

Investing in prevention for a healthier Washington

A healthy and thriving community has safe places to learn, work and raise a family. The people who live there enjoy equal access to quality education and healthcare, living-wage jobs 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 why effective prevention services are vital for every community. When we prevent early use of alcohol and other drugs, we also prevent the far reaching and high costs of substance use disorders and addiction.

These costs include:

- Child abuse and neglect;
- Other forms of violence;
- Unemployment and poverty;
- Crime; and
- 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 our partners to leverage limited resources to help high-need 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?

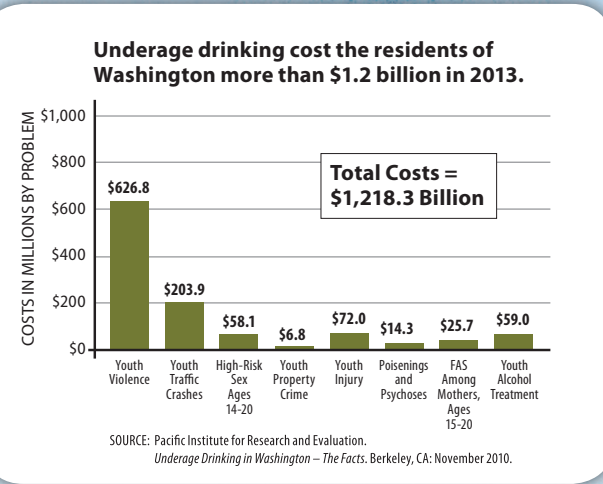
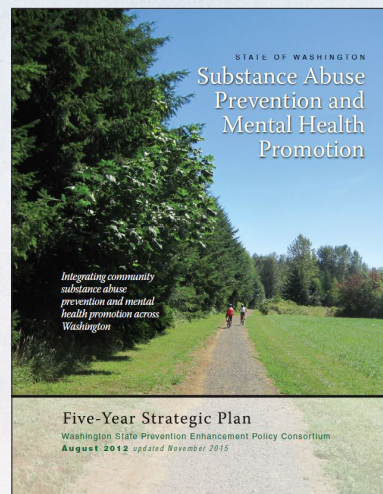
Children and teens who use alcohol and other drugs are at higher risk than adults for developing short and long-term physical, developmental and emotional problems. This is because their brains are still developing and more vulnerable to the effects of drugs. Early use of alcohol and other drugs increases the risk of:

- Addiction.
- Depressive feelings and thoughts of suicide.
- Risky sexual behavior.
- School failure.
- Serious or fatal injuries.

Children can also 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 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 abuse or neglect, substance use or mental health disorders, and physical, academic, social and emotional problems.

How are prevention services planned and coordinated in Washington?

DBHR and 25 other state agencies developed the Prevention Policy Consortium in 2011. The Consortium works to strengthen and support an integrated statewide system of community-driven strategies to prevent substance abuse and promote mental health. The Consortium implements the five-year Washington State Prevention Strategic Plan, through five active workgroups. For Washington's Prevention Plan visit www.TheAthenaForum.org/spe.



In the 2014 Washington Healthy Youth Survey, according to 10th grade students:

- One in five used alcohol in the past month.
- Nearly one in five used marijuana and/or e-cigarettes.
- One in five seriously considered suicide in the past year.
- One in 10 attempted suicide in the past year.
- About 15 percent don't have an adult to turn to when they feel sad or hopeless.

State prevention goals and services

DBHR prevention goals are to prevent the misuse and abuse of alcohol, marijuana, tobacco and other drugs; reduce the negative consequences of drug use; and prevent and reduce substance use disorders.

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 can ensure that their efforts have positive outcomes by providing relevant and culturally competent evidence-based, research-based and promising programs.

To ensure publicly-funded services are effective, DBHR collaborates with researchers and prevention scientists at the University of Washington, Washington State University, DSHS Research and Data Analysis Division and the Washington State Institute for Public Policy. These partners help us determine criteria and review current 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, reduction in favorable attitudes toward drug use and increased life skills. Parents and caregivers participating in programs have reported significant improvement in communication 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 education outcomes.

Every two years, over 200,000 students in 1,000 schools in Washington take the survey. Prevention strategies and programs in Washington State have contributed to the following positive trends:

- Drinking alcohol in the past month: Since 1998, drinking among 8th and 10th graders dropped by half.
- Binge Drinking: The percentage of 10th graders who binge drink (five 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.

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), local school districts and organizations, and the Office of Superintendent of Public Instruction.

The CPWI design uses evidence-based theory and frameworks for delivering culturally competent prevention programs and strategies to delay initiation and reduce use of alcohol, tobacco, marijuana and other drugs. Programs are evidence-based, research-based, or promising practices.

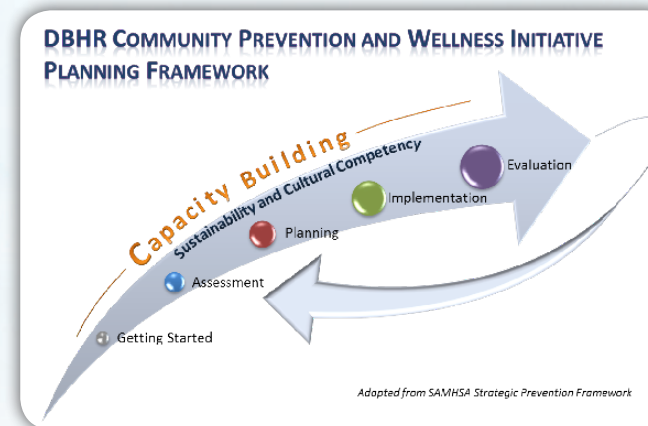
CPWI supports 59 high-need communities in all 39 counties, including cities, towns and rural areas and across all nine ESDs in our state.

In SFY 2015, 15,118 people statewide received prevention services. Of this number, 88 percent received evidence-based services.

For more information, visit www.TheAthenaForum.org/.



In FY 2015, 88% of the 15,118 individuals receiving prevention services participated in an evidence-based prevention program.



Community-based organizations

Funding from the Dedicated Marijuana Account is provided to community-based organizations (CBOs) to serve more high need communities in Washington. These programs include mentoring, parenting education and youth skill-building. CBOs are encouraged to partner with existing community coalitions.

Tribal cultural wellness programs

DBHR provides funding, technical assistance and training to 29 federally recognized tribes. Tribal communities implement programs that are specific to each tribe's needs, culture and traditions. Tribes develop prevention programs, or select evidence-based programs, based on 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 80 tribal prevention programs to increase protective factors and reduce risk factors. Goals include increasing peer and community bonding; healthy beliefs and clear standards; and commitment to school. Examples of tribal prevention programs include mentoring, LifeSkills Training, Healing of the Canoe, Canoe Journey, and Positive Indian Parenting.



"Gwedzadad" (teaching of our ancestors) is a mural carving by Squaxin Island artists Taylor Krise and John Ackerman and the Squaxin Island Youth Council.

Student Assistance Prevention and Intervention Services Program

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 to address 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 using alcohol and marijuana in the 30 days after participation in the program. For example:

- 32 percent fewer students reported marijuana use.
- 31 percent fewer students reported binge drinking.
- 26 percent fewer students reported alcohol use.

For more information visit: www.k12.wa.us/PreventionIntervention/.

