreach	Early introduction
	MHSA Services		

The detailed summaries of the quantitative findings are in *Attachments A and B* (PowerPoint presentations to the SPP Advisory Group in August and December 2014), with highlights listed below, by source. Qualitative input follows the corresponding quantitative findings related to consequences, summarized in *Attachment B*.

### CalOMS Treatment Admissions Data

The purpose of examining treatment admissions data was to take a retrospective view of alcohol and drug abuse from one of the more extreme consequences, admission to a treatment program as a result of substance abuse. The CalOMS treatment admissions data includes information that presents part of the story of local substance use. Admissions data is a direct reflection of local treatment capacity and findings, as well as the proportion of data that relates directly to young users. Key items on the admission form of interest for this needs assessment were: (a) age of onset; (b) primary and secondary drugs of choice; (c) age of admission, younger and older than 20; and (d) drugs of choice and demographic characteristics of admissions under 20 compared to admissions 20 and older. The Fresno County treatment admission trends represent the five year time period FY 2008/09 through FY 2012/13.

- 28-43% of all substance abuse treatment admissions were youth under age 20, increasing steadily since FY 2009/10 and peaking in FY 2012/13 (total admissions ranged from 5,779 to 8,202 annually);
- 76% of those seeking treatment first used a substance between the ages of 0 and 19 years; in contrast, only 11% first used between the ages of 20 and 24 years;
- Among those under age 20, the proportion who were 13 and younger when they first used has increased from 30%-40%;
- 64% of those who first used substances under the age of 19 were male;
- 98% of marijuana users, 93% of alcohol users, 59% of methamphetamine users, 55% of cocaine users, and 54% of heroin users first used their substance of choice when they were under the age of 20;
- 59-66% of admissions under the age of 20 report marijuana as their primary choice, followed by alcohol 25-48%; the rate of marijuana as a primary drug of choice has exceeded 60% since FY 2010/11;
- Methamphetamine is the third most common primary substance of choice among those in treatment, but at a much lower rate than either marijuana and alcohol among 20 year olds and younger;
- Among admissions aged 20 years or older, methamphetamine is the most common substance being treated for in Fresno County; and
- Among admissions over 55 heroin is the primary drug of choice.

From the treatment admissions data there are indicators that: (a) alcohol and drug use are generally starting at age 13 or younger; (b) alcohol and marijuana are the primary drugs of choice for younger admissions; (c) the rate of younger admissions is on the increase; and (d) older treatment admissions are more inclined to use methamphetamine. This data seems to confirm that alcohol and marijuana remain the gateway drugs for other forms of drug use and abuse; in these situations, dependency is not exclusive to adults.

### California Health Interview Survey (CHIS) Data

From the FY 2011/12 CHIS data for Fresno County, about 33 percent of males, 52 percent of African Americans, and 40 percent of adults aged 25-39 self-reported binge drinking in the year prior to the study. Young adults aged 18-24 were slightly less likely to report binge drinking (37%) than the next age cohort. However, the CHIS data is based on a small sample size (682), and the representation of African Americans in the study sample was too small to be representative of that population in Fresno County (estimated to be about 36 survey respondents).

### School and Prevention Program Youth Survey Data

Though data sources vary from year to year, and findings represent a range of responses from various surveys and sources, estimated rates of alcohol and marijuana use reflect a general trend toward increased use from middle to high school, summarized in Table 8 and Table 9. By high school about twice the rate of students report using alcohol or marijuana as report use in middle school. Interestingly, rates of disapproval are relatively high for “drugs” in general among elementary school age students, but younger attitudes are more relaxed for both alcohol and marijuana. Rates of prescription misuse are about half the estimated rates for alcohol or marijuana use.

**Table 8 - Summary of Responses from FUSD School Climate Survey Questions about AOD Use**

FY 2013/14 FUSD School Climate Survey	Elementary	Middle	High
Using drugs is very bad for a person’s health.	91%		
Drinking alcohol is very bad for a person’s health.	69%		
Using marijuana is very bad for a person’s health.	81%		
How often do you smoke marijuana? 1+ times weekly?		8%	17%
How often do you drink alcohol? 1+ times weekly?		6%	18%
How often do you use prescription drugs without a doctor’s order? 1+ times weekly?		3%	7%
How often do you use drugs? 1+ times weekly?		3%	7%

**Table 9 - Summary of Current Use Responses from Various Survey Sources**

FY 2013/14 CHKS and Social Norms and Intercept Surveys	Middle	High
Current alcohol use	6-13%*	18-25%*
Current marijuana use	7-15%*	13-19%*

\*Ranges represent rates from different survey sources

### Fresno State Student Survey, October 2014

During Alcohol Awareness Week in October 2014, the consultant team joined other exhibits and booths on “the quad” of the campus of California State University, Fresno to survey young adults about their perceptions about alcohol and drug use among youth. This section presents highlights from the findings of that survey based on responses from a convenience sample of students who stopped by the exhibit, and their perceptions about AOD use and their peers. *Attachment E* presents a summary of the demographic characteristics of the Youth Voice Survey respondents from CSU, Fresno.

The survey questions were similar to those asked in both interview and focus group settings throughout the 2014 needs assessment; a copy of this survey is in *Attachment D*. Based on their recollections of “when you were young . . .” these young adults reinforced findings from other data sources as follows:

- *Marijuana (78%), alcohol (67%), and non-medical use of prescription pain killers (47%)* were the top three substances reportedly used in middle school;<sup>14</sup>
- *Alcohol (83%), marijuana(78%), and non-medical use of prescription pain killers (36%)* were the top three substances reportedly used in high school;
- *Alcohol (88%), marijuana (71%), and cocaine (39%)* were the top three substances reportedly used by college age students;
- The average age for first time usage of alcohol and marijuana was just under 15 years of age for both;

<sup>14</sup> Respondents could “check all that apply” so percentage totals for responses to each question about top three substances exceed 100%.

- The “age of first use” ranged from as young as 10 to as old as 22 years old;
- The most common places for youth to get alcohol was from older friends, older adults (other than parents), and at home;
- The most common places for youth to get marijuana were from older friends, from someone at school, and specific locations in Fresno County;
- A majority of respondents stated that youth gathered “at someone else’s home” to use alcohol and other drugs;
- Other common areas where there was AOD use included “at home, without parental knowledge” and “at a dance or concert;”
- Primarily, young people believe that others tend to use drugs because “their friends drink or use drugs” and the “perception that everyone is doing it;”
- Secondary reasons for youth AOD use included “family members drink or use drugs” and use provided a way “to forget problems; to reduce pain or trauma;”
- The most cited consequences of underage drinking and drug use were increased risk of death related to alcohol or drugs; dropping out of school; trouble with law enforcement; and failing grades; and
- Community supports for primary prevention include sports, school clubs, and leadership/social action programs.

### Perceptions of Use and Abuse from Focus Group and Interview Respondents

To complement the quantitative findings summarized above, the needs assessment study included input from selected stakeholders and populations in focus group discussions and interviews. Focus group responses were analyzed according to audience: Youth, Professionals, and Parents. This section provides a summary of their observations and perceptions.

#### ***“What do you consider to be the top 3 substance abuse issues for Fresno County youth?”***

The most commonly used substances reported by all focus groups included: marijuana, alcohol, prescription pills, over the counter medication, and methamphetamine. Cocaine was mentioned in both youth and parent focus groups, and the professional stakeholders mentioned synthetic drugs (spice) as another common substance used in Fresno County. While a wide range of prescription pills and over the counter medication were listed by focus group participants, the most commonly mentioned were: pain medications (Oxycodone, Vicodin; Percocet); sleep and anxiety medication; stimulants (Adderall, Ritalin) and cold and cough medicine.

Similar to the focus group respondents, key informants perceive that marijuana, alcohol, prescription pills and over the counter medication, methamphetamine, and synthetic drugs were the most commonly abused substances within the county. Key informants also noted that the differences in residential location played a contributing role to youth’s use of prescription pills or methamphetamine; affluent youth or those residing in populated areas are more likely to abuse prescription pills while rural youth are more likely to turn to methamphetamine use after using alcohol and marijuana.

#### ***“How do youth gain access to alcohol and other drugs in Fresno County?”***

*“Anywhere and everywhere. Give a bum a dollar to buy alcohol for you. Or you can just purchase it yourself at stores that don’t card.”*

*“If a kid is looking for something, they will find it.”*

Participants agreed that alcohol and other drugs are readily available and easily accessible in Fresno County. They identified a variety of sources:



- Adults either give to or buy alcohol or other drugs for minors;
- Peers: available at school, at parties, youth are dealing;
- Youth steal from family members and other neighborhood locations; and
- Legal sources such as stores, gas stations, medical providers

A majority of the key informants agreed that alcohol and other drugs are extremely easy for youth to get. Youth steal alcohol and other drugs from family members, or may be given substances by older relatives. Peers are also a common source, as youth are solicited to be dealers or intermediaries to dealers. Even if youth are not purchasing alcohol or other drugs from peers, these substances are easily accessible at parties or other social gatherings. Lastly, key informants identified youth soliciting older peers or adults to purchase alcohol for them or they resorted to stealing from neighbors.

### Adults as Social Sources

*“My classmate knew someone who would sell fake IDs. There are even people who hang outside the store to buy.”*

*“A lot of people who have older siblings and cousins that will buy for them.”*

*“Parents are providing marijuana to their children, who are in turn providing it to other youth.”*

Participants in all of the focus groups identified adults as a key source for providing alcohol to minors. Parents may supply their minor children, and their children’s friends, at home. A number of focus groups mentioned adults dealing drugs to students after school at nearby parks and neighboring homes. There were also a number of locations throughout Fresno County that were mentioned as hot spots for dealers to reach youth.

### Peers as Social Sources

*“The first time it’s always free. You show up to a party and it’s just there.”*

*“Can just ask around and find someone who is dealing. You can find everything out at school.”*

Responses from all of the participating focus groups perceive that youth have some form of access to alcohol and other drugs through peer networks. While some of the adults (professional stakeholder and parents) mentioned that Fresno County adolescents can get drugs from peers directly at school, most youth mentioned that school was primarily a source of information about where to find drugs, but not where youth actually make purchases. Concerts, sporting events, parties, and other social gatherings are other sources for alcohol or drugs. Similarly, focus group respondents agreed that parents provide alcohol and other drugs to their children, and their children are dealing these substances to other youth.

### Easy Access: Residential and Commercial Theft

*“Prescription pills are always taken from home the first time. Older family members do not think about youth taking it, so they are easily accessible.”*

*“A lot of substance use is intergenerational, so these substances are readily available in the home and youth think it’s okay to just take it.”*

Participants of all focus groups mentioned youth stealing alcohol and other drugs as a common point of access. In households where adult consumers keep alcohol, youth simply take alcohol without permission. In many households, prescription pills and/or over the counter medications are stored in a medicine cabinet or kept on a bedside table; youth often take it, even though it is not theirs, for personal use or to share with friends.

Unattended or unsecured alcohol, kept in the home, is also easily accessed by youth. In addition, youth may also steal from residences growing marijuana or from stores that sell over the counter medication.

## Legal Sources

*“You will see it with young people that it is even being prescribed to them; they are coming out of the office with 2 months of pain pills instead of just a week.”*

*“The students that actually have ADHD are being pressured to give their pills to other students.”*

Many focus group participants acknowledged that adults are not the only ones being over-prescribed medications by medical providers. Two of the focus groups mentioned that there are physicians that are well known for prescribing pain medication so that young athletes can get back into the game following a sports injury. Other youth have prescriptions to address mental health issues, which are subject to abuse by the intended prescriber or shared with peers. Lastly, all of the focus group participants mentioned that “of age” youth can purchase alcohol and over the counter medication for others, and there are retail locations that do not require identification for age restricted items.

### ***“What are the reasons youth consume alcohol or other drugs?”***

Participants in almost all focus groups noted that there is a general *social acceptance* of alcohol and other drug use. In popular culture, advertisements for alcohol, television, movie, and music references to people drinking and using drugs, and the general accessibility contribute to an overall acceptance of use as a relatively normal activity. While not all substance use is socially acceptable, consumption of alcohol and marijuana tend to be viewed as “normal” behavior, which diminishes any deterrent value in “just say no” messaging. The prevailing cultural acceptance for alcohol consumption and the decriminalization of marijuana use set the stage for youth to experiment with both alcohol and marijuana as a rite of passage to adulthood.

According to focus group respondents, youth with *pre-existing mental health conditions* or issues may be more prone to experimental use or misuse of alcohol and other drugs. Youth may self-medicate for depression or anxiety, to reduce stress or other trauma, or to alleviate pressures for which they have no alternative coping mechanism. The immediate environment is an important contextual factor related to adolescent substance use. For example, focus group respondents noted an association between adolescent use and intergenerational alcohol or other drug use. Some professionals have worked with families for generations, where substance abuse is an issue. Some youth simply use alcohol or marijuana because it is socially acceptable in current society and not stigmatized. Others use because peers or family members around them are using, so they are subject to easy access, social acceptance, and peer pressure.

Several themes emerged:

- Social acceptance, including media, that supports alcohol and drug use;
- Self-medicating for stress, depression, and other internal conditions;
- Family and intergenerational support for use; and
- Influence from peers.

## Social Acceptance

*“At this point it’s just a society thing. It’s the norm. It’s just the thing teenagers do. They see other teenagers doing it, so they want to do it too.”*

*“Teens think marijuana is normal and not a drug.”*

## Self-Medication

*“It’s a way to cope with stress, like not having money or destruction of the family.”*

*“They do it because of depression, they’re mad, are trying to get away from problems, or have issues in their family and don’t want to deal with it.”*

Participants in all of the focus groups attributed alcohol and other drug use as a response to loneliness, stressors, problems at home or in school, and mental illness such as depression or anxiety. Additionally, participants in most of the focus groups commented on the overuse of prescription medications, whether prescribed for the user or stolen from the family medicine cabinet. The popular perception is that physician prescribed pills and over the counter medication is sanctioned and safe to use.

## Family Member Influences

*“Parents accept the weed, but not the meth; they give an excuse for it.”*

*“Parents and/or family members do it; kids just grow up around it.”*

Multiple focus group participants acknowledge either explicit or implicit parental and family support for alcohol or other drug use. Some family members, including older siblings, cousins or aunts or uncles or even parents may supply their children with alcohol or marijuana. Other youth live in multi-generational use households where alcohol and other drug use are accepted and may even be encouraged. Youth living in these households are subject to complacency or complicity related to substance use. Family members are a huge source of either risk or resiliency for adolescent use.

## Peer Influences

*“If they’re hanging with a group of people who use alcohol or other substances then they’re doing it too.”*

*“Youth do these things because of peer pressure and they think it’s cool.”*

Participants in the focus groups mentioned peer influence as a major contributor to youth experimental and sustained alcohol and other drug use. Peer use reflects an additional societal norm, to which adolescents respond. Youth respond to peer pressure or the strong desire “to fit in,” boredom and curiosity, and the easy availability of alcohol and other drugs among peer networks.

## Consequences of AOD Use

Among the consequences that could be assessed from secondary community level indicator data were: (1) suspensions and expulsions from school; (2) arrests for AOD-related offenses; (3) traffic injuries and fatalities due to driving under the influence; and (4) emergency room admissions/discharges. Highlights from these quantitative trends include:

### AOD-related Suspensions and Expulsions from School

- As many as 8% of all school suspensions in Fresno County are AOD-related;
- As many as 29% of all school expulsions in Fresno County are AOD-related;
- 2,675 suspensions for AOD-related behaviors were reported for Fresno County in FY 2012/13;
- 7<sup>th</sup> and 8<sup>th</sup> grade students have the highest rates of AOD-related suspension; and
- 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> grade students have the highest rates of AOD-related expulsion.<sup>15</sup>

<sup>15</sup> It is not clear whether this rate reflects different tolerance levels between middle school and high school or actual differences among student behaviors. The data does not include details about specific behaviors that prompted the school’s response, whether the student was intoxicated, in possession, or some other alcohol or drug related behavior.

### **Involvement with the Criminal Justice System (California Department of Justice)**

While AOD-related rates for both males and females aged 0-19 years, have seen a decline since 2010, males in Fresno County still have a higher arrest rate when compared to the state of California. However, both male and females aged 20 and older has significantly higher arrest rates than the state of California. Regardless of age group, members of the Hispanic population have significantly higher instances of AOD-related arrests compared to other racial/ethnic groups, although there has been a decline since 2006.

- The number of AOD-related arrests for white youth, aged 0-19, have increased from 278 to 607 since 2003.

### **AOD-related Traffic Injuries and Fatalities (California Highway Patrol)**

Statewide alcohol-involved fatal and injury collisions were declining between 2007-2010, but began to increase in 2011. The number of persons killed and injured also followed a similar trend for Fresno County.

- In 2011, there were 431 AOD-involved collisions, resulting in 672 injured people, representing an increase over the instances for the prior year (ranging from 368 crashes and 554 injuries).

### **Driving under the Influence (California Department of Motor Vehicles)**

- In 2012, the DUI arrest rate per 100 licensed drivers in Fresno County was 1.1, compared to California's state rate of 0.7; altogether 79% of DUI arrests in Fresno County were males and 62% of those were of Hispanic origin; and
- About 8% of the DUI arrests in Fresno County were persons aged 20 and younger.

### **Emergency Room Visits (California Department of Public Health)**

- From 2007-2012, non-fatal AOD-related hospitalizations and emergency department visits in Fresno County increased for youth between the ages of 0-19. Fresno County rates remain consistently lower than the State of California rates;
- There was a 79% increase from 2007 to 2012 for AOD-related non-fatal hospitalizations; and
- AOD-related Non-fatal Emergency Department visits were on the rise until 2011, when rates began to decline for youth in Fresno County.

There are numerous consequences related to AOD use, which are compounded for youth who begin use during adolescence or younger. All focus groups and interviewees were asked:

***“What do you think are the most serious consequences of alcohol and other substance use?”***

Key informant interview responses reflected a similar note to the consequences elicited by the focus groups. Limited life opportunities such as incomplete education, stunted career opportunities, and financial hardships were the most commonly voiced consequences for youth who use alcohol or other drugs. Legal issues were the next most commonly mentioned consequence as youth may end up fined or in jail due to substance use or other criminal activity as a response to substance use. Physical and mental health changes were mentioned as well. These consequences ranged from health complications such as liver failure up to death for numerous reasons. There was a concern for developing mental health issues, or underlying mental health issues that were exacerbated by substance use. Like many of the focus group respondents, key informants also acknowledged that continued drug use was a likely consequence if prevention or intervention was not provided.

Focus group participants identified several impacts:

- Limited life opportunities including incomplete education, limited career opportunities, and financial hardships that ensue;
- Legal issues due to criminal activity;

- Physical and mental health changes;
- Problems within family; and
- Substance abuse dependency and addiction.

### Life Opportunities

*“Talk about employment, all the hard work they put in and they won’t get a job; that’s what really gets them.”*

*“After using, kids end up doing poorly in school and eventually drop out.”*

Participants in all focus groups listed problems around education and schooling as a consistent consequence. Some of these problems included dropping out, being suspended or expelled, incomplete coursework, or loss of scholarship or financial aid opportunities for college. Many of the focus group participants attributed an incomplete education to the limited career opportunities and financial hardships experienced later in life.

### Legal Issues

*“Youth are likely to turn to gang involvement because they are not successful in schooling.”*

*“A lot of people end up in jail for using or the things they end up doing when using.”*

Participants in all focus groups mentioned legal repercussions as a consequence of alcohol and other drug use. These legal issues include DUI, citations and fines for possession and being under the influence, and jail time. It was also noted that alcohol and other substance use often leads to additional criminal activity such as associating with gangs, stealing (drugs or money for drugs), dealing, or increased violent behavior.

### Physical and Mental Health

*“There are often long term mental and physical impairments, even after becoming clean.”*

*“Get depressed after using because it kills brain cells.”*

Participants in every focus group attributed alcohol and other drug use to multiple physical and mental health conditions. Physical health conditions include death, cancer, tooth loss, liver disease, and other organ failures. Damage to the brain was considered both a physical and mental health issue as the brain is physically being damaged, but it also causes brain development issues. One of the most common mental health issue addressed by focus groups was arrested development of coping and decision-making skills. Other mental health issues include depression, personality disorders, and anti-social behavior.

### Family Disruption Issues

*“Using puts you and your family in bad situations. Parents stop trusting you.”*

*“There ends up being problems in the family.”*

Almost all focus group participants acknowledged alcohol and other drug use leads to disruptions in the family structure. Families that have intergenerational substance use are already at a disadvantage for addressing the issues around substance use. Disrupted family units have an impact on both youth and parents alike. Adolescence is a developmental time when family stability and support is critical, and when youth are most likely to resist parental authority and guidance as they transition to becoming adults. The presence of alcohol or other drug use in the family exacerbates the potential for family issues and problems at home between youth and parents.

### Dependency and Addiction

*“Addiction takes a hold of you and controls your life. There’s no just letting go.”*

*“There’s a chain reaction. No one wakes up and decides they’re going to be addicted to meth today.”*

Focus group participants also acknowledged that early alcohol and other drug use may contribute to dependency or more serious drug use later in life. Many of the professional stakeholder focus group participants explained that prescription pill and over-the-counter medication abuse are linked to future heroin use, for example. All focus group participants acknowledged that alcohol and marijuana are often considered “gateway drugs” for youth that lead to experimenting with other more serious and addictive drugs like methamphetamine, which is a particularly acute problem in Fresno County. Some of the youth focus group participants stated that teens who use drugs continue to do so because they do not realize they are addicted and are unaware that they are no longer choosing from free will but rather from chemical or psychological dependency.

## Summary and Conclusions

*Alcohol and marijuana* are the primary drugs of choice among Fresno County youth, both of which are considered to be gateway drugs for use of other drugs like methamphetamine. The younger the age of first use, the more likely youth are to “graduate” to more serious drug choices in the quest for a more potent high, or they become dependent on alcohol and/or other drugs. Postponing use is often enough to prevent serious consequences, as youth decision making skills improve and impulsive risk taking behaviors decline with maturation. Substance use disorders likely lead to other physical and mental health conditions and have lifelong negative impacts.

- Youth and adults in Fresno County report that alcohol is readily accessible at home, whether openly shared by adults or taken from a household supply by youth without permission (e.g., stolen).
- Adults facilitate youth access to alcohol by either making the purchase, not restricting access to alcohol at home, or serving as a “social host” and allowing alcohol consumption in their presence or under their supervision.
- Marijuana is readily accessible either at or through school relationships, or in nearby locations.
- Marijuana is also accessible in some households where parents are using either with or without a prescription; this may be sanctioned use by youth, or youth using an adult’s supply without authorization (e.g., stolen).
- Marijuana grown for personal use is subject to theft by youth.
- Most adults in treatment began their dependency or addiction with alcohol or marijuana use as teens.
- Prescription misuse and abuse has been declared an epidemic by the Centers for Disease Control.<sup>16</sup> At the local level the data on prescription misuse is largely unavailable or unwieldy for generalizing to the County adolescent population. However, prescription misuse is preventable as long as adults dispose of or secure those drugs properly to limit access by adolescents.
- Youth are motivated to experiment with alcohol or other drugs in response to peer pressure or wanting to fit in.
- Youth are motivated to use alcohol or other drugs to mitigate boredom, depression, anxiety, stress, or trauma. Conversely, youth lack coping skills to address emotional issues, or access to mental health interventions.
- Supervision and consequences administered by parents and other adults (e.g., at school) are necessary and underutilized tools for prevention.
- Parental complicity in underage alcohol or marijuana use are enormous challenges for prevention, compounded by increasing societal complacency and indifference toward recreational alcohol or marijuana consumption.

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<sup>16</sup> At the national level the CDC estimates that 1 in 8 teens has reported misusing or abusing prescription stimulants, and the rate of 12<sup>th</sup> grade students who reported nonmedical use of amphetamines increased from 6.8% to 8.7% from 2008 to 2013.

- Personal consequences associated with alcohol and marijuana use include: increased dependency on progressively more addictive or lethal drugs; deterioration of relationships with family members; declining performance in school, or dropping out; limited job and career prospects if AOD use leads to failure in school; a variety of health issues, including but not limited to addiction, death by overdose, traffic injury or fatality; either escalating or exacerbated mental health issues compounded by AOD use; and involvement in criminal behavior followed by incarceration.
- Environmental consequences include serious damage to natural resources where marijuana is cultivated illegally, using toxic pesticides that end up on the water supply, and wasting water during an extreme drought in the agricultural-dependent economy of the Central Valley, and State of California.
- Another environmental consequence is related to improper disposal of prescription medications or needles for intravenous administration. Local water may be seriously contaminated with medications flushed into the water supply, which is not equipped to purify for these types of contaminants. In addition, needles disposed of this way have jammed up screening and hardware associated with the water purification systems.
- Messages to youth and warnings about alcohol and drug use need to be honest, simple, and straightforward. Do not deny that “being high can be fun” or “beat to death” the consequences of use and abuse.
- Peer-to-peer approaches to primary prevention and early intervention appear to have a positive impact on youth decisions.
- The most effective prevention efforts must be multi-pronged, a combination of varied strategies and approaches, including but not limited to creation of alternative activities for youth, improved access to services and resources for youth and families, and partnerships and collaboration among organizations and agencies that share an interest in healthy youth development.

Prevention planning requires a periodic needs assessment to make sure that plans remain responsive to changing needs in the community. Changes in legislation, funding, social and cultural norms, as well as shifts in knowledge, attitudes and behavior all influence alcohol and drug abuse at the local level. This SPP includes a needs assessment component, and reflects changes in the prevention needs and priorities in Fresno County since the FY 2011-FY 2015 SPP. Prevention services in Fresno County over the next 5 years will be in alignment with the needs and priorities identified here.

## **Attachments**

**Attachment A - List of Strategic Prevention Plan Advisory Group participants**

**Attachment B - PowerPoint presentation for 8/25/14 SPP Advisory Group meeting**

**Attachment C - PowerPoint presentation for 12/3/14 SPP Advisory Group meeting**

**Attachment D - Interview and Focus Group Questions**

Interview Questions for Adult Stakeholders

Focus Group Questions for Youth

Focus Group Questions for Adults: Parents and Professionals

CSU Fresno Student Voice Survey

**Attachment E - Profile of Respondents to CSU Fresno Student Voice Survey**

**Attachment F - Profile of Youth Participating in Focus Group Discussions for 2014 Needs Assessment**

**Attachment G - List of individuals, organizations, and constituencies represented in interviews, focus groups, and CSU student survey**

**Attachment H - Comprehensive list of community assets for primary prevention**

**Attachment I - Comprehensive Logic Model for Fresno County Strategic Prevention Plan, FY 2016-FY 2020**



## Attachment A - List of Strategic Prevention Plan Advisory Group participants

Sara	Bosse	Fresno County Department of Public Health
Jose	Conchas	Fresno County Department of Behavioral Health
Jennifer	Day	MCAH
Vanessa	Delgado	Fresno County Department of Behavioral Health
Leila	Gholamrezaei-Eha	Fresno County Department of Public Health
Colleen	Gregg	Consultant
Natasha	Hagaman	Fresno County Department of Behavioral Health
Lori	Hardy	Fresno County
Evi	Hernandez	California Health Collaborative
Leandra	Hunt	Bullard Pharmacy
Daisy	Lopez	California Health Collaborative - PATH
Karen	Markland	Fresno County Department of Behavioral Health
Michael	Martin	Fresno Police Department
Amber	Martinez	Community Regional Medical Center
Randy	Mehrten	Fresno County Office of Education
Susan	Murdock	Mental Health Systems
Stephen	Ramirez	California Health Collaborative - SAP Mini Grants
Yami	Rodriguez	Youth Leadership Institute
Lourdes	Rosencrans	California Health Collaborative
Cynthia	Sapien	Youth Leadership Institute
Susan	Sly	Eminence Healthcare
Brent	Smither	Fresno County Office of Education
Claudia	Soria-Delgado	Consultant
Gregory	Thatcher	California State University, Fresno
Phillip	Toomey	Fresno County Department of Probation
Christine	Weldon	California Department of Alcoholic Beverage Control
Kathy	Yarmo	California State University, Fresno
Marisol	Zamora	CA Health Collaborative - LIU
Paula	Zapata Rogers	Fresno County Department of Behavioral Health

**Attachment B - PowerPoint presentation for 8/25/14 SPP Advisory Group meeting**

**Attachment C - PowerPoint presentation for 12/3/14 SPP Advisory Group meeting**

## Attachment D - Interview and Focus Group Questions

### Interview Questions for Fresno County Strategic Prevention Planning Process Adult Stakeholders

1. What do you consider to be the top 3 substance abuse issues for Fresno County youth? (list top 3 drugs, including alcohol)
2. How do youth get (1) (2) (3)? (e.g., source, geographic area, social sources vs lax restrictions)
3. Why do youth use (1) (2) (3)? What are the top 3 reasons you think youth use drugs or consume alcohol? (repeat list of the top 3 drugs from above, and/or variety of reasons)
4. What do you think are the most serious consequences of use of (1) (2) (3)? (repeat list of the top 3 drugs from above, and a consequence or problem related to each one)
5. What other things do you think adults need to know to encourage youth to not use or postpone use of AOD?
6. What types of strategies do you recommend for reaching youth at risk for AOD use?
7. What are the greatest assets for your community to apply toward AODA prevention with youth and young adults? (solicit names of organizations, infrastructure, individuals)

### Focus Group Questions for Fresno County Strategic Prevention Planning Process Youth Groups

1. What do you consider to be the top 3 drugs that kids in Fresno like to use? (list top 3 drugs, including alcohol)
2. Why do youth use (1) (2) (3)? What are the top 3 reasons you think kids use drugs or consume alcohol? (repeat list of the top 3 drugs from above, and a reason for each)
3. What kinds of problems have you seen happen to kids who use? (1) (2) (3)? (repeat list of the top 3 drugs from above, and a consequence or problem related to each one)
4. Where do most kids get their drugs? (From whom? Where are drugs easy to get in Fresno?)
5. How about alcohol? Where do most kids get their drugs or alcohol the first time (from whom? Where is it easy to get alcohol if you are underage?)
6. Is there anything you think you could tell your children one day that would stop them from using drugs or drinking alcohol?

7. What do you think could be done to stop little kids from starting to use drugs or alcohol? Would that have worked for you?
8. What are some programs or activities or organizations (like churches, boys and girls club) that could be used to help kids from turning to drugs and alcohol?

**Focus Group Questions for Fresno County  
Strategic Prevention Planning Process  
Adult Groups: Parents and Professionals**

1. What do you consider to be the top 3 substance abuse issues for Fresno County youth? (list top 3 drugs, including alcohol)
2. How do youth get (1) (2) (3)? (e.g., source, geographic area, social sources vs lax restrictions)
3. Why do youth use (1) (2) (3)? What are the top 3 reasons you think youth use drugs or consume alcohol? (repeat list of the top 3 drugs from above, and/or variety of reasons)
4. What do you think are the most serious consequences of use of (1) (2) (3)? (repeat list of the top 3 drugs from above, and a consequence or problem related to each one)
5. What other things do you think adults need to know to encourage youth to not use or postpone use of AOD?
6. What types of strategies do you recommend for reaching youth at risk for AOD use?
7. What are the greatest assets for your community to apply toward AODA prevention with youth and young adults? (solicit names of organizations, infrastructure, individuals)

# Student Voice Survey: What is really going on with alcohol and drug use in Fresno County?

Please help us gather information about young people’s alcohol and drug use.  
This survey is anonymous. Please answer truthfully; there are no right or wrong answers.

**For many of these questions, think back to when you were young...**

- 1. In the following table, select up to 3 types of drugs most used by each type of student - select up to 1-3 for college students, for high school students, and for middle school students. (✓ 1-3 for each school level.)**

	High	Middle	
College	School	School	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amphetamines/Methamphetamines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cocaine (crack, rock, freebase)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designer drugs (ecstasy, MDMA, Molly)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallucinogens (LSD, acid, PCP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marijuana (pot, hash, hash oil)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opiates (heroin, smack, horse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-medical use of prescription pain killers (OxyContin, Vicodin, Percodan, Lortab)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sedatives (downers, Rohypnol, ludes, Xanax, Ativan)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

- 2. At what age do you think young people in Fresno first use...Alcohol?**

\_\_\_\_\_ **Marijuana?**

- 3. In Fresno County, where do most young people under 21 get alcohol?**

- |   |   |
|---|---|
| <input type="checkbox"/> At home                                | <input type="checkbox"/> From other adults      |
| <input type="checkbox"/> From parents                           | <input type="checkbox"/> From older friends     |
| <input type="checkbox"/> From older siblings                    | <input type="checkbox"/> From someone at school |
| <input type="checkbox"/> From stores known to selling to minors |   |
| <input type="checkbox"/> Other place → describe: _____          |   |

- 4. In Fresno County, where is the easiest place to get drugs?**

- |  |   |
|--|---|
| <input type="checkbox"/> At home   | <input type="checkbox"/> From other adults      |
| <input type="checkbox"/> From parents  | <input type="checkbox"/> From older friends     |
| <input type="checkbox"/> From older siblings                                       | <input type="checkbox"/> From someone at school |
| <input type="checkbox"/> Specific locations in Fresno (neighborhoods, parks, etc.) |   |
| <input type="checkbox"/> Other place → describe: _____                             |   |

- 5. Where do you think young people gather to use alcohol and drugs?**

- |   |  |
|---|--|
| <input type="checkbox"/> At home, with parents knowing    | <input type="checkbox"/> In a park or other outdoor area |
| <input type="checkbox"/> At home, without parents knowing | <input type="checkbox"/> At someone else’s home          |
| <input type="checkbox"/> In a dorm room                   | <input type="checkbox"/> At a dance or concert           |
| <input type="checkbox"/> On school campus                 | <input type="checkbox"/> In other public places          |
| <input type="checkbox"/> In a car                         | <input type="checkbox"/> In other private places         |
| <input type="checkbox"/> In a parking lot (no car)        | <input type="checkbox"/> Other → describe: _____         |

**6. Why do young people in Fresno start using alcohol and/or drugs? (check up to 3)**

- |  |   |
|--|---|
| <input type="checkbox"/> Family members drink or use drugs         | <input type="checkbox"/> Alcohol and drugs are easy to get            |
| <input type="checkbox"/> Perception is that "everyone is doing it" | <input type="checkbox"/> Alcohol and drugs are cheap                  |
| <input type="checkbox"/> Friends drink or use drugs                | <input type="checkbox"/> To reduce stress or anxiety                  |
| <input type="checkbox"/> There is nothing to do                    | <input type="checkbox"/> To forget problems; to reduce pain or trauma |
| <input type="checkbox"/> Other reason: _____                       |   |

**7. If you were giving advice to a younger sibling or another young person you care about, how would you complete the following sentence. (check up to 3)**

***Underage drinking and drug use can increase risk of...***

- |   |  |
|---|--|
| <input type="checkbox"/> Family problems                | <input type="checkbox"/> Driving under the influence                 |
| <input type="checkbox"/> Getting into trouble at school | <input type="checkbox"/> Ticket or fine from DUI                     |
| <input type="checkbox"/> Failing grades                 | <input type="checkbox"/> An alcohol or drug related traffic accident |
| <input type="checkbox"/> Dropping out of school         | <input type="checkbox"/> Involvement with gangs                      |
| <input type="checkbox"/> Trouble with law enforcement   | <input type="checkbox"/> Death related to alcohol or drugs           |

**8. What are community supports that can help prevent young people from underage drinking or using drugs?**

- |  |  |
|--|--|
| <input type="checkbox"/> Sports          | <input type="checkbox"/> Religious and interfaith groups           |
| <input type="checkbox"/> Performing arts | <input type="checkbox"/> Technology                                |
| <input type="checkbox"/> School clubs    | <input type="checkbox"/> Leadership/social action programs         |
| <input type="checkbox"/> Music/band      | <input type="checkbox"/> Access to support and counseling services |
| <input type="checkbox"/> Other: _____    |  |

**And now a little about you...**

**9. How old are you?** \_\_\_\_\_

**10. What is your gender?** \_\_\_\_\_

**11. What is the zip code of your permanent residence?** \_\_\_\_\_

→ If your current zip code is different than above, what is it now? \_\_\_\_\_

**12. Which of the following best describes your ethnicity or cultural background? (mark ONLY one)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> African American     | <input type="checkbox"/> Middle Eastern/North African     | <input type="checkbox"/> White                   |
| <input type="checkbox"/> Asian/Asian American | <input type="checkbox"/> Native American/Alaskan Native   | <input type="checkbox"/> Multiracial/Multiethnic |
| <input type="checkbox"/> Hispanic/Latino      | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Decline to state        |
| <input type="checkbox"/> Other: _____         |   |  |

***Thank you!***  
***Your input is very***  
***valuable!***

## Attachment E - Profile of Respondents to CSU Fresno Student Voice Survey

Table – Profile of Survey Respondents

(n=195)	Number of Survey Respondents	Study Population (%)	Campus Population (%)
<b>Gender</b>			
Female	136	72%	58%
Male	53	28%	42%
<i>Decline to State</i>	6	-	-
<b>Ethnicity</b>			
African-American	6	3%	4%
Asian-American	51	28%	15%
Hispanic	103	56%	41%
Multiethnic	4	2%	-
Middle-Eastern	1	1%	-
Pacific Islander	1	1%	.3%
White	18	10%	26%
<i>Decline to State</i>	11	-	10%
<b>Age</b>			
17	8	4%	2%
18	46	24%	13%
19	32	17%	11%
20	12	6%	12%
21	29	15%	13%
22	25	13%	12%
23	12	6%	9%
24	10	5%	6%
25+	15	8%	22%
<i>Decline to State</i>	6	-	-

Compared to the student demographics for the current 2014/2015 school year, the survey respondents overrepresented females, Hispanic and Asian-American students, and represent students who were somewhat younger (51% under age 21 compared to 38% of the campus population).



## Attachment F - Profile of Youth Participating in Focus Group Discussions for 2014 Needs Assessment

Focus group participants represented a wide variety of Fresno County residents including youth, incarcerated youth, mental healthcare providers, substance use prevention providers, AOD treatment providers, and parents. Over 180 people participated in the focus groups, all of whom reside in Fresno County. The table below presents a detailed profile of the youth represented in all focus groups conducted for the 2014 SPP needs assessment.

**Table – Profile of Youth Focus Group Participants**

Youth (n=104)	Number of Participants in Focus Groups	Study Population (%)
<b>Gender</b>		
Female	52	50%
Male	52	50%
<b>Ethnicity</b>		
African-American	9	9%
Asian-American	3	3%
Hispanic	67	64%
Middle-Eastern	3	3%
Multiethnic	10	10%
Native American	1	1%
White	11	11%
<b>Age</b>		
13	2	2%
14	21	20%
15	11	11%
16	18	17%
17	40	38%
18	6	6%
19	0	0%
20	1	1%
21+	5	5%

## Attachment G - List of individuals, organizations, and constituencies represented in interviews, focus groups, and CSU student survey

### Focus Group Audiences:

ACEL Charter School Youth	Juvenile Justice Campus Parents
Bullard High School Youth	Juvenile Justice Campus Social Work Interns and Staff
CA Health Collaborative Youth	Juvenile Justice Campus Youth
CA State University, Fresno Students	Leavenworth Elementary School Parents
Clovis West High School Youth	PATH Youth Advisory Board
Fresno BHC Youth	Reedley College Upward Bound Youth
Fresno Center for New Americans Parents	Turner Elementary School Parents

### Individuals:

Fatima	Ashaq	California Health Collaborative - LIU
Lynne	Ashbeck	Hospital Council of Northern & Central CA
Brenda	Bravo	Every Neighborhood Partnership
Melissa	CaPece-Fairless	Eleventh Hour Treatment Program
Martha	Cardoso	City of Reedley
Araceli	Chavez	California Health Collaborative - PATH
Lesby	Flores	Fresno County Department of Behavioral Health
Debbie	Harkness	Assessment, Training, & Research Associates
Evi	Hernandez	California Health Collaborative
Angie	Isaak	City of Fresno Police Department
Becky	Kramer	Comprehensive Youth Services
Fil	Leanos	Eminence Healthcare
Daisy	Lopez	California Health Collaborative - PATH
Lemuel	Mariano	Youth Leadership Institute
Karen	Markland	Fresno County Department of Behavioral Health
Ariana	Martinez	Every Neighborhood Partnership
Sabino	Martinez	Counterdrug Task Force
Haidl	Medina	California Health Collaborative
Bao	Moua	Youth Leadership Institute
Tou	Moua	California Health Collaborative - LIU
Susan	Murdock	Mental Health Systems
Lynne	Pimentel	WestCare California
Yolanda	Randles	West Fresno Family Resource Center
Cesar	Rodriguez	Youth Leadership Institute
Cynthia	Sapient	Youth Leadership Institute
Iqbal	Singh	Youth Center Director
Gregory	Thatcher	California State University, Fresno
Vicky	Treas	City of Fresno Police Department
Cyndee	Trimble Friesen	City of Reedley Police Department
Dale	White	Assessment, Training, & Research Associates
Kristi	Williams	Fresno County Department of Behavioral Health
Lue	Yang	Fresno Center for New Americans
Marisol	Zamora	California Health Collaborative - LIU
Max	Zapata	Juvenile Justice Campus Ministry Services
Eric	Zetz	City of Clovis

## **Attachment H - Comprehensive list of community assets for primary prevention**

### **Community-Based**

- Big Brothers and Big Sisters
- Boys and Girls Club
- Boy Scouts/Girl Scouts
- California Health Collaborative: Lock It Up, Performing Above the High (PATH)
- City of Clovis Parent Support Group
- Economic Opportunities Commission (EOC): Transitional Living Center (TLC)
- Family Resource Centers and Community Centers
- Youth Leadership Institute (YLI): Friday Night Live (FNL), Club Live (CL)
- YMCA

### **Faith Based**

- Churches
- Youth Ministries

### **Government Agencies**

- California Department of Alcoholic Beverage Control (ABC)
- Department of Behavioral Health
- Parks and Rec (Mary Ella Community Center)

### **Law Enforcement Related**

- City of Clovis Police Department
- Fresno County Sheriff Department
- Juvenile Justice Campus
- Police Activities League (PAL) Program

### **School-Based**

- California State University, Fresno (CSUF): Finding Responsible and Entertaining Activities on Kampus (FREAK)
- Friday Night Live (high school)
- Club Live (middle school)
- Club Yes
- FRESH After School Program
- ROTC Programs
- School Sports

### **Other Resources**

- 4H
- AA and NA
- Barrios Unidos
- Bringing Broken Neighborhoods Back to Life
- Commercials (Above the Influence)
- Compadres Network
- DARE
- Eminence
- Jakarta Movement
- MADD
- Neighborhood Works
- Red Ribbon Week
- Sports Leagues
- Teen Challenge
- Tutoring Centers

## Attachment I – Comprehensive Logic Model for Fresno County Strategic Prevention Plan, FY 2016-FY 2020

### Logic Model

**Goal 1: Raise awareness of adults and youth about the consequences of substance use, including alcohol and marijuana as gateway drugs.**

Prioritized Problem Statement:	Supporting Data:	Data Sources:
<p>Alcohol remains a gateway drug for underage youth, with progressively younger age of first use. Alcohol use is widely accepted, and is readily accessible to youth throughout Fresno County, attributed largely to social sources, such as older friends or relatives. Marijuana use continues to be a significant problem with Fresno youth, in part due to relaxed norms associated with changing laws related to possession for medical use, and changing laws for recreational use (in other states). The marijuana in circulation today is many times more potent than in the past.</p>	<ul style="list-style-type: none"> <li>• 76% of all admissions for alcohol and drug treatment began their alcohol and drug use prior to age 20;</li> <li>• As many as 40% of all admissions for alcohol and drug treatment began use at age 13 and younger (increasing from 30% since 2009/10);</li> <li>• Alcohol is the primary drug of choice for 28% of treatment admissions who are under 20, and the secondary drug for 63%;</li> <li>• Marijuana is the primary drug of choice for as many as 66% of all treatment admissions who are under 20, and the secondary drug for 29%;</li> <li>• 6-13% of middle school age students report current alcohol use;</li> <li>• 18-25% of high school age students report current use of alcohol;</li> <li>• 7-15% of middle school age students report current marijuana use; and</li> <li>• 13-19% of high school age students report current marijuana use.</li> </ul>	<p>CalOMS admissions data for FY2008/09 through FY2012/13;            CHKS FY2013/14 for participating schools;            FY2013/14 FUSD School Climate Survey questions related to use; and            2014 Survey of CSU, Fresno students regarding perceived use among middle and high school age students.</p>

Target Population:	IOM Category:	CSAP Strategy:
Youth aged 10-25 years of age	Universal	Education Environmental Information Dissemination

#### Objectives:

1. Engage parents and schools throughout Fresno County in prevention programming to address the consequences of substance use.
2. Engage youth in developing authentic messages and campaigns to reach their peers.
3. Collect and share data in support of raising community awareness about alcohol and drug use among youth, as well as the severity of consequences for use and abuse.

Short Term Outcomes:	Intermediate Outcomes:	Long Term Outcomes:
<ol style="list-style-type: none"> <li>1. By 6/30/16, develop and launch community level education and awareness campaigns targeting adults.</li> <li>2. By 6/30/16, develop and launch community level education and awareness campaigns targeting youth.</li> <li>3. By 6/30/17, engage youth in education and awareness campaigns to raise awareness among peers, and adults.</li> </ol>	<ol style="list-style-type: none"> <li>1. By 6/30/18, increase awareness among adults about the consequences of youth substance use, risks of use associated with gateway drugs alcohol and marijuana.</li> <li>2. By 6/30/18, increase awareness among youth about the consequences of youth substance use, risks of use associated with gateway drugs alcohol and marijuana.</li> </ol>	<ol style="list-style-type: none"> <li>1. By 6/30/20, 5% reduction in current marijuana use in targeted schools.</li> <li>2. By 6/30/20, 5% reduction in current use of alcohol among youth at targeted schools.</li> <li>3. By 6/30/20, 5% reduction in binge drinking among youth at targeted schools.</li> </ol>

## Logic Model

### Goal 2: Reduce access to alcohol, marijuana, and prescription or over-the-counter drugs among youth under the age of 25.

Prioritized Problem Statement:	Supporting Data:	Data Sources:
<p>Adults are contributing to youth alcohol and marijuana use both indirectly and directly. This ranges from trivializing drinking as a rite of passage; discounting the harm of marijuana use since it is not a “hard drug;” not securing alcohol or prescription medications at home; to providing youth with alcohol or marijuana at home or as “social sources.”<sup>17</sup></p> <p>Misuse of prescription medications has been recognized as a problem nationally<sup>18</sup> with access primarily from friends or relatives, including “taken from a friend or relative.”</p>	<p><b>Primary sources of alcohol are:</b>                      Older friends;                      Other adults;                      At home;                      Older siblings;                      Someone at school;                      Stores known to sell to minors; and                      Parents.</p> <p><b>Primary sources of marijuana are:</b>                      Older friends;                      Someone at school;                      Specific locations in Fresno County;                      Other adults;                      Older siblings;                      At home; and                      Parents.</p>	2014 Survey of CSU, Fresno students regarding perceived use among middle and high school age students; Focus groups with youth, 2014; Focus groups with parents, 2014; and Interviews with stakeholders, 2014.

Target Population:	IOM Category:	CSAP Strategy:
Adults, parents, school administrators, school counselors, and teachers Pharmacies Alcohol retail outlets	Universal	Information Dissemination Education Community-based Process

Objectives:
<ol style="list-style-type: none"> <li>1. Reduce access to alcohol provided by adult social sources, such as parents, older siblings and cousins, or other adults.</li> <li>2. Reduce access to marijuana provided by adult social sources, such as parents, older siblings and cousins, or other adults.</li> <li>3. Sustain and expand the campaign to reduce access to prescription and over-the-counter drugs among youth and young adults.</li> </ol>

<sup>17</sup> In contrast to *commercial sources* associated with alcohol sales, *social sources* are adults who legally purchase a product like alcohol or tobacco on behalf of, or to give to, minors. This ranges from older siblings, cousins, parents, other relatives or strangers encountered in parking lots of alcohol retail outlets.

<sup>18</sup> National Institute on Drug Abuse. *Monitoring the Future Survey, Overview of Findings 2013*. Recent trends are either increasing or decreasing depending on the specific medication, a variety of pharmaceutical drugs are still in use among youth. Among the 14 top rated misused drugs, as many as half are pharmaceuticals.

Source: <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2014-survey-results> .

Short Term Outcomes:	Intermediate Outcomes:	Long Term Outcomes:
<ol style="list-style-type: none"> <li>1. By 6/30/16, reduce perceived ease of access to alcohol among underage youth by 5%.</li> <li>2. By 6/30/16, reduce perceived ease of access to marijuana among youth by 5%.</li> <li>3. By 6/30/16, increased participation in the campaign to reduce youth access to prescription and over the counter painkillers by 5%.</li> </ol>	<ol style="list-style-type: none"> <li>1. By 6/30/18, 5% reduction in frequency of alcohol use reported by middle school youth.</li> <li>2. By 6/30/18, 5% reduction in frequency of use of marijuana by middle school age youth.</li> <li>3. By 6/30/18, 5% reduction in frequency of use of prescription and over the counter drugs by high school age youth.</li> </ol>	<ol style="list-style-type: none"> <li>1. By 6/30/20, 5% reduction in incidents of underage alcohol use/possession (e.g., at school, by law enforcement, hospital admissions).</li> <li>2. By 6/30/20, 5% reduction in current use of marijuana by youth.</li> <li>3. By 6/30/20, 5% reduction in lifetime use of prescription and over-the counter drug use.</li> </ol>

## Logic Model

**Goal 3: Retain and augment alternative programming through school-based and community projects that engage youth in primary prevention education and activities.**

Prioritized Problem Statement:	Supporting Data:	Data Sources:
Prevention projects funded on the basis of the original SPP have either begun to present positive results, or have encountered new challenges with the perceived decriminalization of marijuana use.	<ul style="list-style-type: none"> <li>• 6-13% of middle school age students report current alcohol use;</li> <li>• 18-25% of high school age students report current use of alcohol;</li> <li>• 7-15% of middle school age students report current marijuana use;</li> <li>• 13-19% of high school age students report current marijuana use; and</li> <li>• 3-7% of high school students reported lifetime or current use of prescription and over-the-counter medications.</li> </ul>	Evaluation Reports for Years 2, 3 and 4.

Target Population:	IOM Category:	CSAP Strategy:
Youth in middle and high school College age young adults Parents and pharmacies	Universal, Selected, Indicated	Information Dissemination Education Alternatives Environmental

### Objectives:

1. Reduce marijuana use among youth (from 2010 SPP).
2. Reduce alcohol use among targeted youth aged 10-25 (updated from original SPP, to include younger and older age youth).
3. Reduce illicit use of prescription painkillers among youth (from 2010 SPP).
4. Increase age of onset for alcohol and marijuana use.
5. Engage youth and young adults in peer-to-peer education and awareness activities.

Short Term Outcomes:	Intermediate Outcomes:	Long Term Outcomes:
<ol style="list-style-type: none"> <li>1. By 6/30/16, increase the number of youth and young adults by 5% over the baseline year (2014) participating in peer-to-peer education and awareness campaigns related to underage and illicit alcohol and other drug use.</li> </ol>	<ol style="list-style-type: none"> <li>1. By 6/30/18, 80% of middle school age youth receiving prevention services will demonstrate increased knowledge about the consequences of alcohol and marijuana use (e.g., gateway drugs).</li> <li>2. Increase perceptions of community intolerance for underage and illicit alcohol and other drug use by 5%.</li> </ol>	<ol style="list-style-type: none"> <li>1. By 6/30/20, increased age of onset by one year for alcohol and marijuana use.</li> <li>2. Decreased negative consequences related to underage and illicit alcohol and other drug use by 5% on average (e.g., school, traffic incidents, and delinquency).</li> </ol>



## Resource: Center for Substance Abuse Prevention (CSAP) Strategies

### 1. Information Dissemination:

This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and other drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Clearinghouse/information resource center(s).
- Resource directories.
- Media campaigns.
- Brochures.
- Radio/TV public service announcements.
- Speaking engagements.
- Health fairs/health promotion.
- Information lines (telephone or internet “warm” lines).

### 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, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Classroom and/or small group sessions (all ages).
- Parenting and family management classes.
- Peer leader/helper programs.
- Education programs for youth groups.
- Children of substance abusers groups.

### 3. Alternatives:

This strategy provides for the participation of the entire community or targeted populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco and other drugs and would, therefore, minimize or reduce the likelihood of participating in high-risk activities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Drug free dances and parties.
- Youth/adult leadership activities.
- Community drop-in centers.
- Community service activities.

#### **4. Problem Identification and Referral:**

This strategy aims at 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. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Employee assistance programs.
- Student assistance programs.
- Driving while under the influence/driving while intoxicated education programs.

#### **5. Community-Based Process:**

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and other drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff officials training.
- Systematic planning.
- Multi-agency coordination and collaboration.
- Accessing services and funding.
- Community team-building.

#### **6. Environmental:**

This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This strategy can be divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those, which relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include, but not be limited to, the following:

- Promoting the establishment and review of alcohol, tobacco and drug use policies in schools.
- Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use
- Modifying alcohol and tobacco advertising practices.
- Product pricing strategies.

### **Resource: Institute Of Medicine (IOM) Prevention Populations**

Fresno County used the Institute of Medicine (IOM) classification required by the California State Department of Alcohol and Drug Programs (ADP) when developing the Strategic Prevention Plan.

#### **Universal Prevention Population:**

A prevention strategy for Universal population addresses the entire population (national, local community, school, and neighborhood) with messages and programs aimed at preventing or delaying the use/abuse of alcohol and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents, and the elderly. The mission of universal prevention is to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is vulnerable for substance abuse and capable of benefiting from prevention programs. Characteristics of this type of prevention service may include the following:

- Delay or prevent onset of substance abuse.
- Target the entire population.
- All share the same general risk; individual risk is not assessed.
- Participants not recruited.
- Lower staff-to-audience ratios.
- Require less audience time and effort.
- Staff can be from many fields.
- Lower per-person costs.

#### **Selective Prevention Population:**

A prevention strategy for the Selective population targets subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment – for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse, and targeted subgroups may be defined by age, gender, family history, place of residence (such as high drug-use or low income neighborhoods), and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group.

An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at risk subgroup. Characteristics of this type of prevention service may include the following:

- Delay or prevent substance abuse.
- Selective prevention targets the entire subgroup regardless of their individual risk
- The subgroup can be determined by a number of characteristics that significantly increase their risk of substance abuse.
- Recipients are recruited to participate.

- Programs address specific subgroup risk factors.
- Programs run for longer periods of time and usually require more participants' time and effort than do universal programs.
- Programs require skilled staff.
- Costs of selective prevention programs are usually greater per person than those of Universal prevention programs.

### **Indicated Prevention Population:**

Prevention strategies for the Indicated population are designed to prevent the onset of substance abuse in individuals of all ages who do not meet Diagnostic and Statistical Manual (DSM-IV) criteria for addiction, but who are demonstrating early signs that we know ultimately can lead to addiction. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. The individuals may be exhibiting substance abuse-like behavior, but at a sub-clinical level. Indicated prevention approaches are used for individuals who may or may not be using substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual. Less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by family members, physicians, nurses, employers, friends, or the courts. Young people may be identified in a school setting where they might be referred by parents, teachers, school counselors, school nurses, coaches, youth workers, friends, or the juvenile justice system. In a majority of cases, indicated strategies would be the most appropriate strategies for youth already involved with the juvenile justice system. Any individual of any age may experience something negative associated with their AOD use that may result in immediate motivation to seek help, which would make them an excellent candidate for indicated prevention services. Characteristics of this type of prevention service may include the following:

- Targets individuals experiencing early signs of substance abuse and other related problem behaviors, but without a clinical diagnosis.
- Stems the progression of substance abuse and related disorders.
- Recipients are individually assessed and recruited into the program.
- Risk factors and problem behaviors are specifically addressed by the program.
- Programs can target multiple behaviors simultaneously.
- Programs are extensive and intensive.
- Programs require highly skilled staff.