

Partnerships for Success (PFS): Underage Drinking and Prescription Drug Misuse Community Outcomes



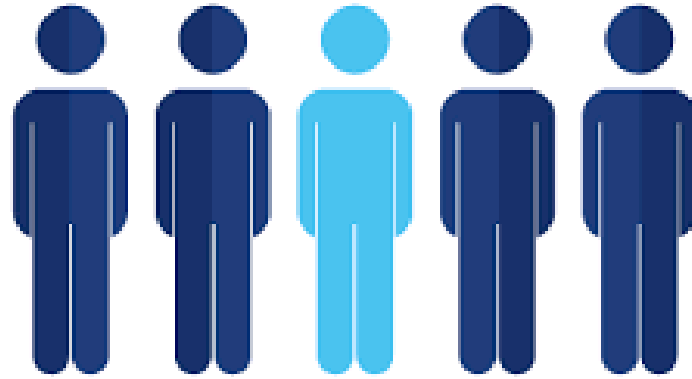
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Presented at the 31st Annual National Prevention Network Meeting
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SAMHSA
Substance Abuse and Mental Health
Services Administration

Prescription Drug Misuse (PDM) and Underage Drinking (UAD) is a Problem



- More than 20% of individuals over the age of 12 used prescription drugs for nonmedical purposes or without a prescription at least once in their lifetime (NSDUH, 2016)
- 63,632 person died of a drug overdose in the United States; 64.4% (42,249) involved an opioid (National Center for Health Statistics, 2016)
- 19.3% of 12-20 year olds report current alcohol use and 12.1% of 12-20 year olds report binge drinking (NSDUH 2016).



Partnerships for Success (PFS): Background

- Prevent the onset and reduce the progression of substance abuse.

Underage drinking: Ages 12–20

Prescription drug misuse and abuse: Ages 12–25

- Reduce substance abuse-related problems.
- Strengthen prevention capacity and infrastructure.
- Leverage, redirect, and align prevention funding and resources.



Strategic Prevention Framework

- Strategic Prevention Framework-Partnerships for Success (SPF-PFS) supports community subrecipients in “implementing a comprehensive prevention approach, including a mix of evidence-based programs, policies, and/or practices that best addresses the selected prevention priority.”



Key Strategies

1. Information Dissemination
2. Prevention Education
3. Alternatives
4. Community-based Process
5. Problem I.D. and Referral
6. Environmental Strategies



PFS Grantee Cohorts and Community Subrecipients

Cohort	Grantees	Funded Community Subrecipients	Length of Grant	Start Date–End Date
PFS 2013	16	229	5 years	Oct. 2013–Sept. 2018
PFS 2014	21	177	5 years	Oct. 2014–Sept. 2019
PFS 2015	31	275	5 years	Oct. 2015–Sept. 2020
PFS 2016	2	14	5 years	Oct. 2016–Sept. 2021
Total	70	695		

PFS 2013 - Includes 14 states and 2 territories.

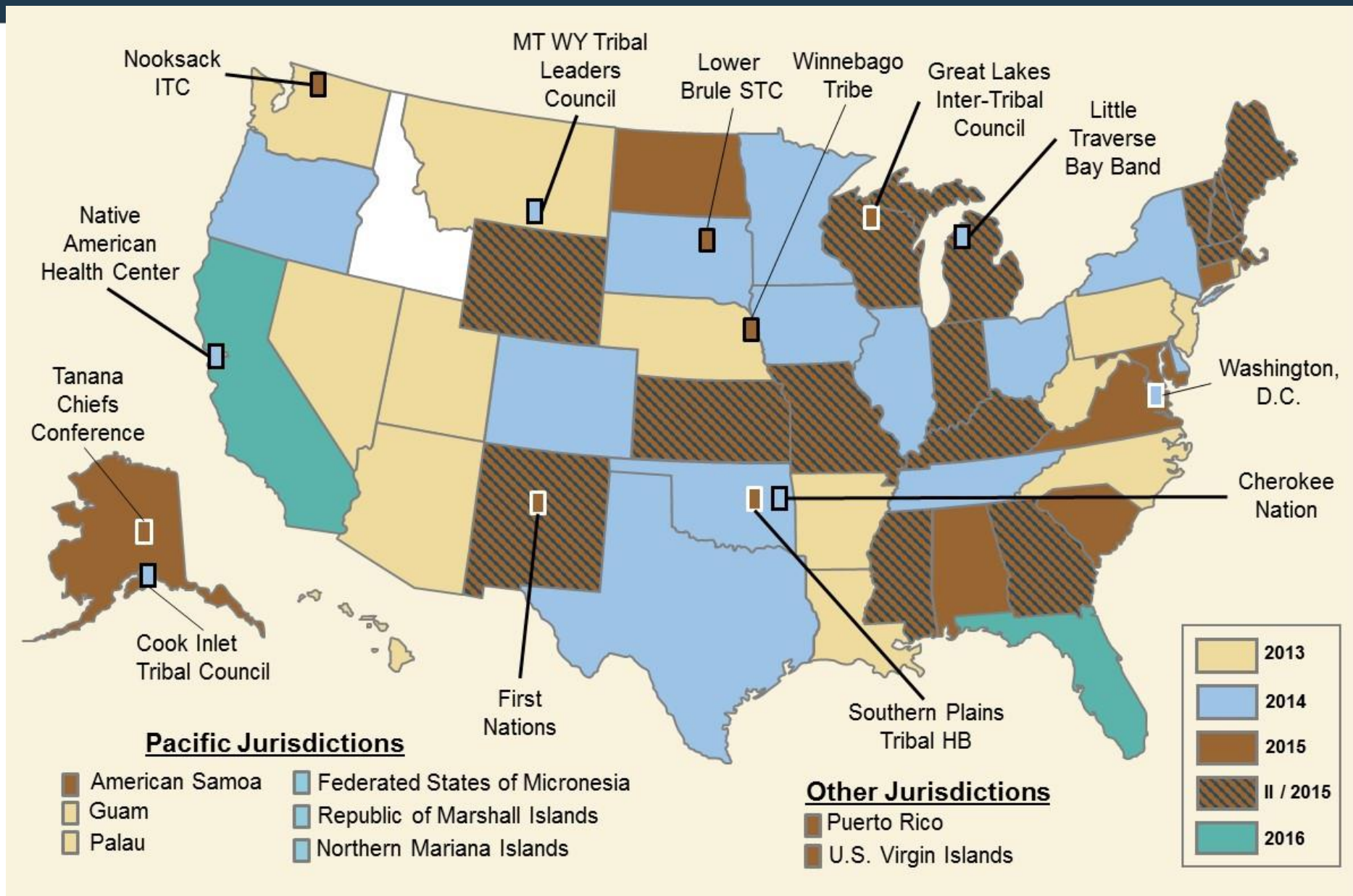
PFS 2014 - Includes 12 states, 3 territories, 5 tribal organizations, and the District of Columbia.

PFS 2015 - Includes 21 states, 3 territories, and 7 tribal organizations.

PFS 2016 - Includes 2 states.



Geographic Distribution of PFS Grantees



Presentation Overview

- **Presentation 1:** Provide an overview of the PFS cross-site evaluation with a focus on key UAD and PDM community outcomes that show improvement across grantees.
- **Presentations 2 & 3:** PFS Grantees- Massachusetts and Cherokee Nation will describe specific challenges and successes of using community outcome data.
- **Discussion:** Review factors to consider when selecting PDM and UAD outcomes; Discuss policy implications for SAMHSA to consider for future initiatives.



Partnerships for Success Cross-Site National Evaluation: Underage Drinking and Prescription Drug Misuse Community Outcomes



Elvira Elek, PhD

The PFS Evaluation Team

Program Evaluation for Prevention Contract (PEP-C)

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PFS Cross-Site Outcomes Analyses

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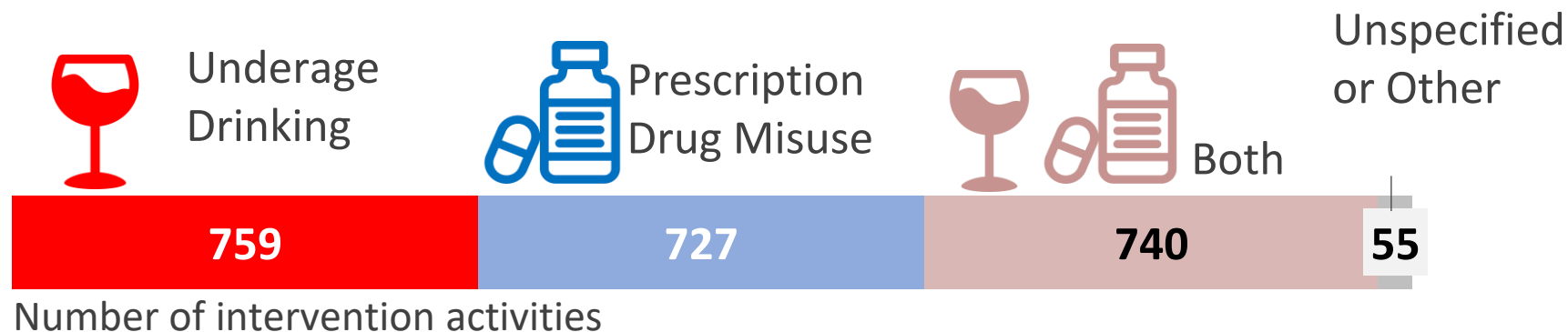
Funding Support:

SAMHSA's Center for Substance Abuse Prevention



Intervention Activities Reported by PFS Subrecipients

- **TOTAL: 537** community subrecipients from **61** grantees implemented **2,281** PFS intervention activities from FY2014 through FY2017 (range **1 to 32** per community subrecipient).
- Target substances of PFS community subrecipient interventions:



Over 55 Million Reached or Served by PFS in FY2014 – FY2017

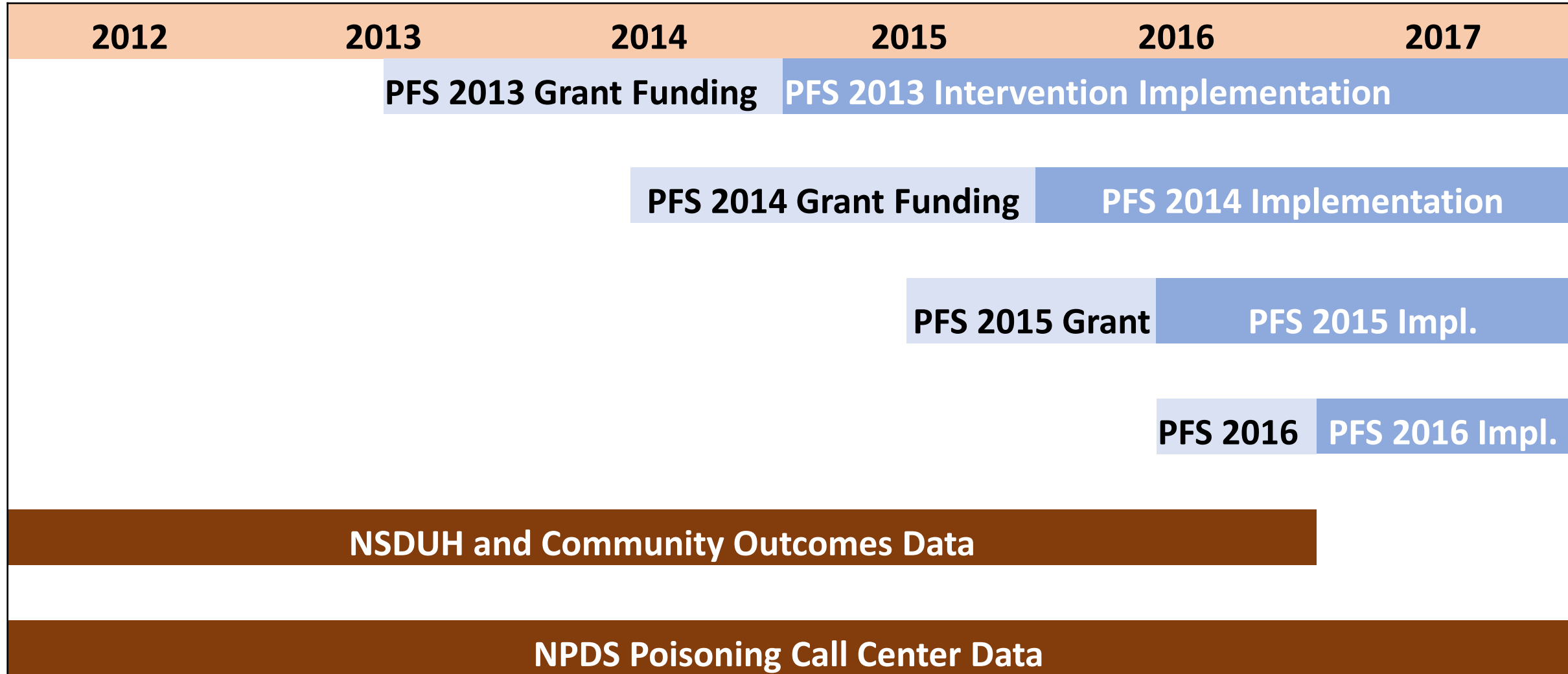
Numbers Reached or Served:

CSAP Strategy Type	Total	FY2014	FY2015	FY2016	FY2017
Community-based processes	1,895,773	4,477	207,501	577,163	1,106,632
Prevention education	254,270	6,080	35,626	67,950	144,614
Alternative activities	111,350	1,232	17,328	41,015	51,775
Problem identification and referral	14,154	45	2,261	5,799	6,049
Environmental strategies	14,386,141	296,493	2,139,112	4,426,961	7,523,575
Multimodal media campaigns	28,911,080	1,654,353	4,800,601	9,581,454	12,874,672
Other information dissemination	9,844,223	6,430	2,750,285	3,317,312	3,770,196
Total	55,416,991	1,969,110	9,952,714	18,017,654	25,477,513

What impact did PFS have on outcomes?



Grant Funding, Intervention Implementation, and Outcomes Data Timeline

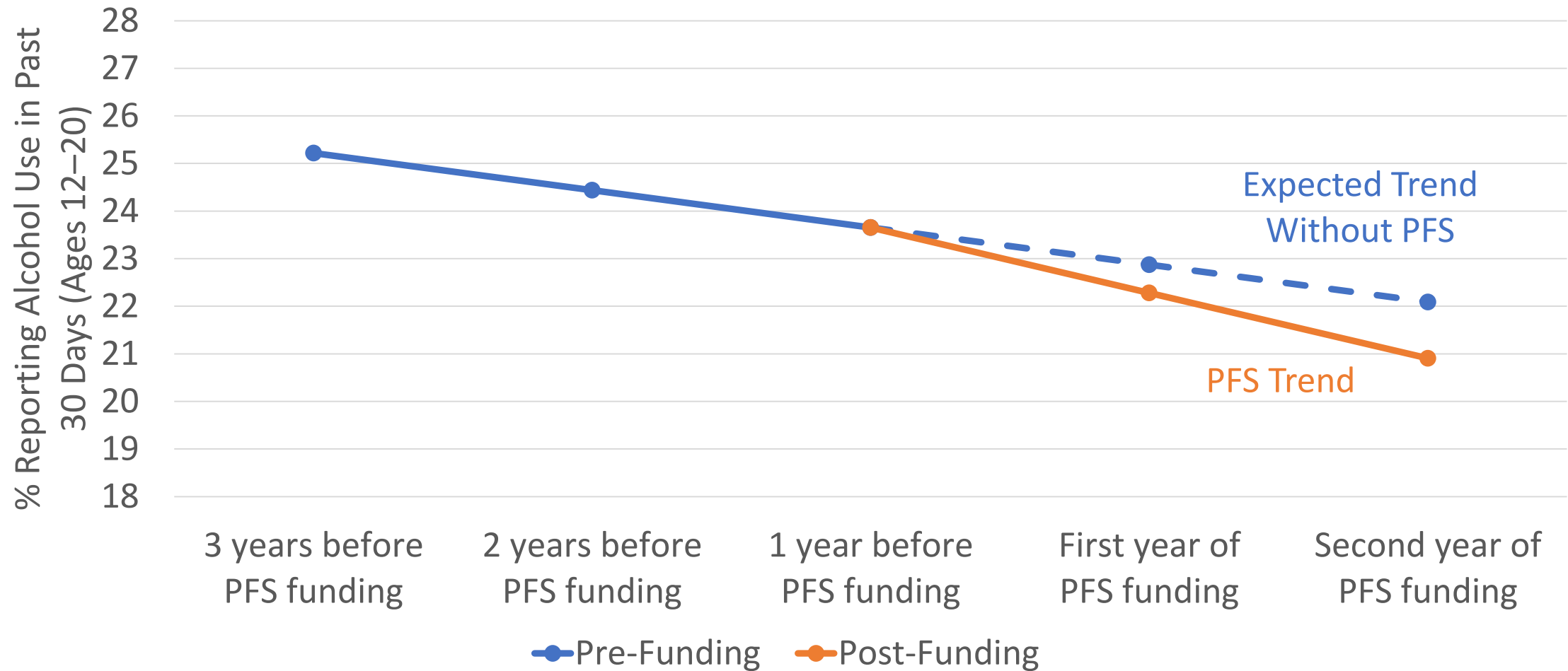


PFS Outcomes Analyses

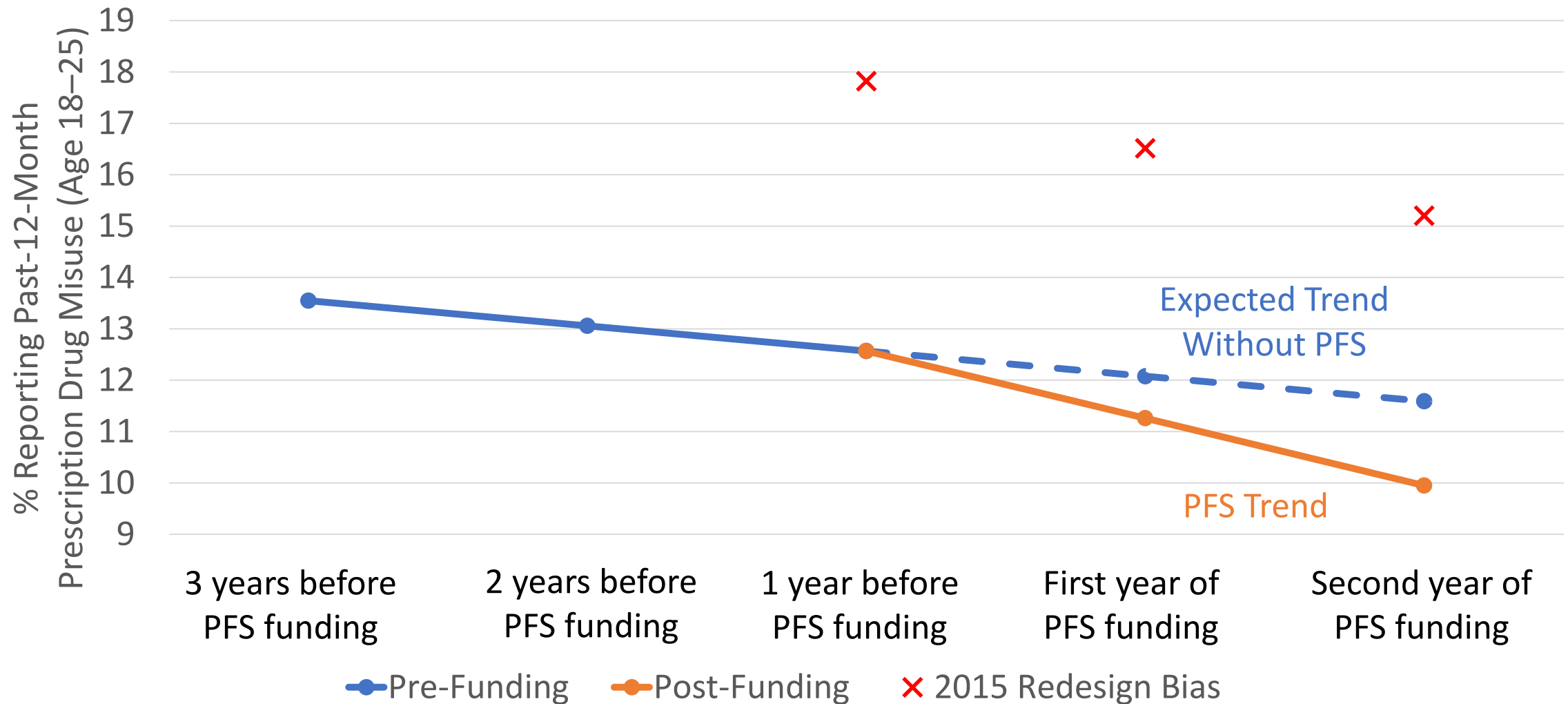
- Grantee Level
 - National Survey on Drug Use and Health (NSDUH)
 - National Poisoning Data System (NPDS)
- Community Level
 - Grantee-provided community outcomes
 - State and local survey data
 - Summaries of administrative data (crashes, arrests, emergency department visits)
 - NPDS



NSDUH Outcomes – Underage Drinking



NSDUH Outcomes – Prescription Drug Misuse



Community Outcomes Requirements

6 the number of measures reported for each subrecipient

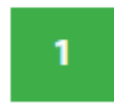
3 the number of **underage drinking** measures reported for each subrecipient



Consumption



Consequence



Intervening
Variable

1 the number of **underage drinking** measures that need to be an annual exact or approved substitute PFS Required Outcome Measure.

3 the number of **prescription drug** measures reported for each subrecipient



Consumption



Consequence

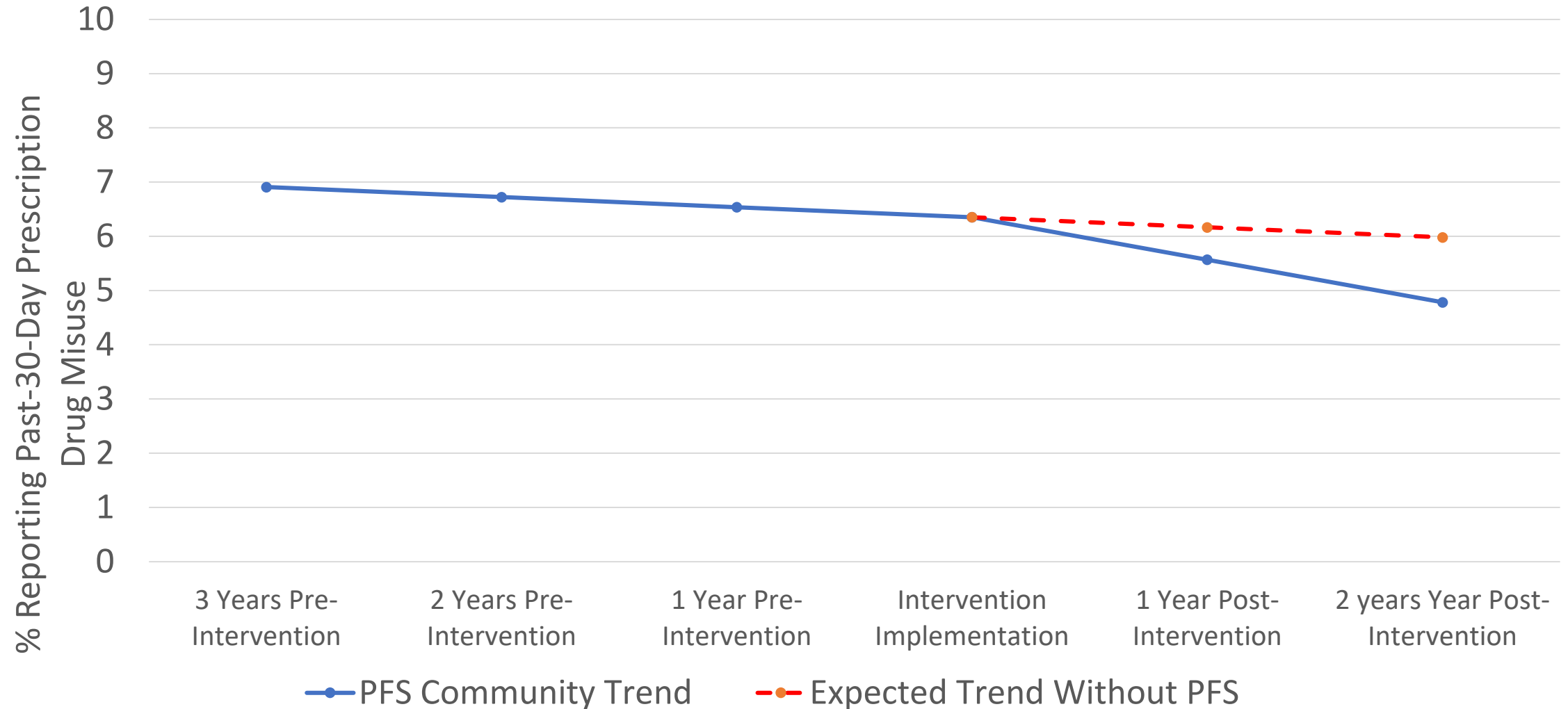


Intervening
Variable

1 the number of **prescription drug** measures that need to be an annual exact or approved substitute PFS Required Outcome Measure.



Community Outcomes – Prescription Drug Misuse



Grantee and Community Outcomes – Poisoning Call Data Overview

- PFS/non-PFS comparisons on changes over time on grantee- and community-level poisoning call rates

Ethanol, antidepressants, stimulants, sedatives, opiates, any prescription drug poisoning

- PFS 2013–PFS 2016 cohorts

35 grantees 2,483 sub-counties

- Restricted to individuals age 12–25 for all domains except ethanol (age 12–20)



Poisoning Call Data Results

Outcome	Sub-county Level		Grantee Level	
	p-value	Effect size d	p-value	Effect size d
All poisonings	.94	<.01	.46	-.23
Stimulants	.12	.17	.06	-0.97
Sedatives	.73	-.02	.07	-0.67
Opiates	.11	.09	.08	-0.34
Antidepressants	.15	-.09	.92	0.02
Ethanol	.025	-.14	.22	-0.59

Poisoning Call Data Results Summary

- Most of the effects favoring PFS are at the grant level.
 - 4 of 6 effects have effect sizes $> |.3|$
- Only 1 of 6 effects are statistically significant at the sub-county level (reductions in ethanol poisonings), and no effect sizes exceed $|.20|$.
- PFS appears to be more effective in reducing poisoning calls in grantee states where more communities are funded.



Thank You!



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