

# **ALCOHOL AND OTHER DRUGS STRATEGIC PREVENTION PLAN 2012-2017**



**SANTA BARBARA COUNTY ALCOHOL, DRUG AND  
MENTAL HEALTH SERVICES**

## **Acknowledgements**

Per SAMHSA requirements, evidenced based practices and the mission of the all Santa Barbara Stakeholders and partner agencies, the development of this Strategic Prevention Plan was a collaborative effort. The County of Santa Barbara Alcohol and Drug Programs wishes to therefore acknowledge the leadership and tremendous contributions of the following partners in the development and support of this plan.

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## **I. INTRODUCTION AND OVERVIEW**

***Brief overview of the process by which the Strategic Prevention Process was developed and the integration of the Strategic Prevention Framework (SPF) steps can be provided. It may be helpful to identify the individuals and/or agencies that were involved in the planning process as well as the steps taken in developing the plan.***

**Community and Population:** Santa Barbara County covers 2738.5 square miles of the Central Coast between Ventura and San Luis Obispo counties. Known for its scenic drives and coastal mountain ranges, the county shifts its diverseness of majestic views to vineyards up and down the coast on Highway 101. In 2010 Santa Barbara County boasted 423,895 inhabitants (U.S. Census, 2010). Santa Maria is the largest of the cities with 100,277 residents and sits in the northern region of the county. Santa Barbara, seated at the southern region of the county, is abundant with tourists and ranks 2nd to Santa Maria with 89,045 in its population. Unincorporated areas of the county include rural areas that encompass many farm and agricultural lands producing broccoli, strawberry's, lettuce, cauliflower, and celery. Although strawberries are the biggest of the crops in northern Santa Barbara County, wine grapes remain one of the largest of producers throughout the county, and particularly within the Santa Ynez Valley, which is centrally located.

Santa Barbara County is extreme with regards to alcohol and other drug use and abuse issues. Santa Barbara County has an abundance of protective and high risk factors. The county is wealthy and has a strong, diverse economy.<sup>1</sup> There are a significant amount of educational and social service resources available for many of the communities. The AOD treatment and prevention resources, though reduced during the Great Recession, are still rich and well supported by the communities at large. But high risk factors are also abundant. Much of the Santa Barbara economy is based upon industries – wine, distilleries, tourism and hospitality – that can lend themselves to AOD use and abuse. Furthermore, the County is marked by extremes of wealth and poverty. Caucasians represent 48% of the population. Similarly, the Latino population grew extensively since the last census in the county at 43%. The Asian population represents 4%, the African American population is at 2% and all others are at 2%. In 2009, 15.1% of the county population was living in poverty, while the most common occupation was in agriculture. Of the 71.5% of farmland in the county, a family or individual owns the land.<sup>2</sup>

The Santa Barbara County Alcohol, Drug and Mental Health Services (ADMHS) Alcohol and Drug Program (ADP) developed a Strategic Planning Process that focused on a comprehensive model of primary prevention to address specific high risk community needs. The strategic planning process began in November 2011 and built upon the previous plan that had been in operation from 2007-2012. County ADP staff assessed the previous plan and current community needs to develop the new plan. Strategies and objectives that were no longer relevant or effective were removed. Others were added. Care has been taken to measure data carefully and to include only those goals, objectives and strategies and processes that are evidenced-based and can be measured.

Resources were much more limited in developing this plan. Since the last strategic plan was developed, county ADP and its contracted providers has been reduced four fold. Nonetheless, through the expertise and dedication of a highly skilled and educated department and the collaboration of other stakeholders, the current plan is solid – professional, relevant and achievable. To develop a plan with a strong foundation, ADP recruited prevention practitioners, interested community members and other key stakeholders to ultimately provide their input through a survey developed by ADP staff. The following collaborative partners were included in this process.

County ADP Prevention and Treatment staff  
ADP Advisory Board  
Big Brothers/Big Sisters  
Channel Islands Noah's Anchorage  
Coordinated School Health & Safety Advisory Committee  
Council on Alcohol and Drug Abuse  
Family Service Agency  
Fighting Back Santa Maria Valley  
Future Leaders of America  
Guadalupe Police Department  
Isla Vista Alcohol and Other Drug Workgroup  
The Lompoc School District Drug and Alcohol Advisory Board  
University of California, Santa Barbara

The Strategic Plan is a guide for ADP and providers of prevention services for the next five years. This plan will begin the fiscal year of 2012 and continue to 2017. All providers are prepared to work on strategies that focus on goals and objectives through programs that include Youth Leadership, Asset Development, Mentoring and Data Evaluation.

### **Planning Framework**

The Santa Barbara County Alcohol and Drug Program sought support through Community Prevention Initiatives (CPI) a program of Center for Applied Research Solutions (CARS), to help initiate the SPF process. Under the guidance of Christina Borbely, ADP prevention staff received suggestions on the process and direction for the entire plan. This technical support guided this process with the following:

**Data Collection** – A comprehensive project, the County of Santa Barbara began data collection to identify the local, state and national data through various resources to recognize the trends and build a Needs Assessment that identifies and clarifies local concerns.

### **Focus Areas**

Through collaboration and based on the findings of the Needs Assessment and available resources, the county focus areas or general priorities were identified.

**Development of the Action Plan** – Beginning in February 2012, the Santa Barbara ADP began the process of developing a community survey that would be distributed to partners, coalition

collaboratives and the general community for their feedback. Limited resources resulted in a three week turnaround for the community opinion survey whereby results were analyzed and prepared to formulate goals and objectives. Participation of all sectors of the community was encouraged through the development of this plan as mandated by State and Federal funding.

Question for Consideration 1:

*What was the approach taken by the county to integrate the SPF process and to develop the Strategic Prevention Plan?*

***STRATEGIC PLANNING FRAMEWORK (SPF)***

The County of Santa Barbara ADP developed the SPF with a great interest in formulating a good Needs Assessment, to determine where the county changed, the effects of these changes, and to determine prevention planning needs. Compiling data that demonstrates these changes was imperative in getting a comprehensive look into the counties alterations. By doing this, data was compiled through local and statewide treatment statistics and included the California Healthy Kids Survey, school district data on expulsions, CalOMS Prevention data, statewide and national trend data including the State of California Needs Assessments, SAMHSA, NIDA and NIAAA publications, and input from the ADP Advisory board and the County Board of Supervisors.<sup>3</sup> As the 2010 census indicated, the county faced a large population surge in the northern part of the county suggesting that more resources are needed. To develop an SPF process that would address the AOD concerns and the changes in the counties demographics, the County Alcohol and Drug Program engaged service providers, other key community stakeholders and the Alcohol and Drug Program Advisory Board. Using the Strategic Planning Framework as a guide and with support from the California Department of Alcohol and Drug Programs and technical assistance from the Center for Applied Research Solutions, a clear process and development of a plan took shape.

The five steps that comprise SAMHSA’s Strategic Prevention Framework will help the County of Santa Barbara build and provide a sustainable infrastructure for prevention services. To attain this process each step of the SPF has been followed in order to develop the comprehensive services.

*The Strategic Planning Framework guidelines:*

- |                          |  |
|--------------------------|--|
| Assessment (Step 1):     | Profile population needs, resources, and readiness to address needs and gaps.    |
| Capacity (Step 2):       | Mobilize and/or build capacity to address needs                                  |
| Planning (Step 3):       | Develop a comprehensive plan   |
| Implementation (Step 4): | Implement evidence-based programs and activities                                 |
| Evaluation (Step 5):     | Monitor, evaluate, sustain and improve or replace those that are not successful. |



In planning for the Strategic Planning Framework process, there was mutual interest to include community stakeholders and members of boards who had interest and understanding in prevention planning needs.

Question for consideration 2:

*What general steps were taken in developing the plan and who was involved?*

#### Planning Process through Data Collection

The first phase of this process began in November 2011 to April 2012 as County ADP staff initially sought support from the Center of Applied Research Solutions (CARS), Community Prevention Initiative (CPI) to begin the process, and to seek direction in formulating a plan. With the guidance of the CPI the collection and analysis of the data moved forward quickly into identifying and prioritizing the problem areas.

#### Prioritizing Areas of Need

The second phase of this process began in April 2012 and finished in June 2012 when prioritizing the area of need was first acknowledged by ADP staff. Through a survey, two-hundred (200) community members provided feedback on the identified needs. The prevention needs were then identified and prioritized for the next five years. Four priority areas were identified, three of which were continued from the previous strategic plan. These priorities are:

1. Underage Drinking
2. Binge Drinking
3. Marijuana Abuse
4. Prescription Drug Abuse

Question for consideration 3:

*What are the county's AOD prevention vision and mission?*

The County of Santa Barbara ADP is part of an integrated system of care with mental health services called the County of Santa Barbara County Alcohol, Drug and Mental Health Services or ADMHS. AOD prevention falls within the following mission and values:

The **Mission** of Alcohol, Drug & Mental Health Services is to promote the prevention of and recovery from addiction and mental illness among individuals, families and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services.

The **Values** of ADMHS are:

- Quality services for persons of all ages with mental illness and/or substance abuse
- Integrity in individual and organizational actions
- Dignity, respect, and compassion for all persons
- Active involvement of clients and families in treatment, recovery, and policy development
- Diversity throughout our organization and cultural competency in service delivery
- A system of care that is clearly defined and promotes recovery and resiliency
- Emphasis on prevention and treatment
- Teamwork among ADMHS employees in an atmosphere that is respectful and creative
- Continuous quality improvement in service delivery and administration
- Wellness modeled for our clients at all levels; i.e., staff who regularly arrive at the workplace healthy, energetic and resilient
- Safety for everyone

Question for consideration 4:

*Are there prevention principles that guide overall county prevention planning and implementation?*

ADP focuses its prevention services on primary prevention and environmental prevention specifically. Primary prevention services include education and early intervention services targeted to prevent individuals from abusing substances and outreach activities to limit access to AOD in the community.

## ***II. SPF Step 1 - NEEDS AND RESOURCE ASSESSMENT***

Question for consideration 1:

*What was the methodology used to conduct the needs assessment for your county?*

Every five years, the county of Santa Barbara Alcohol and Drug Program (ADP) develops a strategic prevention framework (SPF) to address alcohol and other drug (AOD) use and abuse in our communities. The first part of the planning process is a needs assessment.

Data were captured and analyzed from a wide array of local, state and other sources to identify unmet needs and key concerns. The sources include data from law enforcement, local youth surveys, California Healthy Kids Survey; Communicable Disease Control; Public Health Nursing: alcohol, drug, and mental health treatment data; and local youth survey data, state Alcohol Drug Program data, and national data from Communicable Disease Control.<sup>4</sup> Specifically, the needs assessment focused on defining the magnitude and locations of problems within a geographic area and identifying at-risk and underserved populations and environmental risks. This document summarizes data collected between July 1, 2011 and January 30, 2012 to understand the AOD prevention needs for the upcoming five years (December 1, 2012 to June 30, 2017).

State and local data were then considered in light of national trends and data. Data from agencies such as the National Institute on Drug Abuse (NIDA), the National Institute on Alcoholism and Alcohol Abuse (NIAAA), the National Association of Drug Court Professionals (NADCP) and other agencies were also considered as part of our local needs analysis.<sup>5</sup>

Question for Consideration 2:

*What were the core questions investigated and addressed by the needs and resource assessment?*

The most basic questions we asked were:

- What are the community needs around alcohol and other drug abuse?
- What concerned the communities most and what did community leaders and participants believe were the AOD problems in their communities?

We asked these questions of our prevention and treatment providers, our ADP Advisory Board and the communities at large. Then, we matched the answers with the data and the science to determine to what extent perceived problems were real. For example, certain community members claimed that certain drugs were being abused in epidemic amounts such as heroin and cocaine in Isla Vista or methamphetamine in Santa Maria. Though there is evidence that these trends existed, the abuse of alcohol, marijuana and prescription drugs were and are more problematic. Finally, we assessed our resources to determine the greatest gaps in services so that we could address those gaps with this Strategic Plan.

Question for consideration 3:

*Based on the key data findings and current prevention approaches available/not available, what prevention priorities have been identified for the county?*

Four problem areas of unmet prevention needs that pose considerable concern and high risks to Santa Barbara communities have been identified. They are:

- Underage Drinking
- Binge Drinking
- Cannabis (Marijuana) Abuse
- Prescription Drug Abuse

The first three problem areas were also identified in the current Prevention Strategic Plan, 2007 – 2012. Major prevention efforts have been made over the past five years to address underage and binge drinking. The results have been positive and continue to be promising. In some important areas, underage and binge drinking levels have either been reduced or are have not increased (Please see Key findings and Data Elements), indicating positive prevention outcomes. However, underage and binge drinking continues to be a significant concern in Santa Barbara County.

Cannabis or marijuana abuse was also identified in the 2007 – 2012 Strategic Prevention Plan and continues to be a concern. The establishment and proliferation of cannabis dispensaries not only in Santa Barbara, but throughout California, the tacit decriminalization of cannabis possession on a local and national level and the noticeable decline in perceived harm of cannabis has created a culture of tolerance for cannabis experimentation and use that may be unacceptable to many community residents. Our data indicate that cannabis is being widely abused in Santa Barbara County and the substance is not by any means innocuous. Cannabis abuse is also a national concern.<sup>6</sup>

The fourth problem area, prescription drug abuse (PDA), has been recently identified as a concern in Santa Barbara and elsewhere. PDA (the abuse of narcotic pain killers or opioids such as Vicodin, Codeine and OxyContin, sedatives and tranquilizers such as Xanax and Klonopin, and stimulants such as Adderall) has been a significant trend nationally since at least 2010.<sup>7</sup> Data and research indicate that PDA is a growing problem in Santa Barbara and the Tri County region, especially among youth. Though our research and data indicate that alcohol and cannabis are abused more frequently than prescription drugs, PDA is still a concern. Prescription narcotics or opioids are among the most addictive of all drugs and involve the longest and most painful withdrawal syndrome. All PDAs, whether opioids, stimulants or depressants (sedatives), are dangerous because of their purity and, in the case of pain killers, relative ease of overdose. Finally, PDAs are easily accessible to the youth population. According to the National Institute of Drug Abuse, both teens and young adults obtain the majority of prescription drugs from friends and relatives, sometimes without their knowledge.

Though all problem areas are worthy of consideration and planning efforts, County ADP is limited in what it can address. Each area demands serious and thorough prevention, but part of the planning process is prioritizing needs and determining what is most important to Santa

Barbara communities. The second part of the strategic planning process is community involvement. The attached survey seeks community input to focus our prevention efforts. Realistically, County ADP will only be able to address 2-3 of the problem areas in any effectual way. To address these problem areas the following 4 Priority Areas were developed:

**Priority Area 1:** The reduction of the negative consequences of binge drinking by 18-24 year olds.

**Priority Area 2:** Reduction of underage drinking by Junior High and High School students.

**Priority Area 3:** Awareness of the harms and risks of marijuana use by Junior High and High School students.

**Priority Area 4:** Awareness of the harms and risks of prescription drug abuse by Junior High and High School students.

Questions to consider 4: *What are the key findings (with a focus on consequences and consumption relative to specific populations and communities?) What are the core datasets/indicators collected and analyzed? Note any local data sets.*

## **KEY FINDINGS, REFERENCES AND DESCRIPTION OF PREVENTION LANDSCAPE**

### **Key Findings**

#### **Underage Drinking**

- Underage drinking continues to be a significant problem in Santa Barbara County.<sup>8</sup>
- The perception of harm of alcohol by the youth in the county continues to be minimized.<sup>9</sup>
- Youth are experimenting with alcohol at alarming rates<sup>10</sup>
- The highest recognized group of 9<sup>th</sup> graders using alcohol in the county is in the Santa Maria Joint Unified School District.<sup>11</sup>
- Youth are accessing alcohol easily through parties and at homes.<sup>12</sup>

#### **Binge Drinking**

- Youth in High Schools are drinking excessively.<sup>13</sup>
- Binge drinking rates are higher for student in higher grades.<sup>14</sup>
- Youth do not perceive binge drinking as harmful.<sup>15</sup>
- In one survey, over 75% of youth respondents reported being concerned about alcohol and drug use among the youth in their community.<sup>16</sup>
- The prevalence of college students who reported binge drinking in the previous two weeks remains fairly stable, but continues to be high at 50.6%.<sup>17</sup>
- Approximately 34 percent of Santa Barbara County residents age 18 and older participated in binge drinking compared to the statewide rate of 30 percent.<sup>18</sup>

## **Marijuana**

- Youth are not only experimenting with marijuana, they are also using it while in High Schools. This trend continues into college with even great frequency of on-campus use/intoxication.<sup>19</sup>
- Youth perception of harm of marijuana is fairly low and those youth who are already using marijuana have a very low perception of harm.<sup>20</sup>

## **Prescription Drugs**

- Countywide data indicate that 3 percent of 11<sup>th</sup> graders are using Ritalin and /or Adderall, and 2 percent of 9<sup>th</sup> graders are using it 4 or more times.<sup>21</sup>
- Local youth report using prescription drugs 2% more than the California statewide use rates.<sup>22</sup>

## **Description of Prevention Landscape:**

The population of Santa Barbara County is 423, 895 and 23.1% of the residents are under the age of 18. Major cities in the county include Santa Barbara, Goleta, Carpinteria, Solvang, Buellton, Lompoc, Santa Maria, Guadalupe, and New Cuyama. The largest of the cities is Santa Maria. In the county, 48 percent of the population constitutes the white population, 43 percent Hispanic and 10 percent constitutes all other ethnicities. Youth and young adults aged 10-24 years represent 25.4% of the county, the largest in age categories. These young adults account for 43,026 of the total population while the 15-19 age group represents 38,009, the second highest population in the county. The young adult population may be attributed to the availability of higher education with one University and 2 colleges located in the county.

Santa Barbara County represents a large strawberry and wine agriculture industry. There are currently 115 wineries and 21,000 acres of vineyards in the county. Two-thirds of California's total strawberry production is located in the Central Coast and Santa Maria Valley.<sup>23</sup>

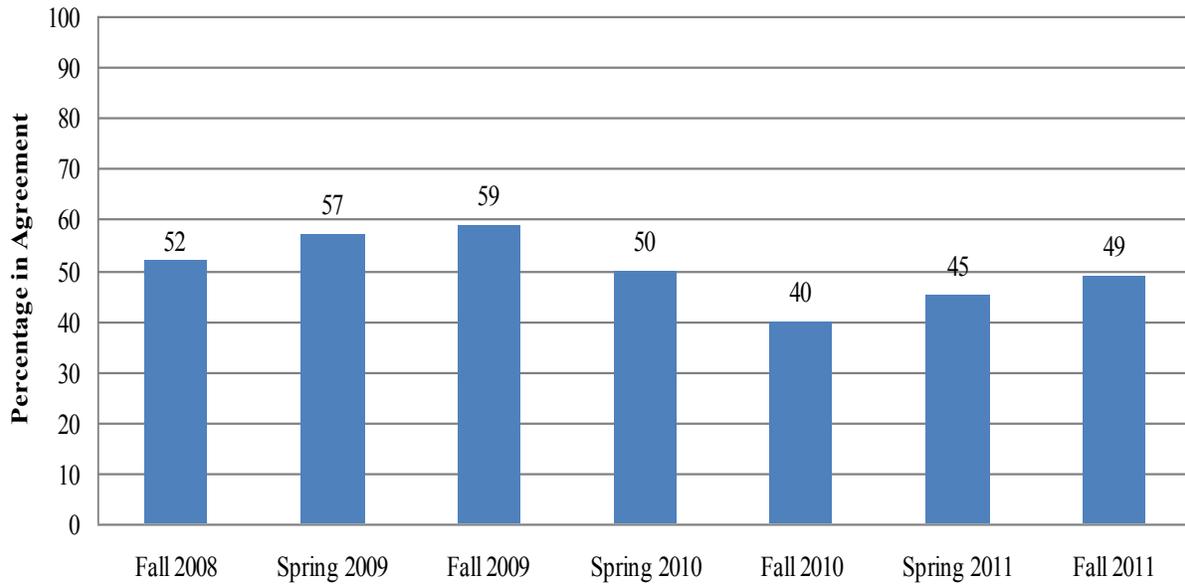
In the 2007-2012 Strategic Prevention Framework, the County of Santa Barbara focused on the youth and young adult populations with alcohol and binge drinking. The CHKS data indicate that youth are drinking at high rates, and not surprisingly, these numbers are even higher with the young adult age population. In addition, these age groups are binge drinking at alarming rates. The volume of drinking in the community of Isla Vista which surrounds the University of California, Santa Barbara, has generally remained constant and many interventions with these students during the SPF 2007-2012 were conducted based on deaths, safety issues and high safety personnel costs.<sup>24</sup> The culture of drinking has been normalized in many of Santa Barbara's communities, and changing the environment has been a priority to keep the younger populations from accessing and using based on their immersion of this culture.

## ***Santa Barbara County Youth Leadership Report***

Youth participating in the ADP Youth Leadership biannual survey are students who participate in the County of Santa Barbara's Alcohol and Drug Programs prevention leadership programs. Each fall and spring the survey is given to approximately 100-130 youth. In the fall of 2011, there were a total of 108 surveys collected. As is in previous years, more than half (59%) of participants were female. Of these participants, 33% of youth stated that English was their

preferred language, 21% said that Spanish was their preferred language and 43% stated they preferred both languages equally. This group of students is at high risk for AOD use, mostly due to low socioeconomic status (SES).

### Have you ever drank alcohol in your life?



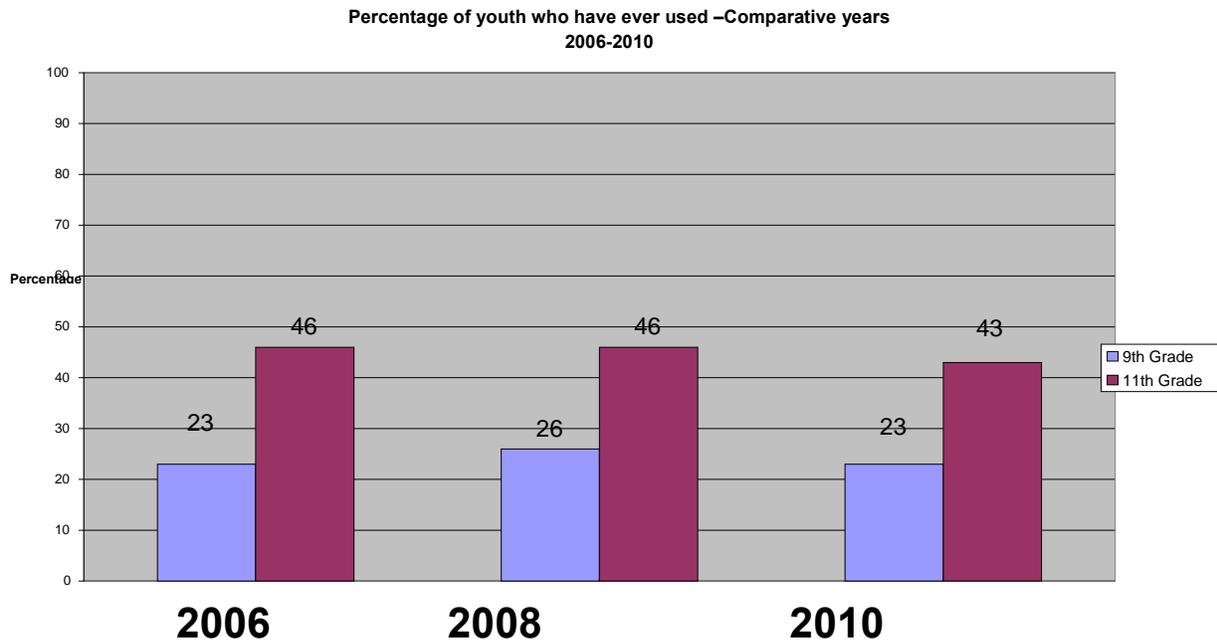
Youth engaged in prevention services reported lower prevalence rates in Fall 2010 of lifetime alcohol use compared to the general youth population. However, the rates rise in Spring 2011 and Fall 2011, higher than the general population. Since these youth prevention programs are voluntary, the youth are self reporting and may be biased, therefore making it difficult to evaluate programs effectively.

All youth, including those engaged in prevention activities continue to report noteworthy prevalence of lifetime alcohol use.

Results suggest that these youth are still experimenting (lifetime use) with alcohol by 3% lower than the general population of youth not receiving prevention services (Fall 2010). Although these data reflect a lower experimental use rate, Junior High School and High School students in these AOD programs are showing increases in 2011.

Comparatively, county data reflect that 23% of 9<sup>th</sup> graders and 43% of 11<sup>th</sup> graders are experimenting with alcohol, which is similar to numbers from the ADP Youth Survey given to youth in the AOD leadership programs.

**California Healthy Kids Survey (CHKS)  
Underage Drinking  
California Healthy Kids Survey Alcohol Lifetime Use**

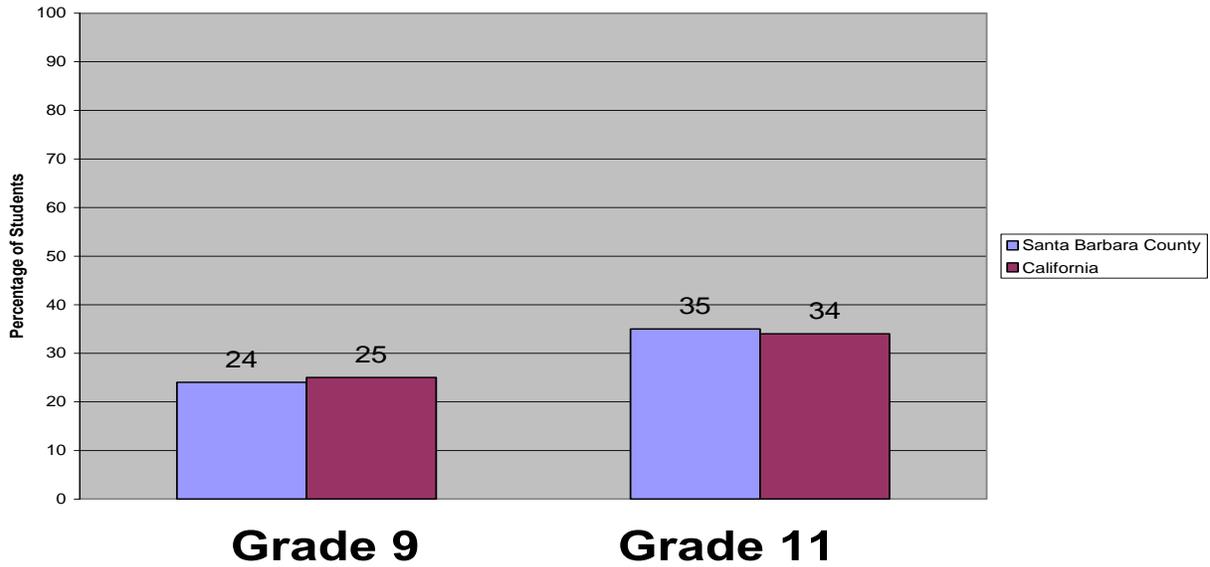


The percentage of youth who has ever used is represented in the chart above in the California Healthy Kids Survey Alcohol Lifetime Use. This percentage represents an experimental use of alcohol. This experimentation can be considered the sipping of an alcoholic drink, or drinking a full bottle of beer just once. After experimenting, some youth will never try alcohol again, while others will continue to experiment and/or use infrequently. Depending on frequency, youth can become dependent on alcohol after subsequent experimentation. In prevention, there is considerable effort to delay the onset of this use because research shows that youth using at a young age are more likely to be lifelong users.

In 2006, 2008 and 2010, alcohol lifetime use has generally remained consistent; most students (57%) have not used alcohol by the time they are in 11<sup>th</sup> grade. While the majority will go on to lead healthy, productive lives, some will have experiences that affect their sense of well-being and, in more serious circumstances that negatively affect their mental health and reduce their ability to function.<sup>25</sup>

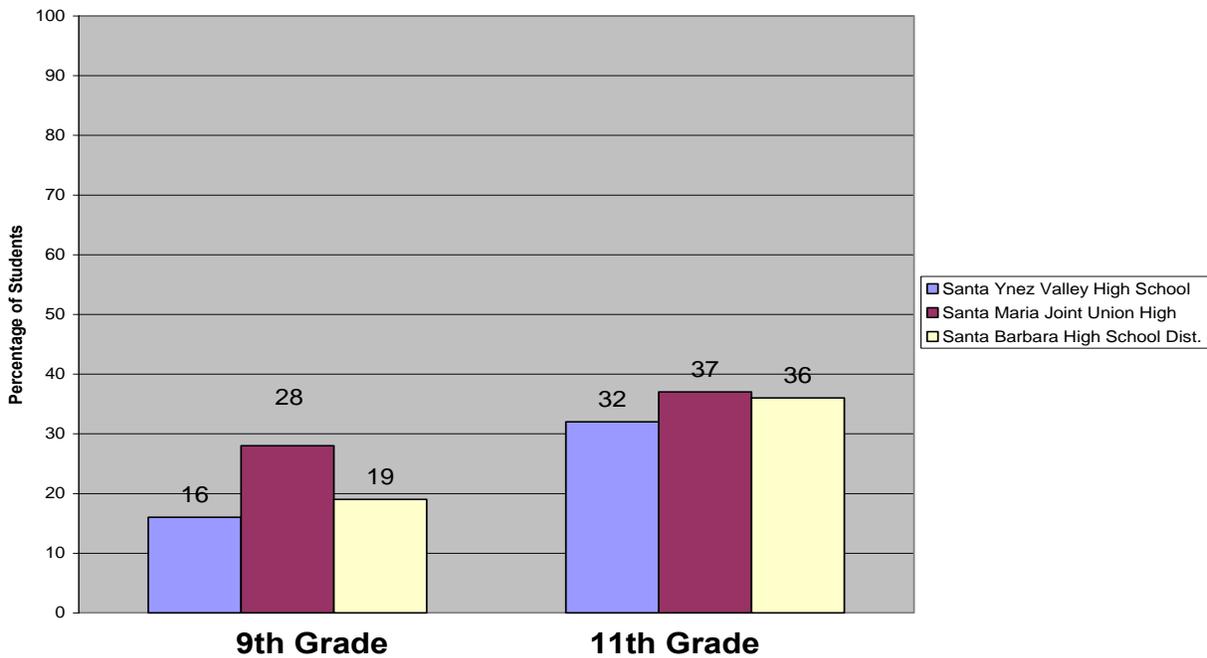
The Past 30 Day Alcohol Use question in the CHKS asks students to report on how many of the last 30 days used alcohol.

**California Healthy Kids Survey  
Students Who Reported Alcohol Use in the Past 30 Days, 2009-2010**



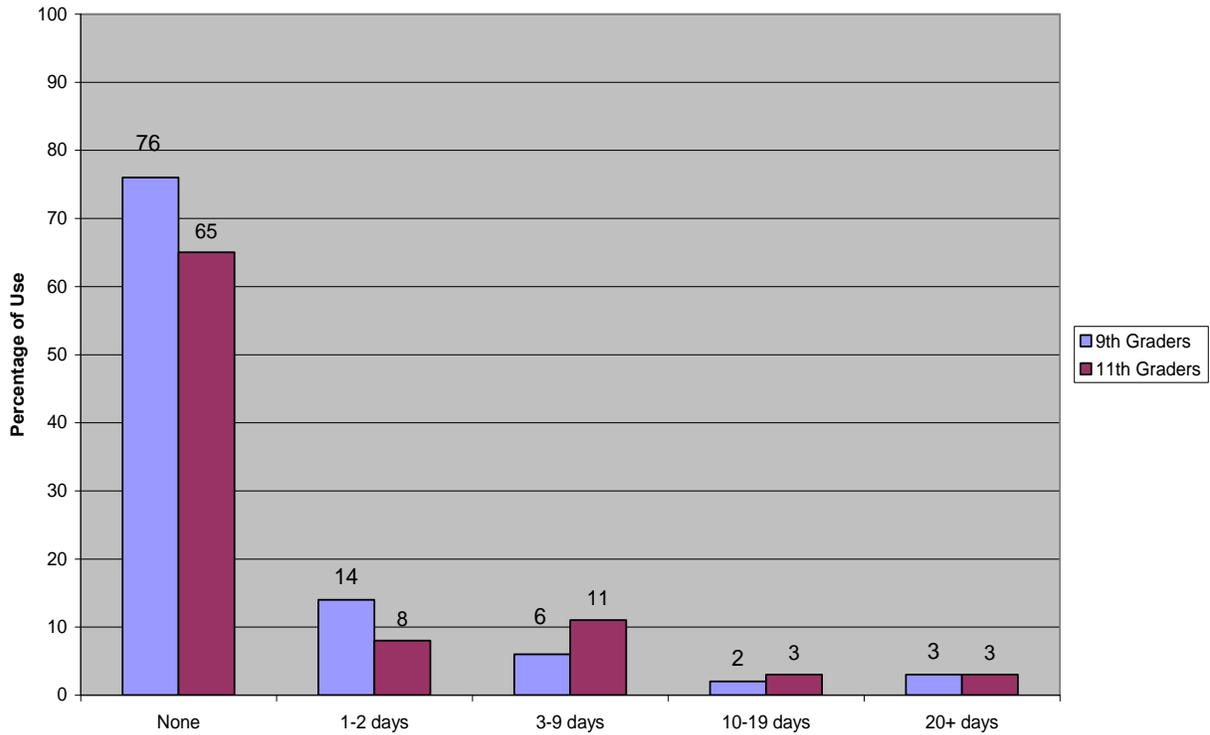
These data indicate that 24% of 9<sup>th</sup> graders and 35% of 11<sup>th</sup> graders in Santa Barbara County reported use of alcohol at least once in the last 30 days. Santa Barbara rates are comparable to the California state averages for the same time period.

**California Healthy Kids Survey  
Alcohol Past 30 Day Use 2010-2011**



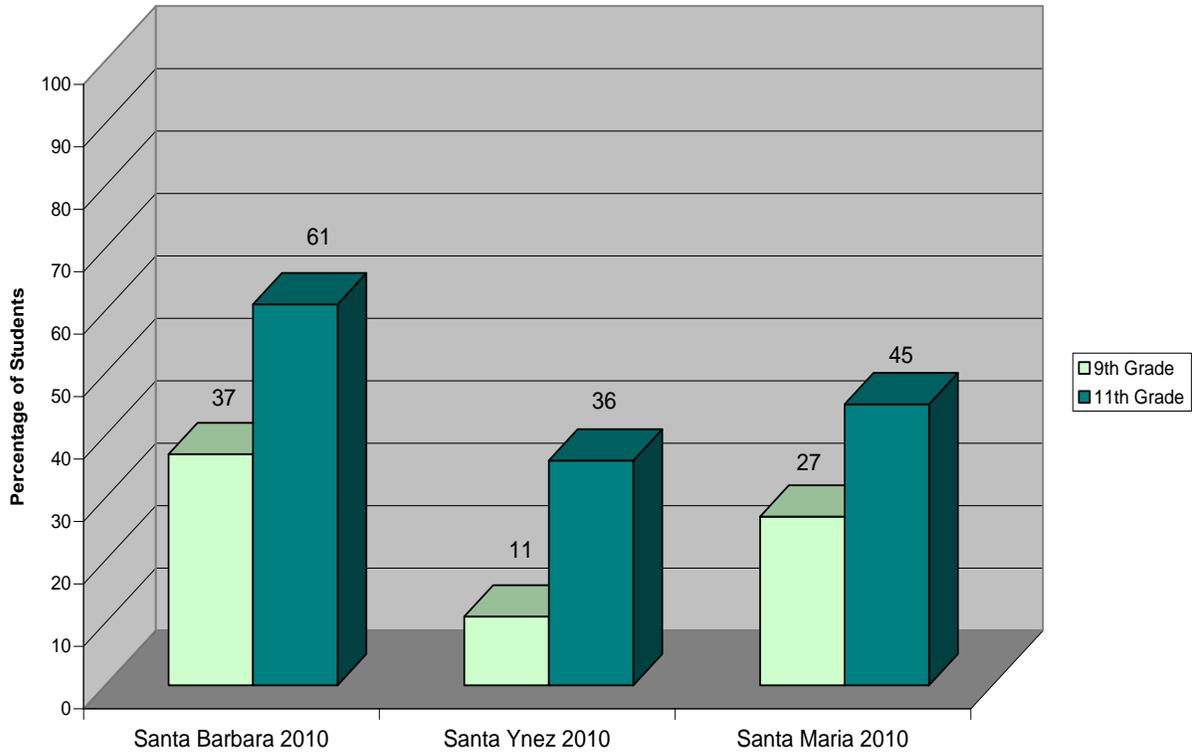
When examining alcohol use patterns by communities within the County, ninth grade students in the Santa Maria Joint Unified School District reported higher levels of alcohol use (28%) than students in the Santa Ynez Valley High School district (16%) or the Santa Barbara High School district (19%). Reports of past-30-day alcohol use were fairly consistent across school districts for 11<sup>th</sup> graders.

**California Healthy Kids Survey 2010  
Frequency of Current Alcohol Use**



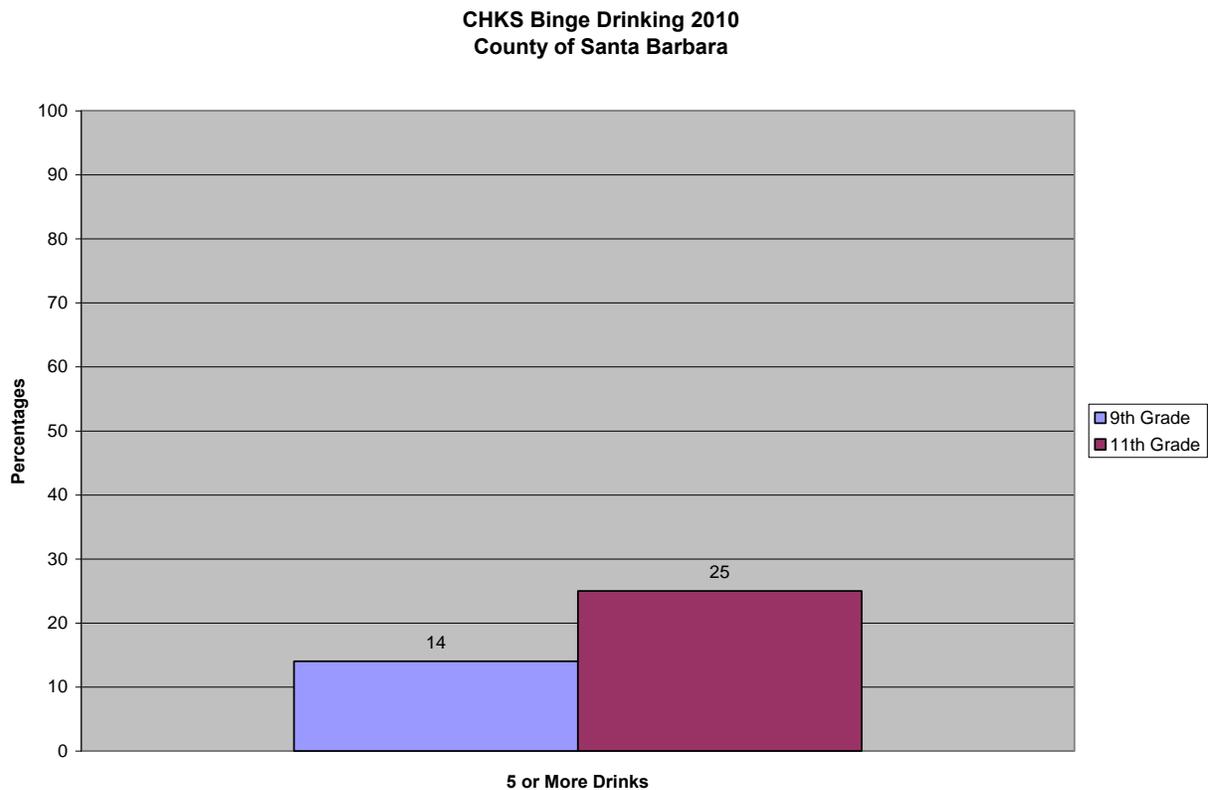
Indicator data on Frequency of Current Alcohol Use in the Past 30 Days reflects 3% of the general population of youth who report using alcohol on a daily basis (20+ days). This group of youth is a population that is considered high risk and may engage in other risk behaviors due to their alcohol use; however, the percentage of youth actually engaging in daily alcohol use may be inflated by extreme responding, which is a response pattern that involves a youth marking the most extreme response on a survey regardless of their actual behavior.<sup>34</sup>

California Healthy Kids Survey Local School District Data  
Alcohol Lifetime Use



California Healthy Kids Survey comparative data reflects higher levels of experimentation of alcohol use among both 9<sup>th</sup> and 11<sup>th</sup> graders in the Santa Barbara school district compared to Santa Ynez and Santa Maria High Schools.

## Binge Drinking

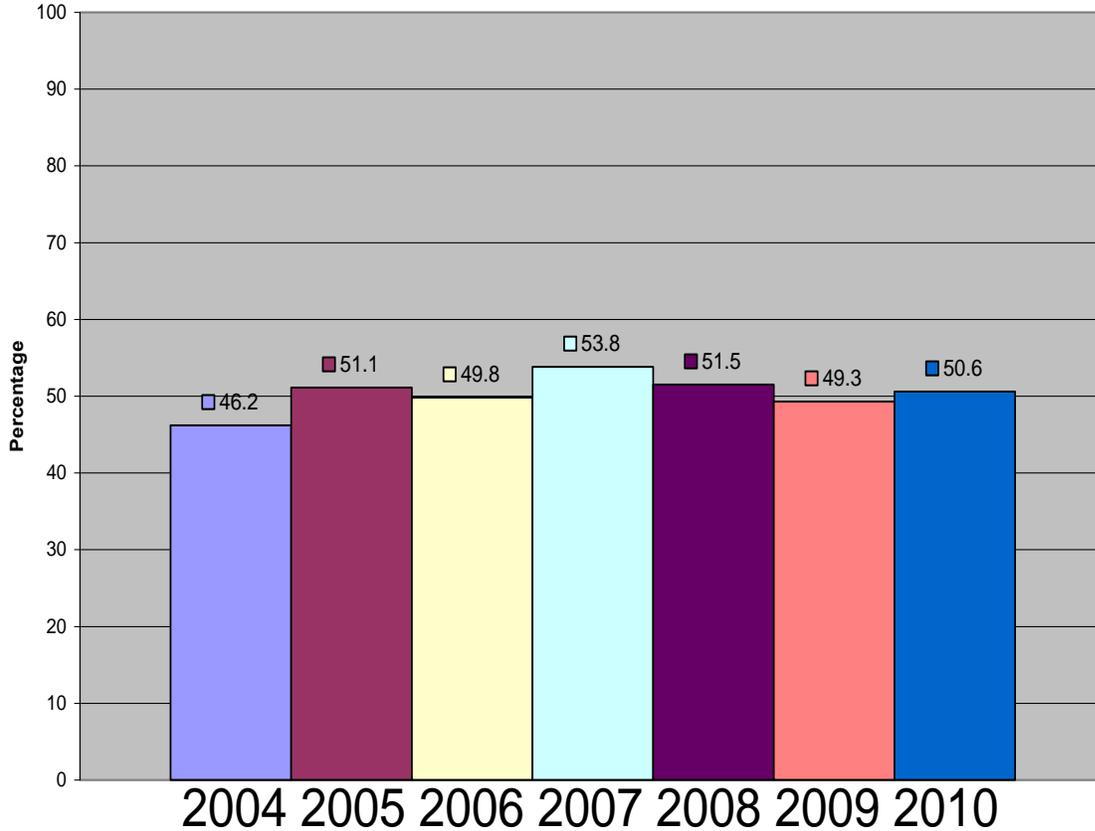


On the California Healthy Kids Survey, binge drinking is considered to be equivalent to five or more drinks that are consumed in one hour. Rates of youth binge drinking in Santa Barbara County were fairly alarming at 14% for 9<sup>th</sup> graders and 25% for 11<sup>th</sup> graders. According to a Center for Disease Control January 2012 report more than 90 percent of the alcohol that youths drinks is consumed during binge drinking episodes. Binge drinking has shown to be a high risk behavior that is associated with other health risk behaviors (e.g. delinquency, car crashes, sexual assaults, falls, burns, and drowning).<sup>26</sup> These consequences of binge drinking impact agency resources in the community, such as law enforcement, medical services, and school policing.

In the 2010 CHKS data, 28% of youth perceived that there was slight or no harm in drinking 5 or more drinks once or twice a week. This lack of perceived harm is divorced from clinical and medical reality and a very serious concern.

# The University of California, Santa Barbara

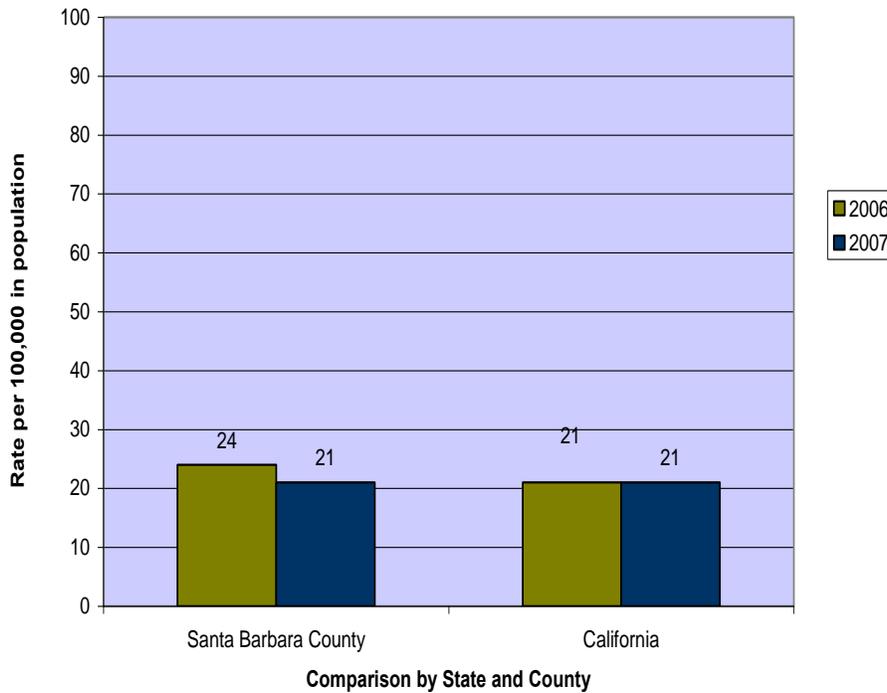
Binge Drinking - Year Comparative 2004-2010  
UCSB Students Who Reported Binge Drinking in the Previous Two Weeks



The Prevention Research Center a program of Pacific Institute for Research and Evaluation provides survey data to university institutions based on student feedback regarding AOD use. The above chart represents prior 2-week binge drinking trends among UCSB students over a seven-year period. The statistics show very little change in percentages in binge drinking over time, consistently being endorsed by around half of the student population. Binge drinking is a high concern for the local Goleta and Isla Vista communities due to the high costs related to alcohol-related assaults, alcohol poisonings, deaths and the law enforcement resources. For example, between the years 2008-2009, four UCSB died due to alcohol related incidents.

The following chart shows deaths within Santa Barbara County as compared to California statewide data in 2006 and 2007 (ADP State Indicator Report 2010). Unfortunately, the highest use rate of binge drinking occurs in the 18-to 24 year olds, typically the population attending college. In Santa Barbara County 50.6 percent of UCSB students within the last two weeks participated in binge drinking. California statewide data was 43.8 percent. UCSB typically is ranked high as a “party school” and thus poses significant concerns related to binge drinking.

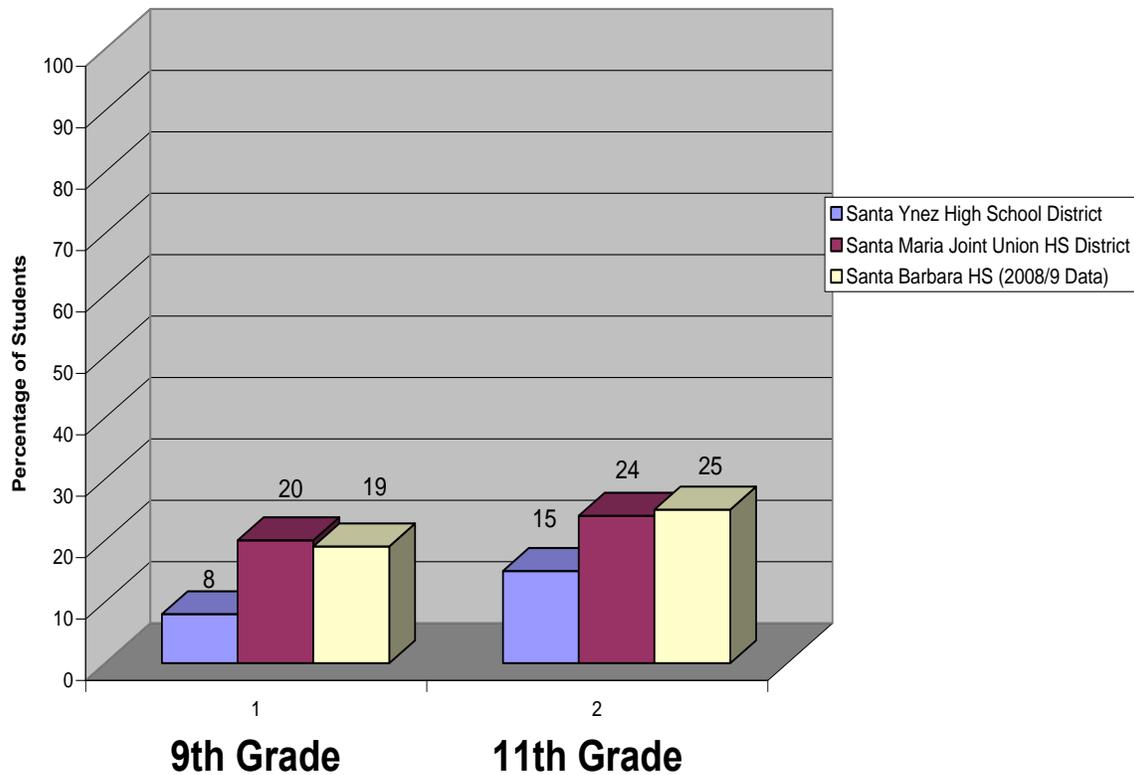
**Deaths Due to Alcohol and Drug - Related Causes  
Indicator Data 2007**



In 2007, five deaths occurred in the County of Santa Barbara related to alcohol poisoning (Indicator Report 2010). Many of the other deaths occurred from Alcoholic Liver Damage. Although data do not reflect how many alcohol poisonings occurred in 2011, these events continue to occur within the University setting. Alcohol poisoning is rarely monitored outside the hospital setting.

## Marijuana

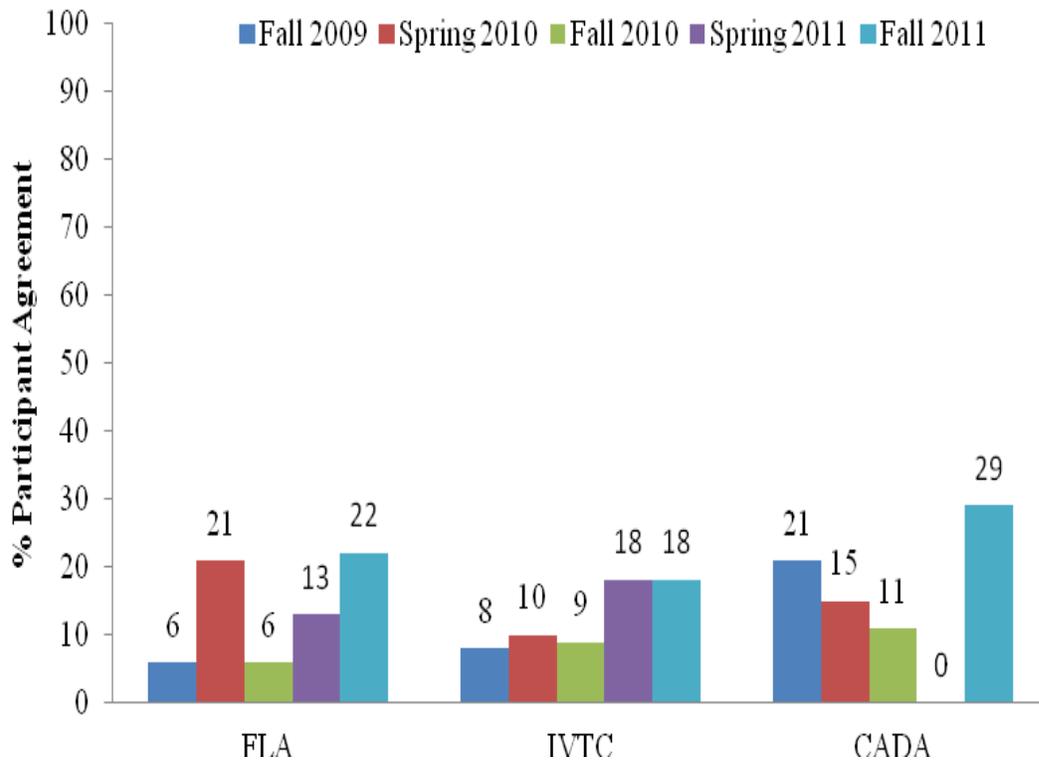
California Healthy Kids Survey 2010-2011  
School District Data  
Marijuana



The School District data in the above chart represents Past 30 Day Use of marijuana. Fewer students in the Santa Ynez High School District report marijuana use (8% of 9<sup>th</sup> grade and 15% of 11<sup>th</sup> grade) than students in the Santa Maria Joint Union High School District (20% of 9<sup>th</sup> grade and 24% of 11<sup>th</sup> grade) and the Santa Barbara High School District (19% of 9<sup>th</sup> grade and 25% of 11<sup>th</sup> grade). Overall, these rates show that one-in-four high school students are using marijuana.

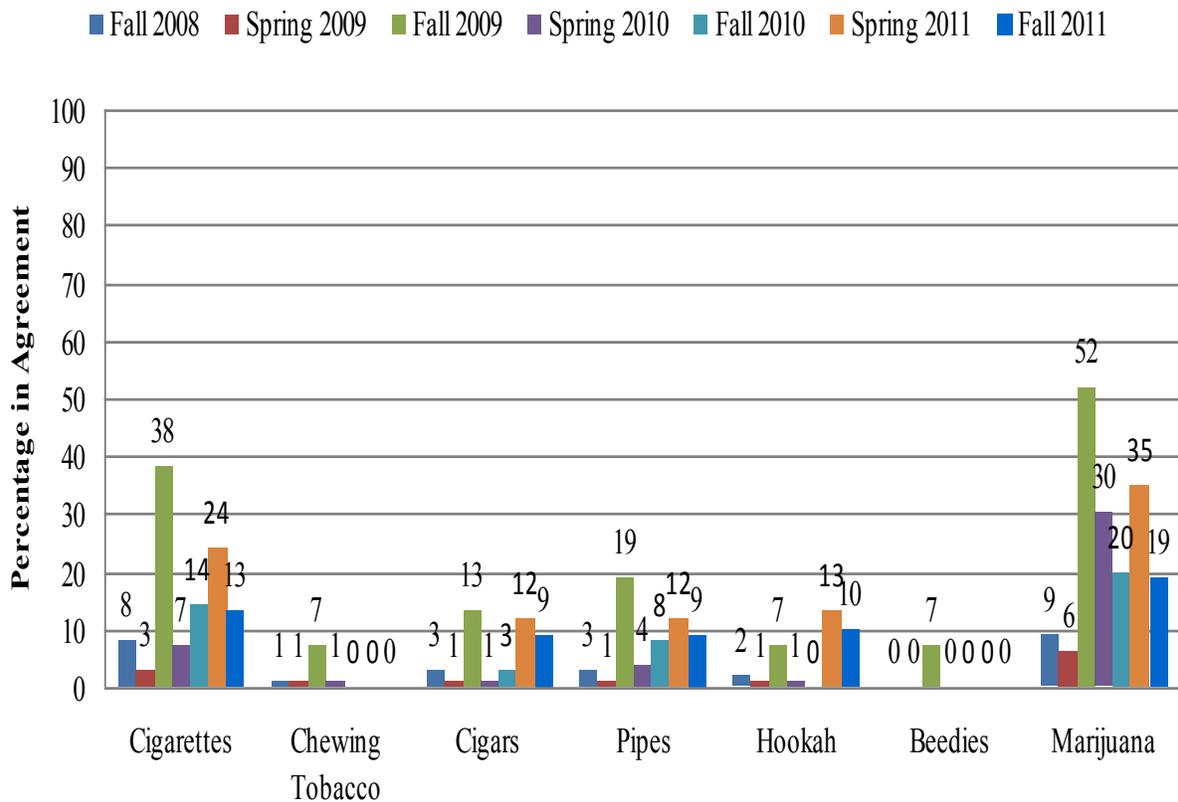
The ADP Youth Leadership Survey data reflects a perception among youth that parents allow marijuana use in their homes. This perception could suggest that youth falsely believe that marijuana is an accepted drug in the home and by adults, particularly by parents. This belief may be consistent with the idea that marijuana is medicine, and therefore not dangerous.

### **In my community, parents allow their children to smoke marijuana in their homes**

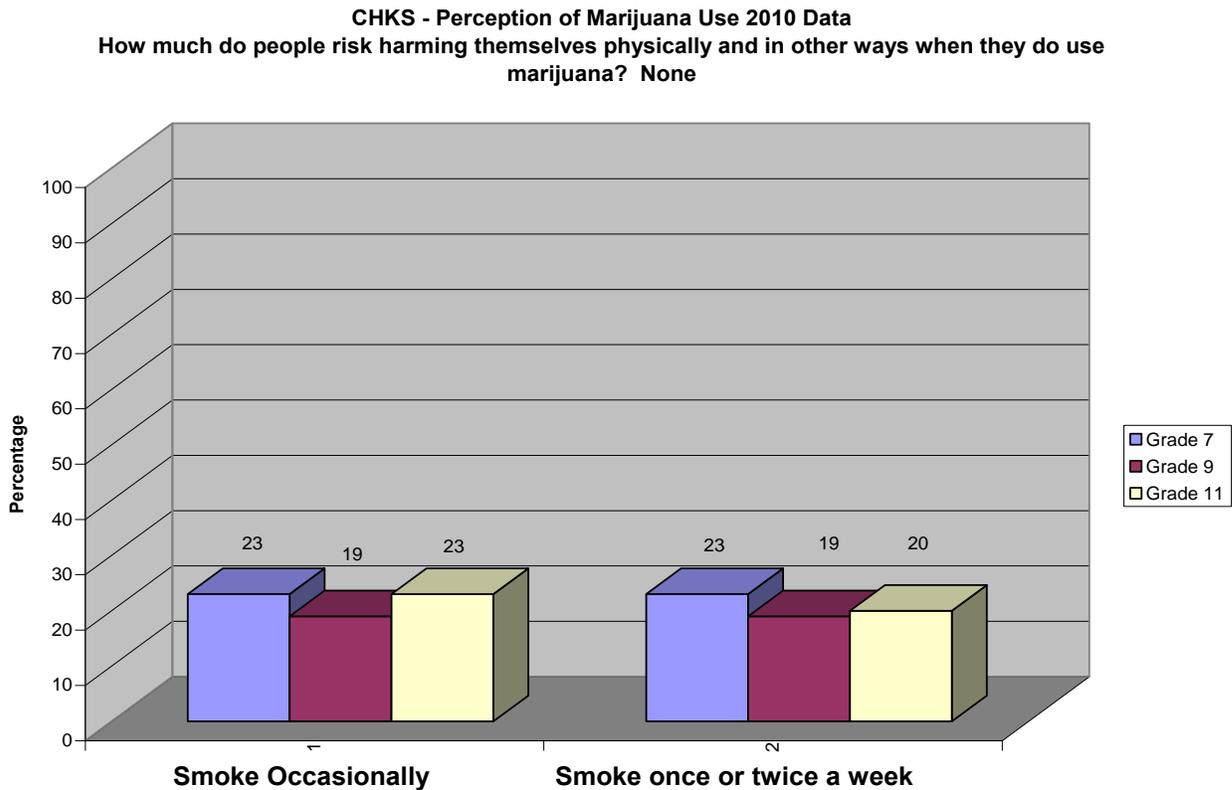


The Youth Leadership Survey questioned youth on what they were smoking. Marijuana is used more than any other product. In fall of 2009, 38% of youth smoked cigarettes, but 52% were smoking marijuana during the same time period. The same youth were questioned in spring 2010 and only 7% were smoking cigarettes while 30% were still smoking marijuana.

## If you smoke, what do you smoke?



The California Healthy Kids Survey included a perception of harm from marijuana use question. When asked ‘How much do people risk harming themselves physically and in other ways when they use marijuana?’ approximately 20% of 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade students responded “none.” The rate of responding “none” was similar for students who reported they smoke occasionally and those who reported they smoke once or twice a week.



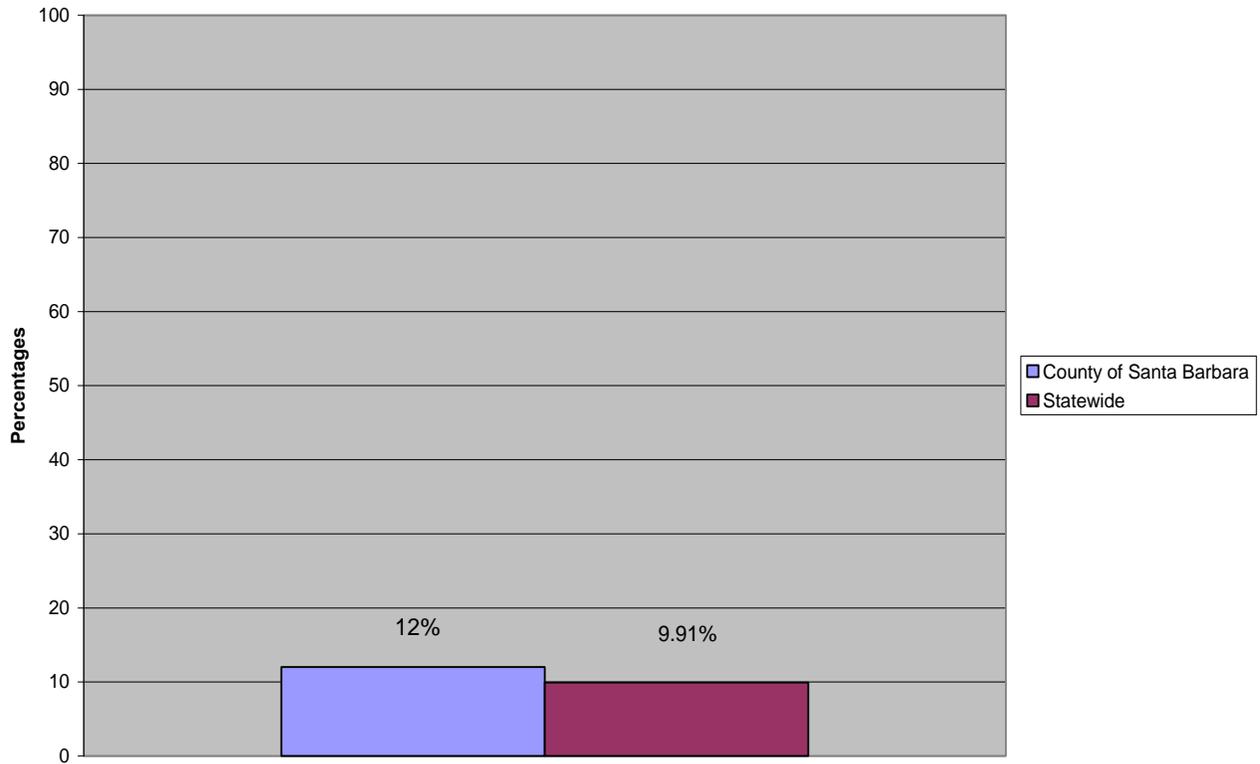
The National Institute on Drug Abuse 2010 Monitoring the Future survey suggests that nationally, marijuana use is now more prevalent than cigarette smoking due to the decreases in smoking and recent increases in marijuana use. In 2010, 21 percent of high school seniors used marijuana in the Past 30 Days, while 19.2 percent smoked cigarettes. In the 2011 Monitoring of the Future, 38% of 8th graders, 68% of 10th graders, and 82% of 12<sup>th</sup> graders reported marijuana as being fairly or very easy to get.<sup>27</sup>

The 2010 Safer California Universities Study, provided by the Prevention Research Center (PRC) indicated that 43.3% of college students at the University of California, Santa Barbara used marijuana in the past semester/quarter.

Nationally and locally, in high school and in college, the prevalence of marijuana use is significant enough to be of concern.

## Prescription Drugs

California Healthy Kids Survey 2008-2010  
Prescription Drug Use - Lifetime



In the United States, prescription drugs are becoming a popular drug of choice for both adolescents and adults. In a 2009 national study by Monitoring for the Future, data showed that adolescents chose Vicodin and OxyContin when using them non-medically.<sup>28</sup> In the 2011 data, 2.1% of 8<sup>th</sup> graders, 5.9% of 10<sup>th</sup> graders and 8.1% of 12<sup>th</sup> graders used Vicodin in the last 12 months. Those reporting use of OxyContin in 2011 were 1.8% of 8<sup>th</sup> graders, 3.9% of 10<sup>th</sup> graders and 4.9% of 12<sup>th</sup> graders. The 2008 California Healthy Kids Lifetime Use also reflects that prescription drug use occurs. Countywide data shows that 12 percent of youth in the County of Santa Barbara have used prescription drugs for recreation in their lifetime; which is higher than the statewide results of 9.91 percent.

In the “Summary Report and Recommendations on Prescription Drugs: Misuse, Abuse and Dependency” conducted by The California State Task Force on Prescription Drug Misuse, State data indicate that two in five teens (40 percent or 9.4 million) believe that prescription drugs, even if they are not prescribed by a doctor, are “much safer” to use than illegal drugs.<sup>29</sup> In a report provided by Substance Abuse and Mental Health Services Administration (SAMHSA) in 2008, there were 52 million persons in the United States age 12 or older who had used prescription drugs non-medically at least once in their lifetime, and 6.2 million had used them in the past month. SAMHSA also reported that between 1998 and 2008, there was a 400 percent

increase in substance abuse treatment admissions for opioid prescription pain relievers. Nationally, approximately 3 million youth who are 12 to 17 years of age are currently using prescriptions non-medically. Monitoring for the Future 2011 national report indicated declines in Vicodin use from 9.7 percent in 2009 to 8.1 percent for 12 graders.<sup>30</sup>

Youth continue to access and abuse alcohol, marijuana and prescription drugs at unacceptable, and in some cases, alarming rates. Although accessibility to these drugs is a problem, influencing a change in behavior requires prevention strategies that can be a part of that transformation. Alcohol, marijuana and prescription drug trends continue to be a concern as local data reveals. Through youth development programs there is a unique opportunity to evoke positive behavioral change. These programs influence youth to change perceptions on AOD use, especially on school campuses where participation includes AOD activities that encourage youth participants to share this information and perspective to their peers. Preventing AOD use, whether experimental or recurrent is vital. There is a clear understanding in the prevention field that the longer an adolescent postpones AOD use, the less likely he or she will abuse substances or become chemically dependent as an adult. Adolescents who abuse substances are four times more likely to develop alcoholism or other drug dependence as adults (NIDA).

There is significant data regarding alcohol and other drugs use among Santa Barbara County residents and the effects of this use in the community. The data reveals that there is a need for continued prevention services, ones that include strategies that can help with changing behaviors and attitudes in health, safety and the wellbeing of the overall community.

Question to consider 4:

*Were there any limitations to accessing and analyzing the data? For example, difficulty accessing population and/or community specific data. If so, describe any efforts or attempts to overcome these obstacles (e.g. developed and conducted local community assessments).*

### **Limitations of data**

Analyzing the AOD data has helped identify some of the problems that exist in the surrounding communities, but limitations on accessing correct data restrict accuracy of capturing real problems in the county. An example of this is the data collected by law enforcement of those individuals who are incarcerated. Drug testing does not always occur with these individuals and accuracy of the drug/s used is not always recorded into their system. Unfortunately also, there is no data currently available to understand if the community considers underage drinking, drug use or marijuana use as a problem. Other limitations include a parent's perspective on AOD use or data that provides their own views on use of drugs and alcohol. Actual parent perspectives are available only through views of children.

Also, all alcohol data nationally and locally provides limited information about underage binge drinking. The data show that youth are bingeing but not how or where they access the large quantities of alcohol. Accessing undercover buys and shoulder tap data is at times difficult particularly because jurisdictions access funding through the Alcohol and Beverage Control (ABC) at different times and not every year. Knowing which jurisdiction received funding is also difficult to access.

Data show that youth are using drugs and alcohol at alarming rates, but data related specifically to under the age of 18 car accidents, arrests and deaths are difficult to obtain. In addition, some of the data collection of the local and statewide prescription drug data showed that some surveys break down prescription drugs by their names, while other surveys aggregate them all together causing it to be difficult to distinguish. An example of this is the local UCSB data that do not break down the prescription drug data. Clearly there is concern that students are using Adderall, but this is not reflected in the data. Also, in the college setting, binge drinking is such a high concern, other drugs become overshadowed in the data.

Other areas where there are limitations in data are in the School District data. Little information is provided or very difficult to get related to disciplinary actions specific to possession, distribution, alcohol or drug use. In addition, little is known about prevention curricula being used in the schools. No known outcomes are forthcoming from school districts. To curb some of this discrepancy, ADP developed a Youth Survey that includes questions on prevention program participation in Junior and Senior High Schools.

Question for consideration 5:

*What are the current prevention services available in your county that address these specific issues for these population and/or community groups? What are the gaps in service?*

Please see below: Capacity Building

### **SPF STEP 2 - Capacity Building**

Question for Consideration 1: *What is the current level of capacity to address the identified prevention priorities (problem statements)?*

#### **Prevention Program Staff**

The Alcohol and Drug Program Prevention staff is comprised of a Program Manager and a Prevention Service Specialist. The primary role of the Program Manager and Service Specialist include all program oversight, strategic prevention plan development and implementation, contract development and initiation, and community development to address binge, underage drinking and marijuana use.

#### **Current Capacity for Prevention**

The County of Santa Barbara ADP Program has developed on-going capacity building within the department, as well as with the community, to strategically provide comprehensive prevention programs within each community. Using the SAMHSA's community building model program since 2004, the "Communities Mobilizing for Change on Alcohol", brings youth, community members, and stakeholders to the table in developing methods that combat the high priority areas in our county for marijuana abuse, underage drinking, binge drinking and prescription drugs by focusing on environmental and educational prevention programming.

#### **Service Contract Providers**

**Community coalitions** are comprised of community members, faith-based agencies, law enforcement, key stakeholders, parents, community based organizations and participate based on

concerns or understanding of the circumstances of underage drinking, binge drinking and marijuana use. Two community coalitions include:

- ✓ The Santa Ynez Youth Coalition
- ✓ The Isla Vista AOD Workgroup

Using a public health model of prevention, the coalitions develop strategic initiatives that focus on environmental prevention approaches. Currently, the County of Santa Barbara funds the Santa Ynez Youth Coalition along with the Drug Free Communities grant that was an integral part in passage of a County Social Host Liability Ordinance. Participation with other community coalitions not funded through the county fosters support in all aspects of prevention activities. The Isla Vista AOD Workgroup provides a catalyst to work on specific issues in the Isla Vista community regarding parties and binge drinking with University staff, community members and UCSB students. Many of these coalitions make policy development (recommendations) a priority.

**Youth Development/Leadership Prevention Providers** are funded to provide services where youth can develop skills in public speaking, goal setting, environmental prevention, social media, media advocacy and writing. Contract providers working with youth development have conducted merchant education outreach, advocating and publicly speaking on behalf of the Social Host Liability Ordinance and advocacy on limiting retail licenses, participating in decoy operations, organizing and leading ATOD trainings and presentations. The youth leaders develop skills that provide them with strong assets that encourage them to be leaders in their community and become advocates for change.

### **Youth Coalitions**

Youth coalitions provide an opportunity for youth to participate in the round table, availing themselves to making decisions, leading events and programs. Through the youth development and leadership programs funded through ADP, other youth coalitions have taken root from these coalitions. Youth train the new coalition members, provide support and work with them on leadership skills and outreach. The county funds four youth coalitions who have worked with advocacy in all environmental strategies of contracted services.

### **Youth Surveys and Data**

The County of Santa Barbara ADP Prevention program initiated a youth survey that is administered biannually to all contracted youth providers. The survey data are collected and analyzed each year to assess the effectiveness of the youth programs. The Youth Survey generates data in the fall and spring of each year. These data provide a great source of information on access to alcohol, binge drinking, underage drinking, use of leadership skills, and asset development. Much of these data specifically identify program participation, youth assets, substance abuse/use/experimentation and scholastic improvement based on youth participation in youth development programs. The ADP Youth Survey data are compared with the California Healthy Kids Survey to compare and contrast youth program participant reports and with reports representative of all the students in the county. The ADP Youth Survey data fall and spring administrations are matched by youth to examine changes in behaviors after a year of participating in the leadership programs. ADP collaborates and meets biennially to revise a

Module G for administration with the California Healthy Kids Survey every year where school administrators and county staff determine what data are needed and/or lacking.

### **Community Partnerships/Collaborations**

Partnerships and collaborations have been developed to address initiatives in the SPF that address binge drinking and underage drinking. Usually these collaborations have come together to address policy changes such as the Social Host Liability Ordinance. Usually these partnerships are developed through agency participation. These partnerships have been effectively bringing together law enforcement, community liaisons and schools in each community of the county to address and provide advocacy in all environmental prevention initiatives. The partnerships provide an ability to reach communities on several issues at one time or develop initiatives that can effectively have stronger impacts within a shorter period of time. Available resources for these partnerships are extended further when utilizing them on a larger scale.

Question for consideration 2:

*To what extent was capacity built during the initial assessment and planning phase?*

Capacity was built through a community assessment with a ten (10) question survey that was delivered via Survey Monkey. Over 200 people provided their input in this process focusing on the alcohol and other drug priorities and the direction of interest for prevention services in the county. The highest ratings given were to prescription drugs as related to the harms associated to its use. Alcohol and in particular, binge drinking was rated number two in terms of the harms that it causes underage users. And in all four categories; youth alcohol use, youth binge drinking, youth marijuana use and misuse of prescription drugs, were considered to be high priorities on the surveys. Parent involvement, more youth prevention, access to resources and addressing alcohol and drugs in the school settings were considered priority in focusing the prevention in these areas.

The Alcohol and Drug Program division has several advisory groups and collaboratives that develop, organize and participate in the strategic planning process. The countywide Advisory Board on Alcohol and Drug Programs and the Education and Prevention subcommittee are very active in shaping and supporting the prevention strategic plan. In fact, over the last year the Board has been much more interested in prevention than treatment. The Strategic Prevention Process provided the community with a better understanding of the limitations of services, as well as the extent of services already being provided. All participants were appreciative of actively participating in the creative process of developing initiatives for the county.

The prevention planning process identified several gaps in services that were addressed directly before the plan was developed. The establishment of the Isla Vista (IV) Alcohol and Other Drug (AOD) Work Group was a direct result of the planning process. This group focuses on assessing environmental prevention services in Isla Vista, a significant problem or high risk area of Santa Barbara County. By specifically addressing underage and binge drinking in IV, it is expected that other areas of Santa Barbara, specifically the State Street “bar area” will benefit, as IV residents often drink to excess on State Street. In other words, IV is a contagion that is being addressed because of this planning process. In addition, the County ADP Recovery Oriented System of Care (ROSC) is being utilized to integrate primary prevention services.

Beginning in fiscal year 2008-2009, the County ADP treatment system allocated funding to create alternate recovery groups to the standard 12 Step menus of groups throughout the county. These groups – SMART Recovery®, LifeRing, psychoeducation and process groups – not only build treatment capacity, but also create a synergy with environmental prevention efforts. These groups are essentially drop-in centers, providing safe havens for people in recovery and communities at large. They intrude into high risk areas and serve not only to provide self-help recovery to individuals in treatment, but as importantly to educate individuals and inform communities about the dangers of AOD abuse. Environments are being changed with these groups and efforts. In IV alone, three (3) new groups are being established to create more protective factors and to spread the word about AOD issues.

Question for consideration 3:

*What efforts will the county engage in to continue to build prevention capacity to address these prevention priorities (problem statements)?*

As explained, prevention capacity is already well-built throughout all of the Santa Barbara regions. Building more capacity and ensuring that existing capacity remains relevant and meaningful is instrumental in a successful plan. ADP will make sure that existing collaboratives and contracted providers remain strong and true to primary prevention goals and objectives. To ensure fidelity in the Strategic Plan and in CalOMS, all prevention providers are monitored and provided with technical assistance. ADP plans on building prevention capacity in two areas which include the Latino community and in the “bar district” of Santa Barbara City. Engaging the Latino community will include joining the Latino Advisory committee to increase environmental prevention efforts, especially in Santa Maria. At the same time, ADP was awarded a State Incentive Grant (SIG) to address excessive and underage drinking in Santa Barbara. A SIG planning and oversight committee has been assembled to develop environmental prevention strategies in the “bar district” of State Street in Santa Barbara. Both efforts are expected to contribute to create protective factors and in turn reduce problematic drinking for youth aged 12-25. These two new efforts are expected to increase capacity and reverberate throughout the county and improve prevention and treatment continuums.

Additional prevention capacity may be built with the possible integration of ADMHS with the County Public Health Department and pending health care reform. County ADP is proficient with public health care models and will assess and build synergistic capacity with the public health department and other primary care FQHC providers if possible and where indicated. Katarina Zamora, the County ADP prevention specialist has a strong background in public health.

Question for consideration 4:

*What is the current and future role of any prevention advisory groups that were already established or will be established to guide county prevention efforts?*

The County ADP Advisory Board has in the past and currently plays a large role in the treatment and prevention programs. It is the consensus of the Board that AOD issues need to be prevented as much as treated. In that spirit, the Board’s Education and Prevention Committee now convenes regularly to help ADP assess prevention needs and to make informed decisions about

prevention goals, objectives and strategies. It was the Education and Prevention Committee that addressed and shaped prescription drug abuse as a priority and has been instrumental in helping and supporting this entire Strategic Prevention Planning project. Besides advising ADP and the entire County Board of Supervisors on prevention needs and strategies, the Board and Education and Prevention Committee organizes media events, writes articles that are published in local newspapers and generally broadcasts AOD concerns to help shift and change environments. Two members of the Education and Prevention committee are part of the IV AOD Work Group and other members are joining other collaboratives to leverage prevention efforts. In summary, the Advisory Board on Alcohol and Drug Problems and its Education and Prevention committee has become one of the most active and powerful groups in addressing and implementing prevention projects. ADP is exceedingly grateful for their involvement and support.

Question for consideration 5:

*What are the plans or efforts to establish county-wide prevention systems and infrastructure to foster sustainability?*

Every prevention effort, project, goal, objective and strategy within this plan will be sustained without condition. Of course, as environmental needs change and evolve, so will future planning. The strategic plan must be a living document. The County of Santa Barbara is dedicated to environmental prevention efforts from the desires and directives of the local communities, the Board of Supervisors, the Advisory Board on Alcohol and Drug Problems, ADMHS management and staff and contracted CBOs or providers.

Question for consideration 6:

*Address the degree to which the county has established agreements and responsibilities with partner agencies and stakeholders. It may also be appropriate to discuss how integration of the SPF process and newly adopted Strategic Prevention Plan will impact future competitive bidding or RFA procedures within the county if applicable. What types of training and technical assistance would be needed to further build capacity?*

The County of Santa Barbara ADP has consummated contracts and MOUs with all current providers for FY 12-13. Integration of the new Strategic Plan will require amending statements of work where indicated, but no problems are anticipated. There are no anticipated impacts with any future bidding or RFA processes at this point. Trainings specific to environmental prevention policies involving youth, retailer education and comprehensive health initiatives for wellness would be helpful in supporting the county providers currently supported under SAPT funds.

## Santa Barbara County Alcohol and Other Drug Prevention Program Providers

Agency/ Program Site	Prevention Program	Primary CSAP Strategy	Target Population
<b>Countywide</b>			
Channel Island YMCA IV Teen Center	<b><u>Teen Advocacy and Community Group</u></b> Coordinate teen youth living in the Isla Vista community to work with local community groups to include and develop plans based on UCSB students and community solutions with a focus on the community health and safety issues specific to drug and alcohol concerns in Isla Vista.	Alternatives	Youth (11-18)
Council on Alcoholism and Drug Abuse	<b><u>Friday Night Live/Club Live (FNL/CL) program</u></b> The countywide Friday Night Live/Club Live (FNL/CL) program is an alcohol and other drug prevention program that utilizes a youth leadership model designed for roughly 15-30 junior and senior high school youth throughout the county. The focus is to have leadership skills that allow the youth to address underage access to alcohol, tobacco and other drugs.	Alternatives	Youth (12-18)
Family Service Agency	<b><u>Big Brothers Big Sisters Mentoring Program</u></b> Provide a Big Brother/Big Sister mentoring program. The program provides one to one mentoring program for at-risk youth ages 7-17, whose lives can be positively impacted by the additional attention of a Big Brother/Big Sister. Through the mentoring model, volunteers and youth spend two to four hours per week together in the community doing a variety of positive activities including prevention activities. Volunteers are trained, monitored and supported by professional staff. Asset development comprises a key element of the Big Brother/Big Sister approach.	Alternatives/Community-based Process	Youth (5-17)
Central Coast Future Leaders (CCFL)	<b><u>Teen Leadership (Santa Maria)</u></b> Coordinate CCFL teens to address youth access to alcohol in Santa Maria and North County. The primary goal of the 15-25-FLA members is to develop an environmental approach and advocate for policies that address youth access to alcohol.	Alternatives Environmental Prevention	Youth (5-20)
Guadalupe Police Department	<b><u>Gladiators Mentoring Program</u></b> Provide a peer to peer mentoring program called Gladiators to a total of 40 fifth and sixth grade youth; an education program for retail alcohol outlets on reducing sales to minors and other responsibilities; and a community-wide media campaign designed to address alcohol and drug issues in Guadalupe.	Education Mentoring	Youth (5-12)
Santa Ynez Valley People Helping People	<b><u>Santa Ynez Valley Youth Coalition</u></b> The Santa Ynez Valley Youth Coalition is made up of students, parents, providers, law enforcement, community members and other concerned residents, and work to reduce alcohol and other drug problems in the Santa Ynez Valley, through the use of environmental strategies and policies.	Environmental	Youth (14-18)

UCSB Student Health Services	<p><b><u>UCSB Student Health, Alcohol and Drug Program</u></b>  The Alcohol and Drug Program provides treatment and prevention services to UCSB students. The primary prevention services include on campus social norm campaigns, development of services and changes within the Isla Vista area and alternative prevention programming.</p>	Community Based Process	Adults (18)
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**SPF STEP 3 -Planning Process**

Question for consideration 1:

*How were community members engaged in the planning process? How were members/agencies/organizations engaged in the assessment and interpretation of needs data and identification of prevention priorities?*

A wide variety of community members were engaged throughout the planning process, even though communities were not as involved as in the previous plan due to funding restrictions. County ADP worked with State of CA ADP, CARS and the CADPAAC prevention sub-committee to inform and validate community engagement. However, Santa Barbara did not necessarily need technical assistance in this area. County ADP has always been in tune with community prevention needs. A theme of this plan is that Santa Barbara is a very transparent and collaborative county. Communities express their needs and identify gaps in a variety of ways that were included in this planning process. Contracted providers identified gaps in services and assessed strengths and weaknesses in the previous plan. Providers organized town hall and other community meetings as part of their contracted services to educate the public and identify community needs. Data were analyzed to inform outreach efforts. The ADP Advisory Board continually reached out to their local districts to identify prevention service gaps and to assess the strengths and weaknesses of current and past efforts. The general Board of Supervisors relayed community needs and concerns to the County ADMHS executive team. A community survey was developed by the County ADP, prevention providers and revised by the ADP Advisory Board to engage communities and assess prevention needs. Once finalized by consensus, the following survey was distributed throughout the County electronically and in hard copy to all prevention providers, school districts, supervisorial districts, treatment providers, and others:

**Santa Barbara County Community Survey on Alcohol and Other Drug  
For the Strategic Plan 2012-2017**

**1. What best describes your role in the community (mark all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Parent of minor child(ren)                | <input type="checkbox"/> County staff                         |
| <input type="checkbox"/> Educator                                  | <input type="checkbox"/> Community-based organization         |
| <input type="checkbox"/> Business owner                            |   |
| <input type="checkbox"/> Youth and/or family services professional | <input type="checkbox"/> staff/volunteer                      |
| <input type="checkbox"/> Elected official/Board member             | <input type="checkbox"/> Leader in a faith-based organization |

- Law enforcement
- Concerned resident
- Youth

Other: \_\_\_\_\_

**2. Are you a parent or caregiver of one or more children? (mark all that apply)**

- 4 years or younger
- 5-11 years
- 12-13 years
- 14-17 years
- 18-25 years
- I don't have children
- No or N/A

**3. How much do youth under the age of 21 years risk harming themselves physically and in other ways when they do the following?**

	Great	Moderate	Slight	No harm
Drink alcohol occasionally				
Have five or more drinks of an alcoholic beverage in one period of time				
Smoke marijuana occasionally				
Smoke marijuana once or twice a week				
Use prescription or over-the-counter drugs to get "high"				
Use synthetic marijuana (K2, Spice, Black Mambo)				

**4. How much need is there to address the following issues for our community's youth?**

	Great need	Moderate need	Slight need	No
Youth alcohol use in general				
Youth binge drinking				
Youth marijuana use				
Youth <u>mis</u> use of prescription or over-the-counter drugs				

Other \_\_\_\_\_

**5. What other alcohol or drug issues do you see impacting our community? (Please rank 1-5 with 1 being the most important and 5 being the least important)**

Availability or ability to get alcohol and drugs	1	2	3	4	5
Youth drinking alcohol and driving or riding in a car with a peer who drank alcohol	1	2	3	4	5
Youth drinking 5 or more drinks on one occasion (binge drinking)	1	2	3	4	5
Youth marijuana use	1	2	3	4	5
Youth misusing prescription or over-the-counter drugs (not using as directed)	1	2	3	4	5
Lack of parent awareness of youth alcohol and drug use	1	2	3	4	5
Youth alcohol use in general	1	2	3	4	5
Synthetic marijuana (K2, Spice, Black Mambo)	1	2	3	4	5

Other \_\_\_\_\_ 1 2 3 4 5

**6. Where do you believe teens get alcohol (Choose 2- 1 being most common)**

	#1	#2
Friend's house	<input type="checkbox"/>	<input type="checkbox"/>
Park	<input type="checkbox"/>	<input type="checkbox"/>
Parties'	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>
Purchase themselves	<input type="checkbox"/>	<input type="checkbox"/>
Nightclubs	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**7. Where do you believe teens get drugs?**

	#1	#2
Friend	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>
Park	<input type="checkbox"/>	<input type="checkbox"/>
Drug Seller	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Shops	<input type="checkbox"/>	<input type="checkbox"/>
Making it themselves	<input type="checkbox"/>	<input type="checkbox"/>
Party	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**8. Please let us know in what area of the county do you live? (i.e., Santa Maria, Santa Barbara, Santa Ynez, Guadalupe, Carpinteria, Cuyama, etc.)**

Question for consideration 2:

*What criteria were used to establish prevention priorities? Describe the process for selection priority issues, populations and/or communities. What are the populations and/or community sectors that are being served?*

We listened and empathized with all parties and members of each community, found common denominators in the above survey and relied on the ADP Advisory Board and CalOMS data to make our selections. It was not difficult. Three of the four priorities from the previous plan would be continued, as underage and binge drinking and marijuana abuse were still widespread concerns. Stakeholders agree that all roads lead to alcohol in Santa Barbara County. Alcohol remains the drug of choice in South Santa Barbara County and is a drug of abuse in every region. Though strides have been made in the previous strategic plan, underage and binge drinking prevention are still primary concerns. Marijuana abuse is also a big concern, not only cannabis but synthetic cannabis, as well. Santa Barbara County has all but eliminated medical marijuana dispensaries, but cannabis use among youth remains a concern in all regions. Of particular concern is that youth do not perceive cannabis to be as harmful as it objectively is as noted in the "Perception of Harm" chart. Approximately 20% of 9<sup>th</sup> and 11<sup>th</sup> graders see marijuana as harmful. Hence we continue to focus on cannabis use and abuse.

An increasing concern, indeed a concern that is reaching a crescendo in Santa Barbara County, is prescription drug abuse (PDA). National and local data suggests that PDA is a problem in Santa Barbara.<sup>31</sup> Local newspapers have run a series of articles documenting the problem in the county. The Advisory Board, whose membership includes professional psychotherapists who assess and treat PDA, have insisted that PDA be included in the new Strategic Plan. Local communities agree. There is universal demand for PDA prevention and interventions throughout Santa Barbara. Therefore, PDA is a new priority for this strategic plan.

Question for consideration 3:

*What are the specific problem statements, corresponding goals and objectives, and prevention strategies that the county has identified? This can be illustrated by using a logic model and/or other tabular format.*

*Problem Statements, Goals, Objectives and Strategies for the Strategic Prevention Plan*

Data and collaborative efforts to develop the County of Santa Barbara Alcohol and Drug Programs SPF included the following Priority Areas and Problem Statements:

1. Binge Drinking

**Priority Area #1:** The reduction of the negative consequences of binge drinking by 18-24 year olds.

**Problem Statement:** A number of college students are binge drinking.

2. Underage Drinking

**Priority Area #2:** Reduction of underage drinking by Junior High and High School students.

**Problem Statement:** Underage youth are accessing and consuming alcohol at an alarming rate.

3. Marijuana

**Priority Area #3:** Awareness of the harms and risks of Marijuana use by Junior High and High School students.

**Problem Statement:** Youth are using marijuana and are not aware of the risks and harms of everyday use.

4. Prescription Drugs

**Priority Area #4:** Awareness of the harms and risks of prescription drug abuse by Junior High and High Schools students.

**Problem Statement:** Youth are abusing prescription drugs and are not aware of the risks and harms.

The following logic model identifies problem statements, corresponding goals, objectives and prevention strategies:

<b>Priority Area #1:</b>		<b>The Reduction of the Negative Consequences of Binge Drinking by 18-24 year olds</b>		
<b>Problem:</b>		<b>A number of college students are binge drinking.</b>		
<b>Goal A: Reduce binge drinking and it's negative consequences in college students</b>				
<b>Prevention Strategies</b>	<b>Short Term Outcomes (Change Knowledge)</b>	<b>Intermediate Outcomes (Change Attitude)</b>	<b>Final Objective (Change Behavior)</b>	<b>Provider</b>
1) By June 30, 2017 disseminate 500 (100 annual x 5 years) "Life of the Party" Campaign materials to UCSB students.	1. Of 100 or more students, at least 70% by June 30, 2014, at least 75% by June 2015, and at least 80% by June, 30, 2016 will respond with 100% accuracy to "Life of the Party" recall and recognition survey knowledge items (e.g., A red keg cup (18 oz.) filled with beer is considered: 1 drink, 1.5 drinks, 2 drinks, or none of the above).	1) Percent of student responses to the questions "I believe it is important to moderate my drinking in order to avoid negative health effects (i.e., blacking out, hang over, engaging in risky behavior)" and "I believe it is important to monitor the amount I drink when partying" will improve 5% over baseline by June 30, 2015 and 10% over baseline by June 30, 2016, as measured by the "Life of the Party" recall and recognition survey.	1a) Decrease the prevalence of binge drinking of UC Santa Barbara students from 45% (Fall 2011) to 44% in June 2014, to 43% in June 2015, to 42% in June 2016, and to 41% in 2017 as measured by the PRC or similar survey (approximately 800 less students engaged in binge drinking over the five-year period) as measured by the PRC or similar survey. 1b) By June 30, 2017, reduce percent of students who report experiencing some kind of minor personal problem (such as missing class, having memory loss, vomiting) at least once during the past quarter as a result of drinking from 53.3% (2010) to 49% (approximately 860 students) as measured by the PRC or similar survey.	UCSB
2) By June 30, 2017, disseminate 500 (100 annual x 5 years) "One Less" Campaign materials to UCSB students.	2) Of 100 or more students, at least 70% by June 30, 2014, at least 75% by June 2015, and at least 80% by June, 30, 2016 will respond with 100% accuracy to "One Less" recall and recognition survey knowledge items (e.g. Mixing alcohol and other drugs could lead to death).	2) Percent of student responses to the questions "It is important to me that I know my limits when it comes to alcohol" and "It is important to me to drink moderately to avoid public misconduct (e.g., trouble with the police, fighting, DUI, vandalism)" will improve 5% over baseline by June 30, 2015 and 10% over baseline by June 30, 2016, as measured by the "One Less" recall and recognition survey.	2) By June 30, 2017 reduce percent of students who report some form of public misconduct (e.g., trouble with the police, fighting, DUI, vandalism) at least once during the past quarter as a result of drinking from 21.1% (2010) to 18% (approximately 620 students) as measured by the PRC or similar survey.	

<p>3) By June 30, 2017, disseminate at least 1000 (200 x 5) Just Call 911 materials.</p>	<p>3) Of 100 or more students, at least 70% by June 30, 2014, at least 75% by June 2015, and at least 80% by June, 30, 2016 will respond with 100% accuracy to “Just Call 911” recall and recognition knowledge items (e.g., What are the symptoms of alcohol or drug overdose?).</p>	<p>3) Percent of student responses to the questions “If I saw someone passed out and exhibiting signs of alcohol poisoning at a party, I would call 911” and “It is important to me to moderate my drinking in order to avoid blacking out” will improve 5% over baseline by June 30, 2015 and 10% over baseline by June 30, 2016 as measured by the “Just Call 911” recall and recognition survey.</p>	<p>3) By June 30, 2017 reduce percent of students who report experiencing some kind of serious personal problems (such as overdose, being hurt, or sexual assault) at least once during the past quarter as a result of drinking from 43.4% (2010) to 39% (approximately 880 students) as measured by the PRC or similar survey.</p>	
<p>4) Implement the Isla Vista Outreach Campaign by working with students to understand the impact of binge drinking on their behavior in the community; distribute at least 1000 community relationship surveys each to students (200 x 5 years) and community members (200 x 5 years).</p>	<p>4) Percent of students’ responses of “very true” or “somewhat true” to the question, “Student behavior while drinking alcohol in Isla Vista creates problems for student-community member relations in Isla Vista” will increase by 5% from baseline by June 30, 2014 and by 10% from baseline by June 30, 2015.</p>	<p>4) Percent of community members’ responses of “very true” or “somewhat true” to the question “Student behavior while drinking alcohol in Isla Vista bothers me” will decrease from 76% (Fall 2012) to 71% by June 15, 2015 and to 66% by June 15, 2016. Student response of “Very true” or “Somewhat true” to the question “It is important for college students to consider community member experiences when in Isla Vista” will increase 5% from baseline (TBD) by June 30, 2015 and by 10% from baseline by June 30, 2016.</p>	<p>4) Percent of community members’ responses of “very true” or “somewhat true” to the question, “I am satisfied with student-community member relations in Isla Vista” Satisfaction will increase from 68% (Fall 2012) to 78% by June 30, 2017.</p>	

<b>Priority Area #2:</b>		<b>Reduction of Underage Drinking by Junior High and High School Students</b>		
<b>Problem:</b>		<b>Underage youth are accessing and consuming alcohol at an alarming rate.</b>		
<b>Goal A: Reduce youth access to alcohol at home</b>				
<b>Prevention Strategies</b>	<b>Short Term Outcomes (Change Knowledge)</b>	<b>Intermediate Outcomes (Change Attitude)</b>	<b>Final Objective (Change Behavior)</b>	<b>Providers</b>
<p>1) Implement “parent pledges” asking parents not to provide alcohol to minors in their home; a total of 500 new parent pledges will be collected (100 annual x 5 years).</p> <p>2) Conduct outreach education to discourage adult tolerance of underage drinking and education about the Social Host Liability Ordinances; disseminate 2,000 materials (400 annual x 5 years).</p>	<p>Percent youth response to the question: “Why do you think teens drink before they are 21: Parents allow it” will reduce from 14% (Fall 2011) to 12% by June 30, 2014 and to 10% by June 30, 2015 as measured by the ADP Youth Survey.</p>	<p>Percent youth response to the question, “It’s alright to allow teens to drink in a home environment” will reduce from 16% (Fall 2011) to 14% by June 30, 2014, and to 12% by June 30, 2015 as measured by the ADP Youth Survey.</p>	<p>By June 30, 2017, percent youth response to the question, “used alcohol in the past 30 days” will decrease from 24% (Fall 2011) to 19% as measured by the ADP Youth Survey and the California Healthy Kids Survey.</p>	<p>PHP CCFL CADA IVTC Gladiators BBBS Girls, Inc.</p>

<b>Priority Area #2: Problem:</b>		<b>Reduction of Underage Drinking by Junior High and High School Students Underage youth are accessing and consuming alcohol at an alarming rate.</b>		
<b>Goal B: Reduce merchant leniency with youth access to alcohol in retail establishments.</b>				
<b>Prevention Strategies</b>	<b>Short Term Outcomes (Change Knowledge)</b>	<b>Intermediate Outcomes (Change Attitude)</b>	<b>Final Objective (Change Behavior)</b>	<b>Providers</b>
3) Provide education to retail alcohol outlets, targeting outlets who receive a citation; distribute 300 materials (60 annual x 5 years) and 20 presentations (4 annual x 5 years) to offending retailers to make them aware of the laws regarding selling and advertising to minors and encourage them to card customers who look under 35 years of age.	A survey of targeted merchants will reveal that at least 80% by June 30, 2014 and at least 90% by June 30, 2015 report carding customers who look under 35 years "most of the time" or "always" as measured by a retail alcohol outlet survey.	A survey of targeted merchants will reveal that at least 80% by June 30, 2014 and at least 90% by June 30, 2015 report that preventing underage alcohol use is "important" or "very important" and that enforcing age limits on drinking is an "important" or a "very important" part of their job, as measured by a retail alcohol outlet survey.	1. By June 30, 2017, percent youth response to question: In my community, it is easy for people younger than 21 to buy alcohol at retail stores will reduce from 44% (Spring 2012) to 38% as measured by ADP's Youth Survey.	PHP CCFL CADA IVTC

<b>Priority Area #2: Problem:</b>		<b>Reduction of Underage Drinking by Junior High and High School Students Underage youth are accessing and consuming alcohol at an alarming rate.</b>		
<b>Goal C: Increase the internal assets (self-efficacy, problem solving skills) of youth to be resilient to alcohol consumption.</b>				
<b>Prevention Strategies</b>	<b>Short Term Outcomes (Change Knowledge)</b>	<b>Intermediate Outcomes (Change Attitude)</b>	<b>Final Objective (Change Behavior)</b>	<b>Providers</b>
<p>4) Provide youth-based programs that include Latino youth with caring adult role models and mentors that will increase their external and internal assets to be resilient to alcohol</p> <p>-By June 30, 2017, 600 youth (120 annual x 5 years), including high risk and/or Latino youth, will participate in programs that increase their internal assets and external resources.</p>	<p>Youth responses to community external asset items will significantly improve, i.e., each school year (2014-2017) a paired-samples statistical analysis of matched responses will reveal a significant improvement in the total community external asset scale (i.e., 6 items including “outside of my home and school there is an adult who really cares about me”) from Fall to Spring as measured by Healthy Kids Resilience Module (HKRM) items included in the ADP Youth Survey.</p> <p>Note: The HKRM Module is based on the theory that external assets promote internal assets, which protect youth from negative outcomes.</p>	<p>Youth responses to internal asset items will significantly improve, i.e., each school year (2014-2017) a paired-samples statistical analysis of matched responses will reveal a significant improvement in the total internal asset scale (i.e., 18 items including “When I need help I find someone to talk to”; “I can do most things if I try”) from Fall to Spring as measured by Healthy Kids Resilience Module (HKRM) items included in the ADP Youth Survey.</p> <p>Note: The HKRM Module is based on the theory that external assets promote internal assets, which protect youth from negative outcomes.</p>	<p>Percent youth responses to the question “Because of this program my understanding that people don’t have to drink to have fun is better” will increase from 67% (Fall 2011) to 69% by June 30, 2014, to 71% by June 30, 2015, to 73% by June 30, 2016, and to 75% by June 30, 2017 as measured by the ADP Youth Survey.</p>	<p>IVTC CCFL CADA PHP Gladiators BBBS Girls, Inc.</p>

<b>Priority Area #2:</b>	<b>Reduction of Underage Drinking by Junior High and High School Students</b>
<b>Problem:</b>	<b>Underage youth are accessing and consuming alcohol at an alarming rate.</b>

**Goal D: Change the social norm of parents and youth that tolerates underage drinking**

Prevention Strategies	Short Term Outcomes (Change Knowledge)	Intermediate Outcomes (Change Attitude)	Final Objective (Change Behavior)	Providers
5) Work with community members to educate them on the risks and harms associated with underage drinking, including providing brochures, community forums, educational presentations, radio, newspaper, and social media outlets By June 30, 2017 a total of 2000 written materials will be distributed, 3 presentations on radio, 2 of newspaper, and a social media outlet will be maintained to inform community of harms of underage drinking.	By June 30, 2013, percent youth response to the question, "My parents have talked with me about the harms of alcohol" will increase from baseline 2% by June 30, 2014, 3% by June 30, 2015, and 4% by June 30, 2016 as measured by ADP's Youth Survey	Percent youth response to the question "Because of this program my understanding of the negative effects of alcohol & drugs is better" will improve from 71% (Fall 2011) to 73% by June 30, 2014, to 75% by June 30, 2015, and to 77% by June 30, 2016 as measured by the ADP Youth Survey.	By June 30, 2017, percent youth response of "Agree" or "Strongly Agree" to the question, "drinking can harm your health" will increase 5% from baseline (TBD) as measured by APD's Youth Survey.	CCFL PHP IVTC CADA

<b>Priority Area #3:</b>	<b>Awareness of the harms and risks of Marijuana use by Junior High and High School Students</b>			
<b>Problem:</b>	<b>Youth are using marijuana and are not aware of the risks and harms of everyday use.</b>			
<b>Goal A: Increase youth and parents awareness of the risks and harms of marijuana use.</b>				
<b>Prevention Strategies</b>	<b>Short Term Outcomes (Change Knowledge)</b>	<b>Intermediate Outcomes (Change Attitude)</b>	<b>Final Objective (Change Behavior)</b>	<b>Providers</b>
1) Community education to increase awareness about the marijuana facts as well as Educational Outreach to parents and youth, including Latino families, about the marijuana facts. By June 30, 2017, implement annually 6 community presentations, 4 forums about the potency, harms, risks, and consequences of marijuana use.	Percent youth response to, "In my community, parents allow their teenage children to use marijuana in their homes" will decrease from 23% (Fall 2011) to 19% by June 30, 2014 and to 15% by June 30, 2015, as measured by ADP's Youth Survey.	Percent youth response to, "Smoking marijuana is harmful to your health" will increase from 90% (Fall 2011) to 91% by June 30, 2014 and to 92% by June 30, 2015, as measured by ADP's Youth Survey.	By June 30, 2017 the percent of youth responding "0 days" to the question, "During the past 30 days, on how many days did you use marijuana" will increase 10% from baseline (TBD) as measured by ADP's Youth Survey and the California Healthy Kids Survey.	CCFL PHP IVTC CADA

<b>Priority Area #4:</b>		<b>Awareness of the harms and risks of prescription drug abuse by Junior High and High School Students.</b>		
<b>Problem:</b>		<b>Youth are abusing prescription drugs and are not aware of the risks and harms.</b>		
<b>Goal A: Increase youth and parents awareness of the risks and harms of prescription drugs.</b>				
<b>Prevention Strategies</b>	<b>Short Term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long Term Outcomes</b>	<b>Who is Responsible &amp; Notes</b>
<p>1) Community education to increase awareness about prescription drug abuse facts as well as Educational Outreach to parents and youth, including Latino families, about these facts.</p> <p>By June 30, 2017, implement annually 6 community presentations, 4 forums about the harms, risks, and consequences of prescription drug abuse.</p>	<p>Youth response to, "I can obtain prescription drugs to use in a way they weren't prescribed for from my home or my friends' homes" will decrease 5% by June 30, 2014, and by 10% by June 30, 2015 from baseline (TBD) as measured by ADP's Youth Survey.</p>	<p>Youth response of "true" or "somewhat true" to "using prescription drugs in a way they weren't prescribed for is harmful to your health" will increase 5% by June 30, 2014 and by 10% by June 30, 2015 from baseline (TBD) as measured by ADP's Youth Survey.</p>	<p>By June 30, 2017 the percent of youth responding "0 days" to the question, "During the past 30 days, on how many days did you use prescription drugs in a way they weren't prescribed" will increase 10% from baseline (TBD) as measured by ADP's Youth Survey and the California Healthy Kids Survey.</p>	<p>CCFL PHP IVTC CADA</p>

Question for consideration 4: *How was the long-term sustainability of these prevention efforts taken into account during the planning phase? Has the county adopted specific goals, objectives, and approaches that foster or are directly related to sustainability?*

No prevention effort has been suggested or planned that could not be sustained indefinitely. So long as the problem persists, the County ADP will sustain efforts to prevent and or minimize the problem. Available funding will always be allocated to prevention providers to engage in meaningful and productive (outcome based) primary prevention plans. Environmental prevention is and will remain the highest primary prevention priority.

Question for consideration 5:

*How was cultural relevance of services taken into account during the planning phase?*

The importance of cultural competence in prevention planning is axiomatic. As SAMHSA explains, “Culture must be considered at every step of the Strategic Planning Prevention framework in order for diverse populations to benefit from selected interventions. While people often think of culture in terms of race or ethnicity, there are many other elements, some that are easy to see and others that are hidden. Cultural competence means being respectful and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse population groups.”<sup>32</sup>

Santa Barbara County ADP prides itself on cultural competency, especially with regard to high risk Latino populations. Over forty percent of ADP staff is bilingual bicultural and is sensitive to Hispanic communities throughout Santa Barbara, especially in the Santa Maria area. Our strategic planning process was sensitive to minority communities. Several of our strategies address Latino’s specifically, and some treatment providers have been selected and utilized for their cultural competency expertise. The previous Strategic Prevention Plan 2007 – 2012 addressed methamphetamine abuse primarily due to the fact that Santa Barbara experienced a methamphetamine epidemic among its Latino populations. The current strategic plan has identified underage drinking and marijuana abuse as prime concerns among Latino populations. In the same cultural competency spirit, we have identified PDA as a scourge among female populations. In summary, the county of Santa Barbara Prevention Planning process and all prevention and treatment processes and models are culturally competent.

#### **SPF Step 4-Implementation**

*Question for consideration 1: Describe the specific prevention services that have been selected. How were these approaches selected?*

The Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention has recognized six categories in prevention strategies that will address the approaches identified in the Strategic Prevention Plan. The County of Santa Barbara will be using five of the strategies that include:

1. Information Dissemination
2. Education

3. Alternatives
4. Community Based Process
5. Environmental

### **Binge Drinking**

Interventions used in this priority tend to target selective and indicative populations compared to universal (See Question for consideration #2 below), as binge drinking is more problematic in some regions more than others. Indeed, binge drinking is worse in Isla Vista (IV) than in any other region. Many of the approaches that are being addressed in the 2012-2017 Strategic Plan will include a moderation message in regard to binge drinking called, “One Less”. This campaign is targeted for IV to alleviate binge drinking and mixing of heavy drinking with the use of drugs which is a concern on the UCSB campus. Due to over consumption and problem behaviors as well, young adults are being encouraged to “Just Call 911,” the UCSB Student Health local campaign to recognize symptoms of binge drinking. The community based process and environmental approaches will occur as a coalition of local students, UCSB staff, ADP staff and law enforcement work together to develop a community campaign in the Isla Vista community which surrounds the UCSB campus. Considering that some of the individuals within the IV community have minimal but detectable signs or symptoms suggesting a substance use disorder (SUD), it is anticipated that these interventions will be indicated as well as selective. These approaches will include Information Dissemination, Community Based Process and Environmental prevention.

### **Underage Drinking**

Interventions in this priority will be serving universal and selective populations. As mentioned earlier, underage drinking is a universal problem in Santa Barbara County. Parent pledges, outreach education and information dissemination will be employed to affect positive changes among youth and their parents/caregivers. In addition, retail alcohol outlets will be made to be more aware of the laws regarding selling and advertising to minors. Retailers will be encouraged to be more vigilant “carding” or “IDing” their youthful customers. High risk Latino youth will be targeted. Youth-based programs will be used to increase internal assets among our Latino youth. Culturally specific presentations and materials will be developed. In addition, though not part of our logic model, our State Incentive Grant (SIG) must be included in our strategic plan. The SIG will focus on excessive and underage drinking in the downtown Santa Barbara “bar district”. Underage drinkers in the bar district are particularly vulnerable to SUDs. Therefore, the SIG plan will call for awareness campaigns regarding the legal and social aspects of underage drinking and alcohol abuse. Responsible Beverage Service (RBS) training and increased shoulder taps and decoys are also part of the SIG plan. All of these interventions will include Education, Information Dissemination, Community Based Process and Environmental Prevention.

### **Marijuana Use and Abuse**

Interventions in this priority will be universal to youth. Marijuana (MJ), or more accurately cannabis use, is a growing concern in Santa Barbara; primarily because MJ use is being normalized. From the days of the Compassionate Use Act (1996), the federal and local de-emphasis of marijuana prosecution and the proliferation of medical marijuana dispensaries, the perceived harm of MJ has declined while the use of the drug has increased dramatically. Though the medical marijuana dispensaries have been closed down and the federal government has taken

a much harsher view of marijuana use, the damage has been done. A significant percentage of Santa Barbara County adolescents minimize the dangers of MJ use and are using the drug at an alarming rate. The Strategic Plan calls for widespread universal education about the dangers of MJ. During the last planning period from 2007 – 2012, it should be noted that County ADP prevention providers was part of an environmental prevention movement and eliminated MJ dispensaries in Santa Barbara as a result. The new plan interventions will include Information Dissemination and Education.

### **Prescription Drug Abuse**

Interventions for this priority will target universal populations, as PDA is a universal problem in Santa Barbara County. Parent pledges, outreach education and information dissemination will be employed to affect positive changes among youth and their parents/caregivers. Youth and adults are falling prey to PDA. Pills seem to be everywhere. Assessments of individuals in treatment within the county, investigative news reports, school reports and data from state and national agencies report a significant and increasing trend in prescription drug abuse throughout the country and in Santa Barbara County. Increasingly, prescription drugs are becoming the primary drug of choice for both adolescents and adults. The scientific and anecdotal evidence is conclusive and alarming. Prescription drug abuse must be addressed with this strategic plan.

Though all of the prescription drugs are of concern, the abuse of opioid painkillers is perhaps the biggest problem.<sup>33</sup> Opioids, such as Vicodin and OxyContin, are the most abused prescribed drugs in Santa Barbara County. Prescription narcotics or opioids are among the most addictive of all drugs and involve the longest and most painful withdrawal syndrome. All PDAs, whether opioids, stimulants, or depressants (sedatives) are dangerous because of their purity and, in the case of pain killers, relative ease of overdose. But opioids are responsible for an ever increasing level of addiction and overdose due to their widespread availability and purity and the myth that they are not as dangerous as illicit drugs.

Finally, prescribed narcotics can lead to heroin abuse and dependence, while stimulant and sedative abuse often leads to alcohol and marijuana abuse and dependence, especially among adolescents. When combined with other drugs, especially alcohol, PDAs are very toxic. Most overdose deaths are attributed to a combination of PDAs with alcohol. Finally, to make matters worse, preventing and treating PDA often involves primary care, adding another level of complexity to an already complex situation. For example, PDA prevention involves the prosecution of physicians who over-prescribe prescription medications in addition to standard preventive practices.

Question for consideration 2:

*Please address how the chosen prevention strategies are culturally relevant to the intended participants and/or communities being served.*

Through culturally competent bio-psycho-social-spiritual assessments of single demographic groups, we have identified how and to what extent alcohol and drugs have affected individual cultures of clients in prevention and treatment. Through services provided, all contracted providers are trained through ADP and have full capacity to address the cultural needs of the population within their communities. Bilingual and bicultural contracted providers assess alcohol and drugs in their perspective communities and then develop meaningful educational and

awareness messages specific to all identified cultures and subcultures. The County of Santa Barbara ADP prides itself on being a very culturally competent system of care. By engaging communities and using evidence based and/or best practice programs, our prevention efforts are made to be adaptable to the various cultures in the County, and in particular to the large Latino populations throughout the county.

Question for consideration 3:

*Why do you expect that the chosen prevention strategies will meet the identified needs and have the intended impact?*

It is believed that the chosen educational and information dissemination strategies will have the desired impact due to the universal and specific lack of information and awareness regarding the dangers of alcohol and other drugs. As mentioned above, youth who are users and abusers are remarkably uninformed and ignorant about all aspects of the consequences of use. By combining educational campaigning with referral and treatment options, a seamless continuum of care will be developed to prevent and treatment of all alcohol and drugs.

Question for consideration 4:

*Given the current resources, describe the feasibility of accomplishing the objectives and describe the extent to which services are expected to be sustained.*

Not an issue. The County of Santa Barbara ADMHS has all of the resources and support to accomplish its objectives. We provide cost effective services. County stakeholders, partner agencies and the County Advisory Board on Alcohol and Drug Problems has prioritized PDA prevention above all other priorities. Everyone in the County wants or demands that PDA be addressed. The prevention services for this priority will be sustained indefinitely, as long as they remain a health care issue for individuals, families and communities.

Question for consideration 5:

*What are the specific tasks and activities to be accomplished in order to achieve the goals and objectives? The time frame for completing specific activities should be identified as well as the person or organization responsible. Please see Part III of the document for sample work plans.*

Contracted providers have had or will have their service deliverables or statements of work changed to address and accomplish the objectives of the Strategic Plan. This document will be distributed to stakeholders throughout the community to involve all parties in the services and objectives. Regular meetings and data reviews will be organized to ensure that the strategies are being met and or adjusted per community needs. To a great extent, the plan is already in effect. Three (3) of the four (4) priorities are continuations from the previous plan, and therefore have been continuously addressed for years. PDA is also being addressed at the time of this writing. Katarina Zamora, County ADMHS Prevention Specialist will be primarily responsible for ensuring the veracity of the Strategic Plan. Her supervisor and ADP Manager, John Doyel, will also be responsible for the success of the plan. Both will work hand in hand to ensure that the four (4) prevention priorities are addressed and services are diligently followed. Please see logic model for more specific details.

Question for consideration 7:

*What measurements will be taken and how during implementation?*

Please see Evaluation below.

### ***SPF Step 5 – Evaluation***

Question for consideration 1:

*What is the overall evaluation design and methodology?*

The evaluation uses a treatment group pretest-posttest design with repeated cross-sectional measurements to determine if there are changes in knowledge, attitudes, and behavior of target groups after exposure to drug and alcohol prevention efforts.

Question for consideration 2:

*What measurable change in the proposed problem/need will result by using the proposed program (s) or strategies? What are the short-term, intermediate, and long-term objectives, measures and indicators?*

Posttest results will demonstrate a reduction in problem behavior targeted by strategies in each of four problem areas, as evidenced by meeting preset criterion or by significant change in scores over a year of intervention (depending on the strategy). See Table 1 for the specific short-term, intermediate, and long-term objectives, measures, and indicators.

Question for consideration 3:

*Describe how the chosen objectives are measurable and realistic within the proposed time frame given the project resources.*

Every prevention objective presented is reality-based, considered achievable and measurable. Care has been taken to ensure this that the chosen objectives and services are reasonable and will make a difference in preventing alcohol and other drug abuse in Santa Barbara communities. Some of the objectives are modest to ensure they are attainable. Care has been taken to work with all stakeholders and especially the UCSB evaluation team to ensure that the plan's objectives and strategies are attainable and will affect real change. Though it is beyond the scope of the plan to target specific environmental policy change, it is not unrealistic to anticipate that changes in policies and/or laws and other ordinances may result in the successful prevention efforts proposed. This has happened before. Finally, if the objectives and strategies prove to be too modest or attainable, the plan will be revised to increase the amount of change.

Question for consideration 4: *What are the data collection procedures and timeline?*

Table 2 details the data collection procedures and timelines.

*Question for consideration 5: What types of data analysis and reporting will be undertaken? And the timeframe for conducting.*

Most data analysis procedures involve calculating frequencies of desirable responses and comparing them to short-term, intermediate, and long-term objectives (criterion). Mean comparisons (*t*-tests) will be calculated to assess the statistical significance of changes over time, when practically meaningful. Table 2 details the data analysis procedures.

Data will be collected and reported annually with each report reflecting cumulative data. All data will be collected by June 30 of each year and subsequently analyzed and added to the cumulative report by August 31 of the same year. Ultimately, the final report reflecting five years of data will be completed by the evaluator and turned in to the County by August 31, 2017. The County will provide the final report to the State by September 30, 2017.

*Question for consideration 6: Who will be responsible and/or involved with the evaluation process? Will the county be working with an evaluator?*

Jill D. Sharkey, Ph.D., an evaluator at the Center for School-Based Youth Development at the University of California, Santa Barbara, will consult with the County to formulate and implement the evaluation process. Dr. Sharkey has consulted with the County to evaluate the strategic plan for the past five years. Her other research and evaluation projects include *Bridges to Recovery*, a three-year program funded by SAMHSA to assist high-risk male youth with substance abuse and/or co-occurring disorders reenter the community after an extended period of incarceration and the *Safe Schools/Healthy Students* evaluation in the Santa Maria Joint Union High School District as well as evaluations of *Criminal Justice Realignment (AB 109)* and *Reduction of Parolee Recidivism with Local Probation Practices (SB 678)* for Santa Barbara County. Dr. Sharkey's scholarly work has focused on risk assessment, prediction of antisocial behavior, female delinquency, gender and ethnic differences in emotional and behavioral problems, developmental pathways of psychopathology, risk and resilience, school violence, and the efficacy of intervention for antisocial behavior.

*Question for consideration 7: How will the evaluation data and findings feedback into the planning, resource application, continuous improvement and implementation processes?*

Dr. Sharkey will develop comprehensive annual reports reporting progress towards short-term, intermediate, and long-term objectives. Stakeholders will have the opportunity to review results and request analysis by provider or crossing various items in order to understand drug and alcohol trends for their clients and in the broader community. Quarterly "Partner in Prevention" meetings will provide the forum for discussing results and brainstorming ways to address concerns as they arise.

*Question for consideration 8: How will the evaluation information be disseminated to key stakeholders?*

Annual reports will be printed and disseminated to prevention providers and the advisory board. The report will also be available on the County website.

*Include an evaluation plan-see Part III of the document for a sample plan.*

Please see Logic Model

**Table 1.** Short-term, intermediate, and long-term objectives, measures, and indicators by priority area.

<b>DATA INDICATORS</b>			
<b>Strategy</b>	<b>Short-Term (Knowledge) Objective Measure Indicator</b>	<b>Intermediate (Attitude) Objective Measure Indicator</b>	<b>Long Term (Behavior) Objective Measure Indicator</b>
<b>Priority Area 1: The Reduction of Negative Consequences of Binge Drinking by 18-24 year olds</b>			
Life of the Party Campaign	A larger percentage of students will report accurate knowledge about binge drinking.	A larger percentage of students will report healthy attitudes about binge drinking.	The percentage of students experiencing binge drinking and its behavioral consequences will decrease.
	Life of the Party Recall and Recognition Survey	Life of the Party Recall and Recognition Survey	PRC or similar survey
	100% accuracy of knowledge items: 70% by 6/2014 75% 6/2015 80% by 6/2016	Attitude items will improve 5% over baseline by 6/2015 10% over baseline by 6/2016	Prevalence of binge drinking will decrease from 45% (Fall 2011) to 44% 6/2014 43% 6/2015 42% 6/2016 41% 6/2017 Student self-report of minor personal problems related to drinking will decrease from 53% (2010) to 49% by 6/2017
One Less	A larger percentage of students will report accurate knowledge about binge drinking.	A larger percentage of students will report healthy attitudes about binge drinking.	The percentage of students experiencing binge drinking behavioral consequences will decrease.
	One Less Recall and Recognition Survey	One Less Recall and Recognition Survey	PRC or similar survey
	100% accuracy of knowledge items: 70% by 6/2014 75% 6/2015 80% by 6/2016	Attitude items will improve 5% over baseline by 6/2015 10% over baseline by 6/2016	Student self-report of public misconduct in the last quarter as a result from drinking will decrease from 21% to 18% by 6/2017.
Just Call 911	A larger percentage of students will report accurate knowledge about binge drinking.	A larger percentage of students will report healthy attitudes about binge drinking.	The percentage of students experiencing binge drinking behavioral consequences will decrease.
	One Less Recall and Recognition Survey	One Less Recall and Recognition Survey	PRC or similar survey
	100% accuracy of knowledge items: 70% by 6/2014 75% 6/2015	Attitude items will improve 5% over baseline by 6/2015 10% over baseline by 6/2017	Student self-report of serious personal problems related to drinking will decrease from 43% (2010) to 39% by 6/2017

	80% by 6/2016		
Isla Vista Outreach Campaign	Students' response to "Student behavior while drinking alcohol in Isla Vista creates problems for student-community member relations in Isla Vista" will improve.	A larger percentage of students will report healthy attitudes about binge drinking.	Community member response to "I am satisfied with student-community member relations in Isla Vista" will increase
	Student community relationship survey	Student and community member community relationship survey	Community member community relationship survey
	By 5% by 6/2014 and by 10% by 6/2015.	Community member response to "Student behavior while drinking alcohol in Isla Vista bothers me" will decrease from 76% to 71% by 6/2015 and to 66% by 6/2016. Student response to "It is important for college students to consider community member experiences when in Isla Vista" will increase 5% by 6/2015 and by 10% by 6/2016.	78% by June 30, 2017
<b>Priority Area 2: Reduction of Underage Drinking</b>			
Parent Pledges & Outreach Education	A smaller percentage of targeted youth will report that teens drink before they are 21 because "parents allow it."	A smaller percentage of targeted youth will report that it's alright to allow teens to drink in a home environment.	A smaller percentage of youth will report having used alcohol in the past 30 days.
	ADP's Youth Survey	ADP's Youth Survey	ADP's Youth Survey and the California Healthy Kids Survey
	12% by 6/2014 10% by 6/2015	14% by 6/2014 12% by 6/2015	19% by June 2017
Retail Outlet Education	Merchants will report carding customers who look under 35 years of age	Merchants will report that preventing underage alcohol use is important and that enforcing limits on drinking is an important part of their job.	A smaller percentage of youth will report that it is easy for people younger than 21 to buy alcohol at retail stores.
	Retail alcohol outlet survey	Retail alcohol outlet survey	ADP's Youth Survey
	80% by 6/30/2014 90% by 6/2015	80% by 6/2014 90% by 6/2015	38% by 6/2017
Youth-based Programs	Youth program participants' responses to external asset items will significantly improve from fall to spring each year.	Youth program participants' responses to internal asset items will significantly improve from fall to spring each year.	A larger percentage of targeted youth will report "Because of this program my understanding that people don't have to drink to have fun is better."
	ADP's Youth Survey	ADP's Youth Survey	ADP's Youth Survey
	Paired samples t-test ( $p < .05$ )	Paired samples t-test ( $p < .05$ )	69% 6/2014 71% 6/2015 73% 6/2016 75% 6/2017
Community Member Education	A larger percentage of targeted youth will report "My parents have talked with me about the harms of alcohol."	A larger percentage of targeted youth will report "Because of this program my understanding of the negative effects of alcohol & drugs is better."	A larger percentage of targeted youth will report they agree to "drinking can harm your health."
	ADP's Youth Survey	ADP's Youth Survey	ADP's Youth Survey
	Increase from baseline 2% by 6/2014 3% by 6/2015	73% by 6/2014 75% by 6/2015 77% by 6/2016	Will increase from baseline 5% by 6/2017

	4% by 6/2016		
<b>Priority Area 3: Awareness of the harms and risks of marijuana use</b>			
Community Member Education	A smaller percentage of students will report that parents allow teens to use marijuana in their homes	A larger percentage of students will report healthy attitudes about marijuana use.	The percentage of students reporting they did not use marijuana in the past 30 days will increase.
	ADP's Youth Survey	ADP's Youth Survey	ADP's Youth Survey and CA Healthy Kids Survey
	Decrease to 17% by 6/2014 15% by 6/2015	Increase to 91% by 6/2014 92% by 6/2015	Increase 10% from baseline by 6/2017
<b>Priority Area 4: Awareness of the harms and risks of prescription drug abuse</b>			
Community Member Education	A smaller percentage of students will report they can obtain prescription drugs from their home or friends' homes	A larger percentage of students will report healthy attitudes about prescription drug abuse.	The percentage of students reporting they did not use prescription drugs in a way not prescribed in the past 30 days will increase.
	ADP's Youth Survey	ADP's Youth Survey	ADP's Youth Survey and the CA Healthy Kids Survey
	Decrease from baseline 5% by 6/2014 10% by 6/2015	Increase from baseline 5% by 6/2014 10% by 6/2015	Increase from baseline 10% by 6/2017

**Table 2.** Data collection procedures and timelines

Measure	Procedure	Timeline	Analysis
"Life of the Party" Recall and Recognition Survey	Surveys will be collected using Survey Monkey, a popular, secure online site that enables the facilitation of custom designed surveys. A link to the survey will be emailed to freshman, sophomore, junior and senior students using the Associated Students email list. A link to the survey will also be put on the Life of the Party Facebook page, as well as on the Life of the Party interns' Facebook pages. Convenience samples will also be collected during education and outreach events through the year. Students consenting to the survey will be entered into a raffle to win a \$50 gift card.	At least 500 surveys will be collected (100 annually) from 2012-2017.	Frequencies for criterion comparison
"One Less" Recall and Recognition Survey	Surveys will be collected using Survey Monkey, a popular, secure online site that enables the facilitation of custom designed surveys. A link to the survey will be emailed to freshman, sophomore, junior and senior students using the Associated Students email list. A link to the survey will also be put on the Life of the Party Facebook page, as well as on the Life of the Party interns' Facebook pages. Convenience samples will also be collected during education and outreach events through the year. Students consenting to the survey will be entered into a raffle to win a \$50 gift card.	At least 500 surveys will be collected (100 annually) from 2012-2017.	Frequencies for criterion comparison
"Just Call" Recall and Recognition Survey	Surveys will be collected using Survey Monkey, a popular, secure online surveying site that allows you to create and administer custom designed surveys. A link to the survey will be emailed to freshman, sophomore, junior and senior students using the Associated Students email list. A link to the survey will also be put on the Life of the Party Facebook page, as well as on the Life of the Party interns' Facebook pages. Convenience samples will also be collected during education and outreach events through the year. Students consenting to the survey will be entered into a raffle to win a \$50 gift card.	At least 500 surveys will be collected (100 annually) from 2012-2017.	Frequencies for criterion comparison
PRC or similar survey	Each year, a random sample of 1,000 freshmen, sophomore, junior and senior students will be collected from the registrar and PRC will email students asking them to take the online survey. Beginning in fall 2013, a revised survey will be administered by the UCSB Alcohol and Drug Program using Survey Monkey. A link to the survey will be emailed to freshman, sophomore, junior and senior students using the Associated Students email list. A link to the	Surveys are administered at the end of the fall quarter, and will be administered in fall 2012, 2013, 2014, 2015, 2016 and 2017.	Frequencies for criterion comparison

	survey will also be put on the Life of the Party Facebook page, as well as on the Life of the Party intern's Facebook pages.		
Community relationship surveys (student and community member versions)	Surveys will be collected using Survey Monkey, a popular, secure online surveying site that allows you to create and administer custom designed surveys. A link to the survey will be emailed to freshman, sophomore, junior and senior students using the Associated Students email list. A link to the survey will also be put on the Life of the Party Facebook page, as well as on the Life of the Party interns' Facebook pages. Convenience samples will also be collected during education and outreach events through the year, both on campus and in the community. Participants consenting to the survey will be entered into a raffle to win a \$50 gift card.	200 surveys will be collected from October to June for FY 2012-2013, 2013-2014, 2014-2015, 2015-2016, and 2016-2017.	Frequencies for criterion comparison
ADP Youth Survey	The ADP Youth Survey is administered to youth (junior high and high school students) who participate in the provider programs. Youth complete the survey anonymously in a paper and pencil format. Each youth develops a code to create a unique identifier so their results can be tracked from Fall to Spring. Providers submit the completed surveys to the evaluator for processing and analysis.	Surveys from all participating youth (approx 120 annually) are completed in August/September and April/May of each school year.	Frequencies for criterion comparison & paired samples <i>t</i> -tests
California Healthy Kids Survey (CHKS)	The CHKS is administered in the fall every other year to students in grades 7, 9, and 11 at public schools across California by WestEd, who also processes the data. County data will be requested in March after each available administration.	Based on past practice, it is anticipated that the CHKS will be administered in Fall every other year (2012, 2014, and 2016).	Frequencies for criterion comparison
Retail alcohol outlet survey	Merchants at retail alcohol outlets will be given a paper version of the retail alcohol outlet survey and asked to complete it and return it in a self-addressed stamped envelope to preserve anonymity.	Administered once annually at the same time of year.	Frequencies for criterion comparison

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