

# San Joaquin County



## Behavioral Health Services

### A Strategic Plan for Substance Abuse Prevention

July 2007

# Table of Contents

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<b>San Joaquin County Prevention Services Mission Statement</b> .....	ii
<b>Introduction</b> .....	1
<b>Strategic Plan Framework</b> .....	2
<b>Key Findings</b> .....	4
<b>Assessment</b> .....	6
<b>Capacity Building</b> .....	10
<b>Planning</b> .....	17
<b>Implementation and Evaluation</b> .....	20
<b>Appendices</b>	

## **San Joaquin County Prevention Services Mission Statement**

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San Joaquin County Prevention Services will increase alcohol, tobacco and drug free lifestyles.

SJC Prevention Services offers a variety of services directed at the community, and to adolescents and their families.

In addition, Prevention Services provides a community resource library and referral services.

## Introduction

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In July of 2005 the California Department of Alcohol and Drug Programs (CADP) adopted a new policy regarding Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant funds. This new policy requires that counties use the Strategic Plan Framework (SPF), a planning and program design tool developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

The strategic plan found within this document was generated by San Joaquin County Prevention Services using a collaborative approach to ATOD issue identification. More specifically, along with compiling data from secondary data sources, the Prevention team sought feedback from individuals from the community. In addition, data found in this document stems from a data triangulation approach and includes information from the following sources:

- Secondary data sources
  - Community Indicators of Alcohol and Drug Abuse Risk report
  - California Healthy Kids Survey
  - Office of the Attorney General
- Primary data sources
  - Group interviews with the San Joaquin County Prevention Services team
  - Community survey
  - Focus groups
  - Key informant interview work

## Strategic Plan Framework

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The San Joaquin County Behavioral Health Services Prevention Strategic Plan centers on the Five Step planning method. This Five Step process includes the following components:

### Step 1: Assessment

- Identify areas of concern for community AOD problems
- Collect and analyze relevant data to define the local magnitude and locations of problems, identify target populations and environments and assess resources
- Rank AOD problems according to community need and health/safety criteria
- Share data and ranked concerns with the community

### Step 2: Capacity Building

- Assess readiness, capacity, and stakeholder resources and leadership to implement and sustain prevention initiatives
- Engage and mobilize local resources (financial and organizations) to address assessed needs. This may include convening partnerships or coalitions
- Build readiness, cultural competency, and leadership among prevention partners through education and training
- Prioritize AOD concerns

### Step 3: Plan

- Set priorities for action on AOD problems
- Identify strategies for use with target populations and/or high-risk settings
- Use assessment data to develop a county strategic plan that includes effective policies, programs, and practices
- Identify strategic goals, objectives, and measurements
- Prepare work plans for implementation, including evaluation plans

### Step 4: Implement

- Carry out the plan(s) developed in Step 3 above
- As appropriate, issue RFPs / RFAs, etc. to carry out the work of the plan
- Document the work plan's process and activities according to the evaluation plan
- Modify (and document) implementation as needed to achieve project goals and objectives

## Step 5: Evaluate

- Activate evaluation plan designed above
- Collect, analyze and report evaluation data to analyze processes and outcomes for the programs, policies, and practices being implemented in Step 4
- Share evaluation data and review with stakeholders
- Use evaluation findings to refine and improve prevention services

## Key Findings

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- The top age groups to target for prevention efforts were found to be those aged 5-11, 15-17 and 12-14, and 18-20.
- The top five ATOD substances found to be affecting youth in San Joaquin County were:
  1. Alcohol
  2. Tobacco
  3. Marijuana
  4. Methamphetamine
  5. Prescription drugs
- The top five age ATOD substances found to be affecting adults in San Joaquin County were:
  1. Alcohol
  2. Dual/multiple drug usage
  3. Methamphetamine
  4. Marijuana
  5. Cocaine
- California Health Interview Survey (CHIS):
  - CHIS data indicates that the top drug-related concerns in San Joaquin County are: alcohol (youth and adults); 2) other drugs (youth usage of marijuana, cocaine, sniffing glue, etc.); and tobacco (youth).
  - Findings from the administration of CHIS indicate that with respect to age comparisons (between those who are 18 and over, 15-17, and 12-14), it is the 15-17 year old age group that has the highest incidence for smoking, consumption of alcohol, binge drinking, use of marijuana, and use of all forms of drugs. While the sample of 15-17 year olds was too small to infer such findings to the entire 15-17 year old population in San Joaquin County, the results from this sample of youth is an important reference point for ATOD prevention planning.
- Fall 2004 California Healthy Kids Survey Data indicates the following:
  - Overall CHKS results across the four largest school districts in San Joaquin indicate that with respect to use at any point in their lives, students report having used alcohol at the highest rate (38.7%) followed by tobacco (30.5%), marijuana (20.7%), and inhalants (10.1%)
  - Overall CHKS data specific to drug use during the last 30 days indicates that alcohol was used at the highest rate (24.6). Unlike overall lifetime use, data on marijuana was found to have the second highest rate (11.6%) followed by tobacco (9.5%) and inhalants (4.1%).

- Usage of alcohol, inhalants, and marijuana within the last 30 days was similar across all districts with the exception of the following:
    - Alcohol consumption during the last 30 days was highest for all grades within Manteca Unified and lowest amongst 7<sup>th</sup> graders within Tracy Unified.
    - Use of inhalants was highest amongst 9<sup>th</sup> graders within Stockton Unified and lowest amongst 7<sup>th</sup> grade students within Tracy Unified.
    - Use of marijuana during the last 30 days was less frequent amongst 7<sup>th</sup> and 9<sup>th</sup> graders within Tracy Unified.
  - Little difference is found between school districts with respect to the percentage of student who reported smoking marijuana on school property in the past month. With respect to 9<sup>th</sup> graders, it should be noted that students within Stockton Unified reported the highest use and 9<sup>th</sup> graders within Tracy Unified reported the least usage (11% compared to 3%).
  - No substantive difference is found between districts with respect to the following:
    - The percentage of students that had ever been drunk or high on school property.
    - The percentage of students who had ever been very drunk or sick after drinking.
    - The percentage of students who had been involved in binge drinking in the past 30 days.
- The most significant global risks that are affecting San Joaquin County (in comparison to the 58 counties in California) are:
- Reported crimes
  - Incidence of adult alcohol and drug treatment admissions
  - Reported runaways
  - Births to teen mothers
  - Domestic violence calls for assistance
  - Number of TANF recipients – presence of poverty
  - Adolescent suicides
- Additional risks affecting San Joaquin County include:
- The arrest rate for driving under the influence
  - San Joaquin County had the highest juvenile arrest rate amongst all middle to large counties in the State (2003)
  - The total number of drug offenses rose considerably from 2004 to 2005
  - The school drop out rate for Lodi Unified and Stockton Unified exceeds that State average by 100%
  - Manteca Unified had the highest number of expulsions in the County and Lodi Unified had the highest number of suspensions (2005/2006)
  - The truancy rate in Stockton Unified was more than twice that of the State average in 2005/2006 (57.53 compared to 24.79)
  - The County school system and in Stockton Unified had the lowest percentage of students pass the High School Exit Exam in 2005/2006 (within San Joaquin County). Rates were the lowest for socio-economically disadvantaged youth within Stockton Unified.

## Assessment

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### Prevention Staff Assessment Rankings

A key part of the strategic planning process calls for the identification of preliminary areas of concern with respect to community AOD problems. The most crucial group in this process is the Prevention Services professional team as it is their input that set the stage for further data collection and prioritization.

The issues identified in this section of the strategic plan connect with the expertise of staff who oversee a full range of prevention initiatives (from work with the Students in Prevention team, the Safe and Drug Free Schools and Communities grant, Friday Night Live, etc). It important to add that the professional team providing this feedback has served San Joaquin County of a multitude of years, thus the qualitative feedback from this group offers a critical starting point for planning work. As part of this effort, the prevention team was asked to rank the following:

- The age groups that represent the most pressing concerns with respect to ATOD prevention
- The top ATOD concerns for youth and adults in San Joaquin County

It is critical to note that these rankings were finalized after a careful review of a full range of data that was collected as part of this assessment.

### *Age Rankings*

The San Joaquin County Behavioral Health Prevention Services team ranked the following age groups as the top three with respect to ATOD prevention:

- 5-11 (elementary school)
- 15-17 (high school) and 12-14 (middle school)
- 18-20

The elementary school age (5-11) was found to be the top concern as it is at this age that the prevention message is most crucial. Moreover, it is during these years that there is a chance for considerable impact. Youth at this age can be equipped with resiliency, decision making, and coping skills. This age is especially important to target because this is prevention work that is being conducted, most likely, before usage and before treatment.

Other ages are found to be less optimum for prevention work as at the high school and middle school level, such efforts can, for some, be too late for positive impact. It is important to note that while there is a chance that prevention for some older youth may have been lost, there is the opportunity to minimize the impact ATOD for youth of this age. For example, while drinking may have already occurred at the middle school or high school levels (and indeed does at a higher rate) there would be the opportunity to prevent binge drinking.

Prevention work with adults aged 18 to 20 was found to be of particular importance with respect to the topics of binge drinking and its connection with newfound independence during the college years. Along with binge drinking, driving under the influence is a topic of considerable prevention importance. It should be added that with this age group there is the chance to curb use and ward off abuse. The focus here (like is the case for older juveniles) is the importance of the connection between prevention and intervention.

### *Substance Rankings for Youth*

The Prevention team found that the top five ATOD concerns for youth in San Joaquin County were the following:

1. Alcohol
2. Tobacco
3. Marijuana
4. Methamphetamine
5. Prescription drugs

Alcohol was found to be the top concern for youth in San Joaquin County. Prevention staff pinpointed that it is this drug's availability that makes this drug such a critical concern. Specific concerns with respect to alcohol are:

- Alcohol is a gateway drug to other drugs (youth are found to try alcohol at a very early age and they tend to stay with this gateway drug even though it is deadly)
- Alcohol is found to be pervasive in society (both in the form of advertising and alcohol itself) – it is found in homes, parents are seen drinking)
- Products are marketed to juveniles (e.g., Alcopops)

Tobacco was ranked as the second most pressing concern in San Joaquin County. This was found to be another gateway drug that can lead youth to try other drugs.

Marijuana was found to be a concern in San Joaquin County as it is this drug that many youth may move to after tobacco and/or alcohol. In addition, marijuana is now being found laced with drugs such as methamphetamine.

### *Substance Rankings for Adults*

The Prevention team found that the top five ATOD concerns for adults in San Joaquin County were the following:

1. Alcohol
2. Dual/multiple drug usage
3. Methamphetamine
4. Marijuana
5. Cocaine

With respect to alcohol, specific concerns centered on the availability of alcohol and the fact that this is a drug that is legalized. The following concerns were found with respect to methamphetamine:

- There are a large number of adults in treatment programs
- The Central Valley has become a main manufacturing area for methamphetamine
- Large amounts of money are connected with the trafficking of this drug
- There has been an increase in the selling of methamphetamine by gangs in the County
- Some people use methamphetamine to stay alert – some use the drug in order to be able to function at work
- Use of methamphetamine for weight control

## Resources

One component of the Assessment step of the SPF calls for an identification of the ATOD prevention resources that exist in the County. Such resources center on agencies, organizations, and/or programs that have some specific or general connection with the topic of ATOD prevention. A prevention program inventory is found in the appendix of this work. It is important note that this program inventory represents a work in progress. Once this inventory is complete, Prevention Services will work to keep this inventory current.

## Capacity Building

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### Assessment of Readiness and Capacity

In working to build capacity with respect to the issue of prevention in San Joaquin County, prevention staff first assessed the readiness and capacity within the County to address specific issues connected to ATOD. One component of this process was generating the prevention program inventory that was referenced above. Another part of this review centered on engaging with youth and adults in the County in order to obtain feedback from specific groups about what they felt was needed to strengthen prevention work.

### Engagement with Local Resources

As a preliminary step to engage with local resources during the creation of the strategic plan, part of this work included meeting with youth prevention specialists from the Students in Prevention team. Along with meeting with youth, Prevention Services also interviewed a local judge on the topic of ATOD issues. A more comprehensive plan with respect to engaging with local resources during the course of programmatic work is found in the section on that follows (Building of Readiness, etc.).

### *Meeting with Students in Prevention*

Part of the conversation with the SIP team included obtaining feedback on data findings. In addition, another essential part of this meeting included a conversation on what the most effective strategies would be to target ATOD concerns for youth. Youth respondents were asked about what would be the most effective way to address the needs that were found in the data. Youth feedback included points about the difficulty of getting the prevention message across to those in high school. Respondents noted that high school students are “set in their ways” and that they “already know what they want to do.” Additional points included:

- Have an ex-addict conduct prevention presentations
- Include presenters that the students would listen to
  - Someone who can connect with youth
  - Someone not too young or too old
- Make the presentation enjoyable, entertaining
- Include comedy/humor
- Have the presentation be a skit or musical
- Try to avoid assemblies as these audiences are too large
  - Smaller/classroom presentations could have a greater impact

When asked what was the best way to prevent the ATOD concerns that youth face, respondents noted that for high school students there needs to be programs in place that “hit home,” not just programming that comes with a message that only addresses a portion of the problem. Youth noted that while the program Every 15 Minutes is powerful, it does not seem to have full or lasting effect because the message at the end

of the program effort is “don’t drink and drive,” rather than a more comprehensive approach to the problem of alcohol for teenagers in society.

Respondents added that having a more comprehensive set of prevention curriculum as part of the health education classes may be effective. Another point noted by SIP youth was that they felt that there needs to be more effective enforcement. Respondents noted that teachers are aware that alcohol and drugs are a problem, but that often times they do not take their position as role models and educators seriously. Lack of enforcement, in general terms, was discussed (e.g., the lack of adequate consequences for the use of alcohol).

When discussing effective programs, respondents noted that SIP was very effective. Youth noted that SIP presenters are role models for younger youth. Respondents noted that students that attend SIP presentations want to listen, follow what is being said, and truly comprehend the prevention message. Another program that was noted as being an example of programmatic work that would connect more effectively with youth was Point Break. It was added that this program is for sophomores and that the topics of gangs and drugs are addressed.

When asked about who should be involved in prevention work, respondents noted the following: SIPPERS, clubs, students doing community service, students doing their senior projects, and yard duty staff.

Youth respondents noted that along with conducting presentations to students the team could also present to teachers and parents. SIP youth felt that having youth deliver the message about the reality and risks of ATOD use would be a powerful way to increase teacher and parent awareness about issues centering on substance abuse. Youth noted that some parents are already aware that their children drink alcohol. Participants added some parents give their children alcohol and that parents who allow parties in their home are seen as “cool.” In addition, the idea of a teacher in-service on the topic of ATOD signs and symptoms was brought up as potential prevention vehicle. The group added that what is needed are real programs and real enforcement.

It is important to note that youth respondents felt that ATOD enforcement was not at an appropriate level with respect to schools and society in general. Youth noted that even when particular youth are found to be using substances more than once, consequences are not at a level to have a real effect. With respect to alcohol use amongst youth, one participant noted that this is “almost accepted” as part of teen culture. Youth also noted that some teachers do not take the issue of substance abuse seriously. Moreover, respondents added that some teachers are aware of the potential use of ATOD by students. The group noted that school campuses are supposed to focus on zero tolerance.

### *Key Informant Interview with Local Judge*

When a local judge was interviewed about the prevention plan he provided some feedback on program work. He noted that he was beginning a prevention program in collaboration with Lodi Unified in which he or other community experts provide presentations on drug prevention. He noted that he has prepared a PowerPoint presentation and is looking for a grant to expand the work. His presentation is offered along with the Every Fifteen Minutes program in Lodi Unified schools and he attends all of the Every Fifteen Minutes activities.

During the course of the interview, the various prevention programs that are currently provided by the Prevention Services team were discussed and he was impressed by the range of programs. He was especially interested in the Students in Prevention program because he felt that middle school students would listen to the prevention message from high school students. He added that he would like to make a PowerPoint presentation to the SIP students during the summer of 2007.

### *Focus Group with San Joaquin County Office of Education*

#### Introduction

In order to learn more about the various prevention programs that are based in San Joaquin County, the San Joaquin Community Data Cooperative conducted a focus group at the San Joaquin County Office of Education (SJCOE). More specifically, this focus group centered on discussing program work with the SJCOE Drug, Alcohol, Tobacco, and Education (D.A.T.E.) Coordinators.

The focus group meeting took place on Wednesday, June 13, 2007, and started at 1 p.m.; this meeting lasted for approximately one hour. A total of nine participants (not including an administrator from San Joaquin County Behavioral Health Services) took part in the focus group. Representatives included personnel from SJCOE, Stockton Unified, as well as Ripon, Lodi, and Lincoln Unified School Districts. Additional participants included a school nurse and a school counselor.

The focus group centered on the following questions:

- Could the group think of any and all ATOD prevention programs that are currently in place across the County (specific grades, locations)?
- What are the ATOD prevention gaps that you see in the County? What needs to be added or strengthened?
- What specific recommendations might you have about programs that are needed in the County?

## Findings

When asked to consider all of the prevention programs that were in place across the County, the group listed the following:

- YouthBuild
  - A program that includes youth that are working toward a GED or high school diploma
  - The goal of the program centers on having youth avoid drug use
  - This program includes team building and life skills
- Crossroads
- Too Good For Drugs (used for K-5 and in middle schools)
  - A school-based prevention program designed to reduce risk factors and enhance protective factors related to alcohol, tobacco, and other drug use among students (for grades K-8).
- Project Alert (middle school)
- Life Skills (middle school)
  - A research-validated substance abuse prevention program for elementary, middle, and high school students which has been proven to help students develop essential skills – this program has been found to significantly reduce tobacco, alcohol, and drug abuse, as well as violence.
- Project Towards No Drug Abuse (high school)
- CPPA (Center for Positive Prevention Alternatives)
  - Drug Awareness
- Youth Accountability Boards (YAB)
- Student Assistance Program (SAP)
- Friday Night Live
- Point Break (Youth for Christ)
- Challenge Day
- Peer Helping (truancy issues, mentoring, tutoring)
- Link Group
  - A mentoring program that centers on older students assisting younger students
- Student government programs
- Give Every Child a Chance (GECAC)
- School resource officers – SROs (early prevention, connection with students)
- Camera surveillance
- Drug sniffing dogs (Ripon, Linden)
- Every 15 Minutes
- Choices and Consequences (Actual court proceedings that take place on campus)
- Future Farmers of America (FFA)
- Junior Reserves Officer Training Corps (JROTC)
- After school programs
  - Programs provide enrichment and academic support along with health, physical education, and nutritional components
- Valley Community Counseling

The group was asked if any specific prevention programming gaps exist in the County. Responses included the following:

- There is no place for a person to detox
- More services and resources are needed with respect to youth suicide
- Substance abuse classes are needed (topics should center on alcohol as well as prevention/intervention)
- Programs need to be accessible/affordable
- Youth who are expelled or suspended need to be involved in more positive forms of discipline (such as substance abuse classes)
  - There is an issue regarding expulsion and youth not having transportation to get to courses
- Outreach is needed for parents – add them to the process
  - Substance abuse prevention and or intervention options that parents have for their children usually center on referrals to their physician – however this method is ineffective
- Educational programs, like Point Break, are needed
- Insurance is a concern (payment options, money issues)
- There needs to be a place to call for assistance
- Need to increase training of teachers
  - In service workshops (on the topic of drugs and drug trends) are needed for staff in order to increase their awareness of current trends and their recognition of symptoms of drug use
  - Such awareness would lead to a stronger referral for treatment system
  - New teachers (including veterans) lack knowledge
- More SROs are needed
- There is a need to have police departments provide services/training
- There needs to be a partnership between the Behavioral Health, SJCOE, and programs
  - Funds could be provided and program/s could be lead by SJCOE
- The referral structure needs to include students, parents, and staff
- Increase the use of Project Alert and Too Good for Drugs
  - There is an emphasis on students' academic performance and it is difficult to implement the drug prevention work due to the focus on testing
- Methamphetamine use is a concern
  - We need more information
  - There needs to be more education and more knowledge on the consequences of methamphetamine use
  - An increase in staff awareness is needed
  - Rave parties are a concern
- There is a need to raise the awareness among teachers and parents

When asked what recommendations the group might have regarding what programs are needed in the County, participants noted the following:

- Implementation of an expanded Friday Night Live program
- Have quarterly prevention-based meetings
  - Use the D.A.T.E. coordinator meetings for this
- Provide education for parents and staff
- Offer more diversion programs that include a substance abuse component and a referral system
- Collaborate with grant funds
  - Look for ways to be flexible with grant funding in order to account for differences with respect to district needs
- Resources need to be pooled and shared
  - Networking is needed between school resource officers
  - The various tactics put in place by different districts need to be shared
  - Campus supervisors need training
  - Meetings/debriefings are needed amongst campus supervisors, resource officers, and security
  - Affordable prevention programs with relevance to districts need to be implemented – such work needs to take on a focus on what will work locally
- A County prevention-based resource guide would be helpful (a binder that could be updated yearly with respect to services, costs, etc.)
- Under 18 Alcohol Anonymous and Narcotics Anonymous classes are needed
- Partner with law enforcement on the topic of drugs, gangs, and alcohol
  - Provide resources for parents, staff, and students
- Tobacco cessation programs are needed
  - Public Health provides such programming for adults but not youth
- As an alternative to suspension hold Saturday school and bring in teachers/individuals that would teach about drugs, alcohol, etc.

## Building of Readiness, Cultural Competency, and Leadership

In order to build on-going readiness, cultural competency, and leadership among prevention partners through education and training, Prevention Services will be creating a County prevention consortium that will meet throughout the fiscal year. At these consortium meetings, prevention personnel from throughout the County (from a variety of agencies and sectors) will take part in trainings and will form a collaborative group what will work to collectively discuss and combat ATOD issues facing the County. Together this consortium will work to further strengthen the prevention base in San Joaquin County.

## Prioritization of ATOD Concerns

After reviewing the findings the ATOD assessment work and seeking feedback from others in the County on such findings, Prevention Services identified the following as the top ATOD concerns in San Joaquin County:

- The top five ATOD substances found to be affected youth in San Joaquin County were:
  1. Alcohol
  2. Tobacco
  3. Marijuana
  4. Methamphetamine
  5. Prescription drugs
  
- The top five ATOD substances found to be affecting adults in San Joaquin County were:
  1. Alcohol
  2. Dual/multiple drug usage
  3. Methamphetamine
  4. Marijuana
  5. Cocaine

## Planning

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### Priorities for Action on ATOD Problems

After reviewing all assessment data, Prevention Services identified the priorities for action on ATOD problems in San Joaquin County. These priorities consisted of centering core prevention efforts on the following:

- Alcohol use and abuse amongst youth
- Marijuana use and abuse amongst youth

### Identification of Strategies

Strategies to be employed include program work that focuses on multiple risk domains including:

- Individual
- Peer
- Family
- School
- Community

Additional specifics regarding strategies will be found within the theoretical framework of each program that is employed. It is important to add that the programs that will be employed will use strategies that connect to various Institute of Medicine (IOM) strategies including:

- Universal/Environmental & Community-based
- Selective/Alternatives
- Indicated/Education
- Indicated/Problem Identification and Referral

### Policies, Programs, and Practices

It is critical to note that the strategies that the prevention team will be employing will center on model programs.

## Identification of Global Goals, Problem Statements, Strategic Goals, and Objectives

After reviewing assessment findings and considering the global issues of concern in the County, the prevention team has generated the following set of problem statements, goals, and objectives.

### **SAN JOAQUIN COUNTY PREVENTION STRATEGIC PLAN Problems, Goals, and Objectives**

<b>Priority Area 1</b>	<b>Prevent and/or reduce the use of alcohol and/or marijuana by youth in San Joaquin County.</b>
<b>Problem 1.1</b>	<b>A large proportion of youth in high schools and middle schools use alcohol and/or marijuana.</b>
<b>Goal 1.1</b>	<b>Reduce youth demand for alcohol and/or marijuana.</b>
Obj 1.1.1	Increase youth awareness of the risks of underage drinking, binge drinking and marijuana use.
Obj 1.1.2	Increase the use of evidence-based AOD curriculum in schools.
Obj 1.1.3	Increase teaching of alcohol-refusal skills in school settings.
Obj 1.1.4	Increase youth participation in meaningful opportunities and school connectedness.
Obj 1.1.5	Decrease alcohol promotions and advertising at community events where youth are present.
<b>Problem 1.2</b>	<b>Youth in San Joaquin County have easy access to alcohol.</b>
<b>Goal 1.2</b>	<b>Reduce youth access to alcohol.</b>
Obj 1.2.1	Seek adoption of school policies restricting alcohol use and access, both on school property and the surrounding community.
Obj 1.2.2	Reduce adult provision of alcohol to youth.
Obj 1.2.3	Increase parental awareness of the extent of youth alcohol use and the risks of underage drinking and binge drinking.
Obj 1.2.4	Increase outreach and AOD education to youth-serving agencies and organizations.
<b>Problem 1.3</b>	<b>Indicated youth are at high-risk for developing addictions to alcohol and/or marijuana.</b>
<b>Goal 1.3:</b>	<b>Prevent/reduce use of alcohol and/or marijuana among high-risk youth.</b>
Obj 1.3.1	Increase AOD education for high-risk youth and their parents.
Obj 1.3.2	Increase problem identification and referral services for indicated youth and their parents and teachers.
Obj 1.3.3	Partner with schools and community service centers to increase awareness of local drug trends and the signs of high-risk drinking and drug use.
Obj 1.3.4	Provide parenting education to assist parents in reducing and/or preventing drug and/or alcohol use among high-risk youth.

<b>Priority Area 2</b>	<b>Reduce the incidence of high-risk drinking and methamphetamine use in San Joaquin County.</b>
<b>Problem 2.1</b>	<b>A lack of community awareness of AOD risks and of the causes of drug use contributes to the incidence of high-risk drinking and methamphetamine use.</b>
<b>Goal 2.1</b>	<b>Increase community awareness of the risks, causes, and impacts of high-risk drinking and of methamphetamine use in San Joaquin County.</b>
Obj 2.1.1	Develop and implement a marketing plan to increase community awareness on alcohol and methamphetamine use via media activities and community education.
Obj 2.1.2	Develop or obtain educational materials that address the risks and results of high-risk drinking and of methamphetamine use.
Obj 2.1.3	Provide information and educational materials to the community.
Obj. 2.1.4	Track local trends in methamphetamine use, e.g., drug combinations, flavors, etc.
<b>Problem 2.2</b>	<b>Indicated adults are at high-risk for developing addictions to alcohol and/or methamphetamines.</b>
<b>Goal 2.2</b>	<b>Prevent/reduce use of alcohol and/or methamphetamines among high-risk adults.</b>
Obj 2.2.1	Provide AOD education to high risk adults.
Obj 2.2.2	Train staff and community partners in problem assessment and referral.
Obj 2.2.3	Develop and distribute a resource guide containing available referrals resources.

<b>Priority Area 3</b>	<b>Enhance system capacity for AOD prevention.</b>
<b>Goal 3.1</b>	<b>Increase community collaboration in the prevention of alcohol and drug use among youth.</b>
Obj 3.1.1	Convene consortium of prevention service providers in San Joaquin County.
Obj 3.1.2	Develop an effective structure for the consortium to support collaboration.
Obj 3.1.3	Maintain the involvement of schools and law enforcement on the consortium.
<b>Goal 3.2</b>	<b>Increase the skills of prevention service providers and enhance their capacity to implement effective prevention services.</b>
Obj 3.2.1	Disseminate best practices and updates on recent research.
Obj 3.2.2	Track progress on identified goals, objectives and other key indicators and review data to identify needs and priorities.
Obj 3.2.3	Provide training and technical assistance to prevention providers on best practices.

## Implementation

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In addressing the problem statements, goals, and objectives in Step 3 of the SPF process San Joaquin County Behavioral Health Services will put in motion a process in which program work will build over time. Such program work will center on the use of research validated programming. More specifically, the County will be creating a program structure that addresses the following priorities:

- Prevent and/or reduce the use of alcohol and/or marijuana by youth in San Joaquin County.
- Reduce the incidence of high-risk drinking and methamphetamine use in San Joaquin County.
- Enhance system capacity for AOD prevention.

In order to prevent and/or reduce the use of alcohol and marijuana by youth in San Joaquin County, the prevention team will be working to increase youth awareness of the risks of underage drinking, binge drinking and marijuana use, increase the use of evidence-based AOD curriculum in schools, increase teaching of alcohol-refusal skills in school settings, increase youth participation in meaningful opportunities and school connectedness, and decrease alcohol promotions and advertising at community events where youth are present. In addition, prevention staff will also be working to seek the adoption of school policies restricting alcohol use and access, both on school property and the surrounding community, reduce adult provision of alcohol to youth, increase parental awareness of the extent of youth alcohol use and the risks of underage drinking and binge drinking, and increase outreach and AOD education to youth-serving agencies and organizations. As additional methods of moving towards prevention and reduction in use, the County will be working on the following:

- Increase AOD education for high-risk youth and their parents.
- Increase problem identification and referral services for indicated youth and their parents and teachers.
- Partner with schools and community service centers to increase awareness of local drug trends and the signs of high-risk drinking and drug use.
- Provide parenting education to assist parents in reducing and/or preventing drug and/or alcohol use among high-risk youth.

In order to move to reducing the incidence of high-risk drinking and methamphetamine use in San Joaquin County, the prevention team will be working to develop and implement a marketing plan to increase community awareness on alcohol and methamphetamine use via media activities and community education, develop or obtain educational materials that address the risks and results of high-risk drinking and methamphetamine use, provide information and educational materials to the community, and track local trends in methamphetamine use (e.g. drug combinations, flavors, etc.).

Addition prevention work will center on the following:

- Provision of AOD education to high risk adults.
- Training of staff and community partners in problem assessment and referral.
- Developing and distributing a resource guide containing available referrals resources.

In enhancing the system capacity for AOD prevention, the County will convene a consortium of prevention service providers in San Joaquin County, develop an effective structure for the consortium to support collaboration, and maintain the involvement of schools and law enforcement on the consortium. In addition, the County will disseminate best practices and updates on recent research, track progress on identified goals, objectives and other key indicators and review data to identify needs and priorities, and will provide training and technical assistance to prevention providers on best practices.

For the first year of plan work (2007/2008) the following program work will be the focus:

- Communities Mobilizing for Change
- Friday Night Live – an expanded program
- A Countywide Prevention Consortium

Additional program work will be added during the 2008/2009 fiscal year and will center on a problem identification and referral model that will include parents in the prevention model.

## Evaluation

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The evaluation of programming is one of the most critical elements in program delivery process. Through the assessment of specific programs, the County will be able to learn if program components are being implemented effectively. In addition, the County will be able to determine if programs are in alignment with stated prevention goals and are having a positive impact on participants.

The evaluation conducted by Prevention Services will center on both a process and outcomes framework. The process evaluation will include looking to answer the question: Are programs being implemented as intended? Specific process data will include the following:

- Tracking of all outreach activities and prevention classes
- Careful tracking of all mandated data points in CalOMS
- A review of each program that is implemented (curriculum, session totals, etc.)
- Detailing of progress made with respect to seeking the adoption of school policies that restrict alcohol use and access
- Review of partnerships that were either in place or were formed with schools and community service centers in order to increase the awareness of local drug trends and the signs of high-risk drinking and drug use
- Review of program structure, including confirmation that:
  - Parenting education classes were provided to assist parents in reducing and/or preventing drug and/or alcohol use among high-risk youth.
  - A marketing plan aimed to increase community awareness on alcohol and methamphetamine was developed and implemented.
  - Information and educational materials were provided to the community.
  - Local trends in methamphetamine are being tracked.
  - AOD education has been provided to high risk adults.
  - Staff and community partners have been trained in problem assessment and referral.
  - A resource guide containing available referrals and resources has been developed and distributed.
  - A consortium of prevention service providers was convened in San Joaquin County; an effective structure was developed for the consortium in order to support collaboration; involvement of schools and law enforcement on the consortium was maintained.
  - Best practices and updates on current research were disseminated.
  - Identified goals, objectives, and other key indicators were tracked and data was reviewed in order to identify needs and priorities.
  - Training and technical assistance was provided to prevention providers on best practices.

The outcomes component of the evaluation of prevention work will have multiple components. The general methods for data collection are found in the table below.

<b>Outcomes Evaluation Framework</b>	
<b>Objective</b>	<b>Assessment Method</b>
An increase in youth awareness of the risks of underage drinking, binge drinking, and marijuana use.	On-going review of data from CHKS Program surveys
Increase in school based prevention programs <ul style="list-style-type: none"> <li>• Increase in the use of evidence-based AOD curriculum in schools.</li> <li>• Increase in the teaching of alcohol refusal skills in school settings.</li> </ul>	Pre/post review of the number of evidence-based AOD programs in schools  Pre/post assessment of the programs in school settings that teach alcohol refusal skills
Increase in youth participation in meaningful opportunities and school connectedness	Qualitative assessment via focus group to be held with prevention consortium
Decrease in alcohol promotions and advertising at community events where youth are present	Pre/post review of County events and policies and practices regarding alcohol promotions
Reduce adult provision of alcohol to youth	On-going review of data from CHKS Program surveys Review of County shoulder-tap program data
Increase parental awareness of the extent of youth alcohol use and the risks of underage drinking and binge drinking	Program surveys
Increase in outreach and AOD education to youth-serving agencies and organizations	Pre/post assessment via information sharing as part of the prevention consortium
Increase AOD education for high-risk youth and their parents	Pre/post review of AOD educational programs in the County
Increase problem identification for youth and referral services for parents, and teachers	Pre/post review of the problem identification structure and referral services that are available

**Appendices**

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## Appendix 1: Complete Set of Assessment Findings

### Community Survey

As part of a comprehensive assessment effort, Prevention Services administered a community survey in order to obtain feedback from respondents regarding ATOD issues that are affecting the County. The majority of the sampling used for this survey consisted of a purposive method in which Prevention staff identified key groups in the County to survey. While results cannot be inferred for the entire County, the data survey findings represent extremely valuable feedback from County residents and served as a way to include a wide range of groups in the strategic planning process.

#### Background and Demographic Data:

A total of 246 respondents took part in the community survey. Respondents included individuals from a variety of groups including the following:

- Behavioral Health management (42)
- Tokay High School staff and students (29)
- Stockton Thunder game attendees (28)
- Residents of a Lodi neighborhood (26)
- Youth Build students and staff (17)
- High school students (16)
- Sierra Vista Youth Day community activity (13)
- Private program staff (12)
- CDCC staff (10)
- Stockton Black Leadership Council (10)
- San Joaquin County Drug and Alcohol Advisory Board (9)
- Lodi Boys and Girls Club (9)
- Communities Taking Charge, CTC-2 (8)
- Community Partnership for Families staff, Lodi (4)
- Young Life, Parks and Recreation – Stribley Community Center (7)
- SIP applicants, 2007-2008 (5)

Data on respondent age is found in Table 1. With respect to age (and not including the Drug and Alcohol Advisory Board), 36.2% of respondents were 45 to 64, 22.8% were 15 to 17, and 19.8% were 26 to 44.

<b>Age categories</b>	<b>Percentage</b>
14 or under	3.4%
15 to 17	22.8%
18 to 20	12.1%
21 to 25	4.7%
26 to 44	19.8%
45 to 64	36.2%
65 or older	0.9%

With respect to gender, 55.4% of the respondents were female and 44.6% were male.<sup>1</sup> Data on respondents' ethnicity is found in Table 2. Data findings indicate that 36.8% of respondents were White, 23.4% were Hispanic, 12.6% were Asian, 11.7% were Black, and 10.5% were multi-ethnic.

<b>Table 2</b>	
<b>Community Survey – Ethnicity</b>	
<b>Income categories</b>	<b>Percentage</b>
American Indian or Alaska Native	0.4%
Asian or Asian American	12.6%
Black or African American	11.7%
Hispanic or Latino/Latina	23.4%
Native Hawaiian or Pacific Islander	1.3%
White or Caucasian	36.8%
Multi-Ethnic	10.5%
Other ethnicity	2.1%

Over 9 in 10 respondents (93.4%) indicated that they resided in San Joaquin County. The average length of time residing in the County was 22.7 years. It is important to add that 64.7% of respondents noted that they lived in Stockton and 24.1% indicated that they lived in Lodi. An additional 4.9% indicated that they lived in Manteca and 2.2% noted that they lived in Tracy.

Table 3 provides demographic data specific to income (for all respondents except the Drug and Alcohol Advisory Board).

<b>Table 3</b>	
<b>Community Survey – Average Annual Income</b>	
<b>Income categories</b>	<b>Percentage</b>
Less than \$10,000	7.7%
\$10,000 to \$14,999	5.2%
\$15,000 to \$24,999	5.2%
\$25,000 to \$34,999	9.7%
\$35,000 to \$49,999	9.0%
\$50,000 to \$74,000	18.1%
\$75,000 to \$99,999	14.2%
\$100,000 or more	31.0%

<sup>1</sup> This finding does not include Drug and Alcohol Advisory Board Members

## Survey Results:

### *Age Rankings*

Respondents who took the community survey ranked the following age groups as the top three with respect to provision of ATOD prevention:

- 12 to 14
- 15 to 17
- 18 to 20

### *Substance Rankings for Youth*

With respect to substance rankings for youth, survey respondents found that the top five ATOD concerns for youth in San Joaquin County were the following:<sup>2</sup>

1. Alcohol (569)
2. Marijuana (814)
3. Methamphetamine (1048)
4. Tobacco (1110)
5. Ecstasy (1238)

It is important to note that the global rankings for methamphetamine and tobacco were very similar.

When asked what they thought causes the alcohol, tobacco, and other drug issues that youth face in San Joaquin County, respondents noted the following:

- Peer pressure (123)
- Family situation/home environment (94)
  - Weak family structure/lack of family stability
  - Lack of family cohesiveness
  - Lack of parental involvement/boundaries
  - Poor parental role models/deficient parental skills
  - Family history and genetics
  - Divorce/broken homes, single parent homes
  - Working parents
    - Parents work and adequate childcare is expensive so children are often left to their own devices
  - Addiction of family members
  - Abuse
  - Family usage/parents who use (and thus condone through their behavior)
  - Lack of parental supervision, parents not involved in children's lives
  - Lack of parental guidance
  - Parents not being involved in their children's lives

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<sup>2</sup> The number next to each ranked finding represented the sum of all the rankings. More specifically, respondents ranked their top concern as a 1 and their least pressing concern as an 11. Thus, the smaller the global sum, the more pressing the issue.

- Home life
- Family values
- Neglect
- In most families, both parents work...so Americans have gone to work and left their children at home alone to raise themselves. They combat boredom and loneliness by bonding together and running the streets for safety in numbers.
- Environment/neighborhood (38)
  - Adult behavior
  - Older age influences
  - Hanging out with the wrong people
  - Learned behavior
- Lack of activities (26)
  - Lack of involvement in the community
  - Lack of group sponsored activities
  - Lack of after school activities
  - Too much free time
  - Skating arena is gone, miniature golf is gone, drive-in movies are gone...what's left...nothing.
  - Lack of alternatives, such as one-on-one mentorships and opportunities for kids to "get high" naturally (e.g., hiking in the wilderness, picnics, campouts, etc.)
- Availability (20)
- Curiosity/experimentation (20)
  - Trying it once and getting addicted
- Media/advertising (19)
  - Glorified commercials on television
  - Big names, celebrities, influence youth
  - Current culture (movies, videos, etc.)
- Boredom (19)
- Stress (12)
- They are stressed, not loved, and they want something to substitute it
- Inadequate drug awareness education/lack of education (9)
  - Ignorance regarding the impact of drugs
- Poverty/economics (8)
- Young children being stuck in the ghetto
- Gangs (8)
- Poor self image/self esteem (5)
- Pleasure (4)
  - Some just want to have fun
- Depression (4)
- They think that it is cool (3)
- So they can look cool and feel like an adult
- Lack of religious involvement (3)
- Churches should be more involved
- Physical or mental abuse (3)
  - Abusive environment

- Domestic violence
- Social pressure (2)
  - Caused by someone you love and wanted to change for them
- Rebellion (2)
- People are told not to do it, so it gives more of a reason to do it
- Poor judgment and impulse control (2)
  - Being stupid and not thinking
- Personal problems (2)
- Trauma in life situations (2)
- Feeling invincible (2)
- Money (2)
- Low moral standards as a society – we are separating from our values and faith
- Youth that feel “unconnected;” not feeling like they belong anywhere or to anyone
- An escape
- Seeing drugs as their only chance to get away from everything
- Addictive nature of drugs
- Adults using drugs and alcohol
- Social/sense of belong
- Tobacco companies
- Today’s role models that youth look up to have no sense of value/control/respect
- Inability to distinguish between use and abuse
- Low expectations/goals
- Bullying
- Futility
- Lack of caring about oneself
- Feeling of isolation
- Pride
- Trying to look mature enough to drink
- Retaliation
- Youth being oppositionally defiant
- Attention seeking
- Challenge
- Drug selling
- Lack of community prevention and awareness in the County and in the schools
- Lack of employment opportunities
- Lack of positive mentors
- Youth are not involved in school activities
- Early exposure
- Youth culture in America
- Dependence tendencies
- Problems at school
- Typical age struggles of developing conscience and healthy lifestyles
- Loneliness and other emotional triggers
- Poor role models
- Mental stability
- Poor skills
- Poor decision making skills

- Undiagnosed mental health problems
- Depression due to illness
- Self medication of mental health issues
- Engaging in self-destructive behaviors

### *Substance Rankings for Adults*

Data specific to respondents' feedback on the top five ATOD concerns for adults in San Joaquin County are found below. The reader should pay special attention to the sums for cocaine, marijuana, and tobacco, as respondents gave these drugs very similar global rankings.

1. Alcohol (542)
2. Methamphetamine (921)
3. Cocaine (1003)
4. Marijuana (1011)
5. Tobacco (1018)

When asked what they thought causes the alcohol, tobacco, and other drug issues that adults face in San Joaquin County, respondents noted the following:

- Stress (62)
  - Stress and connection with smoking
  - Family/home stress
  - Work stress
  - I think it mainly has to do with their lifestyle and the way they cope with it...if they are stressed, then the majority of them try to resolve it through alcohol or drugs
  - Stress and pressure at work
  - Life in general...pressure to please
  - Stress and related problems
  - Adults have the pressure of work and bills on a continuous basis, so for some alcohol and tobacco may seem like an easy way to get their minds off of it
  - The pressure of trying to have a successful life
  - I think some adults need to relax and some choose drugs to help them
  - Adults would use it because they might be stressed due to so many problems
  - Not being able to deal with everyday life
  - Used as a form of relaxation
  - Stress causes adults to use drugs...they do it because it makes them feel relief
  - They feel that they deserve it after work
- Social issues (47)
  - Friends and family (peer pressure, 10)
  - Work and family issues, divorce (6)
  - Social events/parties
  - Social environment
  - Learned behaviors from parents and relatives

- Society's acceptance of drug usage
- Functions that encourage drinking beer
- Family/environment
- Societal pressure
- Multiple issues but seems to be social debilitating circumstances that are most common
- Subculture
- Social influences
- Dysfunctional families
- Money, bills
- Negative role models
- Curiosity and wanted to be part of it
- Lack of support to succeed
- Association with people who use drugs
- The need to belong to their community
- It is caused by life and they need counseling
- Not having enough of a support group
- Social use that leads to over use and then to abuse
- Mental illness (34)
  - Depression (28)
    - Depression and other emotional impulses
  - Undiagnosed mental health issues
  - Mental and emotional problems
- Past history (30)
  - Childhood habit
  - Habitual drug issues that have carried over from childhood
  - Childhood issues
  - Childhood experience
  - Continued use from teenage years
  - Trying marijuana when younger and using several other drugs
  - Most may pick up the addiction from childhood and/or as teenagers
  - Historical use when younger – untreated/lack of intervention (2)
  - They probably started using the substances in high school and never stopped
  - They started drinking and using drugs at a young age so they became addicted
  - I think that they started when they were young and now as a result it led to drug use in adulthood
  - Possibly addicted when they were teenagers
- Accessibility (24)
  - Big supply
  - They will focus on using as long as it is being sold
  - Too many liquor licenses
  - The availability of the drugs/easy access – being close to the Mexican border
  - I think that the stores that sell them just need to stop because adults just abuse their present and their future
- Addiction (22)
  - They get addicted to alcohol and they don't care to stop

- They start at an early age and this addiction stays with them in adulthood
  - Habitual use that leads to addiction
- Unemployment (21)
- Poverty/economics (20)
  - Poor living conditions
  - Financial problems
  - I think adults in San Joaquin County do drugs because they have a bad living environment
  - Low paying jobs
  - Socio-economic issues
- Lack of education (13)
  - Dropping out of high school
- Lack of alternative "fun" (11)
  - Boredom
  - Lack of affordable and interesting outdoor recreational activities
  - No entertainment
  - Lack of social outlets and activities
- Low self esteem (11)
  - Lack of self worth
  - Poor self image
- Personal problems (10)
  - Relationship problems/failures (2)
- Family problems (9)
  - Family issues
  - Break-ups
  - Marital problems
- Media (8)
  - Social acceptability due to media
  - TV, media play a negative role in our youth's lives
  - Targeted advertising
- Family history (7)
  - Upbringing
  - Coming from a home where substances were abused
  - They have been born into seeing and experimenting with drugs
- Hopelessness (6)
  - Not seeing a future
  - Fed up with life, bad kids
  - Some people feel as though they don't have a life
- Inadequate substance abuse education (5)
  - Ignorance
- Money (5)
  - Money problems
- Family use/history (5)
  - Generational dysfunction
- Death/grief (5)
  - Loss of a loved one
  - In order to die
- Inadequate coping skills (4)

- Not strong enough to say, “No.”
- Lack of programs, rehabilitation (4)
  - Lack of detox program in the community and jails
  - Inadequate mental health services
- Types of abuse (3)
  - Mental and physical abuse
  - Child abuse
- Loneliness (3)
  - Their inner child feels lonely and that's how they feel they can get in touch with themselves
- Self medication (3)
  - Self medication of mental health issues
- I think bad judgment and making wrong choices (2)
  - Trying to solve problems the wrong way
- Lack of motivation/direction (2)
- Illnesses (2)
- Trauma (2)
  - Unresolved trauma issues
- Recreational use leads to dependency in some cases
- Homelessness (2)
- Inadequate understanding of consequences of use/misuse (2)
- Lack of coping skills (2)
- Pleasure (2)
  - Pleasure for the trials of everyday life
- No consequences/limited penalties (2)
- Culture/lifestyle choice (3)
  - Their choice
- Sex (2)
  - A better feeling while having sex
- Other comments
  - Some people have money available to buy drugs
  - Lack of responsibilities
  - Not wanting to be responsible and not wanting to find a way out in any way or in any form possible
  - They neglect their duties/responsibilities (to their kids)
  - Another way to mask their problems
  - Lack of moral standards in society – we are separating from our values and faith
  - Poor role models when they were young
  - Trauma in life situations
  - Curiosity/experimentation
  - Biological predisposition
  - Dependence tendencies
  - Poor judgment
  - Escape
  - Adults can legally purchase drugs (e.g., alcohol and tobacco)
  - Lack of full life
  - They can't handle reality

- Always having a bad day
- Fighting
- Lack of resources
- Unstable living situations
- Unhappiness
- Need for quick relief of pain or personal struggles
- Lack of community involvement
- If they don't know God, that is their biggest issue
- Crime
- Seniors that are on prescription drugs lean in the direction of using drugs from the street in order to medicate themselves
- Relapse
- Issues that people have been through – prison or issues on the streets
- Weakness
- Behavior patterns
- Tobacco companies

California Health Interview Survey (CHIS) – San Joaquin County:

The following data connects with results from the California Health Interview Survey. This survey consists of a random-digit dial telephone survey that is conducted by the UCLA Center for Health Policy Research. This survey provides demographic and health information from 55,428 households in every county in the State of California. The variables below center on much of the data that is available on data points that connect with ATOD prevention. It is critical to note that some, but not all of the CHIS data is statistically significant. Asterisks next to percentages indicate that such data points are not statistically significant; while these data cannot be used to infer findings to the entire population, the percentages are important with respect to their specific sample.

Findings from the administration of CHIS indicate that with respect to age comparisons between those who are 18 and over, 15-17, and 12-14, it is the 15-17 year old age group that has the highest incidence for smoking, consumption of alcohol, binge drinking, use of marijuana, and use of all forms of drugs. While the sample of 15 to 17 year olds was too small to infer such findings to the entire 15-17 year old population of San Joaquin County, the results from this sample of youth is an important reference point for ATOD prevention planning.

*Smoking*

<b>Table 4</b>		
<b>Percentage of Respondents in San Joaquin County Who Are Current Smokers (2005)</b>		
<b>18 and over</b>	<b>15-17</b>	<b>12-14</b>
13.9%	32.9%* <sup>3</sup>	0%

<b>Table 5</b>	
<b>Frequency of Smoking for Adult Respondents (2003)</b>	
<b>Every day</b>	<b>Some days</b>
30.2%	9.5%

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<sup>3</sup> 10,000 out of the 32,000 15 to 17 year old youth indicated that they were current smokers.

Use of Alcohol

<b>Table 6</b>		
<b>Ever Had an Alcoholic Drink by Age (2005)</b>		
<b>Youth and Adults</b>	<b>15-17</b>	<b>12-14</b>
48.2%	71%	30%*

<b>Table 7</b>
<b>Percentage of Adults that Drank Alcohol in the Past Month (2005)</b>
56.3%

<b>Table 8</b>						
<b>Percentage of Adult Respondents and Frequency of Alcohol Consumption (2003)</b>						
<b>1 drink</b>	<b>2 drinks</b>	<b>3 drinks</b>	<b>4 drinks</b>	<b>5 drinks</b>	<b>6 drinks</b>	<b>7 drinks</b>
41.6%	29.1%	14.1%	6.1%*	1.7%*	5.2%*	2.1%*

<b>Table 9</b>		
<b>Binge Drinking (5 or more drinks at one time) in the Past Month by Age in San Joaquin County (2003)</b>		
<b>18 and over</b>	<b>15-17</b>	<b>12-14</b>
13.8%	20.8%* <sup>4</sup>	2%*

<sup>4</sup> 5,000/23,000 15 to 17 year old youth indicated that they had engaged in binge drinking during the past month.

*Use of Marijuana and Other Drugs*

<b>Table 10</b>		
<b>Percentage of Respondents in San Joaquin County Who Used Marijuana in the Past Year and At Least Once During the Past Month (2005)</b>		
<b>Youth and Adults</b>	<b>15-17</b>	<b>12-14</b>
10.2%	15.2% <sup>5</sup>	6.2%*

<b>Table 11</b>		
<b>Percentage of Respondents in San Joaquin County Who Have Ever Tried Marijuana, Cocaine, Sniffing Glue, or Other Drugs (2005)</b>		
<b>Youth and Adults</b>	<b>15-17</b>	<b>12-14</b>
20%	35.8% <sup>6</sup>	7.4%*

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<sup>5</sup> 5,000/32,000 15 to 17 year old youth indicated that they had used marijuana during the past year and during the past month.

<sup>6</sup> 11,000/32,000 15 to 17 year old youth indicated that they had used drugs at some point in their lives.

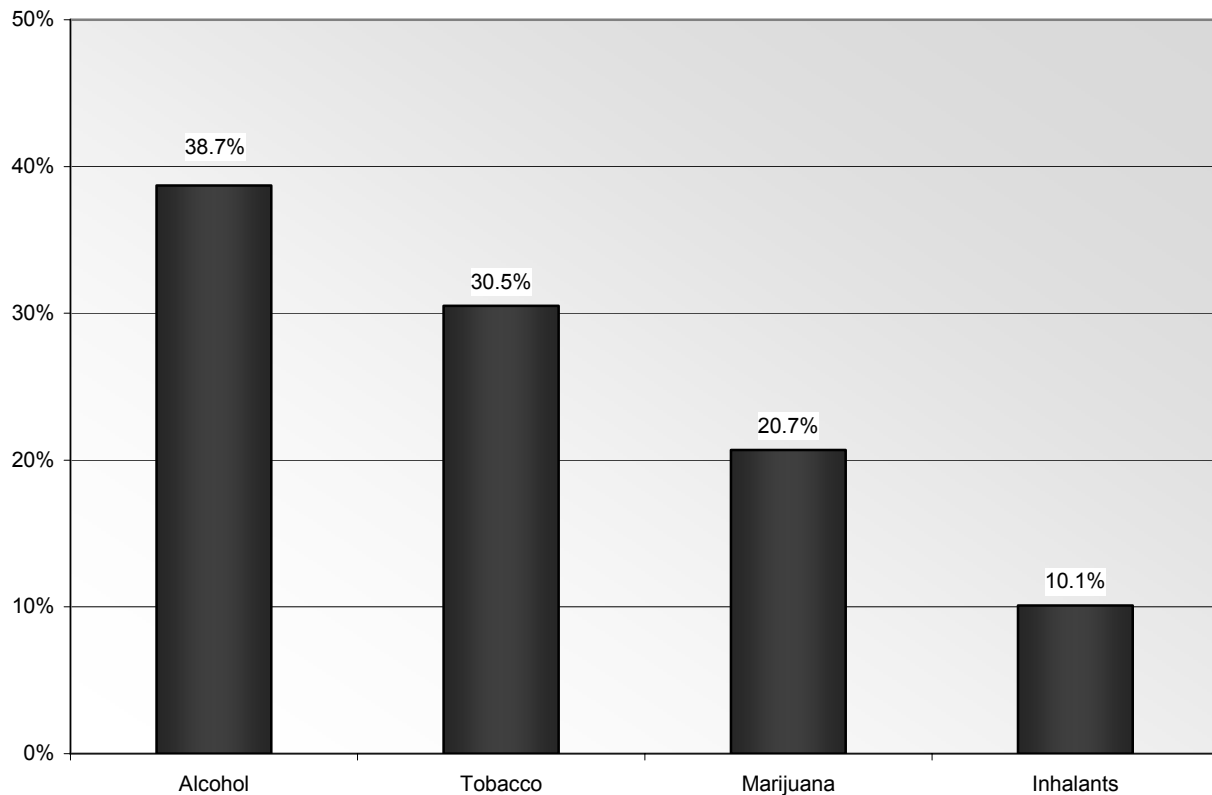
California Health Kids Survey – CHKS (Fall 2004):

*Overall Results*

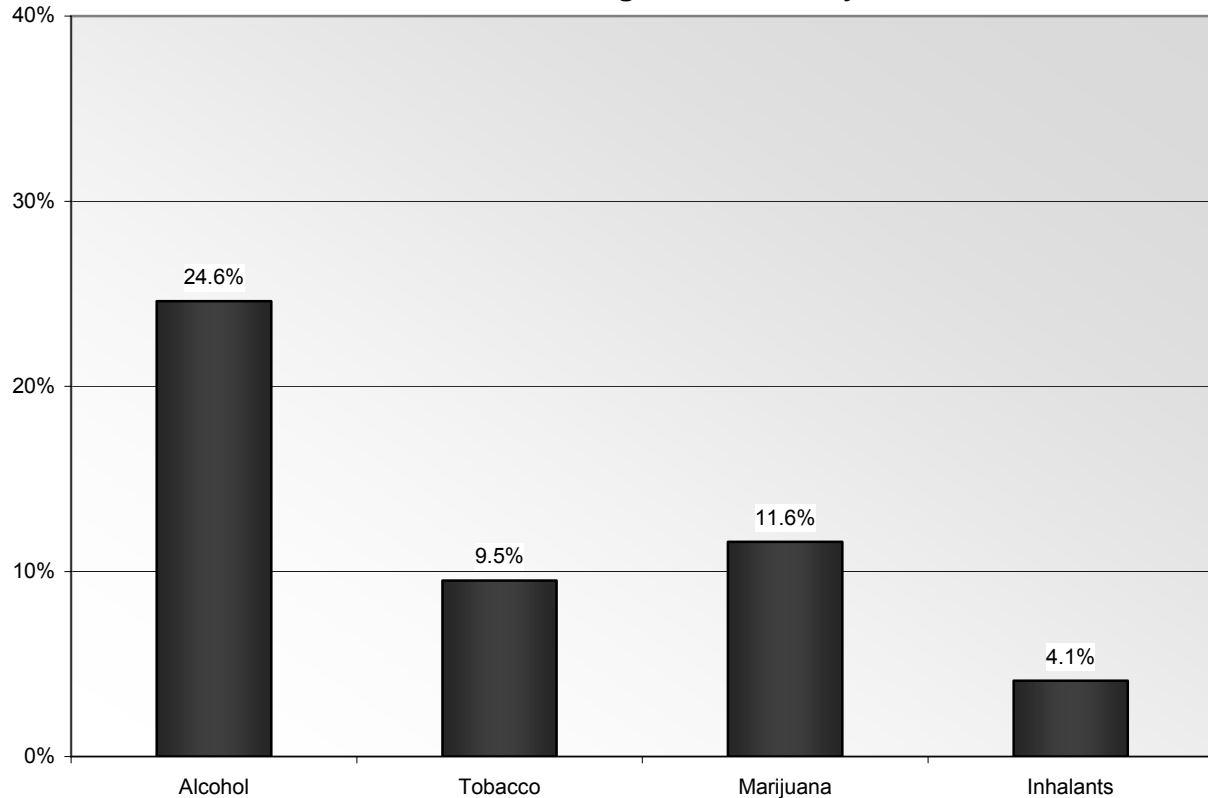
Figure 1 provides data on overall CHKS results across the four largest school districts in San Joaquin County. With respect to use at any point in their lives, students report having used alcohol at the highest rate (38.7%) followed by tobacco (30.5%), marijuana (20.7%), and inhalants (10.1%)

In Figure 2 CHKS data specific to drug use during the last 30 days is shown. These data indicate that alcohol was used at the highest rate (24.6). Unlike overall lifetime use, data on marijuana was found to have the second highest rate (11.6%) followed by tobacco (9.5%) and inhalants (4.1%).

**Figure 1**  
**CHKS - Lifetime Drug Use**



**Figure 2**  
**CHKS - Use During the Last 30 Days**



*Use of Various Drugs at Least Once in Students' Lives*

**Key findings:**

- 38.7% of respondents indicated that they had an alcoholic drink at least once in their lives
- 20.7% indicated that they had used marijuana
- 10.1% reported having tried inhalants
- Use was found to increase with age with respect to alcohol and marijuana. However, no direct relationship was found between age and inhalants; that is, usage of inhalants was found to vary with age.

#### Alcohol consumption – whole drink:

- Survey findings indicate that use is similar in Stockton Unified, Lincoln, Manteca, and within the County school system. However, risk is found to be lower within Tracy Unified. For example, where 36% of 11<sup>th</sup> graders within Tracy Unified report having had a whole drink of alcohol at least once in their lives, 65% of 11<sup>th</sup> grade students within MUSD reported having consumed an entire drink.

#### Inhalants:

- CHKS results indicate that students in all districts with the exception of Tracy Unified indicated similar patterns of inhalant use. More specifically, while 15% of 9<sup>th</sup> graders in Lincoln Unified indicated use of inhalants at some point in their lives, only 3% of Tracy Unified 9<sup>th</sup> graders noted that they had used inhalants.

#### Marijuana:

- 2004 CHKS results specific to marijuana use indicate that students report the use of this drug at similar rates across districts with the exception of Tracy Unified. For example, throughout the County school district, 37% of 11<sup>th</sup> graders reporting using marijuana as compared to 17% of 11<sup>th</sup> grades in Tracy Unified.

#### *Use of Various Drugs during the Last 30 days*

##### Key findings:

- 24.6% of respondents noted having had an alcoholic beverage in the last 30 days
- 11.6% of students taking the CHKS survey reported having tried marijuana in the last 30 days
- 4.1% of respondents noted that they had used inhalants in the last 30 days.
- Usage of alcohol and marijuana was found to increase with age with the exception of students in Manteca Unified
- However, no direct relationship was found between age and inhalants; that is, usage of inhalants was found to vary with age

## Alcohol, Inhalants, and Marijuana:

- Usage of alcohol, inhalants, and marijuana within the last 30 days was similar across all districts with the exception of the following:
  - Use of alcohol for all grade levels was highest within Manteca Unified and lowest amongst 7<sup>th</sup> grade students within Tracy Unified
  - Use of inhalants was highest amongst 9<sup>th</sup> graders within Stockton Unified and lowest amongst 7<sup>th</sup> grade students within Tracy Unified
  - Use of marijuana during the last 30 days was less frequent amongst 7<sup>th</sup> and 9<sup>th</sup> graders within Tracy Unified

## *Use of Tobacco*

### Key findings:

- 30.5% of students report having tried tobacco at least once in their lives
- 16.7% of respondents indicated that they had a whole cigarette
- 9.5% indicated that they had used tobacco in the last 30 days
- 1.7% of student indicated they used tobacco daily

### Additional findings:

- Data findings indicate that results are similar across districts with respect to the percentages of students who have:
  - Tried a puff or two during their life
  - Tried a whole cigarette during their life
  - Smoked during the past 30 days
  - Smoked daily during the past 30 days
- Specific exceptions to the above findings center on less reported use of tobacco at Tracy Unified.

## *Participation in High Risk Behaviors Associated with ATOD*

### Key findings:

- 24.1% of student respondents indicated that they had been very drunk or sick after drinking
- 21.9% of respondents reported having been high from using drugs
- 12.5% of students noted that they had engaged in binge drinking
- 11.9% of students indicated that they had been drunk on school property
- 5.1% of respondents noted that they had smoked marijuana on school property in the past month

### Additional findings:

- Little difference is found between school districts with respect to the percentage of students who reported smoking marijuana on school property in the past month. With respect to 9<sup>th</sup> graders, it should be noted that students within Stockton Unified reported the highest use and 9<sup>th</sup> graders within Tracy Unified reported the least usage (11% compared to 3%).
- No substantive difference is found between districts with respect to the following:
  - The percentage of students that had ever been drunk or high on school property
  - The percentage of students who had ever been very drunk or sick after drinking
  - The percentage of students who had been involved in binge drinking in the past 30 days
- Tracy Unified 7<sup>th</sup> graders were found to report less frequently (than other students) that they had ever been high from using drugs.

### *Perceptions Regarding the Dangers of Frequent Drug Use*

- The percentage of students reporting that frequent cigarette is harmful is at or over 90% across all districts. However, it is important to note that percentages are found to be the lowest for 7<sup>th</sup> and 9<sup>th</sup> graders within Stockton Unified.
- While percentages that connect to the perceptions of students about the dangers of frequent of alcohol and marijuana use are consistently high across all grades and districts, it is important to note that these percentages, in general, are not as high as the findings specific to cigarettes.

### *Safety*

- CHKS 2004 data findings indicate that the percentage of students noting that they feel very safe at school is similar across grades and districts. It is important to note that no percentage in any district is higher than 20%.
- Data specific to student assets indicates that students report having caring relationships, high expectations, and meaningful participation at similar rates across grades and districts. It should be noted that the lowest percentages provided regarding feedback total assets were 7<sup>th</sup> and 9<sup>th</sup> graders within Stockton Unified.

<b>Table 12 CHKS 2004: Percentage of students who used alcohol and other drugs at least once in their life by District*</b>															
	<b>SUSD</b>			<b>LUSD</b>			<b>MUSD</b>			<b>TUSD</b>			<b>SJCOE</b>		
	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>
Alcohol – whole drink	21	48	60	18	40	59	26	48	65	8	24	36	20	45	62
Inhalants	11	15	9	11	15	10	11	15	11	2	3	3	11	14	10
Marijuana	10	29	36	6	23	37	10	26	37	2	9	17	8	24	37

<b>Table 13 CHKS 2004: Percentage of students who used alcohol and other drugs during the last 30 days</b>															
	<b>SUSD</b>			<b>LUSD</b>			<b>MUSD</b>			<b>TUSD</b>			<b>SJCOE</b>		
	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>
Alcohol – whole drink	14	28	32	11	25	33	15	30	38	8	24	36	13	26	36
Inhalants	5	8	4	5	6	3	4	4	3	2	3	3	4	5	3
Marijuana	5	17	18	3	14	16	5	15	18	2	9	17	4	14	17

\* Stockton Unified – SUSD, Lodi Unified – LUSD, Manteca Unified – MUSD, Tracy Unified, TUSD, San Joaquin County Office of Education (SJCOE)

	Table 14 CHKS 2004: Percentage of students who participated in various levels of tobacco use														
	SUSD			LUSD			MUSD			TUSD			SJCOE		
	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
Tried a puff or two during their life	18	36	45	15	30	43	19	34	43	10	28	44	16	32	44
Tried a whole cigarette during their life	7	18	24	7	18	24	8	18	27	4	16	30	7	17	26
Smoked during the past 30 days	6	12	13	5	12	12	5	10	16	1	7	15	5	10	14
Smoked daily during the past 30 days	1	2	3	1	2	2	0	2	3	0	1	3	1	2	3

	Table 15 CHKS 2004: Percentage of students who participated in high risk behaviors associated with alcohol, tobacco, or other drugs														
	SUSD			LUSD			MUSD			TUSD			SJCOE		
	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
Smoked marijuana on school property in the past month	3	11	7	2	7	8	2	7	5	1	3	6	2	7	6
Ever been drunk or high on school property	4	16	18	3	12	20	4	14	21	2	9	19	3	13	20
Ever been very drunk or sick after drinking	9	26	37	7	21	37	11	27	42	6	24	42	8	24	40
Ever been high from using drugs	8	26	33	6	21	33	9	23	36	3	24	42	7	22	35
Binge drank in the past 30 days	4	16	18	4	12	19	5	16	23	2	10	20	4	14	20

**Table 16**  
**CHKS 2004:**  
**Percentage of students who feel frequent use of alcohol, tobacco, and other drugs is harmful**

	SUSD			LUSD			MUSD			TUSD			SJCOE		
	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
	Cigarettes	91	91	95	95	93	96	96	95	97	95	96	96	94	94
Alcohol	89	87	91	93	89	91	91	89	97	95	89	91	91	88	91
Marijuana	90	86	90	95	88	86	93	89	87	97	92	86	93	89	87

Violence and Safety

<b>Table 17</b> <b>CHKS 2004:</b> <b>Percentage of students who feel very safe at school</b>														
SUSD			LUSD			MUSD			TUSD			SJCOE		
7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
17	12	9	20	8	8	18	11	11	18	8	11	20	11	10

	<b>Table 18</b> <b>CHKS 2004:</b> <b>Percentage of students who experienced safety-related incidents</b> <b>on school property during the past 12 months</b>														
	SUSD			LUSD			MUSD			TUSD			SJCOE		
	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
Been harassed	30	32	29	30	34	30	31	32	29	31	31	28	30	32	29
Been in a fight	34	35	23	31	28	19	32	27	19	25	25	23	32	30	21
Been afraid of being beaten up	32	27	18	28	28	19	25	25	16	31	29	21	28	26	18
Carried a gun	7	11	5	5	8	5	6	7	3	6	4	6	6	7	5
Carried any other weapon, such as a knife or club	14	19	12	14	18	15	14	19	14	11	15	15	13	18	14

<b>Table 19</b>															
<b>CHKS 2004:</b>															
<b>School environment: Percentage of students scoring high in each external asset and total assets</b>															
	<b>SUSD</b>			<b>LUSD</b>			<b>MUSD</b>			<b>TUSD</b>			<b>SJCOE</b>		
	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>11<sup>th</sup></b>
Caring relationships	26	19	27	35	22	28	33	22	31	34	22	33	33	23	20
High expectations	41	29	36	50	33	35	50	37	39	47	34	42	48	34	38
Meaningful participation	14	11	13	16	9	12	15	13	17	15	13	11	16	11	14
Total assets	26	19	26	34	20	25	33	24	31	33	21	19	33	22	29

### Community, family, school, and individual risk factors:

Data from the Community Indicators of Alcohol and Drug Abuse Risk document (a report prepared for the California Department of Alcohol and Drug Programs by the Center of Applied Research Solutions) provided data specific to the following four domains:

- **Community factors** – the availability of substances, community laws and norms favorable to use, extreme economic deprivation, high rates of transition and mobility, and social disorganization
- **Family factors** – family history of substance abuse, poor family management practices, parental drug use and favorable attitudes towards drug use, family conflict
- **School factors** – academic failure, low commitment to school, school-related problem behaviors
- **Individual and peer factors** – peer rejection, early and persistent problem behavior, alienation and rebelliousness, friends who use drugs, favorable attitudes toward drug use, and early initiation of drug use

The main focus of building this particular report was to allow for the “continuous collection, monitoring, and reporting of selected community-level indicators that would serve as direct and indirect measures of alcohol and other drug use prevalence and related problems.” This report was created with the idea that it could “serve as a tool for planners, policy makers, and practitioners in the field in their efforts to:

- Determine the prevalence of a problem in the community;
- Identify patterns of need for services;
- Forecast service needs;
- Establish appropriate program resource levels;
- Understand environmental influences in the community; and
- Determine whether intended social change is occurring”<sup>7</sup>

### *Population and unemployment*

- The population in San Joaquin County has been steadily increasing from 1996 to 2002; the population in 1996 was 533,200 and in 2002 the County population increased to 605,500.

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<sup>7</sup> Community Indicators of Alcohol and Drug Abuse report, p. 1.

- While unemployment remained relatively steady from 1999 to 2001, the County saw an increase in 2002; the total number of people unemployed in 2002 was 27,600 out of 274,500 people in the labor force for a rate of 10.1.
- While unemployment rates dropped from 1999 to 2002, San Joaquin County's rate of unemployment in 2002 exceeded that of the State (5.5 to 3.6)

### *Crime*

- The crime rate in San Joaquin County increased from 2000 to 2001. In addition, in 2001 the crime rate in the County was dramatically higher than the State average (59.0 compared to 39.4).
- San Joaquin County's adult arrest rate in 2001 for driving under the influence was higher than the State average (11.8 to 8.3).
- In 2003, San Joaquin County had the highest juvenile arrest rate of any medium to large county in California (population of 50,000 or higher).<sup>8</sup>
- The total number of drug offenses rose considerably from 2004 to 2005 (specific increases were found for marijuana, 'dangerous drugs,'<sup>9</sup> as well as for juvenile drug arrests.
- With respect to domestic violence calls, while the rate for these calls were found to be somewhat constant from 1996 to 2001 (see Table 11), the rate of 12.9 in 2001 for the County exceeded the rate of 8.8 for the State.
- In terms of law enforcement dispositions, while the rate in the County decreased slightly from 2000 to 2001, the County rate of 82.6 in 2001 was found to be dramatically higher than the rate of 57.4 for the State.

### *Alcohol Outlets*

- The presence of alcohol outlets by rate (number of stores compared to the County population) has decreased since 1997. Moreover, the rate in San Joaquin County in 2002 was lower than the State average (184.3 compared to 188.7).

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<sup>8</sup> Data from the Attorney General's Office

<sup>9</sup> Term used by the Attorney General's Office

*Deaths Due to Alcohol and Drug Use*

- Data findings indicate that the number of deaths in San Joaquin County attributable to alcohol and/or drug use dramatically decreased over the five year span from 1996 to 2000.

**Table 20**  
**Deaths Due to Alcohol & Drug Use and Rate per 100,000**  
**Population**

	1996	1997	1998	1999	2000
Total Deaths	298	286	274	111	110
Total Population	533,200	542,200	551,500	562,600	567,000
Rate per 100,000	55.9	52.7	49.7	19.7	19.4

*Adult Drug and Alcohol Treatment Admissions*

In terms of treatment admissions, data indicates while rates of drug and alcohol treatment admissions have remained somewhat constant in San Joaquin County, such rates from 1997 to 2002 exceeded State rates by a large margin.

**Table 21**  
**Adult Drug and Alcohol Treatment Admissions**  
**and Rate per 1,000 Population 18 Years and Over**

	1997	1998	1999	2000	2001	2002
Treatment Admissions	5667	6247	6085	5879	5909	6657
Pop 18 Years and Over	369,402	375,065	382,992	406,389	417,198	427,785
Rate per 1,000	15.3	16.7	15.9	14.5	14.4	15.6

**Table 22**  
**Annual State & County Comparisons 1997-2002**

	1997	1998	1999	2000	2001	2002
San Joaquin	15.3	16.7	15.9	14.5	14.2	15.6
California	8.4	8.6	9.1	8.3	8.4	8.7

*School Data*

Dropouts:

With respect to school dropouts, Table 23 shows that the most serious dropout rates are found with Lodi and Stockton Unified School Districts. More especially, while the overall County dropout rate is 6.9% and the rate throughout the State is 6.1%, it was 12.6% during the 2004/2005 for Lodi and 12.2% for Stockton (California Department of Education).

**Table 23**  
**School Dropouts by District 2004/2005**

<b>Source</b>	<b>Gr. 12 Drop</b>	<b>Gr. 12 Enroll</b>	<b>%</b>
<u>Banta Elementary</u>	0	0	0.0 %
<u>Escalon Unified</u>	0	248	0.0 %
<u>Holt Union Elementary</u>	0	0	0.0 %
<u>Jefferson Elementary</u>	0	0	0.0 %
<u>Lammersville Elementary</u>	0	0	0.0 %
<u>Lincoln Unified</u>	8	629	1.3 %
<u>Linden Unified</u>	2	176	1.1 %
<u>Lodi Unified</u>	279	2,212	12.6 %
<u>Manteca Unified</u>	30	1,220	2.5 %
<u>New Hope Elementary</u>	0	0	0.0 %
<u>New Jerusalem</u>	2	64	3.1 %
<u>Oak View Union Elementary</u>	0	0	0.0 %
<u>Ripon Unified</u>	0	181	0.0 %
<u>San Joaquin County CYA District</u>	0	198	0.0 %
<u>San Joaquin County Office Of Education</u>	0	576	0.0 %
<u>Stockton Unified</u>	263	2,153	12.2 %
<u>Tracy Joint Unified</u>	29	1,176	2.5 %
<u>County Total</u>	613	8,833	6.9 %
<u>State Totals</u>	25,067	409,560	6.1 %

Expulsions and Suspensions:

Table 24 provides data on the total number of expulsions and suspensions during 2005/2006 (California Department of Education). These data indicate that Manteca Unified had the highest number of expulsions (276 out of a County total of 555, 49.7%). In addition, data shows that Lodi Unified has the highest number of suspensions. In fact, Lodi's 11,215 suspensions comprised 50.2% of the total number of suspensions for the County as a whole (22,360).

**Table 24**  
**Total Suspension and Expulsions**  
**San Joaquin County – 2005/2006**

<b>District</b>	<b>Expulsions</b>	<b>Suspensions</b>
<u>Banta Elementary</u>	-	35
<u>Escalon Unified</u>	6	320
<u>Holt Union Elementary</u>	-	12
<u>Jefferson Elementary</u>	-	155
<u>Lammersville Elementary</u>	2	40
<u>Lincoln Unified</u>	34	2,077
<u>Linden Unified</u>	38	470
<u>Lodi Unified</u>	9	11,215
<u>Manteca Unified</u>	276	5,296
<u>New Hope Elementary</u>	-	15
<u>New Jerusalem</u>	1	-
Oak View Union Elementary	-	9
<u>Ripon Unified</u>	21	814
<u>San Joaquin County Office Of Education</u>	1	1,735
<u>Stockton Unified</u>	167	167
<u>Tracy Joint Unified</u>	-	-
San Joaquin County	555	22,360
California State	20,580	715,584

Enrollment:

Data in Table 25 provides findings on County enrollment, unexcused absences, truancy, expulsions and suspensions (California Department of Education). These data show that the County truancy rate is higher than the State average. Moreover, the truancy rate for Stockton Unified is more than double that of the State (a rate 57.53 compared to 24.79). With respect to expulsion and suspensions that centered on either violence or drugs, the larger amount of expulsions occurred in Manteca Unified and the highest number of suspensions occurred in Lodi Unified. It is important to note that in terms of the persistently dangerous expulsions, the highest count in San Joaquin County occurred in Stockton Unified. In fact, out of the 103 County expulsions of this kind, Stockton Unified had 61 of these or 59.2%.

**Table 25**  
**Enrollment, Unexcused Absences, Truancy, Expulsion, Suspension**  
**San Joaquin County – 2005/2006**

Source	Enrollment	Unexcused Absences (3 or more)	Truancy Rate	Violence/Drug		Total Persistently Dangerous Expulsions
				Expulsion	Suspensions	
<u>Banta Elementary</u>	303	17	5.61%	-	24	-
<u>Escalon Unified</u>	3,201	332	10.37%	4	154	-
<u>Holt Union Elementary</u>	125	3	2.4%	-	9	-
<u>Jefferson Elementary</u>	2,274	411	18.07%	-	94	-
<u>Lammersville Elementary</u>	783	45	5.75%	2	31	-
<u>Lincoln Unified</u>	8,769	1,710	19.5%	34	919	10
<u>Linden Unified</u>	2,515	189	7.51%	24	220	-
<u>Lodi Unified</u>	29,757	6,907	23.21%	9	4,265	9
<u>Manteca Unified</u>	23,781	6,599	27.75%	164	1,862	15
<u>New Hope Elementary</u>	227	24	10.57%	-	15	-
<u>New Jerusalem</u>	600	12	2%	1	-	1
<u>Oak View Union Elementary</u>	342	1	.29%	-	7	-
<u>Ripon Unified</u>	2,981	404	13.55%	16	161	6
<u>San Joaquin County Office Of Education</u>	1,848	1	.05%	1	329	1
<u>Stockton Unified</u>	38,763	22,299	57.53%	157	157	61
<u>Tracy Joint Unified</u>	16,609	2,079	12.52%	-	-	-
<u>San Joaquin County</u>	132,878	41,033	30.88%	412	8,247	103
<u>California State</u>	6,039,766	1,497,263	24.79%	16,718	307,142	2,227

Academic Performance:

Table 26 provides data specific to the California Exit Exam (California Department of Education). Data findings indicate that within Stockton Unified, 43% of students passed the math portion of the Exit Exam, and 48% passed the English and Language Arts component of the exam. The results were lower for those students who were identified as being socio-economically disadvantaged. It is important to note that San Joaquin County Office of Education students scored lower than the students in Stockton Unified (40% for math and 38% for ELA). Some of the lowest scores within this table are found in the socio-economically disadvantaged students (e.g., math scores at the SJCOE, the ONE school, Stockton Unified, and ELA scores at SJCOE).

**Table 26**  
**San Joaquin County School Exit Exam Results 2005/2006**  
**Mathematics and English Language Arts (ELA)**  
**Percentage Passing Exit Exam**

<b>School</b>	<b>Math</b>	<b>ELA</b>	<b>Socio-</b>	<b>Socio-</b>
			<b>economically</b>	<b>economically</b>
			<b>Disadvantaged</b>	<b>Disadvantaged</b>
			<b>Math</b>	<b>ELA</b>
Benjamin Holt College Prep.	74	92	-	-
Delta Charter High School	58	84	50	68
Escalon Unified	60	63	43	47
Lincoln Unified	61	63	49	48
Linden Unified	56	58	42	41
Lodi Unified	63	60	53	49
Manteca Unified	60	65	49	53
Millennium Charter	85	89	-	-
One Charter	51	69	39	52
Ripon Unified	70	78	57	58
SJCOE	40	38	35	33
Stockton Unified	43	48	41	44
Tracy Unified	62	62	50	43
Statewide	59	61	48	48

Data in Tables 27 and 28 provide findings specific to the California Standards Test (CST) for the 2005/2006 school year (California Department of Education). Tables 29 and 30 show the combined 'below basic' and 'far below basic' percentages for each district. These findings indicate that Stockton Unified has the highest percentages for below basic and far below basic for both math and ELA.

**Table 27**  
**California Standards Test (2<sup>nd</sup> – 7<sup>th</sup> grade)**  
**Results for Math – 2005/2006**

	<b>Advanced</b>	<b>Proficient</b>	<b>Basic</b>	<b>Below Basic</b>	<b>Far Below Basic</b>
Lodi Unified	16.7	27.3	25.3	22.8	8.0
Manteca Unified	14.3	28.3	30.3	21.8	5.7
Stockton Unified	14.8	23.8	24.0	26.3	11.2
Tracy Unified	16.5	27.5	27.2	21.7	7.2
San Joaquin County	17.0	27.0	26.0	22.2	7.8

**Table 28**  
**California Standards Test (2<sup>nd</sup> – 11<sup>th</sup> grade)**  
**Results for English Language Arts – 2005/2006**

<b>District</b>	<b>Advanced</b>	<b>Proficient</b>	<b>Basic</b>	<b>Below Basic</b>	<b>Far Below Basic</b>
Lodi Unified	12.0	22.1	31.6	18.8	15.5
Manteca Unified	12.0	25.9	34.0	16.8	11.3
Stockton Unified	6.4	16.8	31.2	23.1	22.4
Tracy Unified	15.2	25.2	30.6	16.6	12.4
San Joaquin County	11.9	22.7	31.3	18.3	15.5

**Table 29**  
**CST Math Results**  
**Below Basic and**  
**Far Below Basic**

<b>District</b>	
Lodi Unified	30.8
Manteca Unified	27.5
Stockton Unified	37.4
Tracy Unified	28.9
San Joaquin County	30.0

**Table 30**  
**CST ELA Results**  
**Below Basic and**  
**Far Below Basic**

<b>District</b>	
Lodi Unified	34.3
Manteca Unified	28.1
Stockton Unified	45.5
Tracy Unified	29.0
San Joaquin County	33.8

### Runaways and Teen Pregnancies

Data findings indicate that there was an increase in the rate of reported runaways (18 years old and under) from 2000 to 2002. In addition, data indicates that the reported runaway rate in San Joaquin County in 2002 was considerably higher than the rate for the State (17.2 compared to 10.4).

While data specific to teen pregnancies (population aged 15 to 19) shows that a decrease from 2000 to 2002, the County teen pregnancy rate in 2002 was considerably higher than that of the State (54.9 to 41.6).

*County Comparisons*

A comparison of rankings indicates that San Joaquin County has numerous high (or negative) rankings. It is important to note that “a low rank (e.g., 4<sup>th</sup> out of 58) indicates that the county rate is low relative to other counties in the state and thus, that the population has a low relative level of substantive risk for that indicator.”<sup>10</sup>

<b>Table 31</b>	
<b>San Joaquin County Rankings by Indicators</b>	
<b>Community Domain Indicator</b>	<b>Ranking</b>
Reported crimes	56
Adult alcohol and drug treatment admissions	52
Unemployment	43
Population growth	43
Total number of AIDS cases	43
Alcohol-involved motor vehicle accidents	37
Deaths due to alcohol and drug use	37
Total Legal Immigration	35
Adult arrests for drug violations	33
Hospital discharges for alcohol and drug related causes	32
Adult arrests for DUI	26
Adult arrests for alcohol violations	14
Total retail liquor outlets	12
<b>Family Domain Indicator</b>	
Domestic violence calls for assistance	48
Total TANF recipients	47
Children in foster care	28
Emergency response dispositions for child abuse	24
<b>School Domain Indicator</b>	
Students recommended for expulsion	39
<b>Individual/Peer Domain</b>	
Reported runaways	50
Births to teen mothers	49
Adolescent suicides	46
Law enforcement dispositions for juveniles	42

<sup>10</sup> Community Indicators of Alcohol and Drug Abuse Risk, 2004, p. 4.

## Drug and Alcohol Advisory Board – A Focus Group

In order to construct a strategic plan that included a collaborative process within the community, the Prevention Services team determined that conducting a focus group with the San Joaquin County Drug and Alcohol Advisory Board would lead to valuable feedback from this important body. At the beginning of this focus group the Board was asked to fill out a version of a community survey that was to be disseminated to various groups in the County. In filling out this research instrument, the Board was asked to provide written feedback on many of the items what were later discussed verbally as a group. Along with providing feedback on ATOD issues that are present in the County, Prevention Services requested that the Board provide suggestions on possible modifications to the community survey.

### *Age Rankings*

Focus group participants ranked the following three age groups in their top three:

1. 12-14
2. 15-17
3. 18-20

Board members felt that some of the most important issues that connected with the 12 to 14 year old group were the following:

- Peer pressure and the desire to fit in
- How impressionable this age group can be
- The issues of rebellion and attitude that can manifest for youth of this age
- The fact that this age group has to adjust to the transition to the junior high school years

It is important to note that the Board members indicated that it is the 12 to 17 year old group as a whole that is within an age group that has the opportunity to make more decisions as well as the fact that they are home alone more often.

Additional comments included the concern for all youth with respect to the lack of structured activities. For the 5 to 11 year old group the Board noted that like the 12 to 14 year old age group, this group is also very impressionable. They Board noted that the 5 to 11 year group represented a key time for education and for increasing awareness. With respect to education on the topic of prevention the Board noted that a key was to begin early on in a young people's lives and to continue the prevention message as youth age. For older youth, respondents noted that it was important to provide more education and to offer such education at more sophisticated levels. Such education should include the entire educational system (e.g., mentors, teachers) and should involve educating parents.

### *Substance Rankings for Youth*

The Drug and Alcohol Advisory Board found that the top five ATOD concerns for youth in San Joaquin County were the following:

1. Alcohol
2. Marijuana
3. Tobacco
4. Inhalants
5. Methamphetamine

When asked what causes the drug issues that youth face San Joaquin County, respondents noted the following:

- Experimentation
- As an escape from their problems
- Peer pressure – fear of not being liked
- Hormonal changes
- Anger that is held back and released through drug use/abuse
  - Children have less outlets for their anger
- Availability of substances – seen/found in their homes
- Adults that may be unaware or than loose touch with their children's lives; parent/family relationships that are weakened
- Parents not around (unsupervised/latch-key children)
- Lack of respect for adults, for their peers
- Lack of respect from adults (an issue of trust)
- The need to teach more about respect
- Lack of activities
- Families that cannot afford care/activities
- Environmental factors (presence of and proximity to ATOD)
- Family origin and the impact of alcoholism as a genetic disease

### *Substance Rankings for Adults*

The Board found that the top five ATOD concerns (four of which are found in the top two categories) for adults in San Joaquin County were the following:

1. Alcohol and methamphetamine
2. Dual multiple drug usage and heroin
3. Tobacco

When asked what causes the drug issues that adults face in San Joaquin County, Board members provided the following feedback:

- Poverty
- Lack of activities
  - Other cities/regions have healthy activities but these are in short supply in San Joaquin County
- Low self-esteem
- Poor parenting
- Early addiction
- Lack of knowledge
- Natural desire/drive – genetic component of alcoholism
- Fast-paced lifestyles
- Social norms

## Structured Research Conversation with Students in Prevention

In order to have a key team of youth review and provide feedback on assessment findings, part of the development of this plan included a structured meeting with six Students in Prevention (SIP) students along with the coordinator for the SIP program. All of these students currently attend (as of May 2007) a high school in San Joaquin County. The second component of this conversation centered on having this team of youth prevention specialists consider effective youth-based prevention strategies for use in San Joaquin County. Feedback specific to effective strategies can be found in the capacity building section of this document.

After reviewing the data findings specific to age, the team of youth prevention specialists agreed that it would be youth that would need the prevention focus. Moreover, this set of respondents were in agreement that it would be important to have the 5-11 year old age group as the most important group to focus on, but felt that the 12-14 year old age group should come before the 15-17 year old youth. Respondents noted that a the focus on the 12-14 year old youth would be especially important given that they are in middle school and are “still fresh.” Youth respondents added that this group has not reached high school and would be susceptible to older influences. Respondents noted that this is a group that needs to be prepared for the kinds of risks that they might face at the high school level.

After reviewing specific substances of concern, youth respondents were all in agreement that alcohol was the top ATOD issue facing youth in San Joaquin County. In addition, youth respondents were essentially in agreement with respect to the top five substances (including the inclusion of marijuana and the idea that marijuana would be the second most important focus for the County prevention team). However, youth respondents noted that they felt it would be important to have Ecstasy and club drugs listed amongst the top five substances. Youth mentioned that it “is not mentioned that much...but, it’s there.” It was also added that the use of this drug may not be discussed much because of the connection with sexual activity. It is important to add that youth noted that methamphetamine is not discussed (or if discussed it is kept on the “down low”) and seems to be more of an issue amongst adults. It was also noted that inhalants may, in fact, be a concern at the middle school level. In addition, it was noted that prescription drugs (while ranked Number 5) may be more of a concern than alcohol. During the conversation on data findings youth respondents also noted than steroids (and the selling of steroids) may be a concern. Another substance of concern that youth noted was Hooka or flavored tobacco.

Youth respondents were asked about why youth might be using specific substances. Feedback pertaining to specific substances included the following:

### *Alcohol*

- Drinking alcohol is seen to be acceptable
- Alcohol is viewed as safe to use...it is a drink vs. smoking a substance...alcohol is not as “scary”
- Some parents allow parties where alcohol is present
- Accessibility
- Use of alcohol is part of youth culture, as part of the social structure
- Peer pressure
- Influence of seeing older people drinking alcohol
- The factor of flavored alcoholic beverages (Alcopops)
- Use of alcohol for some as a rite of passage

### *Marijuana*

- Usage is seen as cool
- The idea that they are using an illicit drug and the rush they might get from knowing this
- The impact of the subculture of drug sales
- Some youth think that marijuana is not as bad for you as tobacco
- Youth use marijuana for pleasure, versus with methamphetamine use stems from addiction

### *Prescription Drugs*

- Easier access to these drugs
- Knowledge that these drugs are not illegal...some youth feel less guilty about using these drugs

When asked about general reasons why youth may use specific substances, one respondent pointed out a key distinction between the impact of direct peer pressure and an indirect form of social pressure. More specifically, it was noted that if youth see that everyone else is using substances there is a danger that use could become part of the youth culture – seeing that “everyone else is doing it.” Indeed, peer pressure could result from the feeling of wanting to fit into the group.

### Key Informant Interview with Local Judge

During March 2007, a local judge was interviewed by a Behavioral Health administrator in order to review the preliminary results of the strategic plan. This respondent felt that the most important age group for substance abuse prevention was middle school students and that alcohol was the primary issue. He added that he currently makes presentations to high school and middle school students in Lodi Unified School District and feels that high school students are too far advanced in using alcohol to be amenable to an anti-drug or anti-alcohol message. He feels that middle school students are more approachable on the topic.

### Review of Treatment Data

Strategic plan data analysis found that alcohol was the top concern for youth and adults. It is important to note that this assessment finding is even more important when considering San Joaquin County treatment data. More specifically, treatment data from 2005/2006 indicates that heroin and other opiates along with alcohol are the primary drug used by those who have been admitted into a treatment program. Almost 4 in 10 (2504 out of 6295 or 39.8%) of the individuals in programs had abused alcohol as their primary drug. The percentage of 39.8% for alcohol admissions was the highest rate for alcohol use since 1999/2000. Treatment data indicates those entering programs were of various ages and ethnicities, and had either attended or graduated from high school. In addition, the majority (82.1%) was not homeless, did not have Medi-Cal benefits, and abused one drug.

## **Appendix 2: Community Survey**

**San Joaquin County Behavioral Health Services**  
Community Survey: Alcohol, Tobacco, and Other Drugs (ATOD)

San Joaquin County Behavioral Health Services is in the process of creating a strategic plan and is looking for community feedback on the topic of alcohol, tobacco, and other drugs. As community members your input is critical to the plan's success and we are very much hoping that you'll take a few minutes to fill out this important survey. Please add as much detail as you can.

1. Please rank the most important age groups to focus on for alcohol, tobacco, and other drug prevention (please use the rankings 1 through 9, with **1 = the most important**):

	<b>Target Group for Alcohol, Tobacco, and Other Drug Prevention Efforts</b>
<b>Ranking</b>	<b>Age Group</b>
	Under 5
	5-11
	12-14
	15-17
	18-20
	21-25
	26-44
	45-64
	65 and over

2. Please rank the most pressing substance abuse concerns for **YOUTH** in San Joaquin County (please use the rankings 1 through 11, with **1 = the most important**):

	<b>Most Pressing Substance Abuse Concerns - Youth</b>
<b>Ranking</b>	<b>Substance</b>
	Alcohol
	Cocaine
	Dual/multiple drug usage
	Ecstasy
	GHB – date rape drug
	Heroin
	Inhalants
	Marijuana
	Methamphetamine
	Prescription drugs
	Tobacco

3. What do you think causes the alcohol, tobacco, and other drug issues that **YOUTH** face in San Joaquin County?

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4. Please rank the most pressing substance abuse concerns for **ADULTS** in San Joaquin County (please use the rankings 1 through 11, with **1 = the most important**):

<b>Most Pressing Substance Abuse Concerns - Adults</b>	
<b>Ranking</b>	<b>Substance</b>
	Alcohol
	Cocaine
	Dual/multiple drug usage
	Ecstasy
	GHB – date rape drug
	Heroin
	Inhalants
	Marijuana
	Methamphetamine
	Prescription drugs
	Tobacco

5. What do you think causes the alcohol, tobacco, and other drug issues that **ADULTS** face in San Joaquin County?

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6. What do you think should be done to address the alcohol, tobacco, and other drug issues that exist in San Joaquin County?

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7. In your opinion, what agencies/organizations should be involved in alcohol, tobacco, and other drug prevention efforts in San Joaquin County?

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In order to learn a little bit about the background of survey respondents, we would very much appreciate you filling out this brief demographic section (this section is optional).

8. What is your age?

- 14 or under
- 15 to 17
- 18 to 20
- 21 to 25
- 26 to 44
- 45-64
- 65 or older

9. Gender:  Male  Female

10. Ethnicity:

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino/Latina
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Multi-Ethnic: \_\_\_\_\_
- Other ethnicity: \_\_\_\_\_

11. Do you live in San Joaquin County?  Yes  No

11a. If yes, how long have you lived in the County? \_\_\_\_\_ years \_\_\_\_\_ months

11b. If yes, which city do you live in?

- Manteca
- Lodi
- Stockton
- Tracy
- Other: \_\_\_\_\_

11c. If you live in Stockton, which region of the city do you live in?

- Central Stockton
- North Stockton
- South Stockton
- Other: \_\_\_\_\_

12. If you are 18 years of age or older, please indicate your annual household income:

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$10,000   | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more    |

**Please add additional comments on the back of this page.**

**Thank you very much for your assistance!**

**Appendix 3**  
**San Joaquin County Alcohol, Tobacco, and Other Drug Prevention Program Inventory**

Agency/Program Site	Prevention Program	Primary CSAP Strategy	Target Population
<b>Countywide</b>			
Alcohol Beverage Control			
Alcoholic Anonymous	24 hr. hotline, literature, newsletters, monthly meetings		
American Cancer Society	Tobacco prevention programs (various) – provided via the County and at medical facilities such as Kaiser, 24 hr. services available, support groups, smoking cessation, prostate tests for men, “Look Good Feel Better” program for women		
Boys and Girls Club of America	Impact Teen Center - Collaboration with the City of Stockton		Youth (13-19)
California Highway Patrol	Program specific to driving under the influence Every 15 Minutes Flyers Helping Your Kids Make the Right Turn! Start Smart		
California National Guard	Unlocking Your Potential (Drug Demand Reduction) Red Ribbon Promotion Sober Graduation		
Catholic Diocese	Programs are available for the Hispanic community		
Center for Positive Prevention Alternatives	Anger Management/Dating Violence Course Decisions Course		
City of Stockton	Parks and Recreation Peacekeepers		
Community Partnership for Families	Neighborhood Service Centers		All
Delta College			
Delta Health Care			
Drug Enforcement Agency (DEA)	Illicit drug use education, collaboration with SIP Program, <a href="http://www.justthinktwice.com">www.justthinktwice.com</a>		
Healthy Children’s Collaborative			
Faith-based youth groups	Example: St. Ann’s Catholic Church and Life Teen		

## San Joaquin County Alcohol, Tobacco, and Other Drug Prevention Program Inventory

Agency/Program Site	Prevention Program	Primary CSAP Strategy	Target Population
<b>Countywide</b>			
Family Resource and Referral			
First 5 San Joaquin Children and Families Commission			
Kaiser and other local health care providers			
Migrant Education			
Mothers Against Drug Drivers (MADD)	DUI presentations – community awareness		
Point Break	Substance Abuse Prevention and Intervention		All
Radical Realities Program	ATOD recovery program		
Salvation Army			
San Joaquin A+			
San Joaquin Behavioral Health Services	Communities Taking Charge Friday Night Live Partnership and Club Live Red Ribbon Students in Prevention	--- Education --- ---	All Youth (14-18)
San Joaquin County Office of Education	Too Good For Drugs (K-5 and middle school) Project Alert (middle school) Towards No Drug Abuse (high school) Point Break Youth Build DATE Coordinators School resource officers		K-5 and 6th-8th 6 <sup>th</sup> -8 <sup>th</sup> 9 <sup>th</sup> -12 <sup>th</sup> --- 9 <sup>th</sup> -12 <sup>th</sup> --- ---
San Joaquin County Drug and Alcohol Advisory Board			
San Joaquin County Probation Department	Kid's Alcohol Drug Alternative Program (KADAP) Crossroads Community Accountability Prevention Services - Drug awareness course		Youth (10-14) Youth (10-17)
San Joaquin County Sheriff			
San Joaquin County Superior Court	Driving Under the Influence Program		
San Joaquin County Public Health Department	Family health programs, health education and community resources, disease control and prevention, tobacco education, HIV/AIDS programs		

## San Joaquin County Alcohol, Tobacco, and Other Drug Prevention Program Inventory

Agency/Program Site	Prevention Program	Primary CSAP Strategy	Target Population
<b>Countywide</b>			
San Joaquin Delta College/CalWORKs Program in collaboration with the San Joaquin County Local Child Care Planning Council (LCCPC)	Community Connections Resource Directory for San Joaquin County (2006/2007)		
St. Mary's Dining Hall			
Stanislaus State University			
Stockton Police Department	School resource officers		
Stockton Unified School District	Cal Safe Family Intervention and Community Support Every 15 Minutes Healthy Start Hospice groups Project Alert Project Towards No Drug Abuse Stagg High School's gang/violence prevention program Student Assistance Team (SAP) Tobacco Use Prevention Education (TUPE) Too Good For Drugs Valley Community Mental Health		7 <sup>th</sup> and 8 <sup>th</sup> High school  Elementary
Students Against Driving Drunk (SADD)			
Ten Steps Rites of Passage Program			
Tracy Unified School District	Mandatory substance abuse counseling and mandatory anger management counseling for middle and high school students  Conflict management at approximately one half of school sites PIP (at about one half of elementary school sites) District is hoping to get Second Step funded After school programs are in place		
University of the Pacific	Community Involvement Program		
Valley Community Counseling			
Valley Mountain Regional Center	Promoting Safe and Stable Families Child Abuse Prevention, Intervention, and Treatment Program  Court Mandated Program for Adolescents		K- 3 <sup>rd</sup> grade K-3 <sup>rd</sup> grade and parents
Women's Center of San Joaquin	Counseling and Advocacy Program For example, domestic violence and sexual assault		
YMCA			

## Appendix 4

### **GUIDING PRINCIPLES FOR PREVENTION**<sup>11</sup>

Prevention policies and services adhere to the following basic principles:

**1. Prevention fosters safe and healthy environments for individuals, families and communities.**

- To create safe and healthy environments, prevention must reduce adverse personal, social, health and economic consequences by addressing problematic alcohol, tobacco and other drug (ATOD) availability, manufacture, distribution, promotion, sales and use.
- By prevention providers leveraging resources, prevention programs will achieve the greatest impact.

**2. The entire community shares responsibility for prevention.**

- All sectors, including youth, must challenge their ATOD standards, norms and values to continually improve the quality of life within the community.
- “Community” includes a) organizations; b) institutions; c) ethnic and racial communities; d) tribal communities and governments; and e) faith communities.
- Community also includes association/affinity groups based on age, social status and occupation, professional affiliation, political or social interest, sexual orientation, as well as affiliations determined by geographic boundaries.

**3. Prevention engages individuals, organizations and groups at all levels of the prevention system.**

- This includes those who work directly, as well as indirectly, in the prevention system who share a common goal of ATOD prevention (i.e., law enforcement, fire departments, emergency medical technicians, medical professionals, hospitals, teachers, employers, religious organizations, etc.).

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<sup>11</sup> California Department of Alcohol and Drug Programs, Prevention Strategic Plan, October 2002.

**4. Prevention utilizes the full range of cultural and ethnic wealth within communities.**

- By employing ethnic and cultural experience and leadership within a community, prevention can reduce problematic availability, manufacturing, distribution, promotion, sales and use of ATOD.

**5. Effective prevention programs are thoughtfully planned and delivered.**

\* To create successful prevention programs, one must use data to assess the needs; prioritize and commit to the purpose; establish actions and measurements; use proven prevention actions; evaluate measured results to improve prevention outcomes; and use a competent, culturally proficient and properly trained workforce.

## Appendix 5

### Definitions of Primary Prevention Strategies Center for Substance Abuse Prevention (CSAP)

Source: *Prevention Activities Data System User's Guide* (revised 6/1/05) published by the California Department of Alcohol and Drug Programs. Definitions are cited from Federal Register, 58:60, March 31, 1993.

#### **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.*

CSAP characterizes information dissemination as "one-way" communication from the source to the audience. A message is delivered, but there is little opportunity for an exchange of information with those who receive the message. Examples of this strategy include print and electronic media, speaking engagements, resources directories, clearinghouses, or health/fairs/promotions.

#### **Education**

*"This strategy involves two-way communication and is distinguished from the Information Dissemination Strategy by the fact that the interaction between the educator/facilitator and the participants is the basis of its activities."*

Examples of this strategy include classroom educational services, educational groups, mentoring, parenting/family management services, and peer leader/helper programs.

#### **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 needs to use these substances."*

Alternative programs and activities redirect individuals from potentially problematic settings and activities to situations free from the influence of alcohol and other drugs. Examples of this strategy include AOD-free social/recreational events, community centers, community service activities, recreational activities, and youth/adult leadership activities.

#### **Problem Identification and Referral**

*"This strategy aims at identification of those individuals 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."*

A key aspect of this strategy is that the service is educational for behavioral change, not therapeutic for AOD abuse or dependency treatment. The administration of addiction severity instruments, case screening, and/or preparation for intervention are not components of this strategy.

### **Community-based Process**

*“This strategy aims to enhance the ability of a community to more effectively provide prevention and treatment services for alcohol, tobacco, and drug abuse disorders. Activities in this strategy include organizing, planning, and enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.”* The past decade has seen an increased use of community-based processes for supporting prevention outcomes. The nationally funded community partnerships and later community collaboration grants are evidence of the heightened awareness of the importance of community approaches in addressing AOD-related problems. This strategy area includes a broad range of activities including assessing community needs, developing community teams, providing technical support and training, and organizing community efforts. For many communities, there will be a close link between community organizing efforts and the use of Environmental Strategy approaches.

### **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 populations. This strategy is divided into two subcategories to permit distinction between activates which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives.”*

This strategy focuses on places and specific problems, with an emphasis on public policy. Environmental prevention seeks to reduce AOD availability and use risks associated with local retail, public, and social environments. A growing body of research and practice supports the environmental approach to prevention.