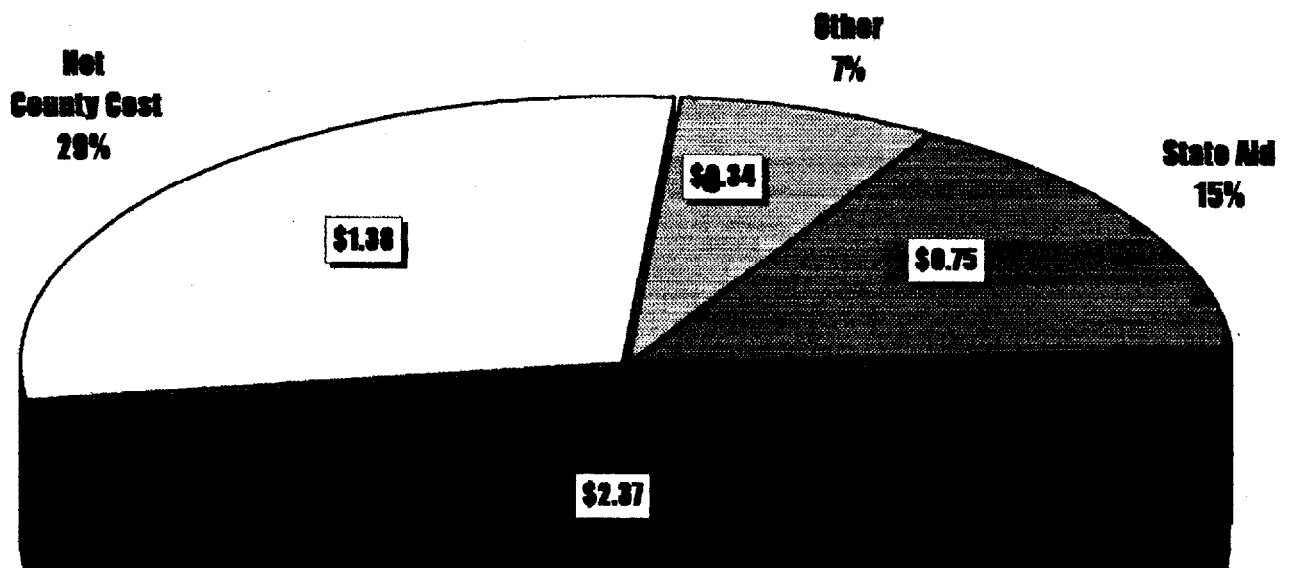


Attachment I

HEALTH SERVICES AGENCY

Summary of Funding Sources Alcohol & Drug Programs Fiscal Year 1998/99

TOTAL FUNDING = \$ 4.84 million





HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061

(408) 454-4066 FAX: (408) 454-4488
TDD: (408) 454-4123

November 11, 1998

AGENDA: November 24, 1998

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean St., Fifth Floor
Santa Cruz, CA. 95061

**SUBJECT: REPORT BACK ON DRUG AND ALCOHOL SERVICES
PREVENTION ACTIVITIES**

Dear Members of the Board:

Background:

During the June, 1998, budget hearings, your Board approved a report on the **goals** and activities planned for the Alcohol and Drug Prevention Program for Fiscal Year 1998-99. This report proposed changes in Prevention program activities from prior years and recommended that additional emphasis be placed on services to young persons who are involved with or at risk of becoming involved with so-called hard drugs. At that time, your Board requested further information on how prevention services are arrayed and funded. Your Board also directed HSA staff to develop costs and program options concerning residential treatment services for adolescents. Finally, your Board accepted a report on administrative consolidation of Mental Health and Alcohol and Drug Services. This report provides an update and additional information on Drug and Alcohol Services prevention activities and how these services are budgeted and handled.

Overview of Alcohol and Drug Services :

The Drug and Alcohol Program represents 7% of the HSA budget and 3% of all HSA positions. The majority of Drug and Alcohol services, including prevention activities, are delivered through local non-profit agencies rather than directly by County employees. The Drug and Alcohol division has 15.2 FTE positions, with 4.0 used in prevention, 2.5 in

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the Drinking Driver and Drug Diversion program, 3.8 case management positions including a supervisor for cases in the criminal justice system and CalWORKs, and 4.9 in general administration.

As indicated in Attachment I , 71% of the funds supporting the Drug and Alcohol Program are derived from Federal, State, and private sources. Twenty-nine percent of the budget comes from County funds, which are used both to match State and Federal funds as well as to support treatment and prevention activities. Unlike Health, Mental Health and Welfare, where realignment legislation shifted control to the counties, Alcohol and Drug services continue to have both program and budget closely controlled by the State Department of Alcohol and Drugs. This control and regulation has been an issue between counties and the State, and has led to continuing suggestions that Alcohol and Drug Programs would be able to be more responsive to local needs if they were realigned with program direction passing to the counties. The Alcohol and Drug Program receives a higher percentage of County dollars than other HSA divisions. This is due in part to State under-funding of programs critical to the community, and a series of revenue losses which would have resulted in program cuts without the provision of County general funds.

How Are Funds Spent?

Following is a list of general funding categories in the Drug and Alcohol program listed by state, federal and grant funding sources:

| | Federal/ State | Other | County | Total | % |
|------------------------------------|-------------------|-----------|-------------|-------------|------|
| Treatment and Early Intervention | \$2,151,139 | \$108,534 | \$824,857 | \$3,084,630 | 64% |
| Drinking Driver/Drug Diversion | 0 | 130,205 | 15,178 | 145,383 | 3% |
| Court (Jail Discharge, Drug Court) | 78,130 | 6,125 | 120,963 | 205,218 | 4% |
| CalWORKs (estimated) | 401,767 | 0 | 20,346 | 422,113 | 9% |
| Prevention | 457,036 | 54,890 | 23,596 | 535,522 | 11% |
| Administration | 36,000 | 41,433 | 372,086 | 449,519 | 9% |
| Total | \$3,124,172 | \$341,187 | \$1,377,026 | \$4,842,385 | 100% |

Within each of these categories, additional funding restrictions exist. These will be elaborated on later in this report.

Treatment and Early Intervention:

Treatment and early intervention services represent the largest expenditure portion of the Alcohol and Drug program (64%). Treatment services include detoxification services, methadone maintenance, outpatient therapy, residential treatment for adults, case management and day treatment programs. As testimony to your Board has indicated, the lack of residential treatment services for youth is a serious deficit, particularly for those young persons involved with hard drugs. Except for case management programs targeted at those involved in the criminal justice system and for CalWORKs participants, all treatment services are delivered through local non-profit contract agencies.

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Treatment outcomes for these non-profit agencies are available in Attachment II, and demonstrate that County-funded treatment programs positively impact alcohol and drug use, arrests, jail days, hospitalizations, hospital days, emergency room visits, mental health crisis visits, and needle use. These outcome findings are based on a study conducted on 310 clients departing from outpatient and residential treatment between July 1, 1997 and December 31, 1997, and compared clients' baseline data during the 60 days prior to admission with their outcomes 60 days prior to departure (for outpatient programs) or 60 days after departure (for residential programs).

Early intervention services include counseling and outreach services to at-risk youth. At-risk youth are young persons identified by the schools, police, parents, and agencies like CPS with problems or alcohol/drugs contact who are in the early stages of problem development, but who are not addicted nor severely compromised by drug or alcohol use. Special efforts are underway this year to develop early intervention programs for youth involved with CPS whose parents may be drug involved. Early intervention is an attempt to marshal counseling resources for youth and families at an early stage of drug experimentation or exposure before the problem has become disabling.

Following the residential treatment gap for youth, the most significant problem with the treatment programs is capacity. Based on Federal prevalence data applied to local service programs, it is estimated that only 24.5% of adults in need actually receive treatment. State and Federal funding inadequacies are the main source of this limitation. Also health insurance rarely provides adequate coverage for substance abuse treatment.

Drinking Driver/Drug Diversion Programs:

State law provides specific programs and consequences for persons arrested for drunk driving and first offense drug possession. The County is required by State law to monitor these programs, which serve over 1,700 drinking driver program (DDP) and 400 Drug Diversion clients annually. In addition, the County tracks the approximately 1,700 DDP clients from Court sentencing to program enrollment and program completion or failure, and reports on the status of these clients to the Court. DDP and Drug Diversion programs typically include group education and counseling, individual counseling, and attendance at 12-step meetings. Janus, ALTO, and Triad are licensed to provide first and multiple offender DDP services, and ALTO is certified to provide Drug Diversion services. The program services are entirely supported by client fees. County expenses for program monitoring and DDP client tracking are primarily supported by \$130,205 of administrative fees paid by providers, and the County share of the current year's monitoring and tracking budget is \$15,178.

Court/Jail Services:

As part of efforts to address jail overcrowding, a case manager position was funded to help with Jail Discharge Planning for persons whose primary problem was substance abuse and who were deemed to present a minimal threat to the community. The staff member in this position works with Probation, the Jail, and the Superior Court to identify and place inmates into treatment programs. Also with the recently awarded Drug Court Grant, another case management position is being added to work on identification and monitoring of program participants. The Alcohol and Drug Program works extensively

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with the criminal justice system. Based on the most recent service data, nearly 65% of 4,719 program clients were on probation, parole, or jail diversion.

CalWORKs Treatment and Case Management Services:

As part of welfare reform, the State has provided funding to counties to obtain treatment and case management services for CalWORKs recipients. These services include outreach and assessment, case management, treatment planning, residential services, outpatient treatment, and aftercare supports. These services are linked to child care and other supports to help assure successful outcomes.

Prevention Services:

A Prevention Services Plan was approved by your Board at the June 1998 budget hearings. This plan was significant in that it changed the direction of resources and activities for the County Alcohol and Drug Prevention Program. The two most significant changes were that activities were shifted to provide a focus on serving County youth at risk for involvement with hard drugs. To accomplish this change, existing contract service agreements were changed to emphasize prevention activities linked to hard drugs. County prevention activities were also redirected to activities linked to hard drugs. To support this shift, County resources are no longer used to staff and support the activities of the Prevention Council.

While the County participates in the Together For Youth prevention collaborative, it provides neither funding nor staff support. The United Way has assumed the role of facilitating the activities of the Together For Youth collaborative. Since July of 1998, Together for Youth and the HSA Alcohol and Drug Program have worked together with County-funded prevention providers, schools, law enforcement, and health and social service agencies to develop a plan to augment efforts to prevent young persons from hard drug involvement (see Attachment III of this report for the Together for Youth Plan to Reduce Youth Use of Heroin and Other Emerging Drugs).

Also, with the redirection of resources toward hard drug prevention, activities like "Hands Off Halloween" are no longer organized, staffed, or funded by the County Alcohol and Drug program. These types of activities are now supported by the Prevention Council and other groups.

The prevention program has three categorical activities which are State funded. These are the Friday Night Live/Club Live program, the Big Brother/Big Sister mentoring program, and the Office of Traffic Safety grant program for prevention of drinking and driving.

School Based Health Education/Prevention Activities:

Alcohol and Drug services is a primary provider of health education on drugs and alcohol in the junior high and high schools through contracted providers and County staff. (The DARE program, which is provided by the Sheriff's Department and other Police Jurisdictions is primarily in elementary schools, with only three junior highs having a

DARE module.) During the time in their lives when youth are most *likely* to experience peer pressure to experiment with drugs and/or alcohol, County services provide a vital and important avenue for health education and development of a support system for staying clean and sober. This is done through two primary methods. County and contract staff provide classes as part of the health education modules at junior high and high school, and conduct special assemblies to educate, discuss, and help youth develop refusal skills related to drugs and alcohol. This is where information on emerging drug risks is received, e.g., marijuana being laced with heroin, turning a drug from moderate to high risk.

Another State-funded activity is Friday Night Live/Club Live. This program develops student leaders to plan and implement activities to educate other students and parents about alcohol and drugs. These activities focus on a positive message for staying clean and sober, provide information about the dangers of alcohol and drugs, and where to get help if someone is already using. National research supports the position that having activities which provide positive alternatives to drug use and antisocial behavior reduces teen involvement with drugs. Friday Night Live/Club Live exists in all 58 California counties, and is supported by the State with dedicated funding and Statewide training and technical assistance.

Friday Night Live/Club Live chapters currently exist in 6 high schools and 6 junior high/middle schools throughout the County. Each chapter involves a core group of 15 to 30 student volunteers, a faculty advisor, and often parent volunteers who plan and implement approximately 6 to 10 activities per year for the entire student body, parents, and the community. County staff works with the chapters to recruit faculty advisors, provide training and technical assistance for the student volunteers and faculty advisors, organize County-wide events, and ensure continuity of the chapter when a faculty advisor leaves or key student leaders graduate. There is broad-based school, parent, and community support for these prevention activities. Most are integrated into the school calendar and have become a regular part of the County's presence in school education around alcohol and drugs.

All activities provide alcohol and drug prevention information, with costs typically offset by donations and participant fees. Examples of recent activities include:

- Student Education: A January 1998 Harbor High school-wide assembly on drinking and driving featuring DUI crash survivors and the CHP; a March 1998 Mission Hill Junior High alcohol and drug poster contest which posted entries throughout the school.
- Parent Education: An April 1998 Pajaro Middle School Open House presentation to over 100 parents about teen alcohol and drug use and Club Live.
- Community Events: In October 1998, the Watsonville High Friday Night Live chapter solicited businesses to give discounts to students who wore ribbons during Red Ribbon Week; a March 1998 Teen Fair at the Santa Cruz Civic Auditorium attended by over 1,000 youth included a booth staffed by the Soquel High Friday Night Live chapter which included an alcohol and drugs facts quiz with prizes.

Other Prevention Activities:

Besides school services, there are a number of other important activities which are part of the Prevention Program. Mentoring through the Big Brothers/Big Sisters program is an important type of prevention which uses relationships to positively influence the behavior of high risk youth. Also, health education activities similar to those in the schools are provided at community events, churches, parent groups, etc. to provide broad education to the community on drugs and alcohol and their effects.

Grant writing and community planning and support activities such as participation in Together for Youth are other important ways to influence the community and stimulate the development of resources to support critical services. One such planning activity is working with the schools to review the school health prevention activities associated with alcohol and drug education. The U.S.Center for Disease Control (CDC) in Atlanta funded a special project through the Council of Chief School Officers to set national standards to assess students related to their knowledge and skills in various areas of health. These standards include drug and alcohol information as a key area for health education. The County Alcohol and Drug services will sponsor a forum with local school officials to discuss these new assessment standards and how the program and the schools can partner to better train and equip youth to cope with alcohol and drugs. These standards are in Attachment IV.

What are the categorical and matching fund requirements for Alcohol and Drug Services?

Federal Block Grant: The State allocates \$1,298,771 in Federal Block Grant Alcohol and Drug funds to Santa Cruz County. The block grant requires a specific percentage or allocation amount go to four specific services, with each funded service tracked via cost reports and annual audits.

| | |
|--|-----------|
| Prevention Set Aside | \$275,960 |
| Perinatal Services | 54,072 |
| HIV Testing/Counseling | 41,231 |
| Services for Addicted Persons who lost SSI | 7,282 |
| TOTAL: | \$378,545 |

The \$920,226 balance of these funds supports treatment/early intervention and administrative support.

State General Funds: The State provides \$751,481 in general fund dollars, with two specific sets of program requirements and allocations:

| | |
|-----------------------------------|-----------|
| Perinatal Pregnant Women Services | \$278,885 |
| Match for Drug Medi-Cal Services | \$197,345 |

The \$275,251 balance is available to support other approved local activities.

It is important to note that Drug Medical Services have a mandated first priority call on State General Funds. The exact amount allocated for Medical can vary from year to

year depending on treatment demand and numbers of Medical clients requesting services. This State policy, adopted following a court decision adverse to the State, has the effect of making services to Medical eligible persons the number one treatment priority in every county. In addition, the State requires a 10% match of County funds for each dollar of State General Funds not used for Drug Medical match

Federal Medi-Cal Funds: Residential and day treatment programs for pregnant women, limited outpatient services, and methadone maintenance are all Medical eligible and draw down \$197,345 (50%) in Federal matching funds. For youth, Mental Health Medical can be used for funding support if minors have both mental health and substance abuse issues. Santa Cruz Community Counseling Services, Youth Services division, has provided outpatient and day treatment services using mental health Medical and has received Federal revenues of \$235,593 for those services. However, this past year, Medical eligibility for youth was restricted and Youth Services lost approximately \$275,000 of their projected Federal revenues, illustrating the peril that both CBOs and County government face when depending on these complex and changing funding sources. Of this total, Youth Services' loss, \$63,000, was restored as part of the Health Services budget, but a significant reduction in services still resulted. Youth Services was providing four school-linked day treatment classrooms prior to the State cut. Beginning July 1, 1998, the 4th classroom was eliminated and plans initiated to eliminate the third classroom on January 1. This will create serious consequences to high risk youth including many youth on probation. The High Risk Drug Task Force will be recommending that the 3rd classroom be continued due to the serious consequences of this reduction including increased recidivism and greater reliance on group home and other out-of-home placements.

State Drug Free Schools & Communities Funds: The State provides categorical funding (\$88,879) for prevention through its "Safe and Drug Free Schools & Communities" Program. Accepting this money requires funding of the "Friday Night Live/Club Live" program at a minimum of \$30,000 per year, and funding the Big Brothers/Big Sisters youth mentoring program at a minimum of \$34,000.

Drinking Driver Trust Funds: A portion of the drinking driver fines are mandated to be set-aside in a trust fund for alcohol and drug services. Drinking driver trust fund revenues this fiscal year total \$129,424 with \$44,890 designated by SB 920 (Seymour) for prevention services and \$84,534 by AB 2086 (Statham) for certified or licensed alcohol program services. The SB 920 trust fund revenues are used to support contracted alcohol prevention activities, and the AB 2086 revenues support outpatient alcohol treatment services.

Grants: Three additional grants were awarded to the County since the budget was adopted in June, 1998. These include both a Federal drug court grant and a State drug court grant of which a total of \$78,130 is directed to case management and evaluation to be provided by the County Alcohol and Drug Program. The Federal drug court funds were awarded to the Superior Court, but will be managed by the County Alcohol and Drug Program. The third grant was \$92,197 awarded by the State Office of Traffic Safety to combat drunk driving, including both enforcement and prevention elements.

CalWORKs Funds: The State has provided additional categorical funds for alcohol and drug treatment and case management for services for CalWORKs clients needing alcohol and drug treatment prior to obtaining work. HRA has been working with County Alcohol and Drug Programs on specific services and allocation. The Alcohol and Drug Program will share a case management/assessment position with Mental Health specifically for CalWORKs recipients, but all other CalWORKs dedicated funds will be spent on services through community groups, such as Fenix, Sunflower House, Alto Services, Janus, Triad and Women's Crisis Support. These programs will be providing a full continuum of services for adults, ranging from residential treatment to outpatient services. In addition to the State allocation, HRA competed for and received a special Governor's Grant for additional CalWORKs services. The specific amounts to be appropriated and spent this fiscal year are still being negotiated, but it is hoped that contract amendments for disbursing these funds will soon be forwarded to your Board for approval.

In summary, the Alcohol and Drug budget has significant restrictions, set-asides, and mandates linked to a large percentage of its funding. It is one of the most heavily regulated budgets within the Health Agency. Funding allocations not otherwise restricted are required to be spent on alcohol and drug services, prevention, or administrative services, but are generally flexible within these categories.

Prevention Funding: Prevention funding has specific State and a Federal maintenance of effort requirements. As noted below, the prevention programs include \$23,596 budgeted for services in excess of the Federal and State required minimum funding.

| <u>Expenses:</u> | <u>1998-99 Allocation</u> | |
|--|---------------------------|------------------|
| Big Brothers/Big Sisters | \$34,000 | |
| County Office of Education | 6,294 | |
| Fenix | 48,155 | |
| Pajaro Valley Prevention & Student Asst. | 19,216 | |
| Salud Para La Gente | 4,345 | |
| Santa Cruz Community Counseling Center | 14,915 | |
| SC Police - Office of Traffic Safety Grant | 38,715 | |
| Santa Cruz City Schools | 11,342 | |
| Women's Crisis Support | <u>8,697</u> | |
| Subtotal Contract Services | \$185,697 | |
| Drug & Alcohol Program Prevention | \$223,002 | |
| Office of Traffic Safety Grant | 53,482 | |
| Health Services Agency/County Overhead | <u>73,341</u> | |
| Subtotal County Prevention Costs | \$349,825 | |
| Total Prevention Costs for Services | | \$535,522 |

Categorical Prevention Revenues

1998/99

| <u>Revenue Source</u> | <u>Allocation</u> | |
|--|-------------------|------------------------|
| Federal Block Grant Prevention Set Aside | \$275,960 | |
| State-Drug Free School Grant/Friday Night Live | 30,000 | |
| State-Drug Free School Grant/Other | 58,879 | |
| Office of Traffic Safety | 92,197 | |
| United Way Grant | 10,000 | |
| SB 20 Drinking Driver Fines Fund | 44,890 | |
| Total Prevention Set Asides | | \$511,926 |
| Prevention Expenditures Over Set Aside | | <u>\$23,596</u> |

What has changed since the June Budget was approved?

In summary, the following changes in the program have occurred since budget hearings:

- Prevention Activities have been focused on Youth & High Risk Drugs
- Activities of the Special Task Force on Residential Treatment For Youth will be presented to your Board December 8, 1998
- Shift in coordination and administrative role for prevention to Together for Youth from County Alcohol and Drug Program
- Start Up of Drug Court and CalWORKs programs
- Focus on Center for Disease Control Standards for High School Drug and Alcohol Health Education
- Special Planning with CPS to provide early intervention services to CPS youth whose parents are drug involved.
- Study of administrative options continue for the consolidation of Mental Health and Alcohol and Drug program administrative components.

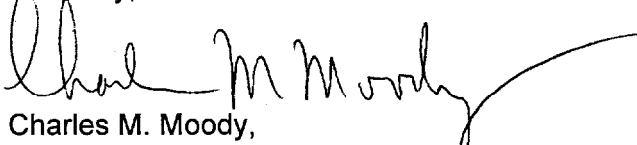
The report on December 8 will further address recommendations for meeting services gaps related to residential treatment and in January, 1999, a report on administrative consolidation will be submitted for your Board's consideration.

Recommendations:

It is, therefore, RECOMMENDED that your Board:

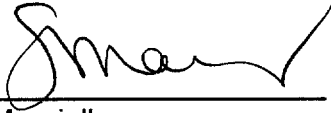
1. Accept and file the report by the Health Services Agency regarding the Alcohol and Drug Program budget and prevention activities.

Sincerely,


Charles M. Moody,
Health Services Agency Administrator

CM:RK:ag

RECOMMENDED



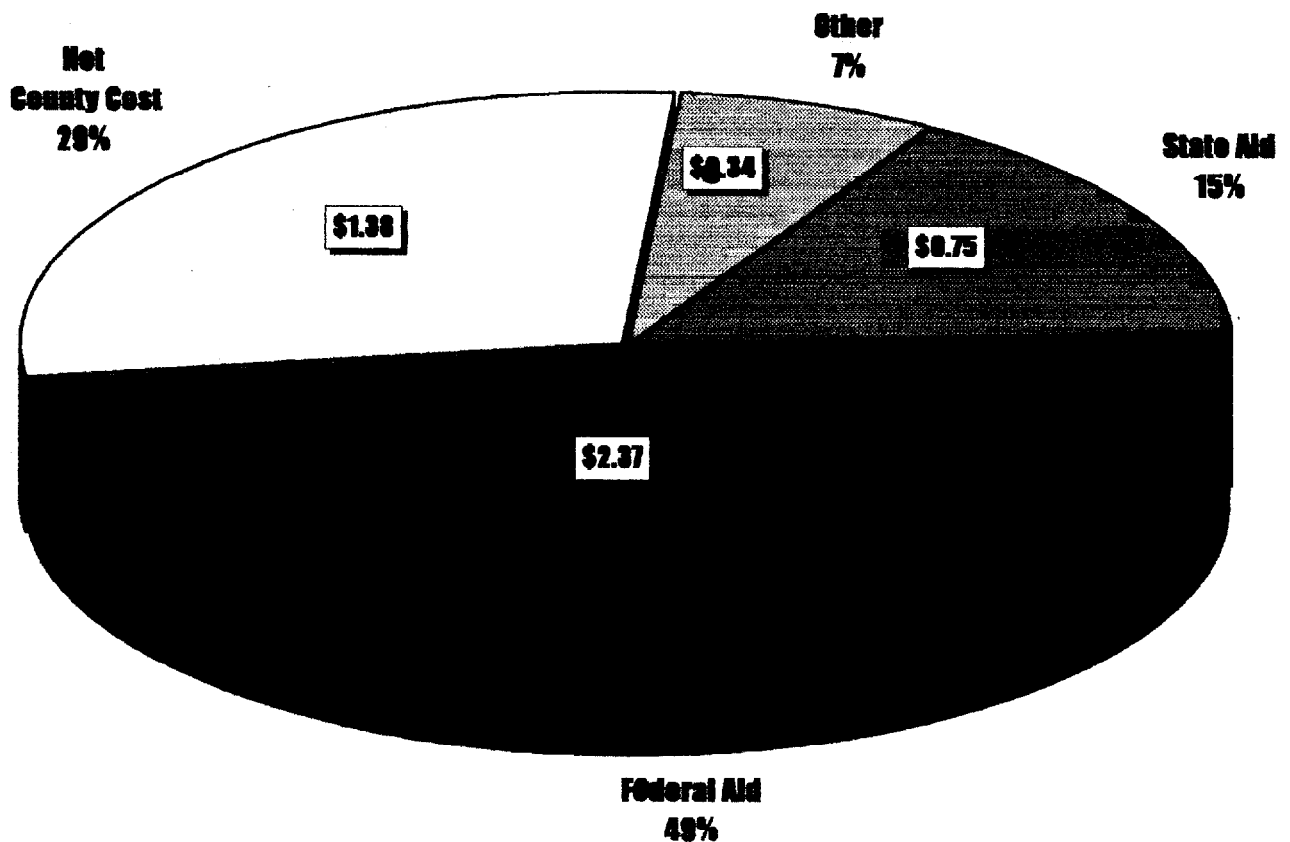
Susan Mauriello
County Administrative Officer

cc: County Administrative Office
County Counsel
HSA Administration
County Mental Health Services

Attachments: I - Program Chart
II - Treatment Outcomes
III - Together for Youth Plan to Reduce Youth Use of Heroin and Other
Emerging Drugs
IV - CDC Health Education Standards for Alcohol & Drugs

HEALTH SERVICES AGENCY
Summary of Funding Sources
Alcohol & Drug Programs
Fiscal Year 1998/99

TOTAL FUNDING = \$ 4.84 million



**HSA ALCOHOL AND DRUG PROGRAM
OUTCOME DATA
FOR CLIENTS DEPARTING
FROM 7/1/97 TO 12/31/97**

Outpatient

| | <u>60 Days Before Admission</u> | <u>60 Days Before Departure</u> |
|---|-------------------------------------|-------------------------------------|
| Percent Employed Full or Part Time | 47.4% | 48.5% |
| Percent Drinking Once or More Per Week | 61.8% | 40.0% |
| Average Number of Arrests | .36 | .18 |
| Average Number of Jail Days | 9.14 | 7.62 |
| Average Number of Hospital Days | .19 | .01 |
| Average Number of Emergency Room Visits | .12 | .05 |
| Percent Psych. Hospitalization or MH Crisis Visit | 2.2% | 2.2% |
| Percent on Public Assistance | 23.8% | 17.8% |
| Percent Homeless | 2.4% | 2.4% |
| Percent Using Needles | 12.2% | 8.2% |
| Percent Satisfied or Very Satisfied with Program | | 43.7% |
| Percent Completed Treatment | | 35.3% |

28-Day Residential

| | <u>60 Days Before Admission</u> | <u>60 Days After Departure</u> |
|---|-------------------------------------|------------------------------------|
| Percent Employed Full or Part Time | 27.0% | 27.0% |
| Percent Drinking Once or More Per Week | 100.0% | 16.3 |
| Average Number of Arrests | .35 | .12 |
| Average Number of Jail Days | 8.8 | .35 |
| Average Number of Hospital Days | 1.18 | .07 |
| Average Number of Emergency Room Visits | .35 | .49 |
| Percent Psych. Hospitalization or MH Crisis Visit | 10.0% | 7.5% |
| Percent on Public Assistance | 20.3% | 21.7% |
| Percent Homeless | 20.0% | 20.0% |
| Percent Using Needles | 23.8% | 7.1% |
| Percent Satisfied or Very Satisfied with Program | | 71.0% |
| Percent Completed Treatment | | 79.1% |

13

Long-Term Residential

| | 60 Days Before <u>Admission</u> | 60 Days After <u>Departure</u> |
|---|------------------------------------|-----------------------------------|
| Percent Employed Full or Part Time | 1.0% | 14.3% |
| Percent Drinking Once or More Per Week | 65.6% | 10.8% |
| Average Number of Arrests | .57 | .27 |
| Average Number of Jail Days | 21.8 | 6.3 |
| Average Number of Hospital Days | .54 | .57 |
| Average Number of Emergency Room Visits | .20 | .09 |
| Percent Psych. Hospitalization or MH Crisis Visit | 3.1% | 6.3% |
| Percent on Public Assistance | 28.6% | 62.7% |
| Percent Homeless | 39.4% | 24.2% |
| Percent Using Needles | 34.8% | 8.7% |
| Percent Satisfied or Very Satisfied with Program | | 52.9% |
| Percent Completed Treatment | | 38.6% |

Notes

1. Samples include 135 outpatient clients; 70 short-term residential clients; and 105 long-term residential clients. Self-report data was obtained for all clients departing from these programs, including those that did not complete the program. Not all clients were included in each analysis owing to missing data for some clients.
2. For outpatient clients, only those who used alcohol or drugs during the 60 days prior to admission (55 out of 135 total outpatient clients) were included in the analysis of drinking/using patterns. Outpatient services include non-drinkers/users such as family members of alcoholics and drug addicts, and abstinent persons who are in aftercare following residential treatment.
3. Although all long-term residential clients have severe addiction problems, a substantial proportion of them were not using alcohol or drugs once or more per week during the 60 days prior to admission due to being incarcerated.
4. Increases in the percentage of clients on public assistance after departure from residential programs may be accounted for by benefits advocacy by program staff to help clients obtain food stamps and CalWORKs benefits. Most residential programs rely on these benefits as revenue sources to support the program budget.

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EXECUTIVE SUMMARY**TOGETHER FOR YOUTH/UNIDOS PARA NUESTROS JOVENES
PLAN TO REDUCE YOUTH USE OF
HEROIN AND OTHER EMERGING DRUGS**

Although progress has been made in recent years in reducing the use by Santa Cruz County youth of alcohol, marijuana and inhalants, the use of heroin and other dangerous drugs has increased dramatically. Under the auspices of Together for Youth/Unidos Para Nuestros Jovenes, the Health Services Agency Alcohol and Drug Program coordinated a collaborative effort involving 25 organizations to develop a plan to respond to the increases in the use of heroin and other emerging drugs by youth. The planning group met five times between July and October of 1998 to address the following topics:

- What is the prevalence of alcohol and drug use among youth in Santa Cruz County?
- What efforts are currently underway to address the increasing use of heroin and other emerging drugs by youth?
- What factors are present in the County that put youth at a higher risk of using alcohol and drugs?
- How can existing and potential new resources be better targeted to address youth at the highest risk of alcohol and drug use?
- What additional efforts can be implemented using existing resources and what efforts will require new resources?

Many of the recommendations involving the reorientation of existing resources have been identified for immediate implementation by agencies involved in developing the plan, and others will be referred to other organizations for consideration. Recommendations requiring new resources to implement will be referred to the Together for Youth/Unidos Para Nuestros Jovenes Selection Committee for prioritization and possible inclusion in future Together for Youth/Unidos Para Nuestros Jovenes fundraising efforts. In addition, these recommendations will be referred to other organizations (local government agencies, schools, Together for Youth/Unidos Para Nuestros Jovenes member agencies, city and county governments, and State and Federal government representatives) to consider as part of their fund allocation and fund-raising efforts. Recommendations requiring new resources to implement include the following:

- Additional social and recreational alternatives for at-risk youth, including developing youth drop-in centers in San Lorenzo Valley and downtown Santa Cruz; developing partnerships with schools and parks and recreation services to open schools in the afternoons for "latchkey" kids; and providing employment opportunities for youth.
- Early intervention for youth picked up for minor criminal offenses and youth who have clearly identified risk factors (e.g., parents involved with Child Welfare Services, academic failure, homeless youth).
- Stronger enforcement of laws related to youth use of alcohol and marijuana, coupled with diversion to treatment and probation resources to ensure compliance.

15

**TOGETHER FOR YOUTH/UNIDOS PARA NUESTROS JOVENES
PLAN TO REDUCE YOUTH USE OF
HEROIN AND OTHER EMERGING DRUGS**

Although progress has been made in recent years in reducing the use by Santa Cruz County youth of alcohol, marijuana and inhalants, the use of heroin has increased dramatically. In addition, Santa Cruz County youth are increasing their experimentation with, and sometimes frequent use of, stimulants (e.g., methamphetamines), cocaine and "club drugs" such as rohypnol and GHB.

Under the auspices of Together for Youth/Unidos Para Nuestros Jovenes, the Health Services Agency Alcohol and Drug Program coordinated a collaborative effort involving 25 organizations to develop a plan to respond to the increases in the use of heroin and other emerging drugs by youth. A listing of the organizations involved in developing the plan, and a description of Together for Youth/Unidos Para Nuestros Jovenes are attached (Attachments A and B).

The planning group met five times between July and October of 1998 to address the following topics:

- What is the prevalence of alcohol and drug use among youth in Santa Cruz County?
- What efforts are currently underway to address the increasing use of heroin and other emerging drugs by youth?
- What factors are present in the County that put youth at a higher risk of using alcohol and drugs?
- How can existing and potential new resources be better targeted to address youth at the highest risk of alcohol and drug use?
- What additional efforts could be implemented using existing resources and what new efforts will require new resources?

Recommendations developed through the planning process will be addressed in the following ways:

- Some recommendations involving the reorientation of existing resources have been identified for immediate implementation by organizations identified in the plan. Other recommendations involving existing resources will be considered by various organizations as part of their own internal planning processes.
- Recommendations requiring new resources to implement will be referred to the Together for Youth/Unidos Para Nuestros Jovenes Selection Committee for prioritization and possible inclusion in future Together for Youth/Unidos Para Nuestros Jovenes fundraising efforts. In addition, these recommendations will be referred to other organizations (local government agencies, schools, Together for Youth/Unidos Para Nuestros Jovenes member agencies, city and county governments,

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and State and Federal government representatives) to consider as part of their fund allocation and fund-raising efforts.

16

Prevalence of Alcohol and Drug Use Among Youth

Alcohol and other drug (AOD) use among youth in Santa Cruz County has historically been above State and national averages in most categories and age groups. Recent increases in youth AOD at the State and national levels, combined with stabilization or decrease in AOD use by Santa Cruz youth in many categories, have narrowed the gap. However, the use of heroin has risen sharply among youth in Santa Cruz County and nationally. Most of the local prevalence data is based on surveys of 6th, 8th, 9th and 11th grade students throughout Santa Cruz County conducted in 1994 and 1996. Students were surveyed again in the Fall of 1998, with results expected to be released in January 1999.

Current Use by County Youth Declined in Most Categories. According to surveys of students in the County conducted in 1994 and 1996, progress has been made in reducing the current use (i.e., use in the past 30 days) of alcohol, marijuana, and inhalants (See Table 1). The current use of stimulants and cocaine increased slightly among 11th graders and has remained stable or decreased at other grade levels. It should be noted that AOD use is considerably higher among youth who are not in school, and that the use of self-report data may result in under-reporting of AOD use.

Alcohol. The reported incidence by County 11th graders of having been drunk in the past month decreased from 38% in 1994 to 31% in 1996. Similar declines were noted among 9th graders (26% in 1994 vs. 22% in 1996), 8th graders (17% in 1994 vs. 10% in 1996) and 6th graders (2% in 1994 vs. 1% in 1996).

Marijuana. The use of marijuana in the past 30 days by County 11th graders decreased from 40% in 1994 to 35% in 1996, and similar decreases were noted among 9th graders (35% in 1994 vs. 30% in 1996), and 8th graders (20% in 1994 vs. 17% in 1996). Sixth graders showed a slight increase in marijuana use in the past 30 days (3% in 1994 vs. 4% in 1996).

Inhalants. Inhalant use during the past 30 days by County students declined slightly among all grade levels between 1994 and 1996, except among 6th graders, where it rose from 4% to 5%.

Cocaine and Stimulants. Use of cocaine and stimulants among County students remained unchanged from 1994 to 1996, except among 11th graders, where use of cocaine in the past 30 days increased from 4% to 6% and use of stimulants increased from 3% to 4%.

Lifetime AOD Use Increased Nationally and Locally. As shown in Table 2, lifetime use of marijuana (i.e., "Have you ever used marijuana?") among 12th graders nationally increased dramatically (35% in 1994 vs. 64% in 1996) and increased in other categories of drug use as well. Santa Cruz County 11th graders showed a smaller increase in lifetime marijuana use (60% in 1994 vs. 64% in 1996), but showed larger increases in lifetime use of drugs other than alcohol. Among County 11th graders, the lifetime incidence of using alcohol and having been drunk was essentially stable between 1994 and 1996. In 1996, the lifetime use of marijuana (64%) among County 11th graders was the same as national 12th graders, but was higher for ever having been drunk (67% County vs. 62% national)

40

TABLE 1

**Percent of Santa Cruz County Students
Who Have Used Each Drug
in the Last Month
1994 vs. 1996**

| | 6th Grade | 8th Grade | 9th Grade | 11th Grade |
|-------------------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| Alcohol (1996) | 10% | 29% | 42% | 53% |
| Alcohol (1994) | 14% | 42% | 51% | 55% |
| Been Drunk (1996) | 1% | 10% | 22% | 34% |
| Been Drunk (1994) | 2% | 17% | 26% | 38% |
| Marijuana (1996) | 4% | 17% | 30% | 35% |
| Marijuana (1994) | 3% | 20% | 35% | 40% |
| Cocaine (1996) | <1% | 2% | 3% | 6% |
| Cocaine (1994) | <1% | 2% | 3% | 4% |
| Inhalants (1996) | 5% | 7% | 4% | 2% |
| Inhalants (1994) | 4% | 10% | 6% | 3% |
| Stimulants (1996) | <1% | 1% | 3% | 4% |
| Stimulants (1994) | <1% | 3% | 3% | 3% |
| Heroin (1996) | <1% | 2% | 1% | 2% |
| Heroin (not available- for 1994) | | | | |

TABLE2
**Percentage of County and National Students
 Who Report Ever Having Used A Drug
 1994 vs. 1996**

18

National Lifetime Use-12th Grade

| | <u>1994</u> | <u>1996</u> |
|------------|--------------------|--------------------|
| Alcohol | 80% | 79% |
| Been Drunk | 63% | 62% |
| Marijuana | 35% | 64% |
| Cocaine | 6% | 7% |
| Inhalants | 16% | 17% |
| Stimulants | 13% | 15% |
| Heroin | 1% | 2% |

Santa Cruz County, Lifetime Use - 11th Grade

| | <u>1994</u> | <u>1996</u> |
|------------|--------------------|--------------------|
| Alcohol | 90% | 89% |
| Been Drunk | 68% | 67% |
| Marijuana | 60% | 64% |
| Cocaine | 11% | 17% |
| Inhalants | 12% | 15% |
| Stimulants | 10% | 13% |
| Heroin | N/A | 6% |

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and ever having used cocaine (17% County vs. 7% national). Compared to the national 12th grade survey, County 11th graders reported less frequent lifetime use of inhalants (15% County vs. 17% national) and stimulants (13% County vs. 15% national).

19

The discrepancy between the downward trend from 1994 to 1996 among County 11th graders in current AOD use (use in the past 30 days) compared to the upward trend from 1994 to 1996 in lifetime use (ever used) suggests that more County youth are experimenting with AOD, but fewer are continuing their use beyond the experimentation stage.

Heroin Use Increased Significantly Among Local and National Youth. Heroin use among youth has recently increased at the County, State and national levels, and the incidence of heroin use and addiction is greater among County youth compared to State and national youth.

As shown in Table 2, surveys conducted in 1996 showed that 6% of County 11th graders had tried heroin, compared to 2% of 12th graders nationally. Comparable data is not available for 1994. During 1996, two percent of 11th graders and 1% of 9th graders in the County reported using heroin in the past 30 days.

Heroin use also showed significant increases among County AOD treatment clients and Juvenile Hall wards. During 1996-97, 6.4% of County treatment clients under the age of 18 reported heroin as their primary drug problem, compared to 2.4% in 1994-95. Statewide, 2.5% of AOD treatment clients under the age of 18 reported heroin as their primary drug problem during 1997. A 1998 survey of County Juvenile Hall wards revealed that 16.6% used heroin daily.

Current Efforts to Prevent Use of Heroin and Emerging Drugs

Alcohol and drug prevention and treatment providers in the County have been aware of and responding to the increased use of heroin and other emerging drugs for several years. Current efforts were reviewed by the planning group in order to encourage the use of effective prevention methods Countywide, and to determine gaps in prevention services. The list of current efforts reviewed by the planning group is as follows:

- Paiaro Valley Prevention and Student Assistance Program has increased the focus on heroin and methamphetamines in classroom curricula, teacher training and parent education. The dangers of heroin are emphasized in marijuana early intervention groups.
- San Lorenzo Valley Unified School District and Triad emphasize methamphetamines and heroin in parent support groups; are developing a brochure on GHB and rohypnol; and continue to emphasize alcohol and marijuana as precursors to methamphetamines and heroin.
- ALTO/Healthy Families emphasize methamphetamines and heroin (e.g., paraphernalia recognition) in parent trainings; and drug education for parents in custody at Jail Farm and Blaine St. focuses on heroin and methamphetamines

40

- North County Health; Start emphasizes methamphetamines and heroin in parenting classes.
- Santa Cruz City Schools sponsors youth in recovery from heroin to go to classes and student assemblies as speakers.
- Needle Exchange Project trades dirty needles for clean needles and makes treatment referrals.
- Santa Cruz AIDS Project operates a downtown youth drop-in center where youth can get information about drugs, needle use, and treatment resources.
- Independent Living Skills Center has sponsored a drug workshop for youth in foster care who are moving on to independent living.
- DARE is offered in elementary and middle schools, and emphasizes heroin.
- Redwoods and GROW programs for Court Wards educate clients about heroin and methamphetamines.
- OCJP Drug Endangered Children Grant assists children who have been exposed to drugs and chemicals used in making drugs.
- San Lorenzo Valley Resource Center, YMCA, and SLWSD have developed a school-based youth center.
- Local media has done a good job in covering heroin and methamphetamines stories.
- Safe Streets Now has trained neighbors to identify drug dealing houses and drug labs.
- Parents who have lost children to heroin are speaking out.

Local Risk Factors and Targeting of Services

Prior to developing specific recommendations to improve and increase prevention efforts related to heroin and emerging drugs, the planning group reviewed local factors that place youth at increased risk of using AOD and options for targeting prevention and early intervention services to help youth who are at the highest risk. Local risk factors identified by the planning group are as follows, and are largely consistent with those described in the national research literature:

- Homeless or unstable living conditions
- Extreme Poverty
- Racial prejudice, lack of acculturation
- Unidentified learning disabilities
- Out of school older teens
- Probation (delinquency involvement)
- Have social contacts with injection drug users (gangs, family, friends), or have parents who use drugs

- Peer pressure from peer groups that use heroin and methamphetamines
- Heroin “chic” in fashion, music and movies
- “Recreational” heroin use by college students
- Overachievers (for meth)
- Youth who want to lose weight (meth)
- Age 13 and 14 are critical in transition to high school and when most youth are beginning to experimentation with AOD.
- Youth who have too much free time/latch key kids.
- Kids who aren’t experiencing success or bonded with community

After reviewing local risk factors, the planning group developed recommendations and reviewed existing approaches to target prevention and early intervention services to youth at the highest risk of developing AOD problems. These recommendations and approaches are as follows:

- Focus on low income neighborhoods
- Focus on homeless and/or kids on the street
- Focus prevention resources on kids who are coming into contact with the “system” (CPS, Probation, Teen Drop-In Center, CalWORKS, kids with poor grades, teen parents)
- Use recovery program graduates to do group mentoring (Si Se Puede/PVPSA)
- “Choice” groups for AOD use decisions
- Be honest and believable in prevention presentations
- Orientation program for kids going from 8th grade to high school (buddy system/mentoring/link crews/make part of curriculum/peer helpers)
- Identify kids early who are having trouble transitioning to high school (SC City Schools 6th week progress report)
- Summer program to aid with high school transition (UCSC Summer Bridge program)
- 6th and 7th grade Link Crew (SC City Schools)
- Put emphasis on promoting clubs/group. TFYAJPNJ members should assist school clubs with outreach efforts.

Recommendations to Augment Prevention of Heroin and Emerging Drugs

After reviewing the status of current prevention efforts and local risk factors, the planning group developed specific recommendations for improving and increasing the response to the problem. These recommendations were grouped according to the Seven Essential Prevention Components identified in the Together for Youth/Unidos Para Nuestros Jovenes Prevention Plan (see Attachment B for a description of the Seven Essential Prevention Components).

Recommendations were categorized into those that could be implemented with existing resources, and recommendations that require new resources to implement. For recommendations that could be implemented with existing resources, “champions” to take lead in implementing the recommendation were solicited from within the planning group. Other recommendations related to use of existing resources pertain to most or all prevention service providers, and will be referred to them for implementation.

Recommendations requiring new resources to implement will be referred to the Together for Youth/Unidos Para Nuestros Jovenes Selection Committee for prioritization and possible inclusion in future Together for Youth/Unidos Para Nuestros Jovenes fundraising efforts. In addition, these recommendations will be referred to other organizations (local government agencies, schools, Together for Youth/Unidos Para Nuestros Jovenes member agencies, and State and Federal government representatives) to consider as part of their fund allocation and fund-raising efforts.

Recommendations for improving and increasing prevention of heroin and other emerging drugs are as follows:

Increasing Knowledge and Raising Awareness

- Youth panels to address schools and involve media coverage.
Recommendation: 1) Incorporate into future HSA prevention contracts and Friday Night Live/Club Live; 2) HSA to provide support to youth through training for youth on how to make presentations.
- Educate youth about dangers of smoking heroin. Many youth do not realize that smoking heroin is highly addictive.
Recommendation: 1) Encourage prevention providers to incorporate this into their alcohol and drug prevention presentations.
- Educate parents about AOD warning signs and where to get help.
Recommendation: 1) Together for Youth/Unidos Para Nuestros Jovenes is developing a brochure and will distribute it broadly to parents through schools and pediatricians; 2) Dominican and others are planning parent presentations.
- Education for parents through United Way, County personnel pay stub attachments, UCSC professionals.
Recommendation: 1) United Way will take lead on funding assistance and UCSC brochure distribution; 2) HSA Prevention will take lead on County pay stub attachments.
- Get more media coverage of heroin and emerging drug problems.
Recommendation: 1) Prevention providers should issue press releases to accompany their prevention events; 2) Refer this item to TFY/UPNJ PSA and Newspaper Articles committees; 3) Respond to media when they send the wrong message about the acceptability of drug use.
- Support parents' speaking engagements
Recommendation: 1) TFY/UPNJ will issue a press release on the availability of speakers.
- Public Service Announcements (PSA's) for heroin and methamphetamine (TV and radio)
Recommendation: 1) CPS and the District Attorney will issue a PSA on methamphetamines; 2) TFYAJPNJ will incorporate heroin and methamphetamines

into future rotating PSAs; 3) Use teen focus groups to develop and/or review PSAs targeted to teens.

23

- Research and publicize connection between alcohol, tobacco and marijuana and later heroin use.

Recommendation: 1) HSA will disseminate research summaries to schools and other prevention providers to incorporate into their prevention curricula and presentations. The genetic predisposition to addiction should also be noted.

Alcohol and Drug-Free Healthy Alternatives

- More social and recreational alternatives for at-risk youth.
Recommendation: 1) More resources are needed; 2) More broadly distribute the Community Foundation youth recreation resource directory by calling the Foundation with distribution suggestions.

- Provide healthy social/recreational alternatives-open up schools from 3-6 p.m. in partnership with community agencies for latchkey kids, one-stop services. Develop stronger relationships with the schools and school funding to promote implementation of prevention activities.

Recommendation: 1) More resources are needed to fully implement this recommendation. Valley Resource Center, YMCA and SLVUSD are doing this in San Lorenzo Valley; and Watsonville Parks and Recreation, PVUSD and Fenix are doing this at Freedom School and Pajaro Middle School; 2) Continue to explore partnerships between schools and prevention/recreation service providers, including a possible collaboration between County agencies and schools in the Live Oak area.

- Downtown SC youth “gathering place”.
Recommendation: 1) Additional resources are needed; 2) Continue to explore collaborations among agencies to co-locate services and share operational costs.
- Provide opportunities for youth to take initiative and responsibilities (jobs, social/recreational)
Recommendation: 1) New resources are needed to support existing programs and develop new services; 2) Develop new models for youth empowerment and development that are not as dependent on outside funding.

Early Intervention

- Early intervention for youth picked up for minor offenses (peer court, diversion, JUNTOS) Coordinate this on a Countywide basis, and expand.
Recommendation: 1) Additional resources are needed for services and for Probation to provide credible consequences for non-compliance; 2) Training for law enforcement officers on available intervention services for youth.

- Add treatment opportunities for “crossover” families involved with CPS and CalWORKS (funding stream available through TANF)
Recommendation: 1) Additional treatment services are being developed by HSA and HRA using new welfare reform funding.

- Outpatient detox; education for heroin users.
Recommendation: 1) Additional resources are needed to provide information, education and after care opportunities for youth seeking to detoxify from heroin.

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Enforcing Laws, Regulations and Ordinances

- Enforce laws related to “gateway” drugs.
Recommendation: 1) New resources are needed; 2) Enforcement efforts should be focused on persons who sell AOD to youth; 3) Enforcement efforts directed toward youth AOD users should be accompanied by diversion to treatment.

Increasing the Community’s Ability and Commitment to Respond

- Get better data on teen heroin and methamphetamine use (where is problem concentrated?). Get agencies to do surveys of their clients.
Recommendation: 1) Distribute recently completed survey of Juvenile Hall wards; 2) Complete sheriff’s analysis of juvenile AOD arrest data by locality.
- Analyze Court and Community Schools separately in school AOD survey.
Recommendation: 1) Include in upcoming school AOD survey.
- Focus groups of youth about why they use drugs and what to do to prevent it.
Recommendation: 1) HSA will conduct two youth focus groups; 2) Also ask where youth get AOD and at what age they initiated use.
- Involve UCSC (especially for off-campus students); invite to TFYAJPNJ meetings.
Recommendation: 1) TFYAJPNJ will continue outreach efforts to UCSC.
- Coordinate schools’ education efforts through Superintendent’s Council and site coordinators.
Recommendation: 1) TFY/UPNJ will request to make a presentation to the Superintendent’s Council; 2) TFY/UPNJ will request to hold future TFYAJPNJ meetings at school sites.

Other

- Balance heroin efforts with alcohol and marijuana.
Recommendation: 1) Service providers and policy makers should acknowledge in their program development and funding decisions that alcohol and marijuana use is an important precursor of heroin use, are the most widely used drugs, and are dangerous.
- Understand harm reduction approaches (needle exchange)
Recommendation: 1) TFY/UPNJ will sponsor a presentation by the Santa Cruz Needle Exchange Project.

ATTACHMENT A**ORGANIZATIONS AND INDIVIDUALS PARTICIPATING IN
TOGETHER FOR YOUTH/UNIDOS PARA NUESTROS JOVENES
PLAN TO PREVENT USE OF
HEROIN AND OTHER EMERGING DRUGS**

Big Brothers/Big Sisters
City of Santa Cruz Parks and Recreation Department
District Attorney
Fenix Services
Friday Night Live
Pajaro Valley Prevention and Student Assistance
Janet Reed, Volunteer
Santa Cruz AIDS Project
Santa Cruz City Police Department
Santa Cruz City Schools
Santa Cruz Community Counseling Center
Santa Cruz County Alcohol and Drug Program
Santa Cruz County Grand Jury
Santa Cruz County Human Resources Agency
Santa Cruz County Independent Living Skills Program
Santa Cruz County Community Mental Health
Santa Cruz County Probation Department
Santa Cruz County Sheriff
Triad Community Services
United Way of Santa Cruz County
Valley Resource Center
Valley Unity Action Group
Watsonville Police Department
Women's Crisis Support
YWCA of Watsonville

Together for Youth/Unidos Para Nuestros Jovenes
A Comprehensive Prevention Plan
April 1997
Executive Summary

On October 2, 1996, 40 community leaders who are deeply concerned about the alarmingly high rates of drug and alcohol use among Santa Cruz County youth came together to form Together for Youth/Unidos Para Nuestros Jovenes. Their goal was to develop and build public support for a comprehensive, multidisciplinary prevention plan to decrease youth alcohol and other drug use in Santa Cruz County to the national average by the year 2000.

Convened by representatives of the United Way of Santa Cruz County and the County of Santa Cruz Health Services Agency Alcohol and Drug Program, with funding provided by the David and Lucile Packard Foundation, members of the Together for Youth/Unidos Para Nuestros Jovenes Planning Group came from many sectors of the community: public and private health and human service organizations, schools, the juvenile justice system, community members, concerned parents and youth themselves. What these members held in common was an awareness that alcohol and other drug use is increasing among youth in the county and that a unified approach is needed to reduce the factors that put youth at risk for substance abuse and to strengthen the factors that shield youth from becoming involved with drugs and alcohol.

The Together for Youth/Unidos Para Nuestros Jovenes Planning Group examined community approaches from across the United States and adapted the *Communities That Care* model, pioneered by Dr. David Hawkins and Dr. Richard Catalano. *Communities That Care* is a research-based social development strategy that is designed to help children develop into healthy adults. It is aimed at achieving significant reductions in adolescent problem behaviors by reducing risk factors in ways that promote resilience. Dr. Hawkins and Dr. Catalano have done substantial research on risk focused prevention through the University of Washington's Social Development Research Group. They developed *Communities That Care* after more than ten years of research on risk and protective factors. *Communities That Care* has demonstrated success in communities in twelve states where the model has been adopted.

The Together for Youth/Unidos Para Nuestros Jovenes planning process began with orientation and education about risk and protective factors and the research-based essential components of successful prevention. Volunteers from the Group then made presentations about this information to community groups of all kinds reaching 375 concerned parents and other community members. The Group solicited input on types of prevention strategies that community members see as most promising.

An independent evaluator, Susan Brutschy of Applied Survey Research, gathered and analyzed this information along with other relevant data for the Planning Group to consider. The Planning Group prioritized strategies with the goal of seeking organizations to assume responsibility for specific action items. This Plan includes both short term and long term strategies and

distinguishes activities for which resources are currently available from those for which new resources are being sought.

Upon implementation, the Plan will be reviewed at six-month intervals to evaluate the activities' impact on the goal of reducing youth alcohol and other drug use to the national average by the year 2000.

The recommended components, strategies and activities for this Comprehensive Prevention Plan are described on pages 12 to 26. Together they form the network of prevention strategies in the seven essential components of:

- A. Increasing Knowledge and Raising Awareness
- B. Building Skills and Competencies of Individuals and Families
- C. Increasing Involvement in Alcohol and Drug-Free Healthy Alternatives
- D. Increasing Access Through Early Identification and Intervention Services and Referrals
- E. Changing Social Policies
- F. Enforcing Regulations, Ordinances and Laws
- G. Increasing the Community's Ability and Commitment to Respond to Alcohol and Drug Problems

Members of the Together for Youth/Unidos Para Nuestros Jovenes Planning Group will now select and convene prevention partners, organizations and groups who will help develop and deliver the activities described in this Plan. Together for Youth/Unidos Para Nuestros Jovenes members will seek the necessary resources from public and private sources to fund this Plan. They will continue to meet to evaluate the effectiveness and impact of the activities of the Plan in decreasing youth alcohol and drug use.

For more information about the ongoing work of Together for Youth/Unidos Para Nuestros Jovenes, call Mary Lou Goeke, Executive Director of the United Way of Santa Cruz County, at (408) 479-5466 or Bill Manov, Director of the County of Santa Cruz Health Services Agency Alcohol and Drug Program at (408) 454-4050.

Seven Essential Prevention Components

1. Increasing Knowledge and Raising Awareness

Definition: Efforts to increase knowledge and raise awareness about the effects of alcohol and other drugs(AOD), the symptoms of AOD use, progression of alcoholism and drug addiction, societal consequences of AOD abuse, and /or alcohol industry marketing and political strategies.

Examples: Direct face-to-face instruction to inform youth or adults; use of mass media such as print, television and radio; special events such as parades and poster contests to heighten awareness.

2. Building Skills and Competencies of Individuals and Families

Definition: Development of skills and competencies of youth, adults, parents, teachers, and/or families that will reduce the likelihood of AOD use and/or abuse.

Examples: Drug refusal skills training; mentoring; training for youth and families related to communication, decision making and conflict management; leadership and community organizing trainings; responsible beverage service training for alcoholic beverage servers.

3. Increasing Involvement in Alcohol and Drug-Free Healthy Alternatives

Definition: Efforts to create alcohol and drug-free social and recreational activities, including school-based and non-school-based programs.

Examples: AOD-free dances, parties and cultural events such as drug-free prom night and First Night; youth drop-in centers; youth athletic leagues.

4. Increasing Access Through Early Identification and Intervention Services and Referrals

Definition: Assisting persons who are already experiencing AOD problems through identification of AOD problems, intervention to encourage AOD abusers to seek help, and provision of referrals to needed services.

Examples: Training for employers, school personnel and parents to identify early signs of AOD abuse, how to intervene, and where to get help; informing professionals in the community about available AOD treatment/recovery resources; referral hotlines.

5. Changing Social Policies

Definition: Efforts to change policies, regulations, ordinances or laws of private and public organizations, institutions, or local, state or national governments that are relevant to AOD use.

Examples: School and workplace policies regarding AOD use by students or employees; Hands Off Halloween; advocacy to change local, state and national laws related to alcoholic beverage taxation, placement and manner of operation of alcohol outlets, and advertising; advocacy to increase penalties for violation of laws related to AOD use and sales.

6. Enforcing Regulations, Ordinances and Laws

Definition: Efforts to ensure that existing regulations, ordinances and laws related to AOD use and sales are enforced.

Examples: Decoy “sting” operations directed at outlets that sell alcohol to underage persons; cracking down on illegal drugs through arrest and prosecution of local drug dealers, manufacturers, and international smugglers; filing lawsuits against landlords who let their properties become havens for drug dealers.

7. Increasing the Community’s Ability and Commitment to Respond to Alcohol and Drug Problems

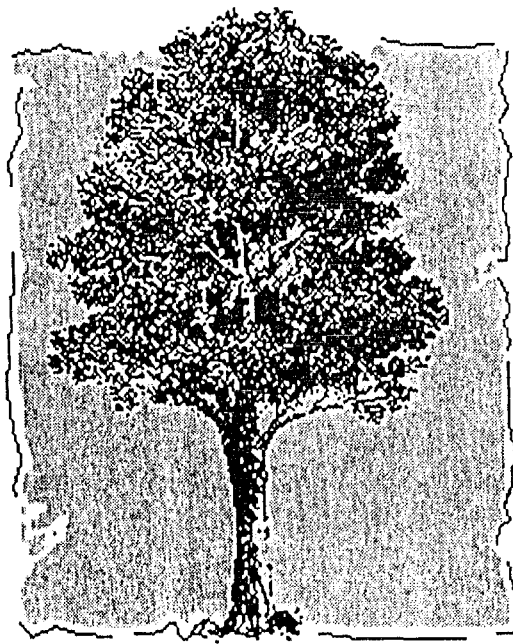
Definition: Activities in this category are not directed toward the development of any of the specific AOD prevention strategies mentioned above. Instead, they increase the ability and commitment of organizations in the community to launch AOD prevention activities in the future.


Examples: Conducting community needs assessments and developing plans to respond to identified AOD problems; recruiting members and/or obtaining resources to support an AOD prevention coalition; conducting evaluations of local AOD prevention efforts.

30

Assessing Health Literacy

Assessment Framework



 HEALTH CCSSO-SCASS EDUCATION PROJECT

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AOD**Alcohol and Other Drugs**

Core Concepts (CC) Over-the-counter medicines and prescription medications are drugs used to treat illness. These drugs have both benefits and risks. Alcohol and other drug use refers to all types of alcohol, including beer and wine, and many other drugs, including marijuana, steroids and inhalants. The use of alcohol and other drugs (AOD) has both short-term and long-term risks. AOD use has physical, social and emotional effects, including dependence and addiction. A variety of influences affect the choice to avoid the use of AOD.

| Content/Skill Links | Essential | Important | Supported | Suggested |
|---|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| Elementary | | | | |
| 1. Short-Term and Long-Term Benefits and Risks of Medicinal Drugs 1.1 differences between medicinal and non-medicinal drug use (AOD) 1.2 benefits and correct use of medicine 1.3 risks of incorrect use of medicines 1.4 school rules for taking medicine at school | AI | | | |
| 2. Short-Term and Long-Term Effects of AOD Use 2.1 dependence and addiction 2.2 physical, social and emotional effects 2.3 risks of inhalants 2.4 signs and behaviors of AOD use 2.5 benefits of not using AOD (physical, social, emotional, legal, financial) | | D/G | AI | |
| 3. Positive and Negative Influences on AOD Use 3.1 pressures to use 3.2 internal influences 3.3 family influences 3.4 peer influences 3.5 cultural influences 3.6 legal factors 3.7 influences on different types of AOD use | INF | | | |

| | |
|---|---|
| AI - Accessing Information | IC - Interpersonal Communication |
| SM - Self Management | D/G - Decision Making/Goal Setting |
| INF - Internal and External Influences | AV - Advocacy |

32

CC AOD



Alcohol and Other Drugs, continued

| Content/Skill Links | Essential | Important | Supported | Suggested |
|---|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| 4. Healthy Choices about AOD Use 4.1 personal responsibility for choices about alcohol and other non-medicinal drug use 4.2 personal commitment not to use | | D/G | SM | |
| 5. Communicating Healthy Choices about AOD Use 5.1 refusing to use alcohol and other non-medicinal drugs 5.2 getting help to deal with pressure to use 5.3 encouraging others not to use | IC | | AI | AV |
| Middle School | | | | |
| 1. Short-Term and Long-Term Benefits and Risks of Medicinal Drugs 1.1 dependence and addiction 1.2 physical, social and emotional effects | | | AI | D/G |
| 2. Short-Term and Long-Term Effects of AOD Use 2.1 dependence and addiction 2.2 physical, social and emotional effects 2.3 signs and behaviors of AOD use 2.4 effects of binge drinking 2.5 effects of inhalant use 2.6 effects of marijuana use 2.7 effects of other smoked illicit drugs 2.8 relationship between AOD use and transportation injuries 2.9 relationship between AOD use and other injuries 2.10 relationship between AOD use and sexual behavior 2.11 relationship between AOD use and mental health 2.12 benefits of not using AOD (physical, social, emotional, legal, financial) | D/G | | AI | |

| | |
|---|---|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

40

AOD**Alcohol and Other Drugs, continued****CC**

| Content/Skill Links The following descriptors had links specifically to the skills identified. | Essential | Important | Supported | Suggested |
|---|-----------|-----------|-----------|-----------|
| 3. Positive and Negative Influences on AOD Use 3.1 pressures to use 3.2 internal influences 3.3 family influences 3.4 peer influences 3.5 cultural influences 3.6 legal factors 3.7 influences on different levels of AOD use | INF IC | | | |
| 4. Healthy Choices about AOD Use 4.1 personal responsibility for choices about alcohol and other non-medicinal drug use 4.2 personal commitment not to use | | D/G | SM | |
| 5. Communicating Healthy Choices about AOD Use 5.1 other non-medicinal drugs 5.2 getting help 5.3 dealing with pressure to use 5.4 encouraging others not to use | IC | AV | AI | |

| | |
|--|--|
| AI -Accessing Information | IC -Interpersonal Communication |
| SM -Self Management | D/G -Decision Making/Goal Setting |
| INF -Internal and External Influences | AV -Advocacy |

CC AOD



Alcohol and Other Drugs, continued

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| High School | | | | |
| 1. Short-Term and Long-Term Benefits and Risks of Medicinal Drugs 1.1 dependence and addiction 1.2 importance of taking medicines as described (dosage, duration, need for food) 1.3 caution in taking multiple medicines | | AI | D/G | |
| 2. Short-Term and Long-Term Effects of AOD Use 2.1 dependence and addiction 2.2 physical, social and emotional effects 2.3 effects of binge drinking 2.4 effects of inhalant use 2.5 effects of marijuana use 2.6 effects of steroid use 2.7 effects of other illicit drugs 2.8 relationship between AOD use and transportation injuries 2.9 relationship between AOD use and violence 2.10 relationship between AOD use and sexual behavior 2.11 relationship between AOD use and mental health 2.12 benefits of not using AOD (physical, social, emotional, legal, financial, vocational) | | D/G | AI | |
| 3. Positive and Negative Influences on AOD Use 3.1 pressures to use 3.2 internal influences 3.3 family influences 3.4 peer influences 3.5 cultural influences 3.6 legal/policy factors 3.7 influences on different levels of AOD use | INF | | | |

| | |
|---|---|
| AI - Accessing Information | IC - Interpersonal Communication |
| SM - Self Management | D/G - Decision Making/Goal Setting |
| INF - Internal and External Influences | AV - Advocacy |

CC AOD



Alcohol and Other Drugs, continued

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| High School | | | | |
| 1. Short-Term and Long-Term Benefits and Risks of Medicinal Drugs 1.1 dependence and addiction 1.2 importance of taking medicines as described (dosage, duration, need for food) 1.3 caution in taking multiple medicines | | AI | D/G | |
| 2. Short-Term and Long-Term Effects of AOD Use 2.1 dependence and addiction 2.2 physical, social and emotional effects 2.3 effects of binge drinking 2.4 effects of inhalant use 2.5 effects of marijuana use 2.6 effects of steroid use 2.7 effects of other illicit drugs 2.8 relationship between AOD use and transportation injuries 2.9 relationship between AOD use and violence 2.10 relationship between AOD use and sexual behavior 2.11 relationship between AOD use and mental health 2.12 benefits of not using AOD (physical, social, emotional, legal, financial, vocational) | | D/G | AI | |
| 3. Positive and Negative Influences on AOD Use 3.1 pressures to use 3.2 internal influences 3.3 family influences 3.4 peer influences 3.5 cultural influences 3.6 legal/policy factors 3.7 influences on different levels of AOD use | INF | | | |

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|--------------------------------------|----------------------------------|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

36

AOD**CC****Alcohol and Other Drugs, continued**

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|------------------|------------------|------------------|------------------|
| The following descriptors had links specifically to the skills identified. | | | | |
| 4. Healthy Choices about AOD Use | IC | | | |
| 4.1 personal responsibility for choices about alcohol and other non-medicinal drug use | p/G | | | |
| 4.2 reinforcing personal commitment not to use | | | | |
| 5. Communicating Healthy Choices about AOD Use | IC | AV | | AI |
| 5.1 refusing alcohol and other non-medicinal drug use | | | | |
| 5.2 getting help | | | | |
| 5.3 dealing with pressure to use | | | | |
| 5.4 encouraging others not to use | | | | |
| 5.5 refusing to ride with someone who has been using AOD | | | | |

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|---|---|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

40

AOD

Alcohol and Other Drugs

Accessing Information (AI) Student work should demonstrate the ability to identify specific sources for valid and appropriate information about alcohol and other drugs. Students should also provide a rationale for using the source and demonstrate the need for information. Many appropriate sources exist in communities to assist people with drug and alcohol problems. Valid health information and services about AOD use are available from educators, health-care providers, community agencies, and other governmental agencies.



| Content/Skill links | Essential | Important | Supported | Suggested |
|---|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| Elementary | | | | |
| 1. Short-Term and Long-Term Benefits and Risks of Medicinal Drugs 1.1 differences between medicinal and non-medicinal drug use (AOD) 1.2 benefits and correct use of medicine 1.3 risks of incorrect use of medicines 1.4 school rules for taking medicine at school | AI | | | |
| 2. Short-Term and Long-Term Effects of AOD Use 2.1 dependence and addiction 2.2 physical, social and emotional effects 2.3 risks of inhalants 2.4 signs and behaviors of AOD use 2.5 benefits of not using AOD (physical, social, emotional, legal, financial) | | | AI | |
| 5. Communicating Healthy Choices about AOD Use 5.1 refusing to use alcohol and other non-medicinal drugs 5.2 getting help to deal with pressure to use 5.3 encouraging others not to use | | | AI | |

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|---|---|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |



Alcohol and Other Drugs, continued

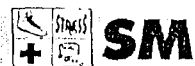
| Content/Skill Links | Essential | Important | Supported | Suggested |
|---|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| Middle School | | | | |
| 1. Short-Term and Long-Term Benefits and Risks of Medicinal Drugs 1.1 dependence and addiction 1.2 physical, social and emotional effects | | | AI | |
| 2. Short-Term and Long-Term Effects of AOD Use 2.1 dependence and addiction 2.2 physical, social and emotional effects 2.3 signs and behaviors of AOD use 2.4 effects of binge drinking 2.5 effects of inhalant use 2.6 effects of marijuana use 2.7 effects of other smoked illicit drugs 2.8 relationship between AOD use and transportation injuries 2.9 relationship between AOD use and other injuries 2.10 relationship between AOD use and sexual behavior 2.11 relationship between AOD use and mental health 2.12 benefits of not using AOD (physical, social, emotional, legal, financial) | | | AI | |
| 5. Communicating Healthy Choices about AOD Use 5.1 other non-medicinal drugs 5.2 getting help 5.3 dealing with pressure to use 5.4 encouraging others not to use | | | AI | |

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|--------------------------------------|----------------------------------|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

AOD**AI****Alcohol and Other Drugs, continued**

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|------------------|------------------|------------------|------------------|
| The following descriptors had links specifically to the skills identified. | | | | |
| High School | | | | |
| 1. Short-Term and Long-Term Benefits and Risks of Medicinal Drugs 1.1 dependence and addiction 1.2 importance of taking medicines as described (dosage, duration, need for food) 1.3 caution in taking multiple medicines | | AI | | |
| 2. Short-Term and Long-Term Effects of AOD Use 2.1 dependence and addiction 2.2 physical, social and emotional effects 2.3 effects of binge drinking 2.4 effects of inhalant use 2.5 effects of marijuana use 2.6 effects of steroid use 2.7 effects of other illicit drugs 2.8 relationship between AOD use and transportation injuries 2.9 relationship between AOD use and violence 2.10 relationship between AOD use and sexual behavior 2.11 relationship between AOD use and mental health 2.12 benefits of not using AOD (physical, social, emotional, legal, financial, vocational) | | | AI | |
| 5. Communicating Healthy Choices about AOD Use 5.1 refusing alcohol and other non-medicinal drug use 5.2 getting help 5.3 dealing with pressure to use 5.4 encouraging others not to use 5.5 refusing to ride with someone who has been using AOD | | | | AI |

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|---|---|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |



SM

AOD



Alcohol and Other Drugs

Self Management (SM) Students should demonstrate the ability to take personal responsibility to make health-enhancing choices about AOD use. Student work in this skill area may demonstrate awareness of a variety of stress management techniques that do not involve AOD use, including positive coping strategies, support systems and personal introspection. Students should demonstrate awareness of a variety of activities to relieve tension that do not involve AOD, such as sports, reading and hobbies.

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| Elementary | | | | |
| 4. Healthy Choices about AOD Use | | | SM | |
| 4.1 personal responsibility for choices about alcohol and other non-medicinal drug use | | | | |
| 4.2 personal commitment not to use | | | | |
| Middle School | | | | |
| 4. Healthy Choices about AOD Use | | | SM | |
| 4.1 personal responsibility for choices about alcohol and other non-medicinal drug use | | | | |
| 4.2 personal commitment not to use | | | | |
| High School | | | | |
| This skill is not prioritized for assessment at this level. | | | | |

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|--------------------------------------|----------------------------------|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

**AOD**

Alcohol and Other Drugs

Internal and External Influences (INF) Student work should demonstrate awareness of the variety of influences on AOD use, including peers, families, media and internal curiosity.

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| Elementary | | | | |
| 3. Positive and Negative Influences on AOD Use 3.1 pressures to USC 3.2 internal influences 3.3 family influences 3.4 peer influences 3.5 cultural influences 3.6 legal factors 3.7 influences on different types of AOD use | INF | | | |
| Middle School | | | | |
| 3. Positive and Negative Influences on AOD Use 3.1 pressures to USC 3.2 internal influences 3.3 family influences 3.4 peer influences 3.5 cultural influences 3.6 legal factors 3.7 influences on different levels of AOD use | INF | | | |

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|--|--|
| AI -Accessing Information | IC -Interpersonal Communication |
| SM -Self Management | D/G -Decision Making/Goal Setting |
| INF -Internal and External Influences | AV -Advocacy |

INF
AOD

Alcohol and Other Drugs, continued

H2

| Content/Skill Links The following descriptors had links specifically to the skills identified. | Essential | Important | Supported | Suggested |
|---|-----------|-----------|-----------|-----------|
| High School | | | | |
| 3. Positive and Negative Influences on AOD Use 3.1 pressures to use 3.2 internal influences 3.3 family influences 3.4 peer influences 3.5 cultural influences 3.6 legal/policy factors 3.7 influences on different levels of AOD use | INF | | | |

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|---|---|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

H0



43

AOD

Alcohol and Other Drugs

Interpersonal Communications (IC) Student work should provide a clear message using effective communication tactics and strategies. Ideas and beliefs about AOD use, including personal risks, risks for others, laws and culture, and media exposure, should be organized. Students should demonstrate the interactive quality of this skill with specific tactics, such as awareness of the importance of I-messages, eye contact, body language and tone. Refusals should demonstrate a clear "no" message. Refusal techniques include "broken record" and providing a reason not to use AOD. Students could also suggest delaying tactics, such as changing the subject, providing an excuse or putting off a decision or event.

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| Elementary | | | | |
| 5. Communicating Healthy Choices about AOD Use 5.1 refusing to use alcohol and other non-medicinal drugs 5.2 getting help to deal with pressure to use 5.3 encouraging others not to use | IC | | | |
| Middle School | | | | |
| 3. Positive and Negative Influences on AOD Use 3.1 pressures to use 3.2 internal influences 3.3 family influences 3.4 peer influences 3.5 cultural influences 3.6 legal factors 3.7 influences on different levels of AOD use | IC | | | |

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|---|---|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

IC
AOD

Alcohol and Other Drugs, continued

| Content/Skill Links | Essential | Important | Supported | Suggested |
|---|------------------|------------------|------------------|------------------|
| The following descriptors had links specifically to the skills identified. | | | | |
| 5. Communicating Healthy Choices. about AOD Use 5.1 other non-medicinal drugs 5.2 getting help 5.3 dealing with pressure to use 5.4 encouraging others not to use | IC | | | |
| High School | | | | |
| 4. Healthy Choices about AOD Use 4.1 personal responsibility for choices about alcohol and other non-medicinal drug use 4.2 reinforcing personal commitment not to use | IC | | | |
| 5. Communicating Healthy Choices about AOD Use 5.1 refusing alcohol and other non-medicinal drug use 5.2 getting help 5.3 dealing with pressure to use 5.4 encouraging others not to use 5.5 refusing to ride with someone who has been using AOD | IC | | | |

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|---|---|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

H5



D/G

AOD

Alcohol and Other Drugs

Decision Making/Goal Setting (D/G) Students should demonstrate the ability to make health-enhancing choices about AOD use. The choice not to use AOD has positive health benefits, both short-term and long-term. Student work should demonstrate the use of decision-making and goal-setting skills to choose not to use AOD. Work should be personalized and should include consequences of use, alternatives to AOD use, evaluation and reflection. Goals to not use AOD or to quit using AOD should include a plan with realistic steps, rewards, reflection and evaluation.

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| Elementary | | | | |
| 2. Short-Term and Long-Term Effects of AOD Use 2.1 dependence and addiction 2.2 physical, social and emotional effects 2.3 risks of inhalants 2.4 signs and behaviors of AOD use 2.5 benefits of not using AOD (physical, social, emotional, legal, financial) | | D/G | | |
| 4. Healthy Choices about AOD Use 4.1 personal responsibility for choices about alcohol and other non-medicinal drug use 4.2 personal commitment not to use | | D/G | | |

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|---|---|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

H9

46



Alcohol and Other Drugs, continued

| Content/Skill Links | Essential | Important | Supported | Suggested |
|---|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| Middle School | | | | |
| 1. Short-Term and Long-Term Benefits and Risks of Medicinal Drugs 1.1 dependence and addiction 1.2 physical, social and emotional effects | | | | D/G |
| 2. Short-Term and Long-Term Effects of AOD Use 2.1 dependence and addiction 2.2 physical, social and emotional effects 2.3 signs and behaviors of AOD use 2.4 effects of binge drinking 2.5 effects of inhalant use 2.6 effects of marijuana use 2.7 effects of other smoked illicit drugs 2.8 relationship between AOD use and transportation injuries 2.9 relationship between AOD use and other injuries 2.10 relationship between AOD use and sexual behavior 2.11 relationship between AOD use and mental health 2.12 benefits of not using AOD (physical, social, emotional, legal, financial) | D/G | | | |
| 4. Healthy Choices about AOD Use 4.1 personal responsibility for choices about alcohol and other non-medicinal drug use 4.2 personal commitment not to use | | D/G | | |

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|--------------------------------------|----------------------------------|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

40

47

AOD**D/G****Alcohol and Other Drugs, continued**

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|------------------|------------------|------------------|------------------|
| The following descriptors had links specifically to the skills identified. | | | | |
| High School | | | | |
| 1. Short-Term and Long-Term Benefits and Risks of Medicinal Drugs 1.1 dependence and addiction 1.2 importance of taking medicines as described (dosage, duration, need for food) 1.3 caution in taking multiple medicines | | | D/G | |
| 2. Short-Term and Long-Term Effects of AOD Use 2.1 dependence and addiction 2.2 physical, social and emotional effects 2.3 effects of binge drinking 2.4 effects of inhalant use 2.5 effects of marijuana use 2.6 effects of steroid use 2.7 effects of other illicit drugs 2.8 relationship between AOD use and transportation injuries 2.9 relationship between AOD use and violence 2.10 relationship between AOD use and sexual behavior 2.11 relationship between AOD use and mental health 2.12 benefits of not using AOD (physical, social, emotional, legal, financial, vocational) | | D/G | | |
| 4. Healthy Choices about AOD Use 4.1 personal responsibility for choices about alcohol and other non-medicinal drug use 4.2 reinforcing personal commitment not to use | D/G | | | |

| | |
|---|---|
| AI-Accessing Information | IC-Interpersonal Communication |
| SM-Self Management | D/G-Decision Making/Goal Setting |
| INF-Internal and External Influences | AV-Advocacy |

40

**AV**

48

AOD

Alcohol and Other Drugs

Advocacy (AV) Student work should be directed to others and should demonstrate a clear stand against AOD use. A health-enhancing position should be expressed with conviction. Advocacy messages should demonstrate an awareness of the audience. Community agencies that advocate for healthful choices about AOD use include MADD and SADD.

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically to the skills identified. | | | | |
| Elementary | | | | |
| 5. Communicating Healthy Choices about AOD Use 5.1 refusing to use alcohol and other non-medicinal drugs 5.2 getting help to deal with pressure to use 5.3 encouraging others not to use | | | | AV |
| Middle School | | | | |
| 5. Communicating Healthy Choices about AOD Use 5.1 other non-medicinal drugs 5.2 getting help 5.3 dealing with pressure to use 5.4 encouraging others not to use | | AV | | |

| | |
|--|--|
| AI -Accessing Information | IC -Interpersonal Communication |
| SM -Self Management | D/G -Decision Making/Goal Setting |
| INF -Internal and External Influences | AV -Advocacy |

AV
AOD



Alcohol and Other Drugs, continued

49

| Content/Skill Links | Essential | Important | Supported | Suggested |
|--|-----------|-----------|-----------|-----------|
| The following descriptors had links specifically <i>Lo</i> the skills identified. | | | | |
| High School | | | | |
| 5. Communicating Healthy Choices about AOD Use 5.1 refusing alcohol and other non-medicinal drug use 5.2 getting help 5.3 dealing with pressure to use 5.4 encouraging others not to use 5.5 refusing to ride with someone who has been using AOD | | AV | | |

| | |
|--|--|
| AI -Accessing Information | IC -Interpersonal Communication |
| SM -Self Management | D/G -Decision Making/Goal Setting |
| INF -Internal and External Influences | AV -Advocacy |

49