

Effective Drug Prevention: CADCA's Community Coalition Model

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CADCA History and Overview

- Founded in 1992 as a recommendation from the President's Drug Advisory Council
- Today, CADCA supports a comprehensive, data-driven approach to prevent the use of illicit drugs, underage drinking, youth tobacco use, and the abuse of medicines
- CADCA represents more than 5,000 community coalitions
- CADCA's Vision
 - *A world of safe, healthy, and drug-free communities*
- CADCA's Mission
 - *To strengthen the capacity of community coalitions to create and maintain safe, healthy, and drug-free communities globally*

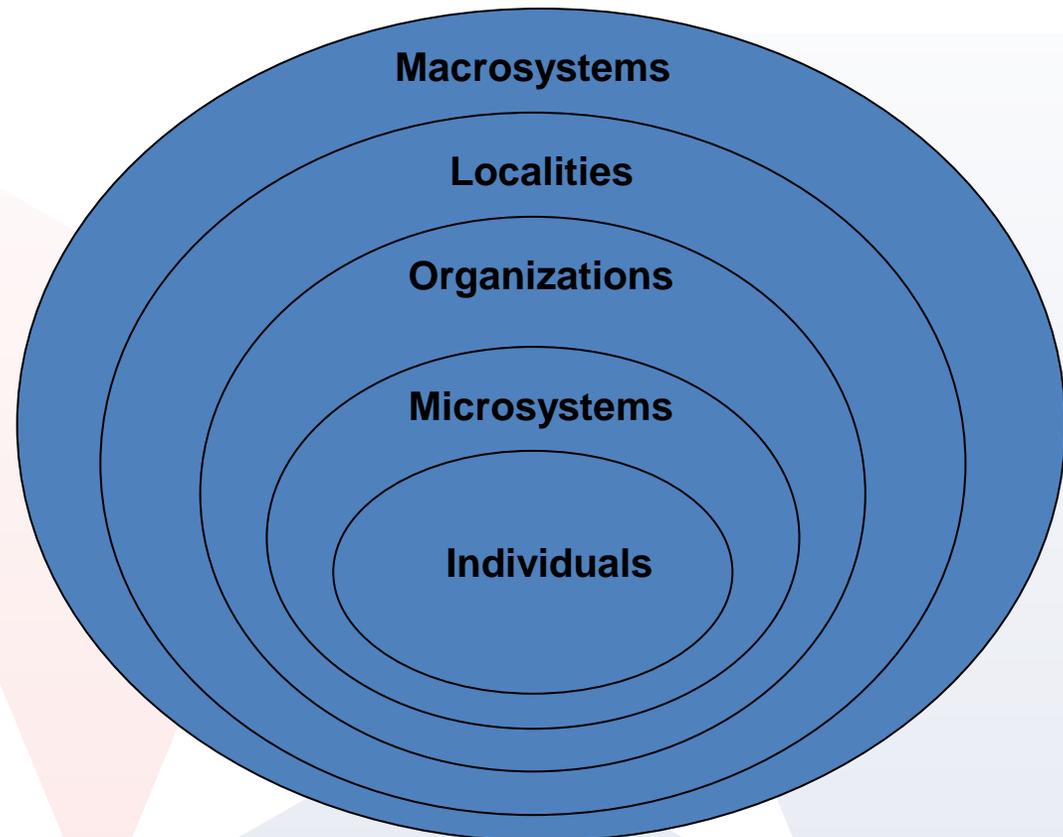
Conceptual Model for Community Coalition-Based Substance Use Prevention: Social-Ecological Model

- Bronfenbrenner (1979)
- Ecological levels of analysis



Social-Ecological Model

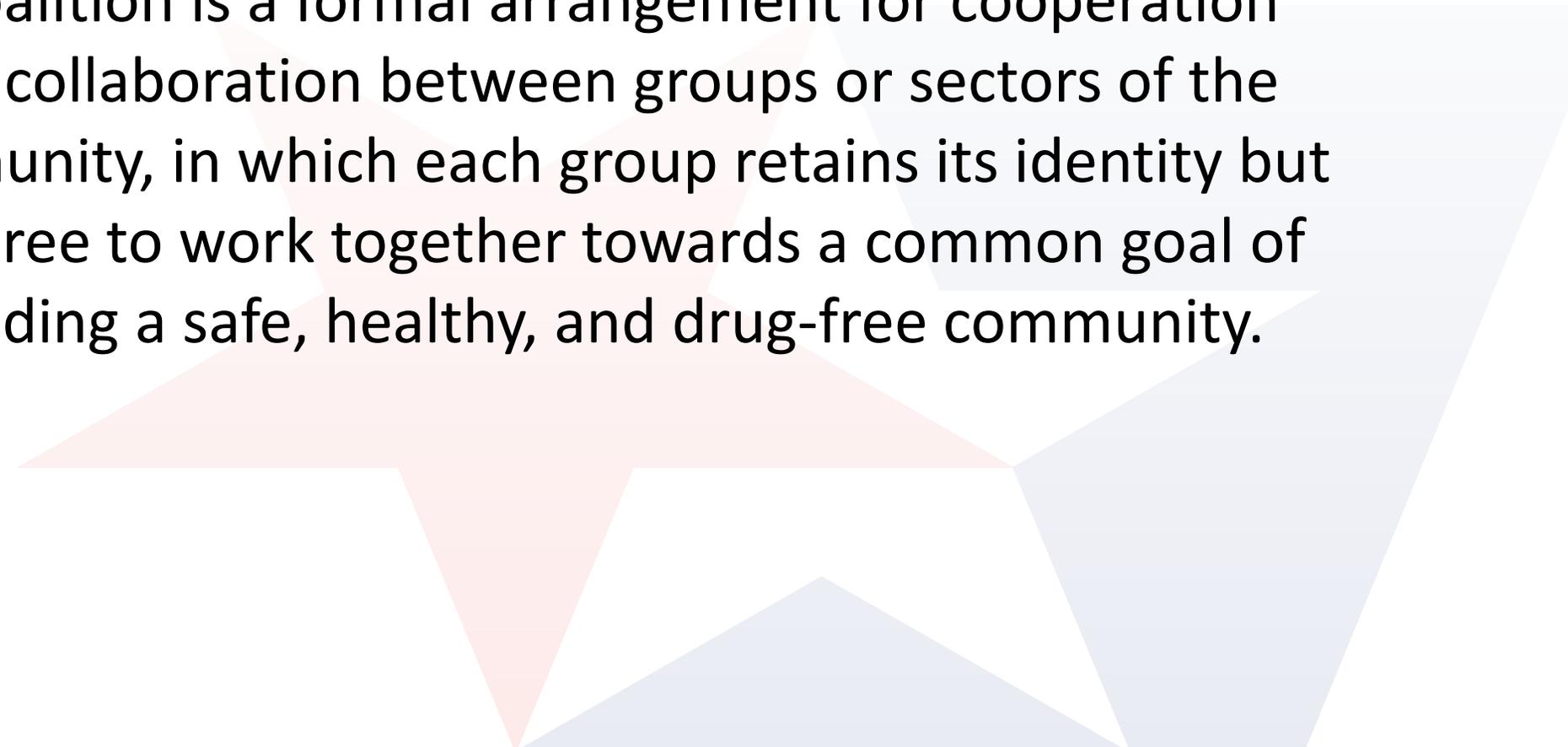
- Individuals are nested within broader contexts that play a critical role in their health and well-being and impact their attitudes and behaviors.
- The web of connections that surround individuals necessitates interventions at all of these levels.



What are coalitions?



A coalition is a formal arrangement for cooperation and collaboration between groups or sectors of the community, in which each group retains its identity but all agree to work together towards a common goal of building a safe, healthy, and drug-free community.

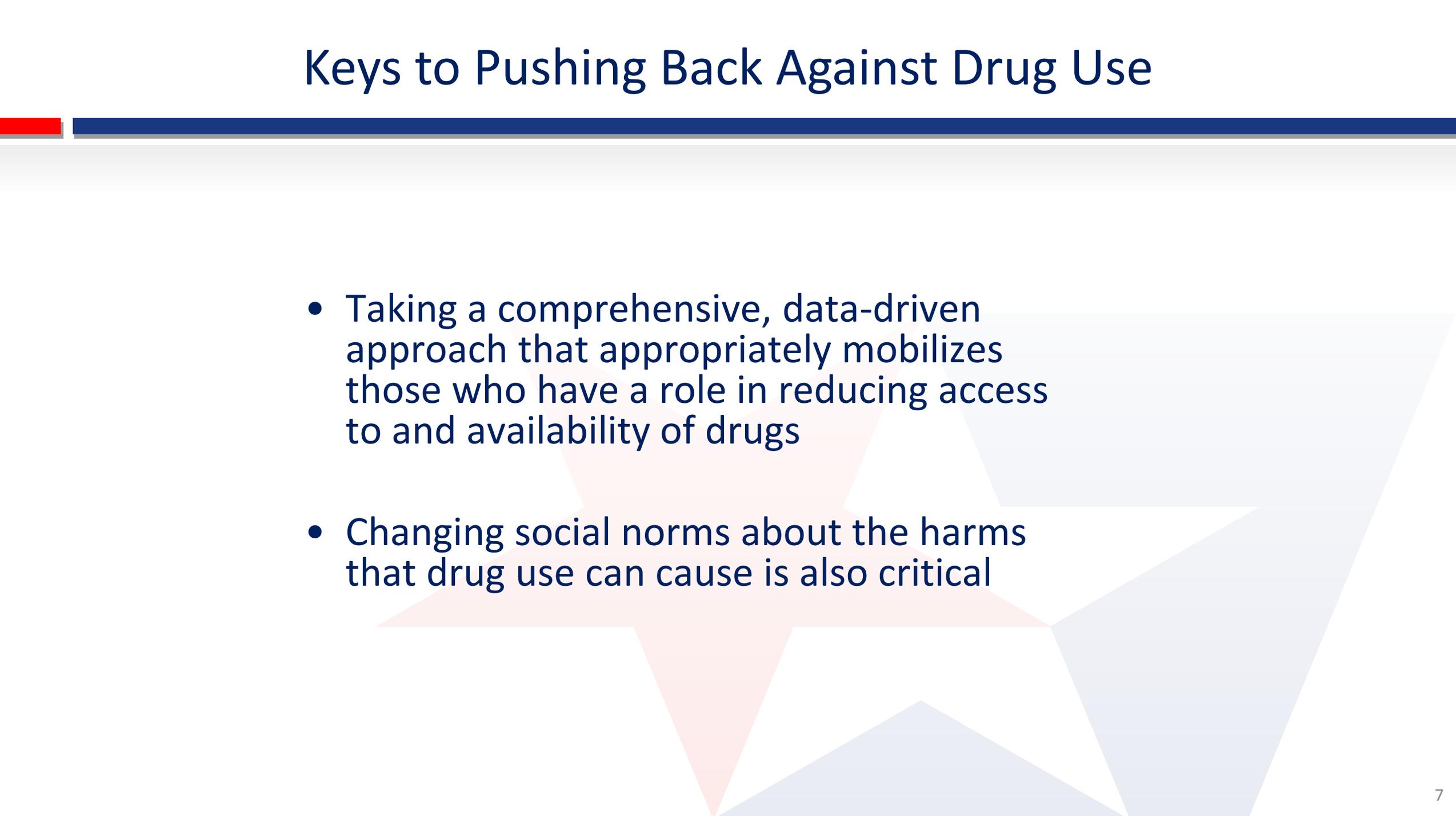




Differences Between Coalitions and Programs

Coalitions	Programs
<p><u>Scale</u> Coalitions measure success by examining community-level indicators. This applies to all coalition outcomes (short & long-term).</p>	<p>Programs measure change in individuals who have been directly affected by the intervention(s).</p>
<p><u>Addresses multiple causes</u> Coalitions seek to ensure that all causes of identified problems are addressed</p>	<p>Programs are more focused on single strategies, e.g., parenting classes or peer mentoring.</p>
<p><u>Actors</u> Coalition activities are diffused and taken by all members with staff playing a coordinating or supporting role.</p>	<p>Program staff lead the process and are responsible for implementing interventions.</p>

Keys to Pushing Back Against Drug Use



- Taking a comprehensive, data-driven approach that appropriately mobilizes those who have a role in reducing access to and availability of drugs
- Changing social norms about the harms that drug use can cause is also critical

Key community sectors that all contribute to developing and carrying out strategies.

- Youth
- Parents
- Business
- Media
- Education
- Public Health professionals/medical community
- Youth serving agencies
- Law Enforcement
- Fraternal and religious organizations
- Civic Organizations
- Government Agencies
- Substance Abuse organizations

Basic Concept

Coalitions bring together community sectors to develop and carry out data-driven, evidence-based strategies to achieve *population-level* reductions in substance abuse rates to include underage drinking, tobacco use, illicit drug use, prescription drug and OTC misuse and abuse



Coalition Planning Process





Coalitions can drive community-level change

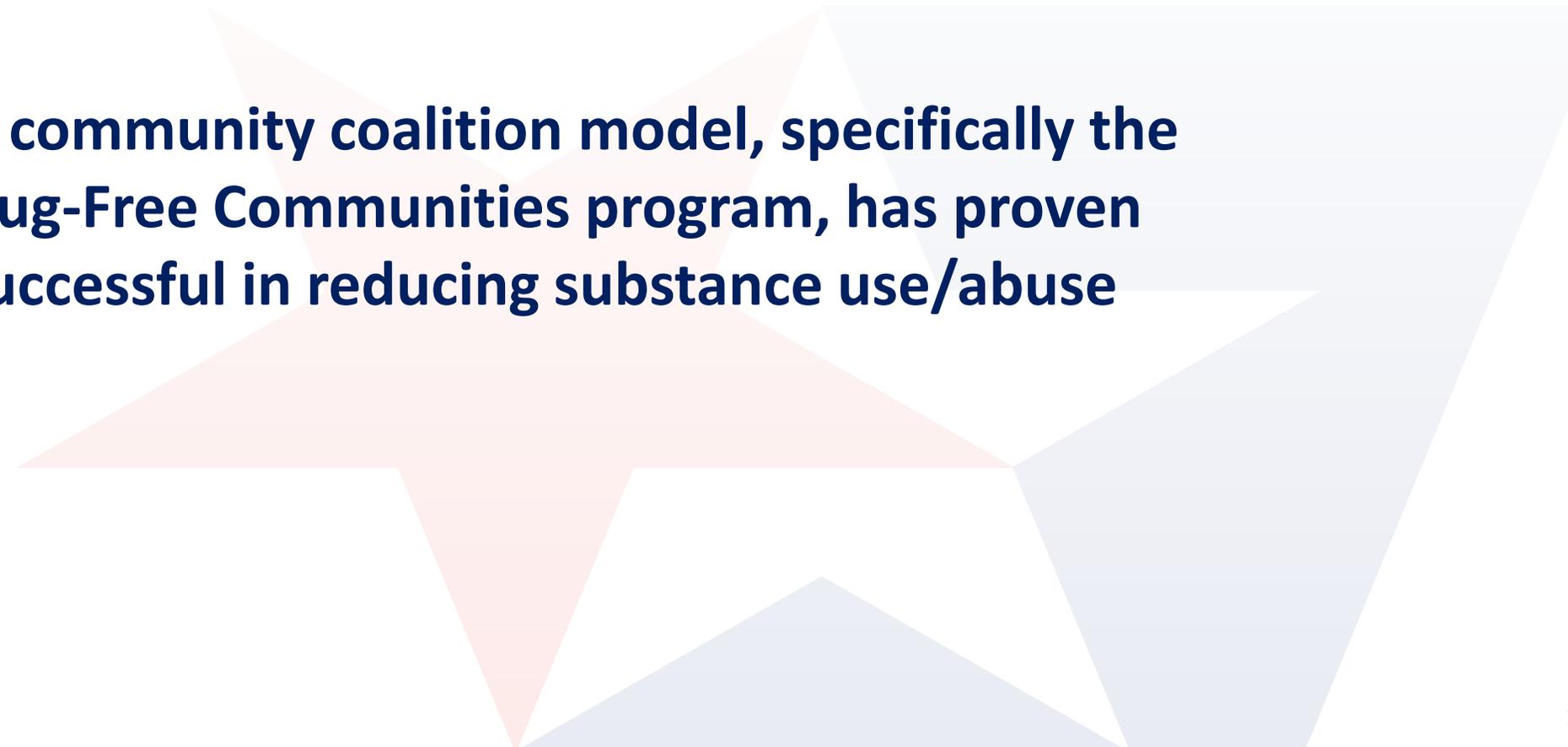
Coalition initiatives seek to:

- Impact a specific, defined community.
- Engage all sectors and members of the entire community/neighborhood.
- Address conditions and settings within the defined community.
- Promote comprehensive strategies.
- Achieve positive outcomes (reduce substance use/abuse rates) throughout the entire community/neighborhood.



**“As the field of prevention has matured,
it has been recognized that any single
strategy is unlikely to succeed and a
reinforcing set of strategies has the
greatest potential to reduce use.”**

Johnson et al., 2007



The community coalition model, specifically the Drug-Free Communities program, has proven successful in reducing substance use/abuse

The Drug-Free Communities Program (DFC)

- National program of federal grants directly to community coalitions to reduce youth substance use
- Grants go directly to community coalitions for 5 years
- US Government selects the grantees and CADCA provides their training

The DFC Program Is Effective

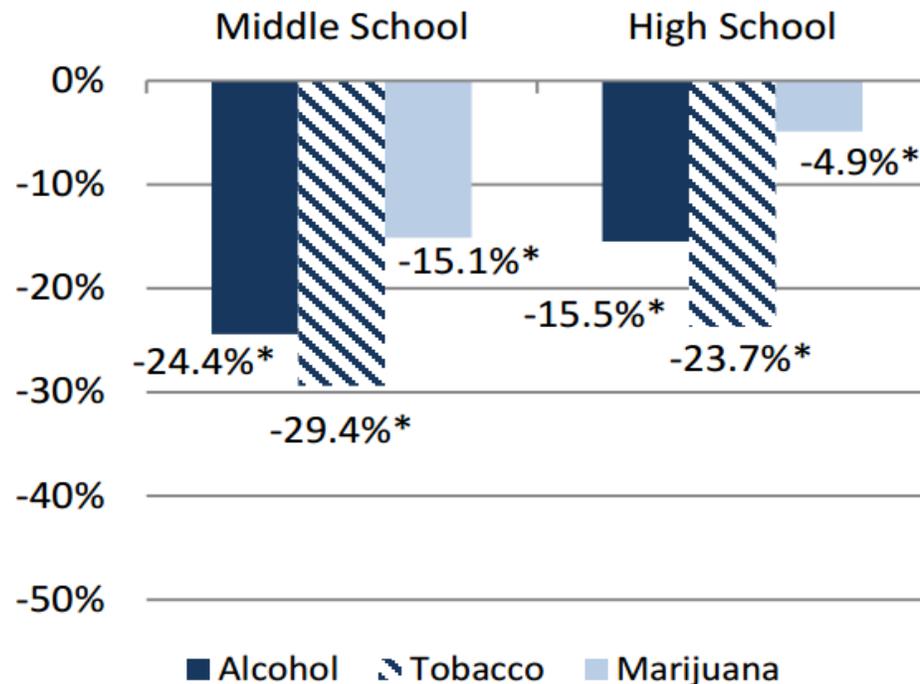
- Recent evaluation data indicate that where DFC dollars are invested, youth substance use is lower.
 - Over the life of the DFC program, youth living in DFC communities have experienced significant reductions in alcohol, tobacco, and marijuana use greater than national survey results.

Types of Data DFC Coalitions Collect & Analyze

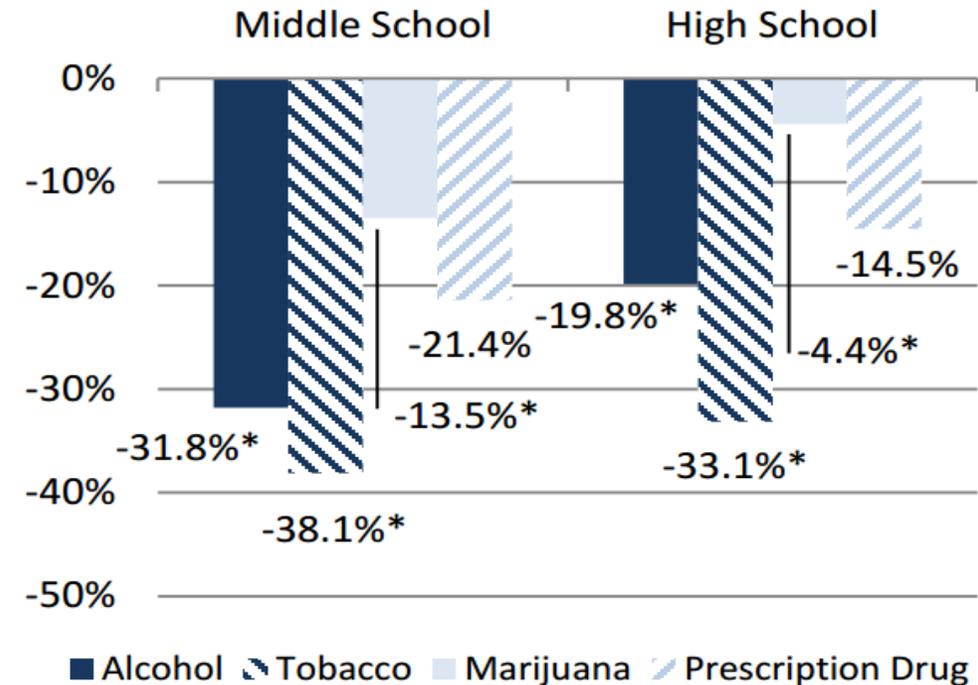
- **Core metrics for the DFC Program**
 - Past 30-day use, perception of harm, perception of parental disapproval of use, and perception of peer disapproval of use for alcohol, tobacco, marijuana, and prescription drugs for three grades (6th-12th)
- **But also**
 - ER data related to ATOD issues
 - Treatment admissions data
 - Poison Control data
 - Arrest data
 - Vehicular crash data related to DUI and DUID
 - Suspensions/expulsions from school related to ATOD
 - High school graduation rates

Percentage Decline in Use: First Report to Most Recent Report (2015)

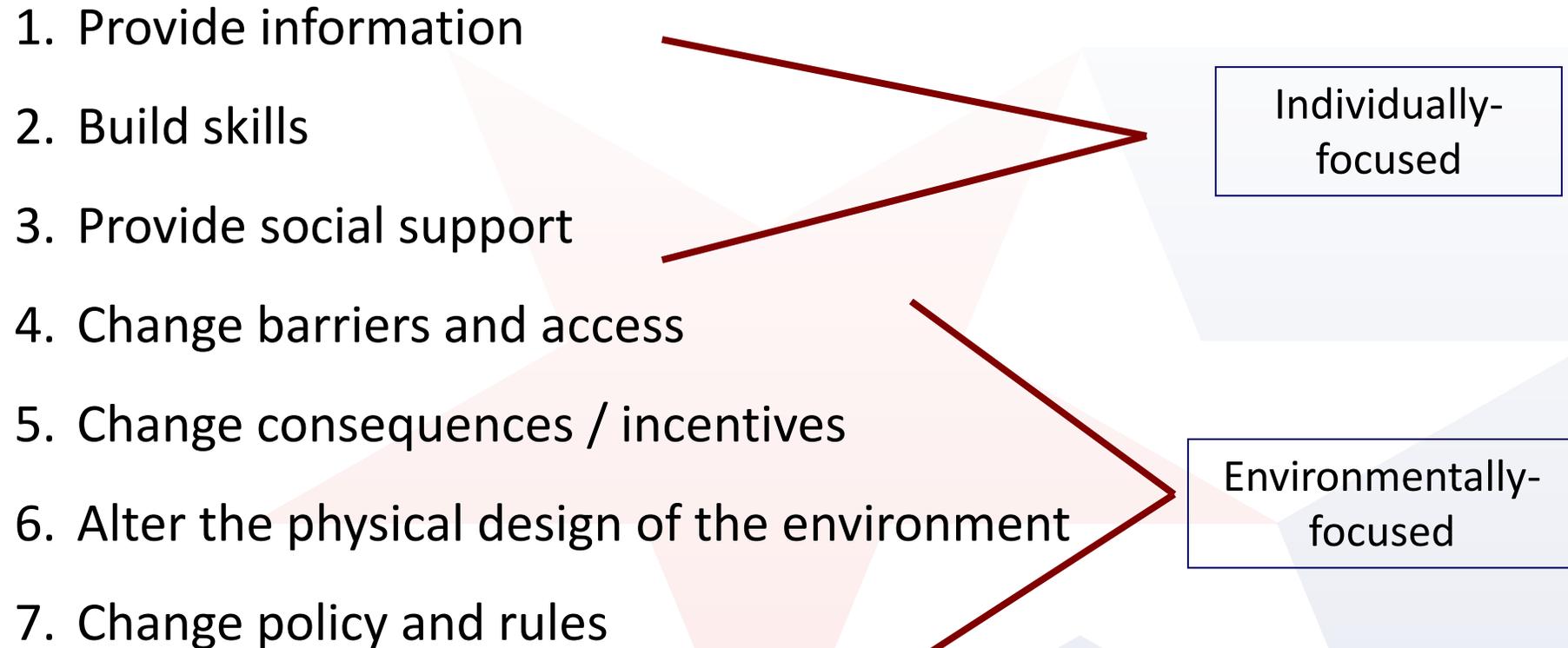
**FIGURE 1: PERCENTAGE CHANGE IN PAST 30 DAY USE:
FIRST REPORT TO MOST RECENT REPORT
(ALL DFC GRANTEES EVER FUNDED)**



**FIGURE 2: PERCENTAGE CHANGE IN PAST 30 DAY USE:
FIRST REPORT TO MOST RECENT REPORT
(FY2013 DFC GRANTEES ONLY)**



The 7 Types of Strategies Coalitions Implement



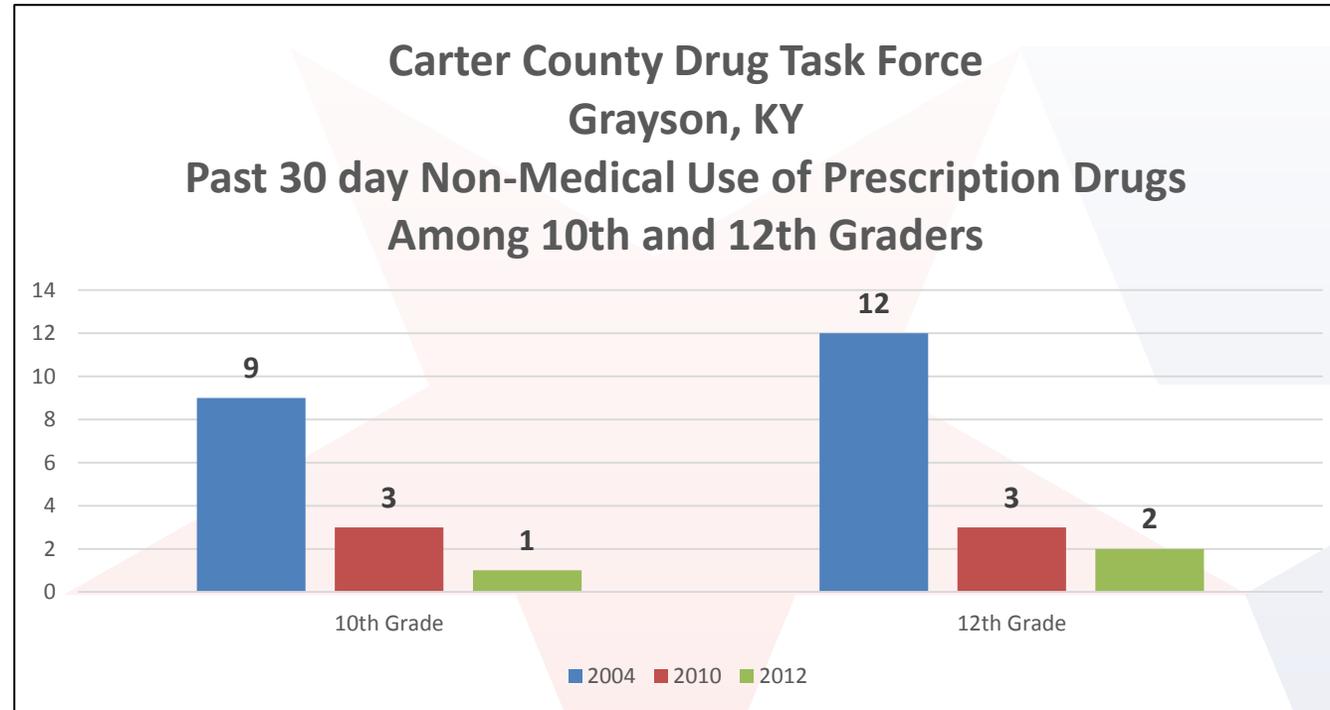
Source: KU Work Group for Community Health and Development, 2007

Overview of Coalition Strategies to Address Prescription Drug Abuse

- STRATEGY 1. PROVIDE INFORMATION** – Law enforcement partnerships to educate community members; PSAs and media campaigns; educating students; “lock it up” campaigns and community education; specifically reaching out to senior citizens to educate them on risks of Rx abuse
- STRATEGY 2. BUILD SKILLS** – Partnering with doctors to educate them on risks of Rx abuse and get involved with prevention of “doctor shopping”; trainings to educate students, parents, and other stakeholders on how to prevent misuse of Rx drugs and identify warning signs of addiction
- STRATEGY 3. PROVIDE SOCIAL SUPPORT** – Partnering with local pharmacies to distribute prescription drug warnings to raise awareness about the dangers of abuse
- STRATEGY 4. CHANGE BARRIERS AND ACCESS** – Reducing barriers to proper medicine disposal by partnering with local law enforcement and other organizations to provide proper disposal of unused and expired medication
- STRATEGY 5. CHANGE CONSEQUENCES/INCENTIVES** – Recognizing dentists who have received training on prescribing protocols and subsequently prescribe less than the full 30-day supply of pain medicine when treating adolescents who have their wisdom teeth removed
- STRATEGY 6. ALTER PHYSICAL DESIGN OF ENVIRONMENT** – Take-back events, specifically designated days for mass collections to decrease access to unused, expired, or unwanted Rx drugs in homes; partnering with pharmacies/pharmacists to house an Rx drug drop-off box, provide resources on safe drug usage, storage, and disposal
- STRATEGY 7. CHANGE POLICY AND RULES** – Work on local- and state-level legislation to implement effective Rx drug monitoring programs – Prescription Drug Monitoring Programs (PDMP)

Prescription Drug Abuse Results

In this DFC community, past 30 day non-medical use of prescription drugs **decreased** **at a rate of 88.9% among 10th graders; 83.3% among 12th graders.**



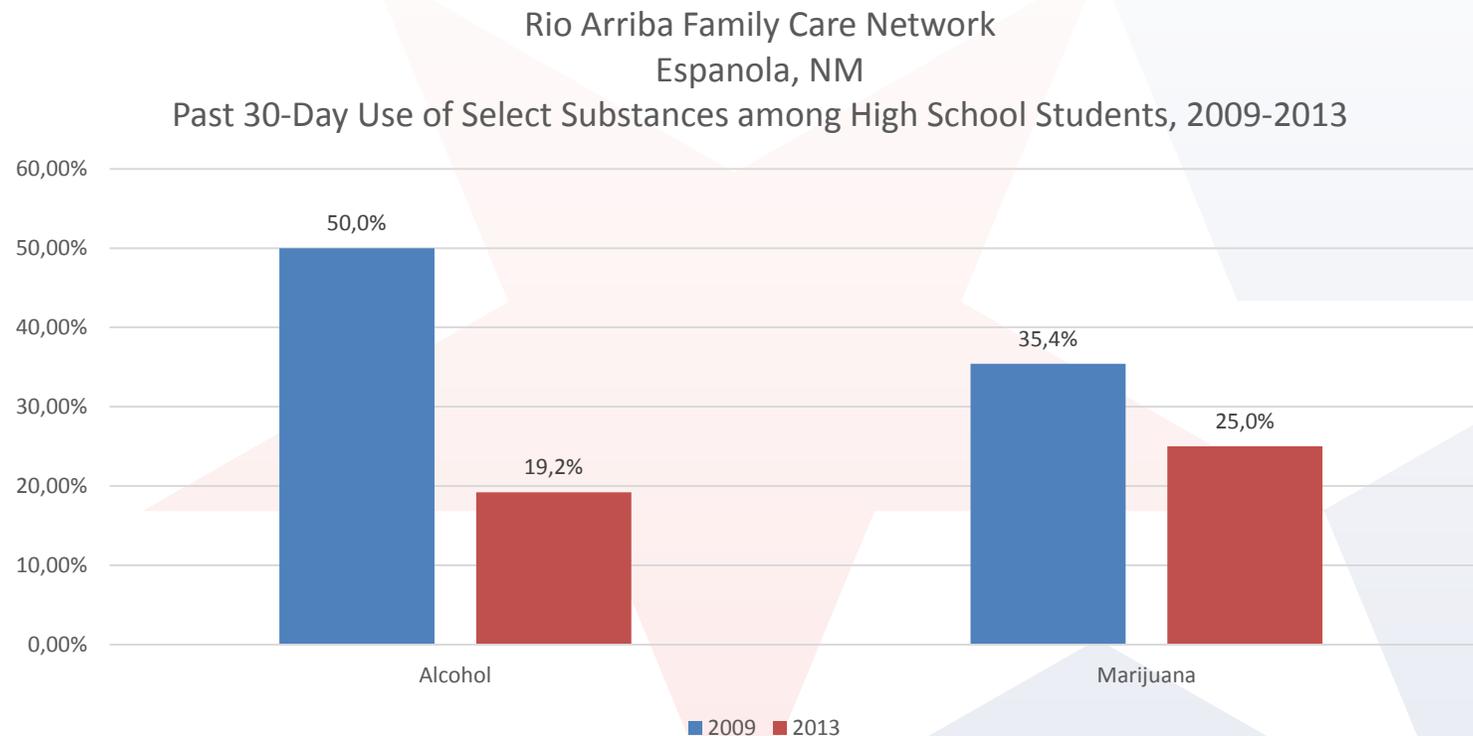
Current DFC grantee, data from the Kentucky Incentives Project (KIP) Student Survey Instrument

Strategies Implemented To Achieve Reductions

- Partnered with local law enforcement to implement take back events, installed permanent “drop boxes”, and increased DUI/drug suppression checks;
- Implemented a community-wide social norms media campaign;
- Designed and implemented “lock it up” campaign on the importance of proper storage of Rx drugs
- Provided educational opportunities with scale and scope throughout the community to parents, teachers, youth, pharmacists, and senior citizens
- Convened a key leader community forum to educate elected officials about the growing prescription drug problem and discussed strategies that could be adopted to address it

Underage Drinking and Marijuana Results

In this DFC community, past 30 day use of alcohol **decreased at a rate of 61.6%**, from 50% in 2009 to 19.2% in 2013; and past 30 day use of marijuana **decreased at a rate of 29.4%**, from 35.4% in 2009 to 25% in 2013



Graduated DFC grantee (from 2010-2015), data taken from Espanola Valley DFC Coalition Youth Survey and Rio Arriba County High School Questionnaire

Example from CA: North Coastal Prevention Coalition

Figure 1. FY 2008/09: How Youth Who Drink Get Alcohol

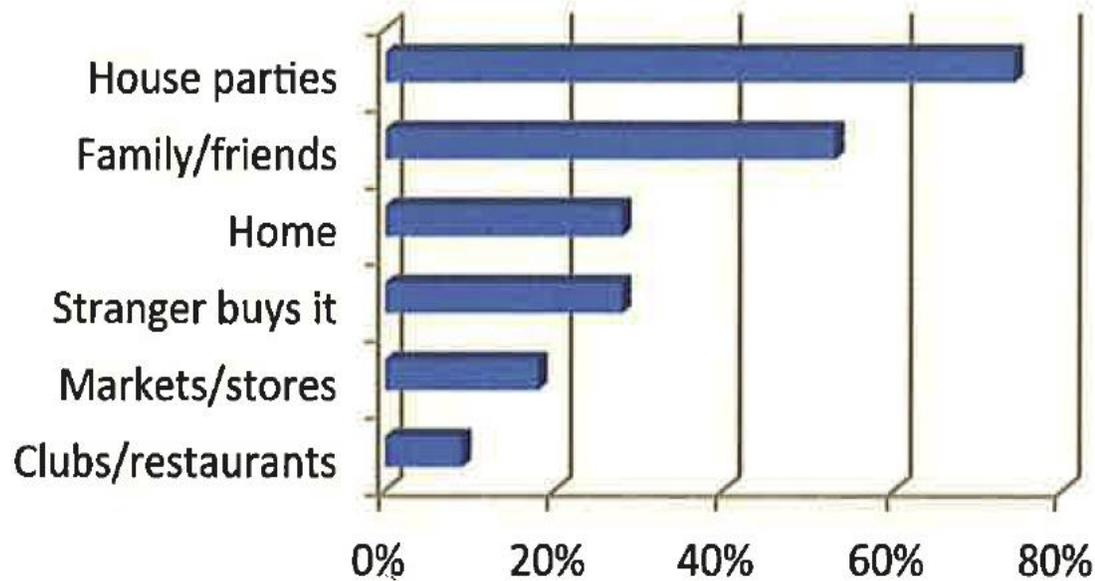
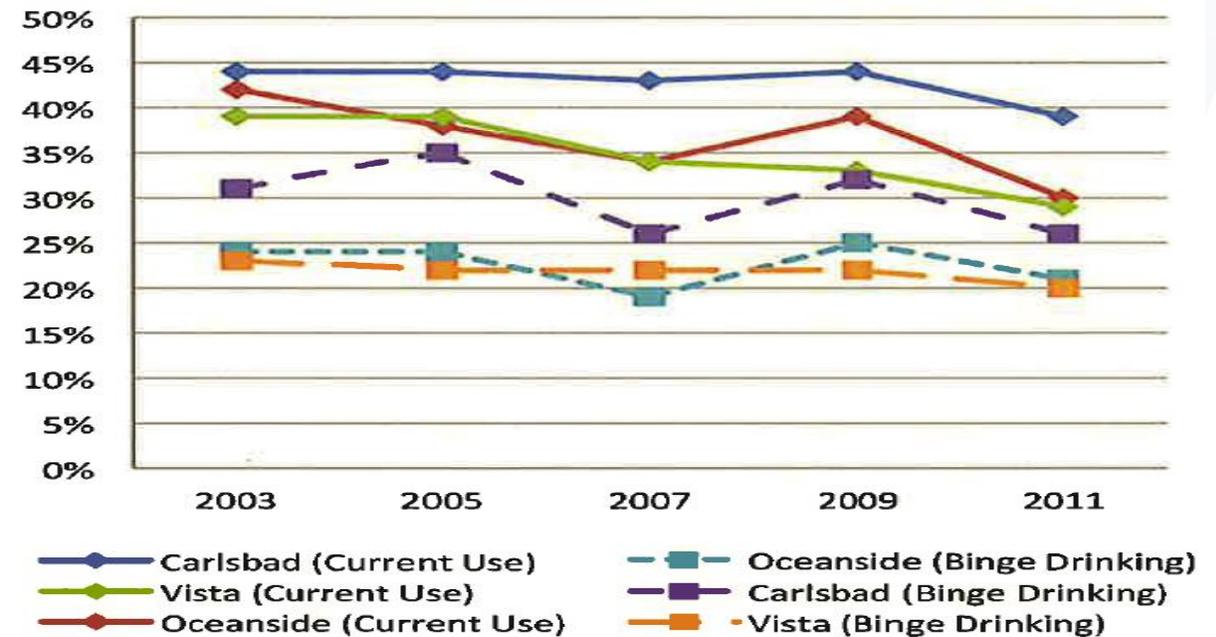


Figure 2. 11th Grader Alcohol Use & Binge Drinking (CHKS Findings)



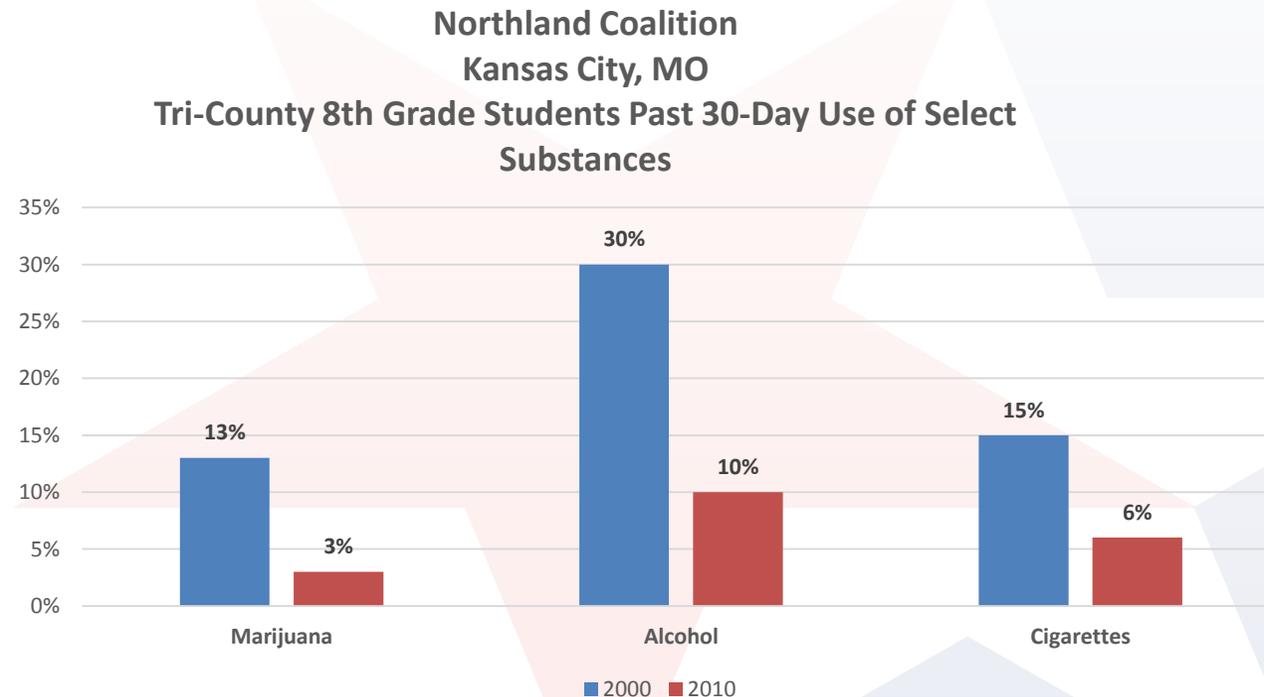
Graduated DFC grantee (from 1998-2009), data taken by coalition from California Healthy Kids Survey (CHKS) and project surveys administered to youth, adults, law enforcement, and others

Strategies Implemented To Achieve Underage Drinking Reductions

- Disseminated culturally-competent materials to educate the public about issues related to underage drinking
- conducted community wide education campaigns;
- conducted vendor and server training;
- conducted compliance checks;
- mobilized the community restrict youth access to alcohol;
- strengthened and enforced underage sales/service laws

Marijuana, Alcohol, and Cigarettes Results

In this DFC community, past 30 day use of marijuana **decreased at a rate of 76.9%**, from 13% in 2000 to 3% in 2010; past 30 day use of alcohol **decreased at a rate of 66.7%**, from 30% in 2000 to 10% in 2010; and past 30 day use of cigarettes **decreased at a rate of 60%**, from 15% in 2000 to 6% in 2010



Graduated DFC grantee (from 2006-2011), data taken from Missouri Student Survey

Strategies Implemented To Achieve Reductions

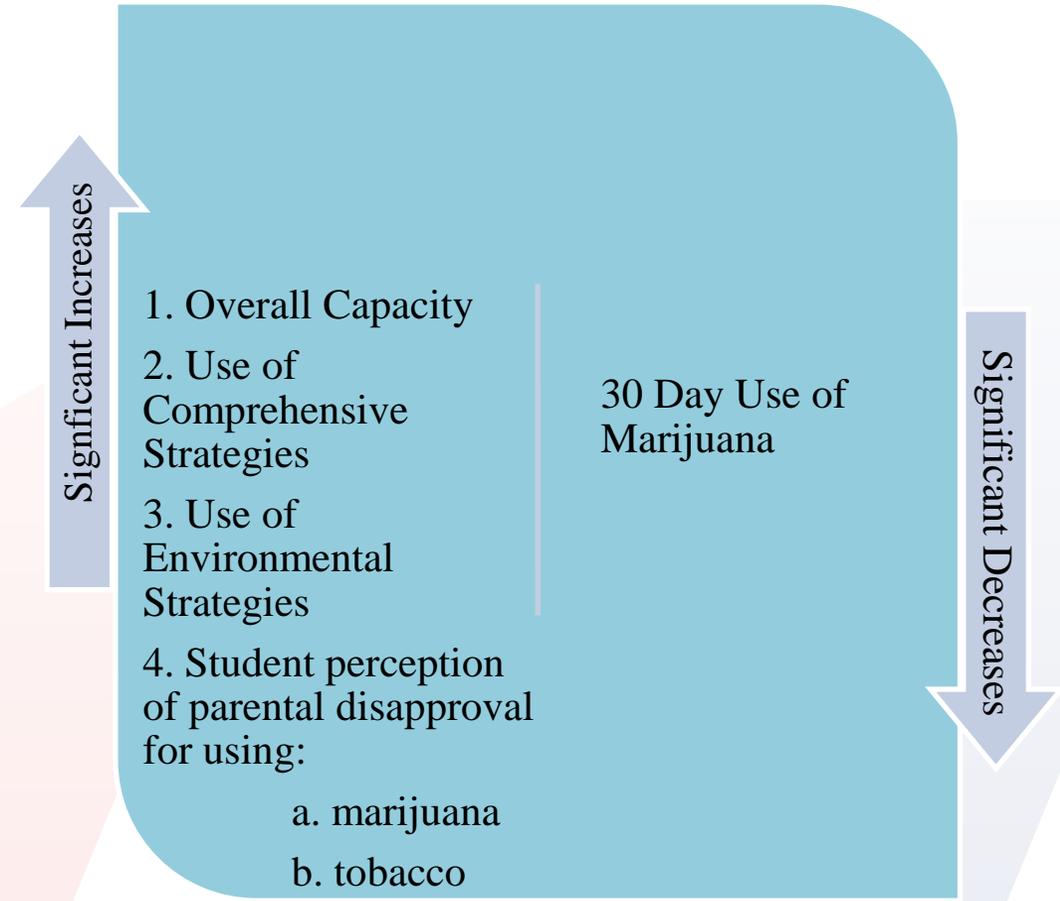
- Partnered with local law enforcement to conduct compliance checks for alcohol, tobacco, and synthetic marijuana
- Proposed and implemented multi-media strategies
- Worked with coalition youth to develop and film a statewide PSA on underage drinking
- Held forums to educate parents and senior citizens on the dangers of youth drug and alcohol use

Evaluation of CADCA's Model to Build Effective Community Coalitions

- **External Evaluation Team**
 - Michigan State University
 - Led by Dr. Pennie Foster-Fishman
- **Conducted annually since 2003**
- **Mixed Methods Approach**

Summary of Evaluation Findings for CADCA's Trainings

- Training and Technical Assistance from CADCA help coalitions:
 - Develop their Capacity
 - Pursue Comprehensive Strategies
 - Promote Community Change
- **The Framework for Change fits urban/at-risk, suburban and rural coalitions.**
- Coalitions get better in all elements of the CADCA community problem solving model.
- Training and Technical Assistance trigger a process of change that improves a coalition's potential to achieve population level reductions in drug abuse rates.



CADCA's Institute Helps Coalitions Get Smarter Faster!

CADCA's International Programs At-A-Glance

- International Programs started in 2004.
- CADCA partners with the U.S. Department of State, Bureau of International Narcotics and Law Enforcement Affairs (INL) and others in its international work.
- Helps community leaders develop anti-drug coalitions through training and technical assistance to local non-government organizations in foreign countries.
- All trainings gear towards helping communities achieve population-level reductions in substance abuse rates.



Biscuiterie Community Coalition in Dakar, Senegal



Kwale Community Coalition in Kenya

Building Community Change Agents Globally

CADCA's International Programs



Latin America and Caribbean:

Brazil, Bolivia, Colombia, Costa Rica, Guatemala, Haiti, Honduras, Mexico, Peru, Uruguay

Africa:

Cape Verde, Ghana, Kenya, Senegal, South Africa

Central Asia: Kyrgyzstan and Tajikistan

Asia Pacific: Philippines

Middle East: Iraq

Europe: Italy



CADCA's International Programs

CADCA currently has resources in English, Spanish, Portuguese, Russian, French, Italian, and Arabic.



Training in Dakar, Senegal



Training in Erbil, Iraq



Training in Manila, Philippines



Training in Santos, Brazil



El Progreso Community Coalition in San Pedro Sula, Honduras

United Nations

- CADCA is an “NGO in Special Consultative Status” to the Economic and Social Council (ECOSOC) of the United Nations.
- CADCA is also an active member of the Vienna NGO Committee.



UN Flag



CADCA delegation in Vienna, Austria



United Nations headquarters in Vienna



CADCA's International Programs



Dipartimento Politiche Antidroga

PRESIDENZA DEL CONSIGLIO DEI MINISTRI

- CADCA has a contract with the government of Italy to provide training and technical assistance.
- This contract calls for CADCA to work in two cities: Bologna and Naples
- In Bologna, CADCA worked with the University of Bologna, la Fondazione Duemilla, and the Casa del Popolo Corazza.
- In Naples, CADCA worked with the Naples City Youth Programs Department and the Centro Hurtado.



Training in Bologna



Results from the Altavista Community Coalition, Ciudad Juarez, Mexico





Strategies Implemented to Close Open Air Drug Market in the Park



- Partnered with local law enforcement to coordinate clean up operations in the park to ensure safety of volunteers and residents
- Implemented multi-media strategies on coalition efforts to close open air drug market and reopen the park to the public.
- Partnered with local government and businesses for necessary materials needed to restore the park
- Coalition members, youth and residents rehabilitated the park and installed a perimeter fence to lock the park at night.
- Established policies for conduct as well as hours of operation and posted signs throughout the park.



Results from the Pindamonhangaba Community Coalition in Brazil



Research from the Federal University of São Paulo compared the sale of alcohol to minors in three cities in Brazil.

- Paulínia 85.2%
- Diadema 82.4%
- Pindamonhangaba 56.0%



A poster in Portuguese discouraging the consumption of alcohol among minors



Strategies Implemented Reduce Retail Access of Alcohol to Minors



- Disseminated materials to educate the public about the issues as well as the laws related to underage drinking
- conducted community wide education campaigns on the need to enforce existing laws on sale of alcohol to minors;
- trained merchants on underage sales/service laws as well as identification of minors at the point of sale;
- conducted compliance checks;
- mobilized the community to restrict youth access to alcohol;



Evaluation Findings of the Community Coalition Initiative in Peru



From 2006 – 2011, community coalitions in Lima, Peru successfully targeted illicit drug use and crime.

- **REDUCTIONS IN GANGS AND NEIGHBORHOOD CRIME**
 - **Gang related problems (-32.9% reduction)**
 - **Overall neighborhood crime (-6.7% reduction)**



The Consortium of Anti-Drug Community Coalitions in Lima, Peru



Coalition meeting



Evaluation Findings of the Community Coalition Initiative in Peru



- **REDUCTIONS IN DRUG USE AND ACCESS**
 - **Buying and selling of drugs in the neighborhood (-25.1%)**
 - **Drug Use in neighborhoods (-10.5%)**

- **REDUCTIONS IN ALCOHOL USE AND ACCESS**
 - **Minors' Use of Alcohol (-52%)**
 - **Minors' Access to Alcohol (-9.4%)**
 - **18-24 year olds Use of Alcohol (-12.1%)**



Youth participating in a coalition



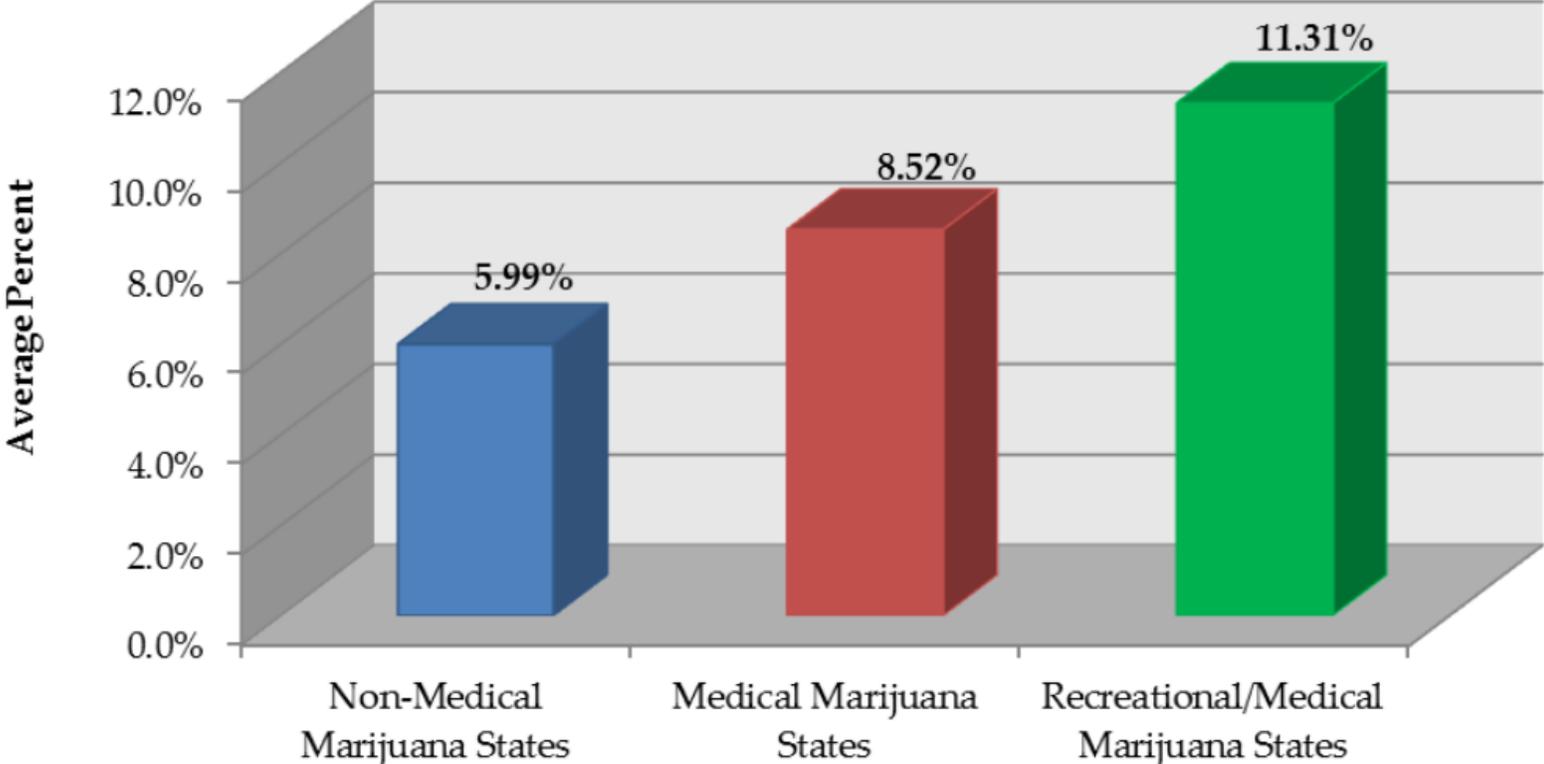
Police officer and coalition members raising awareness about existing laws

CADCA Efforts on Marijuana Legalization

- CADCA strongly **OPPOSES** measures to legalize marijuana, and educates our grassroots members about the impact of such policies on public health and public safety; and
- CADCA coalitions in states that have **already legalized marijuana for recreational purposes** are on the front lines of monitoring the impact of these policies and sharing them widely

Marijuana Use by State Policy

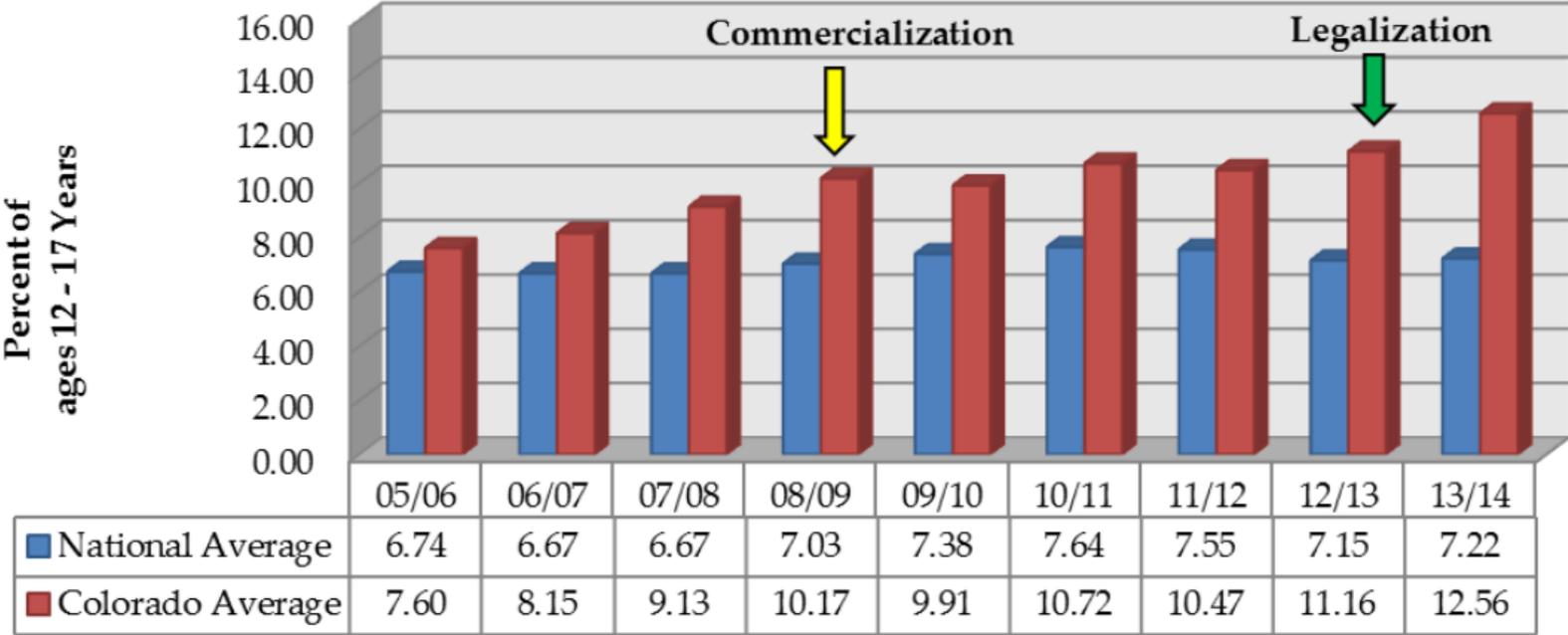
Average Past Month Use by 12 to 17 Years Old, 2013/2014



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

Impact of Marijuana Legalization in Colorado

Youth Ages 12 to 17 Years Old Past Month Marijuana Use National vs. Colorado



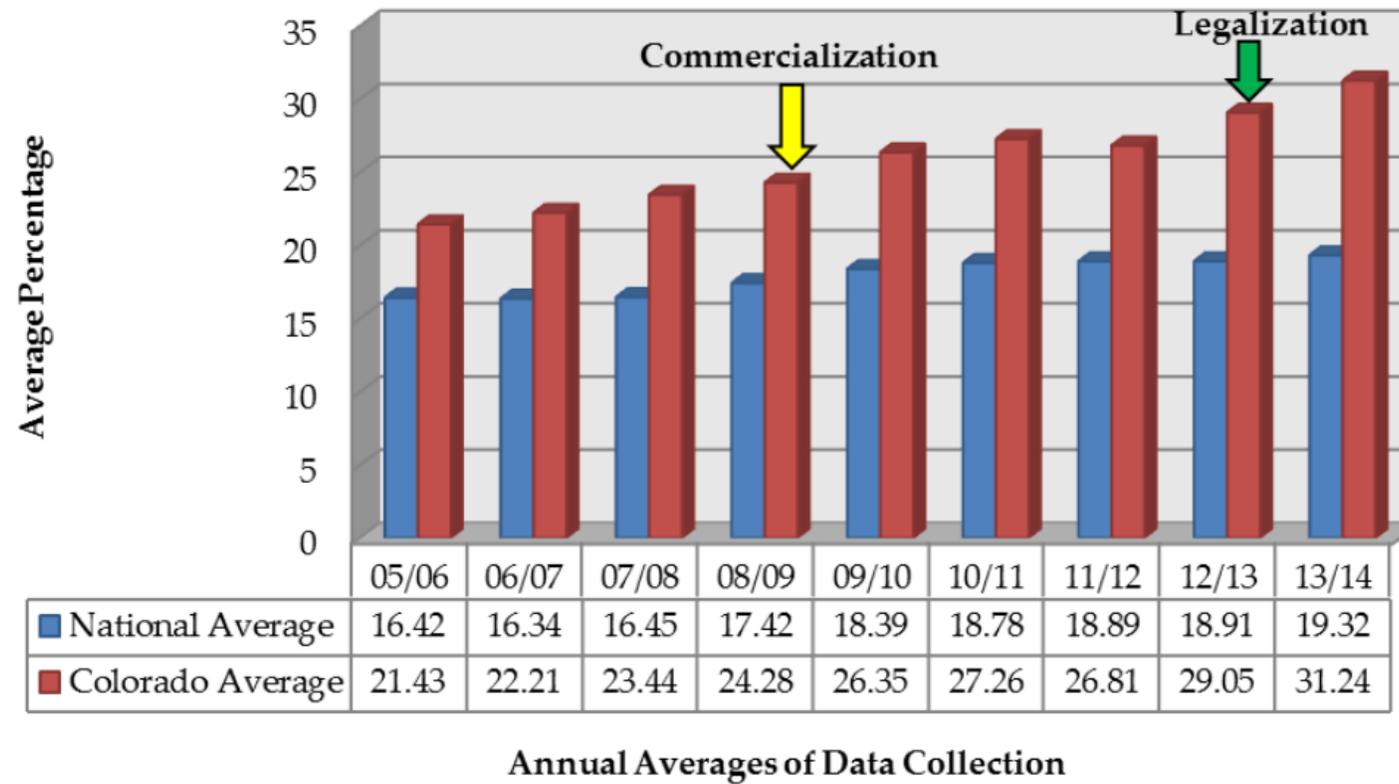
Annual Averages of Data Collection

SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

Source: 2016 Rocky Mountain HIDTA Report on Legalization of Marijuana in Colorado: <http://www.rmhidta.org/html/FINAL%20NSDUH%20Results-%20Jan%202016%20Release.pdf>

Impact of Marijuana Legalization in Colorado

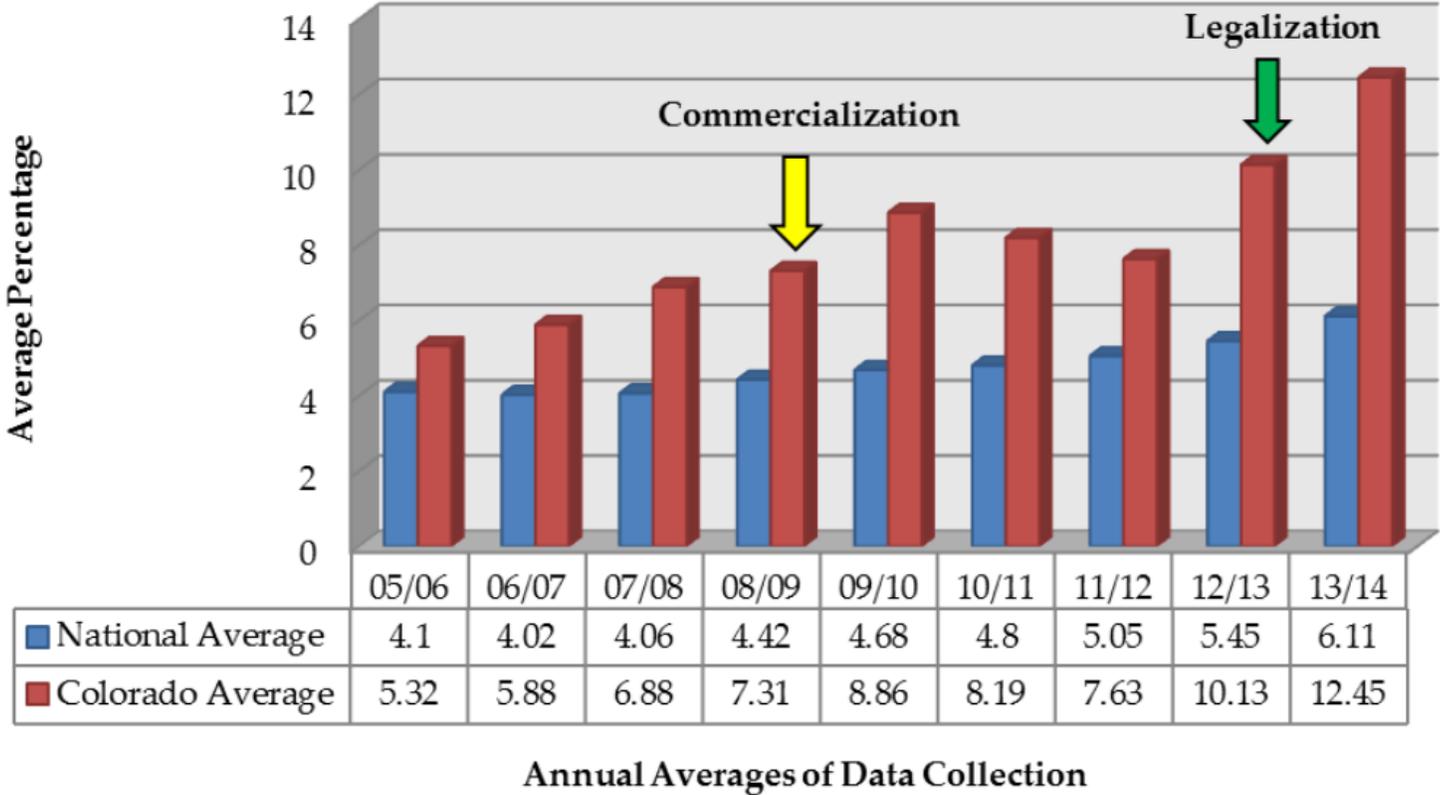
College Age (18 to 25 Years Old) Past Month Marijuana Use



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

Impact of Marijuana Legalization in Colorado

Adult (26+ Years Old) Past Month Marijuana Use

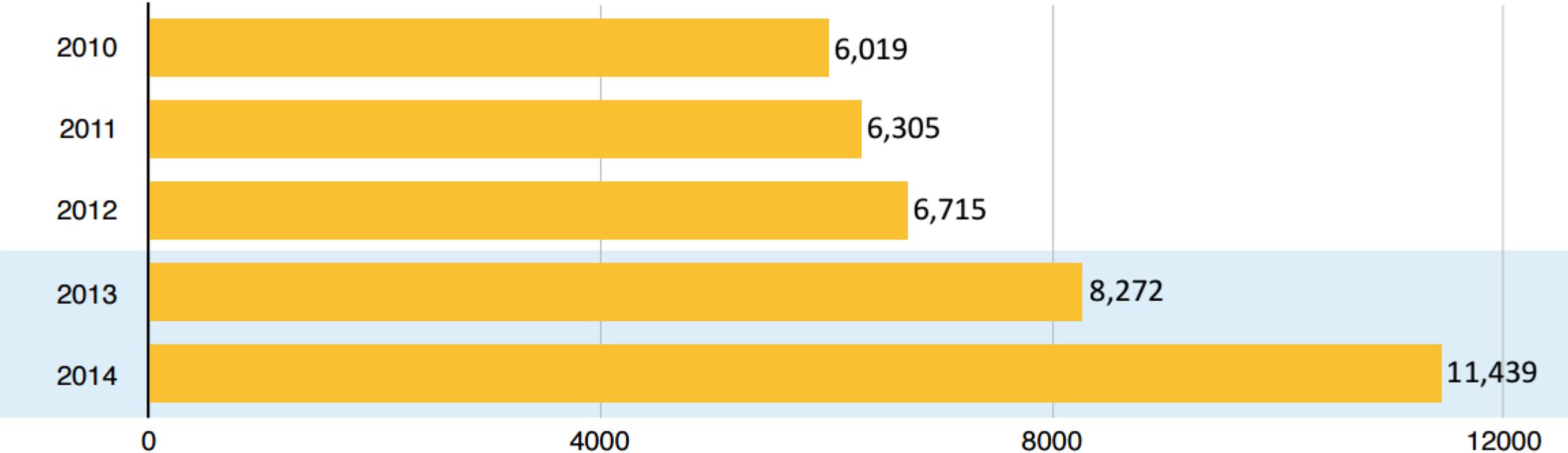


SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

Impact of Marijuana Legalization in Colorado

MARIJUANA-RELATED HOSPITALIZATIONS HAVE RISEN AN AVERAGE OF 30% PER YEAR SINCE LEGALIZATION

Hospitalizations related to marijuana in Colorado (CO Hospital Association)

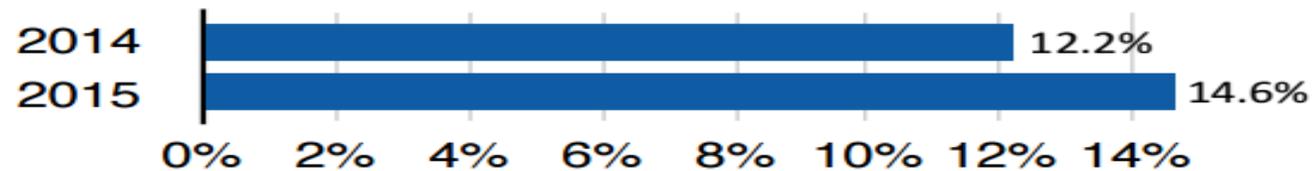


Source: 2016 Rocky Mountain HIDTA Report on Legalization of Marijuana in Colorado: <http://www.rmhidta.org/html/FINAL%20NSDUH%20Results-%20Jan%202016%20Release.pdf>
(graph from <https://learnaboutsam.org/wp-content/uploads/2016/02/SAM-report-on-CO-and-WA-issued-17-February-2016.pdf>)

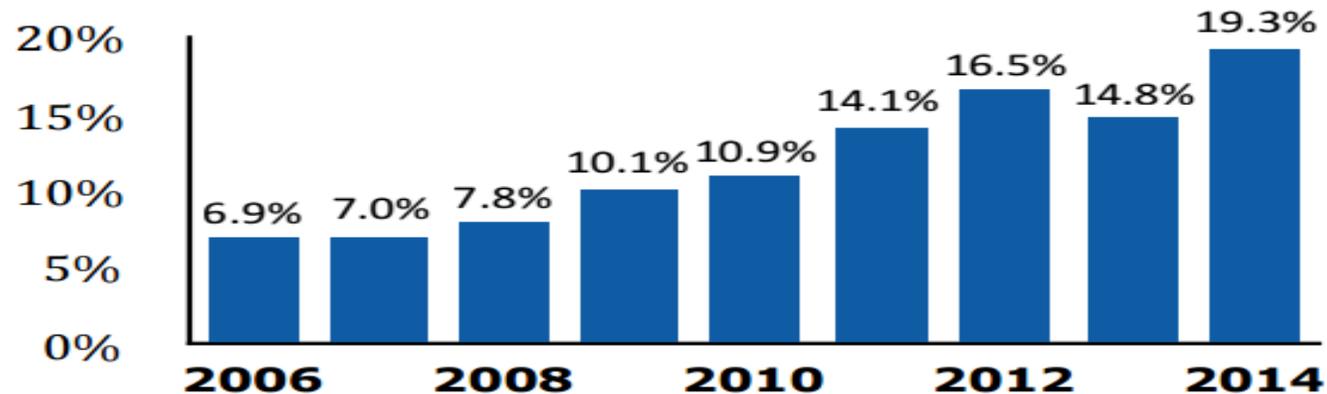
Impact of Marijuana Legalization in Colorado

Marijuana-Related Impaired Driving Cases Have Spiked in Colorado After Legalization

Percentage of total DUI/DUID citations related to marijuana in CO



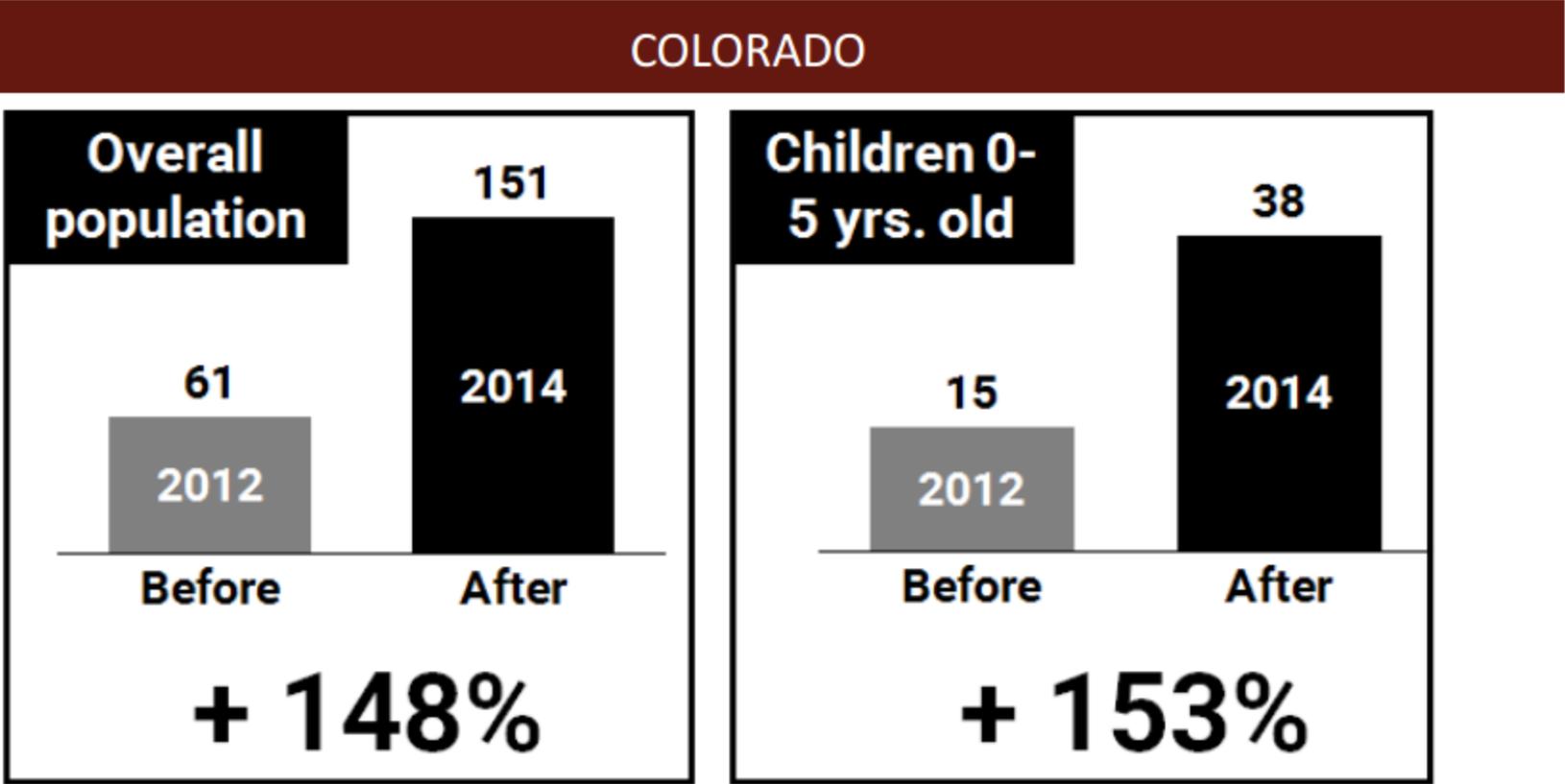
Percentage of total traffic fatalities where the driver tested positive for THC in CO



Source: Colorado State Patrol; Rocky Mountain HIDTA (Sep. 2015)
Note: Only 47% of operators involved in traffic deaths were tested for drug impairment in 2014, consistent with past practices

Impact of Marijuana Legalization in Colorado

Marijuana-Related Poisonings in Colorado Surged after Legalization



Source: Rocky Mountain HIDTA (Sep. 2015)

Graph from <https://learnaboutsam.org/wp-content/uploads/2016/02/SAM-report-on-CO-and-WA-issued-17-February-2016.pdf>

Impact of Marijuana Legalization in Colorado

Youth Treatment Admissions for Marijuana Use in Colorado Increased after Legalization

TEEN ADMISSIONS TO TREATMENT

+66%

Teen admissions to treatment for marijuana use at the Arapahoe House treatment network in CO increased by 66% between 2011 and 2014.

Source: Arapahoe House

Expanding Advertising in Colorado

SUMMIT WELLNESS
 HIGHEST GRADE MEDICINE IN COLORADO INCLUDING
 35+ STRAINS, BEST EDIBLES IN TOWN,
 MULTIPLE FLAVORS OF TINCTURES, HASH,
 HAND ROLLED JOINTS, CLONES

FREE RAFFLE
 ENTRY TO WIN 1 OF 3 PRIZES
 1ST DRAWING WILL RECEIVE CHOICE OF INCREASING OR SILVER HARPER VAPORIZER
 2ND DRAWING WILL RECEIVE A \$500 STORE CREDIT
 3RD DRAWING WILL RECEIVE A \$500 STORE CREDIT

NAME _____
 PHONE _____

FREE MEDICINE FOR ANYONE WHO
 MAKES US THEIR CAREGIVER

2117 LARIMER ST
 DENVER, CO 80205

TWO BLOCKS FROM
 COORS FIELD
 720-407-8112

MONDAY-FRIDAY 10-7
 SATURDAY 10-5
 SUNDAY 11-4
 WALK INS WELCOME

WWW.SUMMIT-WELLNESS.COM

CALL US FOR HOURS! CALL US FOR HOURS!

VIP
 CANNABIS

FEDERAL BLVD. & ALAMEDA AVE. (720) 378-3615

\$10 1/2 GRAM OF PEANUT BUTTER HASH OR EAR WAX <small>NO INCLUDES - LIMIT ONE PER CUSTOMER</small>	\$5 ONE CLONE ANY STRAIN <small>NO INCLUDES</small>	\$80 FOR 1/2 OZ. SELECTED STRAINS WHILE SUPPLIES LAST <small>*INCLUDES</small>
GOOD FOR ONE FREE NON-MEMBER COUPON BOOK <small>LIMIT ONE PER CUSTOMER</small>	\$10 OFF EVERY \$100 PURCHASE <small>EXCEPT BY ORDER - LIMIT ONE PER CUSTOMER</small>	\$15 GRAM OF CAVIAR <small>EXCEPT BY ORDER - LIMIT ONE PER CUSTOMER</small>

Herbal Wellness Inc. Superstore

Herbal Strains
 Mellow
 Honey Hair
 Buckingham
 Sage
 Milder Kush
 Honey Hair & Pro's Hair
 Allstars
 Church

Top Shelf
 Maui
 Crystal Church
 Lemon Sour Bomb
 Super Lemon Haze
 Maui Wowie
 MacKenzie Kush
 Red Mist
 Sweet Tooth
 Blue Dream

Edibles
 MauiPhox
 Farmacy Drills
 Stack Butter/Tuffie
 5 Herb Butter
 Peanut Butter
 Adupe
 Intense Tummies
 Super Cannabis Oil
 Wild Oil Gummies

Clones
 Cindy 10
 Bullington
 Anxiety Skunk
 Big Bang
 Solar Power
 White Widow
 Blueberry
 Amargodon Skunk
 Lime Green Skunk

3.5 grams of BLUEBERRY
 WITH 1/2 OZ. CAVIAR
\$45

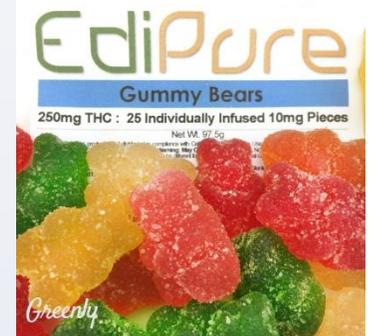
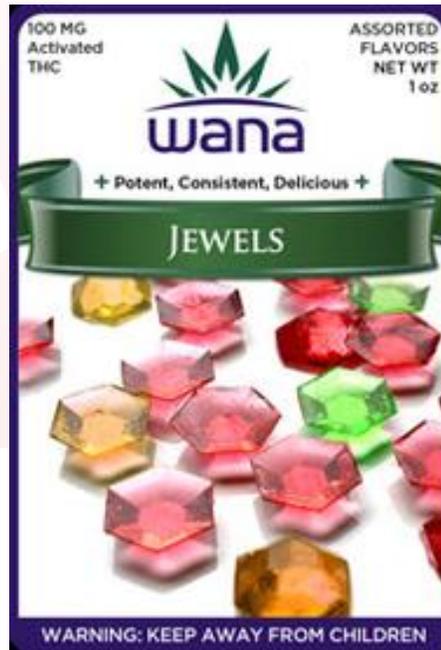
3.5 grams of NORTHERN LIGHTS
 by Cough
\$35

New Summer Hours:
 Monday - Saturday
 9AM-6PM
 12-5 on Sundays

Herbal Wellness inc.org

720-299-1919 3870 North Federal Blvd. • Denver, Co • 80211

Edibles for Sale in Colorado



Types of Marijuana

Extremely potent marijuana concentrates (80-90% THC) would be completely legal



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