

Office of Disease Prevention and Health Promotion
Healthy People 2020: Who's Leading the Leading Health Indicators?
Substance Abuse Webinar, October 24, 2012, 12:00 p.m. ET

MODERATOR: Good Afternoon and thank you for registering to the webinar on Leading Health Indicators. You are now in listen only mode. Please use the Q&A feature on the right side of the screen to submit any questions. You can also follow live tweets from Healthy People. The handle is @gohealthypeople, and we encourage you to tweet your questions live using the #LHI. Your questions will be answered at the end of the webinar. I would now like to introduce Dr. Don Wright, Deputy Assistant Secretary for Disease Prevention and Health Promotion at the Department of Health and Human Services. Dr. Wright.

DR. DON WRIGHT: Thank you. Thank you, and welcome to the tenth installment of the monthly series, "Who's Leading the Leading Health Indicators?"

Each month this series highlights an organization, state or community addressing one of the Healthy People 2020 Leading Health Indicator topics. The series includes a monthly webinar, e-mail bulletin and active conversations via Twitter and LinkedIn.

Before we hear from our other speakers, let me give you a brief background on Healthy People and the Leading Health Indicators.

For four decades, Healthy People has provided a comprehensive set of national 10-year objectives that have served as a framework for public health activities at all levels and across the public health community. Healthy People is about understanding where we are now and taking informed action to get where we want to go over a 10-year period of time.

The Leading Health Indicators, the focus for this series, represent critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses. These indicators are linked to specific Healthy People objectives. They've been selected to communicate high priority health issues to the public along with the actions that can be taken to address them with the overall goal of improving the health of the entire population.

For the complete list of Leading Health Indicators, visit <http://www.healthypeople.gov>. The indicators are organized under 12 topic areas, and this month we're focusing on Substance Abuse.

The Office of Disease Prevention and Health Promotion is happy to be hosting this webinar during National Substance Abuse Prevention Month. This national health observance focuses on the role substance abuse prevention plays in promoting safe and healthy communities.

During today's webinar, you'll hear from distinguished speakers. First of all, Dr. Howard Koh, HHS Assistant Secretary for Health, will give you an overview of this month's LHI topic, Substance Abuse. From the Social Development Research Group at the University of Washington, Dr. Kevin Haggerty will give a brief overview of Communities That Care (CTC). Communities That Care is a coalition-based community prevention operating system that uses a public health approach to prevent youth problem behaviors, including underage drinking and substance abuse.

Ms. Jaclynn Sagers will discuss the success Tooele City, Utah has had in implementing Communities That Care framework and recommended evidence-based programs.

During our roundtable discussion, we'll be joined by Ms. Sarah Wattenberg, HHS Senior Advisor on Substance Abuse Policy in the Office of the Assistant Secretary for Health.

Also, Ms. Blair Brooke-Weiss, a Community That Cares specialist at the University of Washington, will be available to take questions.

We're excited to have these distinguished speakers and guests here at today's webinar. I'd like to remind you that during the course of the webinar, you may submit questions for our speakers and panelists using the chat feature on the right side of your screen.

At this time, I'd like to turn the presentation over to Dr. Howard Koh, Assistant Secretary for Health at the U.S. Department of Health and Human Services.

DR. HOWARD KOH: Thank you so much, Dr. Wright. I want to thank the leaders of our Offices at Disease Prevention and Health Promotion who sponsor these monthly webinars.

And I'm absolutely delighted to spend a couple of minutes giving everybody a brief overview on this month's topic, Substance Abuse. Very timely, because, as Dr. Wright mentioned, October is National Substance Abuse Prevention Month. And we always enjoy these webinars because we look at Healthy People data and then honor community leaders who are making prevention come alive.

So the first slide that I'm reviewing talks about substance abuse, its impact and context. And when we talk about substance use, it refers to conditions such as underage drinking, non-medical use of prescription and over-the-counter medications, and these conditions, collectively, have a major impact on the health and wellbeing of our nation, particularly our youth.

You can see on the slide that, with respect to underage drinking, an estimated 10 million people aged 12 to 20 report drinking alcohol during the past month. That's roughly the size of the population of Michigan. The second bullet notes that some 23 million Americans are currently illicit drug users. That's a population roughly the size of Australia. And, then, within that category, we're particularly concerned about marijuana use and non-medical use of prescription medications. And, in fact, with respect to marijuana in young people, marijuana use is now ahead of cigarette smoking for high school seniors as of 2010. So we have to follow that trend carefully.

Almost 18 million Americans are classified with alcohol dependence or abuse, and alcohol is a factor in about 40 percent of deaths from motor vehicle crashes. And then annual costs of substance abuse exceed some \$600 billion annually. So this is an enormous impact on the public health of our nation.

With respect to Leading Health Indicators for substance abuse, there are two that we are mentioning today. First, adolescents, using alcohol or any illicit drugs during the past 30 days, and, secondly, adults engaging in binge drinking during the past 30 days. This webinar is really focused on the first one, particularly adolescents using alcohol or any illicit drugs during the past 30 days.

And we are particularly interested in youth substance abuse because it has such an impact on youth development in so many ways -- with respect to brain development; exacerbating injury outcomes can lead to death, of course, tragically; enhances risky behaviors; and has a great impact on many social consequences, such as problems at school, aggravating physical and mental health related issues, promoting poor peer relationships, causing motor vehicle accidents -- as I already mentioned -- leading

to poor academic performance, suboptimal school graduation rates, and, overall, putting tremendous stress on families, neighborhoods and the nation at large.

So I'm now going to show you some data slides from Healthy People to make this really very concrete. This first slide shows alcohol or illicit drug use in the past 30 days for adolescents, ages 12 to 17 from 2002 to 2011. There is some good news here in that the percentage of adolescents in this age category who used alcohol or illicit drugs in the past 30 days has actually decreased by about 24 percent; that is, from a baseline of 22 percent in 2002 to about 18 percent in 2011. So that's the good news. We still have a ways to go to reach the Healthy People 2020 target of some 16.6 percent, as you see here.

The number of adolescents that are involved by these trends are some 4.4 million adolescents. That's the estimate that we have right now. And then the next two slides show the same data by age, country of birth and by race and ethnicity. So this next slide shows adolescent or illicit drug use in the past 30 days for adolescents by age -- that's the bars on the left-hand side of the slide -- and by country of birth. And it's great that we can have information by country of birth, because that continues to raise very important questions about public health, not only in this country, but globally.

On the left-hand side, you can see that as adolescents get older, they have higher risk of alcohol or illicit drug use in the past 30 days, and that rise is quite dramatic.

For the youngest adolescents, that is, 12 to 13 years of age, they have rates of alcohol or illicit drug use in the past 30 days of some five percent or so in 2011. That rises dramatically, so that by the time an adolescent is 16 to 17 years of age that risk has gone up to about 32 percent, almost six times more than the rate for the younger adolescents that I already mentioned. So, in short, adolescence is a vulnerable time for substance abuse, and that's what those first three sets of bars shows.

On the right-hand side, you see the trends by country of birth. And, of interest, adolescents born outside the U.S., currently living in the U.S. report a lower rate of alcohol or illicit drug use than those born within the United States. And we can have some discussion and some speculation about why we are seeing those trends, but it raises many fascinating research questions.

And in the final slide, I am showing the same outcomes by race and ethnicity in 2008 versus 2011. And as we often stress in these presentations, there are disparities by race and ethnicity. In this particular case, it's Asian adolescents that have the lowest rate of alcohol or illicit drug use. You can see all the way over on the left.

And, then, in the other extreme, it's adolescents who are identified with two or more races that have the highest rates of alcohol or illicit drug use, some 25 percent in 2011.

So, in short, this is a major public health challenge, particularly for our youth. The trends vary by age, race and ethnicity and country of birth. And this is a major theme for us who are really committed to healthy kids and then healthy communities and a healthy country for the future. And that's why we're delighted to have leaders on this webinar who can address advancing prevention at the community level. So back to Dr. Wright and thank you very much.

DR. DON WRIGHT: At this time, I'd like to turn the presentation over to Dr. Haggerty. Kevin.

DR. KEVIN HAGGERTY: Yes, thank you, Dr. Wright. We know that to be effective in the prevention of drug use, we must address underlying risk and protective factors. And so the question before us is how,

how can we help communities mobilize and know that we're making a significant community-level change?

Since 1988, we've been testing and refining, with community input, a prevention framework that helps communities match evidence-based programs to their specific needs. We call this framework Communities That Care. Blair Brooke-Weiss, our Communities That Care Specialist, will talk a little bit about the process. Blair.

MODERATOR: Kevin, we can hear you, but Blair doesn't seem to be on. I think you should go ahead and proceed.

DR. KEVIN HAGGERTY: I'm so sorry about that. CTC communities mobilize using a five-based process to build high functioning prevention coalitions. They participate together in trainings during each phase. This way, all members learn to apply prevention science principles throughout the process.

How does it work? Well, first, the community gets started in Phase One with community readiness assessment. Once ready, in Phase Two, key leaders are engaged and a coalition of stakeholders is formed to oversee the process and make sure it's moving along. Phase Three is all about community assessment, which involves two important steps. First, they use data to choose priority risk and protective factors. And, second, a community resource assessment identifies any gaps that should be addressed. In Phase Four, based on that assessment, the coalition creates a plan. They select from a menu of tested, effective programs that will work for their community. Finally, in Phase Five, communities implement these programs with fidelity, monitor implementation and outcomes and adjust as needed. So does this change youth outcomes? Well, the evidence would suggest yes. Next slide, please.

Since 2003, we've been testing CTC in a randomized community trial in seven states, 24 towns with annual data collection. By spring of 2007, youth in the CTC communities had significantly lower rates of initiating drug use and delinquency, lower rates of use and fewer delinquent and violent behaviors. These benefits were sustained into Grade 10. Please continue the slide, thank you, one more.

Over 300 communities in the U.S. are using CTC to combat drug use. One of these is Tooele, Utah. Jaclynn Sagers, Director of the CTC effort, will share about their experience. Jaclynn.

JACLYNN SAGERS: Well, thank you, Dr. Haggerty. I appreciate that introduction and that brief history lesson there.

Now, it's my pleasure to share a very brief overview of the story of Tooele and how we have started this process here and where we're at today. And I'd like to start out by emphasizing that the Communities That Care process is data driven, and it's hinged on community mobilization and collaboration. There we are. Thank you. Next slide, please.

So by these graphs, you can see that Tooele's rates were concerning and especially when compared to the rates across the State of Utah. The community had to ask itself why? Some speculations and attempts to explain were that Tooele is a rural community with a perception that there's nothing to do here. Tooele is also closely located to a large urban area, where many families may live in Tooele, but they commute to Salt Lake City for work and recreation, creating what has been labeled a bedroom community. This dynamic created several risk factors, such as low neighborhood attachment and

community disorganization, transitions and mobility. Another speculation was that many of Tooele's resources and programs were working in silos. Next slide, please.

As you can see here, by these graphs, that our rates improved greatly once CTC had been implemented and in use for a few years. Not only did our numbers decrease in comparison to ourselves before CTC, but we were closing the gap between us and the rates across the state. Along with seeing decreases in substance use, we were also seeing decreases in other areas, such as rebelliousness, low commitment to school and family conflict, family management problems. Next slide.

As mentioned prior, Tooele was chosen as one of the sites for the Community Youth Development Study. In order to implement CTC effectively and build capacity, several influential players need to become supportive and part of our process. We started out by recruiting champions in our community. We have three -- our mayor, chief of police and the superintendent of schools. We also approached and educated several key leaders which included local business owners, educators, parents, members of the medical community, our health department, different levels of government, as well as juvenile justice. From there, a coalition was formed comprised of folks who represented these different sectors. We also kept in the forefront the essential need for data, current, accurate data. Work groups set out gathering community data, as well as our local student survey data. After compiling all of the information, the assessment of what our needs were began to emerge.

We were able to determine which elevated risk factors and depressed protective factors were going to be our focus. Once we determined these targets, we set out gathering information on existing resources, and from that community assessment, we were able to identify gaps in services, education processes and programming. Next slide.

The next step was selecting our evidence-based programs to address our priority factors. This is done through a meeting of minds with key leaders and coalition members. The CTC Prevention Strategies Guide was used as a menu for selection. The programs in this guide are supported by the National Registry of Evidence-based Programs and Practices. During this phase of the CTC work, we came across some pushback from one of our champions, our chief of police. You see, we'd been teaching D.A.R.E. here in Tooele for over 15 years, and we were very attached to this program. However, our committee proposed to replace it with one of the selected programs, which is the Lions Quest Skills for Adolescents. The chief was not in favor of this change. He was, however, open to what the committee was proposing, and so we took a lot of time to consider this change. He made a list of key points in the D.A.R.E. program and compared them side by side to key points in the Lions Quest curriculum. He found the Lions Quest program to be much more comprehensive and in depth. One of the biggest selling points for him was the Lions Quest program was involved throughout the school year and wasn't a standalone program the way the D.A.R.E. curriculum was being delivered. This process is iterative. We review the programs and practices we're using every two years. Next slide.

All of the programs we use are comprehensive, in the sense that they teach various skill sets and provide information on several topics. Life Skills training includes lessons on refusal skills, social skills, learning the difference between being assertive or aggressive, how the media influences us, health effects, peer pressure and so on.

There is great support from the administration of our school district in implementing these programs. For example, the superintendent frequently attends new teacher trainings for these interventions. This shows that she supports it, and it also emphasizes to our educators that she's aware of the program

material and finds great value in it being taught in our classrooms. Her presence goes a long way in assigning these programs as required school curriculum.

For the sake of program fidelity, technical assistance is offered throughout the period of implementation. The Tooele CTC staff includes a full-time school programs coordinator. Part of her job is ensuring that all teachers are trained. She performs lesson observations in the classroom and also provides and gathers completed lesson specific check lists. All of these things contribute to the process of evaluating whether the interventions are working as intended or if they're not. Next slide.

Each year that we -- we reviewed our approach and the preventive interventions being used, we are seeing successful results. Having the data to show these results to policymakers, funders and key leaders is a vital piece in the puzzle of sustainability. It's important to be able to tie program results with program processes when asking for funding to not only continue with the chosen interventions, but also to fund the staff to coordinate the programs and maintain fidelity.

The programs alone cost us approximately \$10,000 per year per program. This amount, however, does not include the wages for a program coordinator. There is great value in having valid, accurate data to support your line item request when creating an itemized relevant budget. As each year go by and we continue to show success and that we're approved through the budgeting process, the more institutionalized we become in our local government and their day-to-day operations as well as services offered. Next slide.

Another essential piece of sustainability in the CTC framework is the relationships and rapport that are established with your community members, whether they're champions, your key leaders, coalition members, the folks implementing the programs or the students and families who are receiving them. There's great value in meeting your audience where they gather. An example is attending city council meetings, even if CTC is not on the agenda. I was asked once about that, and my reply was "Well, they support us in all that we do. We want to show support in what they do." With this process being data driven, using an outside evaluator and analyzer for your student survey data is invaluable. You want to solicit evaluators that employ scientific methods and practices to compute the data with validity checks in place, so that you can ensure honest student feedback.

Another important thing is to rejuvenate your coalition and your workgroup members. We do this by providing structure in training about CTC. We offer term limits on our board. We hold consistent meetings and have activities and events.

You also want to invest the time to uncover the individual talents of these members. You want to give them some skills, opportunities and recognition to showcase their individual contributions and make their time feel worthwhile.

Having an energetic chairperson is also a key to success for your coalition work. And be sure to invest in your messaging. If it's written material, use focus groups for diverse feedback. Perhaps if you have funding there's an ad agency available, utilize them. Maybe one of your coalition members has experience in marketing.

You also want to invest time in your spokespeople for your programs and campaigns. Be sure that they're provided the proper education. Give them some grooming and practice, and this ensures that your message is being delivered with appropriate content and enthusiasm.

Lastly, stay visible in your efforts and available in your conversations. Keep your leadership and audience engaged and aware of what CTC is doing in your community. Next slide.

So thank you for your time and the opportunity to tell this brief story of Tooele Communities that Care. I hope I was able to answer some questions. I look forward to the Q&A portion of this webinar. And I hope that maybe I've inspired some of you to start this in your own communities. So, with that, I'm going to turn the time back over to Dr. Wright.

DR. DON WRIGHT: Thank you, thank you, Dr. Koh, Dr. Haggerty and Ms. Sagers.

I invite our participants, who have not already done so, to send their questions through the WebEx Q&A feature or via Twitter using the hashtag LHI.

We're also joined by Ms. Sarah Wattenberg, an expert in Substance Abuse Prevention, and Mrs. Blair Brooke-Weiss, a Community Care specialist. These individuals can help respond to your questions about this LHI topic and the presentations we've seen today.

You'll be prompted to fill out a survey about your experience with this webinar during the Q&A session. We encourage you to complete the survey, so that we can improve future webinars in this series, and thank you in advance for your feedback.

We already have a number of questions, and, Ms. Sagers, it looks like the first one is for you. Can you give us a specific example of the interventions that have successfully been implemented in Utah?

JACLYNN SAGERS: Certainly. I already mentioned two of them. The Lions Quest Skills for Adolescents is a program we offer in our elementary schools. Another intervention is the Life Skills training that I mentioned offered in seventh, eighth and ninth grade. And then we also partner those things with a family program called Guiding Good Choices. We feel it's very important to make sure that the home is being able to reinforce what the students are receiving in school.

A couple of other things that we do outside of specific programming is we had a positive Community Norming Campaign that was widespread here in Tooele County for three years, and we had a large youth group as part of that. They were out and about letting folks know that the perception was incorrect for what the data said. We had a large perception that everybody here in Tooele drank underage, and we were able to utilize some statistics and let them know that that was not the case.

DR. DON WRIGHT: Thank you. Dr. Haggerty, it looks like the next question is for you. Can you explain how communities choose programs based on risk and protective factors?

DR. KEVIN HAGGERTY: Sure. Communities really take a look at a risk profile, and these are the risk factors you see in front of you, and using a validated instrument, the Communities That Care Youth Survey, communities work together to use that data to see where they're elevated in risk. So, for example, if favorable attitudes toward problem -- involvement in the problem behavior you see here, you can see that it increases the risks for substance abuse, delinquency and violence. That might be an example of where Life Skills training or Lions Quest would be an appropriate intervention. So communities use the data and their profile both on risk and protection, and they also use a resource assessment to look at the gaps in the community that they should address to make sure they're addressing their risk and their protective factors.

DR. DON WRIGHT: Thank you. Dr. Koh, it looks like the next question is for you. Where does Communities That Care fit into the SAMHSA Center for Substance Abuse Prevention Portfolio?

DR. HOWARD KOH: Well, first, I want to point out that our entire department is very committed to addressing behavioral health issues and substance abuse issues. And, in fact, we have an across department behavioral health coordinating committee [Interagency Coordinating Committee on the Prevention of Underage Drinking] that I cochair with Pam Hyde, who's the administrator for SAMHSA. And so we work closely with the whole department on these issues on a regular basis and we're very, very proud of that.

We are, in particular, very pleased to work with the SAMHSA Center for Substance Abuse Prevention, because they're trying to disseminate evidence-based intervention such as what we're talking about today. And the SAMHSA Center for Substance Abuse Prevention has a strategic prevention framework, which is a planning process to guide communities who want to implement effective evidence-based interventions that are culturally appropriate and sustainable.

So the Communities That Care model is one of the planning models that are an option for communities that are looking into this process. And, as you heard from our presenters, it's very important to assess readiness of your community and build a coalition, pick an intervention that has some evidence behind it, implement it and evaluate it. And that's the type of process that we want to encourage others across the country to adopt, because every community is different and every culture is different, if you will. So getting that right mix of evidence-based programs and policies and practices to fit your needs is absolutely essential.

DR. DON WRIGHT: Thank you. Ms. Sagers, the next question is for you, and it focuses on implementation of your program. Who are some of the important individuals or organizations to engage as Program Champions? And, as a follow up, what strategies and messages are effective in recruiting those individuals?

JACLYNN SAGERS: Thank you. I think one of the biggest champions to elicit for this particular support system is your Superintendent of your schools or whatever kind of leadership you have established there. You really want to be able to capture, you know, your audience in a setting that's going to be consistent, and so, obviously, school program implementation works very well to achieve that goal. When you have the highest person in that administration standing behind this program supporting the efforts that you're putting out there, it really drives a message that this is worthwhile. And it also helps at times there's some push back from the educators that are implementing this in their program, you know, due to time restrictions and so on. So to know that their boss is telling them, "Hey! This is important and we need to do it", is highly beneficial.

What was the second part of that question, please?

DR. DON WRIGHT: What strategies or messages are effective in recruiting these individuals?

JACLYNN SAGERS: I think making sure that you have all of your data current and accurate when you go to talk to these folks, so that you can show that there's a real need for this sort of thing. So you need to show this need, but then you need to have great education and some depth on what the program curriculum contains, so that you're able to match those needs with some solutions.

DR. DON WRIGHT: Great. Dr. Haggerty, the next question is for you. Is there a version of the program like life skills geared to the college student population?

DR. KEVIN HAGGERTY: You know, not necessarily life skills, but there is a program called Basics, which is an evidence-based program that helps college-aged students with issues related to drug and alcohol use. So Basics, it's not specifically Life Skills training, but it's a similar type program that's used for college-aged students.

SARAH WATTENBERG: Hi. This is Sarah Wattenberg. The Basics program is one of those programs that is actually being evaluated through a Dartmouth led program. Dartmouth -- Dr. Jim Kim started a learning collaborative involving the college presidents about 18 months ago, and they are looking across the board at evidence-based practices related to curbing the drinking and binge drinking on college campuses. And they've had a lot of uptake on this and are supported also through the work of the college presidents work group over at the National Institute on Alcohol and Alcoholism, NIAA. And Basics is one of those ones that these college presidents are sort of looking at and they're coming up with intervention strategies, going out to their colleges testing them, coming back, doing evaluations, tweaking the interventions. And Basics is certainly one of the ones that everybody calls out, and I know that that, along with many other evidence-based practices are being tested. And so, hopefully, the college campuses, in the next year or so, will be hearing about sort of the dissemination and diffusion of the practices that that learning collaborative is working on.

DR. DON WRIGHT: Thank you. Ms. Sagers, another question for you. Once stakeholders were engaged in Communities That Care, how were they involved in the implementation of each program?

JACLYNN SAGERS: Thank you. Once we were able to get these stakeholders all on board and we were able to train them some in the CTC process and get them some education, they then were joined. Well, first off, they were able to sort of choose who they wanted to be on our coalition or our board. Therefore, they had representation that served their best interest. Then, at that point, after we were able to train some of those coalition members, we all came together in a large group. And once we had the data established and chose our priority factors, both on the risk end and the protective end, they were able to come together and look through that menu set, look at the programs. We were able to get some samples of some of the curriculum and really have the opportunity to become educated on what we're going to be teaching our youth and where the program is going to match what our desired outcomes were.

DR. DON WRIGHT: Thank you. Dr. Koh, another question for you. What is the ultimate value of using a prevention planning model like the one demonstrated here?

DR. HOWARD KOH: Well, it's absolutely critical to take our good intentions about prevention and use our energies the right way to get really impressive results like we are sharing here today.

And so what the SAMHSA Center for Substance Abuse Prevention has done has put together some strategic prevention frameworks, of which Communities That Care is one, so that motivated leaders around the country can start with proven models that work and then try to apply that to their own community.

So for those of you who are on the webinar who want to do more, I'm sure you will have your own ideas of what might work, but it's also helpful to review the literature and also these frameworks that have

been shown to work and have effectiveness and then chose one that's data driven and strategic and apply it to your own community.

And we're hopeful that the more that we can do this as a nation the more improved outcomes that we can see in our Healthy People data.

DR. DON WRIGHT: All right. Dr. Haggerty, a question for you from one of our participants. How would implementation of the CTC program differ from a small city to a larger city?

DR. KEVIN HAGGERTY: That's a good question, because most of the CTC communities that were in the test of the community youth development were kind of standalone communities ranging from about 50,000 down to about 5,000.

So, in larger cities, we work with mostly neighborhoods rather than the whole city. So maybe you'd look at a high school feeder neighborhood, if you have neighborhood schools, or you might look at more defined neighborhoods within the city, so that there's local control and decision making at that more immediate level.

So we really look to large cities to guide a process that's more neighborhood driven or small community-focus driven, rather than trying to do the whole city at a time.

DR. DON WRIGHT: Great. Thank you. Jaclynn, we have a question that was submitted via Twitter. How do you get the attention of stakeholders to pay attention to this very important issue when there are so many other important issues at the city level?

JACLYNN SAGERS: Thank you. I think that can start with just getting the attention of one influential person. It can be overwhelming to try to gather this whole group that you've written down on paper that are key leaders in your community.

If you can gain the influence of one of these folks and get them educated in it and then have them start to be your spokesperson, it kind of plays back to that, you know, the best advertising is word of mouth. But I find with that rapport that takes place you're also helping to embellish that sense of community that this is coming from different sectors, that there is a person that has influence over several areas in your community that finds importance in this and is willing to invest in it. And from there you can kind of start taking attention of the others. You know, people tend to be very open to folks that are considered their colleagues.

DR. DON WRIGHT: Great. Dr. Haggerty, another question for you. Do you know how effective CTC is in comparison to other Substance abuse prevention programs? Is this intervention considered cost effective?

DR. KEVIN HAGGERTY: Thanks. That's a great question. Remember, CTC is a framework. So it's a framework for installing other evidence-based programs. So you would expect that there's a potency to implementing other evidence-based programs like Life Skills, Lions Quest, some of those that Jaclynn talked about within the community.

So you use that to organize data and make local decisions, and, in terms of cost benefit, we've done a cost benefit analysis when we've compared communities that have CTC and those that don't and have found that for every dollar spent there's about \$5.30 savings in reduced initiation of tobacco use and

delinquency, just in those two areas. So it's a very conservative estimate, \$5.30 for every dollar spent in communities that use Communities That Care.

DR. DON WRIGHT: Great. Thank you. Jaclynn, another question for you. Since the implementation of CTC, has the data revealed new or evolving problems in the community, and, if so, how are those addressed?

JACLYNN SAGERS: One of the beauties of using these programs that I mentioned are so comprehensive, we are really being able to focus on several different risk factors, so that we're able to avoid many problem behaviors.

So we're seeing changes really across the data in a favorable trend, even though there are things that are going down that were outside of what our priority factors were. However, with that being said, we have seen some spikes and things. There was an increase in marijuana use between one of our surveys to the next time it was implemented. We've seen some concerns around prescription drug abuse. And then we've also had some students reporting that they're having some mental health needs, which obviously plays into substance use.

So one of the ways to address some of these new issues as they come up, it helps in that process, that iterative process that we go through every two years to be sure that we are still succeeding with the children interventions. And then from there we start conversations specifically around these things that have peaked or become concerning. And by doing that, we are able to, you know; hold many trainings or awareness with the educators in the classroom. So perhaps during their drug and alcohol unit they can emphasize a bit on marijuana, if that's what we're targeting at that time. And then we also are sure to make our police officers that teach a piece of our Lions Quest program aware of these trends or concerns as well, so that if they're giving information to our sixth graders, they're giving area specific information, so that we're sure to tackle those concerns right from the beginning.

DR. DON WRIGHT: Thank you. Ms. Wattenberg, a question for you. I'm concerned about prescription drug abuse. Can you talk about the scope of this problem in the United States?

SARAH WATTENBERG: Yes. The level at which overdose deaths have taken place due to prescription drug abuse and opioids in particular has been really huge.

In 2009, more than 37,000 people died from drug overdoses. The majority of these were from prescription drugs, and prescription painkillers were involved in more than 15,000 deaths in 2009. The rise in these overdose deaths is what's really startling to people. It's been a four-fold increase since 1999, and it's interesting that the -- you know, you can't always make causal attributions, but this tracks with the increase in the sale of prescription painkillers, the opioid pain relievers. So the Obama Administration, through the Office of National Drug Control Policy, has released a prescription drug abuse strategy, and HHS is helping to implement a large number of those action items. And you can find that strategy on-line at ONDCP (<http://www.whitehouse.gov/ondcp>).

And this largely supports expansion of state prescription drug monitoring programs; take-back days, where you can bring your unused medications for proper disposal. We find that a large number of the overdose deaths are, especially with youth, is that they're finding or getting the opioids from their medicine cabinets, which is why take back is so important. And we're working on a number of different measures as well.

DR. DON WRIGHT: Thank you very much. Dr. Haggerty, another question for you. One of the participants states, we're looking to begin a new program in a location that we haven't worked in for alcohol prevention before. Do you have any suggestions of where we can look to receive baseline data on this community?

DR. KEVIN HAGGERTY: Right. So in the Communities That Care process, we actually use a school-based survey, called the Communities That Care Survey. You can get that at <http://www.communitiesthatcare.net> where we survey sixth, eighth, tenth and twelfth graders that provide not only prevalence rates on alcohol use, but what are the underlying risk factors and protective factors that need to be targeted to get ahead of the problem.

So we strongly recommend that people use a survey like that or we just think that having those underlying risk and protective factors is really helpful.

DR. DON WRIGHT: Great. Dr. Haggerty, another question coming in from Twitter. Have there been any attempts to better involve families into CTC?

DR. KEVIN HAGGERTY: Yeah, that's a great question, because I would say that in all of the CTC communities that I've worked in, they have some family programming going on.

For example, Guiding Good Choices was one that Jaclynn mentioned as a program that goes on to complement the school-based programs. So, typically, there's always family components involved, and parents and youth are active members of the Communities That Care coalitions.

DR. DON WRIGHT: Thank you. Well, another question that I'll direct to Ms. Wattenberg and Dr. Koh, what are effective interventions that target binge drinking and drinking on college campuses? I think you touched on that earlier.

SARAH WATTENBERG: Yes. So there's a CDC Community Guide, and it pulls together evidence-based environmental interventions, and they include things that people don't normally think of, like dram shop liability laws. And those are laws that allow the owner or server in a retail establishment to be held legally responsible for harms that are inflicted by their customers that have been drinking too much. Zoning laws, like maintaining limits on hours and days of sales, are effective. Taxation, of course, of alcohol seems to be effective. Also, electronic screening and brief intervention to reduce excessive alcohol consumption is part of the Community Guide.

And I would -- many of these interventions are made possible through the work of local community coalitions very similar to what is being described today.

And so I really encourage people to go to the CDC website and take a look at that Community Guide.

DR. DON WRIGHT: Thank you. Another question for either Dr. Haggerty or Ms. Sagers, can you share the indicators you use to measure antisocial behaviors?

JACLYNN SAGERS: Kevin, are you going to take that?

DR. KEVIN HAGGERTY: Yeah. Blair, you might help with this as well. Antisocial behaviors would be involvement in delinquent behavior, stealing things, skipping school. Blair, do you have those in front of

you? I'm trying to think of them all off the top of my head. So actual behaviors that young people are involved in that are kind of pre-delinquent. So stealing something under \$5 or something like that.

DR. DON WRIGHT: Great. Thank you very much. And one last question for you, Dr. Haggerty. Are there any evaluation strategies from CTC that states can use to evaluate their own programs?

DR. KEVIN HAGGERTY: So their own programs. There are a number of things that we've developed in the Community Youth Development Study. One is monitoring implementation fidelity of evidence-based programs, and Jaclynn talked about that. So making sure that you have good quality implementation fidelity measures is important and can be used. Second, coalition functioning, how well the board is functioning. Those are important elements to understand because a strong coalition gets you to the outcomes that you need. The third important measure that states can use is how well key leaders are adopting and implementing evidence-based programs. We find that that's an important measure to actually implementing evidence-based programming and having an outcome on actual use rates at the community level. So those three things.

DR. DON WRIGHT: Great. Thank you very much. Listen, I'll address one last question that several participants suggested. The question is will the slides be available for viewers? And the answer is yes. All our webinars are archived on <http://www.healthypeople.gov>.

Unfortunately, we've run out of time for today's webinar. I want to thank you for joining the webinar. This webinar is part of a series, and we hope that you'll continue to join us.

Health People is looking for real stories from organizations that are working to make its goals a reality. If your organization is doing great work on specific leading health indicators, we want to hear about it. Go to <http://www.healthypeople.gov> to submit your story.

Follow us on Twitter or the Healthy People 2020 Group on LinkedIn to continue conversations on this LHI topic, Substance Abuse, and to learn more about LHIs.

In addition, follow Dr. Koh on Twitter. His handle is @HHS_Dr.Koh.

On behalf of HHS, I'd like to say thank you to today's presenters and to everyone who's been involved with planning and implementation of Healthy People 2020.

DR. KEVIN HAGGERTY: Thank you.

MODERATOR: Thank you for joining the tenth segment of the LHI webinar series. Your session is now ending.

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