Maryland Alcohol and Drug Abuse Administration

COMPASS

A Quarterly Newsletter For Maryland's Prevention, Intervention and Treatment Providers and Stakeholders

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Underage Drinking and Alcohol Dependence among College Students: An Update from the College Life Study

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In the United States, a large proportion of the population—close to 15 million individuals— attend college as undergraduates. While, for many, college represents a welcomed period of increased independence and exciting new social and academic experiences, it is well known that attending college is often associated with high-risk alcohol consumption and illicit drug use. At the most extreme, this behavior can result in tragic consequences. For instance, 1,400 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes, and 500,000 students are unintentionally injured under the influence of alcohol[1]. The public perception that heavy drinking during college is a normal "rite of passage," or a relatively harmless and transitory behavior, has hindered prevention and early intervention efforts. Researchers across the country are committed not only to raising awareness of the social, academic and health risks of underage drinking among college students, but also to developing practical strategies for campus officials, parents and students to reduce the harmful consequences of underage drinking.

In 2003, with funding from the National Institute on Drug Abuse, we began the College Life Study, a large in-depth prospective study of college students to learn more about their high-risk behaviors, including alcohol and drug use. Using standardized protocols, a sample of 1,253 college students were personally interviewed every year starting when they entered their first year of college. Through the interviews, we have gathered a vast amount of valuable data on their behaviors, risk and protective factors, and potential consequences. Here we highlight some findings from the first three years of data related to underage drinking. For the majority of the sample, annual estimates correspond to the freshman, sophomore, and junior years of college since most remained enrolled in school; however, interviews have been administered regardless of college attendance and 85 percent of students completed all three annual assessments. To assess diagnostic criteria for DSM-IV alcohol abuse and dependence, we used questions from the National Survey on Drug Use and Health (NSDUH). We also asked several other questions about the quantity and frequency of drinking, and drinking-related consequences.

FINDING #1: The more students drink in high school, the more they will drink in college. Our study has confirmed the findings of earlier studies showing that college drinking level represents a continuation of the patterns established in high school. [2,3] This finding dispels the popular notion, held by some parents and sometimes perpetuated by the media, that students should "learn" to drink during their early teen years in order to avoid later problems. The research tells us quite the opposite. Adolescents who start drinking early are much more likely to develop alcohol-related problems later in life, including alcohol dependence. In our study, among students who did not drink in their senior year of high school, the vast majority (73%) remained free of any DSM-IV alcohol-related problems in their third year of college, as compared with only 36 percent among their counterparts who did drink during their senior year of high school. Moreover, while 29 percent of high school drinkers went on to meet criteria for alcohol dependence at some point during their first three years of college, the corresponding rate among high school non-drinkers was only four percent.

FINDING #2: By year three, one in five students met criteria for alcohol dependence at least once (21% of females, 24% of males). Although there is certainly a tendency to over-endorse the symptoms of alcohol dependence among young adults, it is striking that the overall proportion of the sample meeting criteria for alcohol dependence is stable (approximately one in ten students, see Figure 1), and this proportion was similar for males and females. The proportion meeting DSM-IV criteria for abuse doubled, from 9.5 percent in Year One to 19.5 percent in Year Three. These findings highlight the need for individualized risk assessments and early identification of serious alcohol problems among college students. These problems can, and will for some, develop into a lifelong struggle with addiction.

FINDING #3: Among all college students who meet criteria for an alcohol use disorder, only seven percent sought treatment. This finding from our study mirrors recent observations by other investigators and underscores the need for education on college campuses about the seriousness of

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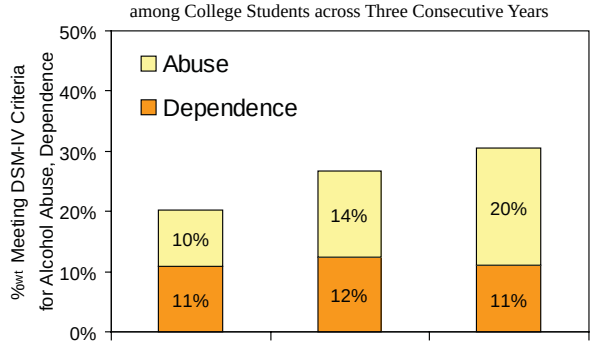
alcohol abuse and dependence. Several promising strategies are available to reduce heavy drinking among college students, but much work remains to be done to close the treatment gap. Not only are many students in denial about their own problems, but others close to them (e.g., family and friends) may not know where to turn for help. Policymakers should prioritize making high-quality early intervention services accessible on

Figure 1. Annual Prevalence of Alcohol Use Disorders among College Students across Three Consecutive Years



campus, and ensure they are affordable for young adults.

FINDING #4: Drunk driving increases dramatically from the first to the third year of college (5% of the sample to 23%). Almost 40 percent of students who drove drunk reported driving drunk three or more times. In addition, more than half (53percent) of third-year students had ridden in a car with a driver who had been drinking. Drunk driving and riding with a drunk driver appear to be "red flags" for alcohol dependence. For example, we found that students who drove drunk even once during the first two years of college or those who rode with an intoxicated driver were 2.5 times and 3.1 times more likely than others to be alcohol dependent in their third year of college, respectively.

Continued follow-up of the students enrolled in the College Life Study will answer important questions about how best to identify students who are at high-risk for substance abuse problems in adulthood. The study staff will be working with ADAA to design ways of raising awareness and addressing the problems of underage drinking among college students in Maryland to ensure that every college student can fulfill their individual potential.

Notes

[1]Hingson RW, Heeren T, Zakocs RC, Kopstein A, Wechsler H. Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24. Journal of Studies on Alcohol. 2002;63(2):136-144.

[2]Sher KJ, Rutledge PC. Heavy drinking across the transition to college: Predicting first-semester heavy drinking from pre-college variables. Addictive Behaviors. 2007;32(4):819-835.

[3]Arria AM, Kuhn V, Caldeira KM, O'Grady KE, Vincent KB, Wish ED. High school drinking mediates the relationship between parental monitoring and college drinking: A longitudinal analysis. Substance Abuse Treatment, Prevention, and Policy. 2008;3(6).

Suggested Readings on the College Life Study

O'Grady KE, Arria AM, Fitzelle DB, Wish ED. (in press). ***Heavy drinking and polydrug use in college students.*** *Journal of Drug Issues. 38(2), 445-466..*

Arria AM, O'Grady KE, Caldeira KM, Vincent KB, Wish ED. (in press). ***Nonmedical use of prescription stimulants and analgesics: Associations with social and academic behaviors among college students.*** *Journal of Drug Issues.*

Arria AM, Caldeira KM, Vincent KB, O'Grady KE, Wish ED. (in press). ***Perceived harmfulness predicts nonmedical use of prescription drugs among college students: Interactions with sensation-seeking.*** *Prevention Science.*

Arria AM, Caldeira KM, O'Grady KE, Vincent KB, Fitzelle DB, Johnson EP, Wish ED. 2008. ***Drug exposure opportunities and use patterns among college students: Results of a longitudinal prospective cohort study.*** *Substance Abuse. 29(2).*

Beck KH, Arria AM, Caldeira KM, Vincent KB, O'Grady KE, Wish ED. (2008). ***Social context of drinking and alcohol problems among college students.*** *American Journal of Health Behavior. 32(4), 420-430.*

Arria AM, Kuhn V, Caldeira KM, O'Grady KE, Vincent KB, Wish ED. (2008). ***High school drinking mediates the relationship between parental monitoring and college drinking: A longitudinal analysis.*** *Substance Abuse Treatment, Prevention, & Policy, 3(6).*

Caldeira KM, Arria AM, O'Grady KE, Vincent KB, Wish ED. (2008). ***The occurrence of cannabis use disorders and other cannabis-related problems among first-year college students.*** *Addictive Behaviors, 33(3), 397-411.*

Arria AM, Caldeira KM, O'Grady KE, Vincent KB, Johnson EP, Wish ED. (2008). ***Patterns of nonmedical use of prescription stimulants in college students: Associations with ADHD and polydrug use.*** *Pharmacotherapy, 28(2), 156-169.*

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You can also check out our website:
www.collegelifestudy.umd.edu

Director's Corner

Peter F. Luongo, Ph.D.

Seeking Balance

The Professor tells me that Sanford Bates, criminologist and founding director of the Federal Bureau of Prisons, once said, "Probation is a good idea. Too bad we haven't tried it."

You might say the same thing about prevention.

A policy brief prepared by John Carnevale, Ph.D., starkly makes the point. Carnevale reviewed federal drug control budgets from FY 2002 through FY 2009 and noted the preference for supply reduction programs over demand reduction programs.

- Resources for supply reduction (interdiction of drugs, source country programs, and law enforcement), grew by almost 57% from the FY 2002 baseline level to the FY 2009 request.

- By comparison, demand reduction resources (prevention and treatment, including resources for research for agencies like the National Institute on Drug Abuse) grew by only 2.7 percent – prevention is actually cut by 25 percent.

- The nation's current drug strategy emphasizes reducing demand among youth and adults, but does so by mostly targeting source country and interdiction programs – focusing on the source and flow of drugs rather than this nation's underlying demand for illicit drugs.

- The FY 2002 – 2009 budget trend runs counter to what research has found: efforts to reduce demand are best addressed through treatment and prevention rather than supply reduction.

If you find the facts discouraging, you are not alone. Forced to defend the drug control budget, federal officials point to the fact that during this decade youth drug use declined. However, this is a trend that started in the previous decade, and adult drug use and the rates of addiction remain unchanged in this decade. These facts are too hard to ignore and cause some uncomfortable testimony before the Congress.

The facts are that federal funding for prevention has fallen from the FY 2002 baseline year high of $1.995 billion, or 18.8 percent of the drug control budget to the FY 2009 request of $1.507 billion, or 10.7 percent of the drug control budget. Simply put, fewer resources are dedicated to prevention services. Even more frustrating, is that this occurs at the time when there has been a significant increase in the use of science based prevention practices and the field is in the early stages of developing program performance, as well as outcome measures.

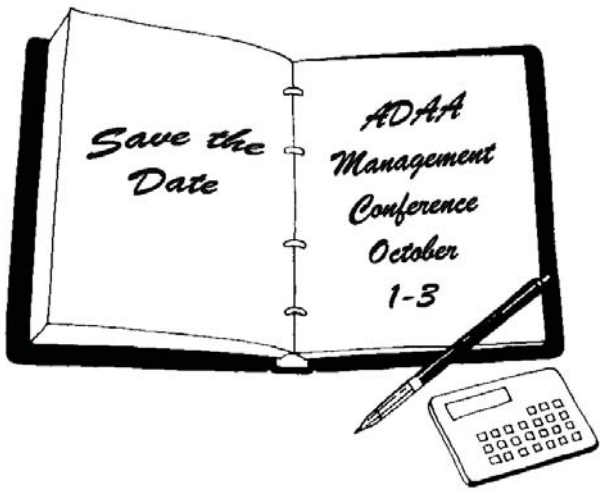
Like most states, Maryland uses its limited funds for prevention in a variety of ways. The focus on evidence based practices is apparent. This edition of the COMPASS highlights prevention activities in college settings and selected counties. While those activities are creative, energetic and led by competent professional and volunteer staff, they may never be sufficient to substantially change the trend in substance use. Why not?

As long as the federal drug control policy continues to disproportionately allocate resources to supply reduction at the expense of demand reduction, efforts in prevention will suffer. Make no mistake, although states and local governments contribute resources for prevention, it is federal policy and resources that drive state and local decisions.

There are several ways to approach this problem. One is to actively advocate for the proper role of prevention services in county strategic plans. Second, is to follow those plans to the state Drug and Alcohol Abuse Council and make it clear that a sensible balance between supply reduction and demand reduction should be reflected in the state's alcohol and drug abuse plan. That plan should inform our elected officials about the proper allocation of state resources.

Maryland has been a national leader in increasing the availability of treatment for addiction. Maybe now it is time to do the same for prevention.

Paraphrasing Bates, "Prevention is a good idea. Too bad we haven't tried it."



Addressing Campus Alcohol, Tobacco and other Drug Use

The ADAA funds four strategically placed ATOD College Prevention Centers located at Frostburg University, Towson University, Bowie State University and the University of Maryland Eastern Shore. The primary focus of these centers is to provide education and training for college students regarding ATOD prevention by creating and/or enhancing peer education networks. Each college is also responsible for the collaboration and development of ATOD campus policies and to provide a process for linkages with other colleges within the region to promote ATOD prevention strategies. The following articles were submitted by the director's of each of Maryland's funded Centers.

Towson University is active in its efforts to reduce student risk associated with substance abuse. Using a multi-level approach, education and prevention is focused on collaborations within and beyond the campus community. At the institutional level, the University hosts the Alcohol, Tobacco and Other Drug Abuse (ATOD) Prevention Center, funded by the Alcohol and Drug Abuse Administration. The Substance Education Concerns Committee reviews alcohol prevention activities, monitors alcohol use trends on campus, and makes recommendations to the President related to substance abuse policies and enforcement. Members, who include the Director of the ATOD Center and representatives from student service divisions across campus, also participate in Baltimore County's "Combating Underage Drinking" coalition.

Programming focuses on high-risk groups, particularly entering freshmen. One of the ATOD Center's responsibilities is to monitor trends in alcohol/drug use on campus. In addition to surveying a random sample of the undergraduate population, each entering freshmen class completes the *Core Short Form*, a nationally recognized survey instrument. Results indicate that nearly 15% of entering freshmen consumed five or more drinks in one sitting three to five times in the two weeks prior to Freshmen orientation. With this data in mind, prior to Orientation students are asked to complete *Alcohol-Edu*, an online educational program. For entering freshmen, a critical time is the first 6 weeks of the Fall semester. In the first semester heavy emphasis is placed on promoting involvement in campus activities and providing alternative drug free activities, as well as using peer education, to raise student awareness and develop knowledge and skills to reduce high-risk drinking and associated consequences.

Peer educators provide programming in residence halls and classes. Freshmen advisors are provided information about student drug use and meet with advisees to discuss academic goals and ways alcohol/drug use can interfere with success. For those seeking assistance, the Counseling Center has various individual and group counseling programs, including a court-approved program for those who have received a DWI citation. University Police and Judicial Affairs have developed partnerships with Baltimore County Police to stay informed of alcohol-drug violations that occur off-campus.

About the Author: Donna Cox is a TU professor and Director of the ATOD Prevention Center. To learn more email; dcox@towson.edu.

The **University of Maryland Eastern Shore (UMES)** is committed to providing an intellectual environment conducive to learning and an atmosphere that will facilitate personal growth and development. The Alcohol, Tobacco, and Other Drug (ATOD) Prevention Center's goal is to educate students in an effort to promote better, more responsible decision-making. Our motto is, "Healthy Choices lead to Healthy Minds."

The ATOD Prevention Center optimizes wellness, promotes academic excellence, provides a network of prevention resources, and delivers alcohol and drug prevention education to the UMES campus community. The Center provides the UMES student population (approximately 3,600) with educational activities, events, and programs aimed at deterring and preventing the misuse and abuse of alcohol, tobacco, and other drugs. We work closely with UMES student-driven departments such as Counseling Services, Residence Life, Health and Wellness, Athletics, and Health Center; as well as UMES academic departments such as Exercise Sciences and Rehabilitation Services.

Our initiatives include:

- ***Peer Education***-conducts educational and social programming on the campus on a variety of ATOD topics.
- ***College Alc***- an online evidenced-based program designed to help students explore the role of alcohol in the collegiate experience; better understand the importance of making responsible choices and avoid serious consequences; handle alcohol-related emergencies; and help others who struggle with alcohol misuse.
- ***While You're Away Program*** offers faculty the opportunity to have prevention education taught to classes that they might otherwise have to cancel;
- The ***Speaker's Series*** is a collaborative initiative with other campus departments that sponsors a variety of speakers on campus that address ATOD topics;
- ***Alcohol Free Events and Activities*** offer our students an alternate to drinking or engaging in other drug use and
- The ***21st Birthday Campaign*** focuses on urging students to be responsible drinkers now that they are of legal drinking age.

About the Authors: Lauresa Wigfall is the Director of the ATOD Prevention Center and Kimberly Poole is the Principal Investigator of the ATOD Prevention Center. To learn more email; lemoten1@umes.edu or kpoole@umes.edu.

(Addressing Campus ATOD use Continued from page 4)

The ATOD Prevention Center at **Bowie State University** is a comprehensive prevention program developed to support a cadre of highly-trained and certified Peer Educators to conduct substance abuse, HIV/AIDS, and Hepatitis prevention education. Peer educators reach at least 1,600 students a year in the classroom setting.

Each fall the Center administers the *Core Survey* (short form) to incoming freshmen. Once collected the data is sent to the University of Illinois for analysis. After comparing current year data to previous years a strategic plan is developed to address the identified needs. Targeted areas might include topics such as under-age and binge drinking as well as focus on emerging trends of substance use identified in the survey.

One of the most pressing issues facing higher education today is the assessment of educational and institutional effectiveness. The ATOD Center is committed to evaluating and improving its programs. To accomplish this task the Core Survey is administered to a random sample of graduating seniors. The purpose of collecting this data is to determine if there has been a change in students' attitudes and behaviors toward ATOD risk and use over their tenure at Bowie State University.

To address the nationally recognized correlation between alcohol/drugs and sexual assault in the college age population, the Center hosted the first annual *Conference on the Fight Against Sex Crimes.* The event gave students, faculty, and the general public the opportunity to learn more about substance use and sex crimes, how they can be prevented, and what can be done after the crime has occurred.

We are particularly excited about a project we sponsored in which students wrote and performed a play titled, *AIDS Has No Color.* The cast was invited to SAMHSA to perform on World AIDS Day resulting in an invitation to perform in Atlanta, Georgia for the Tom Joyner Sky Show October 2007. Recently, an invitation was extended to perform at the U.S. Conference on AIDS in Miami, Florida, September 2008.

To keep students advised of the most current information the Center publishes and disseminates bi-monthly newsletters reporting the latest scientific information and research on alcohol, chemical substances, and HIV/AIDS. Informational booths are set-up and manned in all educational buildings, once a week, during the evening hours to reach commuter students.

About the Author: Vanessa Cooke is the Director of the ATOD Prevention Center at Bowie State University. To learn more Email vcooke@bowiestate.edu.

The **Frostburg University** ATOD Prevention Center is active and pro-active in substance abuse prevention efforts both on and off campus.

For the past eight years, we have been conducting the social norms/marketing campaigns. The FSU *Core Survey* demonstrated that 71 percent of FSU students drank once a week, less or not at all. A more recent FSU college health survey reported that 20 % of the students surveyed chose to be alcohol free. The best kept secret is that MOST of our college students do make healthy choices. Our social norming program consists of a multi-faceted campaign involving poster plaster Fridays in which every two weeks a new social norming poster is disseminated across campus. Additionally, each week these same messages are conveyed in our student newspaper.

Our prevention program has some very successful established historical/traditional programs on campus. Some of these events have been traditions for fifteen years. This fall, the University will host its thirteenth annual BURG Bash! This alcohol free event attracts around five hundred students each year.

Our peer educators have also developed some very unique educational programs. "Frostburg 24" which is an alcohol education program based on the Fox TV show 24." Students take on actual "24"characters and simulate a high energy scene dispelling the myths about college drinking. The program has a very interactive, high tech approach to education. The program is followed up by an alcohol-free happy hour.

Two years ago, our prevention office hosted a B.A.S.I.C.S. (Brief Alcohol Screening and Intervention of College Students) Workshop. The program is slowly being implemented at FSU primarily through the Counseling Center. Our Peer Education Network is also trained to identify students with alcohol problems and make appropriate referrals.

The ATOD Prevention Center and the BURG Peer Education Network provide many educational and prevention programs on campus. Students will present in classrooms, resident halls and the university dining hall. The peer education network also conducts weekly campaigns that address ATOD and other related health topics.

We also host an innovative and interactive Web site titled *FSU True Life.* The site features "top ten" reasons not to drink, "Factoids" about campus substance use, and a quiz geared to raise student awareness of their own substance use behaviors. You can check out the site at *www.frostburg.edu/clife/safe/truelife/index.html.*

About the Author: Don Swogger is the Director of the ATOD Prevention Center at Frosburg University. To learn more Email dswogger@frostburg.edu.

STUDY FINDS MINIMUM DRINKING AGE OF 21 SAVES LIVES
Strong Sanctions on Fake IDs Limit Drunk Driving Deaths among Teens

The following article is reprinted with permission from the Robert Woods Johnson Foundation's Substance Abuse Policy Program Web site found at www.saprp.org/m_press_fell070108.cfm

WASHINGTON , DC , July 1, 2008 – One of the most comprehensive studies on the minimum drinking age shows that laws aimed at preventing consumption of alcohol by those under 21 have significantly reduced drinking-related fatal car crashes.

Specifically, the study published in the July 2008 issue of the journal Accident Analysis and Prevention found that laws making it illegal to possess or purchase alcohol by anyone under the age of 21 had led to an 11 percent drop in alcohol-related traffic deaths among youth; secondly, they found that states with strong laws against fake IDs reported 7 percent fewer alcohol-related fatalities among drivers under the age of 21.

The study was funded by the Substance Abuse Policy Research Program (SAPRP) of the Robert Wood Johnson Foundation.

The study, led by James C. Fell, M.S., of the Pacific Institute for Research and Evaluation (PIRE), accounted for a variety of factors, such as improved safety features in cars, better roadways and tougher adult drunk driving laws, that are supposed to have contributed to a reduction in fatalities involving underage drivers who have consumed alcohol. Fell's research controlled for more variables than any other previous study on the topic, accounting for regional and economic differences, improvements in roadways and vehicles, and changes that lowered the illegal blood alcohol content (BAC) for driving to .08. Yet, according to Fell, the 11 percent drop in youth fatalities is a "conservative" figure.

Fell notes that his research is more sophisticated and comprehensive than previous studies that have looked at the drinking age. "There has been evidence since the 1980s that an increase in the drinking age to 21 was having an impact on traffic deaths," Fell said. "But this is the first time we've been able to tease out the real effect, free of the variables that had been used to question the validity of the evidence."

In addition to providing comprehensive evidence of the life-saving impact of minimum drinking age laws, the authors of the new study found that tougher sanctions against fake identification cards may represent the second-best legislative tool that states have in combating drunk driving deaths among young people.

"States that merely confiscate a fake ID, or just give a slap on the wrist to the user, are passing up a significant opportunity to save lives," said Fell. "We found a 7 percent drop in youth alcohol-related fatalities in states that are willing to take strong actions, such as automatically suspending the driver's license of a young person caught with a fake ID."

Minimum legal drinking age of 21 (MLDA 21) laws have many components, which target outlets that sell alcohol to minors; adults who provide alcoholic beverages to minors; and minors who purchase or attempt to purchase, possess, or consume alcohol. In addition, there are companion laws that provide for lower BAC limits for underage drivers and other legislation, such as laws that require registration of beer keg purchases and make hosts liable for the actions of underage drinking guests. The authors report great variability in how states use, adopt and implement legislation to reduce underage drinking. Such laws vary considerably from state to state, and no one state has adopted all the pieces of legislation aimed at preventing young people under the age of 21 from consuming alcohol.

The researchers looked at data from the Fatality Analysis Reporting System, or FARS (a database of all police- reported motor vehicle crashes resulting in at least one fatality) between 1982 and 1990 and then assessed the strength of each state's legislation (using a scoring system) aimed at preventing underage drinking. Based on the FARS data for each state, the authors were able to determine the impact of the state's individual laws on underage drinking and driving fatalities.

Background

To reduce youth drinking and alcohol-related problems, the federal government passed legislation in 1984 that provided for a uniform minimum legal drinking age (MLDA) of 21 throughout the United States. Threatened by the loss of federal highway funds, by 1988, every state that had a lower MLDA had raised its minimum legal age for both the purchase and possession of alcohol to 21. All the states and the District of Columbia also have passed laws prohibiting the furnishing or selling of alcohol to those younger than age 21, many at the same time as they passed the two "core MLDA laws."

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(Minimum Drinking Age Continued from page 6)

Considerable evidence exists that such laws can influence underage alcohol related traffic fatalities. From 1988 to 1995, alcohol-related traffic fatalities for youth aged 15–20 declined from 4,187 to 2,212, a 47 percent decrease, with wide variability in these declines between states. But until now, Fell said, it had been difficult for researchers to pinpoint the precise effect of the change in the drinking age because of other confounding factors.

"Some have argued that the declining numbers are due to a general decrease in drunk driving, or because of the lowering of the BAC limit, or better cars and better roads. But we controlled for all of these to the extent possible in this study."

According to Mothers Against Drunk Driving (MADD), in 2008 the following states have introduced legislation to lower the drinking age: Minnesota, Wisconsin, Louisiana, Kentucky (for military), South Carolina (for military), Vermont (to study lowering the MLDA), South Dakota (as a ballot initiative) and Missouri (as a ballot initiative).

The Substance Abuse Policy Research Program (www.saprp.org) of the Robert Wood Johnson Foundation funds research into policies related to alcohol, tobacco and illegal drugs.

LINK TO PREVENTION

SAMHSA's Center for Substance Abuse Prevention (CSAP)
www.prevention.samhsa.gov

Join Together
www.jointogether.org

Community Anti-Drug Coalitions of America
www.cadca.org

CSAP Data Coordination and Consolidation Center
www.csapdccc-csams.samhsa.gov

Office of National Drug Control Policy
www.whitehousedrugpolicy.gov

Office of Juvenile Justice and Delinquency Prevention
www.ojjdp.ncjrs.gov

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Managing Prevention Data

By Erik Gonder, ADAA Prevention Data Manager

There have been many changes in the prevention arena over the last two years that have significantly affected the way we provide prevention services to the citizens of Maryland. Most of these changes have been precipitated by federal mandates outlined in the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant to collect data for the National Outcome Measure's (NOM's). The development of the NOM's is based on four constructs:

1. *The Office of Management and Budget Program (OMB) Assessment Rating Tool (PART) Review for accountability;*
2. *Previous efforts to develop a core set of measurement indicators (e.g. core measures, Performance Partnership Grants [PPG's]);*
3. *Current Government Performance and Results Act (GPRA) data collection efforts; and*
4. *Collaboration with States and others to develop accountability tools.*

Based on these four constructs, CSAP has developed a set of prevention and treatment NOM's to measure outcomes for substance abuse services nationwide.

What are the prevention NOM's? How will they impact the state data system? First, let's look at how the NOM's are defined. According to CSAP, *"the NOM's represent specific outcomes and measures that should result from a successful substance abuse prevention system."*

The Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the states, have developed eight prevention outcome measures. categorized by *Domains, Outcomes and Measures.* States are required to submit data annually on all eight prevention NOM's via the federal SAPT Block Grant. Four of the NOM's domains in the SAPT Block Grant are pre-populated with data from the National Survey on Drug Use and Health (NSDUH). These domains include Reduced Morbidity, Employment/Education, Crime and Criminal Justice and Social Connectedness. The remaining four domains are State and/or Program level NOM's and these data are generated by the Minimum Data Set (MDS). See table below.

How are NOM's impacting our state prevention data system? Currently all funded prevention programs in Maryland are required to use CSAP's Minimum Data Set (MDS) system to report prevention program data. CSAP, in conjunction with their contractors, is in the process of upgrading the MDS to comply with the NOM's data collection requirements. By calendar year 2009, the MDS will have the capability to collect data on the remaining four NOM's domains currently not captured by the NSDUH.

It is important to note that CSAP has also changed the way data is reported by intervention type. Historically the Institute of Medicine (IOM) divided the intervention types into three distinct categories; Universal, Selective and Indicated. Under the new OMB requirements the *Universal* intervention type has now been sub-divided into two separate categories, *Universal Direct* and *Universal Indirect*. This is significant because during fiscal year 2007, the majority of prevention services in Maryland (91%) were Universal interventions. (See chart page 9)

Domain	Outcome	Measure
Access/Capacity	Increased Access to Services	Number of persons served by Gender, Age, Race and Ethnicity
Retention	Increased Retention in Treatment/Prevention – Substance Use	Total number of evidence-based programs and strategies; % of youth seeing, reading, watching, or listening to a prevention message
Use of Evidence-based Programs	Use of Evidence-based practices	Total number of evidence-based programs and strategies
Cost Effectiveness	Cost Effectiveness (Average Cost)	Services provided within cost bands (25^{th} and 75^{th} percentile).

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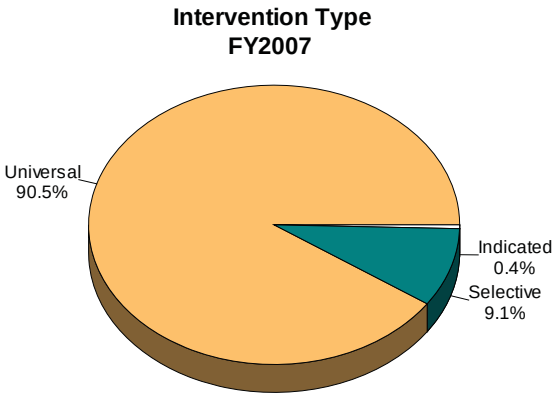
(Managing Prevention Data Continued from page 8)

As a result of the change, providers will now have to differentiate between those services that are *Universal Direct* and *Universal Indirect.* Beginning fiscal year 2009, the MDS will reflect the new Universal intervention sub-categories as mandated by the federal SAPT Block Grant.

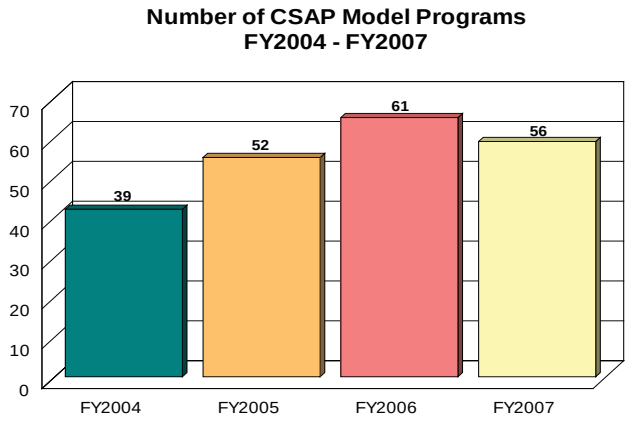
Universal Direct services are those interventions that directly serve an identifiable group of participants but who have not been identified on the basis of individual risk. This would include recurring prevention services involving repeated contact.

Universal Indirect services are interventions that support population-based programs and environmental strategies. This would include interventions involving programs and policies implemented by coalitions.



Finally, as noted above, several of the State level NOM's focus on evidence-based programs and strategies. Maryland has made significant strides in implementing a multitude of model programs throughout the state. Since mandating the use of model programs as a condition of grant award in fiscal year 2004, the number of model programs offered in the state has steadily increased. Research has shown that the strategies employed through the use of evidence based programs can greatly decrease the likelihood of individuals using substances. (See Chart below)

The NOM's and performance measurement are here to stay. We must focus our efforts towards maintaining a strong data infrastructure and adapting to the changes brought on by federal mandates. The ability to prepare for long-term performance management is the key. With the appropriate planning, training and technical assistance Maryland is well positioned to head into the future of outcome measurement.



SAMHSA NEWS

Frances M. Harding Selected as Director of the Center for Substance Abuse Prevention

In May the Substance Abuse and Mental Health Services Administration (SAMHSA) announced the selection of Frances M. Harding as director of the Center for Substance Abuse Prevention (CSAP).

Ms. Harding is currently Associate Commissioner of the Division of Prevention and Recovery, New York Office of Alcoholism and Substance Abuse Services. She has worked for the state in positions of increasing responsibility over the past 26 years.

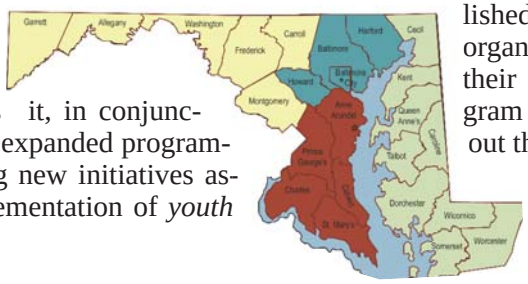
Over the years, Harding has held numerous national positions and received recognition from her peers for her work, including serving as president of the National Prevention Network (NPN), an organization representing all fifty states' alcohol and other drug prevention offices, and as New York state representative to the National Association of State Drug and Alcohol Directors, Inc., where she served on the board of directors. She received the prestigious 2004 Science to Practice Award from the International Society for Prevention Research.

In November 2006, Harding was appointed by the U.S. Department of Education to serve on the Review Group for the Department's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention. This eight-member panel advised the department on the development and implementation of effective alcohol and substance abuse and violence prevention resources for the nation's institutions of higher education. And most recently, in February 2008, she was appointed to the Council of Advisors for the Network Addressing Collegiate Alcohol and Other Drug Issues, a volunteer organization developed by the U.S. Department of Education in 1987.

Prevention in Maryland

News from Prevention Coordinators

The Caroline County Prevention Office is in its first year of the Drug Free Communities (DFC) grant. We were thrilled to receive this grant as it, in conjunction with our ADAA grant, gives us expanded programming potential. One of the exciting new initiatives associated with this grant is the implementation of *youth nights*.



Through the DFC grant, we have formed a Youth Council tasked with developing, advertising and providing at least one youth-focused activity per month. The Youth Council is currently small in numbers but big on ideas. To date, the Youth Council has put on two dances, a trivia night, a Dance Revolution Tournament and a game night. There are future plans for a summer car show. On average, 20-35 local youth have attended each activity. Several local organizations have graciously donated space to house these events.

Our goal is to build relationships with other local entities and encourage them to begin offering youth-focused events as well. In addition to curing boredom, these events also provide a mechanism to begin connecting youth with their communities by introducing them to local venues to which they previously may not have been exposed. This is just one part of our comprehensive strategy to reduce risk factors and increase protective factors in Caroline County.

Submitted by : Ann Ferkler, Prevention Coordinator
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Dorchester County's Drug and Alcohol Prevention Services (DAPS) program includes: Center for Substance Abuse Model Programs; asset building (based on Search Institute's 40 Developmental Assets); environmental change strategies; technical assistance/networking with community agencies; after-school programs; group presentations; special programs for high-risks youth; parenting classes; and skills-focused programs on communication, problem-solving, decision making, team building and self-esteem.

Our community partnership base has experienced a remarkable increase in partners and collaboration which has strengthened our ability to provide model programming throughout the county. With one such program, Communities Mobilizing for Change on Alcohol (CMCA), a strong coalition has formed which determines strategies to reduce the availability of alcohol to under aged youth. The *Second Step* program, which focuses on strengthening skills in social behavior and problem-solving while addressing violence, was initially provided to the community with our staff providing the facilitation for the program curriculum. However since 2006, our partnerships efforts have established mini-contracts with various community organizations that facilitate Second Step with their staff trained by DAP. As a result, program implementation has increased throughout the county.

Submitted by: Ervina K. Johnson, Prevention Coordinator, Dorchester County Health Department. Email: ervina-johnson@dhmh.state.md.us

Howard County Health Department's (HCHD) has a catchphrase that has formed the basis of its innovative addiction prevention efforts for the past three years. *What is Prevention?* From tote bags to bumper stickers, tee shirts to parent check-lists, beach towels to displays in each of a dozen libraries, the bold white print on the county's signature royal blue background has been the mainstay of a multi-media campaign promoting simple but memorable messages. The HCHD also utilizes the "Stages of Becoming Addicted" philosophy to help community groups focus appropriately on targeted activities.

The HCHD seeks to personalize prevention efforts for all age groups by utilizing a combination of traditional and research-based prompts that encourage individuals and groups to answer the question: What is prevention? Some of the slogans include; *Eat meals with your kids*, *Talk to your grandchildren about drugs and alcohol…and then listen*, *How much does your college student drink?* and *Buy booze for kids, pay $2500, serve 3 years.*

Naturally, Howard County faces prevention challenges that surpass the tiny numbers that can be served in "model programs" such as Guiding Good Choices, provided continually at the local Detention Center and All Stars within after-school programs. In addition to providing speakers and resource tables at each of the 40+ middle and high schools during autumn Back to School Nights, HCHD is a daily presence at three Senior Centers, Wellness Days and health fairs. The goal, with such a large, diverse county is to maximize mass marketing strategies. History proves that brief, but pithy sound bites can help empower and guide people to take action on their own terms, in their own ways.

Howard County hopes to remove some of the mystery, isolation and mythology from this new science called prevention and assure residents that they have a practical and consistent role to play in their families, schools and communities.

Submitted by: Donnell Stewart, Prevention Supervisor
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Prevention News Continued from page 10

Calvert County Prevention Services (CCPS) has been busy forging and nurturing community relationships. Our partners include Calvert Alliance Against Substance Abuse (CASSA) AND United Way of Calvert County. Collaborating with these two organizations Calvert County Prevention Services organized and participated in Project Graduation, Job Shadow Day (where children of the community have hands on experience in a particular work field) and Parenting workshop's under the guidelines of *Guiding Good Choices*. We also conduct workshop with the Department of Juvenile Services focusing on anger management and effective coping skills.

This summer CCPS will be busy delivering programs at a number of youth summer camps, focusing on tobacco, alcohol, and other drug prevention. The summer camps that we will be participating with include East John, Calvert County Parks and Recs., and College of Southern Maryland Kiddie College. Our method to excite the children about drug prevention education is to have them participate in a Creativity Contest. This contest will be county wide to all children in the summer camps with great rewards. At CCPS we work hard to deliver programs that are informative and fun. Our latest favorite game to play with the youth is *Drug Awareness Who Wants to be a Millionaire.*

We will begin hosting many gang prevention and awareness workshops throughout the year at various locations, as well as, providing the community with parenting and communication workshops. This fall we are looking forward to working with pre-school aged children using the guidelines of the SAMHSA initiative *Building Blocks.*

Submitted by ; LaTisha Hawkins, Prevention Specialist
Calvert Substance Abuse Services
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High rates of substance abuse among **Talbot County** youth prompted county government to create a Blue Ribbon Commission in July 2006. The Commission analyzed data, interviewed stakeholders, and concluded that Talbot County's growing substance abuse and addictions problem is not limited to its youth.

The Commission identified three root causes for the substance abuse problem: 1) our community culture accepts substance abuse; 2) interventions for substance abuse occur too late; and 3) drugs and alcohol are too easy to obtain at home and in the community.

The Commission selected 13 interventions that address these root causes and developed *Action* and *Evaluation Plans* for each. The *Action Plans* spread responsibilities across various segments of the community. The *Evaluation Plans* provide means of measuring achievement.

The prioritized interventions cover:

- increasing parent education when children enter middle and high school;
- increasing the ability of service providers to intervene earlier and refer for substance abuse services throughout healthcare, workplace, and other community systems;
- strengthening enforcement of the Talbot County Liquor Code;
- increasing saturation patrols to reduce impaired driving;
- increasing the targeting and dispersing of underage alcohol/drug parties;
- improving the ability of businesses to report fake IDs;
- improving access to higher intensity drug treatment; and expanding drug courts to full capacity.

A Blue Ribbon Commission Oversight Committee, appointed by county government, began meeting in April 2008 with the task of monitoring implementation of the Blue Ribbon Commission recommendations. A number of community agencies are involved in strategy implementation.

Submitted by; Paula Lowry, Prevention Coordinator
Talbot Partnership
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Prevention needs in **Washington County** continue to increase. Currently we are trying to meet these increasing needs by providing evidence-based programming to agencies within our county, such as the Washington County Public School System, the Department of Juvenile Services, the Department of Social Services and Head Start to deter both substance use behaviors as well as risk factors in our county.

The Prevention Program currently utilizes the following evidence-based programs which focus on target groups of elementary, middle and high school aged children as well as the adult jail population: *Dare To Be You, Second Step, Project Alert, Guiding Good Choices* and *Life Skills Training*.

One of our biggest developments has been the transition of our county's *Underage Drinking Coalition* into the *Washington County Community Anti-Drug Coalition* which is inclusive of all substance abuse prevention activities and initiatives. Our community agencies as well as parents and teens have supported this new development and have continued to meet, plan and prepare for substance abuse prevention activities within our community. Our current representatives include law enforcement, public school officials, civil service organizations, parent/teen volunteers, treatment, juvenile corrections, and our local liquor board, only to name a few. The support from our community in this initiative is hopefully an indicator of future developments for prevention efforts in Washington County.

Submitted by; April Rouzer, Prevention Coordinator
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Maryland Alcohol and Drug Abuse Administration

COMPASS

A Quarterly Newsletter For Maryland's Prevention, Intervention and Treatment Providers and Stakeholders

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