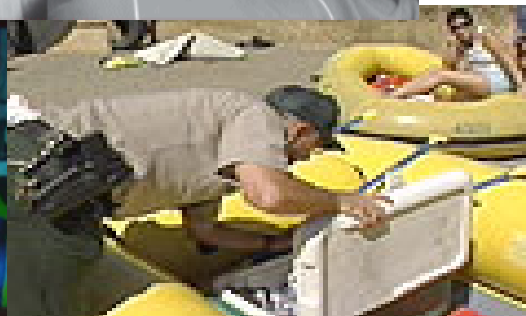
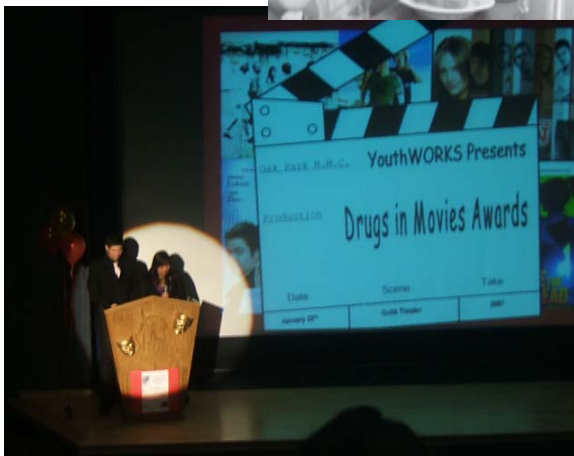


**Sacramento County Department of Health and Human Services
Alcohol and Drug Services Division (ADS)**

**STRATEGIC PLAN FOR ALCOHOL AND
OTHER DRUG PREVENTION**

Share a Family Meal - Family Day - September 25



**Alcohol Ban Apparently Worked on
American River Parkway
News10.net**



2007- 2010

Acknowledgements

The Sacramento County Department of Health and Human Services, Alcohol and Drug Services Division wishes to acknowledge the leadership and contribution of the Sacramento County Alcohol and Drug Advisory Board Strategic Planning Committee in developing a Strategic Plan to guide prevention efforts in Sacramento County. The Division also wishes to acknowledge the contributions of local prevention providers, community partners and Alcohol and Drug Services Division staff in providing much needed support and expertise to advance local prevention efforts.

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Introduction

Sacramento County, located in the Central Valley of California, includes Sacramento, the capital city of California, and several other smaller cities. The county contains both urban and rural communities and a population that is ethnically and culturally diverse. Sacramento has been an affordable community for many who move from other regions to purchase homes. The recent real estate boon has increased the population of the county to nearly 1.5 million residents. The county has experienced many growing pains including a myriad of social problems; such as school overcrowding, juvenile crime, family violence, gang related violence, unemployment and homelessness. Many social problems and incidents of criminal behavior are directly related to the sale/possession or consumption of alcohol and other drugs.

The Sacramento County Board of Supervisors declared alcohol and other drug (AOD) abuse as one of its highest priorities recognizing that AOD problems impact all sectors of the community. The development of a strategic plan allows key stakeholders to engage in effective prevention efforts to address the incidence and frequency of use in our community. The planning process enabled Sacramento County to examine existing data, resources, services, capacity and funding while identifying gaps and limitations. The strategic plan will enable Sacramento County to implement strategies to achieve the goals of utilizing effective strategies to reduce and delay the onset of alcohol and other drug use thereby reducing associated harmful effects for individuals, families and communities.

Several community-wide initiatives have helped shape the development of Sacramento's Strategic Prevention Plan. Over the past decade, a large network of youth service providers has formed and numerous community-based, faith-based and educational organizations have integrated the principles of youth development into their programs to empower youths to undertake a stronger leadership role in their communities. In fact, Sacramento was chosen as one of the one hundred best communities to raise young people by America's Promise last year.

Strengthening families has also been a priority in Sacramento, first by the implementation and expansion of evidenced-based home visitation programs and more recently by efforts to redesign the child welfare system to provide more support to families prior to having contact with Children's Protective Services. Additionally, several community-based organizations have received federal, state or local funding to train other organizations in research-based curricula to strengthen families.

Building stronger communities has been another priority in Sacramento County for more than a decade. In 1992, the County of Sacramento developed several neighborhood-based multi-service centers while the Cities of Sacramento and Citrus Heights organized their cities into areas to encourage the formation of local neighborhood associations. Over the past fifteen years, the number of neighborhood associations has rapidly increased. Two years ago, Sacramento hosted the Neighborhoods USA conference and one of Sacramento's neighborhood associations

won the best Neighborhood Program of the Year. Stronger communities will better position our community to implement more environmental strategies.

Sacramento's involvement in a variety of individual, family and community-based initiatives has shown us the importance of developing well-rounded, evidenced-based strategies that are culturally competent and develop the leadership potential of our residents. However, this Strategic Plan does not address prevention of all addictive behavior due to the limited amount of financial resources available for prevention activities. Since there is a substantial amount of other funding available for tobacco prevention, this plan does not address smoking prevention or cessation. Additionally, the Strategic Plan does not address gambling addiction as there is insufficient local archival or anecdotal data available on the need for prioritizing gambling prevention activities with our limited resources.

Sacramento County Alcohol and Drug Services Division

Vision

Sacramento County Alcohol and Drug Services Division will work collaboratively to create a healthy, productive and safe community free from the adverse consequences of AOD use and abuse.

Sacramento County Alcohol and Drug Services Division

Mission

The mission of the Alcohol and Drug Services Division is to promote a healthy community and reduce the harmful effects associated with alcohol and drug (AOD) use through: the support and development of effective community partnerships; the implementation of comprehensive strategic policies; the funding of successful prevention and treatment services; the development and tracking of measurable outcome; and the use of research and training to improve planning, resource allocation, services and workforce skills.

Guiding Principles for Sacramento County's Strategic Prevention Plan

- 1. Problems related to alcohol and other drugs (AOD) in Sacramento County impact all our neighborhoods and communities.**
 - All neighborhoods and communities, not only the impoverished neighborhoods and gangs, have problems related to alcohol and other drugs.
 - "Communities" may include associations or groups based upon age, ethnic or racial groups, tribal affiliations, sexual orientation, religious or spiritual faith, social or political interest or geographic boundaries.

- 2. Neighborhoods and communities coming together have the power to build solutions to AOD problems.**
 - Individuals from neighborhoods and communities do not have to be prevention professionals to impact the availability, manufacturing, distribution, promotion, sales and use of alcohol and other drugs.
 - Persons from various neighborhoods or communities have a wealth of geographic, cultural and other knowledge to bring to bear on the availability, manufacturing, distribution, promotion and sales of alcohol and other drugs.
 - Prevention providers can best leverage their resources and achieve the greatest impact when working in collaboration with individuals, families and the communities they serve.

- 3. AOD problems are a collective, community-wide challenge for which we should all be accountable.**
 - Individuals, families, communities and those who work directly and indirectly with alcohol and other drug issues must collectively work for AOD prevention, including youths, mentors, coaches, parents, teachers, clergy, law enforcement, courts, medical professionals and employers.
 - Prevention efforts must be evidenced-based or based upon evidence.

- 4. An effective community action plan to address problems should include a full range of prevention strategies.**
 - Effective prevention programs not only address the factors that place people at risk, but build protective factors that increase resiliency and empower people to make change in themselves, their families and communities.
 - Effective prevention programs address the domains of influence including individual, peer, family, school, community and environment.

- 5. We are committed to demonstrating the effectiveness of our efforts.**
 - Outcome data will be collected for all prevention efforts funded through this Strategic Prevention Framework.
 - Outcome data will be placed on the Sacramento County Alcohol and Drug Divisions website for easy public access.

Plan Development Process

In the spring of 2006, the Sacramento County Department of Health and Human Services Alcohol and Drug Services Division initiated the planning process to develop a strategic prevention plan. The first step was to form a partnership with the Sacramento County Alcohol and Drug Advisory Board. The Advisory Board established a Steering Committee to work with the existing Prevention Committee and division staff. These combined work groups made the development of the strategic prevention plan their priority and expanded both their calendar of meetings and their participation efforts.

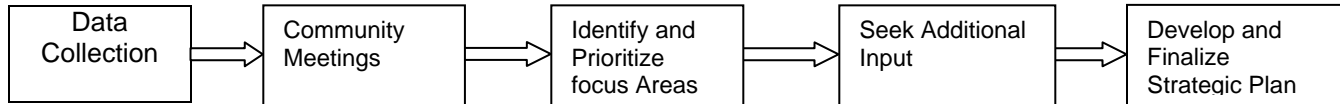
The Steering Committee established focus groups and a process for the collection of data. Focus groups selected data for presentation to the Steering committee, which then synthesized the information and developed a palatable format for presenting the information at the community meetings.

On October 18, 2006 the first major community forum was sponsored by the Sacramento County Alcohol and Drug Services Division and the Steering Committee. The community forums were organized around a three step process. First, participants were provided with a quick overview of existing data. Second, in small groups, participants were asked to identify data that they felt was still needed for the planning process. Third, the small groups were asked to prioritize what they felt should be included in the strategic prevention plan. The Steering Committee consolidated the information from the first community forum and found that there were three major areas of focus: individual empowerment, family strengthening, and community building/environmental strategies.

On December 4, 2006, a second community forum was held to present the guiding principles for prevention, overview best practice models, present the three primary strategic approaches and to obtain additional input to develop the strategic prevention plan.

Synopsis of Development Process

The planning process consisted of the following five phases:



I. Data Collection (Summer 2006 – ongoing)

The Strategic Planning Committee conducted collection and analysis of local, state and national alcohol and drug data.

II. Community Meetings (October 2006)

The Strategic Planning Committee organized and facilitated a community meeting to provide an overview of the planning process, current prevention trends and present a status report on substance use and consequences. A follow-up meeting was held in December 2006.

III. Identify and Prioritize Areas of Focus (Fall 2006)

The planning committee identified and prioritized areas of focus for future prevention efforts and developed prevention guidelines based upon data analysis, current prevention trends and existing prevention services.

IV. Seek Additional Input (December 2006)

The Strategic Planning Committee facilitated a second community meeting to report progress on the Prevention plan and present the following: guiding principles for prevention, overview of best practices models, primary strategic approaches and gather community input.

V. Develop and Finalize Strategic Plan (Winter 2006)

The Strategic Plan was finalized for implementation and public distribution. Sacramento County Alcohol and Drug Services Division will conduct a competitive bid process for fiscal year 2007-2008 prevention contracts that will be based upon the goals and objectives identified in the Strategic Plan.

Alcohol and Other Drug Indicators and Trends

The Sacramento County AOD Prevention Strategic Planning Committee conducted collection and review of local, state and national drug indicator and trend data. Issues identified by the needs assessment process are detailed below.

Type of Drug Use

Alcohol Use

Adults

- 57% reported alcohol use in the last 30 days
- 13% had more than 5 drinks in one sitting

College age youth (over 18 years of age)

- 48% reported recent alcohol use
- 30% reported binge drinking within the week

High school age youth (11th graders)

- 32% drank in the last 30 days
- 20% had more than 5 drinks in one sitting (e.g. binge drinking)
- 61% have used alcohol sometime in their lifetime

Marijuana Use

Adults

- Second only to alcohol as the most frequently used substance (18%) in Sacramento County

High school age youth (11th graders)

- 21% reported use in the last 30 days
- 43% have used marijuana sometime in their lifetime

Methamphetamine Use

Adults

- Primary drug of abuse for those entering publicly funded treatment
- Women are as likely to use as men

Youth

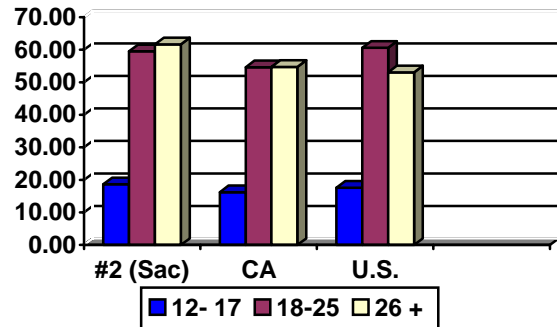
- Not a major drug of choice for youth compared to alcohol, marijuana or prescription drugs
- 7.6% of 11th graders report methamphetamine use

Opiate Use¹

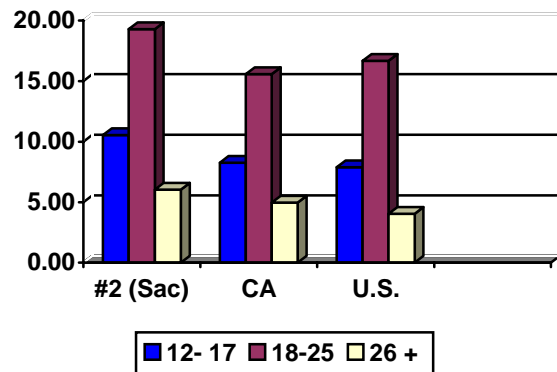
- Opioid analgesics (e.g. Codeine, Fentanyl, Hydrocodone, Methadone, OxyCotin) have involved more deaths in the United States than either heroin or cocaine

¹Paulozzi Opioid Analgesic Involvement in Drug Abuse Deaths in American Metropolitan Areas, AJPH 96 (10), 2006

**Alcohol Use W/I Past 30 Days
(2002-2004 NSDUH, SAMHSA)**



**Marijuana Use W/I Past 30 Days
(2002-2004 NSDUH, SAMHSA)**



Prescription pain medications (e.g. OxyCotin, Percodan, Vicodin)²

Youth

- 14% of 11th graders reported use within the last 6 months

Inhalents

Youth

- Readily available at an early age
- Decreased use with increasing age/grade

Cocaine

Youth

- 4% of 11th graders reported use within the last 30 days

Poly Drug Use

Adult

- Majority of clients reported multiple alcohol and drug use

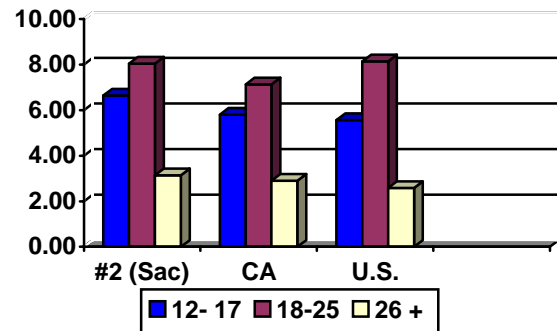
Pregnant women

- 4% to 11% reported illegal drug use (although not specific to poly drug use)

Youth

- 45% of 11th graders reported some illegal drug use in their lifetime, although they may not have viewed drinking as illegal drug use when in fact underage drinking is illegal.

Any Illicit Drug Use other than Marijuana W/I Past 30 Days (2002-2004 NSDUH, SAMHSA)



Consequences of Drug Use

Health

Pregnancy

- 19% of pregnant women reported drinking alcohol³
- More than 250 substance-exposed infants were reported to Sacramento County Child Protective Services in Fiscal Year 2002/2003

Emergency Room Visits⁴

- 635 alcohol involved visits
- 1,500 drug related visits
- 2,200 non medical use of pharmaceutical related visits

Deaths

- 315 alcohol attributable deaths (74% males)⁵
 - » Top causes were alcoholic liver disease, MVC, and homicides
 - » Top causes for <21year olds were homicides and MVC
- 160 drug overdose deaths⁶
- Opioid analgesics (e.g. Codeine, Fentanyl, Hydrocone, Methadone, Oxycodone)

²Skager & Austin, Highlights – 11th Biannual California Student Survey, 2005-6 West Ed, Fall 2006.

³Adapted for Sacramento from California ADP, Office of Perinatal Substance Abuse, CAADPAC, September 27, 2006

⁴Adapted for Sacramento from SAMHS'S DAWN Reports #s 1 & 23, 2004 data, 2006

⁵Adapted for Sacramento from CDC's Alcohol-0Related Disease impact for California, 2001

⁶Paulozzi Opioid Analgesic Involvement in Drug Abuse Deaths in American Metropolitan Areas, AJP 96 (10), 2006

Educational Consequences

Substance use by youth and parents/caregivers is a major contributor to:

- Poor academic performance
- Behavior problems, including violent behavior
- Truancy, suspensions and expulsions

Criminal Consequences

Substance use is present in the majority of cases; such as:

Child abuse and neglect ---children of substance using parents are 3 times more likely to experience physical abuse or neglect

- 40,325 (115/1,000) emergency response

Domestic and intimate partner violence

- 8,432 (10.6/100,000) domestic violence calls

Sexual assault

- 5% of college women report being raped and the vast majority of perpetrators and victims were intoxicated

Arrests for Driving Under the Influence (DUI) – 18-69

- 7,230 (9.1/1,000) – higher than the state rate for 2001

Alcohol-involved motor vehicle accidents

- 875 (111/100,000 licensed drivers) – higher than state rate for 2001 and rising
- Additionally, Sacramento has the highest rate of hit and run crashes!

Juvenile arrests for alcohol and other drug offenses

- 1,010 (6.7/1,000) – higher than state rate

Adult arrests for alcohol offenses (excluding DUI)

- 3,783 (4.8/1,00) – higher than the state rate of 3,651 in 2001 and rising

Adult arrests for drug violation offenses

- 8,293 (10.5/1,000) – higher than the state rate of 3,651 in 2001

Economic consequences

Alcohol sales present both positive and negative economic consequences to the community.

Sales taxes are generated by:

- 2,244 liquor licenses in the County of Sacramento in 2001 ---one for every 608 residents
- 901 licensed in alcohol establishments in the City of Sacramento---one for every 504 residents

Costs related to underage drinking

- \$275 million⁷ (Adapted from Miller, T. et al., Societal Costs of Underage Drinking, J Stud Alcohol 67:519-528, 2006 & PIRE – IIAA www.beawarenow.org)

Prevention Programs by Primary CSAP Strategy

Programs funded by Sacramento County DHHS –
Alcohol and Drug Services Division
Fiscal year 2005-2006

<u>Strategy</u>	<u>Number</u>	<u>Percentage*</u>
Information Dissemination	10	76.92%
Education	12	92.31%
Alternatives	8	61.54%
Problem ID and Referral	4	30.77%
Community-Based Process	12	92.31%
Environmental	2	15.38%

*Since many programs employ more than one strategy, the percentages exceed 100%

Prevention Program Inventory

In reviewing the prevention programs funded through Sacramento County's Substance Abuse Prevention and Treatment (SAPT) Block grant, it is apparent that there are clear gaps in the provision of prevention services, particular in terms of strategy (see chart above). Only two of the thirteen, or 15%, of prevention providers utilize environmental approaches. However, twelve of the thirteen, or 92% use a community-based process which well-positions them for undertaking environmental approaches. Of course, the chart above is in no means inclusive of all prevention programs in the county, as many are federal, foundation or privately funded, especially faith-based programs in the community.

Strategies for Priority Focus Areas

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), to make a meaningful impact on alcohol and other drug problems, communities need to employ multiple strategies that address the six domains of influence: Individual, Peer, Family, School, Community and Environment. Our strategic planning process has collapsed those categories into three major focal points: individual/peer, family, and community/environment. Although the school domain was not included, many individual prevention efforts are conducted in schools. Prevention activities must address risk while building upon protective factors that strengthen and empower individuals and families to make their communities healthier places to live and thrive.

Priority Areas

Based on assessment of available data and community input, the Strategic Planning Committee identified the following three priority areas of focus for alcohol and other drug prevention efforts for fiscal years 2007/2008 to 2009/2010.

- Empowering individuals,
- Strengthening families, and
- Building stronger and healthier communities and environments

By increasing awareness, changing norms and reducing access to alcohol and other drug use through comprehensive efforts based upon evidence of effectiveness.

Goals

The Sacramento County Alcohol and Drug Services Division Strategic Planning Committee developed the following goals to address each of the priority areas.

- Decrease the use of alcohol and other drugs by individuals.
- Increase families' awareness and norms about the harmful effects of alcohol and other drugs and reduce access to alcohol and other drugs through families.
- Decrease access to alcohol and other drugs in communities

NOTE: Although it may appear that the three priority areas represent discreet focal points, many individual, family and community activities overlap. For example, the implementation or research-based curriculum in an after school program for youths would ideally include a parent involvement component designed to strengthen families and involve the youths in social marketing, advocacy and environmental strategies to reduce the access to alcohol and other drugs in their community.

PRIORITY AREA 1: EMPOWER INDIVIDUALS TO REDUCE ALCOHOL AND OTHER DRUG USE --- ESPECIALLY AMONG YOUTH

INDICATORS:

- Extent of alcohol and other drug use, especially poly drug use among community residents.
- Extent of pro-substance abuse media messages.
- Extent of liquor licenses and other shops that sell drug paraphernalia.

STRATEGIES:

- Community-based process
- Information dissemination on promising and evidenced-based practices
- Education
- Changing peer and family norms
- Alternatives
- Environmental approaches

GOAL 1: Ensure all prevention providers in the county use promising or evidence-based prevention practices.

Objective 1: By June 30, 2008, 75% of the prevention providers will have received basic training in promising and best practices in alcohol and other drug prevention work.

Activities may include:

- Continue to identify and collect best practices and emerging evidence-based practices for preventing alcohol and other drug problems.
- Create a recommended best practices database which will be reviewed and updated annually on the County's website.
- Identify and create a contact list of all prevention providers implementing best practices and emerging evidenced-based practices.
- Continue to offer at least two trainings per year on promising and best practices for alcohol and other drug prevention work.
- Continue to provide technical assistance (TA) to prevention providers in implementing best practices.

Objective 2: By June 30, 2008, 100% of the SAPT prevention providers will be using promising or best practices --- especially targeting youths who have experienced a lack of commitment to school, antisocial behavior, academic failure, family conflict, alcohol and other drug use in the family, suffer from economic deprivation, low neighborhood attachment and live in communities whose norms favor the use of drugs and violence.

Activities may include:

- Identify additional training needs and interests via provider surveys, training evaluations and TA requests.
- Continue Alcohol and Other Drug Treatment Initiative (AODTI) training that provides regular and free training opportunities, including best practices for the prevention of alcohol and drug use.
- Develop a system to evaluate the extent to which evidenced-based practices have been implemented.

GOAL 2: Decrease use of alcohol and other drugs among youth.

Objective 1: By June 30, 2009, there will be a 20% increase in perceived harm of alcohol and other drugs among 9th and 11th grade students.

Activities may include:

- Implement evidenced-based curricula that include interactive dialogues about the harm of alcohol and other drug use.
- Provide training and support to empower youths to change the drug free norms of their peers through peer mentoring, education and/or social marketing campaigns.
- Provide training and support to empower youth to advocate for policy changes about alcohol and other drug use; such as, changing the tax on beverages containing liquor; developing social host ordinances; advocating for policies that limit alcohol industry sponsorship and promotion of community events; limiting the extent of alcohol advertising in the retail environment; enforcing loitering laws outside of small, neighborhood markets, etc.

Objective 2: By June 30, 2009, there will be a 20% decrease in 30-day use among 9th and 11th grade students.

Activities may include:

Implement promising practices or evidenced-based curriculum that includes:

- A program that provides both physical and emotional safety, opportunities to develop healthy relationships with peers and caring adults, builds refusal and other life skills, encourages youth participation in all aspects of the program and encourages civic involvement.
- Opportunities to participate in drug free recreational activities; such as, theater, dances and community service.

PRIORITY AREA 2: STRENGTHEN FAMILIES BY INCREASING THEIR AWARENESS AND NORMS REGARDING THE HARMFUL EFFECTS ALCOHOL AND OTHER DRUG ISSUES

INDICATORS:

- Extent of alcohol and other drug use during pregnancy
- Extent of multigenerational alcohol and other drug use.
- Extent of pro-substance abuse family norms.
- Extent of access to alcohol and other drugs.

STRATEGIES:

- Community-based process
- Information dissemination on promising and evidenced-based practices
- Family strengthening
- Changing peer and family norms
- Alternatives
- Environmental approaches

GOAL 1: Increase awareness and norms about harmful effects of alcohol and other drug use.

Objective 1: By June 30, 2008, engage families in evidenced based practices to increase their awareness of alcohol and other drug issues and change families norms about alcohol and other drug use.

Activities may include:

- Implement best practices and emerging evidence-based practices curriculum that engages families in interactive dialogues to strengthen families.
- Supplement best practices curricula with drug free activities to encourage stronger families.

GOAL 2: Reduce access to alcohol and other drug use through families.

Objective 2: By June 30, 2008, engage families in reducing access to alcohol and other drugs.

Activities may include:

- Implement media campaigns around research-based activities that build protective factors.
- Implement media campaigns that increase families' awareness that most youth access alcohol and other drugs at home or through family members.

PRIORITY AREA 3: BUILD STRONGER AND HEALTHIER COMMUNITIES

INDICATORS:

- Extent of alcohol industry sponsorship of community events.
- Extent of alcohol advertising in the community.
- Extent of pro-substance abuse community norms.
- Extent of access to alcohol and other drugs.

STRATEGIES:

- Community-based process
- Information dissemination on promising and evidenced-based practices
- Advocacy
- Changing community norms
- Environmental approaches

GOAL 1: Reduce access to alcohol and other drugs in communities.

Objective 1: By June 30, 2009, there will be a 20% reduction in the number of youths who report that alcohol and other drugs are easily accessible.

Activities may include:

- Collect baseline data within the community about youth access issues; such as, information about youths' primary source of access; development/enforcement of zero tolerance policies within the schools; development/enforcement of keg registration laws, decoy outcomes, ABC violation rates and/or traffic crashes.
- Work with existing or develop new community coalitions to address alcohol and other drug related problems within their community and develop specific goals, objectives and action plans to reduce access to alcohol and other drug related problems in their community.
- Work with local businesses to reduce alcohol advertising that appeals to youth.
- Work with local civic organizations/media to discourage alcohol sponsorship and/or availability at special events. (e.g. fundraisers, ethnic celebrations, sports celebrations, concerts, etc.)
- Work with local gas stations to prohibit the sale of single servings of alcohol.
- Work with advocacy groups to limit or prohibit the expansion of "smoke" shops that sale paraphernalia for smoking marijuana or other drugs.
- Work with media to promote family activities that do not include alcohol and promote building protective factors.
- Provide responsible beverage training and service to clerks of off-sale alcohol retailers.
- Work with law enforcement as part of should-tap operations.

Evaluation Plan

Although the actual activities that are implemented in each priority area may vary according to the needs of each community, the key indicators for each of the three priority areas and the parties responsible for collecting data are summarized below.

PRIORITY AREA 1: EMPOWER INDIVIDUALS TO REDUCE ALCOHOL AND OTHER DRUG USE --- ESPECIALLY AMONG YOUTH				
GOAL 1: Ensure all prevention providers in the county use promising or evidence-based prevention practices.				
SAMPLE ACTIVITIES	INDICATORS	EVALUATION TOOL	FREQUENCY OF COLLECTION	RESPONSIBLE PARTY
Identify promising and best practices and include on DHHS website	Identification by CSAP	Website	Ongoing	DHHS
AODTI training on best practices	Attendance logs	Observation/ Discussion		
TA on best practices	Site visits	Observation/ Discussion		
GOAL 2: Decrease use of alcohol and other drugs among youth.				
SAMPLE ACTIVITIES	INDICATORS	EVALUATION TOOL	FREQUENCY OF COLLECTION	RESPONSIBLE PARTY
Implement best practice curricula shown to reduce AOD use	Reported 30-day AOD use	CHKS	Biannually	Providers
Youth-led social campaigns against AOD use				
Advocate for policy changes concerning AOD use				

PRIORITY AREA 2: STRENGTHEN FAMILIES BY INCREASING THEIR AWARENESS AND NORMS REGARDING THE HARMFUL EFFECTS ALCOHOL AND OTHER DRUG ISSUES

GOAL 1: Reduce alcohol and other drug use.

SAMPLE ACTIVITES	INDICATORS	EVALUATION TOOL	FREQUENCY OF COLLECTION	RESPONSIBLE PARTY
Implement best curriculum that strengthens families and increases their awareness of harmful effects of AOD use	Parents increased awareness of harmful effects of AOD use Attendance logs	CHKS Observation & Discussion	Biannually Ongoing	Providers
Host AOD free alternatives				

GOAL 2: Strengthen families to reduce access to alcohol and other drug use.

SAMPLE ACTIVITES	INDICATORS	EVALUATION TOOL	FREQUENCY OF COLLECTION	RESPONSIBLE PARTY
Implement media campaigns around research-based activities that build protective factors.	Reported access to AOD	CHKS	Biannually	Providers
Implement media campaigns that increases families' awareness that most youth access alcohol and other drugs at home or through family members.				

PRIORITY AREA 3: BUILD STRONGER AND HEALTHIER COMMUNITIES**GOAL 1: Reduce access to alcohol and other drugs**

SAMPLE ACTIVITES	INDICATORS	EVALUATION TOOL	FREQUENCY OF COLLECTION	RESPONSIBLE PARTY
Community advocacy for policy change and/or increased enforcement of policies to reduce access to AODs	Reported access to AOD	CHKS	Biannually	Providers
Community developed and implemented action plans to reduce access to AODs				

Glossary of Prevention Terminology

Most of the glossary of prevention terminology was created by the Western Center for the Application of Prevention Technologies funded by the Center for Substance Abuse Prevention

ABC	The Department of Alcoholic Beverage Control is the state agency responsible for licensing and regulating alcoholic beverages.
Activity	A time-limited task, involving direct experience and participation.
ADP	California Department of Alcohol and Drug Programs
ADS	Sacramento County Alcohol and Drug Division
Alcohol	Alcohol includes beer, wine, liquor and mixed drinks.
AOD	Alcohol and other drugs (tobacco and gambling are not included in this plan due to limited funding resource)
AODTI	The alcohol and other drug treatment initiative developed in the County of Sacramento
AOD Prevention	Process, services, policies, campaigns, planning, initiatives, activities and strategies that reduce problems as a result of the availability, manufacture, distribution, promotion, sales and use of alcohol and other drugs
Alternatives	This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction or otherwise meet the needs usually filled by alcohol and other drugs. Examples include, but are not limited to: alcohol and drug free dances, leadership activities and community services activities.
Best practices	Strategies, activities, approaches or programs shown through research and evaluation to be effective at preventing and/or delaying substance abuse.
Binge drinking	Binge drinking refers to consuming five drinks or more in a row on the same occasion.
CDC	Center for Disease Control and Prevention
CHKS	CHKS refers to the California Healthy Kids Survey

Community	Community can include organizations, institutions, government, civic, ethnic, racial, tribal and faith-based organizations. Community also includes associations and affinity groups based upon age, social status, occupation or profession, political or social interest or sexual orientation, as well as, affiliations determined by geographic boundaries.
Community-based	A community-based process is a strategy that aims to enhance the ability of the community to mobilize and effectively provide services. Activities in the strategy include organizing, planning, enhancing efficiency and effectiveness of implementation, interagency collaboration, coalition building and networking. Examples include but are not limited to: volunteer recruitment and training, developing action plans, encouraging multi-agency coordination and collaboration, fund raising and team building.
CSAP	The Center for Substance Abuse Prevention is the federal agency responsible for alcohol and other drug prevention initiatives.
Cultural Competence	Understanding and appreciating the cultural differences and similarities within, among and between groups, including values, norms, traditions, customs, arts, history, folklore, music and institutions. This requires both the willingness and ability to draw on community-based values, traditions and customs.
Decoys	Decoy operations are minors, or persons who appear to be minors, who attempt to purchase alcohol products while under the supervision of law enforcement agencies that may result in citations for sales to minors.
Education	This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that there is interaction between the educator/facilitator and the participants. Activities aim to affect critical life and social skills, including decision-making, refusal skills and analysis.
Effectiveness	The improvement in health outcomes that a prevention strategy produces in a typical setting
Efficiency	This is a measure of the relationship between the inputs and outputs in a prevention strategy.
Environmental Prevention	This strategy establishes written and unwritten community standards, codes and attitudes, influencing incidence and prevalence of substance abuse in the population. The strategy is divided into two subcategories to permit distinction between activities that center on regulatory initiative and action-oriented initiatives. Examples include but are not limited to: promoting the establishment and review of AOD policies, maximizing

enforcement of procedures that govern the availability of AOD and modifying AOD advertising practices.

Evaluation

Evaluation is the systematic collection, analysis and use of program information for the purposed of planning, policy making, implementing, monitoring and improving prevention efforts.

Goal

Goals are the broad philosophical statements of what people are aiming to accomplish.

Principles

Principles are the underlying thoughts or assumptions that guide the system of thought in developing our action plans.

Indicators

Indicators are measures that help quantify the achievement of a goal or result.

**Information
Dissemination**

This strategy provides awareness and knowledge of the nature and extent of substance use, abuse and addiction and their effects on individuals, families and communities.

Inhalants

Inhalants are those drugs that are “sniffed” or “huffed” to get high, such as glue, gas, gasoline, paint fumes, aerosol sprays, poppers and laughing gas.

Input

Input refers to the resources available address an issue including individuals, money and times.

Methamphetamines

Methamphetamines include crystal meth, speed, ice, crank or any amphetamine.

Objective

Objectives are specific, measurable, attainable, realistic and time-oriens ways in which goals are achieved.

Output

Outputs are the immediate products or activities of efforts or programs.

Poly Drug Use

Poly drug use refers to the use of two or more different types of drug use.

Prevention

Although there is no singled definition of alcohol and other drug prevention, the overall goals of prevention are to foster climates in which:

- Alcohol use is acceptable only for persons of legal age and only when the risk of adverse consequences of use is minimal;
- Prescription and over-the counter drugs are only used for the pur0poses for which they were intended;
- Other substances are used only for their intended purposes

- Illegal drugs and not used at all.

Resiliency	Resiliency factors are those strengths that can be developed in children to provide some protection to the risks associated with substance abuse. Examples may include, but are not limited to, bonding with healthy adult role models, healthy and clear standards, parental monitoring, academic achievement and attachment to family, school and community.
Risk Factors	Risk factors are those characteristics or variables that make it more likely that an individual may become involved in substance use/abuse. Examples may include, but are not limited to, lack of attachment to parents, school or community; academic failure; family or community norms favorable to substance use/abuse.
SAMSHA	The Substance Abuse and Mental Health Services Administration
Social Marketing	Social marketing is the application of commercial marketing techniques to communicate about health and social issues. Social marketing focuses on an identified target audience by attempting to persuade the audience, to adopt an idea, practice and/or product.
Target population	The target population is the audience to which your activities are aimed. The target audience is often referred to as the primary audience. The target population includes those who are primarily affected by the issue and among whom who are trying to create change.
Theory	A theory is the interrelated propositions containing concepts that describe, explain, predict or control behavior
Violence	Violence is the physical and nonphysical harm that causes damage, pain, injury or fear. It is a public health and safety condition that often results from individual, social, economic, political and institutional disregard for basic human needs.
Youth Development	Youth development is the ongoing process in which young people are engaged in building the healthy relationships, knowledge, attitudes, skills and experiences that prepare them for the present and future.