

County of San Mateo
Alcohol and Other Drug Services



STRATEGIC PREVENTION PLAN

Revised July 2008

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San Mateo County Alcohol and Other Drug Services Strategic Prevention Plan

Background & Methodology

This plan has its foundations in two extensive planning efforts. The Roadmap for Alcohol, Tobacco and Other Drug (ATOD) Prevention: A Guide for Community Action (*Roadmap*) was the culmination of a 15 month collaborative planning process. The Health Disparities Summit, called by County Supervisor Rose Jacobs Gibson in May of 2004, identified ATOD as one of three major health disparities in San Mateo County and initiated the collaborative planning process which led to creation of the *Roadmap*. Strategic Directions 2010, the Strategic Plan for Alcohol and Other Drug (AOD) Services in San Mateo County (*Strategic Directions 2010*), evolved from another extensive collaborative planning process that took place during 2006. *Strategic Directions 2010* addresses the full continuum of AOD prevention, intervention, treatment and recovery. Strategic Directions 2010 references the *Roadmap* as the guide for prevention efforts countywide.

This Strategic Prevention Plan combines the key elements of both plans. It emphasizes prevention needs and objectives within the context of a full continuum of alcohol and other drug services.

Strategic Directions 2010

The development of the *Strategic Directions 2010* was supported by numerous sources of information. Primary sources of information included: data from community focus groups, analysis of need, research on best practices, and the guidance of a Strategic Planning Stakeholders Task Force.

Ten focus groups were held with different sectors of the county, including experts from Criminal Justice, Front Line Treatment Staff, Executive Directors of Treatment Providers, Health, Education, Women Clients in AOD Treatment, Children and Family Services, Youth in AOD Treatment, and CalWORKS staff.

In addition to these focus groups, Alcohol and Other Drug Services organized a Strategic Planning Stakeholders Task Force responsible for reviewing all information, developing recommendations pertaining to outcomes and strategies, and for recommending approval of the plan to the Board of Supervisors. Members of the Stakeholders included experts from a range of sectors of the county including: criminal justice, probation, the courts, the sheriff's office, the jail, health, mental health, hospital staff, AOD treatment providers, education, community based organizations, the county manager's office, family resource centers, staff to the Board of Supervisors, disability experts, the Human Services Agency, AOD consultants and consultants from Applied Survey Research (ASR). The Stakeholders met as a whole seven times from February through August 2006. In addition, the Stakeholders formed

four subcommittees which met to develop outcomes and strategies for the four priority populations that emerged from research and analysis of the focus group findings. A Prevention Subcommittee focused on the best prevention strategies for the four priority populations. The Prevention Subcommittee built on the extensive work of the ATOD Prevention Task Force and the *Roadmap* document which encompasses the findings and recommendations resulting from that work.

ATOD PREVENTION TASK FORCE

Following the recommendations of the *Healthy Communities Summit*, an Alcohol, Tobacco and Other Drug (ATOD) Prevention Task Force was formed and convened for the first time on March 28, 2005. Task Force membership was voluntary and reached a total of 235 members. The Task Force met ten times up to April 2006 prior to the *Roadmap's* release in June 2006. Participants include community members and leaders in law enforcement, schools, courts and probation, youth-serving organizations and advocacy groups, health care systems, community-based organizations (including existing prevention providers), policy makers, County departments and agencies, as well as representatives from the Drug and Alcohol Advisory Board (DAAB), Tobacco Education Coalition (TEC), and Youth Commission. A smaller advisory committee (“Planning Workgroup”) was formed to guide the process and prepare for the energetic Task Force meetings and was made up of members from community-based organizations whose primary work is ATOD prevention, as well as Health Department and Human Services Agency staff.

Planning Process

The Task Force was charged with the development of a flexible framework adaptable to individual communities’ specific assets and needs in relation to ATOD prevention. It was a participatory process, where many community voices were heard, incorporated and strengthened through active involvement. As part of a larger initiative to eliminate health disparities in San Mateo County, the Task Force’s efforts were joined to the overarching goal of healthy communities and populations. The end result contributes to an array of initiatives, activities, and programs designed to improve health and well-being of children, youth, young adults, adults and older adults. The *Roadmap* embraces a full range of approaches to ATOD prevention. Its objectives incorporate the perspectives of the individual, family, and community, while also aiming to influence the policy arena and environments that affect ATOD use.

Our Vision

We envision a community where alcohol, tobacco and other drugs no longer contribute to poor health outcomes of children, families and residents in San Mateo County.

Our community’s health and well-being is optimized by successfully addressing problems related to use and abuse of alcohol and other drugs.

Our Mission

The County of San Mateo, Alcohol and Other Drug Services (AOD) provides leadership and advocacy, supports effective prevention approaches and quality addiction treatment services, and educates the community about substance use and abuse and its related impact on individuals, families, and communities.

Key Principles

- AOD addiction is a chronic, relapsing brain disease
- Interventions are designed to break the cycle of familial addiction
- Prevention sustains healthy people and communities
- Harm-reduction strategies engage people not ready for treatment and can improve other health and social-related outcomes
- Supports and services are comprehensive, continuous and integrated
- Best practices are client and community centered, evidence-based, gender specific, ethnically and culturally responsive

Strategic Directions

We will systematically address the achievement of outcomes to minimize the problems associated with the use and abuse of alcohol and other drugs. We have identified three inter-related strategic directions which we will be addressing concurrently: **(1) Priority Populations, (2) System-wide Improvements, and (3) Building Prevention and Treatment Capacity.**

Strategic Directions 2010 takes a broader view than solely addressing prevention and treatment to a relatively small number of people. We recognize the need to become more effective and efficient on a system-wide basis in order to achieve the largest impact. Therefore, we will engage our partners in other county departments, community based organizations, the faith based community, schools and the business sector in this endeavor. Our collaborative efforts will identify and implement best practices focusing on all aspects of prevention, early intervention, and treatment strategies.

Strategic Direction 1: Priority Populations

In San Mateo County we estimate that the publicly funded AOD treatment system currently has resources to provide treatment for only 1 in 5 individuals in need.

As a result access to care is significantly restrictive. Therefore, we will prioritize access to prevention services and primary treatment to specific populations.

The four “priority populations” we have identified for primary access to services under this Plan include:

- Families with young children
- Youth
- Homeless families and individuals
- Adults in the criminal justice system

Strategic Direction 2: System-wide Improvements

We have identified several issues that have a large scale impact across programs, communities, and people, requiring a collaborative and comprehensive approach in order to become more effective and efficient on a system-wide basis. We expect to identify additional issues in the future.

System-wide Issues

In order to reduce the harm caused by substance abuse, the following complex underlying issues must be addressed.

- Co-occurring Substance Abuse and Mental Health Disorders
 - Between 50%-75% of clients in substance abuse treatment programs also suffer from a mental health diagnosis.
- Methamphetamine Use
 - Methamphetamine use is on the rise in San Mateo County, especially among youth and women.
- Cultural Responsiveness
 - The health of people of color and people living in or near poverty is worse than the health of the overall population.
- Service Integration
 - Lack of collaboration and coordination challenges clients who are served by more than one agency.
- Data Collection, Analysis and Reporting

- Information among service systems to determine outcomes is not integrated and is often unavailable.

Outcomes for Clients and the Community

Our Plan will support the following system-wide client and community outcomes:

- Enhanced community health and well-being
- Reduced collateral costs in criminal justice, child welfare, health care, and employment
- Decline in multi-generational cycle of familial addiction
- Stronger and more effective partnerships
- Communities across San Mateo County will adopt approaches that prevent AOD misuse

Strategies to Attain Outcomes

In implementing the San Mateo County Strategic Prevention Plan, we will incorporate the following strategies, among others, to address the complex, system-wide issues identified:

- **Roadmap:** Implement recommendations from the *Roadmap*. A full copy of this document may be obtained at www.smhealth.org/roadmap.
- **Comprehensive, Continuous, Integrated System of Care (CCISC):** Address the needs of individuals and families with co-occurring substance abuse and mental health diagnosis by implementing the CCISC Model.
- **Provider Training:** Enhance prevention and treatment provider education and training to: support implementation of evidence based practice; enhance cultural responsiveness, competency and relevancy; and to improve services and systems.
- **Community Engagement:** Engage diverse communities and stakeholders in the development of Alcohol and Other Drug Services policies and programs.

Strategic Direction 3: Building Prevention and Treatment Capacity

We estimate there are approximately 20,000 youth and adults who at any one time may need to access publicly funded AOD treatment services. We also understand that the need for widespread

community-based prevention far exceeds our current resources. If we are to improve our response capacity and capability we must increase the quality and quantity of services both with the AOD continuum of care and within other agencies and services outside the direct network of services.

Areas of Focus

Resource development within the AOD continuum of care

- **Quantity:** The availability of prevention services and supports, detoxification services, early intervention services, residential and outpatient treatment, continuing care, and case management services is inadequate to meet community need.
- **Human Resources:** Challenges recruiting and retaining qualified personnel who reflect the diversity of our community hinder a culturally responsive service delivery system.
- **Facilities:** There are an insufficient number of facilities to meet treatment demand; many existing facilities are aging and outdated.
- **Technology:** Fragmented data systems and the underutilization of technology challenge our ability to collect data, measure outcomes and report on our progress to improve client services and to better understand communities.
- **Community Capacity:** Existing performance and quality improvement efforts are sporadic and uncoordinated, limiting our capability to work with diverse populations and to address health and service disparities.
- **Sustainability:** Fiscal policies and allocation methodologies from local, state and federal funding sources do not adequately address the scope of the problem over a multi-year perspective. Funding is often categorical and time limited, therefore placing burdens on the local service delivery system.

Outcomes

We expect to achieve the following outcomes:

- Dedicated and discretionary funds are used more effectively and efficiently
- Prevention and treatment access to a larger number and broader range of clients is increased
- Health and human service agencies' capacity to assist clients with alcohol and drug addiction is strengthened

- Services are provided appropriate to the needs of San Mateo County communities

Strategies to Attain Outcomes

- **Training and Technical Assistance:** Provide ongoing technical assistance and training to prevention and treatment providers to facilitate recruitment and retention of highly qualified staff, in using technology, to enhance performance and quality improvement.
- **Fund Development:** Initiate discussions with stakeholders on mutual responsibilities to secure resources necessary to implement the plan. Identify potential sources of state, federal and foundation funding. Leverage resources/initiatives outside AOD; support providers in grant development; identify other sources of stable, local funding
- **Advocacy:** Sponsor and/or support efforts to develop and/or change policies to remove barriers, reduce costly administrative burdens, create alternative funding sources, develop incentives for improvement, and to facilitate broad based community engagement.
- **Prevention Approaches:** Use the Institutes of Medicine Continuum of Care universal, selected, indicated taxonomy and the Center for Substance Abuse Prevention six strategy areas of focus to identify and implement effective, population-appropriate services in the communities of San Mateo County.

PRINCIPLES FOR PREVENTION IMPLEMENTATION

Below are suggested principles for implementing prevention objectives and action steps outlined in the Roadmap. These principles represent the ATOD Prevention Task Force’s aspirations for how interested allies can successfully achieve the Roadmap’s goals. It is recommended that all of these principles be considered when taking actions, while acknowledging that it may not be possible to meet all principles in every action step.

1. **Use the Roadmap as a basis for action.** Many community partners and stakeholders contributed to its development and it reflects the work of several sectors. Communicate your intent to the Task Force and rely on members’ expertise as a source of technical assistance and inspiration!
2. **Engage youth, family and the community** in the development of strategies. These populations provide necessary information when implementing actions and increase the chance of success and sustainability. Rely on them for motivation, purpose and guidance.
3. **Partner with existing organizations, programs, and coalitions.** Partnership generates broad perspectives while striving for common goals and results in the reduction of duplicated or unconnected efforts.

4. Tailor or adapt strategies so that they are **culturally, linguistically and community-appropriate**. Recognize that not all successful strategies are meant to be implemented in any and all locations or situations. Respect and respond to differences in each community.

5. **Recognize underlying socioeconomic inequities and health disparities**; focus efforts on populations or geographies that are at a disadvantage. Not all stakeholders can participate equally or approach the same issue on an even “playing field”.

6. **Use available data and community input/expertise** to influence action, determine focus, select priorities, and establish outcome measures. Data can be quantitative in the form of indicators or surveys results (for example) or qualitative in the form of community input, forums, “fishbowls”, or focus group results (for example).

7. **Use practices and strategies that have evidence of achieving the intended and/or positive outcomes**. Evaluate the results/outcomes of the actions you take so that you and others can measure achievements, learn from the experience, and reproduce successful local practices and strategies.

8. **Address the issues from multiple angles and address the underlying causes of problems**. Take a multidisciplinary approach to actions and consider addressing system, environmental, community and individual changes simultaneously; strive to address prevention issues as “upstream” as possible.

Prevention Strategies to Attain Outcomes

In accordance with the *Roadmap*, this Strategic Prevention Plan aims to enhance a community-wide approach to prevention which focuses on the five key domains (priority areas) identified in the *Roadmap*. The overall County goal and objectives outlined in the County Strategic Prevention Framework logic model will serve as a framework for ATOD prevention work in San Mateo County, encompassing the priority areas, goals and objectives of the *Roadmap* and *Strategic Directions 2010*.

ROADMAP Priority Areas, Goals and Objectives:

Priority Area 1: Individual/Family Connectedness

- There is mounting evidence of correlation between high internal and external youth assets and low ATOD use as well as other positive youth outcomes.
- There is a strong base of youth asset promotion in San Mateo County – levels of internal assets and external assets all exceed statewide averages.
- **Asset levels of youth decrease with age (especially internal assets) and differences are evident across ethnicities (Fig. 4) and regions.**

- **Social isolation and related challenges increase the likelihood of ATOD problems. (data on foster youth, older adults and migrant families.)**

GOAL 1: To promote and improve connections between and among individuals, peers, families and communities and strengthen individual assets.

- Objective 1: By 2010, support existing programs or develop strategies to improve the internal¹ and external² asset levels of youth and young adults.
- Objective 2: By 2010, support existing programs or develop strategies to address challenges of physical and social³ isolation faced by older adults.
- Objective 3: By 2010, support existing programs or develop strategies to address challenges of isolation, caused by cultural, linguistic, economic, and geographic barriers, faced by immigrant transient/seasonal workers.
- Objective 4: By 2010, increase collaboration among organizations that focus on connections among family, peer, adult, youth and/or community and ATOD prevention to enhance service and program delivery.
- Objective 5: By 2010, support improvements in the foster care system of services in order to reduce isolation of youth in foster care and young adults emancipating from the foster care system.

Priority Area 2: Social and Cultural Norms

- **Data demonstrate the common acceptance of alcohol, in particular, as well as general acceptance of tobacco, marijuana and other drugs.**
- **Media and other socio-cultural influences can have detrimental results on use of ATOD.**
- Key informants highlight the need to increase adults’ understanding of the power that persuasion advertising has on young people.

GOAL 1: To support and influence existing social and cultural norms that promote positive and healthy lifestyle choices.

- Objective 1: By 2010, launch a social marketing campaign, highlighting existing positive social and cultural norms, to address prevalent mixed messages regarding ATOD use.
- Objective 2: By 2010, reduce acceptance of binge drinking (5 or more drinks on one occasion) as a community norm by focusing on positive lifestyle choices available to individuals and communities.
- Objective 3: By 2010, increase the capacity of youth and adults to serve as role models and community leaders.
- Objective 4: By 2010, advocate against advertising and media promotion of alcohol and tobacco that encourages use among young people.
- Objective 5: By 2010, pilot efforts to engage peer/health educators within the migrant worker community in increasing awareness of risks of ATOD use and promoting positive lifestyle choices.
- Objective 6: By 2010, pilot efforts to engage peer/health educators within the older adult community in increasing awareness of risks of ATOD (including medication) use or misuse and promoting positive lifestyle choices.

Priority Area 3: Access to/Availability of Alcohol, Tobacco and Other Drugs

- **More than half of youth report that it is easy to obtain alcohol (57%), tobacco (55%) and marijuana (47%).**
- **Key informants suggest high rates of alcohol and tobacco sales to minors.**
- **Older adults report ease in “overusing” alcohol and obtaining multiple dosages of prescriptions.**
- Avenues are available to enlist partners in addressing legal ATOD access that results in harm, such as overuse of alcohol and misuse of prescription medications.

<p>GOAL 1: To decrease access to/availability of alcohol, tobacco and other drugs (ATOD) for youth.</p>
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Objective 1: By 2010, reduce youth access to alcohol from retail environment sources.

Objective 2: By 2010, reduce youth access to tobacco from retail environment sources.

Objective 3: By 2010, reduce youth access to ATOD from social sources, such as the home environment and other social events.

Objective 4: By 2010, reduce alcohol, tobacco and/or other drug use and access at schools and other youth settings.

Goal 2: To influence legal access to ATOD in a way that reduces the possibility of harmful outcomes* to users and/or others. (*Harmful Outcomes could include: legal, interpersonal or health)

Objective 1: By 2010, reduce misuse of prescription drugs among youth, adults and older adults.

Objective 2: By 2010, develop and encourage the adoption of Responsible Beverage Service (RBS) policies at social events (corporate, public, private).

Objective 3: By 2010, develop and implement countywide Social Host Laws or polices to limit adults' contribution to or facilitation of underage drinking.

Priority Area 4: Policies, Laws and Enforcement

- **Resources for enforcement of existing laws related to selling alcohol and tobacco are very modest.**
- **Competing demands for law enforcement time and current ATOD penalty structures do not provide strong incentives for active enforcement.**
- **Licensing policies and fees vary considerably across San Mateo County.**
- Key informants recommend greater attention to environmental prevention strategies that aim to change environments that promote (actively or passively) ATOD use.

GOAL 1: To improve enforcement of existing policies and pursue new policies that limit youth access to ATOD and promote healthier choices for all.

Objective 1: By 2010, promote awareness of, compliance with and consistent enforcement of existing laws that prohibit ATOD sales, distribution and/or access among merchants, law enforcement agencies and schools.

Objective 2: By 2015, establish a consistent, countywide policy climate that discourages ATOD use.

Objective 3: By 2010, support policies that improve implementation of best practices for effective prevention of ATOD use by youth in the school setting.

Objective 4: By 2010, increase collaborative advocacy regarding alcohol and other drug prevention by organizations that promote health and well-being.

Objective 5: By 2010, reduce alcohol advertising, sponsorship and sales at major community events and promote organizational policies that reduce or eliminate the emphasis on alcohol or tobacco use at social or community events.

Priority Area 5: Community Support and Capacity for Prevention

- **There are limited and unsustainable funding streams supporting prevention activities.**
- **Many barriers exist for undertaking prevention efforts, including societal tolerance for experimentation, industry’s power and resources, and underinvestment in research.⁴**
- Investing “upstream” reduces costs (e.g., hospitalization, injuries, arrests, suspension rates, and other social and legal problems can be decreased).

GOAL 1: To build and support the systems and resources necessary to foster and sustain effective ATOD prevention and to achieve objectives in the four areas of concern.

Objective 1: By 2010, improve visibility and awareness of ATOD prevention issues as key community priorities.

Objective 2: By 2010, increase the number of residents and organizations advocating, volunteering, and acting in support of ATOD prevention.

Objective 3: By 2010, increase coordination among prevention providers to maximize effectiveness of resources dedicated to prevention.

Objective 4: By 2010, develop additional, sustainable funding for prevention programs that engage participants and serve as alternatives to substance use.

⁴ *An Agenda to Combat Substance Abuse*, Health Affairs; 24:4 (1005-1013)

Objective 5: By 2010, improve the systematic collection and coordination of community-based indicators used for the evaluation of prevention actions.

Moving Forward

With the adoption of AOD Strategic Directions 2010, important actions are required to build on the strengths of our current system; support progress made in the recent past, and initiate the changes outlined in this Plan. As the planning process unfolded, it became clearer to the members of our Stakeholder Group that a more formal structure is necessary to implement the level of change that this Plan calls for. Our needs assessment identified that there is no organized mechanism for public and private sector organizations, advocates, educators and others to work collaboratively together over time to achieve the outcomes in this Plan. Therefore, an AOD Steering Committee was established with the purpose of improving the effectiveness and efficiency of addressing alcohol and other drug related problems county-wide. A Prevention Subcommittee of the AOD Steering Committee was convened at the County level as an advisory body to focus on implementation of prevention strategies and continue the work begun by the ATOD Task Force.

We recognize that some of the strategies and improvements we seek may take several years to implement while others will be done in much shorter periods of time.

Work on specific steps toward implementation of *Strategic Directions 2010* has begun. These include:

- Assess current access to treatment
- Implement the AOD Continuous Quality Improvement Process and the Comprehensive Continuous Integrated Systems of Care model.
- Develop data to facilitate monitoring and surveillance of AOD issues in the county.
- Promote cultural inclusion and staff development on cultural competency.
- Support skills and knowledge building among county staff, providers, and other stakeholders.
- Develop and implement a more formal case management system.
- Finalize action plans for the Strategic Directions 2010.

Strategic Prevention Framework Goals, Objectives and Strategies

This Strategic Prevention Plan incorporates the priorities of the *Roadmap and Strategic Directions 2010* into the logic model below, reflecting the overall County (or “macro”) level prevention goal, objectives, strategies, outcomes and measurement indicators.

Evaluation Planning

A Request for Proposals (RFP) Process initiated in July, 2007 with new contracts to begin on January 1, 2008, is guided by the *Roadmap and Strategic Directions 2010* as reflected in this Plan. We anticipate that, as a result of the RFP process, Community Partnerships will be funded for efforts appropriate to the needs of the communities, in alignment with the goals, objectives and strategies outlined in this Plan.

While an overall County-wide evaluation design (including outcomes and measures) has been drafted we are currently in the process of determining roles and responsibilities in terms of coordination and implementation of the evaluation plan. To date, the short-term, intermediate, and long-term outcomes have been tentatively identified including preliminary indicators and measures for determining annual and long-term progress towards achieving our stated goals and objectives. Please refer to the attached logic model for an overview of the alignment between our problem statements, goals, objectives and outcomes. The County does not anticipate any delays in our ability to report progress towards our stated goals and objectives on an annual basis to the Department.

The finalization of the Evaluation Plan will include participation of the local community partnerships and guidance from the Prevention Subcommittee in its advisory capacity. Each local Community Partnership will implement data collection and continuous quality improvement efforts which are consistent with their locally defined needs, planning and implementation efforts and aligned with the overall county-wide prevention priorities and objectives. The goal is to allow for local flexibility and customization while maintaining consistency with the County-wide prevention goals and outcomes.

Technical Assistance & Revision of Goals and Objectives

Contracts with new Community Partnerships commenced on January 1, 2008. Technical assistance was requested to revisit the goals and objectives, focus them realistically and come up with some common themes that provide guidance and parameters for staff and the community partnerships without interfering with the goal of partnerships being driven by community process, including data gathering from a community-level needs and resource assessment.

Goals and Objectives for Community-based Prevention Efforts: Revised July 1, 2008:

Background

Alcohol and other drug (AOD) use and related problems negatively impact the communities of San Mateo County.

Community stakeholders and County planners recognize the need to help develop and support community-based collaborative AOD prevention efforts.

I. Problem

Historically there has been little attention and support given to preventing AOD problems at the community level.

Contributing Factors

- Limited funding for prevention activities.
- People don't know what they can do, or don't think there is anything they can do.
- Often AOD use is seen as "normal."
- The alcohol and tobacco industries have a lot of power and resources
- Not investing "upstream" leads to increased costs/impacts on individuals, families, communities and systems (e.g., hospitalization, injuries, arrests, suspension rates, and other social and legal problems).

II. Problem

Youth and young adults are frequently getting and using alcohol and other drugs. This situation is often seen as normal, and either accepted or not effectively addressed in many communities within San Mateo County.

Countywide:

- 23.1% of 11th graders in San Mateo County have "had enough alcohol to feel it a lot" or "until they get really drunk."
- Binge drinking rate (heavy drinking within a period of a few hours) among adults increased significantly between 2001-2004 (12.7 to 16.2%)
- 13.4% of 9th and 11th grade students and those in alternative high schools have mixed alcohol with driving.

Contributing factors:

- Data demonstrate the common acceptance of alcohol, in particular, as well as general acceptance of tobacco, marijuana and other drugs.
- More than half of youth report that it is easy to obtain alcohol (57%) and marijuana (47%).
- **Existing** laws related to selling alcohol and tobacco are not always enforced.
- Recent prevention efforts in San Mateo County have not focused on reducing legal AOD access that results in harm, such as overuse of alcohol and misuse of prescription medications.

Goal Reduce alcohol and other drug use among youth and young adults.

Objectives and Strategies

1. Decrease underage (youth) access to/availability of alcohol and other drugs (AOD) from retail and social sources. **Put in place solutions so that young people are not easily able to get (and use) alcohol and other drugs.**
 - a. **Use strategies to decrease social access at homes and public events.**
 - b. **Use minor decoy, merchant education and compliance with retail liquor laws to decrease retail access.**
2. Decrease harm associated with access to alcohol, prescription medication and/or over the counter medications. **Even when individuals are able to get alcohol and other drugs (such as prescriptions) legally, problem use leads to harmful outcomes. Put in place solutions that will reduce problem use and related harmful outcomes.**
 - a. **Reduce alcohol use in high risk settings through strategies such as Responsible Beverage Service, Driving Under the Influence campaigns, etc.**
 - b. **Reduce other than intended use of prescription and over the counter drugs through public education, home policy, pharmacists/doctor education, etc.**
3. Increase protective factors (safety, positive connections, supports, skills and opportunities) for targeted populations of youth and young adults who are either at risk of, or already beginning to participate in problem AOD use.
 - a. Utilize evidence-based strategies focused on selective and indicated populations of youth and/or young adults within schools, other institutions, family or community settings.
4. Build the capacity of an effective prevention system.
 - a. Mobilize community-based partnerships through funding, resource, technical assistance and training to promote use of effective prevention strategies and strengthen outcomes.
 - b. Track and monitor emerging trends and regularly collect data at the County level.
 - c. Build capacity of County staff so they can effectively support the prevention system.

Logic Model - County Goals and Objectives

AOD use and related problems have been identified as a health disparity impacting the communities of San Mateo County.

Priority Area: Community Support and Capacity for Prevention

Community stakeholders and County planners recognize the need for developing and supporting community-based collaborative efforts toward promoting and sustaining healthy community environments which support healthy behaviors among families and individuals.

I. Problem

Historically there has been little attention and support given to preventing AOD problems at the community level.

Contributing Factors

- Limited funding for prevention activities.
- People don't know what they can do, or don't think there is anything they can do.
- Often AOD use is seen as "normal."
- The alcohol and tobacco industries have a lot of power and resources
- Not investing "upstream" leads to increased costs/impacts on individuals, families, communities and systems (e.g., hospitalization, injuries, arrests, suspension rates, and other social and legal problems).

Priority Area: Access to/Availability of Alcohol and Other Drugs

Youth and young adults are frequently getting and using alcohol and other drugs. This situation is often seen as normal, and either accepted or not effectively addressed in many communities within San Mateo County.

Countywide:

- 23.1% of 11th graders in San Mateo County have “had enough alcohol to feel it a lot” or “until they get really drunk.”
- Binge drinking rate (heavy drinking within a period of a few hours) among adults increased significantly between 2001-2004 (12.7 to 16.2%)
- 13.4% of 9th and 11th grade students and those in alternative high schools have mixed alcohol with driving.

Contributing factors:

- Data demonstrate the common acceptance of alcohol, in particular, as well as general acceptance of tobacco, marijuana and other drugs.
- More than half of youth report that it is easy to obtain alcohol (57%) and marijuana (47%).
- Existing laws related to selling alcohol and tobacco are not always enforced.
- Recent prevention efforts in San Mateo County have not focused on reducing legal AOD access that results in harm, such as overuse of alcohol and misuse of prescription medications.

GOAL (or Aim)	Objectives	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT TERM Year 1	INTER-MEDIATE Year 2	LONG TERM Year 3-5	
Reduce alcohol and other drug use among youth and young adults.	1. Decrease underage (youth) access to /availability of alcohol and other drugs (AOD) from	1.a. Use strategies to decrease social access at homes, in the community and at public events.	Community partnerships will conduct and utilize data from local needs assessments (neighborhood or	Community partnerships will have implemented one or more evidence-based strategies designed to	It will be more difficult and less attractive for youth and young adults to access and use AOD in the communities.	TBD. SMCADS will identify a set of community indicators to be measured across

	<p>retail and social sources. Put in place solutions so that young people are not easily able to get (and use) alcohol and other drugs.</p> <p>2. Decrease harm associated with access to alcohol, prescription medications and/or over the counter medications. Put in place solutions that will reduce problem use and related harmful outcomes.</p> <p>3. Increase protective factors (safety, positive connections, supports, skills and opportunities) for targeted populations of youth and young adults who are either at risk of, or already beginning</p>	<p>b. Use minor decoy, merchant education and compliance with retail liquor laws to decrease retail access to alcohol.</p> <p>2.a. Reduce heavy alcohol use in high risk settings through strategies such as Responsible Beverage Service, DUI campaigns, etc.</p> <p>2.b. Reduce other than intended use of prescription & Over the Counter drugs through public education, home policy, pharmacists/doctor education, etc.</p> <p>3. a. Utilize evidence-based strategies focused on selective and indicated populations of youth and/or young adults within schools, other institutions, family or</p>	<p>“pocket” studies), to identify community priorities for reducing AOD use among youth and young adults.</p> <p>Community partnerships will develop action plan and evaluation plan and select evidence-based strategy(ies). Evaluation plan will include selecting indicators, identifying or developing tools for data collection, collecting data to establish baseline, and developing a timeline/identifying future data collection points.</p>	<p>impact the local problems associated with access to/availability of AOD.</p>	<p>There will be evidence of a positive impact on local problem areas identified and prioritized in year 1.</p>	<p>communities.</p> <p>Additional indicators may be identified by community partnerships that are specific to their local problem areas and corresponding strategies implemented.</p>
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	<p>to participate in problem AOD use.</p> <p>4. Build the capacity of an effective prevention system</p>	<p>community settings.</p> <p>4.a. Mobilize community-based partnerships through funding, resource, technical assistance and training to promote use of effective prevention strategies and strengthen outcomes.</p> <p>4.b. Track and monitor emerging trends and regularly collect data at the County level.</p> <p>4.c. Build capacity of County staff so they can effectively support the prevention system.</p>				
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Definitions: Classifications of Prevention Strategies

CSAP's Prevention Strategies

The Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), has classified prevention strategies into six categories. The definition of each strategy as taken from the Federal Register, Volume 58, Number 60, March 31, 1993, are provided below along with practical examples of the application of each strategy.

1. Information Dissemination Strategy

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

The CSAP characterizes information dissemination as “one-way” communication from the source to the audience. 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, resource directories, clearinghouses, or health fairs/promotions.

In an effort to collect the best possible prevention related data, California does not collect demographics for Information Dissemination type services/activities as they are generally estimated figures with no documented basis.

2. Education Strategy

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

The Education Strategy has two basic characteristics that distinguish it from other prevention efforts. First, the strategy depends on the *interaction* between an *instructor and/or facilitator* and an *audience*. Second, the services under this strategy aim to “*improve critical life and social skills,*” which includes “*decision making, refusal skills, critical analysis, and systematic judgment abilities.*” Approaches used in this strategy involve some form of a teaching to enhance individual efforts to remain alcohol and drug free. However, this transference of information does not need to be conducted by teaching or in an educational setting.

3. Alternative Strategy

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

Alternative programs and activities redirect individuals from potentially problematic settings and activities to situations free from the influence of alcohol and other drugs. The assumption is that because constructive and healthy activities offset the attraction to drugs, or otherwise meet the needs usually filled by drugs, then the population would avoid using drugs. Examples include: drug-free social and recreational activities; drug-free dances and parties; youth and adult leadership activities; community drop-in centers; community service activities; and mentoring programs.

4. Problem Identification and Referral Strategy

“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.”

Of the six CSAP primary prevention strategies, this one causes the most discussion and controversy because it appears to crossover from primary prevention into intervention and treatment. The CSAP definition clearly precludes services “designed to determine if a person is in need of treatment”; however, an assessment to determine if behavior can be reversed through education is allowed. After all, it may not be possible to know if a person’s need is education or treatment until after an initial assessment.

A key aspect of the strategy is that the service is educational for behavioral change, not therapeutic for AOD abuse or dependency treatment. We recognize that some of the services within this strategy have the potential to bridge into treatment. It is important that providers note that administration of addiction severity instruments, case screening, and/or preparation for intervention are not a component of this strategy.

5. Community-Based Process Strategy

“This strategy aims to enhance the ability of the 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 alcohol and other drug 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 California communities there will be a close link between community organizing efforts and their use of Environmental Strategy approaches.

6. Environmental Strategy

“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 activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives.”

The Environmental Strategy is the last of the six CSAP strategies. The first five strategies primarily focus on who was served and the services they received. The Environmental Strategy focuses on places and specific problems, with an emphasis on public policy. A growing body of research and practice supports the environmental approach to prevention. The results can be wide-ranging and sustained, although specific recipients are not identifiable. Examples include: the establishment and review of drug policies in

schools; technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs; the review and modification of alcohol and tobacco advertising practices; and product pricing strategies.

Institute of Medicine (IOM) Levels of Prevention

The Committee of Prevention of Mental Disorders, a sub-committee of the Institute of Medicine (IOM), prepared a report on the current research and policy recommendations for a prevention research agenda for mental disorders. The IOM report identified three prevention strategies.

1. Universal Preventative Interventions

Are targeted to the general public or a whole population group that has not been identified on the basis of individual risk. The intervention is desirable for everyone.

Universal or school-wide interventions create positive school environments. This is a proactive approach that replaces the need to develop individual interventions for multiple students who engage in similar inappropriate behaviors. For example, by teaching all children the correct and safe way to walk through the halls of the school, touching other children and the escalation into aggressive behavior and fighting can be greatly reduced. These strategies are considered to be “primary prevention” in that they build the capacity of the school to provide a safe environment for all children and to more effectively implement selective and indicated interventions.

2. Selective Preventative Interventions

Are targeted to individuals or a subgroup of the population whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk

Prevention strategies that target subsets of the total population that are deemed to be at-risk for substance abuse by virtue of their membership in a particular population segment – for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social or environmental risk factors known to be associated with substance abuse, and targeted subgroups may be defined by age, gender, family history, place or residence (such as high drug-use or low-income neighborhoods), and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be at risk because the subgroup as a whole is at

higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup.

- Delay or prevent substance abuse;
- Selective prevention targets the entire subgroup regardless of their individual risk;
- The subgroup can be determined by a number of characteristics that significantly increase their risk of substance abuse;
- Recipients are recruited to participate;
- Programs address specific subgroup risk factors;
- Programs run for longer periods of time and usually require more participant time and effort than do universal programs;
- Programs require skilled staff;
- Costs of selective prevention programs are usually greater per person than those of universal prevention programs.

3. Indicated Preventative Interventions

Are targeted to high risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorder but who do not meet DSM criteria levels at the current time

Strategies designed to prevent the onset of substance abuse in individuals who do not meet Diagnostic and Statistical Manual (DSM-IV) criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance and other problem behaviors associated with substance abuse and to target them with special programs. The individuals are exhibiting substance abuse-like behavior, but a sub-clinical level. Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders and alienation from their parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in the first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Young people may volunteer to participate in indicated prevention programs.

- Targets individuals experiencing early signs of substance abuse and related behaviors, but without a clinical diagnosis;
- Stems the progression of substance abuse and related disorders;
- Recipients are individually assessed and recruited into the program;

- Risk factors and problem behaviors are specifically addressed by the program;
- Programs can target multiple behaviors are specifically addressed by the program;
- Programs are extensive and intensive;
- Programs require highly skilled staff;
- Indicated prevention strategies may generally be more expensive on a per-person basis than are universal and selective prevention.

Information Dissemination: This strategy provides for a.) awareness and knowledge of the nature and extent of AOD use, abuse and addiction b.) their effects on individuals, families, and communities c.) information to increase perceptions of risk associated with AOD use d.) knowledge and awareness of prevention policies, programs, and e.) set and reinforce norms (for example, underage drinking and drug dealers will not be tolerated in this neighborhood).

Prevention Education: This strategy aims to affect critical life and social skills, including decision making, refusal skills, critical analysis (for example, of media messages), and systemic and judgmental abilities. : Provides decision making, refusal skills, critical analysis (for example, of media messages), and systemic and judgmental abilities.

Alternatives: This strategy provides for the participation of targeted populations in activities that would encourage healthy choices around AOD use and abuse. Constructive and healthy activities offset the attractive and/or otherwise meet the needs usually filled by, AOD use. : Alternative activities redirect individuals from potentially problematic settings and activities to situations free from the influence of alcohol and other drugs. This strategy provides for the participation of targeted populations in activities that would encourage healthy choices around AOD use and abuse.

Problem Identification and Referral: This strategy calls for identification, education, and counseling for those who have indulged in age-inappropriate use of tobacco products or alcohol, or who have indulged in the first use of illicit drugs. Activities under this strategy would include screening for tendencies toward substance abuse and referral for preemptive

treatment for curbing such tendencies. : Identification, education, and counseling for those who have indulged in age-inappropriate use of tobacco products or alcohol, or who have indulged in the first use of illicit drugs. Activities under this strategy would include screening for tendencies toward substance abuse and referral to early intervention to prevent AOD misuse and abuse.

Community-Based Process: This strategy aims to enhance the ability of the community to provide prevention and treatment services to AOD disorders more effectively. Activities include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking. Building healthy communities encourage healthy lifestyle choices. : Engage local community-based collaborations in organizing, planning, capacity building, and implementation of effective action steps in the priority areas to effect positive community change on ATOD issues.

Environmental Approach: This strategy sets up or changes written and unwritten community standards, codes, and attitudes--influencing incidence and prevalence of AOD problems in the general population. Being aware of your community and environment and working proactively is an essential part of prevention efforts. : At the County level and in local communities, develop or change written and unwritten standards, codes, and attitudes--influencing incidence and prevalence of AOD problems in the general population.

PREVALENCE AND RISK OF ATOD USE

Use of alcohol, tobacco and other drugs (ATOD) is common and, for alcohol and tobacco at certain ages, legal in our society. In many cases, use does not automatically mean abuse. However, increased substance use is a risk factor for many negative consequences, such as academic failure, violence, HIV transmission, arrest or imprisonment, disease, and death. The inverse is also true; where unhealthy environments or other risk factors exist, substance use is more likely.

When compared to the State, San Mateo County fares better on most risk factors for substance abuse; our County has lower rates of school dropout, enrollment in alternative education, domestic violence calls, reported runaways, births to adolescents, and substantiated referrals of child maltreatment. However, for some of these indicators, the African American, Latino, and/or Hawaiian/Pacific Islander populations in the County are overrepresented. Rates of ATOD use (prevalence) among adults and youth also vary across populations and regions of the County.

Use Among Adults

Sixty-seven percent of adults in San Mateo County currently drink alcohol. Within this category, some types of drinking are causes for concern. Chronic drinking (6.2% averaged two or more drinks per day) and binge drinking (16.2% had five or more drinks on at least one occasion in the previous 30 days) rates among adults in the County are higher than the national rates (4.2% and 13.7% respectively). Chronic drinkers (Fig. 1) are more likely to be men (8.5%), age 65 and older (9.8%), with a high school education or less (7.7%), residents of the Coastside region (8.8%), and those with incomes between 185% and 400% of the federal poverty level (7.8%). Binge drinkers (Fig. 2) are more likely to be young men between the ages of 18-24 (31.9%), Hispanic (18.8%) or White (16.6%), and live on the coast (17.6%). The binge drinking rate increased significantly between survey years 2001-2004 (from 12.7% to 16.2%).

Figure 1: Chronic Drinkers, San Mateo County, 2004

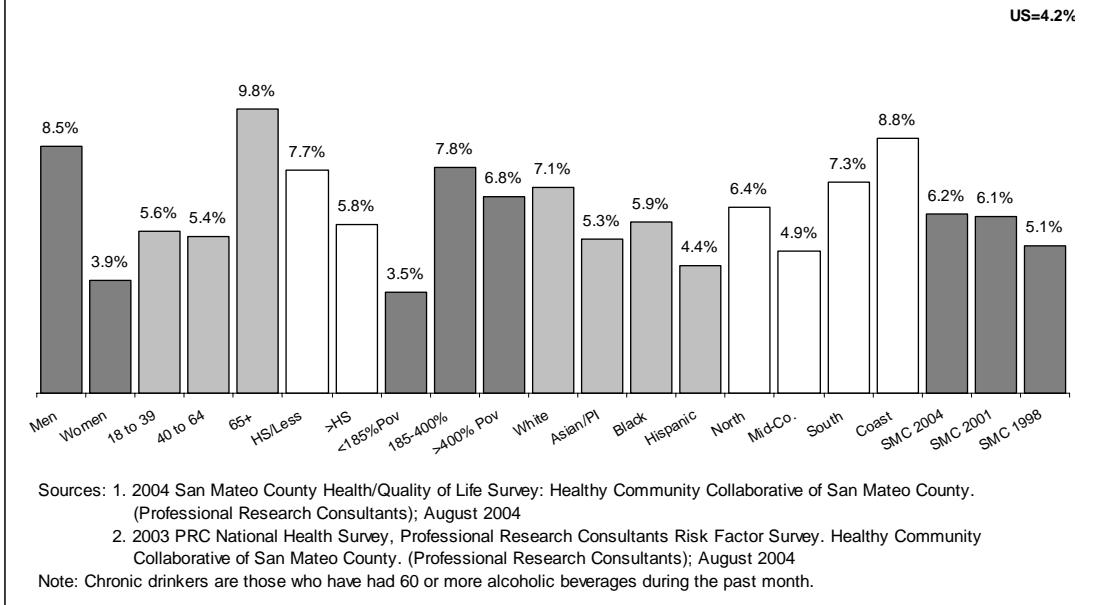
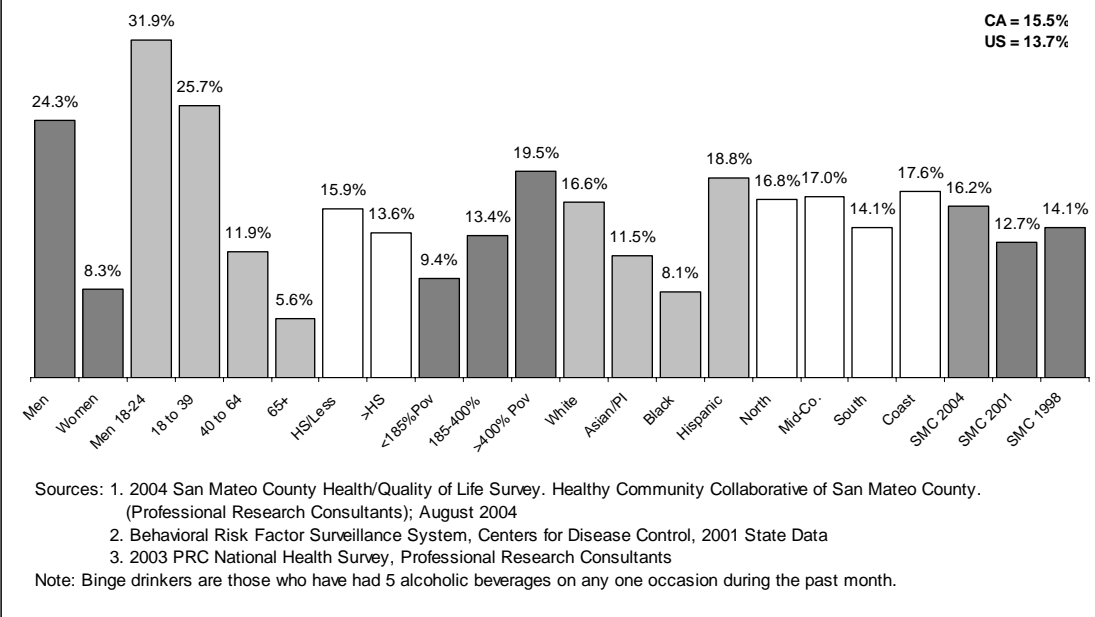


Figure 2: Binge Drinkers, San Mateo County, 2004



The good news is that the rate of adults who currently smoke (11.5%) is lower than the State (17.2%) and national (20.9%) rates and is better than the 2010 goal of 12% or lower.

Approximately 4% of adults self-report illegal drug use. Illegal drug use arrests are highest among young adults (8%), Latinos (7%), and residents of the Coastside (7%). While a

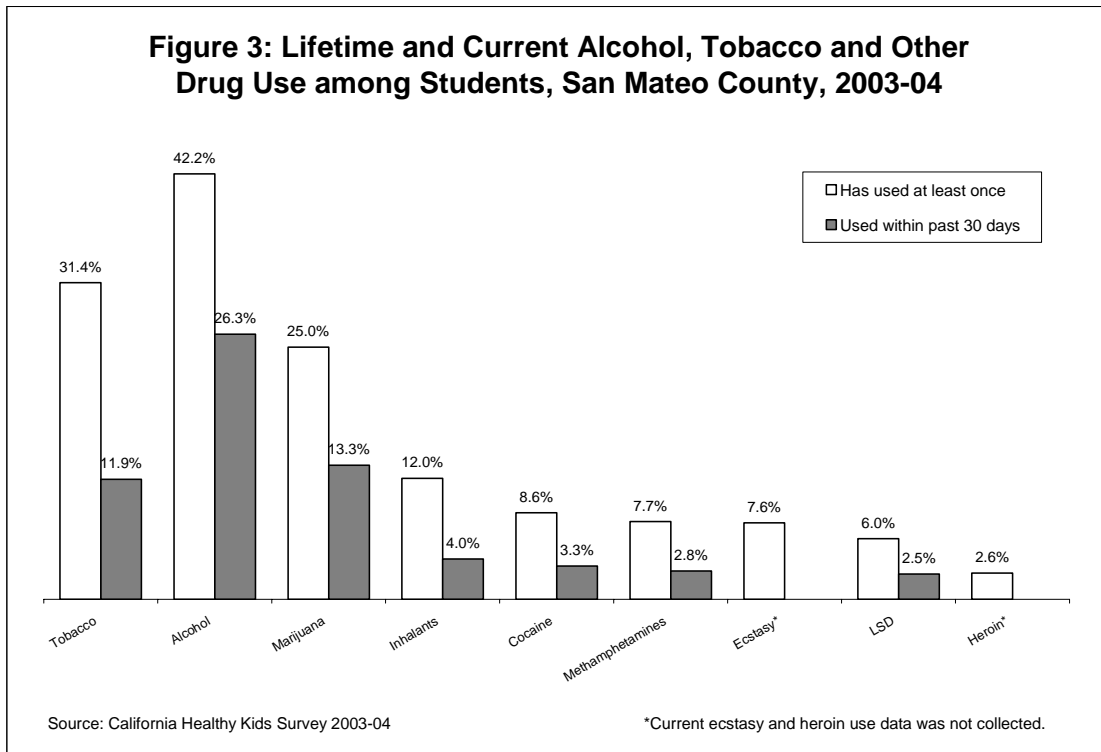
comparable national rate is not available, the 2004 National Survey on Drug Use and Health reports that, for people age 12 or older, the overall rate of current illicit drug use is 7.9%⁵.

Use Among Youth

Among youth in our county, the majority do not use alcohol, drugs or tobacco. (Fig. 3) However, 42.2% of San Mateo County students in grades 7, 9, 11, and non-traditional (NT) settings have used alcohol at least once in their lives; 26.3% are current users; and 25.1% of 11th graders have “had enough alcohol to feel it a lot” or “until [they] get really drunk.” Of great concern is that 13.4% of 9th, 11th, and NT students have mixed alcohol with driving, and compared to other regions, Coastside students are more likely to be current alcohol users and more likely to mix alcohol and driving.

One in four San Mateo County students, grades 7, 9, 11, and NT, have used marijuana at least once and 13.2% report current use. African Americans (19.7%), Latinos (16.9%), and Hawaiian/Pacific Islanders (16.7%) report greater current use of marijuana than other groups. As with alcohol, Asian youth have the lowest current use rate, and Coastside youth are more likely to be current users than their counterparts in other regions.

About one in three students (31.4%) report having used tobacco at least once in their lifetime and 11.9% report use in the past 30 days. Asian youth are also much less likely to use tobacco than other groups. Very few students report ever having used (lifetime) or currently using (past 30 days) cocaine, methamphetamine, LSD or ecstasy.



⁵ Substance Abuse and Mental Health Services Administration (SAMHSA); National Survey on Drug Use and Health, Results from the 2004 National Findings.

It is also worth noting that, anecdotally, there have been reports of misuse of prescription or over-the-counter (OTC) medications among several populations: such as, pain medication misuse among older adults; steroids and medications to treat attention-deficit and hyperactivity disorders (ADHD) as physical and mental performance-enhancers used by youth or young adults; and parties where young people take “cocktails” of OTC’s. Task Force participants identified a need to better understand substance use among older adults and its connection to isolation and depression, which may accompany life changes inherent in the aging process. Regardless of age, major life changes can be a significant factor leading to ATOD use, misuse or abuse. These issues represent areas of deficiency of information that merit further investigation.

ASSESSMENT OF COMMUNITY NEEDS

As part of the process of designing an action plan, the County contracted with an external consultant to conduct a thorough assessment of countywide indicators for ATOD use, as well as risk and protective factors. Part of the consultant's analysis included examining levels of developmental assets in youth. According to the Search Institute, "developmental assets are 40 concrete, common-sense, positive experiences and qualities essential to raising successful young people; ... [and] have the power during critical adolescent years to influence choices young people make and help them become caring, responsible adults."⁶

The Task Force was interested in understanding how young people in San Mateo County fare with regard to their developmental assets because assets are linked to higher academic achievement and lower substance use and engagement in other risk-taking behavior. In other words, the more assets a young person has, the less likely s/he is to engage in ATOD use/abuse.

In addition to the assessment of countywide indicators, the Task Force recommended that four specific populations and one sector be examined in-depth because very little substance use data about them exist. These data were collected through key informant interviews and focus groups. The selected populations and sector were:

- Older adults (persons ages 65 and over)
- Young adults (persons ages 19-29)
- Migrant workers (persons, many of whom are immigrants, who work on farms and as temporary day laborers)
- Young people in or emancipated from foster care
- Alcohol and tobacco retail environment

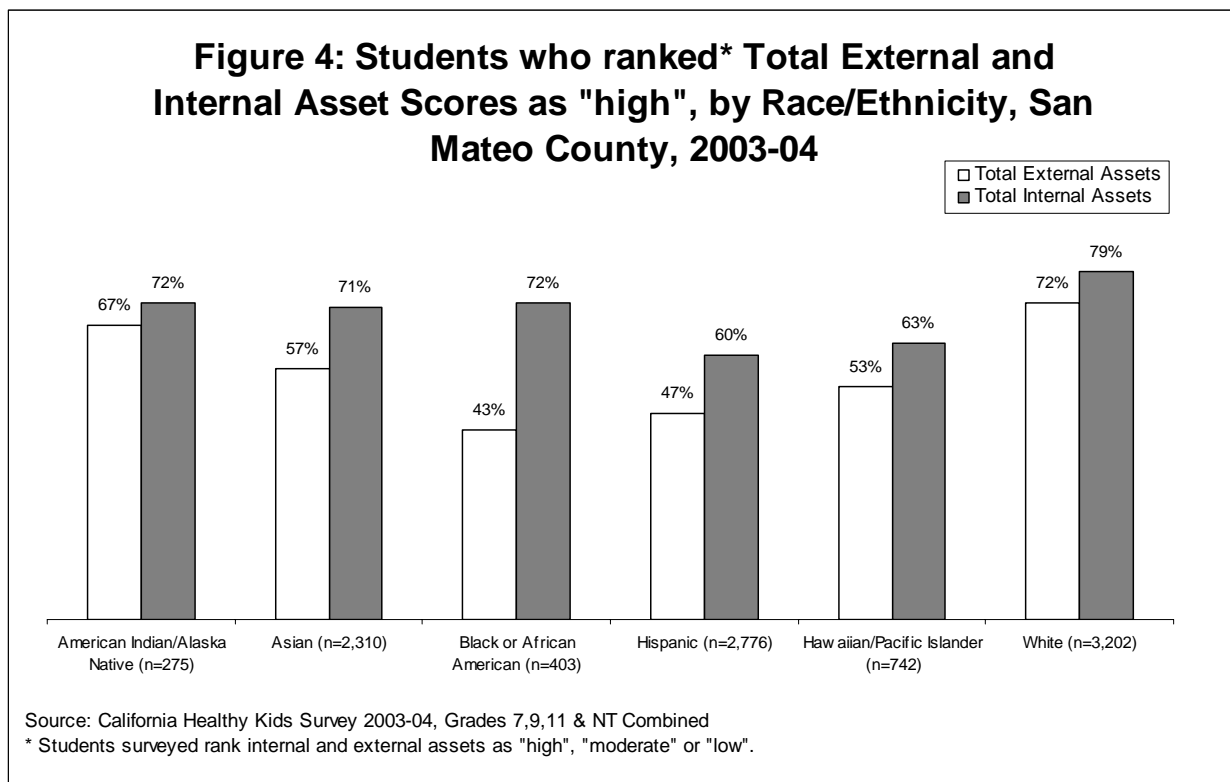
Task Force members used the needs assessment results to identify key priorities. A detailed description of each priority area can be found in the Action Plan included in the Roadmap.

Priority Area 1: Individual/Family Connectedness

- There is mounting evidence of correlation between high internal and external youth assets and low ATOD use as well as other positive youth outcomes.
- There is a strong base of youth asset promotion in San Mateo County – levels of internal assets and external assets all exceed statewide averages.
- Asset levels of youth decrease with age (especially internal assets) and differences are evident across ethnicities (Fig. 4) and regions.
- Key informant interview and focus group results with populations perceived to be at greatest risk, suggest isolation among older adults, agricultural workers, and youth who have aged out of the foster care system.

⁶ For detailed information about Search Institute's Developmental Assets, visit: <http://www.search-institute.org/assets/>

Figure 4: Students who ranked* Total External and Internal Asset Scores as "high", by Race/Ethnicity, San Mateo County, 2003-04



Priority Area 2: Social and Cultural Norms

- Data demonstrate the common acceptance of alcohol, in particular, as well as general acceptance of tobacco, marijuana and other drugs.
- Media and other socio-cultural influences can have detrimental results on use of ATOD.
- Key informants highlight the need to increase adults’ understanding of the power that persuasion advertising has on young people.

Priority Area 3: Access to/Availability of Alcohol, Tobacco and Other Drugs

- More than half of youth report that it is easy to obtain alcohol (57%), tobacco (55%) and marijuana (47%).
- Key informants suggest high rates of alcohol and tobacco sales to minors.
- Older adults report ease in “overusing” alcohol and obtaining multiple dosages of prescriptions.
- Avenues are available to enlist partners in addressing legal ATOD access that results in harm, such as overuse of alcohol and misuse of prescription medications.

Priority Area 4: Policies, Laws & Enforcement

- Resources for enforcement of existing laws related to selling alcohol and tobacco are very modest.
- Competing demands for law enforcement time and current ATOD penalty structures do not provide strong incentives for active enforcement.
- Licensing policies and fees vary considerably across San Mateo County.

- Key informants recommend greater attention to environmental prevention strategies that aim to change environments that promote (actively or passively) ATOD use.

Priority Area 5: Community Support & Capacity for Prevention

- There are limited and unsustainable funding streams supporting prevention activities.
- Many barriers exist for undertaking prevention efforts, including societal tolerance for experimentation, industry's power and resources, and underinvestment in research.⁷
- Investing "upstream" reduces costs (e.g., hospitalization, injuries, arrests, suspension rates, and other social and legal problems can be decreased).

The comprehensive review and report of quantitative indicators and qualitative results used to define the Prevalence and Risk of ATOD Use in San Mateo County and Assessment of Community Needs will be available online in August 2006 at <http://www.smhealth.org/hppp>.

⁷ *An Agenda to Combat Substance Abuse*, Health Affairs; 24:4 (1005-1013)