



Community-based Substance Abuse Prevention Activities in Georgia

The Alcohol and Substance Abuse Prevention Projects
August 28, 2019

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Presentation Overview

- What was the Alcohol Prevention Project (APP)?
- How did the Alcohol Prevention Project address alcohol use in Georgia?
- What next? The Alcohol and Substance Abuse Prevention Project (ASAPP)

The Alcohol Prevention Project

Substance Abuse Prevention in Georgia



Substance Abuse Prevention Moved Towards

- Use of Data
- Public Health Approach
- Strategic Prevention Framework (SPF)
- Evidence-based Programs, Policies, and Practices
- Targeting Risk/Protective Factors

What Was the Alcohol Prevention Project?

SAMHSA

Substance Abuse and Mental Health
Services Administration

Block grant
prevention funds

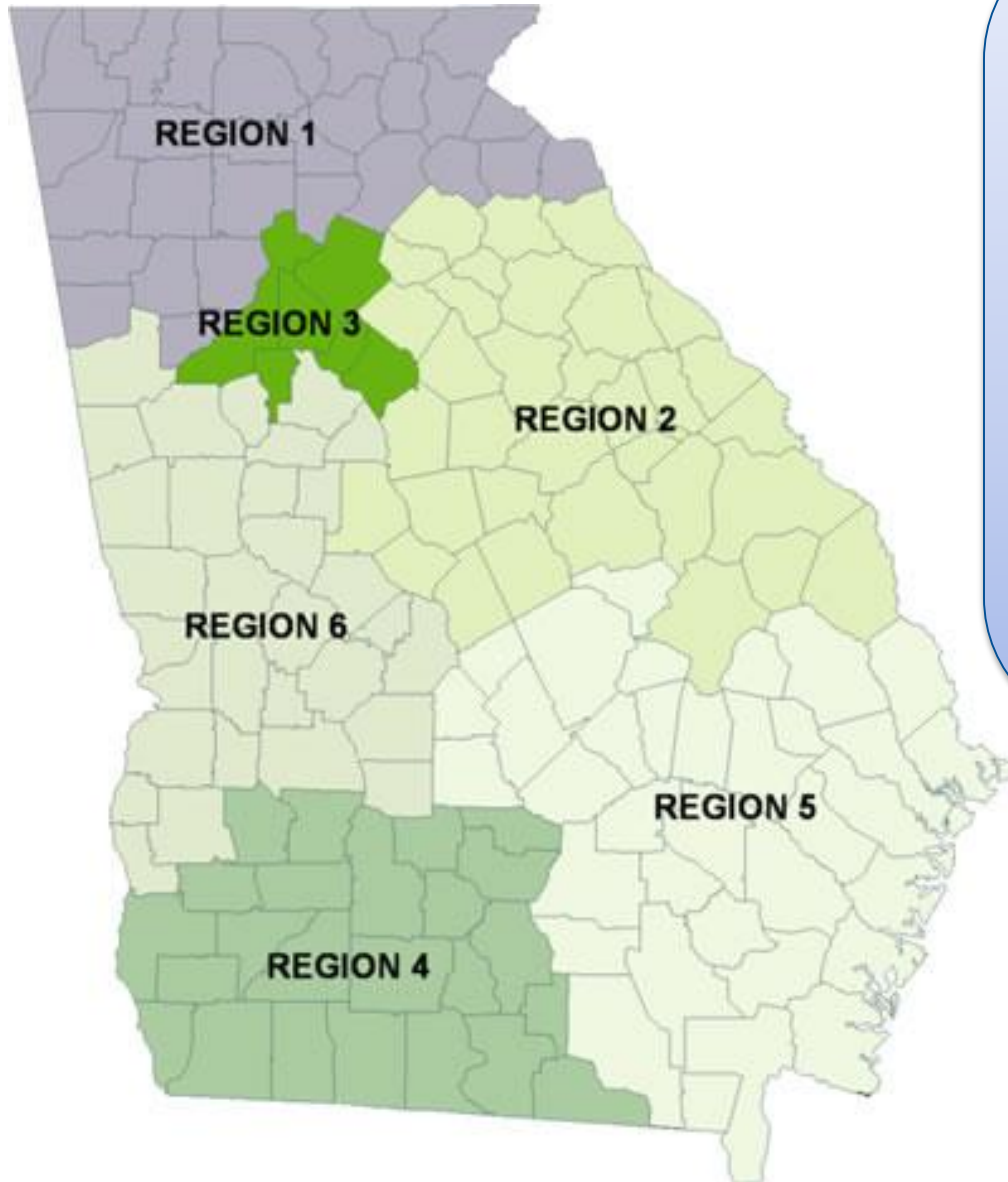


Strategic Prevention
Framework (SPF)

Alcohol Prevention Project Priorities

1. Reduce the early onset of alcohol use among 9- to 20-year-olds
2. Reduce the access to alcohol and binge drinking among 9- to 20-year-olds
3. Reduce binge drinking and heavy drinking among 18- to 25-year-olds
4. Enhance the state agency workforce development
5. Enhance the state agency policy development to support needed improvements to the service system

Alcohol Prevention Project Providers



DBHDD/OBHP funded a total of 47 providers across 6 geographic regions:

- **Region 1** (9 providers)
- **Region 2** (10 providers)
- **Region 3** (9 providers)
- **Region 4** (6 providers)
- **Region 5** (5 providers)
- **Region 6** (8 providers)

APP Provider Requirements

- ✓ Apply the Strategic Prevention Framework
- ✓ Select one of the first 3 priorities to target
- ✓ Implement 3 evidence-based strategies
- ✓ Develop Community Prevention Alliance Workgroups (CPAWs)
- ✓ Participate in trainings
- ✓ Participate in evaluation (local and cross-site)

Questions?



How did the Alcohol Prevention Project address alcohol use in Georgia?

Implementing APP – Process Evaluation

Key Questions

- What were some of the overall successes and challenges in implementing APP?
- Which provider or community characteristics helped or hindered implementation of APP?



Provider APP Implementation Successes and Challenges

▪ **Successes**

- Implementing evidence-based curricula
- Building large, sustainable coalitions that will last long after APP
- Educating to support policy changes
- Educating the public about benefits of recently passed alcohol ordinances

▪ **Challenges**

- Forming partnerships and getting different segments of the community involved
- Evaluation



New Policies Enacted During APP

Region	# of New Policies Enacted	Policies Enacted
1	2	<ul style="list-style-type: none">· First-time offender diversion· County commissioners passed a countywide social host ordinance
3	11	<ul style="list-style-type: none">· The Parent-Teacher-Student Association established policies and procedures for informing and engaging parents to reduce social access and change social norms· Churches and recreation centers changed their protocol on allowing access to youth events· Retailers changed training requirements, added trainings, and added registers with birth dates and new policies to check everyone· School-based discipline policy changed to limit unsupervised students on campus· Social host ordinance passed

New Policies Enacted During APP (continued)

Region	# of New Policies Enacted	Policies Enacted
5	1	. New and improved alcohol ordinance was passed.
6	6	. Social host ordinances passed . Hours of sale changed to end at 2 a.m. instead of 4 a.m.
Total	20	

Implementing APP – Provider Characteristics

- Characteristics that helped implementation of APP
 - Providers' prior involvement in communities helped them establish partnerships (e.g., with faith-based & non-profit organizations)
 - Provider engagement of Community Prevention Alliance Workgroup members in activities contributed to success
- Characteristics that hindered implementation of APP
 - Providers who were not from the local community
 - Lack of resources, particularly in rural communities



Implementing APP – Community Characteristics

- Characteristics that made implementing APP challenging are reflected in several communities' low community readiness scores
 - Apprehension about and resistance to state's intervention on drinking behaviors
 - Inability to recognize alcohol problems; cultural norms around drinking
 - General lack of resources



Implementing APP – Process Evaluation

Key Questions

- Which strategies did providers most commonly implement in FY2014 and FY2015?
- What types of successes and challenges did providers encounter while implementing their selected strategies?
- What solutions did providers develop to address the challenges they faced?



Most Frequently Implemented Strategies



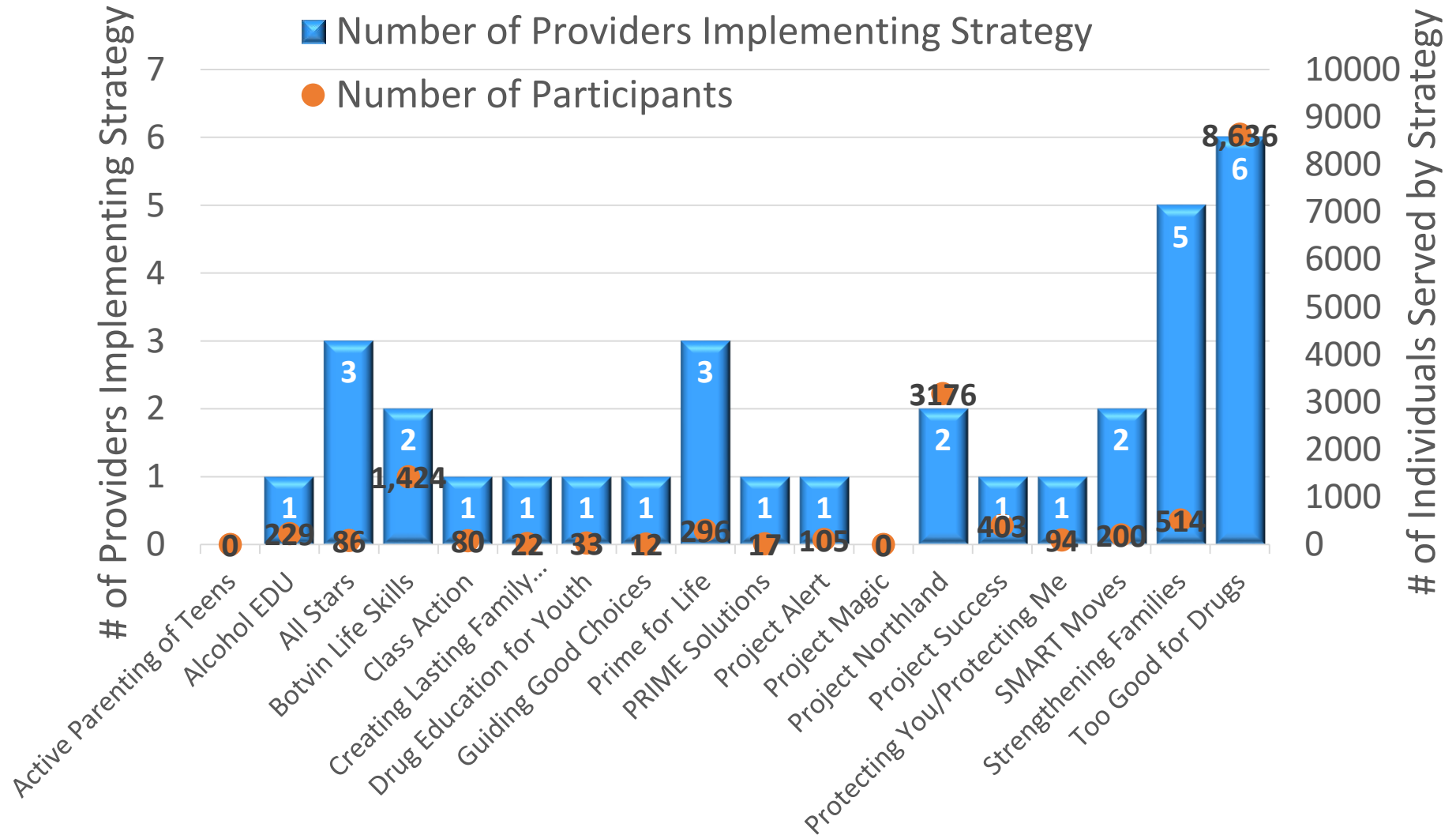
Most Frequently Implemented Strategies (continued)

Individual Strategy	2014 Total	2015 Total
All Stars	2	3
Strengthening Families	4	3
Too Good for Drugs	2	4

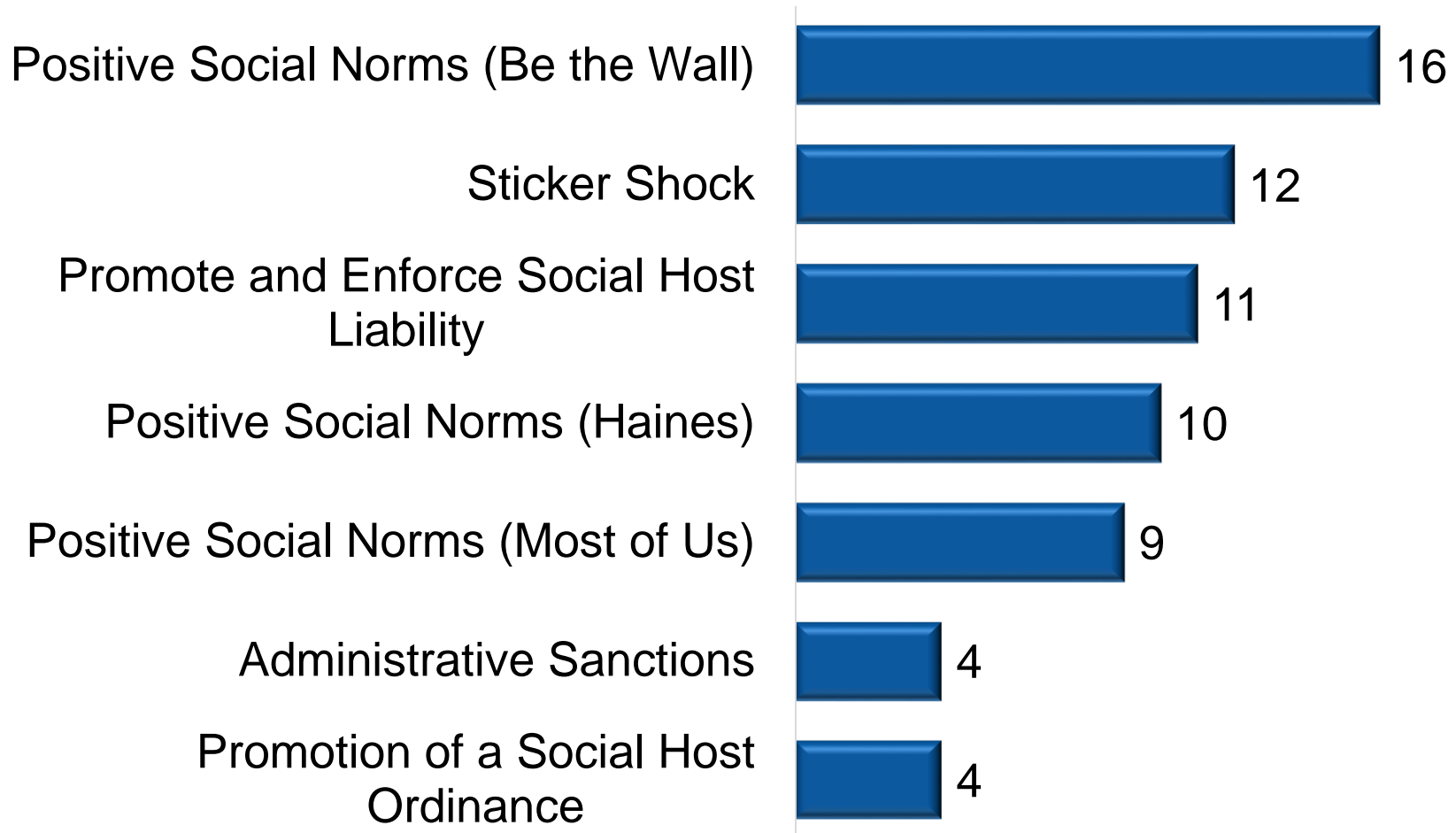
Environmental Strategy	2014 Total	2015 Total
Administrative Sanctions	3	4
Parents Who Host Lose the Most	4	1
Positive Social Norms	5	7
Positive Social Norms (Be The Wall)	10	13
Positive Social Norms (Haines)	6	5
Positive Social Norms (Most of Us)	4	5
Promote and Enforce Social Host Liability	6	7
Promotion of Social Host Ordinance	2	4
Sticker Shock	13	10

Individual-Level Strategies Implemented FY2016

- 32 providers (71.1%) implemented an individual-level strategies



Most Frequently Implemented Environmental Strategies, by Number of Providers Implementing, FY2016



- All providers implemented at least one environmental-level strategy, with some implementing as many as 3.

Average Total of Reach Measures for Environmental Strategies

Measure (Unit: Average over the number of providers implementing strategy)	Administrative Sanctions	Positive Social Norms (Be the Wall)	Positive Social Norms (Haines)	Positive Social Norms (Most of Us)	Promote and Enforce Social Host Liability	Promotion of a Social Host Ordinance	Sticker Shock
Number of Providers Implementing Strategy	4	16	10	9	11	4	12
Environmental Influencers Trained	455.0	6.8	2.0	17.7	67.8	6.8	9.6
New Policies Enacted	0.5	NA	NA	NA	0.4	NA	NA
Community Events	6.5	29.8	3.9	9.0	4.5	8.5	2.6
Participants in Community Events	1,628.3	4,497.9	246.7	44,905.1	1,147.4	1,017.0	22.9
Total PSAs Run (TV, Radio, and Newspaper)	71.8	269.4	38.2	5.7	163.3	1.3	1.9
Brochures Handed Out	1,248.5	2,235.6	450.0	1,180.1	1,929.6	1,633.0	85.3
Posters/Signs Hung Up	0.0	98.2	229.4	167.2	1,115.5	5.0	1,538.8
Billboards Used	0.0	1.2	3.6	1.4	3.7	0.0	0.1
Visits to Website	2,655.8	55,910.3	3,491.1	8,715.2	70,334.5	5,400.0	225.9
Total Viewership of Intervention-Related Ads or Materials	69,324.8	302,918.5	280,138.5	2,404,879.0	91,160,970.5	1,250.0	9,333.3

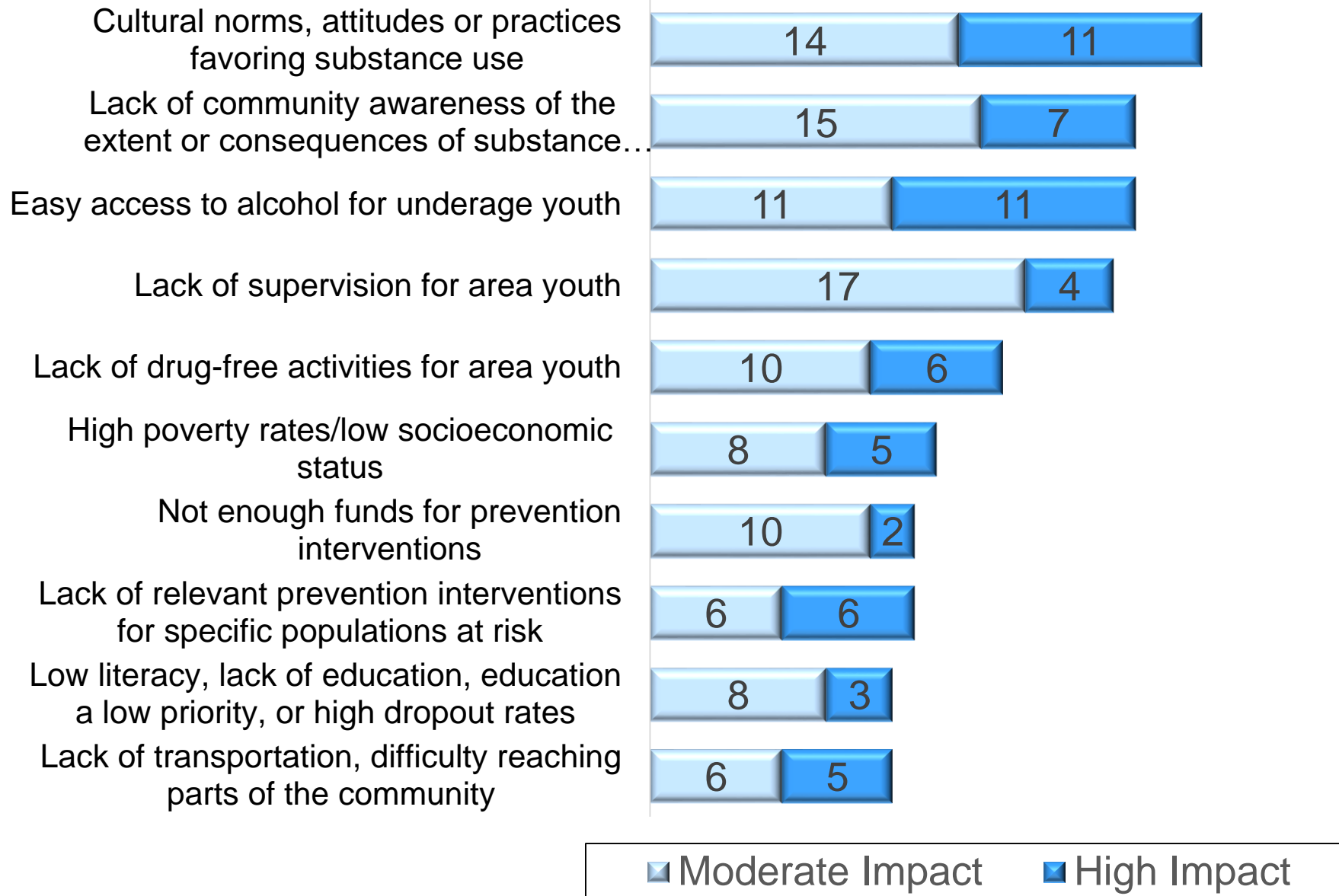
Overall Successes for Individual and Environmental Strategies

- Primary *successes* for providers who implemented *individual strategies*
 - Short-term outcomes
- Primary *successes* for providers who implemented *environmental strategies*
 - Engaging key stakeholders
 - Implementing information dissemination activities
 - Implementing environmental strategy activities
 - Short-term outcomes

Overall Challenges for Individual and Environmental Strategies

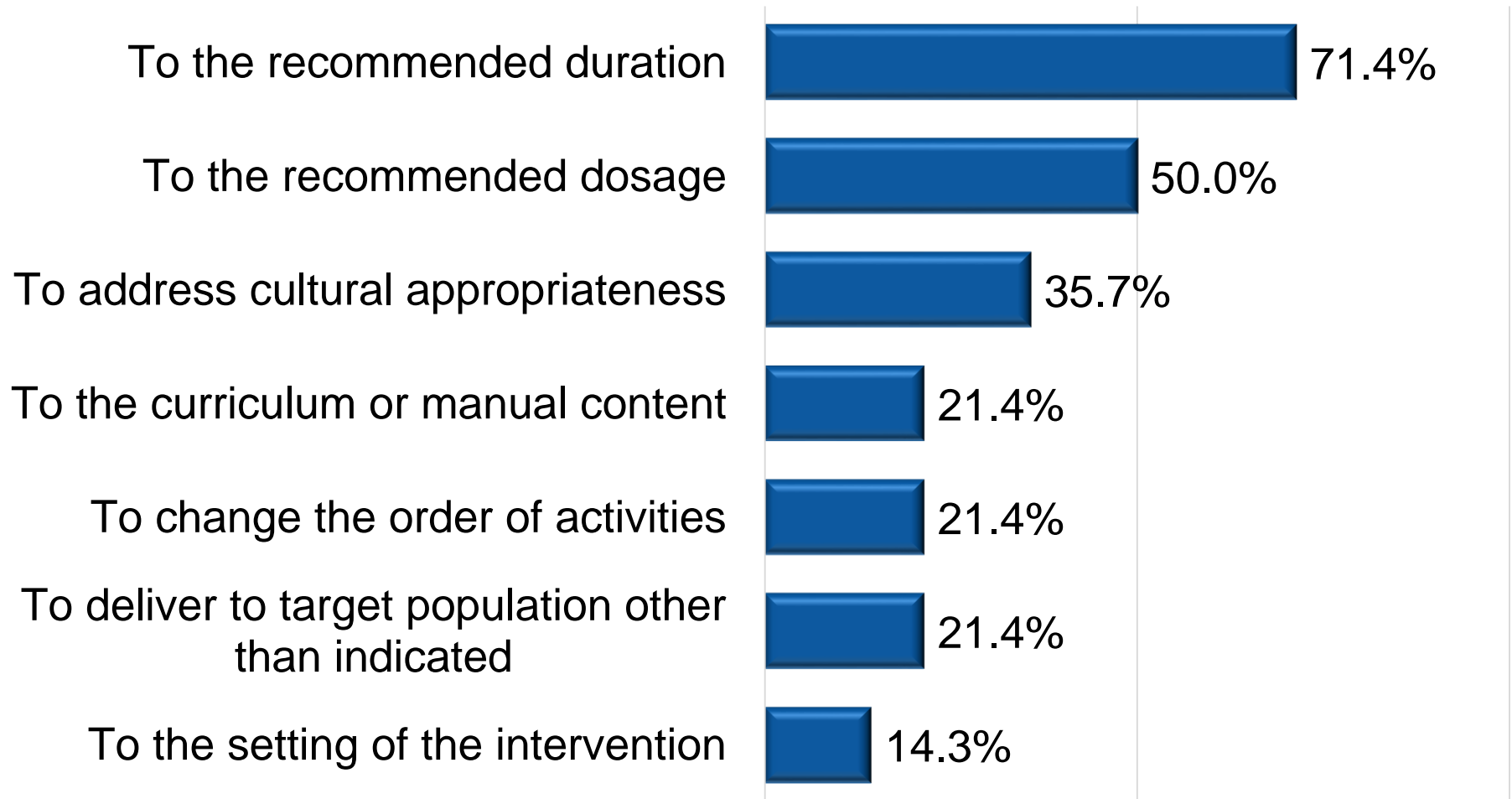
- Primary *challenges* for providers who implemented *individual strategies*
 - Staff/implementer issues
 - Participant retention
- Primary *challenges* for providers who implemented *environmental strategies*
 - Specific strategy support
 - Staff/implementer issues
 - Implementing information dissemination activities

Number of Providers Reporting Moderate or High Impact of Contextual Factors on Individual-Level APP Strategies



Adaptations Made to Individual Strategies

- 14 providers made adaptations to their interventions. Those providers most commonly made the following adaptations:



Provider Solutions to Implementation Challenges

All Stars

Challenge: Getting community organizations interested in facilitating a program is difficult, primarily because of the program's length. They did not feel they could make the time commitment, so program implementation had to be put on hold.

Solution: The project coordinator met with various mentoring groups, the local Boy and Girl Scout troops, the 4-H Club, and leaders from several local churches to discuss ways to make the program feasible in the limited amount of time available.

Provider Solutions to Implementation Challenges (cont.)

Administrative Sanctions

Challenge: Local police turn a blind eye to incidents of underage drinking, and it is rarely prosecuted

Solution: Hold a meeting with the Police Chief, Sheriff, and Juvenile Court judge to discuss the need to charge minors with alcohol violations more consistently; this could lead to stronger sanctions against underage drinking

Provider Solutions to Implementation Challenges (cont.)

Sticker Shock

Challenge: Several providers depended on youth volunteers to implement the campaign. Transporting some of the youth to the stores and managing logistics was challenging since school staff were not allowed to transport youth in their personal vehicles, and school buses were not allowed to deviate from their specified routes.

Solution: At least one provider solicited help from a local club to pay for a school bus to transport youth to the stores when necessary. In other cases, providers tried to assign youth to stores closer to their homes.

Key Questions

- Did APP increase provider capacity?



Self-Assessment of Capacity

APP providers assessed their own organizational capacity to implement APP in FY2016

- All or almost all providers indicated they had the following capacities
 - Capability to use data in prevention planning
 - Experience collaborating with other organizations on relevant prevention interventions
 - Experience with relevant prevention interventions
 - Staff with the right skills
 - Capability to use data in prevention evaluation
 - Experience with the target population

Self-Assessment of Capacity (cont.)

Providers lacked adequate capacity in a few other areas at the end of APP, however.

- About 25% felt that they did not have enough fiscal or financial resources available to them
- About 20% felt that they did not have the capability to sustain prevention efforts over time
- About 20% felt that they did not have enough staff

Questions?



Outcomes – Georgia Student Health Survey (GSHS)

GSHS – Results – Overall Changes Over Time

In comparison to 2012, in **2015**, Georgia youth:

- 1) Reported significantly **fewer** days of **alcohol use** during the past 30 days ($p < .001$),
- 2) Reported significantly **fewer** days of **binge drinking** during the past 30 days in **2015** ($p < .001$),
- 3) Were significantly **less** likely to have **driven drunk** during the past 30 days ($p < .001$),
- 4) Were significantly **less** likely to have **ridden** in a vehicle with someone who had been drinking during the past 30 days ($p < .001$), and;
 - 1) *Contrary to expectation*, reported being **younger** at the **age** of their **first drink** ($p < .001$).

GSHS – Results – Differences in Change Over Time Between APP and Non-APP Counties

Main Analyses (*Time x APP Group*):

Interaction Effect: Statistically significant on **3** of the 5 GSHS variables analyzed.

- 1) **Alcohol use** during the past 30 days
- 2) **Drunk driving** during the past 30 days
- 3) During the past 30 days, **riding with someone who had been drinking**

***Decreases observed across time** (i.e., decreases from 2012 to 2015 in alcohol use, drunk driving, and riding with someone who had been drinking) **were (*statistically*) greater for APP Counties than for Non-APP Counties.**

Outcomes – Individual Strategy Surveys

Individual Strategy Survey Findings

Variable	Mean (SD) Pre	Mean (SD) Post	N	t	p
During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol? (0 = 0 times to 4 = 6 or more times)	1.17 (.61)	1.13 (.54)	7445	-3.84	< .001
The adults in my life believe it is wrong for young people my age TO GET DRUNK. (1 = Strongly disagree to 4 = Strongly agree)	3.50 (1.01)	3.55 (.96)	7526	3.55	< .001
The adults in my life believe it is wrong for young people my age TO DRINK ALCOHOLIC BEVERAGES. (1 = Strongly disagree to 4 = Strongly agree)	3.40 (1.06)	3.46 (1.01)	7325	3.78	< .001
How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day? (1 = Strongly disapprove to 5 = Strongly approve)	1.35 (.72)	1.32 (.72)	7325	-2.46	< .05

Individual Strategy Survey Findings (cont.)

Variable	Mean (SD) Pre	Mean (SD) Post	N	t	p
How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week? (1 = No risk to 4 =Great risk)	3.45 (.87)	3.53 (.82)	6981	5.78	< .001
If I had the chance and knew I would not get caught, I would get drunk. (1 = Strongly disagree to 4 = Strongly agree)	1.20 (.52)	1.25 (.65)	7373	5.07	< .001
How many of the students in your grade at school would you say drink alcoholic beverages? (1 = None of them, 4 = All of them)	1.46 (.60)	1.51 (.58)	6140	4.71	< .001

***NOTE:** Only significant variables are included in table above. Text in RED indicates variables that moved in an unexpected direction from pre-test to post-test.

Questions?

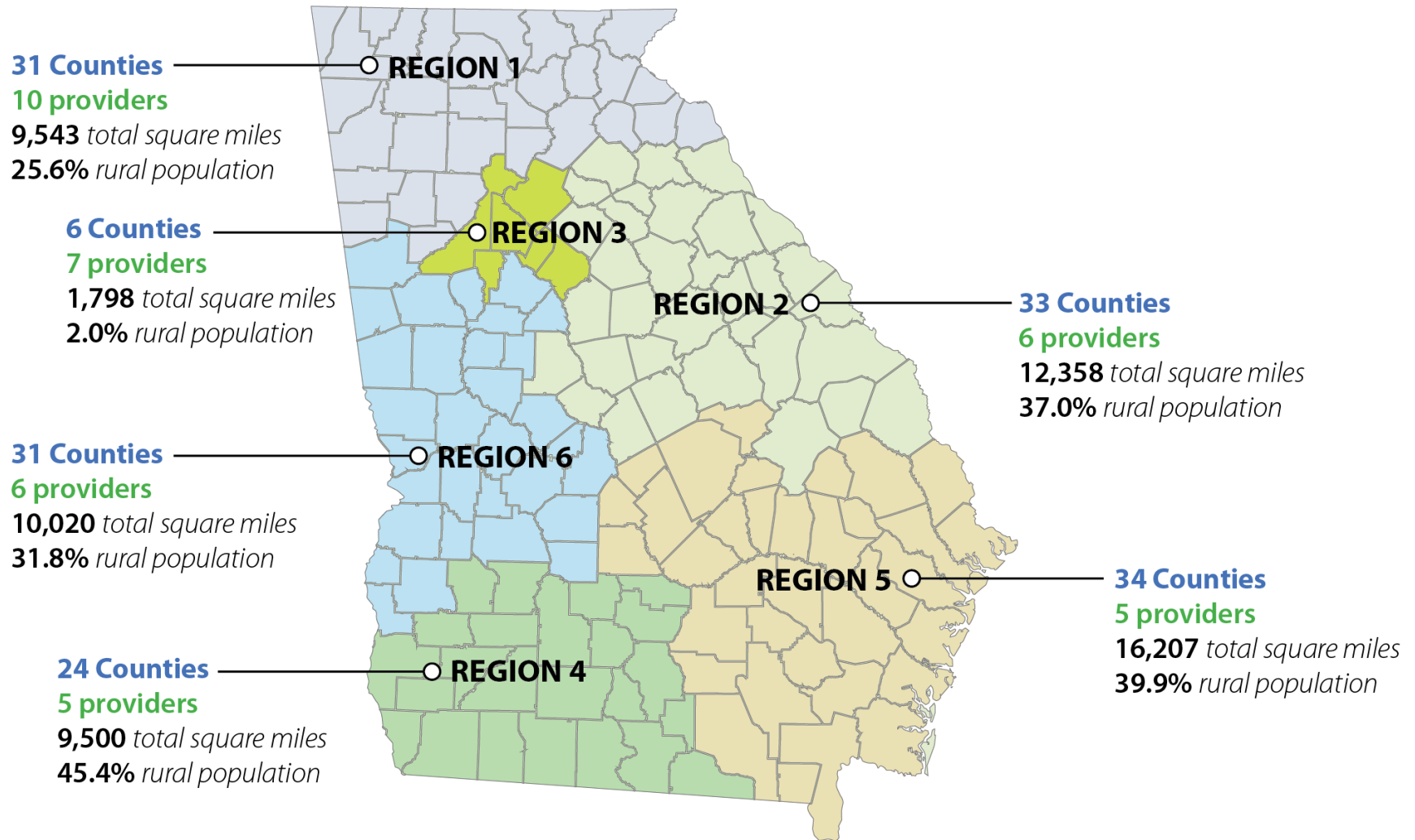


**Building on the Alcohol Prevention
Program:
Georgia's Alcohol and Substance
Abuse Prevention Project (ASAPP)**

ASAPP Priorities (FY2017 to FY2018)

1. Reduce the early onset of alcohol use among 9- to 20-year-olds
2. Reduce access to alcohol and binge drinking among 9- to 20-year-olds
3. Reduce binge drinking and heavy drinking among 18- to 25-year-olds
4. **Reduce the misuse and abuse of community identified/specified additional substances (e.g., marijuana, tobacco, prescription drugs) targeted by individual providers**
5. **Identify the most effective strategies and their key components for communities**
6. Build and increase the capacity of the prevention workforce

ASAPP Region Size and Rurality



Figures for area in square miles are from the U.S. Census Bureau, 2010 Census. • Figures for percent rural population are from the U.S. Census Population Estimates, 2016.

ASAPP Provider Requirements

- ✓ Apply the Strategic Prevention Framework
- ✓ Select at least 1 alcohol priority to target; optionally target another substance
- ✓ Implement at least 1 individual and 1 environmental evidence-based strategies
- ✓ Develop or build on their Community Prevention Alliance Workgroups
- ✓ Participate in trainings
- ✓ Participate in evaluation (local and cross-site)
- ✓ Build a sustainable prevention infrastructure

Questions?



Acknowledgements

Thank you to all the folks in Georgia who worked so hard to make APP and ASAPP successful, including the prevention providers, their CPAW partners, OBHP staff, and the training and TA contractors.



Acknowledgements and for More Information

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For Related Resources

<https://dbhdd.georgia.gov/bh-prevention>