



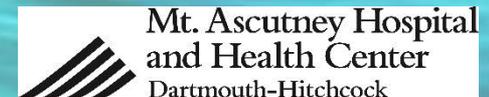
# Community-Based Approaches to Reducing Underage Drinking and R<sub>x</sub> Drug Misuse: Encouraging Findings and Lessons Learned from Vermont's Partnerships for Success (PFS) II Project

Bob Flewelling, PIRE

Amy Livingston, PIRE

Claudia Marieb, Vermont Dept. of Health

Melanie Sheehan, Mt. Ascutney Hospital and Health Center

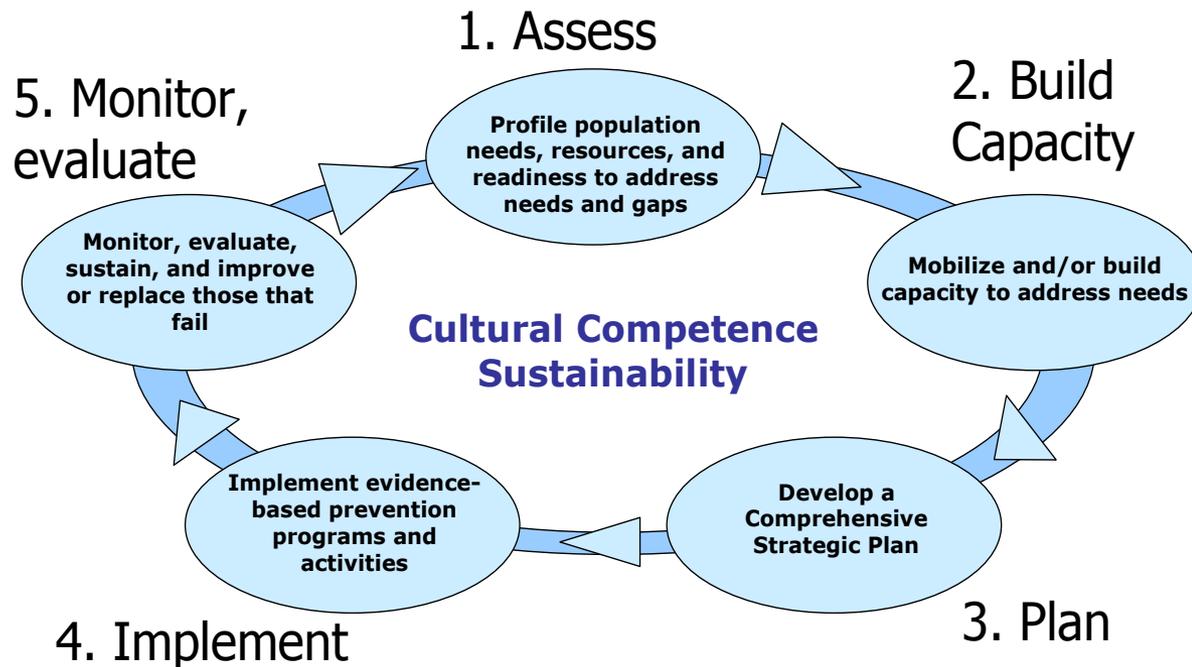


# Vermont Partnerships for Success Background

- ▶ Funded through a three-year federal grant from the Center for Substance Abuse Prevention (CSAP) within SAMHSA
- ▶ Awarded in 2012
- ▶ Implemented by VDH's Division of Alcohol and Drug Abuse Programs (ADAP)
- ▶ Required by CSAP to use the SAMHSA Strategic Prevention Framework (SPF)

# What is the Strategic Prevention Framework?

## Prevention Framework



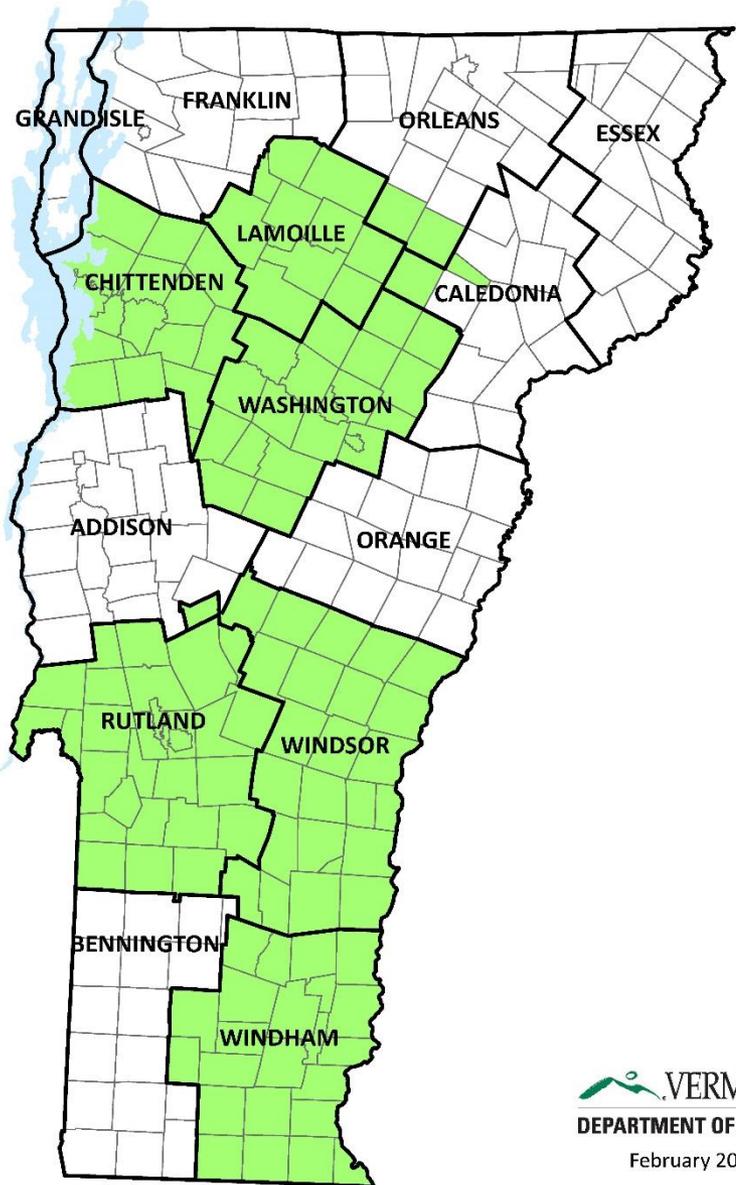
# Vermont PFS Goals

1. Reduce underage and binge drinking among persons aged 12 to 20
2. Reduce prescription drug misuse and abuse among persons aged 12 to 25
3. Increase state, regional, and community capacity to prevent underage drinking and prescription drug misuse by implementing a targeted regional approach

# Vermont PFS Allocation of Resources

- ▶ Six regional subrecipients selected for funding
  - ▶ VDH Health Districts (roughly, 6 of 14 counties)
- ▶ Criteria for selection:
  - Need (i.e., prevalence rates, SES disparities, percent aged 10–24, historical lack of discretionary grant funding)
  - Readiness and capacity
- ▶ **Departure from traditional allocation of prevention funding to individual communities**

# Partnerships for Success Regions



# ADAP's Role

- ▶ ADAP provided regions with:
  - A guidance document which outlined the steps in the Strategic Prevention Framework.
  - Regional data profiles which included data on the prevalence, risk and protective factors and consequences of substance use.
  - **A menu of both required and optional evidence-based interventions** and supporting activities to be implemented throughout the region.
  - Ongoing training and technical assistance.

# Assessment and Planning

- ▶ A strategic planning process, led by Health District Directors and ADAP Prevention Consultants, was used to:
  - examine data,
  - assess regional and community resources,
  - define the specific geographic area to be served,
  - engage community partners and
  - select interventions and activities from PFS menu to be implemented.

# Assessment and Planning Continued

- ▶ ADAP approved strategic plans and provided **detailed work plans for each intervention** utilizing available fidelity guidelines.
- ▶ In each region, a **lead agency** was selected to receive the funding and to coordinate the implementation of prevention activities.
- ▶ Lead agencies hired a coordinator and also sub-granted money to community partners to assist with implementation.
- ▶ PFS funding for communities began in July 2013 and continued through June 2016.

# Vermont PFS Interventions

The interventions menu included interventions and activities at different levels of the Vermont Prevention Model to encourage a comprehensive mix of strategies.

## Vermont Prevention Model

Local policy approaches such as alcohol outlet density control and restrictions on alcohol in public places.

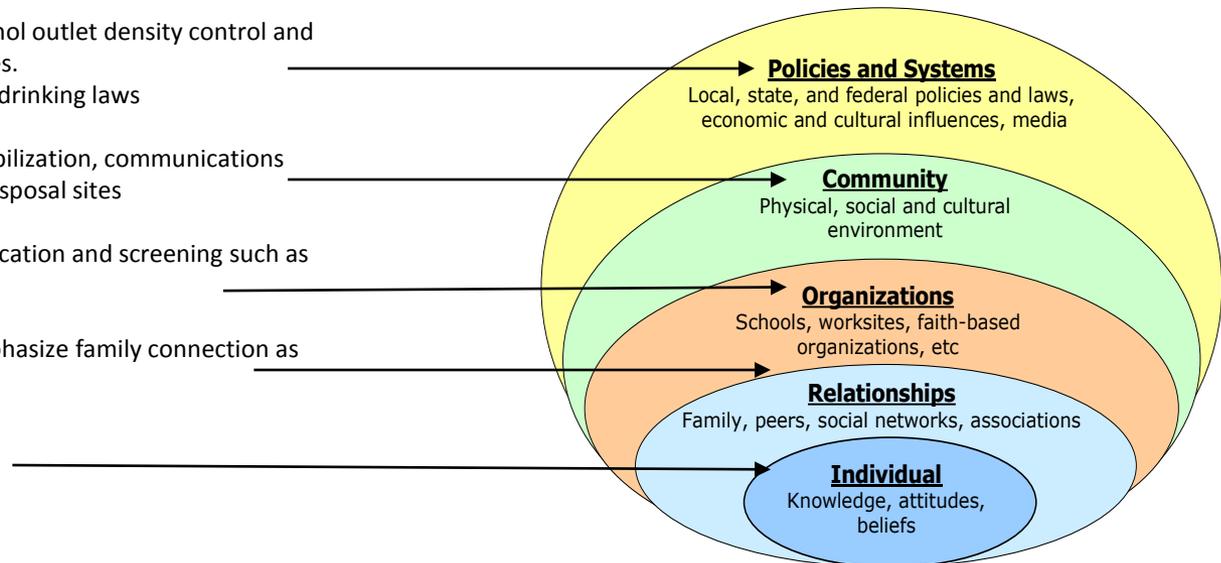
Enhanced enforcement of underage drinking laws

Media advocacy and community mobilization, communications campaigns, expansion of safe drug disposal sites

College-based online prevention education and screening such as Alcohol Edu

Parent education programs that emphasize family connection as a prevention tool

Prevention education for youth



# Evaluation Data Sources

## Process evaluation:

- Community Grantee Reporting System (CGRS)
- Annual site visits
- Qualitative assessment of regional capacity done in summer 2015

## Outcome Evaluation:

- YRBS 2013 (baseline) and 2015 (follow-up)
- Young Adult Survey 2014 (baseline) and 2016 (follow-up)

# What did grantees do?

- ▶ Grantees implemented an average of 11 evidence-based interventions and/or supporting activities across their regions.
- ▶ Required strategies used by all grantees included:
  - Education of policymakers and community members on policy options to prevent underage drinking,
  - Community mobilization,
  - Media advocacy,
  - Support of enhanced enforcement of alcohol laws,
  - Support of responsible beverage service training,
  - Recognition of retailers for passing compliance checks, and
  - Education to the community, pharmacists and health care providers about ways to reduce prescription drug misuse.
- ▶ Additional optional strategies included online alcohol screening and education programs, parent education programs and Sticker Shock.

# How well did they do it?

Progress on implementation and other process measures were collected and monitored through an online reporting tool called the **Community Grantee Reporting System (CGRS)** as well as through annual site visits.

▶ Noteworthy accomplishments by grantees include:

- 380,000 Vermonters were potentially exposed to PFS prevention initiatives through population-level interventions (approximately 60% of the state's population)
- 3 new community-level policies designed to reduce underage drinking were enacted.
- 8 new permanent drop-off locations were established for the disposal of unused prescription medications.
- 636 college students participated in an online alcohol screening and education program (Alcohol Edu).
- 194 parents participated in parenting education programs.

# Progress on Regional Prevention Structure (PFS Goal #3)

- ▶ Measured through Focus Groups and Interviews with Health District Directors, PCs, Grantee Coordinators, and Community Partners in Summer of 2015
  
- ▶ Successes:
  - Increased coordination, networking, and sharing of ideas
  - More efficient dissemination of communications campaigns
  - Greater reach into underserved communities

# Progress on Regional Prevention Structure (PFS Goal #3)

## Challenges:

- Understanding the roles and responsibilities of different levels of the regional system
- Maintaining local connections while shifting to a regional lens
- Resources are spread thin

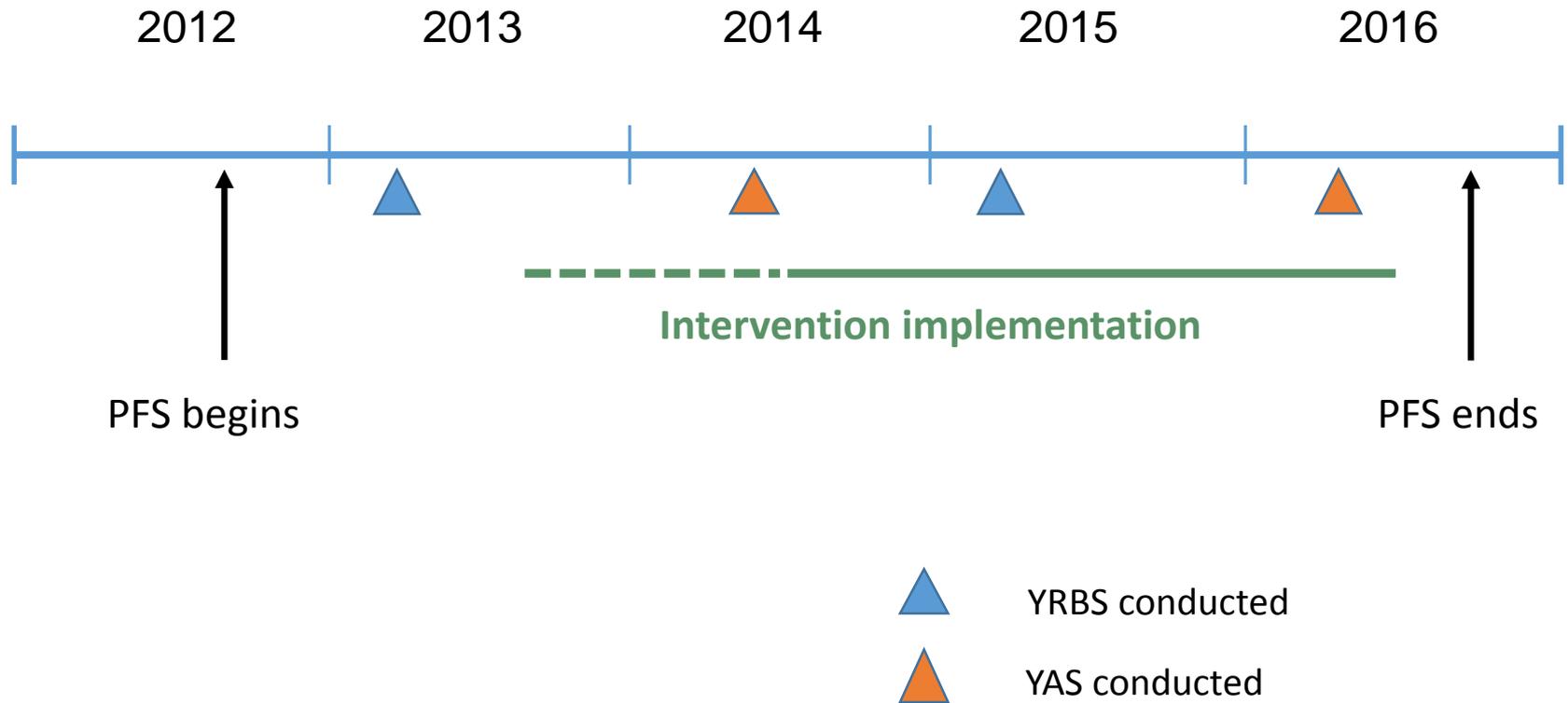
# Outcome Evaluation: Approach

1. Focus on population-level outcomes

Sources:            YRBS  
                          Young Adult Survey (YAS)

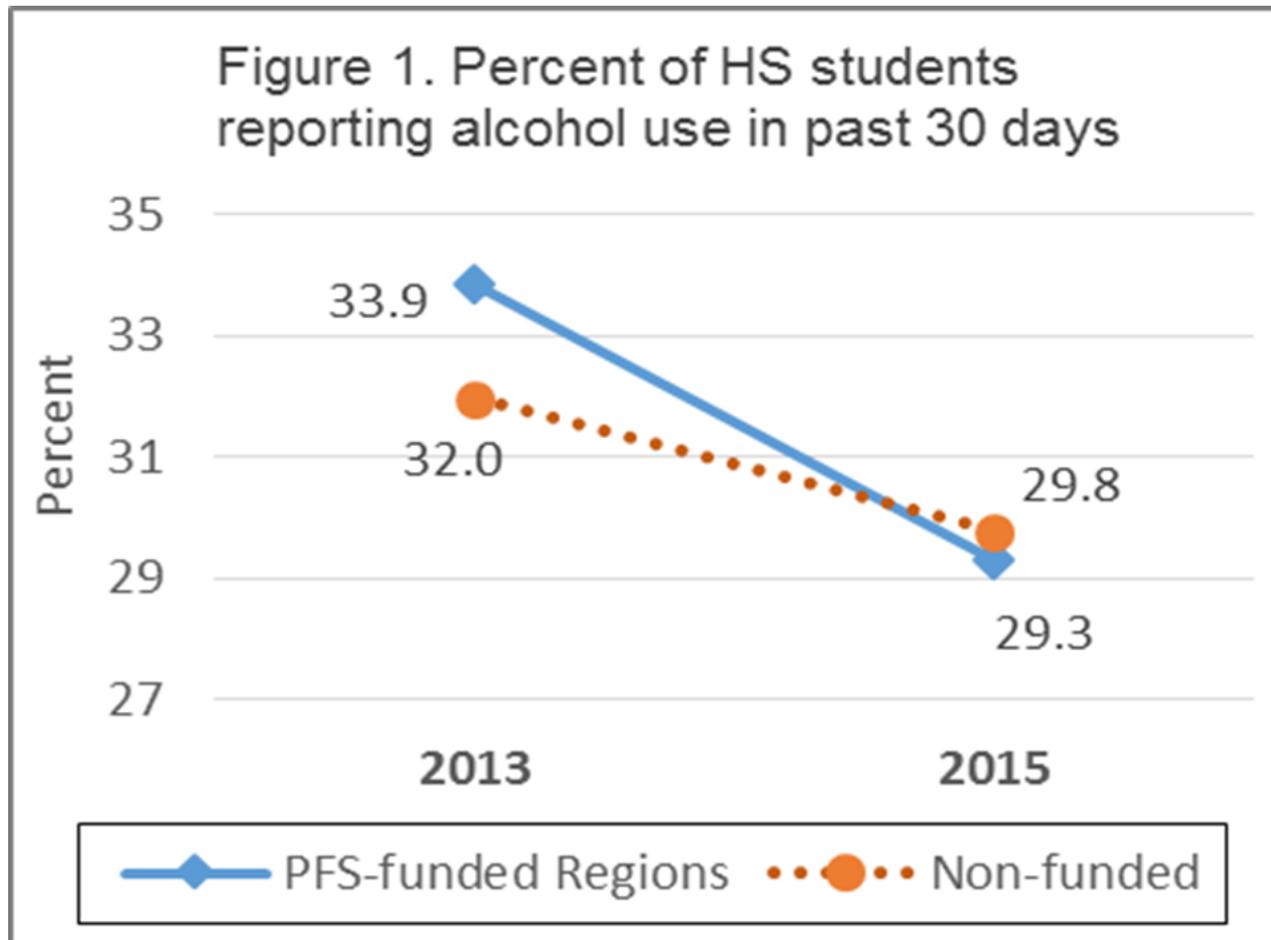
2. Examine changes over time in outcome measures in the funded regions
3. Compare changes in the funded regions to those in the remainder of the state

# Timeline



# Outcome Evaluation Findings

Goal 1: Reduce underage and binge drinking among persons aged 12 to 20

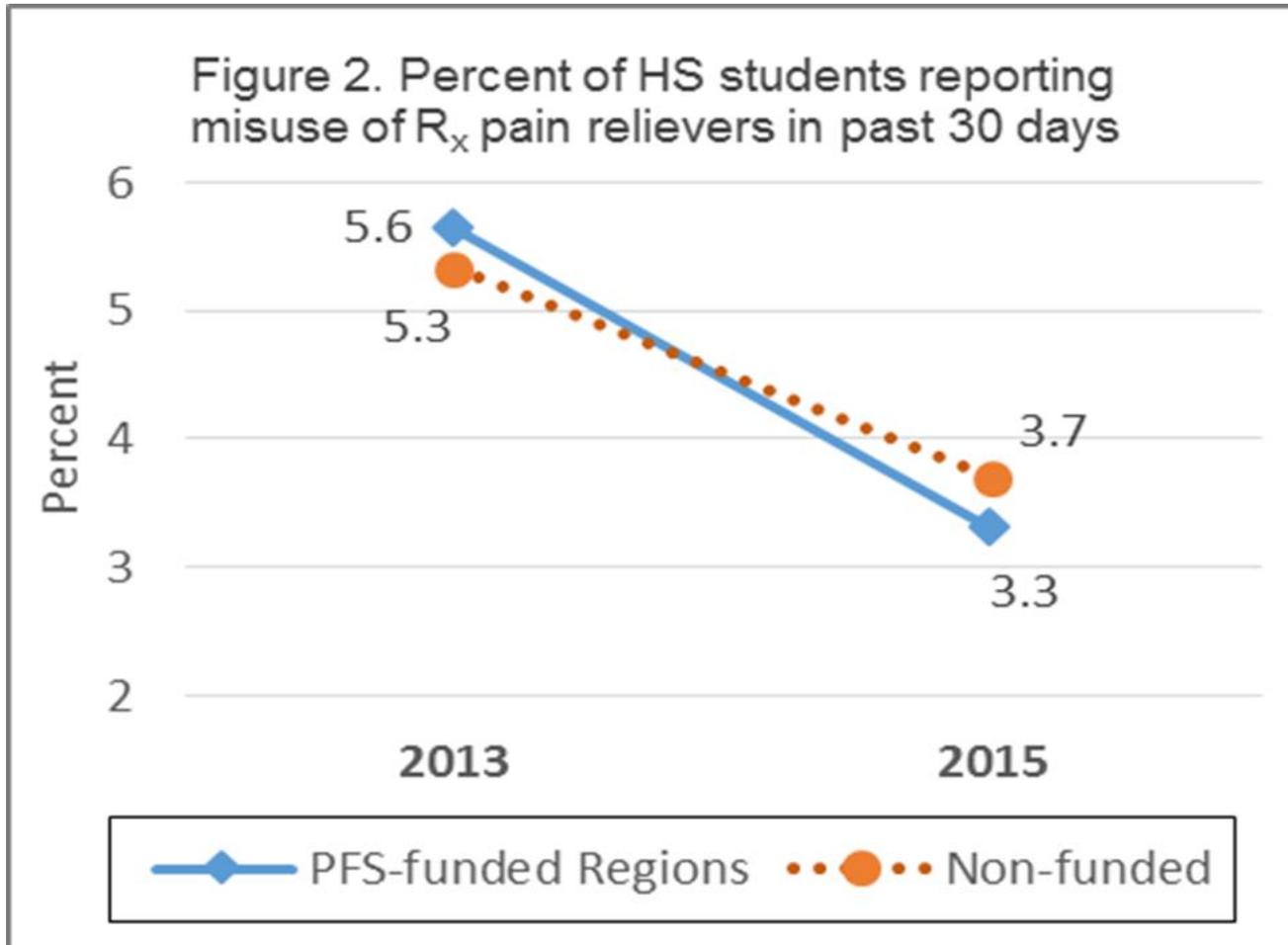


Source: YRBS

PFS effect was significant at  $p < .05$

# Outcome Evaluation Findings

Goal 2: Reduce prescription drug misuse and abuse among persons aged 12 to 25



Source: YRBS

PFS effect was significant at  $p < .10$

# Outcome measures examined (YRBS)

## Substance Use Behaviors:

- Current alcohol use
- Current binge drinking
- Lifetime Rx pain reliever misuse
- Lifetime Rx stimulant misuse
- Current Rx pain reliever misuse (high school only)
- Current Rx stimulant misuse (high school only)

## Risk Factors:

- Perceived ease of obtaining alcohol
- Drinking alcohol viewed to be a little bit wrong or not at all wrong
- Perception that parents view alcohol use by child is a little bit wrong or not at all wrong
- Low perceived risk of harm from binge drinking

# Outcome measures examined (YAS)

## Substance Use Behaviors:

- Current alcohol use
- Current binge drinking
- Current underage alcohol use
- Past year Rx pain reliever misuse
- Past year Rx sedative misuse
- Past year Rx stimulant misuse

## Risk Factors:

- Perceived ease of obtaining alcohol:
  - from friends or family (by persons 18-20)
  - from stores (by persons 18-20)
  - in restaurants & bars (by persons 18-20)
- Perceived ease of obtaining Rx pain relievers without a prescription
- Low perceived risk of harm from binge drinking
- Low perceived risk of harm from using Rx pain relievers not prescribed

# Summary of patterns observed across all outcome measures

- Patterns for most outcome measures examined were similar to the two measures plotted earlier (although only a few effects were statistically significant). Specifically:

	Behavioral Measures			Risk Factors		
	Number	Number that decreased	Number of comps favorable to PFS	Number	Number that decreased	Number of comps favorable to PFS
Middle School	4	3	4	4	3	2
High school	6	6	6	4	3	4
Young Adult	6	4	5	6	5	5
Total	16	13	15	14	11	11

- These patterns generally held for each of the six PFS-funded regions individually

# Statewide Evaluation Conclusions

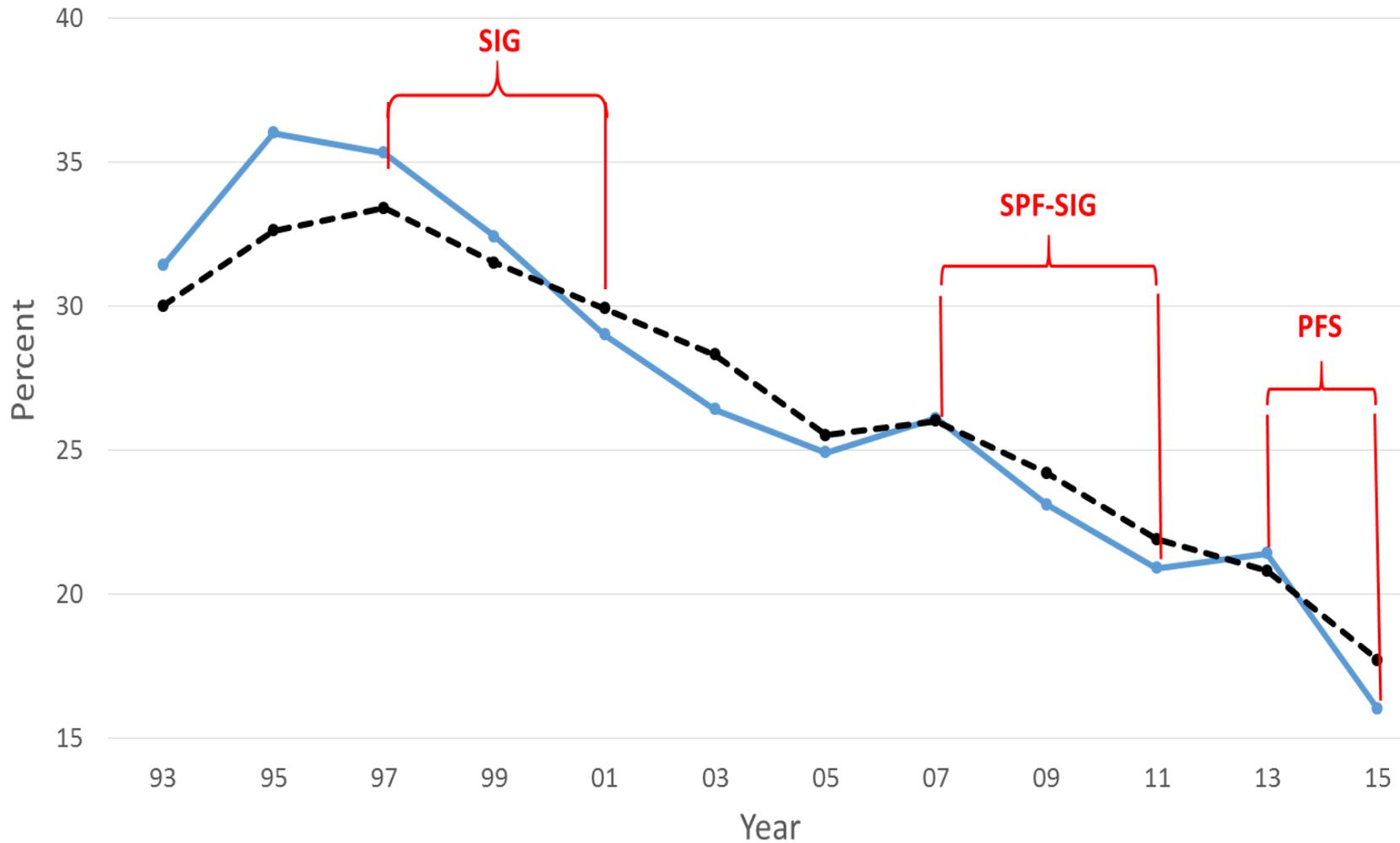
- ❑ PFS represents a successful transition to a regional-based prevention system in Vermont, although challenges remain to enhance and sustain this approach
- ❑ PFS appears to have contributed to regional and statewide reductions in underage drinking and prescription drug misuse among youth and young adult Vermonters

# Putting the PFS evaluation findings into the larger context...

***To what extent have the PFS and other large federally-funded discretionary grants\* for substance abuse prevention contributed to reductions in underage drinking in Vermont over the past 20 years?***

*\* SIG, SPF-SIG, and PFS*

Percent of High School Students Reporting Binge Drinking in Past 30 Days



—●— Vermont    -●- U.S.

# Binge Drinking trend summary: 1993 to 2015 (YRBS: high school)

		Binge drinking rates among high school students: Annual percentage point change from first year to last			
Years	Federal Funding	Vermont	U.S.	Comparison to U.S. favors Vermont?	Difference (VT – U.S.)
93 to 97		0.97	0.85		+0.13
97 to 01	SIG	-1.57	-0.88	✓	-0.69
01 to 07		-0.48	-0.65		+0.17
07 to 11	SPF-SIG	-1.30	-1.03	✓	-0.27
11 to 13		0.25	-0.55		+0.80
13 to 15	PFS	-2.70	-1.55	✓	-1.15

# Vermont PFS Evaluation: Links to reports and tools

ADAP brief (two-page) PFS evaluation summary report:  
ADAP web site (click on Plans and Reports and then *PFS Evaluation Summary*)

PIRE PFS II Evaluation Report:

[http://www.pire.org/documents/Vermont\\_PFS\\_Eval/Final\\_Report.pdf](http://www.pire.org/documents/Vermont_PFS_Eval/Final_Report.pdf)

PIRE PFS Regional Structure Qualitative Study Report:

<http://healthvermont.gov/alcohol-drugs/reports/data-and-reports>

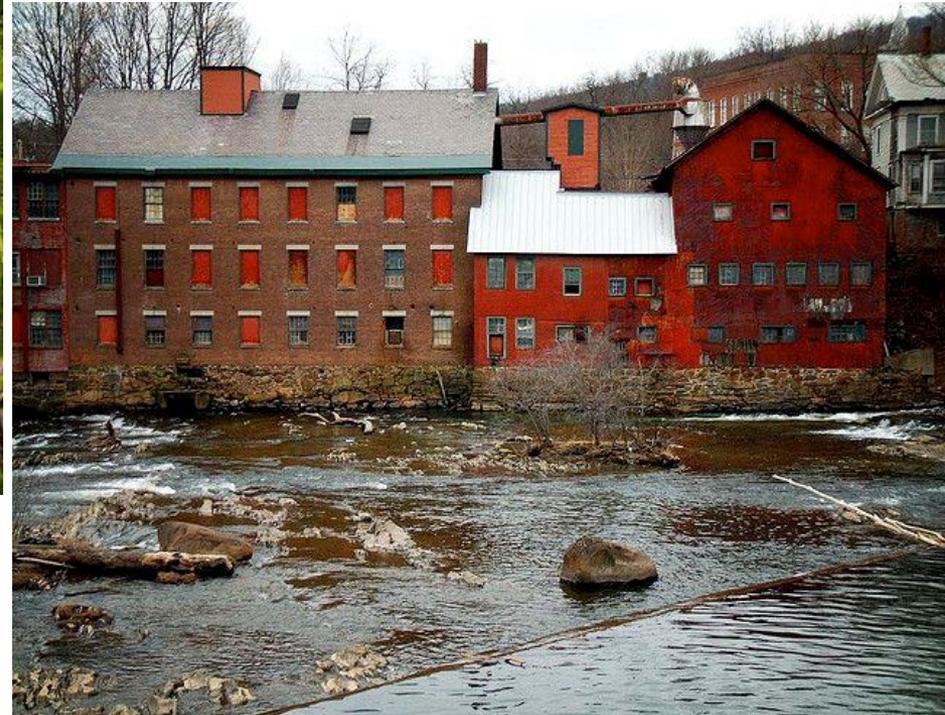
YAS survey (list of all items):

[http://www.pire.org/documents/Vermont\\_PFS\\_Eval/YAS\\_questions\\_2016.pdf](http://www.pire.org/documents/Vermont_PFS_Eval/YAS_questions_2016.pdf)

YAS 2014 summary report:

[http://www.healthvermont.gov/sites/default/files/documents/2016/12/ADAP\\_VT\\_PFS\\_YAS\\_Summary\\_Report.pdf](http://www.healthvermont.gov/sites/default/files/documents/2016/12/ADAP_VT_PFS_YAS_Summary_Report.pdf)

# PFS II: Implementation at the Regional Level



# Previous Funding Structure – SPF-SIG

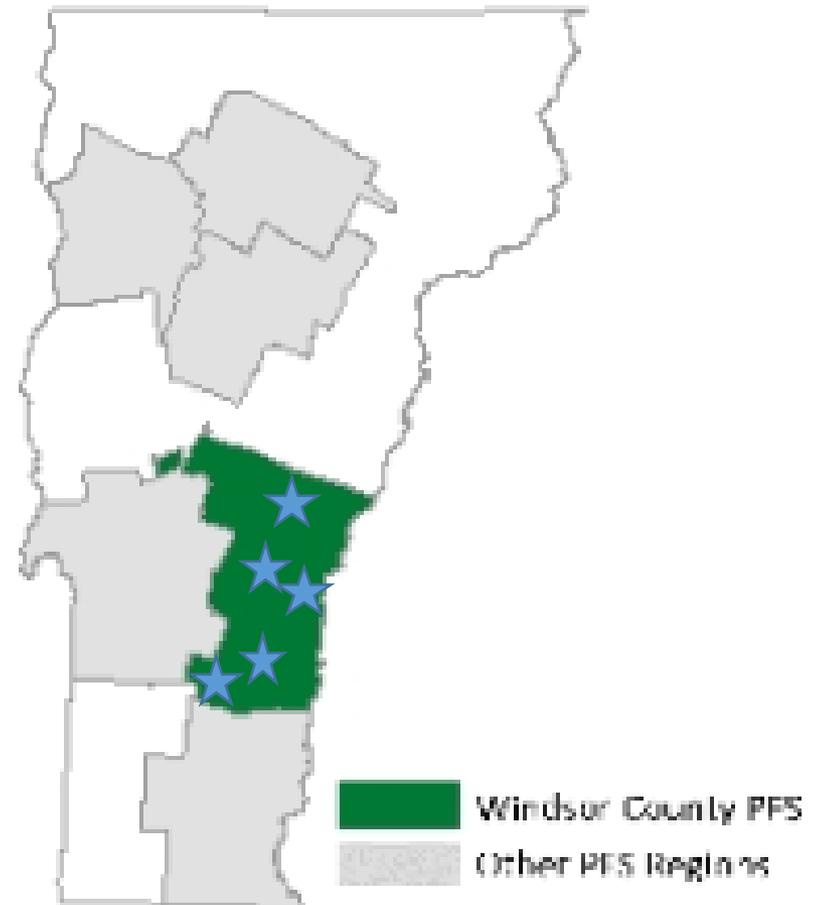
## SPF-SIG:

- Grants of \$50,000 - \$125,000 PER coalition
- 22 coalitions funded in the state



# PFS II

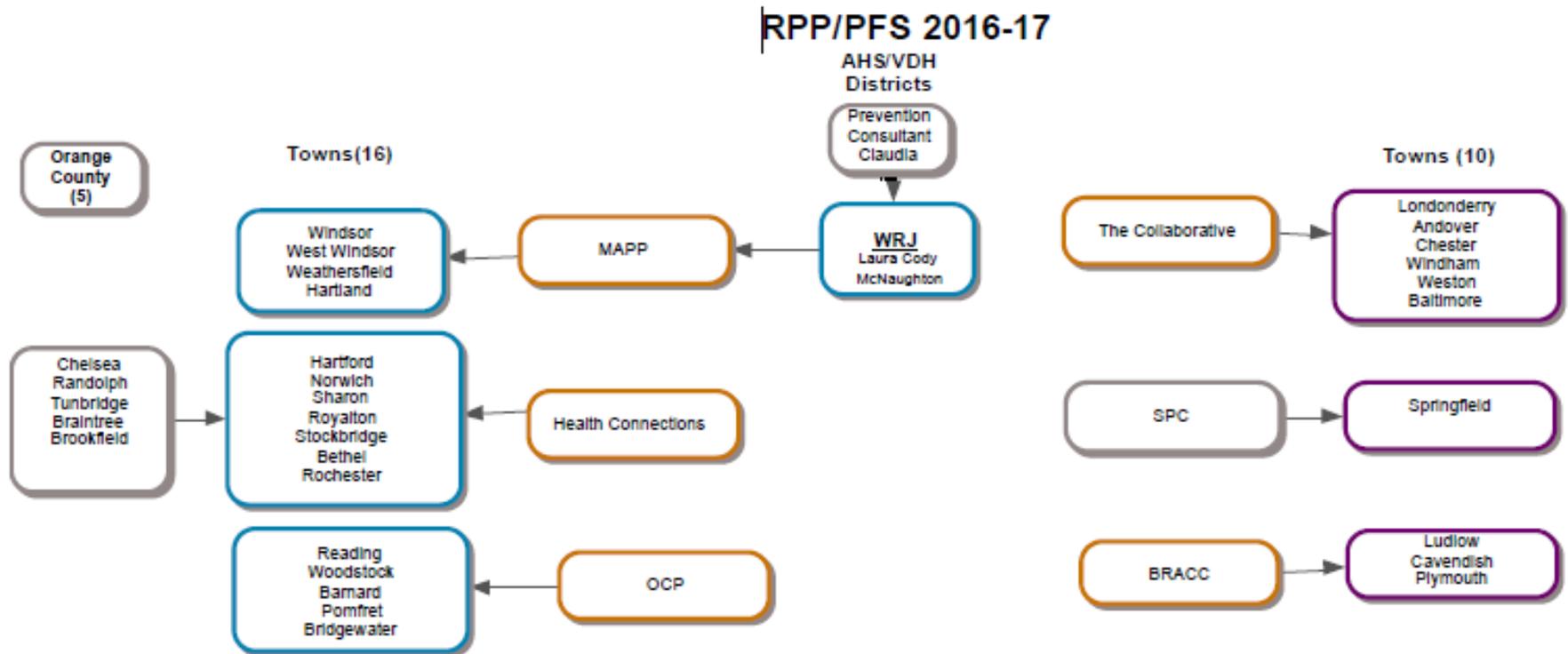
- \$125,000 for region
- Focus to include non-traditional partners
- Lead agent to coordinate the region
- Windsor County:
  - 23 towns,
  - population 55,000,
  - contained 5 existing local prevention coalitions



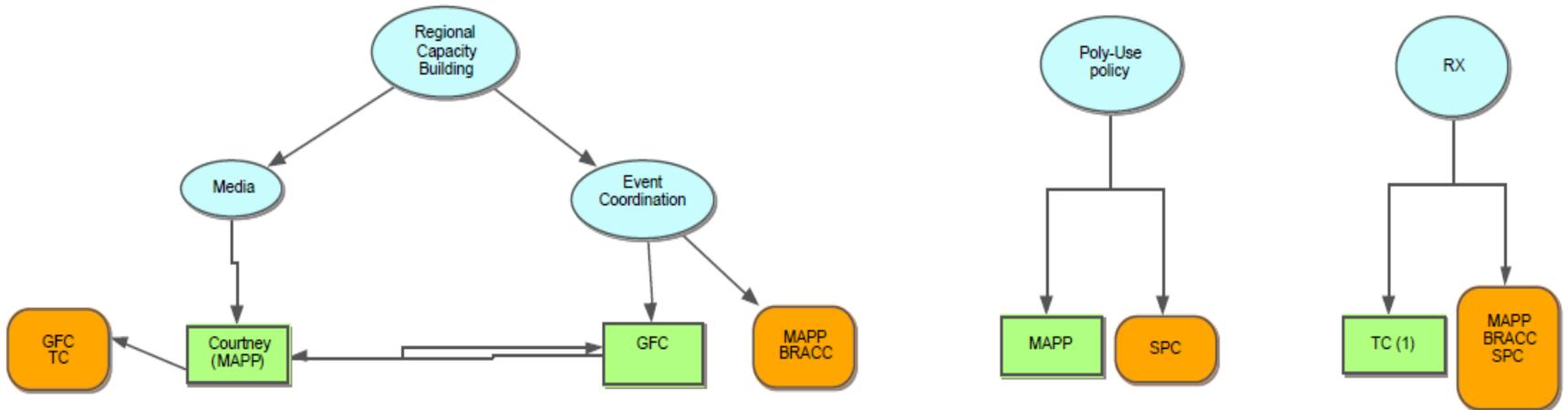
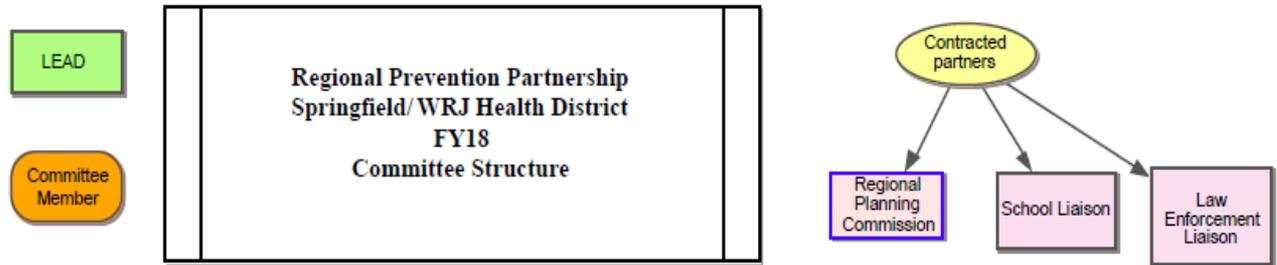
## Our Mantra

"This money is not for  
funding ***coalitions***,  
it is for funding  
***strategies***"

# PFS II: Coalition Structure



# PFS II: Committee Structure



# What next?



Vermont's Regional Prevention Partnerships (RPP) continues funding to PFS-funded regions and is also funding 6 new lead agencies, under Vermont's PFS 2015 grant.

# Contact Information

Bob Flewelling

[Flewelling@pire.org](mailto:Flewelling@pire.org)

919-265-2621

Claudia Marieb

[Claudia.Marieb@Vermont.gov](mailto:Claudia.Marieb@Vermont.gov)

802-295-8835

Amy Livingston

[alivingston@pire.org](mailto:alivingston@pire.org)

802-652-4111

Melanie Sheehan

[Melanie.Sheehan@mahhc.org](mailto:Melanie.Sheehan@mahhc.org)

802-674-7450



National Prevention Network  
Bridging Research to Practice

[www.npnconference.org](http://www.npnconference.org)

**After the conference, please complete online evaluations that you will receive via email.**



[facebook.com/npnconference2017](https://facebook.com/npnconference2017)



[@NPNconference](https://twitter.com/NPNconference)