Expanding the Power of Prevention

Building Stronger, Healthier, and Safer Communities through Collaboration

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American Institutes for Research
Overview

- **Drug Landscape**
  - General Population
  - The Young Population
  - Why Prevention Still Matters

- **Policy Trends**
  - IWGYP (2008, 2009)
  - Affordable Care Act (2010)
  - SAMHSA’s Strategic Initiatives (2011)

- **Collaboration**
  - Definition
  - Benefits and Challenges
  - Strategies
Drug Landscape – General Population

- Substance use, misuse, and abuse is still a major issue in America today
- This problem is evidenced by the widespread use, misuse and abuse among Americans of age 12+:
  - 23.9 million are current illicit drug users
  - Approximately 6.0 million use prescription drugs non-medically
  - 59.7 million reported binge drinking in the past 30 days
  - 69.5 million are current users of a tobacco product

Source: National Survey on Drug Use and Health (NSDUH) – 2011-2012 data
Drug Landscape – The Young Population

- Unlike the declining use of alcohol and cigarettes, illicit drug use among 8th-12th graders has been increasing recently and is near its highest levels in 20 years

**LAST TWO DECADES OF ALCOHOL, CIGARETTE, AND ILLICIT DRUG USE***

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2010</th>
<th>2002</th>
<th>1992</th>
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</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>41.5% OF 12TH GRADERS</td>
<td>42% OF 12TH GRADERS</td>
<td>43.5% OF 12TH GRADERS</td>
<td>45% OF 12TH GRADERS</td>
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<td>Cigarettes</td>
<td>17.1% OF 12TH GRADERS</td>
<td>18% OF 12TH GRADERS</td>
<td>19.5% OF 12TH GRADERS</td>
<td>20.5% OF 12TH GRADERS</td>
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<tr>
<td>Illicit drugs</td>
<td>25.2% OF 12TH GRADERS</td>
<td>26% OF 12TH GRADERS</td>
<td>27.5% OF 12TH GRADERS</td>
<td>29% OF 12TH GRADERS</td>
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</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>27.6% OF 10TH GRADERS</td>
<td>28% OF 10TH GRADERS</td>
<td>29.5% OF 10TH GRADERS</td>
<td>30.5% OF 10TH GRADERS</td>
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<tr>
<td>Cigarettes</td>
<td>10.8% OF 10TH GRADERS</td>
<td>11% OF 10TH GRADERS</td>
<td>11.5% OF 10TH GRADERS</td>
<td>12% OF 10TH GRADERS</td>
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<tr>
<td>Alcohol</td>
<td>11% OF 8TH GRADERS</td>
<td>12% OF 8TH GRADERS</td>
<td>12.5% OF 8TH GRADERS</td>
<td>13% OF 8TH GRADERS</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>4.9% OF 8TH GRADERS</td>
<td>5% OF 8TH GRADERS</td>
<td>5.5% OF 8TH GRADERS</td>
<td>6% OF 8TH GRADERS</td>
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<tr>
<td>Illicit drugs</td>
<td>7.7% OF 8TH GRADERS</td>
<td>8% OF 8TH GRADERS</td>
<td>8.5% OF 8TH GRADERS</td>
<td>9% OF 8TH GRADERS</td>
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</tbody>
</table>

*Past 30 day use.

Source: Monitoring the Future 2012 Survey Results (NIDA)
Drug Landscape – The Young Population

- Worrying trend – marijuana use among 12th graders has been increasing while the perception of its risk declined
  - Declining risk perception indicates use to continue to grow

Source: Monitoring the Future 2012 Survey Results (NIDA)
Drug Landscape – The Young Population

- After marijuana, prescription and over-the-counter medications account for most of the drugs abused by 12th graders

<table>
<thead>
<tr>
<th>Prescription/Over-the-Counter vs. Illicit Drugs*</th>
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<tbody>
<tr>
<td>12th graders who have used these drugs in the past year.</td>
</tr>
<tr>
<td>Adderall</td>
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<tr>
<td>Vicodin</td>
</tr>
<tr>
<td>Cold Medicines</td>
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<tr>
<td>Tranquilizers</td>
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<tr>
<td>OxyContin</td>
</tr>
<tr>
<td>Ritalin</td>
</tr>
<tr>
<td>Methaqualone/Quaaludes</td>
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<tr>
<td>Marijuana</td>
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<tr>
<td>Powder Cocaine</td>
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<tr>
<td>Crack</td>
</tr>
<tr>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Heroin</td>
</tr>
</tbody>
</table>

*The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world’s research on the health aspects of drug abuse and addiction. Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found at www.drugabuse.gov.

Source: Monitoring the Future 2012 Survey Results (NIDA)
Why Prevention Still Matters

- On an average day, thousands of teenagers (12-17 years) are experimenting with alcohol, drugs, and cigarettes

Source: 2010 and 2011 SAMHSA National Surveys on Drug Use and Health (NSDUHs).
Why Prevention Still Matters

- And, too many of our teenagers (12-17 year old) are using

Source: 2010 and 2011 SAMHSA National Surveys on Drug Use and Health (NSDUHs).
Why Prevention Still Matters

- Prevention still matters because the consequences of substance use, misuse and abuse are immense – costly, far-reaching and, far too often, tragic:
  - Economic Costs
  - Early death
  - Child welfare system involvement
  - Criminal/juvenile justice systems involvement
  - Mental health challenges
  - Risky Sexual Behavior
  - Academic challenges
  - Suicide
Policy Trends

- Move towards promotion, prevention, collaboration and coordination
  - *IOM Report: Preventing Mental, Emotional, And Behavioral Disorders Among Young People* (2009)
  - *Affordable Care Act* (2010)
  - *SAMHSA Strategic Initiatives* (2011)
“...Make the prevention of mental, emotional, and behavioral disorders and the promotion of mental health of young people (0-25 years) a national priority...”

- Mental Health and Substance Use disorders are major threats to the health and well-being of our youth
- 14 – 20% of young people have a MEB disorder at any given time
- Among adults, ½ with a MEB disorder first diagnosed by age 14, ¾ by age 24
- Early prevention intervention and wellness promotion are cost effective

Source: IOM (2009)
Core Concepts

- Prevention requires a paradigm shift
- Mental health and physical health are inseparable
- Successful prevention is inherently interdisciplinary
- MEB disorders are developmental
- Coordinated community-level systems are needed to support young people

Source: IOM (2009)
Policy Trends – IOM

- Mental Health Intervention Spectrum

Source: IOM (2009)
Enhance collaboration at the Federal, State, and Local level

- Created FindYouthInfo.gov;
- Identify and disseminate promising and effective strategies and practices that support youth; and
- Develop an overarching strategic plan for federal youth policy, and prepare recommendations to improve the coordination, effectiveness, and efficiency of programs affecting youth.
- The primary function of the Working Group is to support coordinated federal activities focused on improving outcomes for youth.
Recognized the importance of behavioral health and prevention

- 32 million more Americans access to coverage
- Essential benefit packages must include treatment for mental health and substance use disorder services
- Enhance community-based service options for individuals with a mental health and/or substance use condition
- Created the National Prevention Council
Policy Trends – National Prevention Strategy

- Encourages partnerships to improve the health of individuals, families, and communities through prevention
Policy Trends – SAMHSA Strategic Initiatives

- **Strategic Initiative 1: Prevention of Substance Abuse and Mental Illness**

  - Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness
  - Prevent or reduce consequences of underage drinking and adult problem drinking
  - Prevent suicides and attempted suicides among populations at high risk, especially military families; LGBTQ youth; and American Indians and Alaska Natives
  - Reduce prescription drug misuse and abuse

Source: SHAMSA (2012)
Policy Trends – SAMHSA Strategic Initiatives

- **Strategic Initiative 1: Prevention of Substance Abuse and Mental Illness**

Source: SHAMSA (2012)
Policy Trends – Planning Models

- Public Health Approach to Prevention

1. Surveillance
   What is the problem?
   Define the violence problem through systematic data collection.

2. Identify risk and protective factors
   What are the causes?
   Conduct research to find out why violence occurs and who it affects.

3. Develop and evaluate interventions
   What works and for whom?
   Design, implement and evaluate interventions to see what works.

4. Implementation
   Scaling up effective policy & programmes
   Scale-up effective and promising interventions and evaluate their impact and cost-effectiveness.

Policy Trends – Planning Models

- Strategic Prevention Framework

Source: SHAMSA (2012)
Collaboration

- Collaborative and Community Driven Substance Abuse Prevention Models

  - Drug-Free Communities
  - Safe Schools/Healthy Students
  - Communities That Care
  - PROSPER
Collaboration – Models of Prevention

- Positive Parenting Program—Triple P* (www.triplep-america.com/)
- Strive Partnership of Cincinnati, Covington, and Newport
- Milwaukee Teen Pregnancy Prevention
- Project U-Turn (high school drop-out)
- Community Policing
Collaboration – What is it?

“…a durable relationship that brings (previously separate) organizations into a new structure with commitment to a commonly defined mission, structure, or planning effort…”

– Perrault, McClelland, Austin, & Sieppert (2011)

“…an active process of partnership in action”

– Drabble, Osterling, Tweed, & Pearce (2008)
Collaboration – Keys to Success

- Engage individuals and organizations affected by, interested in, and that have the capacity to affect the issue;
- Nurture strong relationships between diverse individuals from across the community;
- Foster mutual respect, trust and understanding; and
- Ensure balanced power among all members.

Collaboration – Keys to Success

- Established informal and formal relationships
- Shared responsibility, accountability and credit

Source: McCampbell (2010), Osher and Keenan (2002), and Perrault, McClelland, Austin, & Sieppert (2011)
Collaboration – Why Collaborate?

- Joint ownership and understanding of issues
- Maximize resources
- Coordinate programs and services rather than duplicate
- Improve relationships and communication across and within systems serving youth
- Improve capacity and reduce time to respond to emerging issues
- Improve outcomes for youth and the community
Collaboration – Common Barriers

- Barriers include philosophical, structural, tactical and organizational impediments

Source: Shufelt, Cocoza & Skowyra (2010)
Strategies for Addressing Philosophical Barriers

- Find your champions!
- Acknowledge legitimate system concerns
- Bring all appropriate stakeholders/systems to the table
- Use boundary spanners to facilitate cross-system linkages

Strategies for Addressing Structural Barriers

- Co-locate staff
- “Institutionalize” collaborative practices
- Blend or pool funding
- Create joint trainings

Strategies for Addressing Communication Barriers

- Recognize and reduce jargon whenever possible
- Provide cross-training to staff to help them better understand the “other” system
- Develop written materials that define common acronyms, terminology, service approaches, and functions for each system and share
- Establish information sharing agreements

Strategies for Addressing Staff Resistance

- Involve staff from the beginning
- Provide training to staff on any new expectations
- Regularly share results with staff
- Co-train across systems/agencies on significant issues
- Celebrate often---even minor successes

It Ain’t Easy....
Our Partners in Promotion and Prevention

- Coming together to make our communities stronger, healthier, and safer

Promotion and Prevention

- Education
- SA Treatment
- CBOs
- Public Health
- Recovery
- Law Enforcement
- Health Care
- Juvenile Justice
- Vocational/Labor
- Emergency Department
- Child Welfare
- Courts
- Mental Health
“Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better.”

-- King Whitney Jr.
And again, Thank You for this opportunity!
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