

The Emerging Role of Prevention and Community Coalitions: Working for the Greater Good

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The economic cost of substance abuse in the United States is estimated to exceed \$300 billion annually.^{1,2} Estimates attempt to assess in monetary terms the damage that results from the use of alcohol (misuse by adults and any use among those under 21) and drugs. These costs include expenditures on alcohol- and drug-related problems, decreases in productivity, and opportunities that are lost because of substance abuse. Despite this economic burden, only \$18 billion was devoted to treatment of substance use disorders in 2001. This amount constituted only 1.3% of all health care spending.¹ In North Carolina, about 5% of the total Division of Mental Health, Developmental Disabilities, and Substance Abuse Services funds is spent on treatment and prevention of substance abuse.³

The ubiquitous nature of substance abuse calls for a comprehensive approach inclusive of prevention, treatment, and relapse recovery. However, the central component of this continuum, prevention, is often underestimated, overlooked, and underfunded. Here we discuss the need for and importance of prevention, which preventive efforts work, the role of collaborative efforts in substance use, and how preventive efforts can best be implemented. Supporting prevention activities across the life span and in multiple settings represents an important opportunity to reduce substance abuse and its deleterious outcomes.

Why Do We Need Prevention?

Substance use and abuse impacts multiple sectors of daily living. A significant proportion of domestic violence, sexual assault, violent crime, child abuse and neglect, workplace injury, and other health outcomes are related to substance abuse.² For example, prior to the 2007 opening of a Sam's Club in eastern North Carolina, the national chain of membership-only retail warehouses received 4,000 applications for 160 positions. More than 2,000 applicants did not pass mandatory drug tests, thereby effectively reducing the prospective applicant pool by 50%. Twenty-two percent of the applicants did not pass criminal background checks and, coupled with applicants who were not hired due to availability (such as not being able

to work on Saturday or Sunday) Sam's Club had difficulty filling its 160 positions from the pool of 4,000 applicants.⁴ This story is not atypical. More and more, small and large businesses and industries along with local and state leaders are confronting the negative economic impact of substance abuse on the bottom line.

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The Sam's Club example demonstrates one of several compelling reasons why prevention must be the cornerstone of any effort to reduce substance abuse and its related consequences. The example also highlights the problem among adults and the need to promote prevention efforts beyond the classroom and into the workplace. At the same time, reported alcohol and drug use among our nation's youth continues to call for efforts to equip young people with the requisite skills needed to protect against myriad risk factors for substance use and other related behavior.

Due to the breadth of strategies and advances in the field, prevention efforts provide a unique opportunity to impact the negative consequences associated with substance abuse. For example, numerous strategies are designed at the individual level, but the application or implementation of these strategies can impact large numbers of youth through universal application among the general population. This is in direct contrast to individual treatment interventions that often focus on an

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individual patient or client. Prevention efforts, particularly those that are universal and population-based, are needed to combat the growing number of risk factors that increase the likelihood of substance use, but the adoption of prevention-oriented programs must occur with a clear understanding of what efforts have the best opportunities for success.

What Preventive Efforts Work?

The research to practice movement^a and the continued growth of the prevention science field⁵ have drastically changed how and what types of prevention programs, policies, and practices are implemented in communities across the United States. Unfortunately, however, the adoption and implementation of evidence-based strategies⁵ is still in the early stages of diffusion.⁶ Some studies suggest that only about 30% of middle schools implement evidence-based programs, despite evidence of improved academic performance and decreased substance use and antisocial behavior.⁶

Communities have access to several resources to inform their decision making regarding the appropriate selection of evidence-based prevention strategies. Both federal agencies and academic institutions including the Center for Substance Abuse Prevention (CSAP), the Department of Education (DE), the Office of Juvenile Justice Delinquency Prevention (OJJDP), and the University of Colorado at Boulder have developed and disseminated lists of prevention strategies that have been empirically shown to reduce substance use, violence, and other related behaviors.⁶ Referenced strategies include individual, school, family, and community-focused interventions that address potential participants as a function of their risk.

Over the last decade, several reviews of prevention strategies (programs, policies, and practices) have been conducted examining their effectiveness in reducing substance use among young people.⁷⁻¹⁰ Although the list of effective preventive efforts is too extensive to list here, effective prevention programs are characterized by social skills or competency-based, interactive delivery, cognitive-behavioral focus, complete dosage, and resistance training skills for teachers.

The degree to which the implementation of evidence-based prevention efforts is embraced in local communities can be measurably improved by the existence of early adopters¹¹ who embrace new innovations. Community coalitions can represent those early adopters who both promote and advocate for the selection and implementation of effective prevention efforts.

What is the Role of Collaborative Efforts in Preventing Substance Use?

One strategy being implemented across the nation to prevent the onset of drug abuse is the creation of community-level substance abuse prevention coalitions. The Community

Anti-Drug Coalitions of America (CADCA), a national nonprofit organization founded in 1992 with a mission to “strengthen the capacity of community coalitions to create and maintain safe, healthy, and drug-free communities,” defines these coalitions as formal arrangements for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.¹² Coalitions are community-driven and aim to bring local people together to solve local problems.

Community coalitions are usually comprised of parents, teachers, law enforcement officials, religious leaders, health providers, and other community activists mobilizing at the local level. Although some coalitions may provide direct services, coalitions work to convene key stakeholders and to establish collaborative efforts among those stakeholders to address the broader environmental issues that contribute to drug abuse and underage drinking. Coalitions work to mobilize communities to develop community laws and policies that specifically discourage drug abuse and underage drinking, encourage the enforcement of existing laws and policies, disseminate information, increase media and public awareness, facilitate the implementation of evidence-based strategies, and encourage life and social skills training programs.

An increased recognition of the importance of coalitions is also reflected in North Carolina’s substance abuse prevention efforts. During the 2006–2007 legislative session, the North Carolina General Assembly appropriated \$800,000 over two years to support local substance abuse coalitions—a first for North Carolina.¹³ The program is known as the North Carolina Coalition Initiative (NCCI), and grants are funded through the North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) to provide training and technical assistance to eight sub-recipient coalitions. The NCCI’s mission is to reduce substance abuse in communities by building the capacity of community coalitions to implement evidence-based, population-level prevention strategies.

Although the reported effectiveness of community-level coalitions is mixed,¹⁴⁻¹⁷ both anecdotal and empirical evidence suggest that they can be a viable and sustainable vehicle for community change. For example, the Community Round Table Coalition of Irmo, Dutch Fork, and Chapin, South Carolina reported an 18% reduction in binge drinking over a two-year period as a result of the coalition’s work.¹⁸ Similarly, Boyd and Greenup Champions for a Drug-Free Kentucky in Ashland, Kentucky, reported past 30-day marijuana use by 12th graders dropped from 33% in 1998 to 22% in 2004. In Lansing, Michigan, the CIRCLE Coalition saw rates of alcohol, tobacco, and other drug use decline by more than 50% between the 2001–2002 school year and the 2004–2005 school year.¹²

a The research to practice movement is an attempt to promote the implementation of evidence-based prevention strategies.

Coalitions also are getting support from nontraditional partners, including the business and industry communities. In Wilson, North Carolina, tire manufacturer Bridgestone-Firestone is actively involved in the Wilson County Substance Abuse Coalition. James S. Pridgen, manager of the Bridgestone-Firestone Wilson plant, says, "Finding qualified employees is a problem across eastern North Carolina. Sixty percent of potential employees cannot pass a drug test or 6th grade math equivalency test. I have 45 job openings, and I have a really difficult time filling them with qualified applicants. For us to survive, something like this coalition [Wilson County Substance Abuse Coalition] has to happen. Current estimates tell us that it costs us over \$100,000 per person to find, hire, and train a new teammate for the Wilson Bridgestone-Firestone plant. While we hire locally, we compete globally. Our product quality and the safety of our teammates are non-negotiable. We have a zero tolerance policy for substance abuse. Despite the sizeable investment we make in our teammates, we will not accept drug abuse in our teammates. Drug free is a condition of employment."¹⁹

This example, like the previous Sam's Club example, illustrates how illicit substance use/abuse can impact the lives of local citizens and their community. It also reinforces the need for locally-driven prevention efforts facilitated by broad-based private-public community coalitions. We must begin to examine how prevention efforts can impact substance use across the life span and different settings (e.g., school, community, and the workplace).

How Do We Implement Prevention Efforts?

We have discussed the importance of selecting evidence-based prevention strategies and the use of community coalitions as viable implementation vehicles, but we have not offered an overarching approach suggesting how best to implement effective preventive efforts. Although several models exist,²⁰⁻²² many communities have not been systematic with regard to the manner in which they approach implementing prevention efforts. We offer the SAMHSA/CSAP's Strategic Prevention

Framework (SPF) as an appropriate and effective approach to facilitate the implementation of preventive efforts in our local communities.

Strategic Prevention Framework is a "systematic community-based approach, which aims to ensure that substance abuse prevention programs can and do produce results... The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity within states and the prevention field."²³ The SPF uses a five-step data-driven process that includes community assessment, capacity building, planning, implementation, and evaluation, with sustainability and cultural competence being overarching elements. Underlying SPF is the assumption that prevention is not static; rather, it is an ordered set of ongoing steps.

This model provides a unique opportunity for members of community coalitions and other stakeholders to select and deliver the most appropriate evidence-based prevention strategies in their respective communities. The use of the SPF, evidence-based prevention strategies, and community coalitions represent a significant development for prevention in North Carolina. SPF helps move communities away from implementing strategies with limited evidence of success and focuses them on areas of real need and not perceived need.

In the coming year, the state will be faced with fewer state dollars for substance abuse services. At the same time, economic volatility and the stresses it will cause may exacerbate the need for more substance abuse services. The convergence of less resources and greater need should cause the cliché "an ounce of prevention is worth a pound of cure" to resonate with us all because preventive efforts are our best chance to improve the conditions of those who could become substance users in the future. Prevention practitioners, armed with solid evidence, need to vigorously advocate for and promote the merits of preventive efforts to reduce substance abuse. One of the best ways to accomplish this is at the local level with the aid of community coalitions. Local problems are best solved by local people. **NCMJ**

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**Not in my game plan.
How about you?**

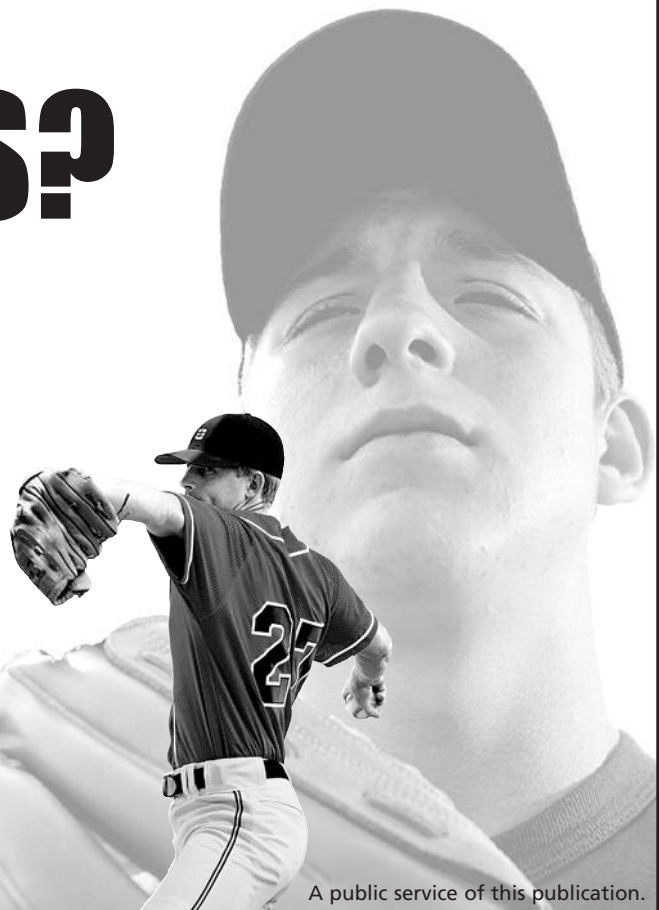
Succeeding without steroids is about being true to myself. It's about making a commitment to my body and my life. It's about knowing the risks of steroid use...and refusing to take them. Acne, baldness, stunted growth, even risk of HIV — these are not a part of my game plan. How about you?

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