

Strategic Prevention Framework

(Adapted in part from CSAP)

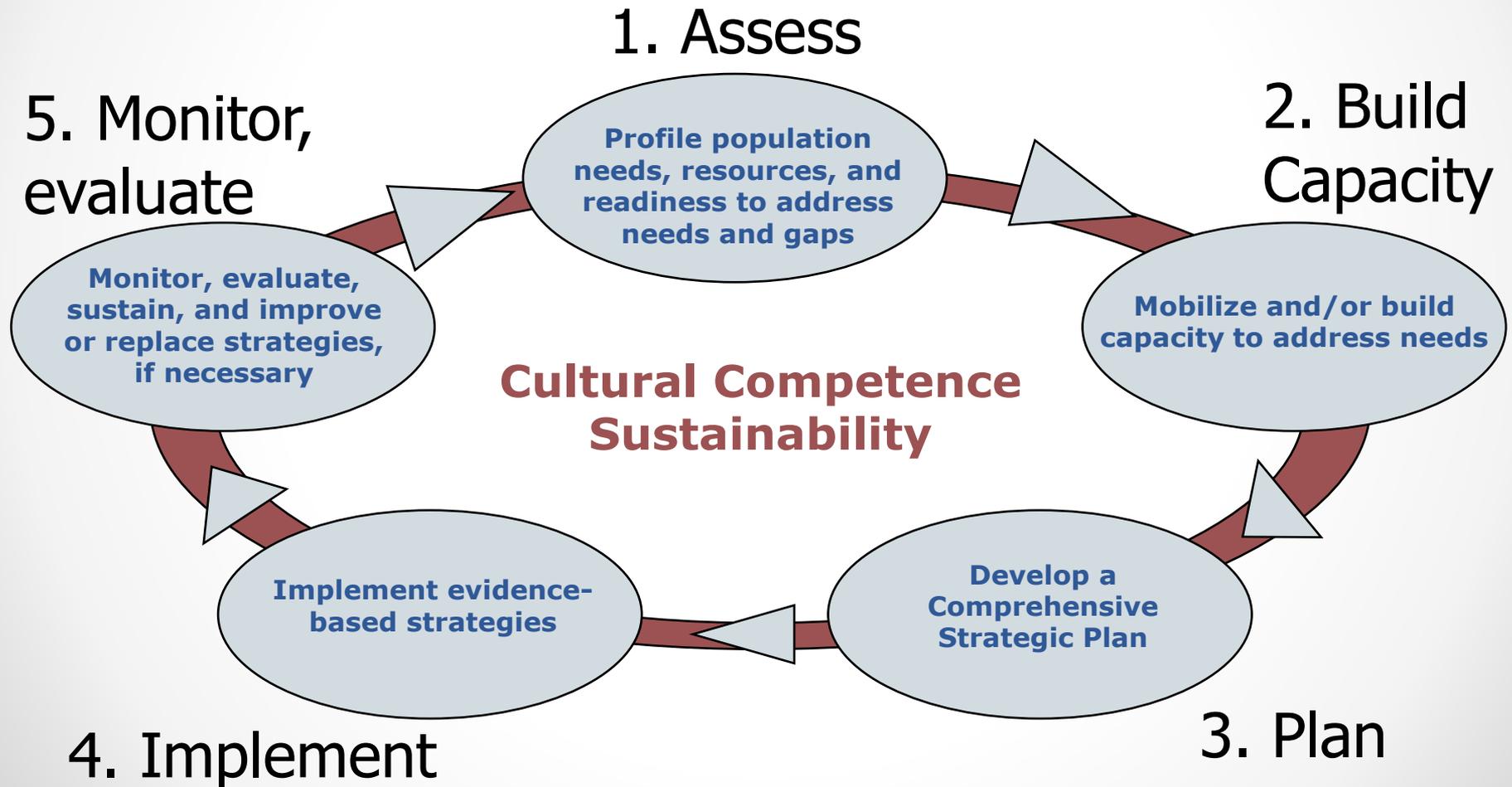


What is SPF?

- Change Model: how to achieve outcomes when you have a complicated issue
 - 7 Components
- Strategic – notice “implementation” is only one step
- Outcomes-Based prevention; Population-level, not just program-level
 - Based on Public Health Model



SAMHSA's Strategic Prevention Framework

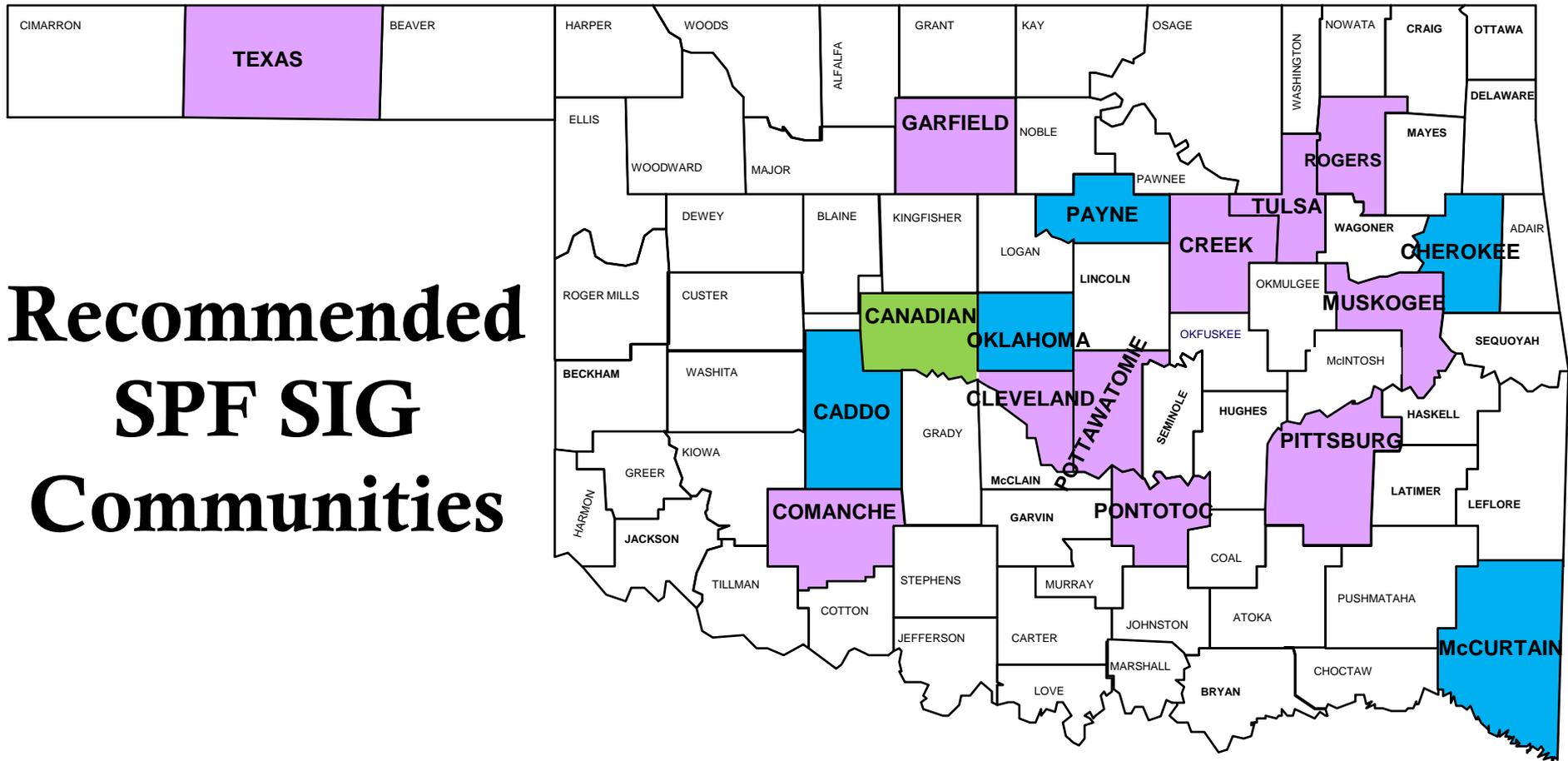


Goals of SPF

- Prevent the onset and reduce the progression of substance abuse
- Reduce substance abuse-related problems in communities
- Build prevention capacity and infrastructure at the State/Tribal and community levels.

Using SPF in Oklahoma Prevention Initiatives

- SPF-SIG
 - State Epidemiological Outcomes Workgroup already established recommended priorities and priority areas
 - Underage drinking
 - Non-medical use of prescription drugs
- Substance Abuse Prevention Block Grant
 - Must establish priorities
 - Underage drinking
 - Binge drinking
 - Inhalant use
 - Non-medical use of prescription drugs
 - Methamphetamine use
 - Alcohol use during pregnancy
 - Marijuana use



Recommended SPF SIG Communities

- Non Medical Use of Prescription Drugs
- Underage Drinking
- Either

Regional Epidemiological Outcomes Workgroup (REOW)



REOW

- Network of agencies, organizations and individuals with expertise about substance abuse data and prevention issues
- Diverse stakeholders in the region with *experience and knowledge working with data* and/or *knowledge and access to important sources of data*
- Plays a vital part throughout the SPF process, especially during the Assessment Phase

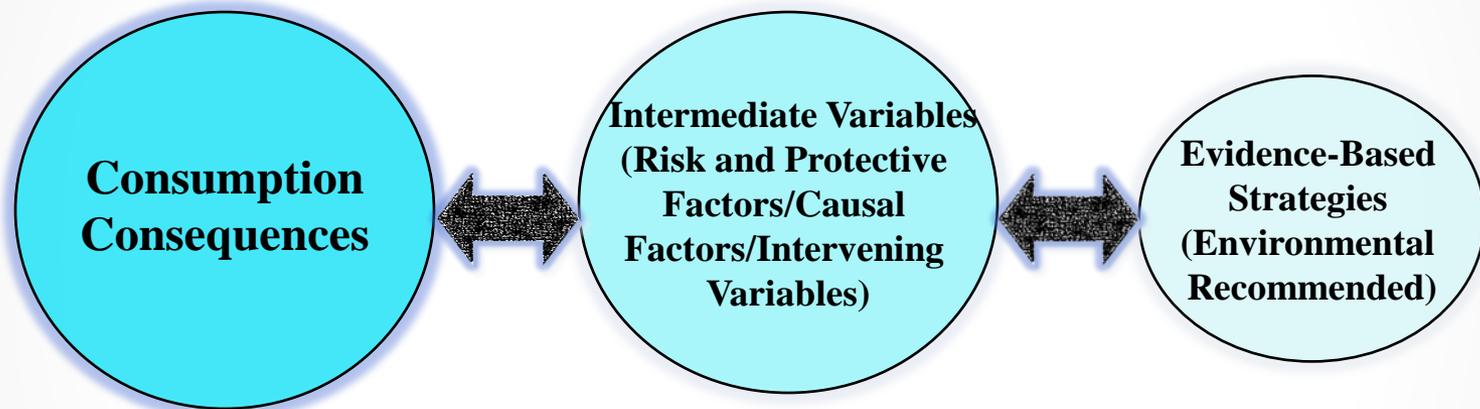
Purpose of REOW

- Group responsible for helping communities and regions systematically collect, analyze, and report concerning the nature and distribution of substance use and related consequences and integrate it into ongoing assessment, planning, and monitoring decisions at the county and regional level
- Conducts careful, systematic reviews and analyses of data on the consumption, consequences, and intermediate variables associated with substance use
- Profiles population needs, resources, and readiness to address the problems and gaps.
- Produces an annual epidemiological profile for the Region and SPF SIG site.
- Supports ongoing assessment and evaluation throughout SPF stages
- Promotes data-driven decision making to guide effective and efficient use of prevention resources



REOW Key Principles

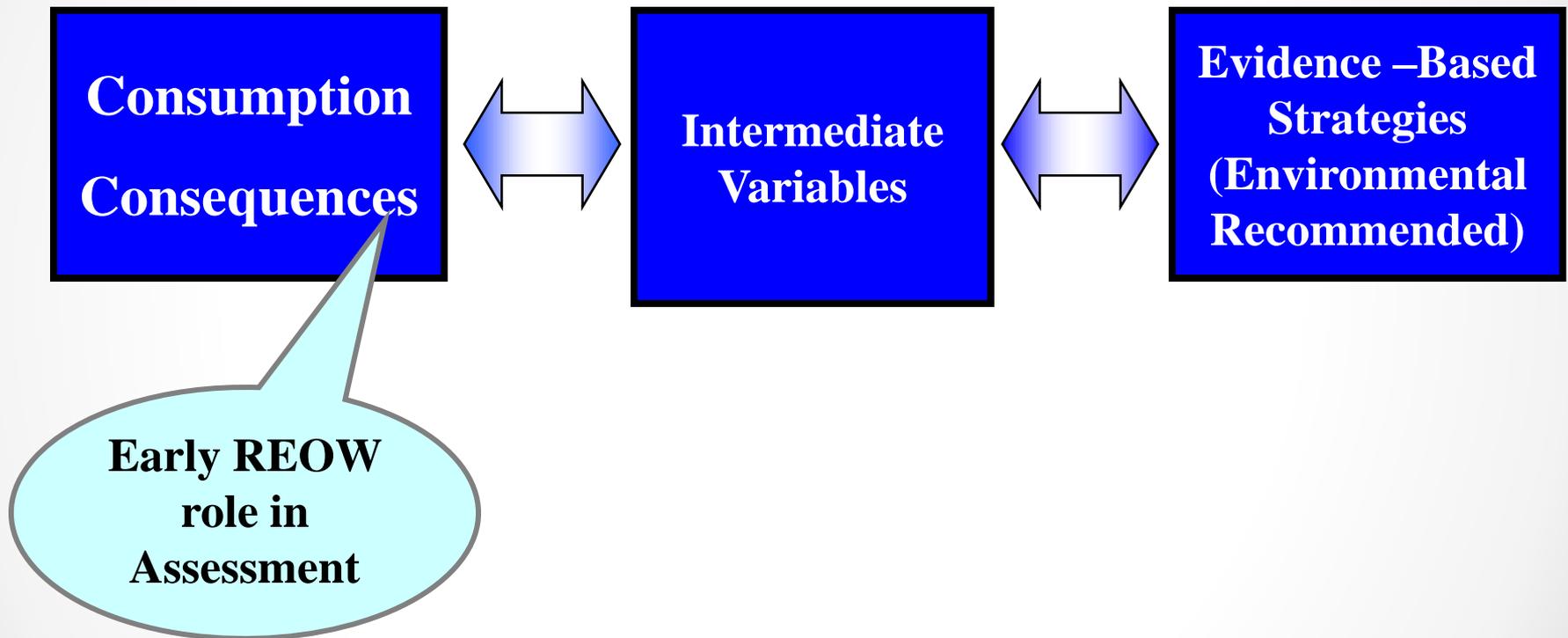
- OUTCOMES-BASED PREVENTION



- PUBLIC HEALTH APPROACH
- USING EPIDEMIOLOGICAL DATA

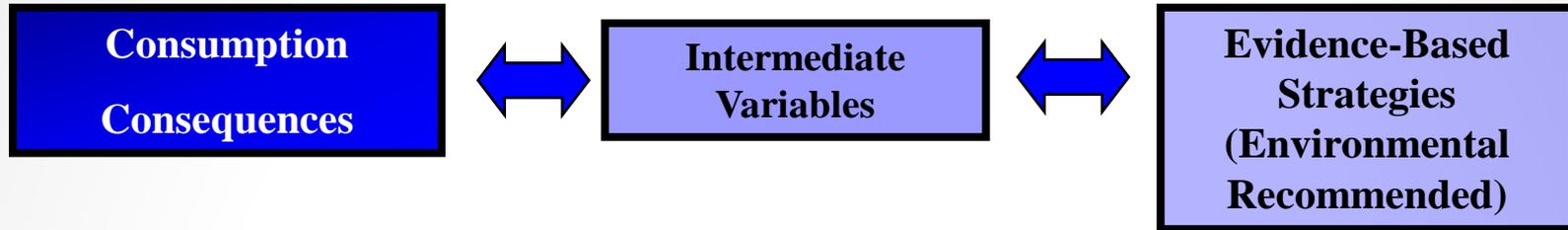
OUTCOMES-BASED PREVENTION

Implementing the Strategic Prevention Framework



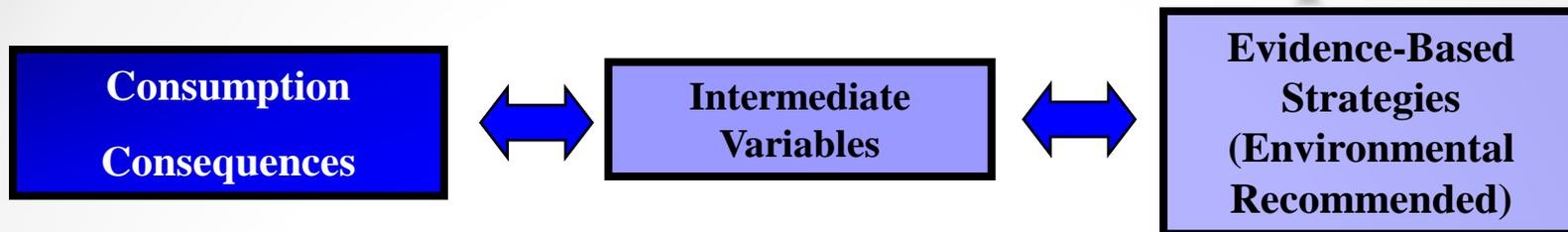
Aim: to guide relevant and effective prevention strategies by first understanding the prevalence and patterns of problems and the factors that contribute to them.

Substance Use Consumption Patterns



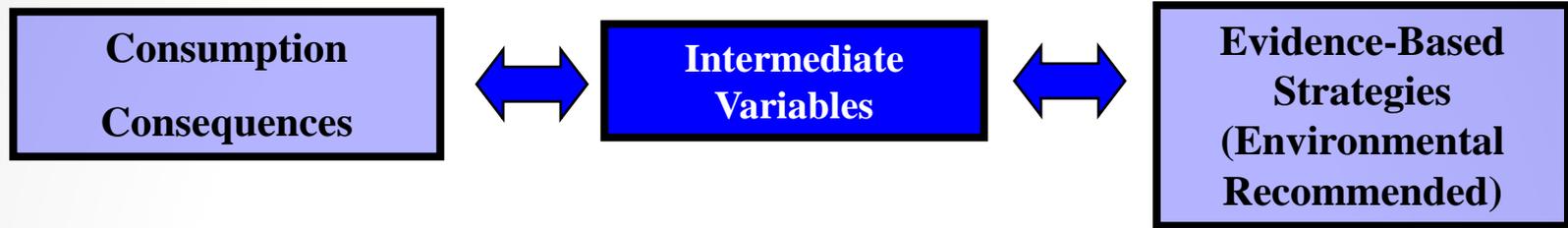
- Alcohol-Related Examples:
 - Overall consumption
 - 30-day, lifetime
 - Acute, heavy consumption
 - Binge drinking
 - Consumption in risky situations
 - Drinking and driving
 - Consumption by high risk groups
 - Youth, college students, older groups
 - Pregnant women

Substance-Related Consequences



	ALCOHOL	ILLICIT DRUGS
Illness	Chronic Liver Disease Cancer Heart Disease Fetal effects	Overdose HIV Fetal Effects
Injury	Car Crashes Boating/Falls Suicide Homicide	Car Crashes
Other	Crime	Crime

Intermediate Variables



- Retail Availability
- Criminal Justice
- Social Availability
- Promotion
- Economic Availability
- Community Norms
- Individual Factors

Public Health Approach

- Substance-related problems are addressed by SPF-SIG using a public health approach
- Data is used to identify focus populations
- A public health approach focuses on population-level change

Using Epidemiological Data

- Epidemiological data help determine the extent and distribution of substance use consumption and consequences
- *Epidemiological data is vital for the success of an outcomes-based prevention initiative and a public health approach*

Process of Assessment for REOW

- Phase I
 - Consequence data
 - Consumption data
 - Prioritization

- Phase II
 - Intermediate Variables
 - Assessment of Resources

- Phase III
 - Epidemiological Profile

Phase I: Identifying Consequence Indicators

- Few examples from CSAP:
 - Alcohol-related
 - Chronic liver disease death rate
 - Suicide death rate
 - Homicide death rate
 - % of fatal motor vehicle crashes that are alcohol related
 - Violent crime rate
 - Treatment admissions
 - Drug-related
 - Death rate from illicit drug use (e.g. opioid analgesic deaths)
 - Property crime rate
 - Drug poisoning deaths treatment admissions

Phase I: Identifying Consumption Indicators

- Few examples from CSAP:
 - Alcohol-related
 - Current use of alcohol by persons aged 12 and older
 - Current use of alcohol by persons aged 18 and older
 - Current binge drinking by high school students
 - Drinking and driving among adults 18+ years
 - Total sales of ethanol per year per capita
 - Youth lifetime alcohol use
 - Drug-related
 - Current use of marijuana by high school students
 - Current use of illicit drugs other than marijuana by persons aged 12 and older
 - Adult Rx pain reliever use, past year
 - Percent of high school students reporting any use of specific classes of illicit drugs in their lifetime

Criteria for Inclusion of Indicators

- National/State source
- Availability at the county level
- Periodic collection over at least 3 to 5 past years
- Validity
- Consistency
- Sensitivity

Note: These are the criteria used by the State Epidemiological Outcomes Workgroup and are subject to change based on different communities and regions

Application of Criteria:

Implications and Issues of Certain Indicators

- Some relevant data not available from national and/or at state level
 - e.g., alcohol use by pregnant women
- Measurement issues prevent use of some indicators of acknowledged important substance related consequences
 - e.g., work/school problems, child abuse
- Imperfect applications
 - e.g., crime reports (arrests represent response rather than underlying problem)

Constructs and Indicators (Example)

Alcohol Consequences		
Construct	Indicator	Source
Alcohol-related mortality	Number of deaths from chronic liver disease per 1000 population	NVSS
	Number of deaths from suicide per 1000 population	NVSS
	Number of deaths from homicide per 1000 population	NVSS
Motor vehicle crashes	Percentage of fatal motor vehicle crashes for which at least one driver, pedestrian, or cyclist had been drinking	FARS
	Number of vehicle deaths in which at least one driver, pedestrian, or cyclist had been drinking per 1000 population	FARS
	Percent of drivers involved in fatal crashes who used alcohol	FARS
Crime	Number of violent crimes (aggravated assaults, sexual assaults, and robberies) reported to police per 1000 population	UCR
Dependence or abuse	Percent of persons aged 12 and older meeting DSM-IV criteria for alcohol abuse or dependence	NSDUH

Constructs and Indicators (Example)

Alcohol Consumption		
Construct	Indicator	Source
Current use	Percent of persons aged 12 and older reporting any use of alcohol in the past 30 days	NSDUH
	Percent of persons aged 18 and over reporting any use of alcohol in the past 30 days	BRFSS
Current binge drinking	Percent of persons aged 12 and older reporting having five or more drinks on at least one occasion in the past 30 days	NSDUH
	Percent of persons aged 18 and older reporting having 5 or more drinks on at least one occasion in the past 30 days	BRFSS
Heavy drinking	Percent of adults aged 18 and older reporting average daily alcohol consumption greater than 2 (male) drinks or greater than 1 drink (female) per day	BRFSS
Drinking and driving	Percent of adults aged 18 and older reporting driving after having “perhaps too much to drink” in past 30 days	BRFSS
Apparent per capita ethanol consumption	Total sales of ethanol (as estimated in gallons) in beer, wine, and spirits per capita aged 14 and over	AEDS

Constructs and Indicators (Example)

Illicit Drug Consequences		
Construct	Indicator	Source
Drug-related mortality	Number of deaths from illicit drug use per 1000 population	NVSS
Crime	Number of property crimes (larceny, burglary, MV theft) reported to police per 1000 population	UCR
Illicit drug dependence or abuse	Percent of persons aged 12 and older meeting DSM-IV criteria for drug abuse or dependence	NSDUH

Constructs and Indicators (Example)

Illicit Drug Consumption		
Construct	Indicator	Source
Current use	Percent of persons aged 12 and older reporting any use of marijuana in the past 30 days	NSDUH
	Percent of persons aged 12 and older reporting use of any illicit drug other than marijuana, or an abusable product that can be obtained legally, in the past 30 days	NSDUH
Lifetime use	Percent of students in grades 9 through 12 reporting any use of specific classes of illicit drugs in their lifetime	YRBSS
Age of initial use	Percent of students in grades 9 through 12 reporting first use of marijuana before age 13	YRBSS

Disaggregation of Indicator Data

- Age/Grade
- Gender
- Race/Ethnicity
- State/County
- Year

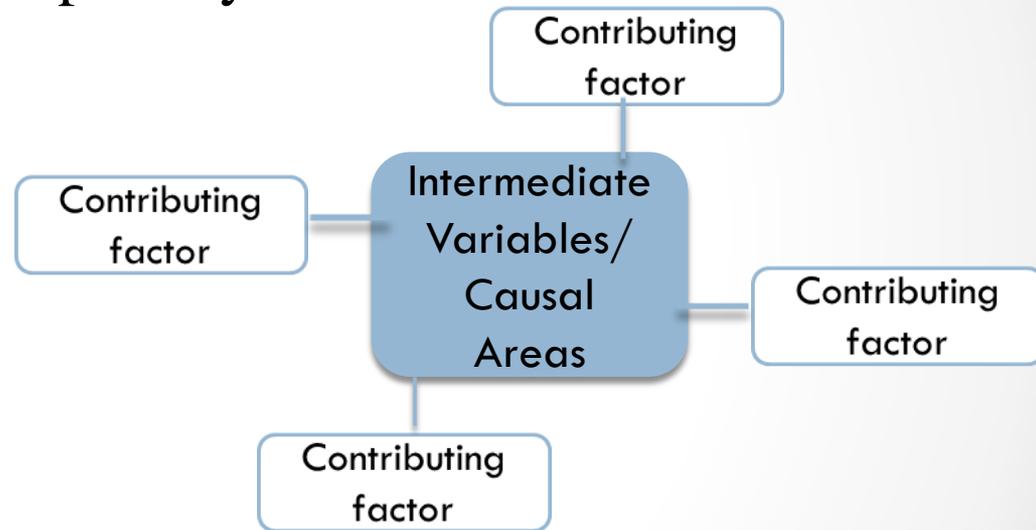
Phase I: Prioritization

- Collect additional data as needed
- Develop a key set of indicators describing the magnitude and distribution of substance about related consumption and consequence patterns
- Systematic approach to selecting priorities
- Recommendations for the resource allocation

Phase II

- Identify and assess the intermediate variables that may be driving the substance abuse priority areas

- Retail Availability
- Criminal Justice
- Social Availability
- Promotion
- Economic Availability
- Community Norms
- Individual Factors



- Assess the community resources and capacity in addressing priority problems and the intermediate variables associated

Phase III: Developing an Epidemiological Profile

What is an “epidemiological profile”?

A document that...

... summarizes the nature, magnitude, and distribution of substance use and related consequences for the region/community

... organizes the data in a manner that facilitates data interpretation and, ultimately, their application



Phase III: Epidemiological Profile

- Data collected from the REOW will be analyzed, interpreted, and communicated through the Epidemiological Profile
 - Community Epi-Profile
 - Regional Epi-Profile
- This profile will be vital for the state, counties, and communities in planning, monitoring, and evaluating problematic areas and issues regarding substance abuse
- Data-driven decision making

Surveillance

- The REOW will develop a systematic, ongoing monitoring system for substance-related consumption and consequences data to track progress, address prevention priorities, detect trends, and use such information to redirect resources as needed

Assessment Workbook

- A comprehensive workbook will be provided to guide the REOW through this entire process
- Creativity and original ideas will also be expected due to the many differences between communities and regions
- It will be divided into the 3 phases as discussed

Thank you!