ALCOHOL, DRUG & MENTAL HEALTH SERVICES
MARYE L. THOMAS, M.D., DIRECTOR

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(510) 567-8100 / TTY (510) 533-5018

A Letter from the Director of BHCS

BHCS is pleased to announce that we, in collaboration with multiple diverse community representatives, have just completed a primary prevention strategic plan that will serve as the foundation for the BHCS AOD Prevention System for the next five years. This plan identifies four priority areas, namely

- ***Access, Availability, and Policy of Alcohol and Other Drugs***
- ***Norms and Awareness of Alcohol and Other Drugs***
- ***Individual/Family/Community Capacity and Connectedness***
- ***Systemic Capacity for Effective Prevention Services***

Background:
Alcohol and drug prevention services are so essential to the overall effectiveness of an alcohol and other drug (AOD) services delivery system that the federal government has mandated that a set aside requirement of 20% of all substance abuse prevention and treatment (SAPT) funds must be used for alcohol and drug primary prevention. According to the SAPT Block Grant Statute, "*Primary prevention includes activities directed at individuals who do not require treatment for substance abuse."* Alameda County's current AOD prevention services are provided throughout our county and are directed toward youth, adults, older adults and communities. Our prevention providers utilize the six CSAP strategies which include: 1) Information Dissemination; 2) Education; 3) Alternative Activities; 4) Environmental; 5) Community Based Process; and 6) Problem Identification and Referral Services.

In 2005-06 BHCS was afforded the opportunity, through a grant from California Department of Alcohol and Drug Programs, to enter into an AOD primary prevention strategic planning process. We began that process by conducting a county-wide AOD primary prevention needs and resource assessment that included:

- The development and implementation of a countywide youth AOD survey;
- The facilitation and administration of sixteen focus groups and a health survey that targeted adults and older adults;
- An analysis of other current and archival local, state and national data; and
- An analysis of local resource data.

After all of the data was collected and analyzed BHCS formed a task force that was representative of our diverse communities in Alameda County. This task force participated in the planning process for over a period of six months (April-September, 2006) and used all of the needs and resource assessment data, plus their own expertise, in order to develop appropriate goals and objectives, which are systematically linked to four main prevention priority areas.

The four priority areas articulated above will serve as the foundation for the BHCS AOD Prevention System for the next five years. These priority areas guided the development of the strategic plan's goals and objectives and are aligned with the current direction of the State of California's Department of Alcohol and Drug Programs.

You are invited to read the plan and join BHCS in our continued commitment to provide comprehensive AOD primary prevention services to the people of Alameda County.

Sincerely,

Marye L. Thomas M.D., Director

Acknowledgements

Alameda County Behavioral Health Care Services (BHCS) wishes to thank everyone who was involved in this strategic planning process. In particular we would like to acknowledge: all of the youth, adults, and older adults who took the time to complete the needs assessment surveys and participate in community focus groups; the community-based organization, Health and Human Resource Education Center (HHREC), for their endless amounts of energy and time in coordinating this project; and the members of the BHCS AOD Prevention Strategic Planning Task Force whose leadership and expertise helped shaped this five year strategic plan.

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Tracy Hazelton, MPH, SIG Coordinator

For additional copies of this plan and information on BHCS services please see our web site http://bhcs.co.alameda.ca.us/

For additional details on the data included in this report please contact THazelton@acbhcs.org

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Executive Summary

Alcohol and other drug (AOD) problems have a broad and significant impact on the overall health and well being of all Alameda County residents. These problems drive up costs throughout county systems and cause multiple levels of pain and suffering that cannot be monetarily quantified. The availability of AOD prevention services not only promotes individual and family health and wellness, but also is critical to the health of our diverse communities here in Alameda County.

AOD use and abuse plays a role in virtually all other problems facing the County such as crime, contraction of STDs, abuse and neglect, violence, teen pregnancy, accidents and injury, family/domestic violence, homelessness, and mental illness. Recent data from BHCS's Countywide Youth Survey show that the top two reported consequences of alcohol use were fighting and unwanted/unprotected sex. Additionally, the same survey data show that 34% of all student respondents (middle and high school) during their lifetime have either driven after drinking or have ridden in a car with a driver who had been drinking.

Alameda County Behavioral Health Care Services (BHCS) has productively addressed the need for AOD prevention services for all age groups (youth, young adults, adults and older adults) by committing resources, searching for creative and effective solutions, providing multiple training opportunities, and developing this five year comprehensive strategic plan. There needs to be continued investment not only in the outcomes and damage of untreated addiction, but also in the continuum of care of prevention, treatment, and recovery services. The problems are well known and documented. This Strategic Plan for AOD Prevention Services brings solutions and approaches to these issues.

Four priority areas have been identified to serve as the foundation for the BHCS AOD Prevention System for the next five years. These priority areas guided the development of the strategic plan's goals and objectives and are aligned with the current direction of the State of California's Department of Alcohol and Drug Programs. Additionally, this plan takes into consideration the present economic budget outlook and is based upon realistic expectations of what can be accomplished over a five year period.

The four Priority Areas that the BHCS Prevention System will focus on include:

Priority Area One:

Access, Availability, and Policy of Alcohol and Other Drugs (AOD):
Factors that influence the use of AOD in different settings (retail, social (in the home), community events, etc.)

Priority Area Two:

Norms and Awareness of Alcohol and Other Drugs (AOD):
Unwritten rules for how people are expected to act in a given group or segment of society, or widely accepted behaviors in relation to AOD use.

Priority Area Three:

Individual/Family/Community Capacity and Connectedness:
How people are connected to and/or engaged with their families and community, how they associate with others in a peer group, or how a community's capacity can support or aid its connectedness.

Priority Area Four:

Systemic Capacity for Effective Prevention Services:
How BHCS can develop system wide changes that will increase the effectiveness of AOD prevention services.

This plan is a product of the knowledge, ideas, and opinions of a countywide task force in which its members reflect the vast diversity of Alameda County. Task force members participated in this planning process over a period of six months (April-September, 2006) and used current and archival local, state, and national data in order to develop appropriate goals and objectives, which are systematically linked to the four priority areas.

Alameda County Behavioral Health Care Services
Alcohol and other Drug Prevention Strategic Plan

Vision and Mission Statements

Vision Statement

All residents and communities of Alameda County will be physically, emotionally and socially healthy and free of alcohol and other drug related problems.

Mission Statement

To promote Alameda County residents and communities being physically, emotionally and socially healthy and free of alcohol and other drug related problems by providing comprehensive, culturally competent, high quality, and geographically accessible alcohol and other drug prevention services.

Guiding Principles for Prevention

1. PREVENTION FOSTERS SAFE AND HEALTHY ENVIRONMENTS FOR INDIVIDUALS, FAMILIES AND COMMUNITIES

To create safe and healthy environments, prevention must reduce adverse personal, social, health and economic consequences by addressing problematic alcohol, and other drug (AOD) availability and accessibility, manufacture, distribution, promotion, sales, advertising and use.

By prevention providers leveraging resources, prevention programs will achieve the greatest impact.

2. INDIVIDUALS, FAMILIES, ORGANIZATIONS, GROUPS AND ENTIRE COMMUNITIES ARE EMPOWERED THROUGH TAKING SHARED RESPONSIBILITY FOR PREVENTION AT ALL LEVELS OF THE PREVENTION SYSTEM.

All sectors, including youth, adults and older adults, must challenge their AOD standards, norms and values to continually improve the quality of life within the community.

This includes those who work directly as well as indirectly in the prevention system who share a common goal of AOD prevention (i.e. law enforcement, fire departments, teachers, employers, religious organizations, decision makers (elected, appointed, voluntary, etc.))
Community includes a) organizations; b) institutions; c) ethnic and racial communities; d) tribal communities and governments; and e) faith communities.

Community also includes associations/affinity groups based on age, social status and occupation, professional affiliation, political or social interest, sexual orientation, as well as affiliations determined by geographic boundaries.

3. PREVENTION UTILIZES THE FULL RANGE OF CULTURAL AND ETHNIC WEALTH WITHIN COMMUNITIES.

By employing ethnic and cultural experience and leadership within a community, prevention can reduce problematic availability, accessibility, manufacturing, distribution, promotion, sales, advertising and use of AOD.

4. PREVENTION CHALLENGES BARRIERS AND DISCRIMINATION THAT CREATE SPECIAL BURDENS FOR COMMUNITIES IN RESPONDING TO AOD PROBLEMS.

By acknowledging certain individuals, families, groups and communities face stigmas, discrimination and generational poverty, their unique circumstances and needs can be more comprehensively addressed as part of prevention services.

5. PREVENTION IS PART OF A LARGER CONTINUUM OF CARE THAT INCLUDES EARLY INTERVENTION, HARM REDUCTION, TREATMENT, MENTAL HEALTH AND PHYSICAL WELL BEING.

6. EFFECTIVE PREVENTION PROGRAMS ARE THOUGHTFULLY PLANNED AND DELIVERED.

To create successful prevention programs, one must use data to assess the needs; prioritize and commit to the purpose; establish actions and measurements; use proven prevention actions; evaluate measure results to improve prevention outcomes; and use a competent, culturally proficient and properly trained workforce.

Prevention Services

Introduction

Alameda County is one of the most demographically and economically diverse counties in the nation. It spans 821 square miles, includes 14 cities, and has more than 1.44 million residents. Over the past decade Alameda County has experienced a 12.9% growth in its population and ranks as the seventh-highest populated county in the state.

Although Alameda County has many positive attributes there is still a great deal of variation in health status, as well as demographic and socioeconomic characteristics, across cities in the county. As an example the cities of Piedmont and Union City have relatively low percentages of single mothers, high percentages of persons who received a high school education, and in Piedmont particularly, a very low percentage of non-English speakers. In contrast, Oakland, along with Berkeley, has a high percentage of persons living in poverty. The percentage of persons living in poverty ranges from 2% in Piedmont to 20% in Berkeley.[1]

The city of Oakland bears the greatest burden of poor health outcomes. It has the highest rates of teen births; mortality due to stroke, prostate cancer, and homicide; asthma hospitalizations; and alcohol and drug (AOD) related hospitalizations.[1]

AOD related problems impact Alameda County in numerous ways. The development of a Strategic Plan for AOD Prevention Services can help ensure that these efforts around prevention are thoughtfully addressed in a comprehensive manner, utilizing multiple strategies, in various areas and across diverse populations.

In February 2006 Alameda County Behavioral Health Care Services (BHCS) began the development of a five year Strategic Plan for AOD Prevention Services. It is the objective that this plan will assist BHCS in, increasing communication and coordination, prioritizing target populations, and increasing system capacity and effectiveness.

In order to develop a plan that aptly reflects and addresses the needs of our communities in Alameda County, as well as employs evidenced-based strategies to achieve the goals and recommendations that are outlined in this plan, BHCS recruited a variety of stakeholders to serve on the BHCS Strategic planning Task Force. Members of the task force include the following: community members; two AOD prevention providers; Rep resentatives AOD treatment provider; County schools representatives; providers who work directly with youth; AC Public Health Depg; and BHCS staff.

BHCS recognizes the importance of the AOD continuum of prevention, treatment and wellness and recovery services; However, this Strategic Plan focuses only on primary prevention strategies and the utilization of the Institute of Medicine's (IOM) classification system.

1 Community Assessment, Planning and Education Unit, Alameda County Public Health Department, Select Health Indicators for cities in Alameda County, 2004

Primary Prevention

The use of a strategy or a set of strategies directed at individuals who do not require treatment for substance abuse. Such activities may include education, counseling, and other activities designed to reduce the risk of substance by individuals.

Six CSAP Strategy Areas

The Center for Substance Abuse Prevention (CSAP) categorizes primary prevention activities into the following six strategies:

- Information Dissemination;
- Education;
- Alternative Activities;
- Problem Identification and Referral Services;
- Community Based Process; and
- Environmental.

1. Information Dissemination

CSAP characterizes information as "one-way" communication from the source to the audience. A message is delivered, with little opportunity for an exchange of information with those who receive the message. **Examples of this strategy include:** print and electronic media, websites, telephone information systems, speaking engagements, resource directories, clearinghouses, or health fairs/ promotions.

This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse, and addiction and the effects on individuals, families, and communities…(and) increases knowledge and provides awareness of available prevention programs and services.

2. Education

The Education Strategy has two basic characteristics that distinguish it from other prevention efforts. First, the strategy depends on the interaction between an instructor and/or facilitator and an audience. Second, the services under this strategy aim to "improve critical life social skills," which includes "decision making, refusal skills, critical analysis, and systematic judgment abilities." Approaches used in this strategy involve some form of a teaching to enhance individual efforts to remain alcohol, tobacco, and drug free. However, this transference of information does not need to be conducted by teaching in an educational setting. **Examples of this strategy are:** Classroom educational services, educational services for youth groups, mentoring, parenting/ family management services, peer leader/helper programs, and small group sessions.

This strategy involves two-way communication and is distinguished from the Information Dissemination Strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities.

3. Alternative Activities

Alternative programs and activities redirect individuals from potentially problematic settings and activities to situations free from the influence of alcohol and other drugs. **Examples of this strategy include:** Alcohol/tobacco/drug-free social/recreational events, community drop-in centers operating, community drop-in center activities, community service activities, recreational activities, youth/adult leadership activities.

This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or remove the need to use these substances.

4. Problem Identification and Referral Services

Of the six CSAP primary prevention strategies, this one causes the most discussion and controversy because it appears to crossover from primary prevention into intervention and treatment. The CSAP definition clearly precludes services "designed to determine if a person is in need of treatment"; however, an assessment to determine if behavior can be reversed through education is allowed. After all, it may not be possible to know if a person's need is education or treatment until after an initial assessment.

A key aspect of this strategy is that the service is educational for behavioral change, not therapeutic for AOD abuse or dependency treatment. We recognize that some of the services within this strategy have the potential to bridge into treatment. It is important that providers note that administration of addiction severity instruments, case screening, and/or preparation for intervention is not a component of this strategy. **Examples of this strategy include:** Employee assistance programs, UI/DWI/MIP programs, prevention assessment and referral services, student assistance programs.

This strategy aims at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

5. Community Based Process

The past decade has seen an increased use of community-based processes for supporting prevention outcomes. The nationally funded community partnerships and later community collaboration grants are evidence of the heightened awareness of the importance of community approaches in addressing alcohol, tobacco, and other drug problems. **Examples of this strategy include:** Assessing community needs/assets, accessing services/funding, community team activities, Community/volunteer services or training, formal community teams, systematic planning, technical assistance (TA) and training services.

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco, and drug abuse disorders. Activities in this strategy include organizing, planning, and enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

6. Environmental

The Environmental Strategy is the last of the six CSAP strategies. The first five strategies focus on who was served and the services they received. The Environmental Strategy focuses on places and specific problems, with an emphasis on public policy. The results can be wide-ranging and sustained, although specific recipients are not identifiable. Much of the initial development of the implementation of this strategy occurred in California. **Examples of this strategy are:** Media and social norms compaigns, developing and advocating for policy changes, monitoring established policies and ordinances, conducting responsible beverage service trainings, etc.

This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general populations. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives.

The Institute of Medicine's (IOM) prevention classification scheme is helpful in delineating target populations and understanding the differing objectives of various interventions. The IOM system classifies prevention interventions into three categories—universal, selective, and indicated. Definitions of the three categories are below.

IOM Classifications

Universal preventive interventions are activities targeted to the ***general public or a whole population group***. For example, middle school age youth. The aim is to prevent/delay use of AOD by providing individuals with information/skills.

Selective preventive interventions are activities targeted to a ***subgroup of the population*** whose risk of developing a disorder is significantly higher than average. For example, foster youth, young offenders, homeless youth, etc.

Indicated preventive interventions are activities targeted to ***individuals in high-risk environments***, who are exhibiting early signs or consequences of AOD use. For example, chronically violent, substance-abusing juvenile offenders 12 to 17 years old. Or, youth in grades nine through twelve who are at risk for school dropout, (and may also exhibit multiple behavior problems, such as substance abuse, aggression, depression, or suicide risk behaviors).

Primary Prevention Strategies in Alameda County

In FY 2003-2004 Alameda County Behavioral Health Care Services made a commitment to prepare their AOD Primary Prevention Providers to adapt to the new direction of CSAP and the State of California's prevention guidlines. They worked diligently training and preparing the prevention providers with the knowledge and tools they would need to have AOD prevention services follow Best Practice strategies and Model Programs. This commitment was reflective of the County's intent to assess and then address community AOD prevention needs through proven strategies to more effectively counter-act alcohol and other drug related problems in Alameda County.

The following activities took place to assist the Primary Prevention Providers to meet the County contract requirements for implementing Logic Models and Best Practice/Model Programs.

Ongoing Primary Prevention Provider Meetings

Monthly Meetings were established with all AC Primary Prevention contractors to more effectively maintain a means for providers to share information, resources, and experiences in implementing the Logic Model and Best Practices programs.

Trainings

Providers attended Western CAPT Substance Abuse Prevention Specialist Trainings. As a result of participation in this training, providers continue receiving regular correspondences from Western CAPT with up to date information on AOD related issues and trainings, such as: 1)Prevention 101 Training, 2)Logic Model Training, 3)Evaluation/ Measurement Training, 4)Model Program/Best Practice Training.

Consultant Assistance

A Prevention by Design Consultant was provided by the State to the County to work with County staff and providers for Logic Model Trainings. These trainings were complemented by individual provider consultations and also helped assess the Best Practice Model that would be identified by each provider for contract implementation.

Model Program Identification for FY 2005-06

AC Primary Prevention providers were required to identify a Best Practice Model to be implemented in FY 2005-2006. County staff and the Prevention by Design Consultant continue to work with each provider to review on-going CSAP Programs & Strategies and State of California reporting requirements to maintain each provider's capacity to implement and evaluate their programs.

BHCS Primary Prevention Providers 2006

AGENCY NAME	ADDRESS	CONTACT PERSON
Alameda Family Services (formerly known as Xanthos)	2325 Clement Street **Alameda**, CA 94510	Tamar Kurlaendar (510) 522-8363
Axis Community Health	4361 Railroad Ave. **Pleasanton**, CA 94566	Janet Cabral-Ancira (925) 201-6033
Building Opportunities for Self-Sufficiency (BOSS)	2065 Kittredge Street, Ste. E **Berkeley**, CA 94704	Jimmy Thomson (510) 583-5654
Community Counseling Education Center (CCEC) – Youth Outreach Program (YOP	3775 Beacon, 2nd Floor, **Fremont**, CA 94538	Aaryn Church (510) 792-4964 X195
CCEC-Club Live CCEC- Friday Night Live	3775 Beacon, 2nd Floor, Ste. 2C **Fremont**, CA 94538	Karen Seals (510) 792-4964 X140
Davis Street Community Center	3081 Teagarden Street, **San Leandro**, CA 94577	Shauna Fujimoto (510) 347-4620
East Bay Asian Youth Center	2025 E. 12th Street, **Oakland**, CA 94606	Gianna Tran (510) 533-1092 Ext. 27
Filipinos for Affirmative Action	31080 Union City Blvd., Ste. 109 **Union City**, CA 94587	Chris Cara (510) 487-8552
Health & Human Resource Education Center (HHREC)-Black Women's Media Project (BWMP) & Health Through Art Project (HTA)	2288 Fulton Street, **Berkeley** 94704	Tisha Kenny (510) *549-5990* Phone (510) *549-0558* FAX
Horizon Services (CommPre)	22652 – 2nd Street **Hayward**, CA 94541	Linda Pratt/David Cota (510) 247-8207/8215
Horizon Services (Project Eden)	22646 – 2nd Street **Hayward**, CA 94541	Rochelle Collins (510) 247-8214
Latino Commission	1319 Fruitvale Avenue **Oakland**, CA 94601	Marco Azucena (510) 535-2303
Native American Health Center	3124 International Blvd. **Oakland**, CA 94601	Crystal Salas-Patten (510) 535-4492
Senior Support Services of Tri Valley	5353 Sunol Boulevard, **Pleasanton**, CA 94566	Marlene Petersen or Joty Landsittel (925) 846-4552
Y.M.C.A. of the East Bay	1612 – 45th Avenue, **Oakland**, CA 94601	Brenden Anderson (510) 534-7441
SIG/Binge Drinking Project Contractors		
Community Recovery Services-Alcohol Policy Network	3101 Telegraph Ave. **Berkeley** 94705	Joan Kiley (510) 548-9822
Cal State University East Bay Foundation	25800 Carlos Bee Blvd. **Hayward**, CA 94542	Maggie Gaddis (510) 885-3733
Non-contracted AOD BHCS provider, but member of the Prevention Provider Network		
Crisis Support Services of Alameda County (MH contract)	P.O. Box 9102 **Berkeley**, 94705	Mercedes Coleman (510) 420-2460 x 108

Table of BHCS Prevention Providers and Models Programs

Agency Name	Target Population	Specific Ethnic or Cultural group Served	Location	Current Best Practice
Alameda Family Services (formerly Xanthos)	Middle and High School	No	Alameda School based	**Preparing for the Drug-Free Years Guiding Good Choices Program* **Systematic Training for Effective Parenting (STEP) Class*
Axis	Middle/ High students	No	School Based – Tri-Valley	*Toward No Drugs*
BOSS	Homeless families	No	Community Based	*Pathways to Recovery*
Community Counseling and education center (CCEC)-YOP	Elementary & Middle School	No	School based-Tri-City	**Too Good For Drugs* **Community Programs to Promote Youth Development*, 2002
CCEC- FNL/CL	Middle and High school	No	Alameda County- school and community based	*Too Good For Drugs*
CommPre	General Population Environmental Approach	General population & Spanish Speaking	City of Hayward and the unincorporated areas surrounding Hayward (Castro Valley, San Lorenzo, Ashland & Cherryland)	**Communities Mobilizing for Change on Alcohol* **Retailer Directed Interventions* **Changing the Conditions of Availability* **Counter Advertising* **Youth Development model*
Davis Street	Elementary, middle and high schools	No	San Leandro/San Lorenzo	"Keeping" it Real (refuse, explain, avoid, leave)
EBAYC	11-14 years of age	Asian youth	Oakland/ San Antonio - Community based	Education Program-University of New Mexico
Health Through Art	Environmental- County Wide	No	Alameda County	Counter Advertising
Black Women's Media Project	Environmental-	African American Women	Alameda County	Counter Advertising Local Initiative program
FAA	Middle / High school	Filipino	Union City- School based and community based	Life skills Training
Latino Commission	Middle/ high School	Latino Youth	Community based	Leadership and Resiliency Program
Project Eden	Youth ages 12-19	LGBTQ	Eden Township area (Hayward, Castro Valley, San Lorenzo), San Leandro, & southeast bay area.	*Toward No Drugs*
Senior Support	Older adults	No	Tri- Valley	Healthy Aging, Salt Lake County, UT
Urban Indian	High School aged youth	Native American	Oakland/ Alameda County Community / School based	Gathering of Native Americans (GONA)
YMCA	Elementary/ Middle/high school	African American	Oakland – community based	*40 Developmental Assets Model*

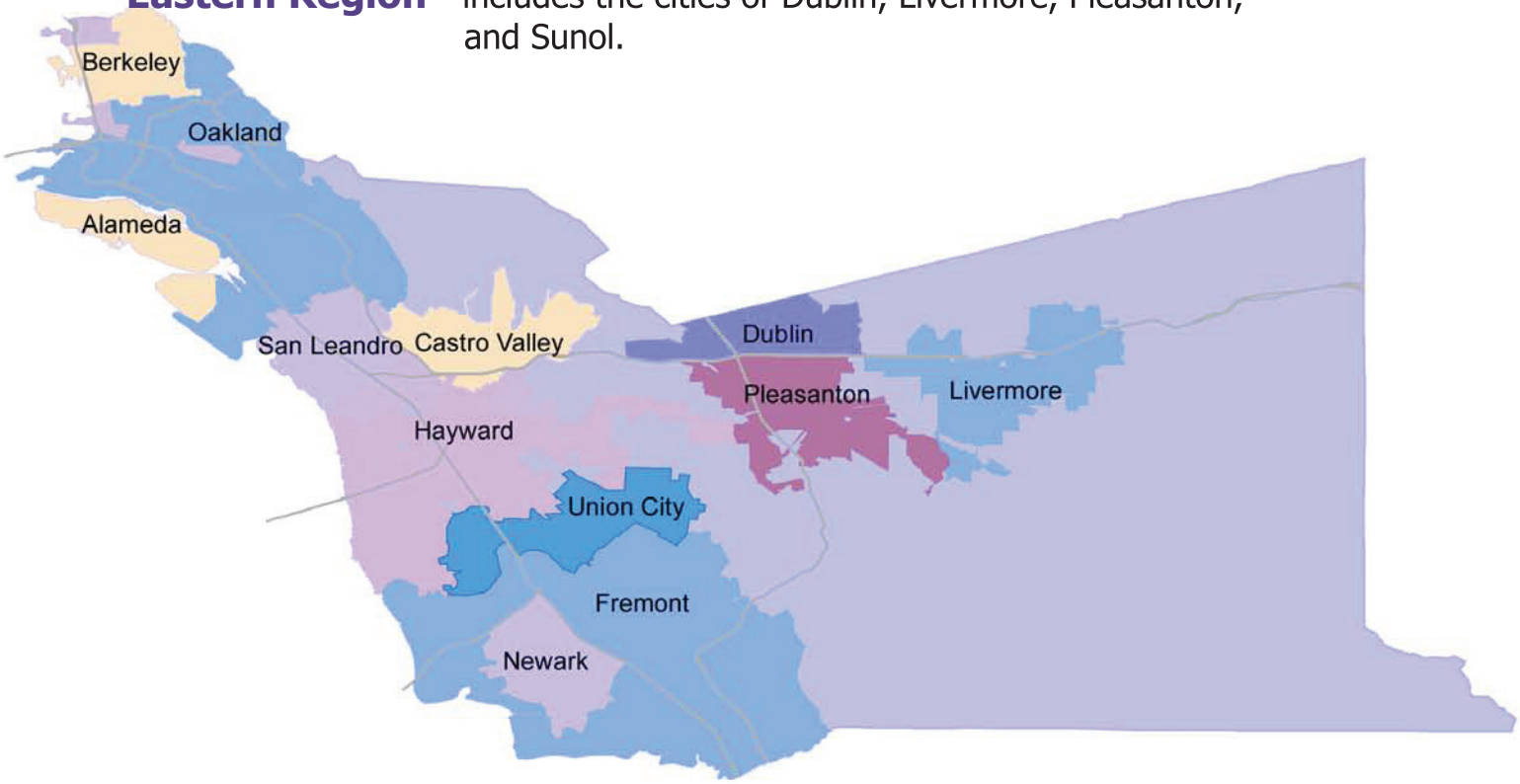
The maps on the following pages illustrate where BHCS's AOD primary prevention programs are located. The following four maps show where these services are based on their regions. For planning purposes prevention service data by city has been combined into four regions, North, Central, South, and East. The cities that comprise each of these regions are as follows:

Northern Region - includes the cities of Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.

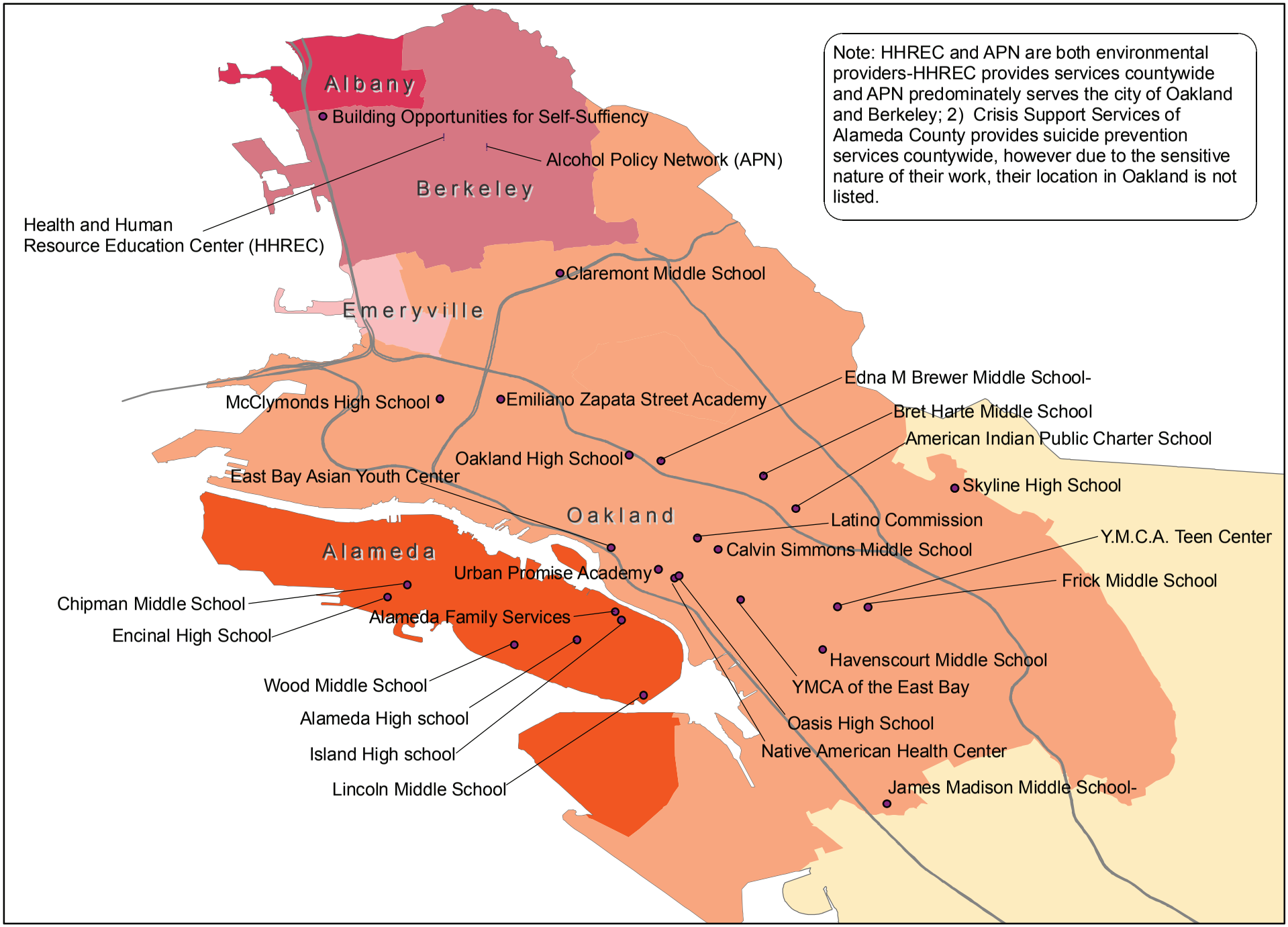
Central Region - includes the unincorporated areas of Ashland, Castro Valley, Cherryland, and the cities of Hayward, San Leandro, and San Lorenzo.

Southern Region - includes the cities of Fremont, Newark, and Union City.

Eastern Region - includes the cities of Dublin, Livermore, Pleasanton, and Sunol.



Northern Region, BHCS Primary Prevention Providers and Services Sites



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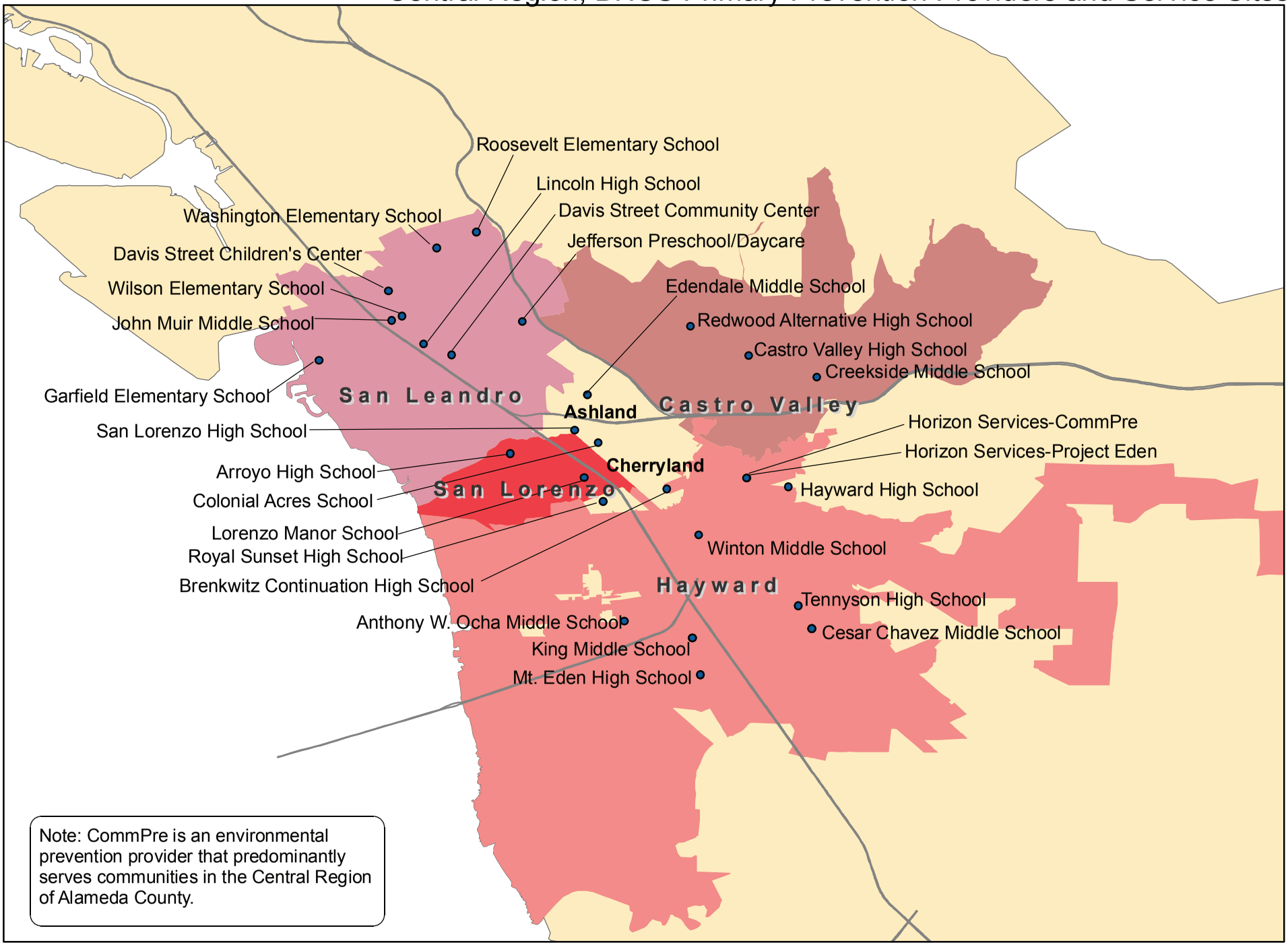
Central Region, BHCS Primary Prevention Providers and Service Sites



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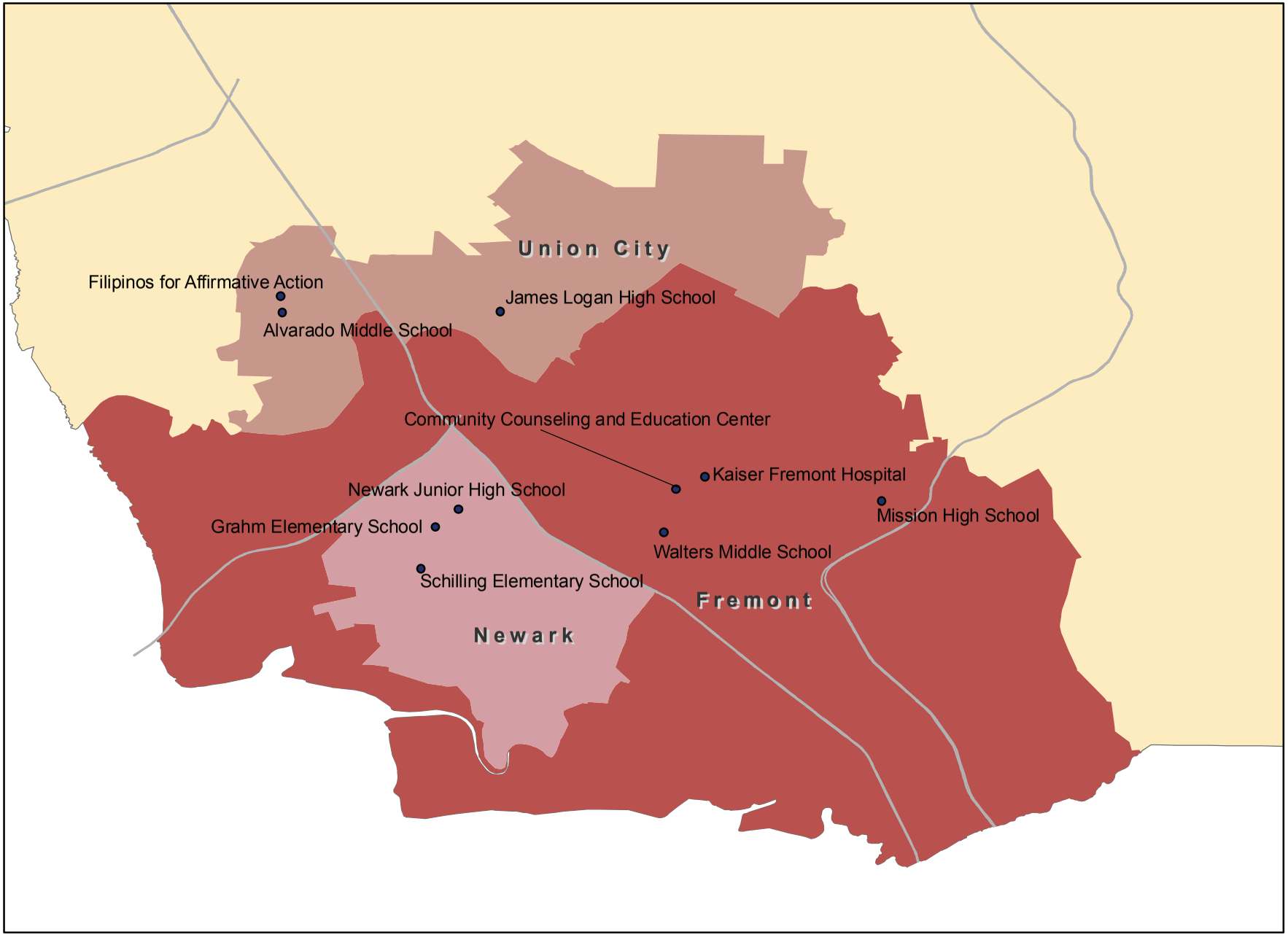
Southern Region, BHCS Primary Prevention Providers and Service Sites



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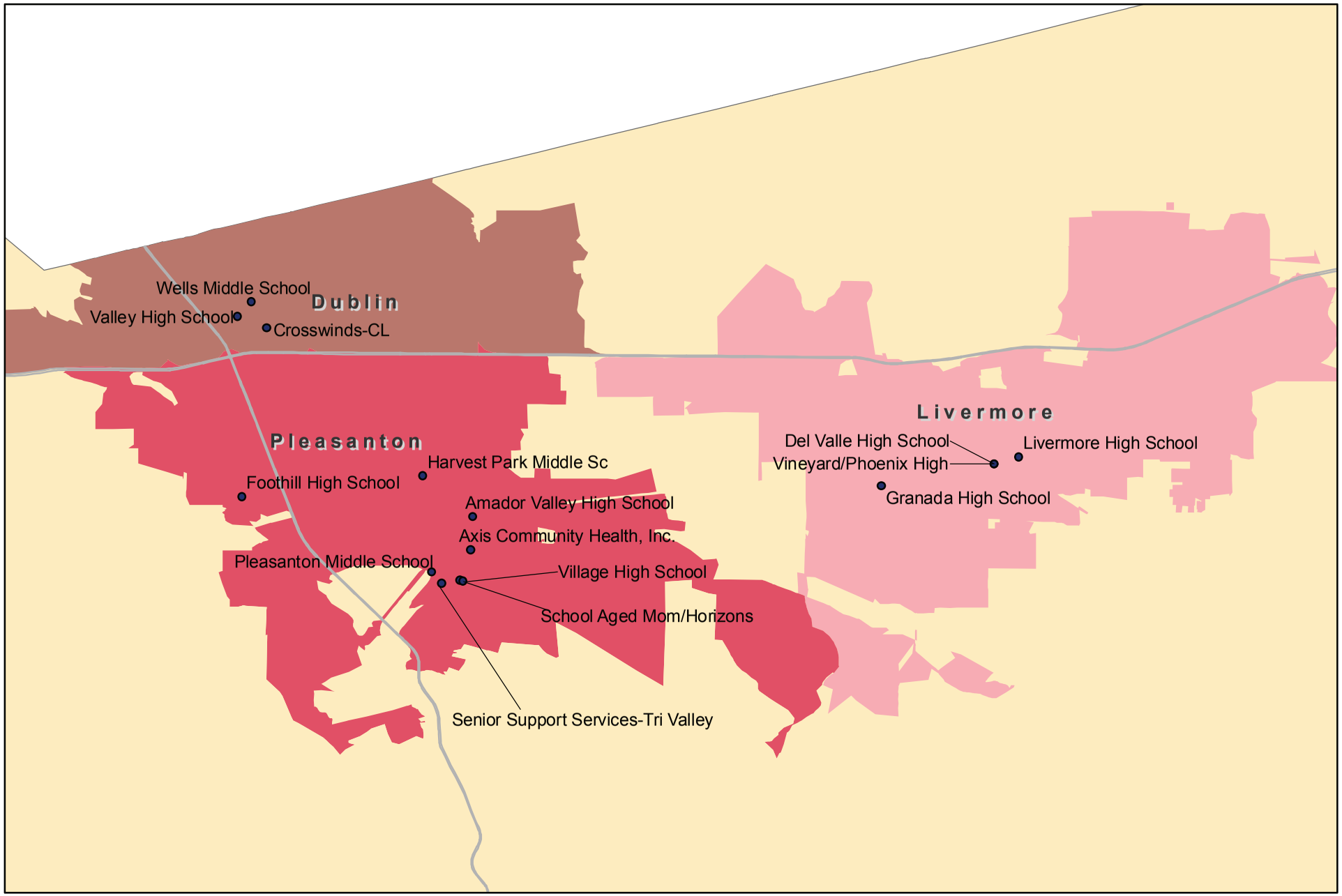
Eastern Region, BHCS Primary Prevention Providers and Service Sites



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Summary of BHCS AOD Youth Survey Data 2005

During the Spring of 2005, BHCS surveyed middle school (MS) and high school (HS) students throughout Alameda County about their access to and use of alcohol and other drugs (AOD). Topics included: where and how youth obtain AOD; their perception of the negative effects; and the prevalence of drinking and driving. The survey also attempted to identify factors that may be protective against AOD abuse.

Sample Size

The BHCS Countywide Survey sample included surveys from 591 HS students and 315 MS students from all over Alameda County, representing students from 35 different schools. The Alcohol Policy Network & the Community Counseling Education Center's Friday Night Live (FNL) chapter in southern Alameda County, both of whom were engaged in similar surveys at the time of the BHCS survey, added an additional 691 surveys (all high school) to the sample. This brought the total sample size to 1,597.

Demographics

Of the total sample, 53% of respondents were Male, 46% of respondents were Female, and 1% reported their gender as "other." 92% identified as Heterosexual and 8% identified as LGBTQ. The ethnic breakdown, in order of prevalence, was African American (33%), Latino (16%), Caucasian (14%), Multi-Ethnic (13%), Asian (13%), "Other" (7%), API/Native Hawaiian (4%), and Native American (2%). The average age of MS respondents was 13 years old, and HS average age was between 15 – 16 years old.

Findings

The results illustrate the fact that a significant number of Alameda County youth are placing themselves at risk by using AOD. This ever-increasing problem is one that the communities in our county share with others across the state and nation. However, the survey results also identified those factors most likely to influence or dissuade use among youth in Alameda County, offering invaluable insight for the County's strategic planning process.

Access & Places of Use

- Youth reported finding it "fairly easy" to access alcohol and marijuana. The most popular ways to access alcohol include: their own house/parents; supermarket/ liquor store; friends/relatives; and the most popular locations to use: home; friend/relative's home; and parties/ school events.
- On average 34% of respondents have asked adults to buy them alcohol, AKA shoulder tapping.

Alcohol Use: Total by Gender & Race

- Almost 2/3's of high school and almost 1/3 of middle school students reported using alcohol in the past 30 days.
- More male respondents reported drinking alcohol in past 30 days, except in the Berkeley cohort, where more female respondents reported using alcohol in the past 30 days.
- Broken down by ethnicity, the highest rates of use for HS respondents were among Latino, Caucasian & Multi-Ethnic youth; and for MS students highest rates of use were among Latino & API/Native Hawaiian, followed by Multi-Ethnic, "Other," and Caucasian youth.

Marijuana Use: Total & by Race

- 13% of MS respondents, and 30-32% of HS respondents reported using marijuana in the past 30 days, making it the most used illegal drug in Alameda County.
- Broken down by ethnicity, the highest rates of marijuana use for HS respondents was among Caucasian, Latino and Multi-Ethnic youth, and the lowest among Asian youth; for MS respondents the highest rates of marijuana use was among Multi-Ethnic, African-American and Caucasian youth, with 0% of Asian MS respondents reporting use.

Reasons for & Consequences of Use

- Top reasons for use: feels good, fun, it's stress relief.
- Top two consequences of alcohol use were fighting and unwanted/ unprotected sex.
- On average 35% of student participants have either driven after drinking or have ridden in a car with a driver who had been drinking.

Age of First Alcohol Use & Binge Drinking Patterns

- On average 21% of high school students started drinking alcohol before the age of 11 years. The majority of all student respondents began drinking alcohol between the ages of 11 and 15.
- 23% of all HS student respondents reported binge drinking in the past 30 days. Nationally, the percentage of students who engage in binge dringking ranges from 22% to 30%.

  Binge Drinking is defined as four or more drinks in a sitting (two hour period) for females & five or six drinks in a sitting for males. Data Source: www.niaaa.nih.gov

Risk & Protective Factors

- Top three issues that youth struggle with are: (1) depression; (2) feelings of not fitting in or belonging; and (3) uncontrolled anger. However, the data suggest that the issues that youth struggle with vary by gender and by age.
- Middle school female respondents struggled more with (1) feelings of not fitting in or belonging and (2) depression. Middle school males struggled more with (1) uncontrolled anger and (2) depression. High school female respondents struggled more with (1) depression and (2) feelings of not fitting in or belonging. High school male respondents struggled more with (1) depression and (2) uncontrolled anger.
- The majority of students surveyed were involved in after school activities.
- Research has shown that involvement in after school activities is a protective factor that has been associated with: (1) academic achievement; (2) a stronger self-image; (3) positive social development; (4) reductions in risk-taking behavior (such as alcohol and drug use); and (5) better school behavior and fewer absences.
- Over 60% of youth surveyed reported they had a mentor or positive role model in their lives.

Alameda County BHCS Adult and Older Adult Needs Assessment Narrative Summary Report

An extensive outreach and multi-dimensional county-wide Adult and Older Adult Needs Assessment was conducted from April through November 2006. 317 surveys were completed throughout Alameda County, and 16 focus groups were conducted in neighborhood locations and homes where participants were welcomed to relate experiences and express feelings related to alcohol and other drug related problems and general stresses they face in their everyday lives.

Our focus group questions were developed with the intention of generating a wide range of discussions among the participants regarding various AOD topics such as ideas of healthy drinking and reasons for not abusing alcohol, stressors in one's life, alcohol related community problems, etc. Looking at adult/older adult AOD prevention needs through this "wide angle" lens ensured that the data we collected would provide us with a comprehensive picture of general AOD prevention needs as well as specific areas of need.

The result was a lively profile of the true interaction of citizens with health and social care services, inclusive of County services, as well as the issues facing them in their everyday lives. For example, the issue of isolation was brought up by many older adults, as well as the stress of parenting, and the amount of violence and alcohol in the media. One key finding was that the transition period to senior years needs to be another "primary prevention focus" as many seniors with no previous alcohol or other drug related problems started using substances to self-medicate to deal with the myriad personal and social issues they began facing as seniors.

It is our goal to not only use this valuable data to inform and lead our strategic planning process, but also to share our information and data with our countywide prevention providers and the community as a whole. Below is a narrative summary of this analysis presented as Contributing Factors and Solutions to Stress and AOD related problems. A full report of the data is presented in the Appendices.

Analysis of focus group responses revealed three categories of significant behavioral healthcare factors: Personal Factors, Institutional Factors, and Social/ Environmental Factors.

Contributing Factors

Personal Contributing Factors

Regarding **Personal Contributing Factors**, stress in its numerous guises was a leading cause of increased and abusive use of alcohol and other drugs. Upon exploration, the major factors contributing to stress were: communication problems, habitual denial of health and behavioral problems, a variety of health issues, career issues, and isolation and disenfranchisement**.** In addition, familial contributing factors consisted of parental responsibility, genetics and family habitual behavior. In the case of elders, the theme of isolation and disenfranchisement played a heavy role, along with loss of loved ones, loss of health, mobility, independence, and a lost sense of security.

Within the focus groups, people with addiction problems spoke unanimously about the stigma that accompanies their illness. The power of this stigma to brand and isolate people, is a significant barrier to the admission of addiction.

While the above named contributing factors were also at play within immigrant communities, other factors were also repeatedly discussed for this group, e.g. immigrant status locks individuals into limitations and patterns of behavior; also language barriers are added to the communication factor, limiting immigrant access to services. The clash between cultures of origin and American culture add extra dimensions to divisions within families, especially those that also occur between generations. Traditions regarding gender roles also create stress, isolate women, and distance immigrant families from receiving services.

Another personal factor could not be overlooked: long-standing, generational poverty. The long-term effect of poverty is a deep sense of despair that disenfranchises individuals to such an extent that they do not respond to informational campaigns or personal appeals from loved ones.

Contributing Institutional factors

Regarding **Contributing Institutional factors,** participants expressed the following perceptions and concerns: delivery of services, lack of County commitment to alcohol/drug services, lack of services for the homeless, lack of outreach into diverse communities, senior services, and poor communication within healthcare service departments.

It is no surprise that the first issue regarding delivery of services was access to healthcare, and the cost of healthcare. Participants spoke repeatedly of jumping through "hoops and hurdles" of red tape while dealing with the frustrations of bureaucratic, mechanized answering systems. When a real person is finally available, they lack compassion and respect. That attitude, it was agreed, reflected the general institutional attitude toward patients.

Another unanimous complaint was in regards to the lack of coordinated information and communication between providers. Often, people were given conflicting information from two separate offices.

Language barriers and a perception of a lack of County outreach efforts into diverse communities appears to be the reason that immigrant participants seemed the least informed of all. It was percieved that little or no information is available to them regarding available County services.

Social and Environmental Factors

There are an abundance of **Social and Environmental Factors** contributing to the excessive or abusive use of alcohol and other drugs. Participants named the news media as a significant contributor. It was peoples' opinions that news is choreographed to promote fear, and distrust in viewers. This works against community building by isolating people through fear. The elderly and women especially become afraid to leave their homes. Racial profiling and sometimes-subtle verbal and non-verbal language feeds racial stereotyping that often fuels urban violence.

While the availability of handguns was mentioned as a significant factor, more emphasis was placed upon the availability and visibility of alcohol. This availability, along with accepted social norms and prolific targeted advertising regarding drinking and drugs is, according to focus group participants, one of the most significant contributions to substance use and abuse.

Immigrant focus groups discussed the way advertisers market to them during sport and civic events. They discussed also how men, especially, bond and build community around drinking. Homeless participants expressed a similar experience saying that alcohol and drugs are always readily available around shelters. Also, participants who had been in the military, pointed out that tobacco and alcohol are always readily available on bases and in war zones.

"Participants named the news media as a significant contributing factor. News is choreographed to promote fear, and distrust in viewers."

The advertising media and the film industry were heavily accused of glamorizing and encouraging alcohol and drugs, even in terms of prescription drugs. Participants were very aware of product placement and the manipulation of young audiences.

Regarding life in the Bay Area, traffic and noise were also named as major stress inducers, as well as a lack of activities for young people (especially men) in their twenties, which contributes not only to substance abuse, but violence, crime, and gang activity.

Solutions

Personal Solutions

Focus group participants offered fascinating and creative solutions to all these problems. As communication was probably the single biggest stress factor named, there were also excellent solutions suggested. A few of them were: individuals need to care more about communicating and develop better tools such as listening, vocabulary building, and patience; each person must quiet self-criticism, increase self-support, learn to let go of old ideas and old grudges. Also, recognizing that recovery often means letting go of old friends and acquaintances.

Most personal factors, it was suggested, could be solved by a commitment to healthy choices replacing unhealthy ones. Good food, exercise, harmonizing relationships, alternative stimulants such as dancing, cooking, sports, or hobbies, were all suggestions for personal factors. Also, turning off the television, and trying a new spiritual practice, or self-reflective pastime such as journaling was suggested. Most importantly, participants urged the need for family or friends' support.

It was also suggested that immigrants need to open dialog within families and within communities, stressing the importantance of learning English, while maintaining the customs of their original culture. The institutional aspect of this was that more English courses must be made available within immigrant communities, and made available to women and others who are housebound.

Institutional Solutions

Suggested **Institutional Solutions** were: better communication between departments, better telecommunications systems, and a basic respect and compassion for the people using that system. Numerous participants said that the County should adopt a "Patients First" business attitude and approach, think of patients as customers, and design systems that work for the patients as in any other business.

Some of the suggestions were very creative: making former homeless people "ambassadors," circulating information pamphlets among their peers. These same ambassadors could assist the homeless in finding services. After-school programs could be initiated to assist Lesbian Gay Bi-sexual & Transgender teens with counseling, safe space, and alcohol/drug awareness programs. The "Welcome Wagon" could be re-instated, including County service brochures (multi-lingual). In general participants repeated the theme of needing more information, and a bigger presence from the County, with easy access phone lines.

Environmental Solutions

Environmental Solutions included: ordinances requiring certain distance between liquor stores; more monitoring of liquor sales, and fines; no online ordering of alcohol from grocery stores; more media counter-advertising about the negative physical effects of alcohol, with sports and movie/television stars in these promotional advertisements. This includes public campaigns explaining the connection between domestic violence and alcohol, especially during sports seasons. Participants encouraged cooperative programs between County and State services teamed with big companies and advertisers to make health everyone's priority.

Tobacco Prevention Field as Role Model

Many people spoke favorably about what they observed with tobacco prevention, and the accomplishments they achieved, and suggesting the County apply some of the Tobacco Prevention Strategies to AOD prevention. This included policy, advocacy, community organizing, counter-advertising and product pricing.

"One key finding was that the transition period to senior years needs to be another 'primary prevention focus' as many seniors with no previous alcohol or other drug related problems started using substances, self-medicating themselves to deal with the myriad of personal and social issues they began facing as seniors."

Strategic Planning Task Force for AOD Prevention Services Goals and Objectives within each Priority Area

The goals and objectives for the four priority areas have been designed to be implemented within the five year timeline of this strategic plan. Priority areas one through three will utilize the six established CSAP strategies, while priority area four lists a set of strategies under each objective since this area focuses on systemic capacity change and as a result the six CSAP strategies are not relevant to this area.

Four Priority Areas

1) Access, Availability, and Policy of Alcohol and Other Drugs
2) Norms and Awareness of Alcohol and Other Drugs
3) Individual/Family/Community Capacity and Connectedness
4) Systemic Capacity for Effective Prevention Services.

Priority Area One:

Access, Availability, and Policy of Alcohol and Other Drugs (AOD):

Factors that influence the use of AOD in different settings (retail, social (in the home), community events, etc.)

Goals

1. To decrease access to and availability of AOD for youth.

2. To decrease access to and availability of AOD for adults and older adults whose use results in negative outcomes* for themselves and/or others (individuals and/or communities). (* e.g. legal, personal, health)

3. Improve local enforcement of existing policies and ordinances and develop new policies and strategies that will limit access and use of AOD among youth and promote healthy choices for adults and older adults.

Objectives

1. Engage youth in reducing AOD access and/ or availability in order to reduce alcohol sales to minors. (Goal 1)

2. Increase family members' and guardians' awareness and knowledge of youth AOD use (including binge drinking) and the risks and consequences regarding giving youth alcohol and other drugs in the home environment. (Goal 1)

3. Increase community member's awareness and knowledge of the risks and consequences of providing AOD to youth. (Goal 1)

4. Increase the number of effective alternative AOD free activities for youth and adults and older adults. (Goal 1, 2)

5. Decrease access and availability in those high risks groups and communities who report easy access and availability of AOD and high levels of use. (Goal 1, 2)

6. Increase monitoring and enforcement activities encompassing sales to minors, nuisance issues and local ordinances. (Goal 1, 3)

7. Increase advocacy for new policies and strategies that will limit access and use of AOD among youth and promote healthy choices for adults and older adults (e.g. advocating for a moratorium on alcohol outlets, etc.) (Goal 1, 2, 3)

Summary of identified needs and priorities

- Local youth survey data indicate easy access and frequent use of alcohol and marijuana.
- National and overall data indicate that LGBT youth and other high risk populations use alcohol and other drugs more frequently than low risk groups. However, local data show that Caucasian youth (not normally considered as high risk as other groups) ranked second highest in terms of AOD use when AOD use was broken down by ethnicity.
- Local youth survey data indicate that LGBT youth were more likely to drink at home alone and struggled more with a number of mental health issues.
- Countywide California Healthy Kids Survey (CHKS) data indicate that female high school youth are closing the gender gap in terms of AOD use.
- Youth are accessing alcohol from social and retail settings-depending on the area of county.
- A number of cities in Alameda County are over concentrated with liquor outlets (Oakland, Hayward, sout & west Berkeley etc).
- Youth and adults both mentioned that they use alcohol to relieve stress and relax.
- Anecdotal evidence indicates adults and families are out of touch with the amount of AOD use that is occurring with youth.

Priority Area Two:

Norms and Awareness of Alcohol and Other Drugs (AOD):

Unwritten rules for how people are expected to act in a given group or segment of society, or widely accepted behaviors in relation to AOD use.

Goals

1. Promote awareness of the risks of alcohol and other drugs and encourage appropriate norms related to alcohol and other drug use.
   - A. Encouraging the delay of experimentation and use by youth.
   - B. Changing norms around youth and young adults drinking and drug use including binge drinking.
   - C. Promoting awareness of issues related to prescriptions and alcohol use for older adults.
   - D. Encouraging positive family, social and community norms as related to alcohol and other drug use.

Ojectives

1. Develop and implement a countywide media campaign to increase awareness and perception of harm of AOD use, misuse, and abuse across age groups and among specific populations. (Goal 1.A, 1.B, 1.C)

2. Increase awareness, as well as perceived harm and myths about AOD use through evidenced based AOD prevention programs.
   (Goal 1.A, 1.B)

3. Provide prevention resources towards family focused prevention programs that improve family communication and connectedness. (Goal 1.A, 1.B, 1.D)

4. Engage youth, adults and older adults in efforts to reduce acceptance/norms around AOD use by focusing on positive lifestyle choices available to individuals and communities. (Goal 1.A, 1.B, 1.D)

5. Increase awareness among youth and families about the influence of advertising and media promotion of alcohol on the use/behavior of young people.
   (Goal 1.A, 1.B, 1.D)

6. Increase awareness among adult and older adults regarding the harm of AOD use and prescription medication. (Goal 1.C)

Summary of identified needs and priorities

- Twenty-one percent of high school students surveyed took their first drink of alcohol before the age of 11 years, and the majority of students took their first drink between the ages of 11 and 15 years.
- Youth are accessing alcohol from social and retail settings-depending on the area of county, with the top three locations of using being (1) the youth's home (either alone or with friends); (2) a friend or relative's home; and (3) parties or school events.
- Anecdotal evidence indicates that parents are providing their children and peers with alcohol (they believe it's safer). These parents may or may not know the consequences of this type of action.
- Caucasian and Hispanic youth reported higher rates of drinking than Black and Asian youth.
- Drinking and driving or riding in a car with someone who has been drinking appears to be very common for youth.
- The most common reasons among youth for AOD use were that it feels good, it's fun, and it relieves stress.
- Forty eight percent of adults and older adults surveyed reported using prescription medications, and a little over half (53%) of these respondents also reported using alcohol in the past 30 days.
- Raising a child/teenager was reported as the 4th stressful life experience behind family problems (#1), occupational stress (#2), and death or serious illness of someone close (#3).
- Older adults face serious issues with isolation and lack of roles, which can lead to use/misuse of AOD.
- Perception of the harm of AOD use decreases with age, e.g. 89% of CHKS 7th grade respondents felt that frequent marijuana use was very harmful/harmful, however only 76% of 11th grade CHKS respondents felt the same.
- Twenty five percent of adults and older adults surveyed reported family gatherings go better with alcohol.
- Most youth reported that being aware of consequences, accidents, stories they've heard related to alcohol use, and parents do or would prevent them from AOD use.
- More than 60% of youth on average have seen alcohol ads on TV or magazines and sporting events.
- The majority of students surveyed in middle school (71%) and high school (65%) reported being involved in after school activities (positive life style choice); However for student respondents attending alternative schools, slightly more than half are not involved in any after school activities.

Priority Area Three:

Individual/Family/Community Capacity and Connectedness:
How people are connected to and/or engaged with their families and community, how they associate with others in a peer group, or how a community's capacity can support or aid its connectedness.

Goal

1. To promote and improve connections between individuals, peers, families, and communities, and strengthen individual skills and capacities.

Objectives

1. Develop and/or expand programs and/or strategies to promote mental wellness of older adults, to address the challenges of isolation, depression, sense of loss, etc. that could lead to AOD misuse and/or abuse.

2. Provide family focused prevention programs that improve family communication and connectedness with youth.

3. Develop culturally and linguistically appropriate strategies that improve connectedness between families and schools.

4. Provide the skills and leadership opportunities for youth to connect with resources and avoid AOD use.

5. Mobilize and empower high-risk communities to actively reduce the associated problems of AOD use and abuse.

Summary of identified needs and priorities

- The focus group data indicate that older adults are experiencing high degrees of isolation and loss.
- Raising a child/teenager was reported as the 4th stressful life experience behind family problems (#1), occupational stress (#2), and death or serious illness of someone close (#3).
- Anecdotal evidence indicates that parents are providing their children and peers with alcohol (they believe it's safer). These parents may or may not know the consequences of this type of action.
- AOD youth data indicate that a large number of middle and high school youth experience depression, uncontrolled anger, and feelings of not fitting in or belonging, all issues that can lead to AOD use.
- Among adults and older adults 65% reported feeling worried anxious or nervous at least one day in the past 30 days, with the average number of days being 11 out of 30; 53% of the respondents reported feeling sad or depressed at least one day, with the average number of being 10 out of 30. These feelings can lead to increased isolation, stress and AOD misuse and/or abuse.
- A number of cities in Alameda County are over concentrated with liquor outlets (Oakland, Hayward, West and South Berkeley, etc).
- Local data suggests that the majority of crimes committed involve the use of alcohol or other drugs.

These objectives are found in other priority areas and also incorporate family and community.

Increase family members' and guardians' awareness and knowledge of youth AOD use (including binge drinking) and the risks and consequences regarding giving youth alcohol and other drugs in the home environment. (Priority Area 1Goal 1)

Increase community member's awareness and knowledge of the risks and consequences of providing AOD to youth. (Priority Area 1 Goal 1)

Decrease access and availability in those high risks groups and communities who report easy access and availability of AOD and high levels of use. (Priority Area 1 Goal 1, 2)

Increase awareness among youth and families about the influence of advertising and media promotion of alcohol on the use/behavior of young people.
(Priority Area 2 Goal 1.A, 1.B, 1.D)

Priority Area Four:

Systemic Capacity for Effective Prevention Services:
How BHCS can develop system wide changes that will increase the effectiveness of AOD prevention services.

Goal

1. To develop and sustain an effective AOD Prevention System that meets the identified needs of Alameda County.

Objectives

1. Develop and maintain a set of standards to create a more equitable AOD prevention system.
   a. Establish AOD prevention provider minimum allocation amounts taking into consideration evidenced based strategies, resources and emerging needs.
   b. Establish allocation percentages and definitions for the direct, supervisory, and administrative budget categories.
   c. Convene a workgroup including county staff, providers and the community to make allocation and resource (trainings, mini-grants, county wide assessments) recommendations.
   d. Establish system to administer mini-grants for one time only funding for projects, events.
2. Ensure and enhance BHCS Prevention System infrastructure and capacity.
   a. Develop and implement BHCS organizational structure for prevention including staffing, & resources (trainings, mini-grants, county wide assessments).
   b. Develop County capacity to facilitate activities including planning, assessment, training, evaluation, quality assurance, monitoring, and policy.
   c. Oversee responsibility for the on-going implementation of the Prevention Strategic Plan.
   d. Increase activities for BHCS staff on AOD Prevention, such as networking, brown bag lunches, in-service trainings.

Objectives Continued

3. Implement Priority Areas one through three of the BHCS AOD Prevention Strategic Plan.
   a. Develop request for proposal (RFP) guidelines **every five years.**
   b. Release RFP guidelines every five years.
   c. Implement provider specific priority areas one through three **every five years.**
4. Increase provider capacity to meet the needs of current and emerging communities.
   a. Provide on-going training and technical assistance around evidenced-based models/ strategies.
   b. Concentrate efforts to use a set number of evidenced-based models/strategies.
   c. Support, advocate and build relationships based on mutual respect in order to meet shared goals.
5. Increase collaboration among prevention related systems (providers, county schools, public health, probation, etc).
   a. Identify potential partners in existing networks/coalitions.
   b. Increase participation in shared campaigns, initiatives, events, projects.
6. Set in place an assessment and evaluation system to determine adequate progress and program effectiveness.
   a. Use CalOMS system for outcome data.
   b. Redesign SAPT monitoring tool to better collect program services data.
   c. Revisit strategic plan every three years to check on plan's progress and make changes as appropriate.
   d. Collect and share data related to Prevention, such as ethnic and regional data, specific populations, and high risk areas, in order to better define and improve the prevention system for high risk populations in specific areas of the county.

Evaluation Plan

Program evaluation is essential in informing program design, monitoring program implementation and assessing the effectiveness in achieving desired outcomes. BHCS has incorporated into its strategic plan an overall evaluation objective, under priority area four, in order to determine and ensure that adequate progress and program effectiveness is being made. Sources of data and strategies that will be utilized for evaluation purposes include:

- Using CalOMS Prevention data collection and monitoring system;
- Redesigning the prevention section of the Substance Abuse Prevention and Treatment Block Grant (SAPT) monitoring tool, which will enable BHCS to better collect program service data;
- Revisiting strategic plan priority areas, goals and objectives every three years to check on plan's progress and make changes as appropriate;
- Collecting and sharing data related to Prevention, such as ethnic and regional data, specific populations, and high risk areas, in order to better define and improve the prevention system for high risk populations in specific areas of the county.

At the end of the third year evaluation of the plans progress will be published and available to the BHCS Prevention Network, Board of Supervisors, all collaborative partners, and interested community members.

Appendix

Summary of Alameda County Behavioral Health Care Services Strategic Planning Task Force
Data Materials and Presentations Reviewed

The following data materials and/ or presentations were passed out/sent to Task Force Members beginning in March 2006.

1. Alameda County Behavioral Health Care Services Primary Prevention Information

Prevention Provider Information
Maps of Service provider locations and service areas
Best Practice Models utilized by Prevention Providers
CSAP strategies to be followed
SAMSHA Model Programs to be followed

2. Alameda County Needs Assessment Data Presentations

2005 Youth Surveys with reference to California Healthy Kids Data
2005 Adult and Older Adult Focus Groups and Surveys
2006 Commpre North Hayward Community Health Assessment
Focus Group Report

3. Alameda County Health Indices and Other Information

Alameda County Public Health Department
Alameda County Health Status Report 2003
Select Health Indicators for Cities in Alameda County 2004
Asian and Pacific Islander Youth in Oakland
Needs /Issues/Solutions
Good Neighbor – Liquor Stores are Smart Business Report
Strategic Violence Prevention Strategy
Supervisor Nate Miley Sponsored Coalition Information
Alameda County LGBTQ AOD Youth Survey

4. State of California Draft Document

Governor's Inter- Agency Coordinating Council's Strategic Plan to Reduce Adolescent and Young Adult Binge Drinking in California

5. National Data

Underage Drinking in the United States

Youth & Adult Surveys
Power Point Presentations

ALAMEDA COUNTY BHCS 2005 AOD YOUTH SURVEY DATA

A Comparative Analysis

AOD Youth Sample Size (Spring 2005)

- Worked with Health and Human Resource Education Center to collect 534 surveys from high school students, 57 from alternative high school students, and 315 middle school students, totaling 906 surveys administered countywide.
- Worked with Alcohol Policy Network and Friday Night Live to increase sample size.
- 375 surveys from Berkley High, 64 from Berkeley Alternative High School, and 252 from FNL.
- Collaborating increased sample from 906 to 1,597.
- CW MS=countywide middle school respondents, CW HS=countywide high school respondents, CW Alt=countywide alternative school respondents, Berkeley=Berkeley High school respondents, and Berk Alt=Berkeley Alternative High school respondents.

California Healthy Kids Survey (CHKS) Sample Size (Fall 2003-Spring 2004)

- 6,251 7th graders, 5,127 11th graders, and 815 nontraditional students.

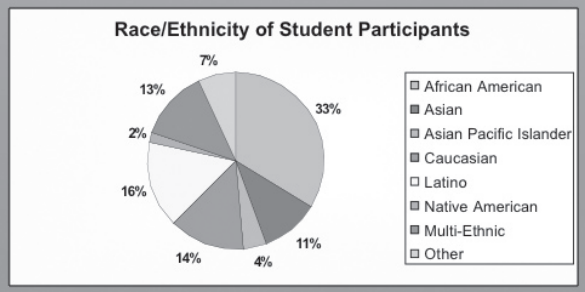
Youth Demographics

Average Age

- High school student respondents were on average between 15 and 16 years old.
- Middle School student respondents were on average 13 years old.

Gender

- 53% male, 46% female, and 1% reported other.



Age at First Use

Age at first Use	CW MS N=315	CW HS N=534	CW Alt N=57	Berkeley N=370	Berk Alt N=64	FNL N=240
Never used	62%	33%	30%	22%	8%	30%
Younger than 11 years	16%	11%	23%	28%	28%	24%
11-13 years	22%	16%	18%	21%	44%	19%
14-15 years	--	28%	24%	22%	15%	22%
16-17 years	--	11%	5%	7%	3%	4%
18+ years	--	1%	0%	<1%	2%	1%

Alcohol Use Past 30 Days

Alcohol Use	CHKS 7	CW MS	CHKS 11	CW HS	Berkeley	CHKS Alt	CW Alt	Berk Alt
None	91%	83%	67%	65%	42%	51%	75%	0%
Any Alcohol Use	9%	17%	33%	35%	58%	49%	25%	100%

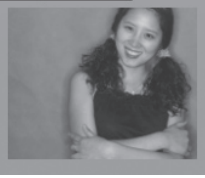
Current AOD Use, Past 30 Days CHKS Data

	Grade 7	Grade 9	Grade 11	Non Traditional
None	86%	73%	63%	41%
Any AOD Use	14%	27%	37%	59%
Alcohol (at least one drink)	9%	23%	33%	49%
Marijuana	6%	11%	16%	39%
Inhalants	6%	3%	2%	6%
Cocaine	na	2%	2%	9%
Methamphetamine or any amphetamines	na	2%	2%	7%
LSD or other psychedelics	na	1%	2%	5%

Survey Question: During the past 30 days, how many days did you use…?)

Alcohol Use by Gender

Cohort	Alcohol Use		
	Male	Female	Other
CW MS	59%	41%	0%
CW HS	60%	37%	3%
Berkeley	36%	64%	0%



Alcohol Use in the past 30 days by race/ethnicity for CW High School Youth

			Race/Ethnicity								Total
			African American	Asian	Asian Pacific Islander/Native Hawaiian	Latino	Multi-ethnic	Native American*	Other	Caucasian	
Alcohol Use past 30 days	No	Count	93	60	18	45	28	1	31	39	315
		%	76.9%	82.2%	56.3%	47.9%	53.8%	20.0%	77.5%	50.6%	63.8%
	Yes	Count	28	13	14	49	24	4	9	38	179
		%	23.1%	17.8%	43.8%	52.1%	46.2%	80.0%	22.5%	49.4%	36.2%
Total		Count	121	73	32	94	52	5	40	77	494

Marijuana Use in the past 30 days by race/ethnicity for CW High School Youth

			Race/Ethnicity								Total
			African American	Asian	Asian Pacific Islander/Native Hawaiian	Latino	Multi-racial	Native American*	Other	Caucasian	
Marijuana Use past 30 days	No	Count	84	63	23	57	35	3	32	46	343
		%	68.9%	88.7%	71.9%	62.0%	66.0%	75.0%	80.0%	59.7%	69.9%
	Yes	Count	38	8	9	35	18	1	8	31	148
		%	31.1%	11.3%	28.1%	38.0%	34.0%	25.0%	20.0%	40.3%	30.1%
Total		Count	122	71	32	92	53	4	40	77	491
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Alcohol Use in the past 30 days by race/ethnicity for Berkeley High School Youth

			Race/Ethnicity									Total
			African American	Asian	Caucasian	Latino	Middle Eastern *	Native American *	Pacific Islander *	Other	Multi-ethnic	
Alcohol Use past 30 days	No	Count	79	25	26	24	3	4	1	12	28	210
		%	72.5%	89.3%	35.1%	47.1%	60.0%	50.0%	25.0%	75.0%	47.5%	57.4%
	Yes	Count	30	3	48	27	2	4	3	4	31	156
		%	27.5%	10.7%	64.9%	52.9%	40.0%	50.0%	75.0%	25.0%	52.5%	42.6%
Total		Count	109	28	74	51	5	8	4	16	59	366
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Marijuana Use in the past 30 days by race/ethnicity for Berkeley High School Youth

			Race/Ethnicity									Total
			African American	Asian	Caucasian	Latino	Middle Eastern*	Native American*	Pacific Islander*	Other	Multi-ethnic	
Marijuana Use past30 days	No	Count	75	23	46	30	5	5	1	14	35	240
		%	74.3%	88.5%	63.0%	62.5%	100.0%	62.5%	25.0%	87.5%	60.3%	68.4%
	Yes	Count	26	3	27	18	0	3	3	2	23	111
		%	25.7%	11.5%	37.0%	37.5%	0%	37.5%	75.0%	12.5%	39.7%	31.6%
Total		Count	101	26	73	48	5	8	4	16	58	351
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Alcohol Use in the past 30 days by race/ethnicity for CW Middle School Youth

			Race/Ethnicity								Total
			African American	API/Native Hawaiian	Asian	Latino	Multi-ethnic	Native American *	Other	Caucasian	
Alcohol Use past30 days	No	Count	109	9	28	29	36	5	11	19	247
		%	84.5%	75.0%	100.0%	74.4%	78.3%	100.0%	78.6%	79.2%	82.6%
	Yes	Count	20	3	0	10	10	0	3	5	52
		%	15.5%	25.0%	0%	25.6%	21.7%	0%	21.4%	20.8%	17.4%
Total		Count	129	12	28	39	46	5	14	24	299
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Marijuana Use in the past 30 days by race/ethnicity for CW Middle School Youth

			Race/Ethnicity								Total
			African American	API/Native Hawaiian	Asian	Latino	Multi-ethnic	Native American*	Other	Caucasian	
Marijuana Use past 30 days	No	Count	108	12	28	34	36	5	13	21	259
		%	83.1%	100.0%	100.0%	94.4%	80.0%	100.0%	92.9%	84.0%	87.2%
	Yes	Count	22	0	0	2	9	0	1	4	38
		%	16.9%	0%	0%	5.6%	20.0%	0%	7.1%	16.0%	12.8%
Total		Count	130	12	28	36	45	5	14	25	297
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Binge Drinking Past 30 Days

Binge Drinking	CHKS 7	CW MS	CHKS 11	CW HS	CW Alt	CHKS Alt
Zero days	**98%**	**88%**	**82%**	**77%**	**79%**	**67%**
1 to 2 days	1%	5%	10%	11%	11%	13%
3 or more days	1%	7%	8%	13%	9%	20%

Binge drinking is defined as having 4 or more drinks for females and 5 or more drinks for males in a sitting (typically a two hour period).

Marijuana Use Past 30 days

Marijuana Use	CHKS 7	CW MS	CHKS 11	CW HS	Berkeley	CHKS Alt	CW Alt	Berk Alt
None	**94%**	**87%**	**84%**	**70%**	**68%**	**60%**	**72%**	**39%**
Any Marijuana use	**6%**	**13%**	**16%**	**30%**	**32%**	**40%**	**28%**	**61%**

Difficulty in Obtaining Alcohol or Marijuana/Other Drugs

Difficulty Obtaining/ Purchasing Alcohol	CHKS 7	CW MS	CHKS 11	CW HS	Berkeley	CHKS Alt	CW Alt	Berk Alt
Very Easy/Easy	32%	47%	77%	39%	36%	71%	44%	39%
Somewhat Difficult /Difficult	35%	53%	12%	22%	**47%**	16%	10%	**56%**
Don't Know/NA	33%	--	11%	39%	17%	13%	46%	5%
Difficulty Obtaining/ Purchasing Marijuana	**CHKS 7**	**CW MS**	**CHKS 11**	**CW HS**	**Berkeley**	**CHKS Alt**	**CW Alt**	**Berk Alt**
Very Easy/Easy	18%	47%	72%	50%	64%	76%	56%	91%
Somewhat Difficult /Difficult	46%	53%	12%	12%	7%	10%	4%	4%
Don't Know/NA	36%	--	17%	38%	29%	14%	40%	5%

Access to Alcohol

	CW MS 343 responses	CW HS 779 responses	Berkeley 509 responses	Berkeley Alt 81 responses	FNL 252 Responses
Don't Use/Blank	63%	33%	19%	10%	4%
My House/ Parents	9%	7%	9%	0%	12%
Supermarket/ Liquor store	4%	20%	23%	40%	--
Friends	14%	25%	19%	2%	42%
Relatives	5%	7%	7%	17%	34%
Adults	5%	8%	6%	5%	0%
Other people's parents	--	--	3%	12%	--
Stranger	--	--	--	--	9%
Other	--	--	--	--	0%
Multiple places	--	--	13%	14%	--

Additional Local Data
Type of Alcohol Consumed

	MS countywide N=315	HS countywide N=591	Berkeley 431 responses	Berkeley Alternative 69 responses	FNL N=252
Don't Use/Blank	69%	46%	23%	9%	38%
Beer	5%	9%	13%	7%	27%
Wine	2%	3%	5%	1%	7%
Hard Liquor	15%	30%	31%	61%	17%
Wine coolers/ cocktails	9%	8%	8%	7%	11%
Malt Liquor	2%	4%	4%	6%	--
Jello shots	--	--	4%	0%	--
Multiple types			13%	9%	--

Reasons for use

	CW MS 445 responses	CW HS 1116 responses	Berkeley 483 responses	Berk Alt 71 responses	FNL 599 responses
Don't Use/Blank	48%	48%	6%	7%	21%
Feels Good	8%	8%	11%	20%	11%
Fun	10%	10%	11%	13%	21%
Stress	4%	4%	11%	13%	21%
Multiple Reasons	--	--	44%	30%	--

Locations of Use

	MS CW 418 responses	HS CW 1028 responses	Berkeley 372 responses	Berkeley Alt 59 responses	FNL 249 responses
Don't Use	52%	23%	8%	7%	43%
Home	9%	16%	20%	12%	17%
Friend/Relative's home	10%	18%	27%	12%	38%
Parties/School Events	7%	13%	14%	15%	--
Street/Corner	6%	9%	1%	9%	0%
Parks/Rec. Center	6%	9%	3%	11%	1%
School	4%	4%	2%	3%	1%
Entertainment Spots	2%	5%	1%	9%	--
Car/Parking Lot	--	--	1%	11%	--
Other	4%	3%	2%	0%	0%
Multiple places	--	--	23%	23%	--

Shoulder Tapping

	MS CW	HS CW	Berkeley	Berkeley Alt	FNL
Shoulder tapping	12%	28%	35%	60%	14%

Drinking and Driving/Riding

	MS CW N=313	HS CW N=572	Berkeley N=351	Berkeley Alt N= 60	FNL N=243
Drinking and Driving or Riding as a Passenger	35%	32%	33%	48%	26%

Does average "age of youth" impact rates of shoulder tapping activities?

	MS CW N=303	HS CW N=569	Berkeley N=345	Berk Alt N= 58	FNL N=252
Shoulder tapping	12%	28%	35%	60%	14%

Age of youth does not appear to be associated with higher levels of shoulder tapping activity. The average age for each high school cohort is 16 years except in the FNL cohort where the average age is 15 years.

Offered Illegal Drugs on School Property, past 12 months

	Grade 7	Grade 9	Grade 11	Non Traditional
zero	88%	69%	62%	40%
1 time	5%	12%	12%	9%
2 to 3 times	2%	9%	11%	11%
4 or more times	5%	10%	15%	41%

Survey Question: During the past 12 months, how many times on school property have you been offered, sold, or given an illegal drug?

Consequences of Alcohol Use

Consequences of Use	CW HS	CW Alt HS
N/A Does Not Use Alcohol	58%	48%
Physical Pain/ Injury	7%	4%
Fighting	16%	25%
Unwanted/ Unprotected Sex	10%	18%
Damage Friendship/ Family Troubles	9%	5%

Coming to School Drunk or High Past 30 Days

Coming to School Drunk or High			
	CW MS	CW HS	CW Alt
Yes	12%	14%	13%
No	88%	86%	87%

Gang Involvement

Gang Involvement	CHKS 7	CW MS	CHKS 11	CW HS	CHKS Alt	CW Alt
Yes	8%	15%	9%	11%	25%	28%
No	92%	85%	91%	89%	75%	72%

In the CW MS and CW HS survey students were also asked if they had ever wanted to belong to a gang. Of the students who said no to belonging to a gang, 9% of middle school, 6% of high school and 4% of alternative school student respondents reported yes, they have wanted to belong to a gang.

Peer Disapproval of Use CHKS Data

Alcohol	Grade 7	Grade 9	Grade 11	Non Traditional
A lot	60%	39%	27%	16%
Some/Not much	25%	43%	47%	41%
Not at all	16%	18%	25%	42%
Marijuana	**Grade 7**	**Grade 9**	**Grade 11**	**Non Traditional**
A lot	72%	57%	45%	20%
Some/Not much	12%	28%	38%	36%
Not at all	15%	15%	17%	45%

Survey Question: How much would your friends disapprove of you for using …Alcohol. Marijuana?

Involvement in After School Activities

Involvement in After School Activities			
	CW MS	CW HS	CW Alt HS
Yes	71%	65%	46%
No	29%	35%	54%

Of the students participating in after school activities the most commonly reported activity was sports.

Students who have a Mentor or Positive Role Model in their Lives

Mentor	CW MS	CW HS	CW Alt
Yes	65%	63%	67%
No	35%	37%	33%

Does having a mentor reduce alcohol use?

Research has shown that having a mentor or role model can reduce risk taking behaviors such as AOD use; however for our survey population it does not appear to have an impact on AOD use.

CW High School Youth			Mentor			Total
			Blank	No	Yes	
Alcohol Use past 30 days	No	Count	11	110	194	315
		%	3.5%	34.9%	61.6%	100.0%
	Yes	Count	4	63	112	179
		%	2.2%	35.2%	62.6%	100.0%

There also did not appear to be any correlation between depression and AOD use for either middle school or high school youth.

Issues that Youth Struggle with
Middle School Students

Issue	Female N=133	Male N=177
Depression	26%	22%
Anxiety	5%	5%
Not eating and/or bingeing & purging	10%	7%
Learning difficulties	14%	9%
Feelings of not fitting in or belonging	32%	20%
Suicidal thoughts or attempts	8%	9%
Cutting skin to relieve stress	9%	2%
Uncontrolled anger	26%	23%

Issues that Youth Struggle with
High School Students

Issue	Female N=238	Male N=294
Depression	41%	27%
Anxiety	17%	11%
Not eating and/or bingeing & purging	12%	7%
Learning difficulties	17%	16%
Feelings of not fitting in or belonging	18%	18%
Suicidal thoughts or attempts	16%	9%
Cutting skin to relieve stress	14%	6%
Uncontrolled anger	22%	26%

Prevention of AOD Use

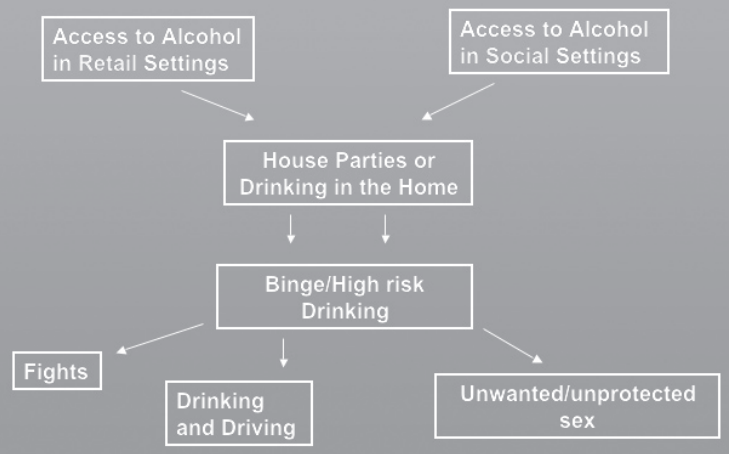
	HS countywide 1258 responses	MS countywide 695 responses	Berkeley 503 Responses	Berkeley Alternative 70 responses
Accidents	12%	12%	11%	17%
Stories they've heard	12%	17%	5%	11%
Aware of consequences	14%	13%	16%	6%
Fear of getting in trouble	12%	13%	6%	3%
Parents	15%	15%	9%	16%
No access	3%	5%	7%	6%
Anti alcohol/drug messages	5%	7%	1%	0%
Tastes bad	8%	7%	7%	4%
Family alcoholism	4%	3%	3%	1%
Religious reasons	3%	3%	2%	0%
Nothing stops me	11%	5%	14%	24%
Multiple reasons	--	--	19%	11%

Student Perception of Harm CHKS Data

Alcohol	Grade 7	Grade 9	Grade 11	Non Traditional
Extremely harmful/Harmful	74%	68%	70%	66%
Somewhat harmful	16%	23%	22%	22%
Mainly harmless/harmless	10%	9%	8%	11%
Marijuana	**Grade 7**	**Grade 9**	**Grade 11**	**Non Traditional**
Extremely harmful/Harmful	89%	80%	76%	48%
Somewhat harmful	4%	11%	15%	23%
Mainly harmless/harmless	7%	9%	9%	29%

Survey Question: How harmful do you think it is to use the following substances frequently (daily or almost daily)?

Logic Model



Key Findings

- Almost 2/3's of high school and almost 1/3 of middle school students reported using alcohol.
- On average 21% of high school students started drinking alcohol before the age of 11 years.
- Majority of all students begin drinking alcohol between the ages of 11 and 15.
- More male respondents reported drinking alcohol in past thirty days, except in the Berkeley cohort, where more female respondents reported using alcohol.
- Local binge drinking rates (24%) are in line with national rates of between 22% and 30%.

Key Findings

- Youth find it fairly easy to access alcohol and marijuana.
- Most popular ways to access alcohol: their own house/parents, supermarket/liquor store, friends/relatives
- Most popular locations to use: home, friend/relative's home, and parties/school events.
- Top reasons for use: feels good, fun, stress relief.
- On average 34% have asked adults to buy them alcohol.
- On average 35% of student participants have either driven after drinking or have ridden in a car with a driver who had been drinking.

Key Findings

- Top two consequences of alcohol use were fighting and unwanted/unprotected sex.
- The majority of students surveyed are involved in after school activities such as sports, clubs, work, and youth organizations.
- Research has shown that involvement in after school activities is a *protective factor* that has been associated with: (1) academic achievement; (2) a stronger self-image; (3) positive social development; (4) reductions in risk-taking behavior (such as alcohol and drug use); and (5) better school behavior and fewer absences.
- Over 60% of youth surveyed reported they had a mentor or positive role model in their lives.

Key Findings

- The data suggest that the *issues that youth struggle with vary by gender and by age.*
- Top three issues that youth struggle with are: (1) depression; (2) feelings of not fitting in or belonging; and (3) uncontrolled anger.
- Middle school female respondents struggled more with (1) feelings of not fitting in or belonging and (2) depression. Middle school males struggled more with (1) uncontrolled anger and (2) depression.
- High school female respondents struggled more with (1) depression and (2) feelings of not fitting in or belonging. High school male respondents struggled more with (1) depression and (2) uncontrolled anger.

ALAMEDA COUNTY BHCS 2005 AOD YOUTH SURVEY DATA

Adult & Older Adult 2005 Health Survey Data

Produced by: N. McDonald and T Hazelton 5/4/06

What was Done?

- **Extensive Alameda County Outreach**
- **Surveys**
- **Focus Group Discussions**
- **Research**
  - **Disability**
  - **Seniors**

Where Study Conducted?

Focus Groups

16 Focus Group Discussions Completed- 96 focus group participants

- St Mary's Senior Center for Homeless Seniors
- General community group with members from Northern California Chapter for the Women's Caucus for Arts and members of an African American Social Club
- Pleasanton Senior Center
- Oakland African American Salon Group/ 1 Caucasian in attendance
- Plymouth Community Church, Oakland
- West Oakland Senior Center
- General Community group in Fremont with Fremont/Newark community members
- Jubilee Church, Livermore
- Tiburcio Vazquez Clinic Union City/ through Holy Rosary Church and Clinic
- General Alameda County community group conducted in Berkeley
- Native American Health Center
- Hume Center, Fremont(serves middle eastern population
- Asian American groups in greater Oakland area- 3 groups
- Spanish Speaking-Group through the Latino Commission, Oakland

Where Study Conducted?

Surveys

317 Completed Surveys (including focus group participants and community at large)
96 focus group participants
221 community at large members

- The community at large surveys were conducted at the following sites:
  - Farmer's Market, San Leandro
  - Bay Fair Mall, San Leandro
  - Five a Day Community Event, Shiloh Church, Oakland
  - Health Fair on Aging, Hayward Centenial Hall
  - East Bay Women's Network meeting
  - Attempted- Art & Soul Festival in Oakland
  - Cajun Festival at Ardenwood Park in Fremont.
  - Toshie Narita – Community member, outreach to neighbors
  - Nancy Lee- Community member, outreach to friends
  - Shiloh Church event in Hayward
  - Senior Conference sponsored by Society on Aging
  - Arvie-Carrington- community member, outreach to community at large
  - Hayward Chamber of Commerce
  - East Bay Asian Community Center

Additional Outreach

- Denny Smith for GLTG community
- Harry Orner for Educators/ Business Groups including Heald College, Hayward
- Odd Fellows Organization
- Stella Jun, Katya Min- Korean and general Asian outreach
- April Kim, Oakland Asian Cultural Center
- Vinita Lee, Asian Pacific Psychological Services
- Denny Smith and Nicole Mc Rory
- Henrik Blum at St Paul's Senior Housing, Oakland
- Cecile Earle/ Harry Orner, San Leandro/ Hayward business and education community
- Scott Raty Hayward Chamber of commerce
- Ann Salah- outreach to Arab and Muslim community in Attended a conference on prevention of senior alcohol and drug problems
- Jan Schmidt, Harbor House
- 15 Miscellaneous Calls/emails following leads
- Fremont/South County
- Glad Tidings Church and Tennyson Recreation Center in Hayward/
- Ralph Morales, Hayward Church
- Gay/Lesbian Focus Group-m Berkeley Pacific Center. & individuals
- Judith Peterson,Audra Brown- teachers
- San Leandro High and Lakeview Elementary school teachers
- Bob Matthews, Alexandra Mettucci for Castro Valley Area
- Montclair Presbyterian Church
- Southland Mall; New Park Mall
- Internet search on disability, substance abuse and addiction
- Hazel Weiss- Disability Community
- 3 Disability Centers- Hayward, Berkeley and Livermore
- DREDF (Disability Rights Education & Defense Fund)
- CRIL(Community Resources for Independent Living)

Guiding Questions

- Focus Group Questions
  - Assessed personal, social, environmental factors
- Survey Questions
  - Assessed personal, social, environmental factors

    a. Completed by all focus group participants

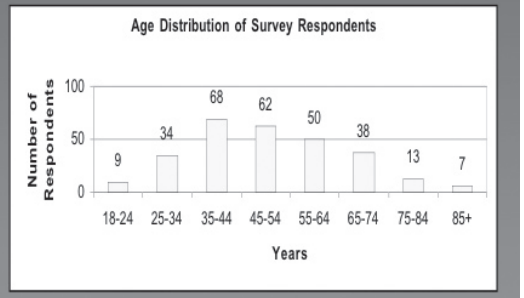
    b. Completed by community members at large with open-ended questions to capture additional input

Demographics

- Survey size 284 adults and older adults
- Gender
  - Female 73%
  - Male 27%
- Average age
  - 223 adults, average age 45 years
  - 58 older adults, average age 73 years

Age Breakdown

Yezars	#
18-24	9
25-34	34
35-44	68
45-54	62
55-64	50
65-74	38
75-84	13
85+	7



Survey Administration

- Regions
  - North 60%
  - South 7%
  - East 7%
  - Central 26%

100%

NORTH - Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont
CENTRAL - Ashland, Castro Valley, Cherryland, Hayward, San Leandro, San Lorenzo
SOUTH - Fremont, Newark, Union City
EAST – Dublin, Livermore, Pleasanton, Sunol

Race/Ethnicity N=283

African American	38%
Caucasian	32%
Asian	11%
Latino	8%
Other	5%
Multi-ethnic	3%
Native American	3%
Asian Pacific Islander/ Native Hawaiian	<1%

Health Status

Status	N	%
Excellent	48	18
Very Good	98	36
Good	96	35
Fair	25	9
Poor	6	2
Total	273	100

Top 5 Life Experiences that have caused stress

Family problems/stress	40%
Occupational stress	38%
Death or serious illness of someone close to you	35%
Raising a child/teenager	24%
Change in social support (friends, family, etc.	18%

Prescription Meds

- 48% are taking prescription medication
- **Top reasons**
  - **High blood pressure**
  - **Depression**
  - **Diabetes**
  - **Arthritis**
  - **Asthma**

Medication and Alcohol Use-Past 30 Days

			Alcohol Use past 30 days		Total
			No	Yes	
meds	No	Count	62	76	138
		%	44.9%	55.1%	100.0%
	Yes	Count	60	68	128
		%	46.9%	**53.1%**	100.0%
Total		Count	122	144	266
		%	45.9%	54.1%	100.0%

Of the respondents who reported using prescription medications, 53% also reported using alcohol in the past 30 days.

Past 30 Days

Felt Worried, anxious, nervous (at least 1 day out of last 30 days)	65%	11 days on average
Felt Sad or depressed (at least 1 day out of last 30 days)	53%	10 days on average
Felt Happy or sense of well being (at least 1 day out of last 30 days)	88%	21 days on average

Past 30 Day AOD Use

	0 days, don't use	1-2 days	3-9 days	10-19 days	20 days	Total N
Alcohol	122	49	45	27	23	266
	46%	18%	17%	10%	9%	1%
Cigarettes/ Nicotine	216	2	7	4	29	258
	84%	1%	3%	2%	11%	1%
Marijuana	238	6	3	0	3	250
	95%	2%	1%	0%	1%	5%
Valium	5	7	4	4	3	251
	93%	3%	2%	2%	1%	1%
Other drugs	239	4	2	0	3	248
	96%	2%	1%	0%	1%	1%

Binge Drinking – Past 30 Days

	N	%
None	232	85%
Any	40	15%
1-3 days	28	10%
4-6 days	7	3%
7 + days	5	2%
Total	272	100%

Reasons for AOD Use

	Responses	%
To relax	89	31%
Reduce stress	48	17%
Get away from problems	25	9%
Fun	59	21%
Enjoy with meals	72	25%
Family uses	22	8%
Depressed	21	7%
Social engagement/activities	96	34%
Total	**432**	

Social Engagement

- 25% reported family gatherings go better with alcohol

Hosting alcohol-free event	N= 273
Very comfortable	72%
Comfortable	9%
No opinion	8%
Uncomfortable	5%
Very uncomfortable	6%

Drinking and Driving

Past six months	N=273
Never	72%
1 time	9%
Two times	8%
3-6 times	5%
7 or more times	6%

Summarized Approach of Data

- Contributing Factors
  - Personal
  - Environmental/Social
  - Institutional
- Solutions
  - Personal
  - Environmental/Social
  - Institutional

Adult and Older Adult Contributing Factors and Solutions

Section I: Contribution Factors and Solutions related to Personal Factors

A. Contributing Factors (Personal)

Participants discussed many stress issues as they relate to relationships, life situations, and personal behavior. Such stressors are also potential contributing factors leading to increased or abusive use of alcohol and other drugs.

Communication

Communication was a main issue that came up in every group. People generally recognized that a deficit of communication skills affected them across the board. This was discussed as a factor in relationship to the following:
Inter-generational, partners/spouses, parent-child, work, neighborhoods, communities, social groups, and inter-and intra-racial circles

Inadequate Tools for Problem Solving
There is an enormous need for conflict resolution tools in relationships, marriages, families, friendships, and among co-workers. Participants also expressed needs for skills in handing the "Logistics of Life": General everyday problems.

Habitual Denial of health and behavioral problems

Denial plays a significant role in the treatment of addictive behavioral illness. This denial creates unhealthy dynamics within the person with the potential problem and between that person and family members.

- Individual and Family
- Psychological Factors

Suggested Solutions (Personal)

Community members offered multiple suggestions for counteracting personal stresses and situational problems.

What is needed to improve communication skills

A new willingness to engage in more effective conversations is needed, even when individuals feel reluctant or vulnerable in doing so. People need to:

- Have a willingness to go beyond social, cultural, and familial patterns that inhibit or limit communication; this includes dealing with chauvinism, sexism, and power brokering in social and familial situation
- Learn new communication skills: listening, vocabulary, self expression; patience
- Gain an understanding of emotions as potential barriers to effective communication
- Make a commitment to disengage from arguments
- Learn to establish better communication with medical service personnel, be willing to take responsibility for one's own health.
- Ask more questions and be willing to listen to answers and advice
- Seek advice:
    - Develop trust in someone
    - Value respected elders

Question Assumptions, Old Beliefs, and Habits

- Be honest with oneself about past and present behaviors
- Develop a non-judgmental approach to life
- Seek Balance: quiet self-criticism, increase self-support
- Find someone successful and model his or her behavior
- Understand as one matures and changes it is

Health Issues

Personal

- Denial of problems
- Self-medication with alcohol for physical or mental health problems
- Lack of knowledge about own body/symptoms
- Inability to determine critical health issues and genetic factors
- Lack of language: vocabulary to reach out for help or understanding
- Dual Diagnosis
- Genetic predisposition to alcoholism
- Dealing with depression is depressing
- Alcoholics lack internal tools/indicators to limit drinking-
  - Don't know when to stop
  - Any use of alcohol leads back to alcoholism
- Stress goes up with long standing illness

<u>Emotional imbalances</u>

- Depression/bi=polar. ADD, PTSD'

<u>Structural Stresses</u>

- Transportation Issues
  - Traffic congestion
  - Road rage
  - Car problems
  - Maneuvering in public transportation for low income residents and people with disabilities
- Airline and Public Transportation
  - Fear of high jacking, bombing, and rude and threatening social behavior

<u>Financial Stress Factors</u>

- Financial overextension
- Underpaid workers trying to meet cost of living expenses
- Health costs
- Lack of health coverage
- Unemployment
  - Outsourcing and Downsizing
- Job insecurities
- Self-employment stress
- Costs of education: adult (continuing) and for children
- Poverty (and disenfranchisement)
- Elderly: fixed and inadequate income/savings
- Paying for college

normal to outgrow old friends and relationships, learn to let them go and move on

Set a new intention about life and living

- Build upon the tenacity of the human spirit
- Develop healthier relationships;
- Let go of unhealthy relationships

Building Healthy Habits

Building healthy habits was broadly recognized as vital for coping with stress and maintaining physical and emotional health. In the case of people in recovery, healthy practices were seen to counter-act and replace abusive tendencies.
The strengthening and building of personal relationships and community are clearly an important part of life contributing enormously to physical and emotional well-being. A critical factor in achieving and maintaining recovery is the commitment to the intention of getting, staying, and being well.

<u>Building Healthy Habits includes:</u>

- Making a commitment to health and it becomes a "way of life" to live healthy, physical, emotional, and spiritual practices
- Taking personal time for yourself
  - Set up a time to get away from normal routine and busy schedules
  - "Go out to smell the roses" and get outside of self-absorption.
- Taking "Time Out" from a stressful situation
- Taking a walk
  - Go out for a walk instead of continuing in a non-productive argument
  - Walk off emotional energy
  - Walk to get personal space and quiet
- Put some attention into strengthening partnerships, and friendships
  - Spend time with good friend for mutual support and building community

Homeowners

- Costs
- Purchase price in Bay Area
- Rising expenses
  - Taxes, up keep
- "Keeping up with the Jones"

Career Stress

- Overwork
- Workaholism
- Inability to de-stress from work
- Job performance anxiety
- Fear of Unemployment
- Job insecurity-loss of job or strikes, layoffs
- Sexual politics against women- no advancement, harassment, etc
- Sense of inadequacy
  - Especially for immigrants- language barriers, cultural norms

* Layoff from work

- Self-employment

Isolation/Dis-enfranchisement

- Disabled and/or stigmatized groups
  - Obese/disfigured/people with mental health issues
- Loneliness
- Boredom

Especially men and seniors

Building Healthy Habits includes continued:

- Working to get distance from toxic relationships
- Building relationships with others on the recovery path
- Joining an organization (church, social center, art groups, AARP)
  - Building fellowship
- Developing spiritual resource and practice
- Practicing meditation and prayer
- Visualization
  - Visualizing something pleasant
  - Visualizing solutions
- Reading spiritual material, such as Bible, Koran, etc.
- Breathing techniques
- Playing with your children
  - Sharing household chores as a way to spend time with children
- Keeping a Journal
  - Write out experience
- Developing new behaviors to avoid triggering abusive habits:
  - Different types of exercise
    - Use as a stress releaser
  - Set a new time frame for each day (rising/sleeping)
  - Drink water-everyday use and as an alternative

*Switch to water from alcohol in social settings

- Getting help/Information: for PTSD'S, depression, diagnoses, etc.; medical care; ACA, AA, stay connected
- Seeking community: Church, affinity group, support groups, interest groups; volunteer (hospital, churches, thrift stores, museums, SPCA)
- Reconnecting with family and friends
- Utilizing parenting, and marriage counseling
- Seeking new "stimulants": dance, sports, and stay with them;
- Learning a discipline (weight lifting, Tai Chi, etc.) to adds structure to daily life
- Taking control of physical environment to support mental health. Clutter in the home increases a sense of chaos and lack of control
- Learning emotional disengagement –

	<u>Building Healthy Habits includes continued:</u>
	
	• turning out/letting go
	• Developing and maintaining positive attitudes
	• Developing alternative stimulants
	  o Dancing
	  o Cooking
	  o Hobbies, such as art, photography
	  o Multiple Sports
	  • Swimming, tennis, etc
	• Traveling
	  o Take short, long trips
	• Having something to get up for each day
	  o Do volunteer work
	  o Find a structured activity
	  o Join a group
	  o Find a cause
	  o Get a pet
	• Turning off the television
	  o Rationing news and programs focused on violence
	• Paying attention to nutrition
	  o Learning how nutrition translates to well-being
	  o Developing healthy eating habits
	  ▪ Learning how vitamins, minerals, herbs support physical and emotional healing

Physical Disabilities

- Loss of physical capability
- Loss of livelihood
  - Lack of information on vocational therapy
- Loss of health Care

B. Contributing Factors (Parental)

Parental Responsibility

- Many parents have inadequate preparation for childrearing
- Overall difficulties/challenges raising children and teens include:
  - Lack of awareness, and parenting skills
  - Lack of communication skills
  - Lack of parental supervision and presence due to work schedules to meet financial demands
  - Leads to isolation of family members
  - Lack of parental input and guidance in everyday problem solving situations
  - Lack of after school/weekend programs
- Single Parenting
- Giving youth too much independence rather than oversight and guidance

Genetics and Family

The role of family has considerable influence (both positive and negative) on members. Family habits can teach youth what is acceptable, proper, improper, or abusive. Children, who experience violence or abuse watching alcoholic elders, often either reject alcohol completely as adults, or develop addictive problems themselves.

The Factors addressed in focus groups included the following:

- Genetic predisposition to alcoholism
- Men: culturally accepted drinking & smoking
- Alcohol as "social lubricant" in family gatherings and celebrations
- ACA tolerance of problematic situations beyond what healthy people would tolerate
- A lot of dysfunctional behaviors related to drug and sexual addictions are family generated, unconscious patterns and copied mechanisms.

Chronic Pain/Disabilities

Participants offered numerous suggestions for dealing with chronic pain/disabilities through non-prescription means:

- Address how people are turning to alcohol to deal with disabilities and medical diagnoses of physical problems,
- Soak in hot water, use cold compresses,
- Use quiet dark rooms for migraines
- Use music
- Use visualization/meditation

Suggested Solutions (Parental)

Family Engagement

- There is need for more family dialog and interaction, involvement in children's life from early age.
- Families need to spend more structured regular time together (i.e. meals, outings, trips) to provide activities, create projects that keep family youth busy and engaged.
- There is a need to build more respectful relationships between children, youth, parents, and grandparents; this means that parents must also respect children.
- There is a need for parents and other relatives (including uncles, aunts) to get involved with schools. (Perhaps through school programs inviting families to tell stories about how drugs and alcohol, and violence affect them.)

Genetics and Family continued:

- More children are being raised by grandparents
- Children are not being taught by parents to respect parents, elders, and other adults (teachers, mentors, tutors, etc.)
- The loss of one family member to substance abuse and/or incarceration impacts the entire family.

C. Contributing Factors (Elder)

- Isolation/ Dis-enfranchisement
  - Seniors/elderly are removed from mainstream
  - Elders drink alone at home. This is a hidden problem.
- The elder body cannot metabolize alcohol as when younger
- Loss of long time marriage partners and friends
- Fixed and inadequate incomes
- Limited mobility
- Loss of home
- Health Issues
- Lack of knowledge about resources that have not been needed before this age
- Family dynamics and aging issues
  - Loss of autonomy
  - Transition from original position of authority
  - Geographic and emotional separation
  - Lack of time spent with children and grandchildren due to work and school schedules
- Effect of health coverage due to medical conditions
- Care-giving
  - Parents, grandparents, and grandchildren
  - Elders as caregivers for spouse
    - Diminished physical energy and capacity
    - Limited financial resources
  - Elders used as caregivers for grandchildren with or without choice
  - Stress related to not taking time or care for the caregiver
    - Lack of respect for elder from younger generations
    - Generational gap issues
    - Less communication leads to less sense of belonging which leads to youth seeking it outside of the home

Suggested Solutions (Elder)

<u>For the Elderly: suggestions to help elders circumvent health/lifestyle pitfalls are:</u>

- Find new goals and activities, seek out community
- Have at least one person to talk to
- Use grief counseling for loss of lifestyle, family, and friends
- Make adjustments to shifting life rhythms and acceptance of change. Gain understanding of what is happening to persons aging and/or in death.

To counter isolation:

- Seek out new friends and communities
- Utilize resources (senior center, AARP, churches)
- Stay in touch with family members as much as possible
  Family members should make a point of including elders in everyday family life, and stay in touch.

Communication Failures contribute to problems of elders.

- Inter-familial and inter-generational communication failures rest on "closed channels", poor habits, lack of vocabulary, and skills.
- People have little or no communication skills/ vocabulary
- There are no generational models/precedents for the act and art of communication
- This keeps people/individuals, isolated even when living in family home
- Cultural patterns keep men from wanting, being able to, thinking about, and/or accepting the ideas of communicating (needs) to others (even in the family)
- Listening is as big a problem as talking
- Without communication, respect breaks down
- Elderly are isolated; loss of, or separation from, family with whom they previously had communication
- Work schedules, kids' schedules, keep families apart
- People have no tools or resources for dealing with inter-personal family problems, and/or conflicts
- Poor communication leads to denial of alcoholism
- Use of cell phone has exacerbated impolite habits and failures in communication

D. Contributing Factors (Stigma)

Stigmatizing People with alcohol related problems

- Alcoholism is not seen as on a par with other Diseases, so alcoholics are unjustly set apart.
- Stigma stays with person for a lifetime
- People with criminal charges are more stigmatized if they have an addiction history.
- Middle class people feel stigmatized if they admit to an alcohol problem
  - This stigma often keeps them from going for help.

E. Contributing Factors (Immigration)

Immigration Issues

Immigrants have no sense of acceptance or assimilation into American popular culture. They get locked into limitations and patterns based on immigrant status.

- Big issue within families, neighborhoods, cultures especially relevant for new immigrants:
  - Community is scattered
  - Loss of healthy familial and social interactions, patterns, cultural norms from country of origin

Suggested Solutions (Stigma)

D. Develop Anti-Stigma Campaigns

E. Suggested Solutions (Immigration)

- In immigrant communities, gaining an understanding of how the desire to maintain the culture of origin is sometimes a barrier to meeting the challenges of a new society can open a dialogue between generations, genders, and community resources.
- New immigrants need to learn the language of their adopted country especially with children in the family. This would ameliorate isolation, cultural barriers within families
- Education: Take classes for need or for fun. For immigrants: learn English to connect with children and larger community/end isolation.

- Lack of information and delivery of information about resources to youth, immigrants, indigents, regarding health and alcohol, and available resources such as counselors in neighborhoods.
- Loss of cultural practices of community gatherings and traditional celebrations.
- Lack of resources for community bonding that could strengthen communication in multi-cultural neighborhoods.
- Poor or no dissemination of resource information
  - Medical
  - Counseling
  - Domestic violence intervention

- Elders and new immigrants try to preserve their culture while sons and daughters are trying to be American
  - This creates a clash of old and new values and behaviors
- Gender conflicts arising from differences in cultural standards and the inappropriate perceived dominance of men in (American) culture
- There is an isolation of immigrant women due to double standards, and language barriers.

F. Contributing Factors (Poverty)

Long Standing/Generational/Neighborhood Poverty

Those suffering from generations of poverty lose hope, live in desperation at a day-to-day survival level. Without any sense of the future or self-improvement, they do not see themselves as part of the mainstream. They are so disenfranchised that they do not respond to campaigns and information promoting healthy alternatives because they don't address their needs or issues. Instead they may choose lifestyles visible in their neighborhoods that provide quick, higher levels of money through illegal means.

Suggested Solutions (Immigration) Continued:

- Language courses should be offered within immigrant neighborhoods in accessible formats (in homes, for example, for women), days, and in evenings after work.

F. Suggested Solutions (Poverty)

There needs to be an acknowledgement of this intractable poverty and the need for comprehensive remedial approaches.

Section II: Institutional – Delivery of Services

Contributing Factors (General)

Delivery of Services

Systemic issues are:

- Cost of healthcare
- Lack of healthcare
- Institutional red tape-"hoops and hurdles" to go through
- Poor communication within healthcare systems (private and Medi-Cal/Medicare) Patients develop a machine versus human feeling.
- Lack of communication/coordination between providers
- Lack of compassion
- Lack of respect toward patients from health care institutions and workers

Lack of County commitment to alcohol/drug services

- There is a community perception that there is a lack of commitment on the part of the County to provide and sustain programs necessary to meet the challenge of alcohol and drug problems. Community members have seen programs closed or reduced that have been serving an important need.

Service Needs

There were multiple service needs voiced by community members.

Prevention Services

There is a perceived lack of prevention services; the majority of focus is on treatment.

Homelessness

The lamentable situation of the homeless in Alameda County was also a consistent topic that arose in each focus group. A new awareness and treatment of the homeless is imperative. "It is a 'status crime', not a disease," one participant noted. More compassion, and better diagnosis of drug, alcohol, mental and physical problems are sorely needed. Homeless people should not be treated as criminals, or, mistreated as human beings. Many of them suffer from dual diagnosis conditions, many undiagnosed.

Suggested Solutions (General)

Building a "Business Attitude"

The County needs to think of itself as a business. The ACBHC is "selling health"

- Thus far, the customers do not even know what is being offered

"Client Satisfaction" is the business responsibility of the County as well as the personal responsibility of the client

- Better information, more "advertising" is needed
- Consider the quality of service from every employer: telephone interaction with customers is a major factor
- Phone systems, and ease of navigation through those systems should be simple and efficient
- Consider the needs of the client: before specific services, everyone needs respect, compassion, and courtesy. Every customer should feel that the County employee cares about him/her. Every employee should conduct his or her business with a positive, professional, helping manner
- County administration should ask the question: If we were a for profit company, would we be turning a profit? Would we be serving happy customers?

Service Needs

Commitment to Prevention Services

County should make a strong commitment to prevention services including regular upgrading of training to prevention providers

Homelessness

Further suggestions were:

- More homeless shelters should be established with accompanying substance abuse and mental health services provided
  - Use St. Mary's Center as a model for new centers with resources information available

Service Needs Continued

Reaching Out Into the Diverse Communities

Something that was consistently heard in immigrant focus groups was a sense of disenfranchisement from the general population. Differences in language and cultures keep those citizens from acquiring awareness of County services available to them. In these ethnic communities, there is a need to work with community members to build bridges and learn how to get and disseminate information about reading, and using resources.

Senior Services

Church-centered recovery programs

Other Services

Communication within institutions

This was another frequently repeated theme that spoke

- Alameda County must create more and better outreach mediums to let people know about County resources for the homeless. Former homeless individuals could be employed as a roving coalition to assist the homeless in finding services and resources.
  - An informational campaign could demystify the presence and plight of the homeless.

Reaching Out Into the Diverse Communities

- One suggestion was to re-instate a service such as "the Welcome Wagon" which welcomed new neighbors to the area.
- The County must be sensitive to cultural norms and work to assist those in the communities who need help; women and children, elderly, men.
- Some services or programs should be instituted to give safe space(s) for LGBT youth
  - Treatment
  - After school programs/counseling
- In the case of domestic violence, a clear statement needs to be made: abuse of family members is not tolerable, despite "traditional" attitudes in this new country
- Bring affordable or free ESL classes into immigration neighborhoods

Senior Services

All efforts should be made to keep seniors independent and in their homes. To achieve this:

- Develop more in-home services:
  - Meals on wheels
  - In house counseling/support
- Information regarding available adjunct support services, to help them deal with isolation, loss, and other age specific issues

Church-centered recovery programs:

People are seeking more spiritual based programs for AA, ALANON, and other traditional recovery meetings. People felt AA meetings have become more secular and lost original AA spiritual dimensions

to the frustrations of consumers dealing with service providers by phone. Making their way through the "bureaucratic maze" can end up with a person receiving no services at all and causing psychological and emotional upset and confusion at a time when they are most in need.
This issue has several components:

- The highly mechanized phone systems, understandably designed to save money and expedite service, fail to offer the compassionate interface required in public service
- When a person is finally reached, the communication is still unsuccessful and frustrating due to the quality of communication and difficulty in accessing the right service provider. The caller is referred repeatedly from one institution, department or provider to another
- There is a lack of coordination when people are receiving care from multiple providers, particularly for dual diagnoses.

ACBHC Program Information is not seen or heard

- There is a lack of public announcements, ads, etc., disseminating information on healthy choices, consequences of alcohol abuse
- Awareness of County resources/ programs are generally not visible in many communities in the County.

Other Services:

- Have available a "Smorgasbord" of prevention services (Mandana House was cited as a model). This means a variety of different types of "recovery" and other healing meetings and processes. There should be opportunities like Mandana within different communities in the County.
- Work within immigrant communities to develop an AA-type program, and/or "social forums" to address contributing factors (loss of identity, pride, cultural vacuum, etc.)
- Work with neighborhood communities to identify leaders as ongoing assistants with prevention, programs, and information dissemination
- People commented how so much money is spent by advertisers to promote the use of alcohol tobacco, prescription drugs and other products. Very little is spent to "advertise health", except for advertisers selling products such as cereals promoting to have health benefits. It was felt that the county needs to allocate money to:
  - inform the public about health service resources in general
  - address specific health issues, such as substance abuse
  - utilize advertising to promote health and informed choices
  - make information highly visible
- Having more of this type of information available puts health issues into the everyday community conversation so there is the potential of breaking through denial of habitual, addictive, and unhealthy behaviors

The County must identify itself, and educate the people about available services with clearly accessible information. Information must be in "plain speak" so that it is available to all levels of literacy and in non-medical terms. For example, Behavioral Health Care Services does not mean anything to the mainstream public. They understand, "Alcohol/Drug, Mental Health Services".

	Communication within institutions • Clients are requesting the County be aware of this problem and at a minimum have County employees trained in personable communication and phone skills. There also needs to be some type of commitment on the part of people answering the phones to maintain contact or follow up to ensure the client has been properly routed and is set up for services **AC BHCS Program** **Information Development and Communication** Recommendations: • The County should prepare and distribute informational pamphlets and/or newsletters. Content: • The effect of alcohol and tobacco on the body • Address the potential complication of substances as people face surgery or other medical procedures • Address how these substances affect conditions such as diabetes, hypertension, obesity, and other medical or health related • The effect of alcohol and tobacco on the body as people age • Address the truths about alcoholism, domestic abuse, child and elder abuse, with phone numbers and/or websites to call for help Feedback from County citizens, says that most people don't know ***who*** "the County" is. • Providers need to be clearly named, and easily available • Newsletters/pamphlets could spotlight County services providers to give the County a human face • In preparing materials, since the County works so much with immigrants, indigents, poor, and possible illiterate populations, materials must be accessible o Consider human (cartoons), and/or attractive graphic images that attract attention and "get the point across" without a lot of words.

	<u>Information Dissemination</u>
	• Use the Internet more effectively, especially for teens
	• Use pharmacies, clinics, liquor stores, convenient stores; public libraries, churches and Laundromats for dissemination of information.
	• Develop pamphlet(s) and/or newsletters for regular public outreach
	  o Topics could include:
	  • Healthy use of alcohol (i.e., don't mix liquor, appropriate amounts relevant to age, weight, gender
	  • What is binge drinking
	  • Watch for tendency of alcohol use to mitigate chronic pain, disabilities, medical disease, and family discord
	  • Present other alternatives to assist people to deal with these situations
	  • Opening a dialog regarding alcohol with teens
	  • What is appropriate use of alcohol within the context of cultural, family, and societal norms?
	  • Develop a social dialog on alcohol use considering the many cultural habits, traditions, and attitudes in the world.
	• Such a pamphlet could also be developed for use in schools, giving teachers materials that also educate children about these issues.
	• Consider making a short video illustrating access to County services and defining departments
	• Community education can be achieved through open forums in neighborhoods, hospitals, and clinics.

Section III: General Social/Environment

Contributing Factors (Social/Environment)

The news media

- Violence is the dominant topic of news coverage.
- Promotes fear and distrust
- Creates fear and isolation
- Counteracts the natural need for community and social engagement by making people want to stay safely in their houses
  Inhibits women and elderly from going out at night
- Uses language (semantics) to color political and social content
- Stereotypes about race, provokes racism, unrest, and fear of certain groups, African American and Latino males particularly

Availability of handguns

The widespread use of weapons and its impact on individuals and communities

Social Norms regarding alcohol and other drugs

- Alcohol use is an acceptable societal norm.
- Drinking and drugs are associated with PARTYING and being cool.
- Alcohol is used to release inhibitions.
- Good food is associated with good wine.
- Youth do not see drinking as bad: "alcohol isn't the same as other drugs".
- Utilize sporting/cultural events as promoting a norm of drinking on TV and at
- Sporting Arenas
- Alcohol sponsorship of community events, such as Cinco de Mayo
- In Hispanic neighborhoods, men make community around alcohol use at impromptu gatherings at neighborhood corners and local bars
- Sharing a drink is a way of social engagement/social support and bonding-especially for immigrants
- There is an association of all athletics related activities and products with alcohol use

Social/Environment Solutions

The Media in relationship to Social Issues

- Get the media to have its own oversight commission to evaluate foci of stories covered. They should keep an eye open for "covert" racism in the use of language (semantics) and stereotyping certain cultures/communities.
- Mainstream press should carry more "human interest" stories that cover the types of issues we asked about in the focus groups, to create public awareness, dialog, This might also pressure to improve services.
- Take violence, speed, and aggressiveness out of advertising.
- The television industry should include issues of communication, alcohol abuse, and inter-generational resolutions to life situations in sitcoms. These shows could have the ability to teach cooperation and reconciliation
  *Public service ads should state the connection between alcohol abuse and domestic violence.

Social Norms regarding alcohol and other drugs

The easy availability of alcohol was noted as a major social issue in every focus group. Participants has some creative and challenging suggestion to deal with this situation:

- New ordinance should create a required distance between all types of school and liquor stores, or any establishment that sells liquor
- New ordinance would establish a distance required between liquor stores or establishments that sell liquor within city limits
- Greater monitoring of liquor stores would execute closures and fines for those breaking city ordinances and laws regarding alcohol
- To address the availability of alcohol to teens, no delivery of alcohol would be allowed to homes through grocery online services, etc.
- Pamphlets with information about the effects of alcohol on the body; would be required at every liquor store and put in every bag with the receipt
- Encourage "pocket-breathalyzer" tests to be used in bars (by the establishment)

Accessibility and Visibility of Alcohol

- Readily available at all stores
- Particularly applicable in inner city communities
- Highly visibility makes it difficult for people to maintain sobriety
- Offered in multiple social settings-even churches
- Easy availability of drugs and alcohol in homeless shelters
- Drinking is the activity youth and adults do
- Rather than other types of activities and engagement
- Norm of Military to give alcohol and tobacco to soldiers or sell it cheaply though the commissary
- "Come out of the military addicted"

Role of Advertising

- The media glamorizes drinking and smoking through multiple venues including billboards, TV, magazines, sports arenas.
- Billboards are more present in inner city communities than in suburbs.
- The media promoted consumerism and the "quick fix" to problems:
  - Take a pill
  - Purchase something

In comparison to the high level of advertising promoting drug use, there is a lack of consistent and highly visible messages speaking to the consequences of alcohol, tobacco, and other drug use

- Physiological impact of alcohol, immediate and long term
- Behavioral consequences
- Social consequences
- Interaction with prescription drugs

Film Industry

In the film industry, product placement and addictive, unhealthy behaviors are reinforced.

- TV advertising pushes prescription drug (ab)use
  Such ads are age and gender targeted
  - e.g. beer is targeted to men; wine coolers to women, in their 30's to 40's
  - Prescription drugs are targeted to viewers 50 and older

Social Norms regarding alcohol and other drugs Continued:

- There should be a bigger presence of ads explaining the negative impact of alcohol, and tobacco on the body (TV, billboards, newspaper, magazines, etc.)
- Get celebrities, especially sports figures, to talk about the impact pf alcohol on the body
- Sporting events (especially Super Bowl) should be required to air PSA's about domestic violence and alcohol connection. This means the big alcohol advertisers would have to do some ads similar to those being done by the tobacco industry

Community Engagement and Action

- Cities should sponsor alcohol-free civic, community events
- Regularly scheduled neighborhood gatherings/parties should be held to bring together, citizens, police, and city service providers
- These gatherings would establish and develop relationship and community-wide dialog to address problem issues
- Police are not trusted: New training programs needed, and development of community liaisons to work with police to more respectfully engage with people
- Develop places and programs for teens and young adults: Sports programs (leagues); dance, voice, games, etc. Let them design the programs. Trivia competitions (teams)
- Bring more neighborhoods members in to assist tutoring, etc., in schools
- The State of California should re-establish vocational training in high school curriculum: auto shop, construction, and culinary arts, tailoring/seamstress skills, etc

County Collaborations

- County should fund public art-information campaigns on health issues (other than tobacco, which is already prevalent)
- County and cities should work with advertisers to encourage community health, work with local billboard companies, TV and radio stations utilizing public service advertising.

The Environment of the Bay Area

- The pace of Bay Area life was repeatedly identified as a major stress factor.
  - There is a lack of activities designed for youth and people (especially men) 20+'s.
  - There is easy availability of alcohol and tobacco (and harder drugs).
  - Traffic is a daily stressful situation.
  - Noise is constant
  - Advertising is rampant: on highways through billboards, in sports stadium built-in advertisement, on athlete's & performers' clothing: on television through product placement and commercials.
  - Fear of violence keeps elderly especially feeling vulnerable out of, and even in their own home.
  - Social blindness to homelessness, racism
  - Media foci:
    - Abused children
    - Lost/Murdered women
    - Shooting/violence
    - Stereotyping
    - Fear mongering (the "other"; the "aliens")

County Collaborations Continued:

- County and cities could work with big local companies (i.e. Port of Oakland) that have a presence in the community to fund and/or take part in supporting community programs.
- County-school collaboration to address self-image and self-esteem. Open a forum for youth to discuss significant issues.
- There could be a County-schools collaboration to create a program for educating parents about what to watch for in youth behavior, and what to do if drugs/alcohol use is suspected.
- The County could establish a self-esteem program to begin in kindergarten, following that generation to their graduation, building self-esteem awareness to keep children away from peer pressures to drink, etc.
- Schools-county collaboration programs could establish field trips to courts, prison/jails for middle and high school kids. It would be important to involve parents in these fields trips, or in some type of follow-up discussion
- Establish "mentoring" in schools (teens with middle school kids).
- A County-police collaboration could use the Neighborhood Watch model for presentations to include health and drug/alcohol, domestic violence, components.
- Work with police to contact alcohol merchants to make them more aware that police will increase patrol of problem areas and address compliance with established laws to enforce ordinance. This could include the use of minor decoys to monitor stores.
- Create collaboration (perhaps with Chambers of Commerce) to develop activities programs (for youth and young adults) such as soccer leagues, baseball, etc.
- Use mini-grants to collaborate with community based programs

Section IV: Special Note About Smoking

Contributing Factors (Smoking)

Smoking

This special note is to point out that smoking came up frequently in the focus groups as one of the substance abuse campaigns conducted by widespread consumer and public health movements. Participants agreed that this campaign has been so successful; it could be followed as a model for addressing other substance abuse issues. It was noted that younger generations grow up now with the awareness of smoking hazards, and many reject smoking out of disgust or at least, common sense.

Despite this success, smoking continues to be a major public and private health issue. People know smoking is problematic and many still choose to do it, and refuse to quit. The following is a list of smoking related issues recounted by focus group participants:

- Some people smoke out of loneliness.
- Self-Image issues are tied up in tobacco use. Smoking becomes an integral part of the persona.
- Media plays an enormous role in shaping viewer personas.
  - Television presents some lifestyles and language that model unhealthy choices, and by so doing, subliminal approval is suggested.
  - Social approval plays a part in people's lifestyle choices, so tobacco use in film and television has a significant impact, especially on young viewers.
- The federal government gets a lot of young people hooked on tobacco by giving free tobacco or cheap tobacco in military service, thereby condoning smoking as a lifestyle choice.
- Inner city liquor stores often make tobacco more accessible by selling single cigarettes-for $0.50.
- It is painful to watch loved ones return to smoking after hospitalization, or recovery from illnesses, especially from pulmonary illness (pneumonia, TB, lung surgery, emphysema).
- Smoking creates multiple health issues and complications, i.e.: coronary disease, hypertension, circulatory problems, and diabetes.

Suggested Solutions (Smoking)

Participants shared positive influences and suggestions for quitting:

- If coffee and cigarette are a habit, switch to tea.
- If alcohol and cigarettes are a habitual combination, decrease use of alcohol.
- Remember that stopping smoking today increases life expectancy by 5 years.
- Think of the next generation and the type of world you are leaving to them.
- Keep a photo of a senior citizen (who smoked 30-40 years) walking around with an oxygen tank.
- People said they stopped smoking when:
- They worked with people who did not smoke.
- The death of public figures from lung cancer, such as Peter Jennings, influenced them to stop, realizing that "it could happen to me".
- The expense of cigarettes became so high, the money saved, was a significant incentive.