Lifetskills Training

Dedicated Marijuana Account funding is allocated to DBHR to work with the Office of Superintendent of Public Instruction for implementation of Lifeskills Training (LST) in schools. LST is an evidence-based program delivered in classrooms that addresses multiple risk and protective factors. Students learn social skills that build resilience and help them navigate developmental tasks and resist drug influences. For more information, visit www.buckscounting.com/.

DHS leads the following statewide programs and partnerships

Washington State Healthy Youth Survey and Young Adult Health Survey

The Washington State Healthy Youth Survey (WYH) is administered in schools statewide every two years to collect data from students about their alcohol and other drug use and other behaviors that impact their health, safety and success. This data is analyzed and used to track trends and prioritize prevention resources. State, county- and school-level data is provided to state and community partners for assessment and planning.

One of the many positive outcomes we are able to track through HYS shows that since 1998, alcohol use among 8th and 10th grade students has decreased by half. For more releases and fact sheets of all county and state level data, visit www.hys.wa.gov.

The Young Adult Health Survey (YAH) is administered by the University of Washington. YAH is an online survey that measures marijuana use, risk factors, and consequences among young adults between the age of 18 and 25 living in Washington State.

Suicide prevention and mental health promotion

As part of Washington Suicide Prevention Plan, DBHR coordinates and provides resources to build communities to prevent suicide. One additional program also provides Youth Mental Health First Aid training which focuses on recognizing the signs of a crisis and how to get someone help.

Evidence-based programs train community members and students in middle and high schools to recognize signs that may lead to suicide. Additionally, these programs help people work to change elements of their community and school that may contribute to risks of suicide. For more information, visit www.TheAthenaForum.org/washington_state_suicide_prevention_plan.

College Coalition for Substance Abuse Prevention

The College Coalition for Substance Abuse Prevention is a collaboration of wellness program coordinators at 37 universities, colleges and community colleges in Washington. The group meets regularly to discuss common issues and problems as well as host webinars and an annual conference focused on preventing and reducing misuse and abuse among young adults. More information can be found at http://coop.viu.edu/.

Washington Healthy Youth Coalition

The Washington Healthy Youth (WHY) Coalition provides state-level leadership to reduce underage drinking and marijuana use by leveraging resources from federal and state partners. Membership includes over 20 state agencies and statewide organizations. Coalition work includes:

- Creating, marketing and promoting the www.StartTalkingNow.org website for parents, caregivers, educators and other adult influencers
- Planning and implementing state-wide education campaigns, and providing educational materials to community-based organizations and schools
- Supporting policy changes at the state and community level to reduce youth access and exposure to alcohol and marijuana
- Supporting policies and law enforcement efforts that help to prevent underage alcohol and marijuana use.

To learn more about the WHY Coalition, visit www.StartTalkingNow.org.

Home visiting

DBHR contracts with the Washington Department of Early Learning for home visiting services provided for the Dedicated Marijuana Account (DMA). Home visiting supports the child and family by buffering the effects of risk factors and stress in the family. For more information visit: www.dlew.gov/wde/family/visiting/.

Preventing medicine and opioid misuse and abuse

Prescription drug abuse has become an important health issue, particularly the danger of abusing prescription pain medications.

According to the National Institute on Drug Abuse, young adults ages 18-25 use the largest group using opioid pain relievers and other medications. Opioid misuse and abuse can lead to addiction and even death from overdose. Most teens who abuse prescription drugs get them from friends and relatives, sometimes without their permission.

To address the opioid crisis in Washington and across our country, DBHR works closely with the state Department of Health, Labor and Industries, Health Care Authority, University of Washington, and other agencies supporting the goals of the Washington State Opioid Response Plan. Prevention efforts include supporting strategies that promote safe storage at home, disposing of medications at local secure take-back sites, promoting the Washington State Prescription Drug Monitoring Program, preventing overdose deaths, and educating healthcare providers about preventing guidelines. More information can be found at www.TheAthenaForum.org and www.stopdose.org/.

The following communities and tribes receive DBHR support for prevention services.

Substance Abuse Prevention and Mental Health Promotion

Washington Partners for Healthy Communities

For more information about DSHS-funded prevention services and resources, and a map with full names of tribes, visit:

- www.dshs.wa.gov/dbhr/prevention/secure.html
- www.TheAthenaForum.org
Investing in prevention for a healthier Washington

A healthy and thriving community has safe places to live, work and raise a family. The people who make up our communities are entitled to quality education and healthcare, a living wage and affordable housing. Overall, there is a high quality of life for everyone. Alcohol and other drug abuse can erode the health and safety of communities. This is where effective prevention services can engage every community. When we prevent use of alcohol and other drugs, we also prevent the health and high costs of substance use disorders and addictions.

These costs include: 
- Child abuse and neglect
- Other forms of violence
- Unemployment and poverty
- Crime and violence
- Avoidable medical care

As part of our mission to transform lives, the state Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery (DBHR) works with partners to leverage limited resources to help high-risk communities. By investing in best practices and our state’s prevention workforce, we support communities in creating sustainable, healthy changes.

How do alcohol and other drugs harm children and teens?

- Children and teens who use alcohol and other drugs are at higher risk for developing short and long-term physical, developmental and emotional problems. This is because their brains are still developing and more vulnerable to the effects of drugs. Early use of alcohol and other drugs increases the risk of:
  - Addiction
  - Depressive feelings and thoughts of suicide
  - Truancy behavior
  - School failure
  - Serious or fatal injuries
  - Alcohol-related violence

Children can be harmed when their parents or caregivers have substance use or mental health disorders. According to the Substance Abuse and Mental Health Services Administration, 7.5 million children in the U.S. live with a parent with a mental illness. In addition, the 2007 National Survey on Drug Use and Health found that 8.3 million children live with at least one parent with a drug use disorder. These children are at increased risk for:

- These children are at increased risk for:
  - Serious or fatal injuries
  - School failure
  - Depressive feelings and thoughts of suicide

In FY 2015, 88% of the 111,000 individuals receiving prevention services participated in an evidence-based prevention program.

State prevention goals and services

DBHR prevention goals are to prevent the misuse and abuse of alcohol, tobacco, marijuana and other drugs to reduce substance use disorders and reduce substance user costs. DBHR prevention services include funding for tribal, community and school-based prevention programs and strategies and statewide technical assistance and training.

Supporting best practices

DBHR is dedicated to supporting prevention efforts that are grounded in science. Community organizations ensure that the efforts have positive outcomes by:

- Providing relevant and currently evidenced-based, research-based and promising practices.
- Ensuring programs are evaluated to determine evidence-based practices and promising practices.

To ensure public-funded services are effective, DBHR collaborates with researchers and prevention scientists at the University of Washington, Washington State University, DSHS Research and Data Analysis, and the Washington State Institute for Public Policy. These partners help us define criteria and review information on program outcomes.

DBHR maintains the Excellence in Prevention Strategy List, in collaboration with the Oregon Health Authority, which is a searchable database of substance abuse prevention and mental health promotion programs and environmental strategies.

In 2015, DBHR-funded prevention providers showed that over 94 percent of participants ages 10-18 had positive outcomes, including improved refusal skills, increased bonding and reduction in favorable attitudes toward drug use, and increased awareness of the consequences of substance use. Parents and caregivers of participating programs have reported significant improvement in community skills, family management skills and family cohesion.

How do we know prevention works?

The Washington State Healthy Youth Survey (HYS) allows us to monitor the health of students, evaluate the impact of our prevention efforts and improve academic performance by demonstrating the links between substance use and educational outcomes.

Every two years, over 20,000 students in 120 schools in Washington take the survey. Prevention strategies and programs in Washington State have improved students’ following the following findings:

- Declining alcohol use (since past month)
- Binge Drinking: The percentage of 10th graders who binge drink (5 or more drinks in a row) dropped from 28% in 1998 to 11% in 2014.
- Cigarettes: 10th grade use of cigarettes dropped from 15% in 2006 to 8% in 2014.
- Binge Drinking

Local prevention programs supported by DSHS

Community Prevention and Wellness Initiative (CPWI)

DBHR began implementing the Community Prevention and Wellness Initiative (CPWI) in 2011 by directing funding and leveraging limited prevention resources to high-need communities. CPWI is implemented through active partnerships with counties, Educational Service Districts (ESDs), tribal school districts and organizations, and the Office of Superintendent of Public Instruction.

The CPWI uses evidence-based policy and framework for delivering culturally appropriate prevention programs and strategies to decrease use and reduce use of alcohol, tobacco, marijuana and other drugs. Program are evidence-based, research-based, or promising practices.

CPWI supports 58 high-need communities in 30 counties, including cities, towns and rural areas and across all nine ESDs in our state. It is estimated that 175,000 people statewide participate in prevention services. Of this number, 88 percent received evidence-based services. For more information, visit www.TheAthenaForum.org/.

Community-based organizations

Funding from the Dedicated Marijuana Account is provided to community based organizations (CBOs) to serve more high need counties and CBOs located in rural areas. CBOs are encouraged to partner with existing community coalitions.

Tribal cultural wellness programs

DBHR provides funding, technical assistance and training to 20 Federally-recognized tribes. Most communities implement programs that are specific to each tribe’s needs, culture and traditions. Tribes develop prevention programs based on evidence-based programs, or key prevention research in order to best serve their members and surrounding community members. Most tribes use funding for prevention services for community-wide and direct service programs.

There are currently 60 tribal prevention programs to increase protective factors and reduce risk factors. Goals include increasing peer and community bonding, healthy habits and strong standards and commitment to school. Examples of tribal prevention programs include mentoring, Unigami, Healing the Canoe, Carve Journey, and Positive Indian Parenting.

Student Assistance Prevention and Intervention Services Program (SAPISP)

The Student Assistance Prevention and Intervention Services Program (SAPISP), operated by the Office of the Superintendent of Public Instruction (OSPI), places intervention specialists in schools with problems with substance use and violence. Program funds are distributed to all nine Educational Service Districts (ESDs) in Washington, who partner with the CPWI coalitions in their region.

Intervention specialists provide:

- Early alcohol and other drug education and prevention in classrooms and for school-wide activities.
- Screening and early intervention services to students and their families.
- Referrals to treatment providers.
- Help with transitioning back to school for students who have had alcohol or other drug problems.
- Coordination with community coalitions.

Results:

An independent statewide evaluation suggests that SAPISP has resulted in positive outcomes in each of these areas, as measured by a self-report instrument administered to students before and after participation in program services. Significantly fewer students reported alcohol use and marijuana use in the 30 days after participation in the program.

- 52 percent fewer students reported marijuana use.
- 21 percent fewer students reported binge drinking.
- 20 percent fewer students reported serious problems.