

Oregon

# Substance Abuse Prevention Report



2006

Fiscal year  
July 1, 2005 through June 30, 2006

Department of Human Services  
Addictions and Mental Health Division  
Addictions Policy and Program Development Unit  
Prevention Team

Our Vision: "Communities untouched by substance abuse and addiction."

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# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services Health Services

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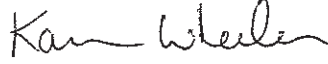
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Date: May 24, 2007

To: Community Mental Health Program Directors  
Substance Abuse Prevention Professionals and Stakeholders

From: Karen Wheeler, MA   
Addictions Policy and Program Development Manager  
Department of Human Services  
Addictions and Mental Health Division (AMH)

RE: Fiscal Year 2006 Substance Abuse Prevention Annual Report

It is my pleasure to provide to you a copy of the first Substance Abuse Prevention Annual Report for Fiscal Year 2006. This report provides a summary of substance abuse prevention program areas that are funded and administered by the Addictions and Mental Health Division (AMH). The AMH prevention team gathered data and information from a number of sources in compiling the report including county and tribal prevention coordinators, budget documents, Minimum Data Set (MDS) for Prevention, and others.

Through the process of collecting data and information for this report, AMH identified a gap in collecting information about the efforts of community substance abuse prevention coalitions. For this reason, and in order to more accurately document successful prevention efforts at the community level, the reporting guidance form for annual prevention reports from county and tribal prevention programs is currently under revision by AMH for the fiscal year 2007 report. The Division will solicit additional input about coalition activities that are either directly funded by AMH or leveraged using AMH funds.


Community prevention coalitions are key to building a foundation for successful substance abuse prevention efforts implemented throughout Oregon that change the environment which permits or encourages underage drinking and other substance abuse. Oregon has a 20+ year history building prevention coalitions and contributing to the research base that sustains the models guiding coalition

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If you need this letter in alternate format, please call 503-945-5763 (Voice) or 503-945-5895 (TTY)

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2006 Report Cover Memo

May 24, 2007

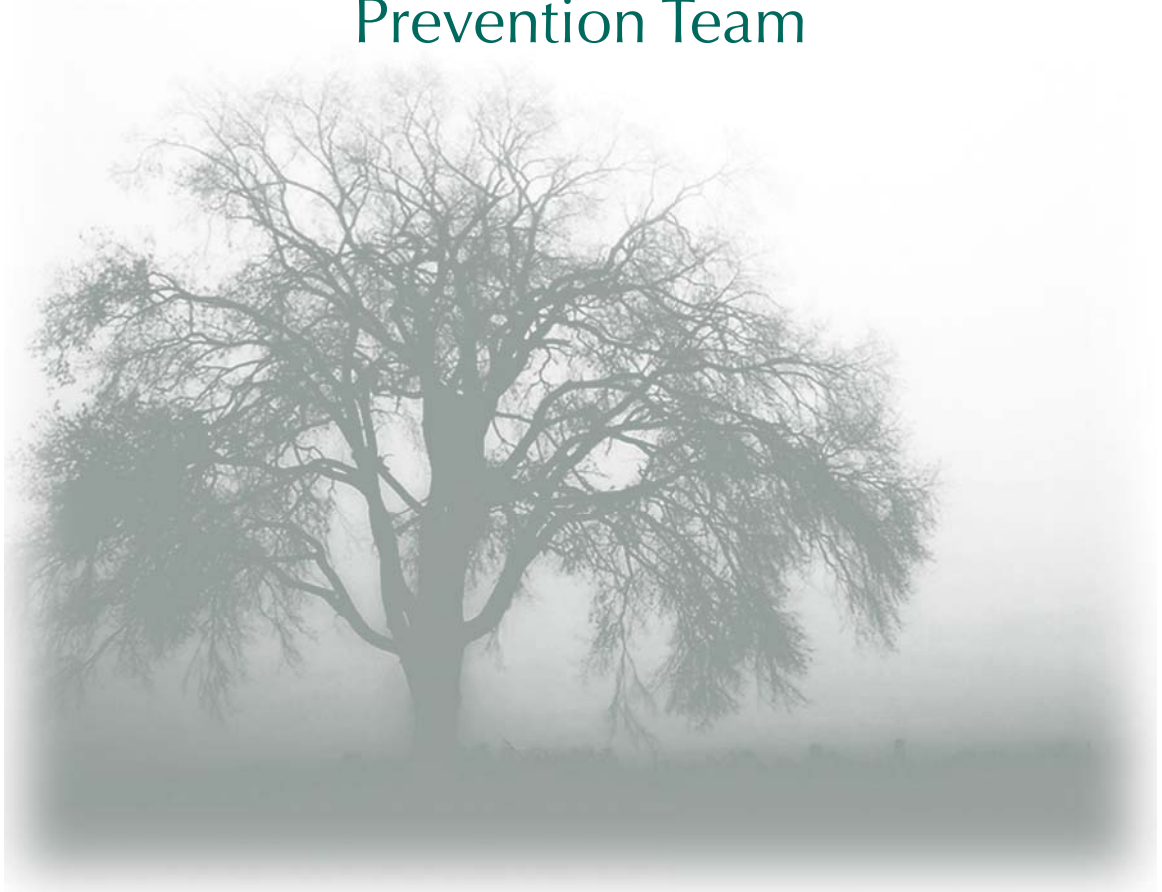
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development throughout the country working with experts like J. David Hawkins, Ph.D. and Richard F. Catalano, Ph.D. It should also be noted that funds administered by AMH are leveraged at the local level with federal Drug Free Communities (DFC) grant funds, garnered by prevention coordinators and coalition leaders who practice the successful community mobilization models developed here in Oregon.

I hope you find the report useful in your prevention efforts to summarize the kinds of prevention services supported throughout Oregon and the impact these services have in local communities. If you have any questions about the document or would like to contribute suggestions for future reports, please contact me at 503-945-6191, or [karen.wheeler@state.or.us](mailto:karen.wheeler@state.or.us).

# Addictions and Mental Health Division

Policy and Program Development Unit  
Prevention Team



## Annual Substance Abuse Prevention Report

Fiscal Year 2006  
July 1, 2005 through June 30, 2006







# Executive summary

Oregon is showing positive outcomes from its investment in prevention, which amounts to about \$6.6 million a year, the majority of which comes from federal grants. Although the monetary amount is dwarfed by tobacco and alcohol advertising — an estimated \$162 million annually for Oregon tobacco advertising alone — more than 559,000 Oregonians received information and other prevention services during fiscal 2006.

*The Oregon Helpline*, operated on contract by the *Oregon Partnership*, handled 11,000 calls from people seeking help for alcohol and drug problems. More than 1,800 parents received parenting classes. DHS launched an advertising campaign to increase parents' awareness that their kids may be drinking... and what to do about it.

Oregon recorded its lowest rate of tobacco sales to minors, 11 percent, in the 12 years we have conducted the federally required random, unannounced inspections of tobacco retailers. Before the program started, local coalitions reported sales of 80 percent and 90 percent in some parts of the state.

All nine of Oregon's federally recognized tribes have fetal alcohol response teams, and six have *No Meth on My Rez* task forces. All post substance abuse-free signage at events. The Warm Springs tribe was recognized nationally for a policy that would evict from public housing anyone engaging in alcohol abuse or illegal drug use, which is expected to lead to more tribal members voluntarily entering treatment.

*Workdrugfree*, a Tualatin-based nonprofit with which DHS contracts, has expanded its drug-free workplace efforts to include Chambers of Commerce in Astoria-Warrenton, Bend, Cannon Beach, Keizer, McMinnville, Portland, Salem, Seaside, Crook and Klamath counties. The ambitious goal is to triple the share of worksites with drug-free policies by the end of 2008.

In several counties, impressive gains in grades, reductions in school absences, decreases in drug abuse and other positive outcomes were reported by students participating in prevention programs. In Benton County, liquor retailers who attended training sessions were found 100 percent in compliance when OLCC checked minor sales.

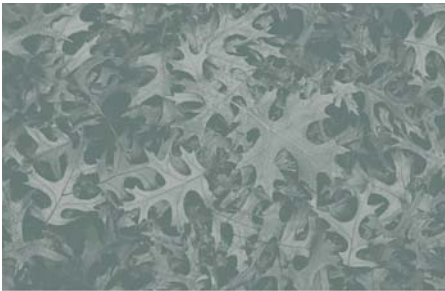
*Executive summary — continued*

As important as publicly sponsored prevention efforts are, some of the most effective prevention occurs in the home. New DHS data released in 2006 once again illustrated a high correlation between adolescents who receive clear, consistent messages from parents and those who never or seldom use alcohol or other drugs.

This annual report is intended to provide more detail about these and other efforts. If you have further questions, please contact a member of our prevention team.







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# Introduction

## Preamble

Prevention of youth alcohol, tobacco and other drug use and abuse is a complex and multi-faceted process. It encompasses structured activities which may be evidence-based “model” programs or community-based projects; environmental change strategies; or strategic policy development efforts. Prevention takes place in homes, schools, faith-based centers, the workplace or other community locations. The components we address may be limited specifically to alcohol, tobacco and other prevention, or may be broader in scope; however, this document will be specific to prevention as part of the work under the Addictions and Mental Health (AMH) Division.



## Prevention defined

*AMH has adopted the following definition of prevention:*

Prevention is a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

*Parenting IS Prevention  
SAMHSA Training of Trainers Workshop, 1998*





# Program areas

Oregon's Department of Human Services works with Oregon's county-based alcohol, tobacco and other drug (ATOD) prevention service delivery system. The system is administered through the state's 36 counties, nine federally recognized tribes, three statewide initiatives and one regional prevention program. The counties either provide prevention services and activities themselves or subcontract for services with community-based prevention providers.

Oregon's prevention system is collaborative, participatory and increasingly evidence-based, building upon the strength of active coalitions



*Oregon's Enforcing Underage Drinking Laws (EUDL) Program partnered with Oregon and Oregon State Athletics to provide prevention messages at sporting events.*

## ***Multi-strategy success story — Hood River High School***

*The Hood River Valley High School student body received a Youth Prevention Award from the Governor's Council on Alcohol and Drug Abuse Programs for their commitment and action to reduce alcohol and drug use in Hood River. The youth participated in media messaging, tobacco reward and reminder visits, minor decoy missions, beer bottle and can tagging with prevention messages, parent and peer education activities.*

established at the state and local levels and consisting of county and tribal prevention coordinators, leaders and representatives from government, private, citizen, not-for-profit and faith communities.

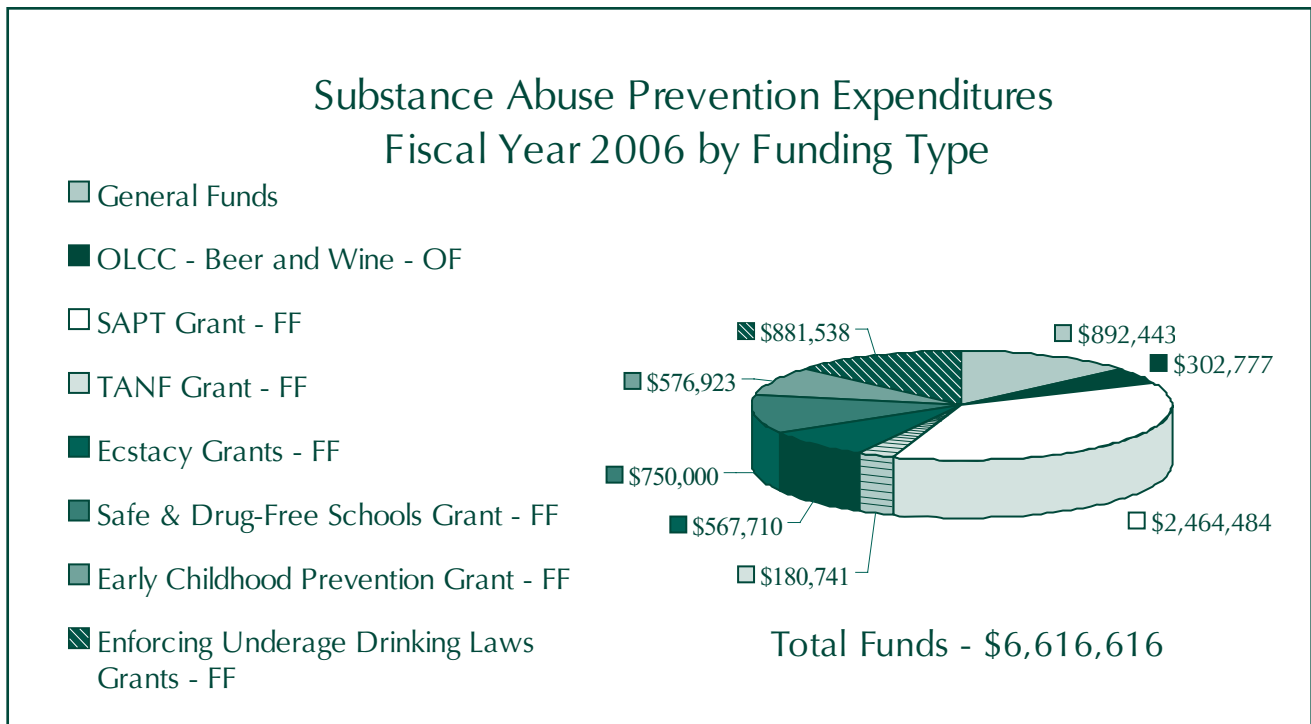


Figure 1. — Substance Abuse Prevention Expenditures

# Substance Abuse Prevention and Treatment (SAPT) Block Grant — Twenty percent prevention set-aside

## **Brief program summary:**

The Substance Abuse Prevention and Treatment (SAPT) Block Grant represents the largest revenue source administered by the DHS Addictions and Mental Health Division supporting substance abuse prevention in Oregon. SAPT funds are provided to implement a variety of prevention strategies designed to reduce risk factors and increase protective factors/resiliency associated with substance abuse. Biennial financial assistance awards are provided to each county and tribe to fund prevention implementation plans which address locally developed priorities and strategies. Services are provided in each of the Institute of Medicine (IOM) prevention areas – Universal Prevention (for all populations), Selective Prevention (a sub-set of the general population with higher risk), and Indicated Prevention (individuals showing early danger signs of substance use/abuse). In addition, programs and activities are implemented through one or more of the Center for Substance Abuse Prevention (CSAP) strategies — Information Dissemination, Prevention Education, Alternative Activities, Community-Based Processes, Environmental/Social Policies, and Problem Identification and Referral.

## **Funding:**

The SAPT Block Grant is awarded annually by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. A minimum of 20 percent of the block grant must be spent on prevention services. During fiscal year 2006, the prevention set-aside was \$2.5 million.

## **Programs and strategies:**

During fiscal year 2006, the SAPT Block Grant provided funding for the implementation of a variety of programs and strategies across the state. These include classroom presentations and classroom curricula, parent education programs, youth leadership and



*Enterprise High School Teens Against Drugs & Alcohol (TADA) coalition members join other EHS students in assisting local law enforcement with controlled party dispersal training.*

community service projects, community substance abuse prevention coalition building, strengthening of school policies and community norms regarding substance abuse, student assistance programs, an information and referral help-line, programs to build or enhance life and social skills, after-school programs, mentoring programs, public information campaigns, big brother/big sister programs, youth prevention conferences, town hall forums, teen drop-in centers and many more.

### **Impacts:**

- As a result of the *Class Action* curriculum in Benton County, students reported a decreased likelihood of drinking prior to age 21.
- All Benton County liquor licensees who attended a retailer training class, and were subsequently inspected for compliance, passed those inspections. None of the retailers who failed compliance checks had attended a training.
- A youth substance abuse prevention conference in Deschutes County attracted more than 300 students. Eighty percent of schools attending completed action plans that were developed at the conference.
- In Josephine County, the *College Dreams Program* (a graduation incentive program) resulted in a 60 percent decrease in dropout and delinquency, double the academic excellence and full college preparation, and triple the amount of college scholarship funding awarded.
- In Lane County, the *Reconnecting Youth* program is showing promising results among high-risk youth — 58 percent increased their language arts grades, 65 percent increased their math grades, they experienced a 24 percent decrease in school absences, a 26 percent decrease in self-reported drug use and a 28 percent increase in their ability to control anger.
- In Marion County, the *Families in Action* program implemented in the Gervais School District showed increases by both parents and youth in positive family communication, social and life skills and pro-social behavior, while decreasing family conflict.

### **Numbers served:**

- More than 559,000 Oregonians were served by SAPT Block Grant funded activities and programs, including many who received services on more than one occasion.
- A total of 8,169 service episodes or events were reported by 101 different prevention providers across the state.





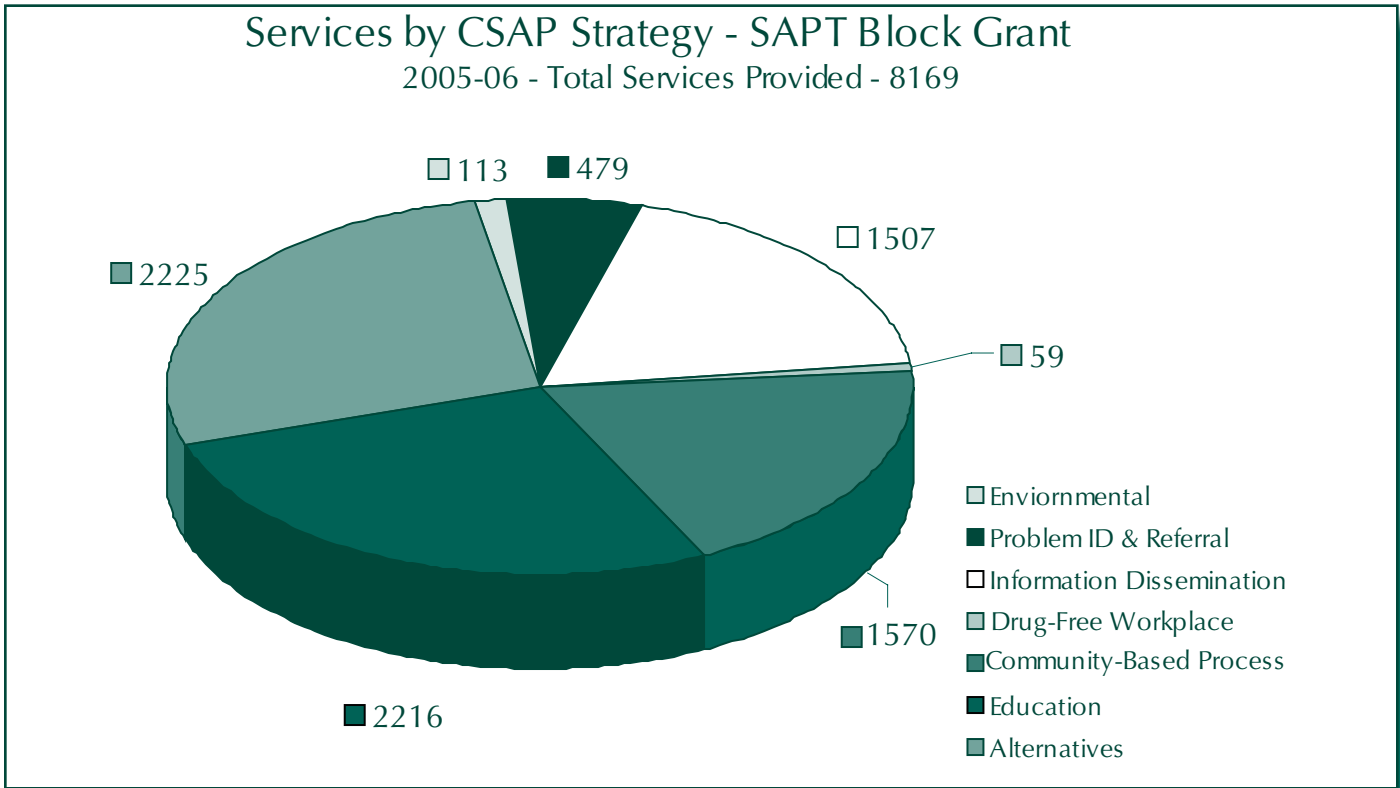


Figure 2 — SAPT Block Grant 2005-06 Total services provided

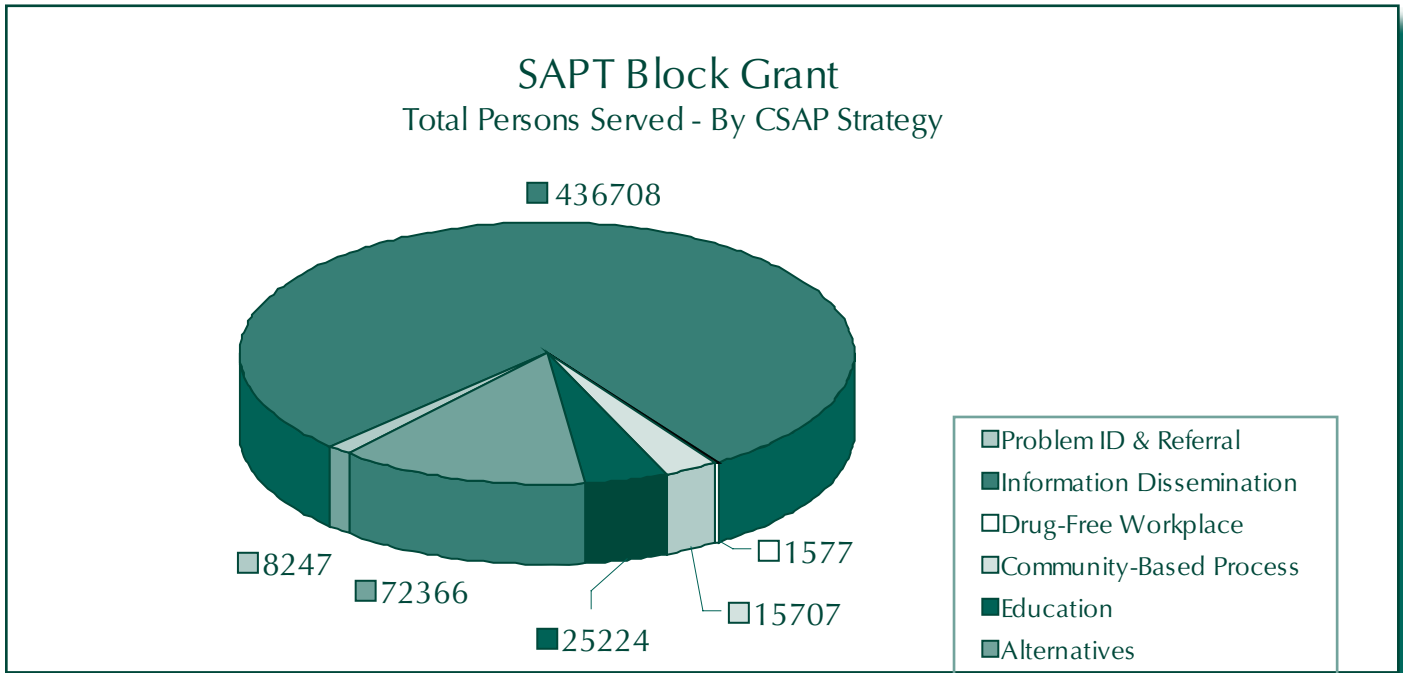


Figure 3 — SAPT Block Grant 2005-06 Total persons served

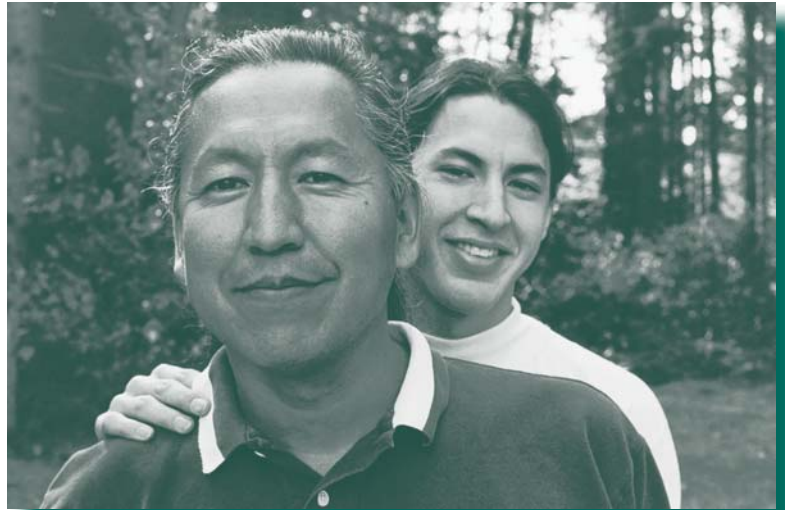
- Oregon Partnership's Alcohol and Drug Helpline handled more than 11,000 calls during the year, providing general alcohol and drug information services as well as information about and referral to substance abuse treatment providers.
- 425 parenting class sessions were delivered to more than 1800 parents statewide.



# Tribal substance abuse prevention

## Brief program summary:

The nine federally recognized tribes have been receiving base funding allocation since 2001. Oregon tribes face major challenges; cultural differences, being in multiple counties (two to 11 counties), reservations (three tribes), but most of the tribes have partial land base that has been put into federal trust. Partial land base has resulted in scattered pieces of land that may not always be next to each other. This creates demographic challenges in providing prevention services. In addition, six of the nine federally recognized tribes have recently been reinstated after being terminated in the 1950s. This has led to various stages of development with tribal organizational infrastructures to provide services.



*Many tribes provide culturally specific, evidence-based, parenting classes that are based on successful implementation within Indian communities.*

## ***Environmental policy success story — Confederated Tribes of Warm Springs***

*In April 2006, an innovative new policy proposed by the Warm Springs Housing Authority was implemented on the Warm Springs Reservation in Central Oregon. This new policy states that anyone engaging in illegal drug use and/or alcohol abuse not only can be evicted from living in Housing Authority residences, but also will be ineligible to apply for housing through the Housing Authority. For many years, residents living on the Reservation have believed that alcohol and drug abuse was a significant problem and a community norm about which they could do nothing. Through the perseverance of concerned individuals, however, this new policy will assist in reducing alcohol- and drug-related incidents on the Warm Springs Reservation.*

*In recognition of their bold policy change, the tribe received recognition as a “2006 Success Story” from the Office of Juvenile Justice and Delinquency Prevention National Leadership Conference, held in Baltimore, Maryland, in August 2006.*

## **Funding:**

Each tribe receives \$50,000 per year for substance abuse prevention, amounting to \$450,000 for the nine federally recognized tribes. In 2005-06 each tribe also received \$4,000 to target underage drinking through the Enforcing Underage Drinking Laws Program.

## **Programs and strategies:**

The majority of funds pay for prevention coordinator positions that provide direct services, technical assistance, training and comprehensive prevention planning. The majority of direct services are family focused and are universal prevention. Indicated and selective prevention are not as effective for tribal populations. Providing an intervention to some members of the community while denying services to others creates problems that can undermine the success of the program.

**Outcomes** — To prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking, reduce substance abuse-related problems in communities, and build prevention capacity and infrastructure at the tribal and community levels.

**Information dissemination** — Most tribes provide year-round media campaigns to provide substance abuse prevention messaging via newsletters, use of radio stations, brochures, health fairs and community signage promoting wellbriety.

**Prevention education** — The majority of tribes are providing evidence-based programs such as *Making Parenting a Pleasure*; *Nurturing Parenting*; *Parents Who Care*; *Project Alert*; *Lions Quest*; *Protecting Youth — Protecting Me*; and *Life Skills*. Many provide culturally specific, evidence-based, parenting classes that are based on successful implementation within Indian communities. These include *Back to the Boards* and *Indian Parenting*.

**Alternative activities** — All tribes provide year-round family/community substance-free activities. All tribes provide summer cultural camps that promote bonding with role models from the community who teach. Pow Wows are community gatherings that provide traditional dance and a place to promote a substance-free environment. Many

## **Alternative activities success story — Umatilla Indian Reservation Prevention Program**

*Indian teens “get back to their culture” and become educated about drugs and alcohol through the prevention services offered at the Umatilla Indian Reservation. Youth feel proud of their accomplishments and find a creative, more comfortable way to express themselves through beading, moccasin making and other cultural expressions.*

## Tribal Substance Abuse Prevention Total Persons Served, By CSAP Strategy

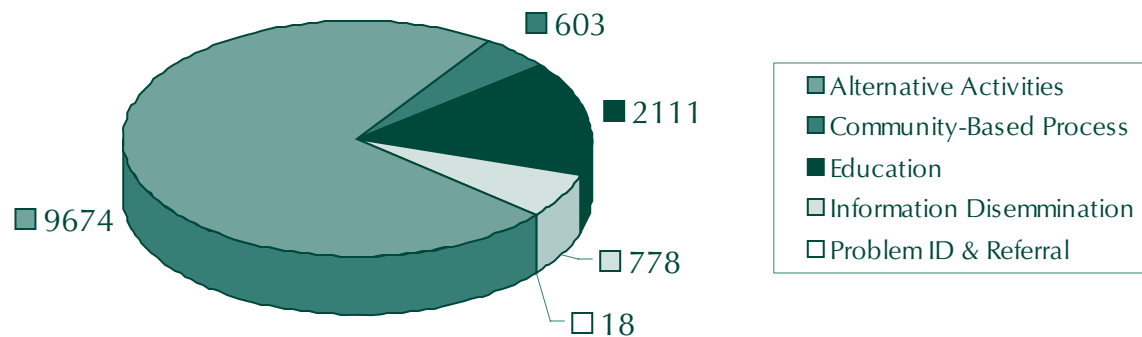


Figure 4 — Tribal Substance Abuse Prevention, total persons served

holiday-focused events provide family activities that are alcohol, tobacco and other drug free. Examples include Halloween, the 4th of July and sober events throughout the Christmas and New Year holidays.

**Community-based process** — Due to the smaller population of tribes, all operate as coalitions, with various segments of the community who are involved with all aspects of prevention strategies and planning. Six of the nine tribes have *No Meth on My Rez* Task Forces. All nine tribes have fetal alcohol response teams and all are working on suicide prevention activities. Tribes continue to access training opportunities to develop their skills to do effective prevention planning and implementation.

**Social policy/Environmental strategies** — All tribes post substance abuse-free signage for their events. One tribe has initiated strict policies about substance abuse and meth abuse within its housing policies.

**Early identification and referral** — Due to the small population size of tribes, all are aware of local resources and refer tribal members to appropriate services when needed.

**Enforcing underage drinking laws** — Each tribe received \$4,000 to focus on underage drinking during 2005-06. These funds provided media messages, administration of a community underage drinking survey and provided education to raise awareness of the underage drinking problem. During 2006-07, the tribes used the results of their community survey to guide the development of an underage-drinking prevention plan.

## **Impact:**

Prevention programs have created change at the community level for each of the tribes. The parenting programs have demonstrated:

- 100 percent increase in knowledge of parenting skills,
- 75 percent increase in knowledge of substance abuse issues on the family,
- 72 percent completion rates,
- 100 percent increase of knowledge of what puts youth at risk and what factors protect youth (assets),
- 50 percent or more of parenting program participants demonstrated positive problem solving skills.

Alternative activities among the tribes has lead to:

- 100 percent increase in knowledge of traditional tribal history,
- 90 percent completion of arts and crafts projects,
- 25 percent decrease in absenteeism — and an even greater decrease for those youth who have been assigned tutors and/or mentors,
- Community-based planning has united communities for similar causes such as methamphetamine prevention,
- 25 percent to 90 percent participation in scheduled tribal activities,
- Increase in referrals to other services due to increased awareness in services provided by the prevention specialist.



# Statewide prevention services

## Oregon Partnership

The Addictions and Mental Health Division contracts with a private non-profit group, **Oregon Partnership**, to operate the *Alcohol and Drug Helpline*, the Spanish-language *Linea de Ayuda*, the *YouthLine* and the *Suicide Intervention Line*. They are also engaged in public awareness and media advocacy activities.

### ***The Oregon HelpLine***

The *Oregon HelpLine* is a confidential 24-hour blended crisis and referral line which responds to individuals and family members seeking crisis intervention, treatment referral and general chemical dependency information. The *HelpLine* utilizes trained staff and volunteers to conduct telephone screenings and make referrals to appropriate chemical dependency treatment and other recovery support services. Staff and volunteers have knowledge of substance use disorders, treatment options and recovery support services throughout Oregon. They are also skilled in the use of Motivational Interviewing/Motivational Enhancement Therapy techniques.

Services are advertised and promoted through a variety of presentations, public announcements and advertising including telephone yellow pages throughout Oregon. **The Oregon Helpline is available at (800) 923-HELP.**

### ***Linea de Ayuda***

*Linea de Ayuda* is the only crisis line for Spanish speakers who are experiencing substance abuse problems. The line is staffed by highly skilled volunteer crisis workers. ***Linea de Ayuda* is available at (877) 515-7848.**



*Oregon Partnership's YouthLine is a free and confidential 24-hour youth crisis, counseling and referral line.*

## **YouthLine**

**Oregon Partnership's YouthLine** is a free and confidential 24-hour youth crisis, counseling and referral line, with referrals for the entire state of Oregon. Teen volunteers skilled in peer counseling techniques answer the line Mondays through Fridays from 4-10 p.m. Adults who also answer **Oregon Partnership's Alcohol and Drug HelpLine** in addition to 1-800-SUICIDE answer during all other hours.

**The YouthLine is available at (877) 553-TEEN.**

## **The Suicide Intervention Line**

The **Suicide Intervention Line** is a crisis line available for both youth and adults and provides screening, assessment, informal online counseling and referral to community mental health, local law enforcement or other appropriate resources. This service is operated 24 hours a day 365 days a year. **The Suicide Intervention line is available at (800) 273-TALK or (800) SUICIDE.**

## **Public awareness activities:**

**Oregon Partnership** identifies and assists the department in utilizing “pro-bono” media opportunities through collaboration with state and local partners. These services include facilitating the use and placement of materials such as those provided by the Office of National Drug Control Policy and other National Media Campaign advertising, ensuring that all media markets in Oregon receive available materials. This includes specialized populations and hard to reach rural areas. They also make available to local communities, tribes and counties at no charge general alcohol, tobacco and other drug prevention information. Access to this information is provided, as appropriate, on the **Oregon Partnership** Web site: [www.orpartnership.org](http://www.orpartnership.org).



*Preventing Substance Abuse.  
Changing Lives.*



# Workdrugfree

*Workdrugfree*, a non-profit program of the Oregon Nurses Foundation, is on contract with the Oregon Department of Human Services to reduce workforce substance abuse. Through technical assistance, they empower county and tribal prevention coordinators and drug-free communities to improve workforce health and productivity. Since 1991, it has been the only state-funded program that focuses on substance abuse prevention in the workforce.



## Significance to prevention efforts:

Most substance abusers are employed. Nearly 75 percent of illicit drug users and 80 percent of heavy or binge drinkers work. The ‘accidents,’ absenteeism and health care costs associated with substance abuse are a burden for businesses. The costs associated with methamphetamine use alone is estimated at \$42,000 per affected worker. The rate of abuse among the unemployed is double that of employed workers and employers statewide report up to 60 percent failure rates in pre-employment drug screen exams. Abuse rates remain high among Oregon middle school and high school students as well.

For substance abuse prevention alone, Oregon businesses invest between \$55 million and \$100 million dollars annually in drug-free workplace programs.

Treatment for substance abuse is a necessary strategy, especially for workers who are addicted and unable to maintain a clean and sober lifestyle without professional assistance. A major focus of workforce prevention is to reduce the demand for treatment services by the use of programs with demonstrated effectiveness. Employers invest in prevention because it reduces their risks.



*Most substance abusers are employed.*

## Strategies:

Addressing substance abuse in the workforce increases employer competitiveness by reducing risks and costs. It promotes community health by reducing the incidence of substance abuse among working adults, job seekers and future workers. *Workdrugfree* develops initiatives for the workplace, workforce development agencies and high school career learning programs.



# Tobacco Retailer Inspection Program

## *“The Synar Amendment”*

### **Brief program summary:**

In July 1992, Congress enacted the *Synar Amendment* as a part of the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. The Synar Amendment, named for former U.S. Representative Mike Synar (D-Oklahoma), requires states to monitor compliance with federal, state and local laws pertaining to the sale of tobacco to minors. Congress mandated that each state reduce the rate of tobacco sales to minors to less than 20 percent, or risk the loss of up to 40 percent of the state’s Substance Abuse Prevention & Treatment Block Grant allotment. To achieve this goal, Oregon implements a two-pronged strategy: restrict youth access to tobacco products; and alter social norms to curb youth temptations to use tobacco products. The Synar Amendment requires states to enact and enforce laws limiting youth access to tobacco products, and perform community-based educational and preventive activities designed to discourage youth temptation to consume tobacco products.

### **Funding:**

Oregon’s annual expenditure for the *Synar Compliance Program* is approximately \$100,000. Funding comes from the 20 percent prevention set-aside of Oregon’s SAPT Block Grant. The Substance Abuse and Mental Health Services Administration, through the Center for Substance Abuse and Prevention, administers funding at the federal level.

### **Programs and strategies:**

The Department of Human Services contracts yearly with the Oregon State Police (OSP) to conduct tobacco compliance inspections. Each year, a random sample of retailers that are accessible to youth is drawn from a list of tobacco retailers statewide. The Oregon State Police, Drug Enforcement Section, administers this inspection program in cooperation with the Addictions and Mental Health Division, Policy and Program Development Unit.



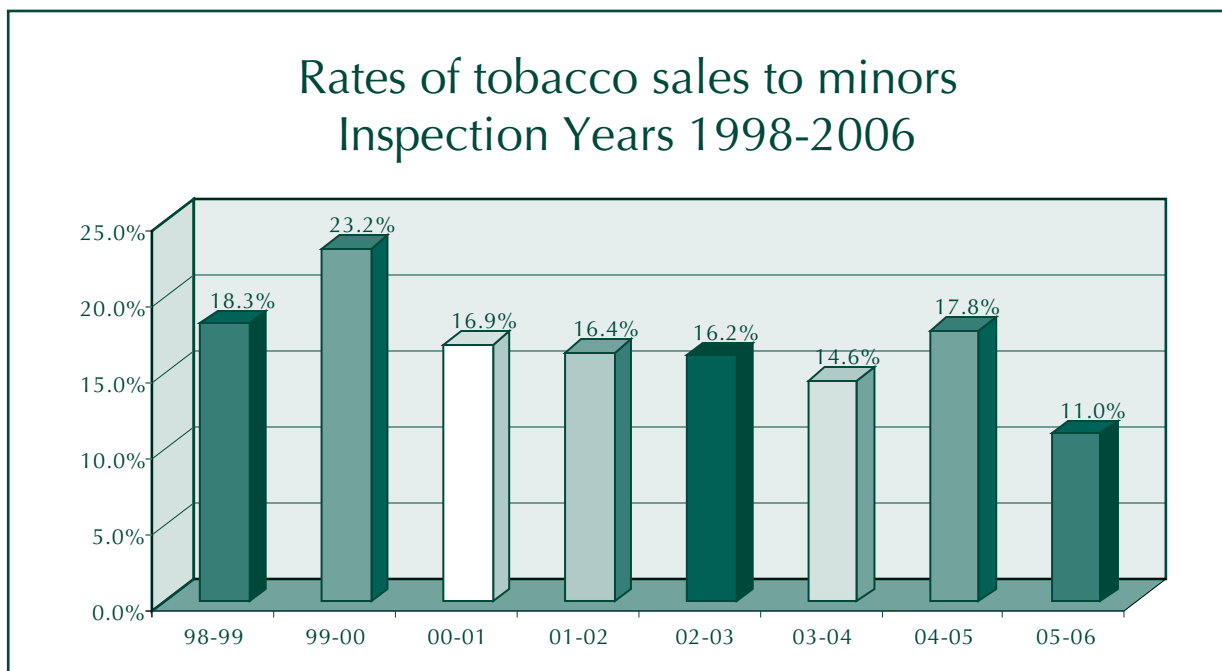
*Tobacco compliance retailer inspections are conducted annually by youth trained by OSP.*

Between 400 and 700 random/unannounced tobacco retailer inspections are conducted annually by retired OSP officers. Youth are recruited geographically and trained by the OSP officers on the protocols and procedures to conduct compliance inspections. Additionally, targeted inspections are conducted at tobacco outlets that are reported by local law enforcement or community members as selling tobacco to youth.

During fiscal year 2006 inspections, 11 percent of retailers sold tobacco to minors, the lowest level recorded in the 12 years of the *Synar Program*.

A number of local law enforcement agencies also conduct compliance inspections and many coalitions conduct *Reward & Reminder* visits at retail outlets. During these visits, a minor attempts to purchase tobacco products from retailers. If it appears that the clerk is going to sell to the minor, the clerk will be given a notice of the law and be reminded to check the ID of those attempting to purchase tobacco. If the clerk does not sell to the minor, a reward is given to the clerk (e.g., movie tickets, gift certificates).

Merchant education packets are available to educate tobacco retailers about the laws regarding tobacco sales to minors. Packet contents are being revised for redistribution. When completed, the retailer education packet will be available to download from the DHS Web site. Several hundred hard-copy packets will be printed and housed in the Oregon Tobacco Information Clearinghouse in Portland. These packets will be available to anyone requesting them.



*Figure 5 — Annual Non-Compliance Rates for Tobacco Sales to Minors*

# Enforcing Underage Drinking Laws (EUDL) Program

## Brief program summary:

The *Enforcing Underage Drinking Laws Program* is funded by the federal Office of Justice Programs' Office of Juvenile Justice and Delinquency Prevention (OJJDP). Annual block grants are awarded to each state to provide funding for community activities and programs to reduce underage drinking and youth access to alcohol. Technical assistance and training is provided to the state by a federal contractor, the Pacific Institute for Research and Evaluation (PIRE).



*OSU cheerleaders support underage drinking prevention programs on the Corvallis campus.*

## Funding:

The annual EUDL block grant award is \$350,000. Oregon is also one of seven states currently receiving funding for a Rural Communities Initiative Discretionary Grant. Funding for this grant is \$1,049,800 for three years (2005-2008). Combined expenditures for the annual block grant and a discretionary underage drinking grant equal \$716,000 for fiscal year 2006.

## Programs and strategies:

*Block Grant* — During 2005-06, funds were used to provide a variety of services across the state. Utilizing funds carried over from previous years, each county received a portion of the funding to provide minor decoy operations, controlled party dispersal operations, shoulder tap programs, public education, coalition building and strengthening youth access policies on a local level.

## ***Environmental Policy Success Story***

*Enforcing Underage Drinking Laws funding allowed Grant County to provide training and equip every law enforcement agency with the proper tools to disperse underage drinking parties appropriately.*

*Discretionary grant* — In 2005, Oregon was awarded one of three discretionary grants to focus EUDL efforts in rural communities. Lake County, Wallowa County and the City of Newport are currently implementing targeted programming to reduce access to alcohol by minors and to reduce underage drinking. Each community has received extensive training in controlled party dispersal and minor decoy operations. These communities have begun building a strong community coalition to address underage drinking locally.



*Three rural communities in Oregon are implementing targeted programs to reduce access to alcohol by minors, and to reduce underage drinking.*

### **Impact:**

Targets the following CSAP Strategies: Information Dissemination, Education, Community-based Process and Environmental.

- Law enforcement agencies in communities across the state are providing minor decoy operations in conjunction with the Oregon Liquor Control Commission (OLCC). These operations are lowering the commercial access to alcohol for minors and improving compliance rates for OLCC inspections.
- Teen parties are being safely dispersed by groups of law enforcement and community volunteers using training provided through EUDL funds.
- A statewide media campaign focuses on providing three key messages to parents — *One-third of 8th graders are Drinking, Your Child Could Be One; All Kids Need Rules about Alcohol; and Alcohol Harms Young Minds.*
- Additional media messages are being broadcast over the Oregon State University and University of Oregon sports radio networks during men's football and basketball games and at women's basketball games and gymnastics meets.
- \$25,000 in scholarships were provided for law enforcement, treatment and prevention providers, judges, district attorneys, OLCC inspectors and community coalition members to attend the statewide DUII Multi-Disciplinary Training Conference.

- Underage and high-risk drinking prevention programs are being offered on public and private college/university campuses across the state. A survey of college/university drinking habits will help shape future prevention efforts.

One in three Oregon 8<sup>th</sup> graders is drinking.

Face it, Parents.

Alcohol harms young minds.

Young drinkers score lower on vocabulary, general information and memory recall.

BROUGHT TO YOU BY THE OREGON DEPARTMENT OF HUMAN SERVICES AND OREGON PARTNERSHIP

TO LEARN MORE GO TO [www.faceitparents.com](http://www.faceitparents.com)

*One of three messages being promoted statewide regarding underage drinking.*





# Safe and Drug-Free Schools and Communities

## **Brief program summary:**

*The Safe and Drug-Free Schools and Communities Act (SDFSCA)* is a central part of the federal government's effort to encourage safe and drug-free learning environments that support student academic achievement. Funded projects provide support for school- and community-based programs to help our nation's communities prevent alcohol and other drug use, as well as preventing youth violence. Along with the inherent flexibility for implementing programs, state and local entities are accountable for achieving measurable results.



*SDFSCA encourages safe and drug-free learning environments*

Coordination and collaboration are critical themes that are interwoven throughout the SDFSCA; the legislation calls for governors and state education authorities to work with individuals and organizations that represent all facets of our schools and communities to develop and implement plans that will effectively foster a safe learning environment and prevent illegal use of drugs and alcohol.

Local education authorities must consult, on an ongoing basis with state and local governments, school representatives, parents, teachers, students, community-based organizations and others in the development of applications as well as the design and development of programs and activities implemented under the SDFSCA.

## Principles of effectiveness:

The *Principles of Effectiveness* provide the framework to assist state and local entities in designing, implementing and evaluating high-quality programs and achieving measurable results.

Programs or activities must:

- Be based on an assessment of objective data regarding the incidence of violence and illegal drug use in the elementary schools and secondary schools and communities to be served. This assessment must include an objective analysis of the current conditions and consequences of violence and illegal drug use that is based on ongoing local assessment or evaluation activities. Analysis of the conditions and consequences must include delinquency and serious discipline problems among students who attend such schools (including private school students who participate in the drug and violence prevention program).
- Be based on an established set of performance measures aimed at ensuring that the elementary schools, secondary schools and communities to be served have a safe, orderly and drug-free learning environment.
- Be based on scientifically-based research demonstrating that the program to be used will reduce violence and illegal drug use.
- Be based on an analysis of the data reasonably available at the time, of the prevalence of risk factors, including high or increasing rates of reported cases of child abuse and domestic violence; protective factors, buffers, assets; or other variables identified through scientifically based research that occur in schools and communities.
- Include meaningful and ongoing consultation with and input from parents in the development of the application and administration of the program or activity.



*Reconnecting Youth is a school-based project to address dropping out of school.*

## Funding:

The annual funding for the Oregon Governor's portion of the *Safe and Drug Free Schools and Communities* varies depending on congressional allocation. The Governor's portion for 2005-06 was \$659,942. This funding is managed at the federal level by the U. S. Department of Education.

## Programs and strategies:

The funding requires a focus on indicated, high-need youth and families with a strong emphasis on using evidence-based best practice programs. There currently are 10 counties funded with the Governor's portion of the *Safe and Drug Free Schools and Communities Act*. These projects were selected through use of a competitive application process. The counties include:

Benton	Linn
Deschutes	Multnomah
Douglas	Wallowa
Jackson	Yamhill
Lane and South Lane	

As a result of these grant awards, 18 evidence-based best practice programs have been implemented. In seven of the 10 counties awarded grants, multiple programs have been provided to the local communities. In eight of these counties, additional local match has been used to expand and enhance these projects.

Five communities are implementing ***Reconnecting Youth***, a school-based project to address school drop outs. This curriculum provides personal skill development, social supports and school bonding. Self-monitoring of school achievement, attendance, drug involvement and alcohol use to help youth gain awareness of their need for behavior change in efforts to chart their progress toward success. Parental involvement is required for student participation.

Five communities are implementing ***Functional Family Therapy***. Program goals include engaging and motivating youth and their families, reducing and eliminating problem behaviors and accompanying family relational patterns through communication, parenting, and problem solving skill development. The model focuses on generalized changes across problem situations by increasing capacity to adequately utilize community resources. Three additional anti-violence strategies and four community action plans are also being implemented. All of these strategies address specific high-need populations as required by the funding agency.

### Impact:

As a result of projects funded with the Governor’s portion of the *Safe and Drug Free Schools and Communities* there have been additional services to more than 1,000 high-need young people and their families in the targeted Oregon communities.

Reported outcomes, based on implementation of the *Reconnecting Youth Program*, include:

- 14.6 percent increase in controlling drug use,
- 11.5 percent increase in appreciating self and others,
- 17.8 percent increase in managing moods,
- 30.9 percent increase in making decisions and personal commitments,
- 21.7 percent increase in total life skill knowledge gains,
- 57 percent increase in math scores,
- 45 percent increase in language arts scores,
- 21 percent increase in overall GPA,
- 50 percent decrease in discipline referrals,

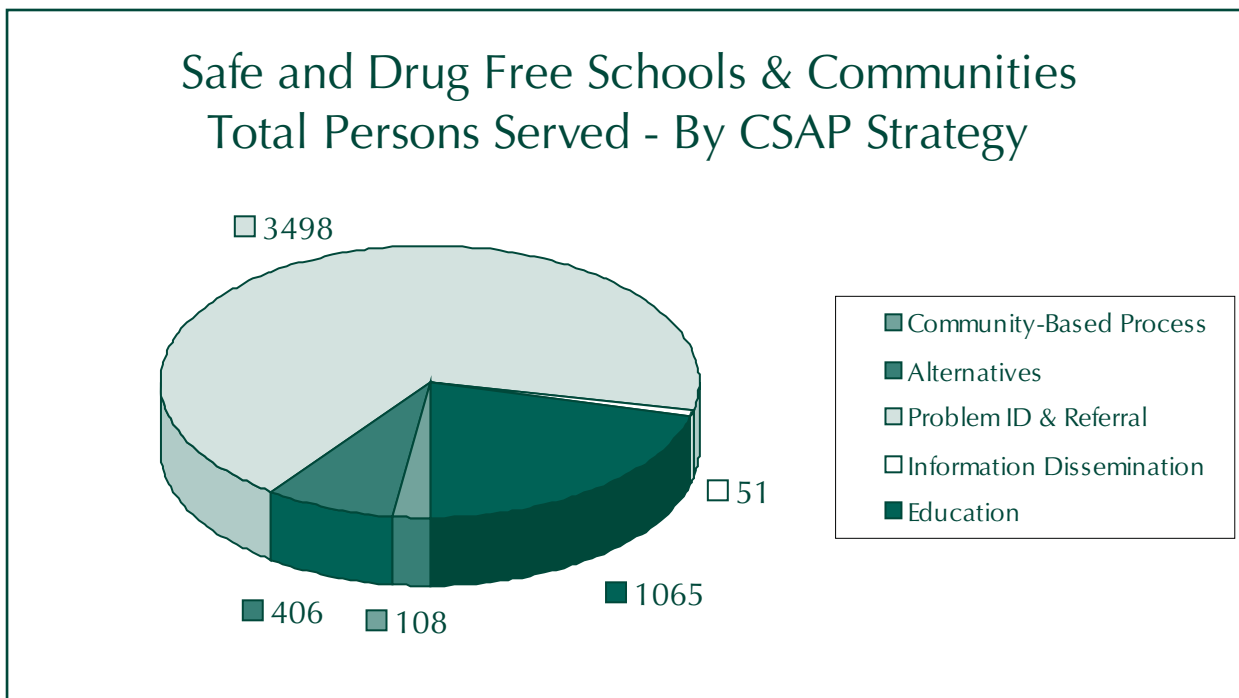


Figure 7 – Total Numbers Served with SDFSC Funding

# State Incentive Grant — Enhancement for early childhood prevention

In 2003, the Department of Human Services Addictions and Mental Health Division contracted with NPC Research to provide evaluation for the State Incentive Grant for Early Childhood Prevention (SIG-E) at the state and local systems levels for four pilot sites (Klamath Tribes, Lake County, South Lane County, and Western Washington County), and for client-level outcomes.

The pilot sites utilized the Starting Early Starting Smart (SESS) approach, which integrates traditional behavioral health services into easily accessible, non-threatening settings where parents naturally and regularly take their young children. The pilot sites implemented a variety of activities to serve families in their communities, including screening and assessment, parenting education, peer mentoring, referrals to community resources and behavioral health treatment. Project services were designed to produce the following outcomes:



*Starting Early Starting Smart integrates traditional behavioral health services into easily accessible, non-threatening settings where parents naturally and regularly take their young children.*

Outcomes	Summary of results
Parenting practices	Significant change: Native American families reported parenting to be less difficult over time.
Parent-child relationships	Non-significant (no change).
Quality of adult and family relationships	Significant change: Caucasian families reported decreased domestic abuse over time.
Child social-emotional development	All 12 children diagnosed with a delay were connected to services.

Outcomes	Summary of results
Parental substance abuse	Minimal substance use was reported; change over time could not be assessed.
Parent mental health	Significant change: Caucasian families reported improved mental health on one question. Trends indicated increases in social support for caucasian families as well.

**Client-level outcomes** were measured through surveys completed by service providers and the parents/caregivers at the start of services (130 families) and 6 months after starting services<sup>1</sup> (49 families). Each of these areas was measured using multiple tools.<sup>2</sup> The table above indicates changes from intake to follow-up. The outcomes sample includes 49 families from two of the four pilot sites (Klamath Tribes and S. Lane County) for whom the evaluators received Provider and Parent/caregiver Surveys at intake and follow-up. The HOME<sup>3</sup> was completed at intake and follow-up for 22 families from the two sites in the sample.

**Demographics of parents/caregivers:** 92 percent (of 47 responses) female; age range of 16 to 64, with a mean age of 33 (median age 32); seven (14 percent) Native American, 23 (47 percent) Hispanic/Latino, and 19 (39 percent) Caucasian respondents.

**Risk and protective factors:** 84 percent of families had one or more of the following risks: 1) parental mental health issue, 2) parental substance use issue, 3) family conflict, 4) domestic/partner abuse, 5) low level of parental education, and 6) low income. Risk factors are important because they are linked to other longer-term outcomes for children, including substance abuse and juvenile delinquency. In this study, a greater number of risk factors were associated with less social support, more difficulty parenting, and the presence of domestic violence.

- 22 families (45 percent) had 1 or 2 of these risk factors at the start of services,
- 18 families (37 percent) had 3 or 4 risk factors at the start of services,
- 5 families (10 percent) had 5 or 6 risk factors at the start of services.

<sup>1</sup>The original intent of the client-level evaluation was to measure client outcomes at three points in time (intake, 6 months and 12 months); however, slow start up and implementation challenges limited the available data to the first two time points. Most data submitted by the sites were the intake time point only; a subset of families has data at follow-up.

<sup>2</sup>For details on the methods, measures, and results of the client-level evaluation, please see the full report. Contact: Juliette Mackin, Evaluation Director, at NPC Research, 503-243-2436 x114 or Mackin@npcresearch.com.



Many families also had protective factors such as positive, caring relationships between child and parent/caregiver, and between adults. Protective factors help buffer the parent/caregiver and child from the negative impacts of risk factors.

Some of the outcome areas measured did not have significant changes over time for this group of families. These areas include parent-child interaction, developmentally effective disciplinary strategies, increased enrichment of the home environment for older children (3- to 6-year-olds), or parent-reported substance use.

There was little reported criminal justice involvement or receipt of inpatient treatment or emergency room care. Many families chose not to report sensitive information, such as use of alcohol or other drugs.

### **Summary/conclusions**

The SIG-E project had a positive impact in several areas including parenting practices, the quality of the parent/caregiver's adult relationships and parent mental health despite some challenges, including loss of employment for some families. Because of the small number of families with evaluation data, some of the results are inconclusive. Additional evidence to support the positive changes in early childhood systems and service provider practices can be found in the overall summary of project findings.<sup>4</sup>

(See [www.npcresearch.com/projects\\_0007.php](http://www.npcresearch.com/projects_0007.php)).

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<sup>3</sup> *The Home Observation for Measurement of the Environment Inventory is an interview and observational assessment tool used at a home visit to gather information about health, safety, and developmental characteristics of the child's environment and experience.*

<sup>4</sup> *Please contact Juliette Mackin, Evaluation Director, at NPC Research, 503-243-2436 x114 or [Mackin@npcresearch.com](mailto:Mackin@npcresearch.com) for additional information.*







# Ecstasy and other club drug prevention grants

## Oregon Partnership and Washington County

The Addictions and Mental Health (AMH) Division was the recipient of two federal grants targeting ecstasy and other club drugs during Fiscal Year 2006. Total funding under this initiative was \$567,710. AMH served as the pass-through entity providing administrative oversight and facilitating reporting requirements for these projects. Both of these projects are being evaluated by RMC Research, Inc.



*Club Drug Awareness Project's goal is to prevent, reduce and/or delay teen club drug use.*

### **Oregon Partnership Club Drug Awareness Project:**

The Club Drug Awareness Project (CDAP) is an innovative school-based prevention project intended to prevent, reduce, and/or delay teen club drug use. CDAP was implemented at Jefferson High School in Portland and involved 10th grade students in an innovative filmmaking intervention to increase individual protective factors; raise community awareness about the dangers of club drugs; and strengthen students' connection to the community by preventing substance abuse and providing healthy alternatives. Participant interviews indicate that students enjoyed their CDAP experience—they liked working with CDAP project staff, enjoyed working with professional film makers, and had fun working with their friends. Most interviewees said they had learned something new about drugs, and youth that attended the program regularly reported improving their social skills.

### **Washington County Ecstasy and Other Club Drug Prevention Project:**

The Beaverton Parents and Youth Together initiative, a community-based substance abuse prevention project in Beaverton, Oregon, is implementing three evidence-based strategies selected through a *Communities That Care* infrastructure development process:

- 1) The *All Stars* program for youth was implemented in partnership with the Beaverton Police Activities League which coordinated facilitator training and

programming for youth 11 to 14 years of age in after-school settings. This strategy addressed peer use by strengthening mediators related to delayed onset of alcohol or drug use.

- 2) The NICASA Parent Project of Illinois, locally renamed Parent Link and implemented in partnership with LifeWorks Northwest, strengthens family management skills and addresses youth perceptions of permissive parental attitudes about substance use.
- 3) A youth-led social norms marketing campaign designed to correct misperceptions about youth substance use was implemented in partnership with all five Beaverton high schools. Each school developed its own student team which then created and implemented full marketing campaign.

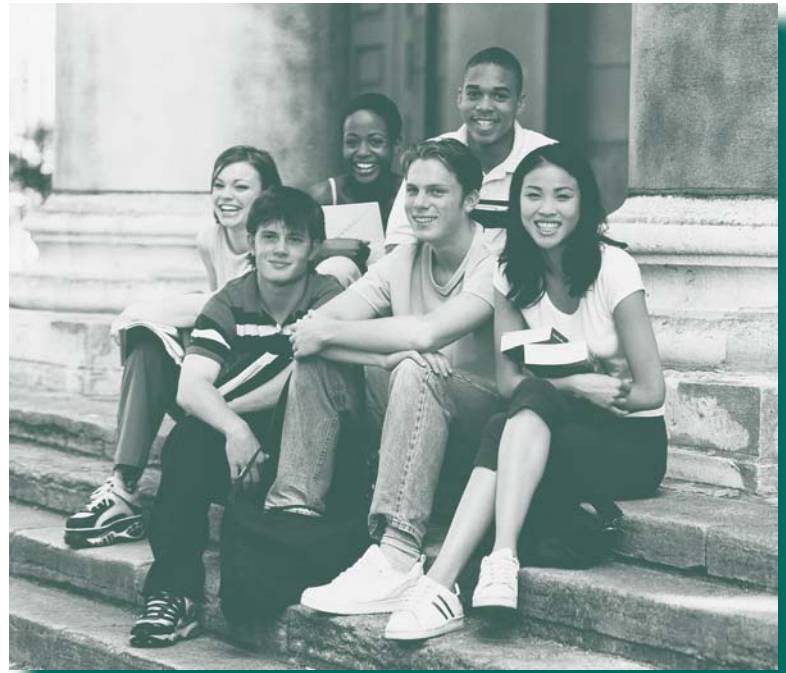


# Appendix

## Frameworks that guide statewide prevention services

The mission of the Addiction and Mental Health (AMH) Division of the Department of Human Services (DHS) is to assist Oregonians and their families to become independent, healthy and safe by:

- Promoting resilience and recovery through culturally competent, integrated, evidence-based treatments of addictions, pathological gambling, mental illness and emotional disorders; and
- Preventing and reducing the negative effects of alcohol, other drugs, gambling and mental health disorders.



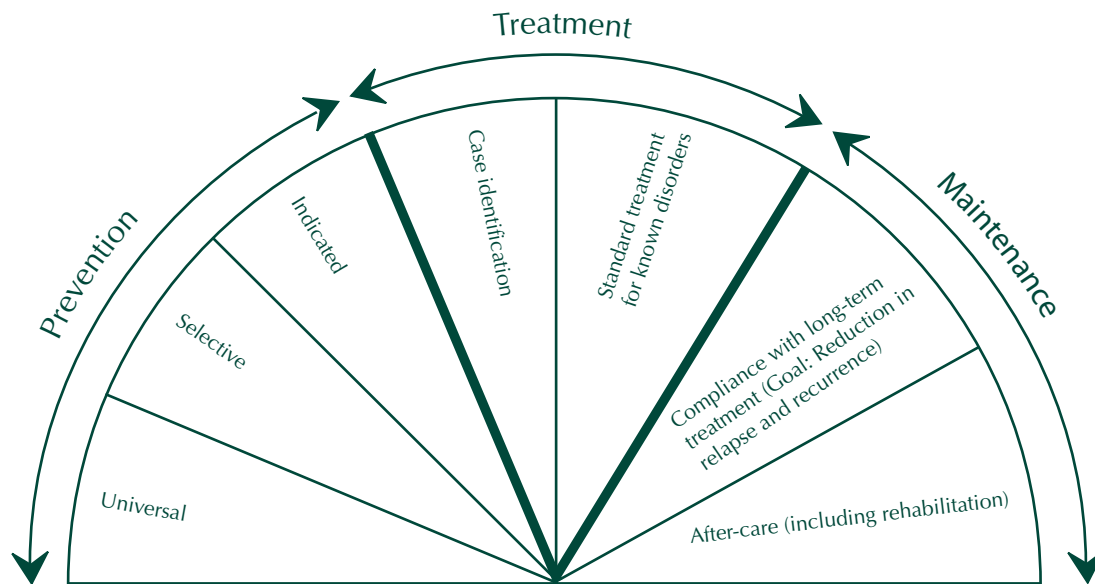
*Preventing and reducing the negative effects of alcohol, other drugs, gambling and mental health disorders.*

Oregon's statewide substance abuse prevention system is managed by the Department of Human Services Addictions and Mental Health Division, with guidance and assistance from a variety of committees, commissions and partnerships. The AMH prevention team provides oversight to the prevention system through licensing, contracting, monitoring, technical assistance, training and consultation.

Oregon has adopted three proven models that together provide the operational framework to guide the system of prevention services implemented through the funding administered by AMH: the *Institute of Medicine (IOM) Model*, *Risk and Protective Factor Framework*, and the *Center for Substance Abuse Prevention's Six Prevention Strategies*.

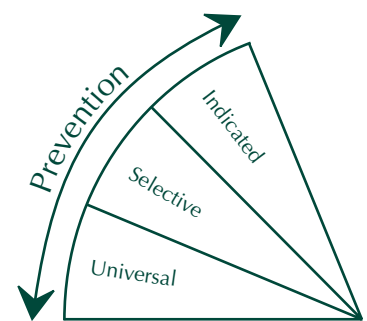
## #1 – The Institute of Medicine (IOM) Model

The Institute of Medicine (IOM) Model covers all populations – from people who are not at special risk of developing addictions to people who are in recovery.



This framework defines the types of activities and target groups addressed by various prevention efforts. Prevention interventions are directed at “persons not motivated by current suffering.”

- **Universal prevention** — Interventions aimed at people who are not identified to be at special risk of developing alcohol and other drug dependency. *Example:* a public education campaign intended to reach all Oregonians.
- **Selective prevention** — Interventions aimed at people who are at above average risk of developing alcohol and other drug dependency. *Example:* Family management programs for families with youth who are experiencing academic problems.
- **Indicated prevention** — Interventions aimed at people who show minimal but detectable signs or symptoms foreshadowing alcohol and other drug dependency, but who do not meet the diagnostic criteria for addiction at the present time. *Example:* Education programs for youth who receive a Minor in Possession violation.



## #2 – The Risk and Protective Factor Framework

*“Research has shown that there are a number of risk factors that increase the chances of adolescent problem behaviors. Understanding these risk factors is the first step toward identifying effective means of prevention.”*

*“Equally important is the evidence that certain protective factors can help shield youngsters from problems. If we can reduce risks while increasing protection throughout the course of young peoples’ development, we can prevent these problems and promote healthy, pro-social growth.”*

### **Communities that Care: A Risk-Focused Approach to Reducing Adolescent Problem Behaviors, Developmental Research and Programs, Inc. 1994**

Risk factors are markers of the likelihood of problem behaviors. Protective factors promote health and well-being and build resiliency. These factors, both risk and protective, are found in the following domains: peer/individual, family, school, community and environmental. Effective prevention programs employ multiple strategies in multiple domains.

#### **Protective factors – (examples):**

- Strong and positive family bonds;
- Parental monitoring of children’s activities and relationships;
- Clear rules of conduct that are consistently enforced within the family;
- Involvement of parents in the lives of their children;
- Success in school performance; strong bonds with institutions, such as school and religious organizations; and
- Adoption of conventional norms about drug use.



**Risk factors — (examples):**

- Chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses;
- Ineffective parenting, especially for children with difficult temperaments or conduct disorders;
- Lack of parent-child attachments and nurturing;
- Inappropriately shy or aggressive behavior in the classroom;
- Failure in school performance;
- Poor social coping skills;
- Affiliations with peers displaying deviant behaviors; and
- Perceptions of approval of drug-using behaviors in family, work, school, peer and community environments.



*Risk factor — Transitions and mobility*

### #3 – Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (CSAP) Six Prevention Strategies

Six primary prevention strategies are funded by the federal *Substance Abuse Prevention and Treatment Block Grant* to guide state and local prevention efforts. Definitions for these strategies are:

#### **Information dissemination**

This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse and addiction, as well as the effects of substance abuse on individuals, families and communities. This strategy also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited interaction between the two. An example of this strategy is the statewide media campaign regarding the dangers of tobacco use.

#### **Education**

This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information dissemination strategy. An example of this strategy is the implementation of a school-based alcohol and drug education curriculum.



*Westview High School students discuss prevention activities at the Washington County Youth Summit.*

## **Alternatives**

This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities and to discourage the use of alcohol and drugs through these activities. An example of this strategy is an all-night, alcohol and drug-free graduation party.

## **Problem identification and referral**

This strategy focuses on the identification of those 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 in order to assess if 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. An example of this strategy is a student assistance program.

## **Community-based process**

This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning. An example of this strategy is providing training or technical assistance to a community coalition.





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