State of Washington Substance Abuse Prevention and Mental Health Promotion

Policy Consortium

- Department of Early Learning
- Department of Health, Prevention & Community Health
- Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery
- DSHS, Office of Indian Policy
- DSHS, Office of Juvenile Justice
- Health Care Authority
- Liquor Control Board
- Office of Superintendent of Public Instruction
- Office of the Attorney General
- Office of the Lieutenant Governor
- Traffic Safety Commission
- Washington State Patrol
- Washington State University

Advising Groups

Indian Policy
Advisory Committee

Prevention Research
Sub-Committee

State Board of Health

Prevention

Certification Board

Washington Association for Substance Abuse and

Violence Prevention

Coalition to Reduce Underage Drinking

State Epidemiological Outcomes Workgroup

DFC Coalition of Coalitions

College Coalition to Reduce
Substance Abuse

Washington State Institute for Public Policy

Five-Year Strategic Plan 2014 Updated Action Plans



5 Action Teams

Reducing Underage Use

- Alcohol Use
- •Marijuana Misuse/ Abuse

Prescription Drug Misuse/ Abuse Prevention

Young Adult & Pregnant Women Alcohol & Marijuana Misuse/Abuse Prevention, SBIRT

Tobacco Misuse/Abuse Prevention

Mental Health Promotion, Anxiety & Depression Prevention

Needs & resources assessment and

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Plan update scheduled for March 2015

State Five Year Strategic Plan Implementation: Prevention Policy Consortium

Each Action Team has an annual Action Plan. Teams meet monthly to advance their plans and report out progress and success at the bi -monthly Prevention Policy Consortium Meetings.

First full year of implementation resulted in 60 collaborative accomplishments.

REDUCING UNDERAGE USE

Integrate with the state Washington Healthy Youth Coalition (WHY) to support the following priorities: Analyze and Monitor Issues/Policies; Promote Policy Change; Supporting Youth Influencers; and Support Law Enforcement.

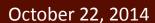
Policy:

• Conduct surveillance on data regarding Initiative 1183 (alcohol privatization) and Initiative 502 (legalized adult marijuana use).

Information Dissemination/Public Awareness:

- Support community, regional, and statewide partners in distributing messaging for expanded underage drinking prevention toolkit.
- Support community, regional, and statewide partners in distributing messaging.
- Implement and evaluate a prevention marketing campaign with partners, targeting youth ages 12-16 and their parents.
- Revise *StartTalkingNow.org* website to include marijuana prevention information.

Continued



PRESCRIPTION DRUG MISUSE/ABUSE PREVENTION

Establish statewide workgroup to implement strategies. Work collaboratively with existing statewide Take Back Your Meds Coalition and Unintentional Poisoning Workgroup.

Policy:

- Promote value of Prescription Monitoring Program and seek opportunities to ensure funding for program to continue.
- Promote the use of the Emergency Department best practices model for prescribing medications among hospitals.
- Encourage medical examiners and coroners to follow national recommendation for investigating, diagnosing and certifying deaths related to opioid drugs.

Education/Workforce Development:

 Provide presentation and online information to local communities regarding prescription drug abuse statistics and strategies for prevention.

Information Dissemination/Public Awareness:

- Increase available funding by support funding requests and grant applications related to Rx Prevention projects and initiatives.
- Promote opportunities and resources that already exist with local community coalitions, law enforcement, healthcare providers, patients and patient advocates, Tribal entities, and public/individuals at risk regarding Rx abuse/misuse.

YOUNG ADULT & PREGNANT WOMEN ALCOHOL MISUSE/ABUSE PREVENTION, SBIRT

Work with existing College Coalition and Screening, Brief Intervention, and Referral to Treatment (SBIRT) program to implement strategies.

Policy:

- Develop method for collecting statewide data on young adults for those attending college and not attending college.
- Promote the use of SBIRT among universities and colleges.
- Promote the use of SBIRT for use with pregnant women.
- Expand use of SBIRT program to be used to reach youth in public school settings.

Education/Professional Development:

Provide training and technical assistance to healthcare clinics to screen for tobacco use and refer to cessation resources.

Information Dissemination/Public Awareness:

Host or join a conference to teach about implementation of SBIRT.



TOBACCO MISUSE/ABUSE PREVENTION

Establish State Inter-agency workgroup to focus on strategies.

Policy:

- Provide education and information on the creation of no-smoking policies to create smoke-free workplaces specifically targeting college and state agencies.
- Convince motion picture industry to change industry policy to eliminate depictions of tobacco use in youth-rated movies.
- Increase tobacco prevention funding by providing information to policy makers on the impacts of prevention.

Education/Workforce development:

• Provide training and technical assistance to healthcare clinics to screen for tobacco use and refer to cessation resources in order to increase number of patients screened.

Information Dissemination/Public Awareness:

- Provide Point of Sale retailer education and conduct the Community Assessment Neighborhood Stores (CANS)
 Surveys; and share the results and other impact information with policy makers.
- Establish and maintain public awareness of the causal link between smoking in movies and youth smoking.
- Promote opportunities and resources that already exist with local community coalitions, law enforcement, health care providers, patients and patient advocates, Tribal entities, and public/individuals at risk.
- Convince motion picture industry to change industry policy to eliminate tobacco depictions in youth rated movies.

 Draft a letter for signature by agency heads, urging the motion picture industry to change the movie rating system.
- Promote and update the website. Consortium members can refer people with questions about secondhand smoke to the website www.smokefreewashington.com and publicize the site in their respective organizations' materials.
- Engaging existing coalitions to include tobacco prevention activities and mobilize the communities in the state against youth tobacco use.
- Promote the use of The Washington Health Initiative Network (WHIN) to healthcare professionals. Sponsored by
 Department of Health; provides online training to healthcare clinics on best practices for prevention related activities
 including tobacco cessation.

MENTAL HEALTH PROMOTION, ANXIETY & DEPRESSION PREVENTION

Establish a statewide workgroup to implement strategies.

Education/Workforce Development:

• Enhance coordination, planning and activities between multiple child serving and intervention agencies and groups addressing suicide prevention.

Information Dissemination/Public Awareness:

- Collect data and resources to provide to communities including 1) Prevention and intervention material to reduce potential for youth suicide and depression and 2) Response (Post-intervention) to communities experiencing crisis of multiple suicides/contagion.
- Increase Primary Care Provider's knowledge of role in suicide prevention. Support and disseminate information for PCP's in suicide prevention, through training requirements.

Policy Consortium State Plan Logic Model Intervening Long-Term **SPE Consortium SPE Consortium Variables Outcome Problem Areas** Partners' **Collaborative** (5-10 years) Consequences (Risk/Protective **Strategies Strategies** (10-15 years) Factors) (2-5 years)

What is the problem?

These problems...

- Chronic Disease (ATOD Attributable Deaths - CHARS)
- Crime (Alcohol/Drug –related arrests ages 10-25-CORE GIS)
- Low Graduation rates (HS On-time/Extended Graduation – CORE GIS)
- Suicide (# of suicides/attempts ages 10-25 -CHARS)
- Fatalities and serious injury from vehicle crashes (# Alcohol-Related Traffic Fatalities/ Injuries ages 16-25— CORE/WTSC)

Outcome Way?

These types of problem areas...

- Underage drinking (30-day use; problem use – HYS 10th grade)
- Marijuana misuse/abuse (30-day use – HYS 10th grade)
- Prescription drug misuse/abuse (30-day use-HYS 10th grade)
- Tobacco misuse
 /abuse
 (30-day use HYS 10th
 grade)
- Adult Alcohol misuse/abuse (use during pregnancy - BRFSS)
- Depression
 (Sad/Hopeless in past
 12 months HYS)
- Suicide Ideation (suicide ideation – HYS)

Why here?

...specifically with these common factors...

- Access (Where get substance -HYS 10th grade)
- Availability (easy to get— HYS 10th grade)
- Perception of harm (risk of use- HYS 10th grade)
- Enforcement (get caught–HYS 10th grade)
- Community norms (laws/norms; harassment – HYS 10th grade; young adult use - NSDUH)
- Policies (school policies –HYS) 10th grade)
- Traumatic Experiences (Child – TBD; Adult ACEs – BRFSS)

What are we doing about it?

...can be addressed thru these strategies...

Cross-systems
planning/collaboration:
9 Agency/Orgs.
26 resources

Policy/Community norms:

12 Agency/Orgs. 26 resources

Education: 11 Agency/Orgs.

21 resources

Community

engagement/Coalition development: 8 Agency/Orgs. 20 resources

Information dissemination: 8 Agency/Orgs. 18 resources

Problem identification and referral:

6 Agency/Orgs. 17 resources

(from assessment results)

What are we doing about it together?

Actio

...and working collaboratively on these strategies...

dissemination: Public media, education, and/or

Information

awareness campaigns focused on problem areas

Policy/Community norms:

Policy review, advocacy and promotion focused on problem areas

Education:

Professional development related to problem areas and strategies So what? How will we know?

Evaluation Plan

...and we will track the key indicators listed for each of the outcomes (red, purple, blue columns) to measure our impact...

Using State Data Sources:

(see appendix for list of acronyms)

- HYS
- CORE GIS (WTSC; PRAMS; LCB; CHARS)
- BRFSS
- NSDUH

Using strategy specific process data:

- Agency service data
- Provider service
- Items related to collaborative strategies TBD

(from data results)

Updated March 2013