Community Based infrastructure for Drug Prevention

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Community Anti-Drug Coalitions of America (CADCA)

The infrastructure necessary to achieve population level changes in drug use/abuse requires communities to engage in the following five-step evidence-based process: 1) assess prevention needs based on epidemiological data[1]; 2) build prevention capacity[2]; 3) develop a strategic plan[3]; 4) implement effective community prevention programs, policies and practices[4]; and 5) evaluate efforts for outcomes.[5] The strength of this comprehensive approach is that it not only identifies a community's issues, problems and gaps, but also its assets and resources. This allows a community to plan, implement and evaluate its efforts across all community sectors in all relevant settings for individuals, families, schools, workplaces and the community at large.

No single entity bears the sole responsibility for preventing youth drug use and abuse; rather a comprehensive blend of individually and environmentally focused efforts must be adopted and multiple strategies must be implemented across multiple sectors of a community to address this issue. Generalized universal prevention programs to help build strong families and provide youth with the skills to make good, healthy decisions are necessary, however, there is also a need to focus specifically on environmental strategies which include, changing social norms, and reducing access and availability through systems and policy changes.

In order to achieve population level reductions in drug use, a multi sector, and community based drug prevention infrastructure must be organized to strategically plan, implement and evaluate community wide comprehensive strategies as well as evidence-based drug prevention programs throughout multiple community sectors and settings. These strategies, programs and services are developed and delivered by the community as a whole

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[1] Butterfoss, F.D. (2007). *Coalitions and partnerships for community health*. San Francisco, CA: Jossey-Bass.

[2] Ibid.

[3] Collie-Akers VL, Fawcett SB, Schultz JA, Carson V, Cyprus J, Pierle JE. (July 2007). Analyzing a community-based coalition's efforts to reduce health disparities and the risk for chronic disease in Kansas City, Missouri. *Preventing Chronic Disease* [serial online]. 2007 Jul. Available from http://www.cdc.gov/pcd/issues/2007/jul/06_0101.htm. Hays, C.E., Hays, S.P., DeVille, J.O., & Mulhall, P.F. (2000). Capacity for effectiveness: The relationship between coalition structure and community impact. *Evaluation and Program Planning*, 23, 373-379.

[4] Foster-Fishman, P.G., Berkowitz, S.L., Lounsbury, D.W., Jacobson, S., & Allen, N.A. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology*, 29(2), 241-261.

[5] KU Work Group for Community Health and Development. (2007). Use Promising Approaches: Implementing Best Processes for Community Change and Improvement. Lawrence, KS: University of Kansas. Retrieved November 12, 2008, from the World Wide Web: http://ctb.ku.edu/en/promisingapproach/. Roussos, S.T. & Fawcett, S.B. (2000). A review of collaborative partnerships as a strategy for improving community health. Annual Review of Public Health, 21, 369-402.

and include multiple community partners, such as parents, youth, schools, youth serving organizations, healthcare providers, and other relevant community departments, sectors and participants.

The above described coalition infrastructure has allowed those communities that are properly organized and data driven to not only reduce youth marijuana, underage drinking and tobacco use, but to also push back against emerging drug trends. Communities with this coalition infrastructure in place can identify and combat synthetic drug problems like K2 and Spice, meth, and prescription drugs, quickly and before they attain crisis proportions because they are on top of their local data, and are ready to implement environmental strategies, policy changes and programs to improve conditions at the local level. These coalitions have been successful in both the United States and internationally. In the United States, this coalition model has been taken to scale through the Drug-Free Communities (DFC) program, which has been independently evaluated and shown impressive population level outcomes in 30 day use of alcohol, tobacco and marijuana among both middle and high school aged students.

The Drug-Free Communities (DFC) Program

The DFC program has been a central component of the United States' demand reduction strategy since its passage in 1998. The program provides the funding necessary for communities to identify and respond to local drug, alcohol, and tobacco issues among youth. In order to be eligible for a DFC grant, a local coalition must:

- be in existence for 6 months prior to applying
- have community-wide involvement of the following 12 sectors, which each commit to work together through the coalition, to reduce youth drug, alcohol, and tobacco use:
    - Youth
    - Parents
    - Businesses
    - Media
    - Schools
    - Youth serving organizations
    - Religious or fraternal organizations
    - Law Enforcement
    - Civic and volunteer groups
    - Health care professionals
    - State, local, or tribal agencies
    - Other organizations involved in reducing substance abuse

- have community-wide data for planning, implementation, and evaluation; and
- target the entire community with effective strategies

DFC grantees have reduced drug use and abuse in communities throughout the United States because they are organized, data-driven, and take a comprehensive, multi-sector approach to solving and addressing drug issues. DFC coalitions are singularly situated to deal with emerging drug trends because they have the necessary infrastructure in place to effectively address all drug-related issues within their communities.

2014 National Evaluation of the DFC Program Shows that Rates of Substance Use are Dropping in DFC-Funded Communities:

- Prevalence of past 30-day use, in DFC-funded communities, declined significantly across all substances (alcohol, tobacco, marijuana) and school levels (middle and high school) between DFC coalitions' first and most recent data reports. [6]

Figure 6: Percentage Change in Past 30-Day Alcohol, Tobacco, Marijuana, and (Illicit) Prescription Drug Prevalence of Use: Long-Term Change Among All DFC Grant Award Recipients Since Grant Inception

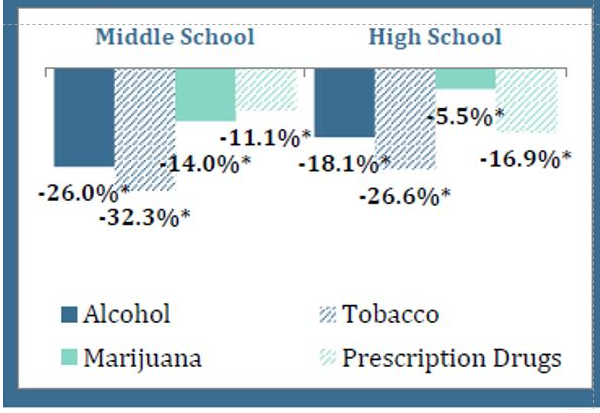
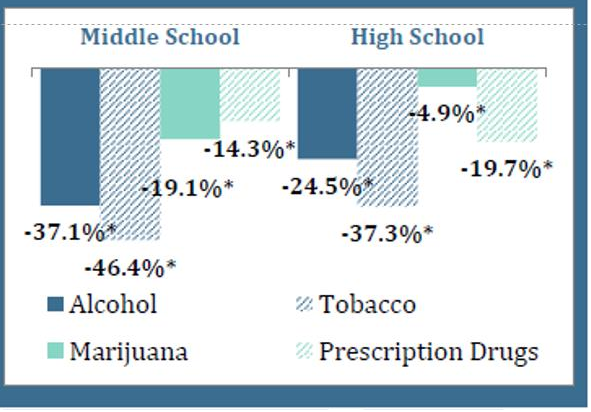


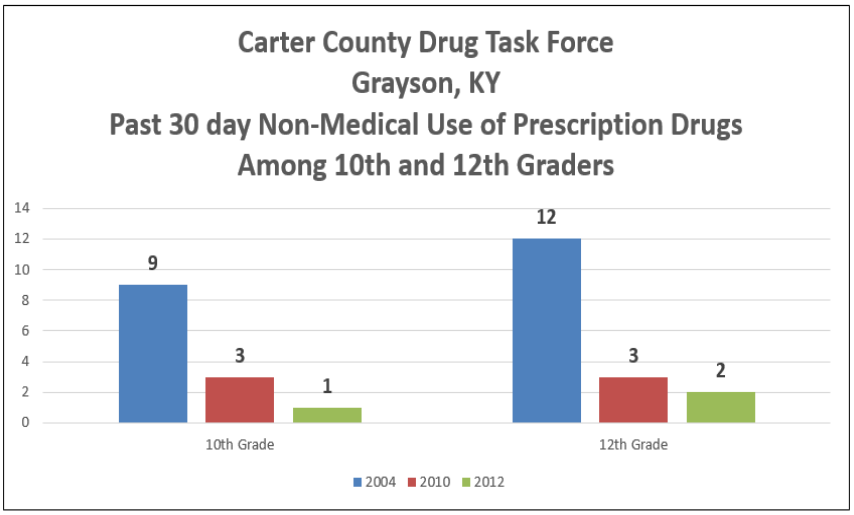
Figure 7: Percentage Change in Past 30-Day Alcohol, Tobacco, Marijuana, and (Illicit) Prescription Drug Prevalence of Use: Long-Term Change Among FY 2014 DFC Grant Award Recipients



Selected Outcomes of Drug-Free Communities Grantees

[6] National Evaluation of the Drug-Free Communities Support Program. Summary of Core Outcomes, Findings through 2013. ONDCP | DFC National Evaluation Outcome Status Update.

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**.



The Seven Strategies to Affect Community Change

CADCA trains community coalitions throughout the world in effective community problem-solving strategies so that they are able to use local data to assess their specific substance use and abuse-related issues and problems and develop comprehensive, data driven, multi-sector strategies to address them.

When coalitions get to the implementation phase of the 5-step evidence-based process, outlined in detail on page 1, CADCA trains them on how to execute seven strategies to affect community change and achieve population level reductions in youth drug use. These seven strategies have been developed by researchers to categorize interventions.

Based on what their local data and conditions indicate, coalitions implement a mutually reinforcing combination of all of the following seven strategies:

- *Providing Information* – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).
- *Enhancing Skills* – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).

- *Providing Support* – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
- *Enhancing Access/Reducing Barriers*- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
- *Changing Consequences (Incentives/Disincentives)* – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
- *Physical Design* – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
- *Modifying/Changing Policies* – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

Independent, published research indicates that CADCA's community problem-solving approach, which is based on the five evidence-based processes and the seven strategies to affect community change, is an effective model for coalitions trying to achieve both community changes and population level changes. Coalitions begin their success by receiving training from CADCA. This training then leads to significant improvements for all elements of the model including, increasing coalition capacity, implementing essential processes (such as community assessments, logic models, work plans, sustainability plans and evaluation plans), and using comprehensive strategies. This approach leads directly to effective community changes[8] and population level changes. [9] The research also demonstrates that

[8] Yang, Evelyn, Foster Fishman, Pennie, Collins, Charles, and Ahn, Soyeon. "Testing a Comprehensive Community Problem-Solving Framework for Community Coalitions", in *Journal of Community Psychology*, Vol. 40, No. 6 (2012), 681-698.

[9] Pennie Foster-Fishman and Mei You, "Longitudinal Evaluation of the Impact of CADCA's Institute's Training & TA on Coalition Effectiveness: Tracking DFC Coalitions for 48 Months Post Training", Michigan State University, February 7, 2015.

success is sequential, beginning with CADCA's training on the model and ending with population level changes in substance use. Coalitions trained by CADCA see statistically significant improvements in all areas of coalition function including capacity, planning, implementation and the use of environmental strategies. These coalitions also see statistically significant outcomes such as impacting policies at a variety of levels, and creating population level change in risk factors and substance abuse rates. This research fits into an ever expanding body of research demonstrating that properly trained coalitions implementing effective practices are critical to community success in the prevention of substance use and abuse.

In the international context, the community anti-drug coalition model has been successfully calibrated and implemented in 22 different countries on 5 continents in 7 languages around the world. The global adaptation of this model focuses on the development of local community capacity to form effective community coalitions. These communities are also trained to follow and adapt CADCA's Community Problem Solving model, a best practices framework that guides both domestic and international coalitions in their development and intervention activities.

As with coalitions in the United States, in the international context, when community coalitions develop and adapt essential core processes (e.g., logic models, strategic action plans) and pursue environmental change strategies (e.g., changing policies and procedures; shifting local practices; providing information), they can achieve population level reductions in targeted community problems. To date, over 230 community coalitions have been developed outside of the United States, and most of these coalitions follow, with a high degree of fidelity, what they were trained to do by CADCA in pursuing essential coalition processes and implementing numerous effective community change strategies.

CADCA has been working on establishing community anti-drug coalitions in the Philippines since 2012. CADCA's trainings have led to the building and strengthening of local community capacity through the implementation and adaptation of the essential core processes in the context of the Philippines. The result has been a highly reactive response from key community stakeholders to come together to work comprehensively toward addressing illicit drug problems. To date, a total of 16 community anti-drug coalitions have been organized and are in existence throughout the Philippines.