

Community Prevention and Wellness Initiative (CPWI)

Adolescent Substance Use Prevention

Problem: Adolescent Substance Use in WA State



Prevalence of Substance Use in WA State

The 2016 Healthy Youth Survey found that 20% of 10th grade students drink alcohol, 17% use marijuana, 13% use e-cigs or vape pens, and 6% use cigarettes. These rates translate to tens of thousands of adolescents using these substances.¹



Economic Cost of Substance Use in WA State

The total economic cost of alcohol and drug abuse in Washington State in 2012 was estimated at \$6.12 billion. On a per capita basis, the 2012 aggregate cost represents approximately \$977 per non-institutionalized person in the state.²

Solution: Washington State's Community Prevention and Wellness Initiative

What is Community Prevention and Wellness Initiative (CPWI)?

CPWI is a strategic, data-informed, community coalition model aimed at preventing adolescent substance use and related risk factors and at improving school outcomes. CPWI uses a community coalition model as a prevention strategy to foster community ownership of prevention efforts and to increase sustainability of prevention programming. CPWI provides comprehensive prevention. There are currently 64 communities at various stages in the CPWI process. CPWI is a comprehensive, multi-component, and multilevel initiative which aims to reduce risk factors in individual, peer, family, school and community domains.

How is CPWI different?

Washington State Division of Behavioral Health and Recovery (DBHR) started CPWI in 2011 as a new funding approach to prioritize allocation of prevention funds to traditionally underserved, high-need communities throughout the state. CPWI is unique in its approach to community selection because CPWI communities are selected based primarily on risk scores computed from key substance use and consequence indicators.

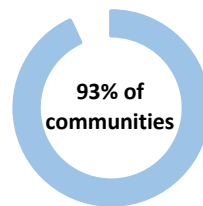
How can CPWI impact my constituency?

Early initiation of substance use is associated with higher levels of use and abuse later in life. Preventing or delaying the onset of substance use means lowering the likelihood of substance use disorders, lowering the likelihood of negative social, behavioral, and health outcomes, and lowering the economic cost of substance use for the constituency.³

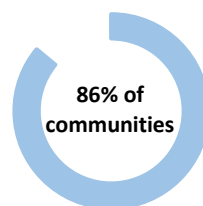
Results

Did 10th grade substance use & risk factors change from baseline to 2016?

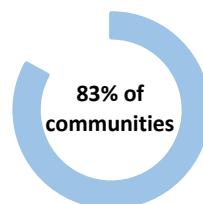
Results from chi-square analysis ($p < .10$) show that a majority of results were either positive (statistically significant reduction) or neutral (no significant change) for all CPWI communities. Baseline for Cohort 1 was 2008 and baseline for Cohorts 2 and 3 was 2010. Results are based on communities with adequate sample size ($n \geq 20$) for the outcomes.



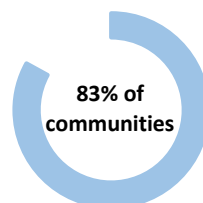
in Cohort 1 (11 of 12 communities) had significant reduction in any alcohol use in past 30 days. Result was neutral for the remaining community.



in Cohort 3 (6 of 7 communities) had significant reduction in any cigarette smoking ever. Result was neutral for remaining community.



in Cohort 2 (5 of 6 communities) had significant reduction in early initiation of substance use, and perceived availability of drugs in community. Result was neutral for remaining community.



in Cohort 3 (5 of 6 communities) had significant reduction in any cigarette smoking in past 30 days, any binge drinking in past 2 weeks, and early initiation of substance use. Result was neutral for remaining community.

References:

1. Healthy Youth Survey Fact Sheet. (2016). *Healthy youth survey*. Retrieved from <http://www.askhys.net/FactSheetsU.S>.
2. Wickizer, T. M. (2013). State-level estimates of the economic costs of alcohol and drug abuse [Abstract]. *Journal of Health Care Finance*, 39(3), 71-84.
3. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). *Report to congress on the prevention and reduction of underage drinking*. Retrieved from https://alcoholpolicy.niaaa.nih.gov/sites/default/files/imce/users/u1743/stop_act_rtc_2017.pdf