



*Mid-South Substance Abuse  
Commission*

*2010-2015 Strategic Prevention Plan*

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## I. Introduction by the Executive Director

This 2010-2015 Strategic Prevention Plan is a testament of the Mid-South Substance Abuse Commission's (Mid-South) commitment to the continued collaboration among county prevention providers and community prevention networks that began with the 2005-2009 strategic planning process. The partnerships fostered and expanded in the development of the 2010-2015 Strategic Prevention Plan symbolize the overall growth of the region in the past five years. These partners include the Mid-South Regional Epidemiological Workgroup, the Regional Planning Collaborative, the county substance abuse coalitions, and the Mid-South management staff, Program Development Committee, and Board of Directors. Each group has individually contributed to the completion of the 2010-2015 Strategic Prevention Plan and formal approval of this document was given by the Mid-South Board of Directors at the November 23, 2009 meeting.

In order to further our commitment to true collaboration, Mid-South plans to continue to partner with existing county-wide substance abuse coalitions to address the four major goal areas of the 2010-2015 Strategic Prevention Plan. The plan begins with a capacity building goal in which communities must demonstrate a thorough understanding of the Strategic Prevention Framework (SPF). This framework allows communities to identify and select evidence-based programs, policies, and practices to address the three remaining substance abuse specific consequence areas. The consequence areas, which were identified as target priorities in the region, include alcohol involved traffic fatalities, injuries, and crashes, tobacco related death, and over-the-counter and prescription drug related poisonings and deaths. This Strategic Prevention Plan exemplifies a consequence-based approach to the prevention of substance use, abuse, and the related consequences. Mid-South is also committed to continuing to utilize the SPF process as an important vehicle to demonstrate and document outcomes in the field of prevention.

**National Scope:** The Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework enables communities nationwide to build the infrastructure necessary for effective and sustainable prevention. The SPF is designed to impact population level change and is built on outcomes-based prevention, focusing on both consequences and consumption patterns for the entire life span, rather than a particular age group. Population level change means that the focus is on entire populations, such as entire communities. Cultural competence and sustainability must also be infused within the Strategic Prevention Framework five steps, as visually represented in the symbol.

The SPF is a public health approach to prevent and reduce substance-related problems and involves five specific steps:



1. Needs Assessment - profile population needs, resources, and readiness to address needs and gaps
2. Capacity Building - mobilize and/or build capacity to address those needs
3. Strategic Planning - develop a comprehensive strategic plan
4. Implementation - implement evidence-based prevention programs, policies, and practices
5. Evaluation - monitor, evaluate, sustain, and improve or replace those strategies that fail

The SPF utilizes the risk and protective factor model in the assessment of prevention needs in a community. This model focuses on reducing the number of risk factors to which an individual is exposed, as well as increasing the number of protective factors or buffers, to effectively reduce future substance use and abuse. Risk factors are characteristics of school, community, and family environments, and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth. Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Risk and protective factors fall into five domains: community factors, school factors, and characteristics of the individual, family and peers. The majority of risk and protective factors are amenable to change (e.g. community or family norms and values) and can be targets for interventions.

**Regional Scope:** Mid-South is committed to regional data collection, strategic planning, and resource allocation for the provision of essential prevention programs, policies, and practices to reduce substance use, abuse, and the related consequences. These essential services must be culturally relevant and sustainable over time to truly impact population level change. We must also address prevention's role throughout the substance abuse system continuum of care, inclusive of early intervention, treatment, and recovery. County networks including prevention have the qualities to identify and propose improvements for linking prevention efforts and services collectively to treatment clients, families, and other systems within their communities.

## **II. Mid-South Board of Directors**

The Mid-South Board of Directors is a 17 member board with representatives from each of the nine counties within the Mid-South region. The Board of Directors has four committees, including the Executive, Finance and Personnel Committee, Program Development Committee, Audit Committee, and Nominating Committee that serve various functions. The role of the full board is global by nature and involves the approval of agency policies, agency budgets and spending plans, contracts with providers, programming decisions, and the review of the Executive Director's performance.

### **III. Regional Epidemiological Workgroup (REW)**

The Mid-South REW has been heavily involved in the identification, review, analysis, and recommendations in summarizing regional and county level data to identify high need target areas in the Mid-South region. The majority of their work has been around the requirements of Michigan's Strategic Prevention Framework-State Incentive Grant (SPF-SIG), awarded to Mid-South in FY 2007. The group's ongoing function is to continue to enhance data collection efforts in the Mid-South region and orient new data professionals and REW members to our work. The REW is an established network of substance abuse data professionals that have the capacity to guide their communities and assist the region in targeting substance abuse problem areas to be addressed over time.

### **IV. Regional Planning Collaborative (RPC)**

The Mid-South RPC was formed to support, guide, and provide leadership for the strategic planning process of the SPF-SIG project. The RPC has been tasked with numerous responsibilities since its inception and although many of these have been accomplished, many more are ongoing. The major roles and responsibilities of the RPC include the development of strategic plans that are data driven and represent the diversity of the region (gender, racial, economic, geographical, etc.); mobilization and expansion of local and regional SPF-SIG capacity; identification of training and technical assistance needs of the region; new member nominations that increase the diversity of RPC membership; and recommendations of regional practices that will ensure the sustainability of the SPF's principles.

This planning collaborative is made up of community leaders and county representatives that have also provided much guidance, feedback, and formal support surrounding the development of Mid-South's 2010-2015 Strategic Prevention Plan.

#### **Regional Planning Collaborative Vision Statement**

*"Maximum capacity and resources exist in the Mid-South region to address the substance abuse prevention continuum for all individuals, families, and communities."*

### **V. County Substance Abuse Coalitions**

The primary function of the county substance abuse coalitions is to identify the substance abuse prevention needs of the county, develop plans to address those needs, and work to build capacity and to acquire additional national, state, and local prevention funding and resources to support their plans. In the past five years, Mid-South has invested significant resources in building a regional network of county substance abuse coalitions that strive to achieve that primary function. The 2010-2015 Strategic Prevention Plan was developed in part to extend the mutually beneficial partnership with county substance abuse coalitions operating in the Mid-South region in the utilization of the SPF.

The underlying goal of the SPF process is to build infrastructure, or more specifically, state, regional, and local systems of prevention. Beyond the initial infrastructure development, the intent is to create positive lasting population-level change involving substance use, abuse, and the related consequences. The Mid-South region has collectively built the needed infrastructure (i.e. county coalitions, regional and county data committees, and a regional planning collaborative) and it is now the time to create positive lasting population-level change within our communities.

In October 2009, Mid-South established Memorandums of Understanding with each individual county substance abuse coalition operating in the region. This MOU outlines the agreed upon relationship between Mid-South and the county substance abuse coalitions, while also delineating the expectations involving Mid-South's investment and continued support. The intent is to continue the partnership between Mid-South and the county substance abuse coalitions to ensure the sustainability of the SPF, its principles, and potential outcomes.

Within multiple venues, Mid-South has demonstrated a commitment to the collaborative involvement in regional and local data collection, strategic planning, and resource allocation for the provision of essential prevention programs, policies, and practices. The county substance abuse coalitions operating in the Mid-South region continue to be the identified flow-through vehicle for Mid-South prevention funding, and as research has shown, have the potential to achieve true outcomes in prevention.

## **VI. Mid-South Goal Statements**

The four goal statements identified within this strategic plan are derived from several years of regional needs assessments and data analysis. The first Mid-South goal statement involves the continued emphasis on building and sustaining regional and local capacity to institutionalize the Strategic Prevention Framework. The additional Mid-South goal statements encompass the priority substance abuse consequence areas that are being targeted by the region.

### **Capacity Building**

**Capacity Building Problem Statement:** As a whole, the Mid-South prevention providers and county coalitions are very well versed in the principles and processes of data collection, community collaboration, planning, implementation, and evaluation. However, shortcomings have been identified within the results of the previous year-end County Coalition Evaluation Survey, as well as the more recent FY 2009-10 County Implementation Plan submissions. The deficiencies identified for the majority of the Mid-South region include the following: lack of local data collection mechanisms surrounding the prioritization of data indicators and the ability to track over time; lack of current inventory and analysis of county resources supporting prevention efforts in order to recruit new membership, identify gaps in services and explore potential enhancements to current prevention services and braided funding opportunities; lack of comprehensive planning documents that allow for the appropriate documentation of processes, outcomes, and achievements (i.e. logic models, agency action plans, etc.); limited and/or non-existent evaluation of year-end outcomes surrounding the implementation of evidence-based prevention programs, policies, and practices; limited or inconsistent ability to garner additional funding from sources beyond Mid-South or the publicly funded system for local prevention efforts; and the lack of coalition capacity (skills, abilities, networks, and resources) to establish a sustainable and effective system of prevention for the communities they serve.

Several counties in the Mid-South region have established themselves as leaders in regards to the Strategic Prevention Framework and community collaboration. Yet even leaders must reinvent and reinvigorate themselves to appropriately and effectively carry out the five steps of the SPF and sustain the outcomes they have achieved.

**Goal 1 - Capacity Building:** Counties will continue to build infrastructure to sustain substance abuse prevention in communities and institutionalize the SPF five steps, as evidenced by the:

- ✓ Development of concise, data-driven problem statements
- ✓ Development of annual county communication plans

- ✓ Partnership agreements and/or memorandums of understanding, established and renewed annually
- ✓ Provision of local training and orientation to new county prevention staff, coalition members, and county coalition networks
- ✓ Enhancement of early problem identification protocol and referral systems
- ✓ Development of comprehensive strategic plans
- ✓ Annual development / renewal of substance abuse specific logic models
- ✓ Annual development of agency action plans
- ✓ Annual development of implementation plans identifying effective evidence-based policies, practices, and programs
- ✓ Evaluation report produced annually with recommendations for quality improvement

## Substance Abuse Consequence Areas:

### Alcohol

**Alcohol Problem Statement:** Alcohol involved traffic fatalities are one of the most significant consequences related to alcohol use and abuse in this country. Nothing is more devastating to a family, community, or neighborhood than lives lost to drinking and driving. Between the years of 2003 to 2007, there was an average of 30 alcohol involved fatal crashes per year in the Mid-South region. During that same timeframe, there was an average of 516 alcohol involved injury and 1262 alcohol involved crashes per year in the Mid-South region.<sup>1</sup>

Regional alcohol consumption data highlights this larger issue in more detail and illustrates a high tolerance for use within the region's nine counties. In 2008, self reported past 30 day alcohol use was 41.9% for 12<sup>th</sup> graders, 27.5% for 10<sup>th</sup> graders, 12.3% for 8<sup>th</sup> graders, and 3.7 % of 6<sup>th</sup> graders in the Mid-South region.<sup>2</sup> In addition, 2008 binge drinking rates (five or more drinks in a row in the past two weeks) illustrates an alarming substance abuse issue among our youth. The data reveals that 27.3% of 12<sup>th</sup> graders, 16.7% of 10<sup>th</sup> graders, 7.4% of 8<sup>th</sup> graders, and 3.7% of 6<sup>th</sup> graders in the Mid-South region had 5 or more drinks in a row in the two weeks prior to taking the 2008 Prevention Needs Assessment Survey.<sup>2</sup>

Adult alcohol consumption patterns for the Mid-South region have been an elusive data indicator to identify and track. However, for the State of Michigan, the percent of past 30 day alcohol use for young adults aged 18-25 has averaged 66% and adults aged 26 + averaged 57% between the years 2002 – 2005 according to the Michigan State Epidemiologic Workgroup Data Update, developed in April 2009. This document also reported past 30 day binge drinking in the State of Michigan for young adults aged 18-25 held steady at 45% and for adults age 26 and beyond stayed consistent at 23% between the years 2002-2005. It is unlikely that the Mid-South region deviates substantially from this pattern of young adult and adult alcohol consumption patterns identified at the state level, thus further illustrating the overwhelming public health issue involving alcohol use, misuse, and abuse by youth and adults alike.

In order to understand why these consequences and corresponding alcohol consumption patterns occur so frequently in society today, we must identify and analyze the intervening variables and contributing factors, or more specifically, the causal factors surrounding this public health issue. Risk and protective factors provide one such mechanism. One of the most heavily targeted risk factors in the field of prevention continues to be youth perception of risk surrounding alcohol. In the Mid-South region, 64.2% of 6<sup>th</sup> grade youth, 63.7 % of 8<sup>th</sup> graders, 61.9% of 10<sup>th</sup> graders, and 58.8% of 12<sup>th</sup> graders in 2008 agreed with the statement “people are at Moderate or Great Risk of

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<sup>1</sup>Office of Highway Safety and Planning, Traffic Crash Facts, 2003-2007.

<sup>2</sup>Mid-South Substance Abuse Commission, Prevention Needs Assessment Survey, 2008.

harming themselves if they drink one or two drinks nearly every day”.<sup>2</sup> These relatively low to moderate percentages signify a troubling youth perception of regular alcohol use and also symbolize an opportunity for improvement. In short, a large portion of school aged youth in the Mid-South region simply do not perceive regular alcohol use as a risky behavior that puts people at moderate or great risk of harming themselves. A second risk factor that is also heavily targeted by prevention professionals involves youth’s perception of peer disapproval. Perception of peer disapproval is measured when students are asked the following question regarding alcohol, “I think it is wrong or very wrong for someone my age to drink beer, wine, or hard liquor regularly”. The 2008 Prevention Needs Assessment Survey reported that 96.6% of 6<sup>th</sup> graders, 85.2% of 8<sup>th</sup> graders, 67.2% of 10<sup>th</sup> graders, and 53.8% of 12<sup>th</sup> graders agreed with this statement. The glaring issue here is exemplified in the amount of change over time that occurs between 6<sup>th</sup> grade youth (96.6%) and 12<sup>th</sup> grade youth (53.8%) in regards to the perception of peer disapproval and alcohol use. The same question is being asked, but somehow as a student ages and moves closer to graduation, that student’s belief that it is wrong or very wrong for someone his or her age to drink beer, wine, or hard liquor regularly is significantly reduced.

The identified data indicators involving alcohol use, abuse, and its related consequences ultimately provide an opportunity for change. It is up to the communities and the supportive networks in the Mid-South region to make this change a reality.

**Goal 2 - Alcohol:** To reduce alcohol involved traffic fatalities, injuries, and crashes due to the use / misuse of alcohol by youth and adults in the Mid-South region.

*Alcohol Objectives*

- 2.1 Community Norms: To correct the misperceived community norms involving alcohol use / misuse
- 2.2 Enforcement and Adjudication: To support and/or enhance the effective enforcement and adjudication of alcohol involved violations
- 2.3 Social Availability: To reduce youth social access to alcohol, and to impact adult social access to alcohol
- 2.4 Retail Availability: To reduce youth retail access to alcohol, and to impact adult retail access to alcohol
- 2.5 Laws and Policies: To support and/or enhance laws and policies that reduce alcohol misuse

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<sup>2</sup> Mid-South Substance Abuse Commission, Prevention Needs Assessment Survey, 2008

The alcohol objectives were identified and prioritized by the Regional Planning Collaborative in 2007 based on two major attributes involving severity and changeability. Potential evidence-based strategies to address the identified alcohol objectives listed above include social marketing campaigns, law enforcement alcohol vendor compliance checks and party patrols, alcohol vendor education, other types of community enforcement, and evidence-based prevention programs, policies, and practices (i.e. Alcohol EDU, CMCA, parenting programming, Minor In Possession / diversionary programming, etc.). In addition, enhancing pre-existing prevention service delivery with school districts, law enforcement, county and city government, faith-based community groups, public health departments, and other health and human service agencies will be crucial in addressing the identified alcohol objectives listed above.

Note: Please also utilize the External Resources (Section IX) listing to research additional evidence-based programs, policies, and practices related to the reduction of alcohol use and abuse.

## **Tobacco**

**Tobacco Problem Statement:** Tobacco kills more people than AIDS, alcohol (chronic liver disease and cirrhosis), auto accidents, cocaine, heroin, murders, and suicides combined. In 2007, there were a total of 7,387 deaths in the Mid-South region, with 1,089 of those deaths, or 14.7%, directly linked to tobacco use.<sup>3</sup> Smoking related illnesses include, but are not limited to: heart disease, stroke, respiratory diseases, lung cancer, and other tobacco related cancers. There were also 144 deaths to non-smokers in the Mid-South region due to secondhand smoke exposure. Research shows that even 30 minutes of exposure to secondhand smoke can cause heart damage in a non-smoker similar to that caused by the smoking of a habitual smoker. This is the kind of damage that can lead to a heart attack.<sup>3</sup>

The most appropriate regional data indicators to represent youth tobacco use and prevalence involve past 30 day use of cigarettes and heavy use of cigarettes. These two indicators reflect what is considered by researchers as moving beyond experimental use to regular use by youth and provide the best illustration of this long standing public health issue. In 2008, there were 2.9% of 6<sup>th</sup> graders, 7.9% of 8<sup>th</sup> graders, 13.9% of 10<sup>th</sup> graders, and 22.5% of 12<sup>th</sup> graders in the Mid-South region who reportedly smoked cigarettes in the past 30 days.<sup>2</sup> Twelfth graders are already reporting use rates above the regional and state smoking rate for adults. Regarding heavy use, which is defined as ½ pack of cigarettes or more per day, the rates are much lower given 2.2% of 10<sup>th</sup> graders and 5.3% of 12<sup>th</sup> graders reported smoking ½ pack of cigarettes per day during the past 30 days. Adult tobacco use consumption patterns are equally as difficult to collect as adult alcohol use and prevalence rates. However, the adult smoking rate in the Mid-South region is estimated at 19.3% for 2006 to 2008.<sup>4</sup> The issue remains, youth are continuing to take up the smoking habit and adults are struggling to quit.

In the Mid-South region, 82.2% of 6<sup>th</sup> grade youth, 89.0 % of 8<sup>th</sup> graders, 89.6% of 10<sup>th</sup> graders, and 89.5% of 12<sup>th</sup> graders in 2008 agreed with the statement “people are at Moderate or Great Risk of harming themselves if they smoke 1 or more packs of cigarettes per day”.<sup>2</sup> Thankfully, these numbers are much more encouraging than alcohol’s perceived risk numbers, and yet there is still work to be done. Considering that according to the same survey 97% of 6<sup>th</sup> graders, 89.5% of 8<sup>th</sup> graders, 78.7% of 10<sup>th</sup> graders, and only 63.7% of 12<sup>th</sup> graders in 2008 agreed with the statement “I think it is wrong or very wrong for someone my age to smoke cigarettes”, which represents perception of peer disapproval. The sharp decrease in peer disapproval as students age is the most revealing characteristic of this data. What leads to this change and how do we impact or alter the perception that can ultimately impact behavior over time?

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<sup>2</sup> Mid-South Substance Abuse Commission, Prevention Needs Assessment Survey, 2008

<sup>3</sup> Michigan Department of Community Health, Division for Vital Records and Health Statistics and Centers for Disease Control and Prevention; CDC Wonder Online Database and SAMMEC Online Database, 2007.

<sup>4</sup> Michigan Department of Community Health, Michigan Behavioral Risk Factor Survey & Local Health Department Estimates; 2006-2008.

The identified data indicators involving tobacco use, secondhand smoke exposure, and their related consequences ultimately provide a second opportunity for change. The time is now to address this major public health issue. We have allies, networks, and policies that we have never had before to assist the prevention field in reducing tobacco related death due to tobacco use and exposure to secondhand smoke.

**Goal 3 - Tobacco:** To reduce tobacco related death due to tobacco use and exposure to secondhand smoke by youth and adults in the Mid-South region.

*Tobacco Objectives*

- 3.1 Community Norms: To correct the misperceived community norms involving tobacco use and exposure
- 3.2 Laws and Policies: To support and/or enhance laws and policies that reduce tobacco use and exposure
- 3.3 Promotion: To reduce the product promotion of tobacco
- 3.4 Social Availability: To reduce youth social access to tobacco, and to impact adult social access to tobacco
- 3.5 Retail Availability: To reduce youth access to tobacco, and to impact adult retail access to tobacco

The tobacco objectives were identified and prioritized by the RPC in 2007 based on two major attributes involving severity and changeability. Potential evidence-based strategies to address the identified tobacco use and exposure objectives listed above include social marketing campaigns, law enforcement compliance checks and vendor education, advocacy for and/or enactment of effective tobacco-free and tobacco tax policies, and evidence-based programs. Enhancing formal linkages and pre-existing prevention service delivery with school districts, businesses, faith-based community groups, county and city government, public health departments, and other health and human service agencies is also essential. Additional strategies include the SYNAR activities (civilian tobacco vendor compliance checks) and Designated Youth Tobacco Use Representative (DYTUR) activities as required by contract under the Michigan Department of Community Health (MDCH).

Note: Please also utilize the External Resources (Section IX) listing to research additional evidence-based programs, policies, and practices related to the reduction of tobacco use and secondhand smoke exposure.

## **Prescription Drugs**

**Prescription Drug Problem Statement:** One of the fastest growing problem areas in the substance abuse field involves the misuse and abuse of over-the-counter (OTC) and prescription drugs by youth and adults. The data presented below will illustrate a corresponding and dramatic increase in the number of poisonings and deaths associated with the abuse of prescription and OTC drugs. Additional data and analysis is needed surrounding this growing trend, although the available data speaks volumes. For example, research on deaths in the U.S. due to poisonings from 1999-2004 shows nearly all are attributed to drugs, and most drug poisonings result from the abuse of prescription and illegal drugs. The more striking finding was the number of total deaths due to poisonings increased by 62% in those five years, from 12,186 deaths in 1999 to 20,950 deaths in 2004.<sup>5</sup> In particular, unintentional poisoning deaths involving psychotherapeutic drugs, such as sedative-hypnotics and anti-depressants, grew 84% from 1999 to 2004.<sup>5</sup> Within the same time frame, the CDC reported that unintentional poisoning deaths involving narcotics and hallucinogens grew 55%, with research suggesting that this increase is attributed primarily to prescription painkillers.<sup>5</sup>

The data surrounding adult abuse of OTC and prescription drugs and the youth data that follows provides further insight into this legitimate public health issue. Between 2002 and 2004, an estimated 534,000 people in Michigan reported non-medical use of any prescription drug in the past year.<sup>6</sup> The Michigan Treatment Episode Data Set (TEDS) shows a 182% increase (1,929 to 5,442) from 2002 to 2007 in the number of admissions into Michigan's publicly funded substance use disorder treatment system for people reporting prescription drug abuse as a problem at the time of admission. These indicators speak to an increasing problem in Michigan and show prescription drug abuse is already having an adverse and direct impact on our established community service systems and their limited resources.

At 12%, Michigan has one of the highest rates of teen prescription drug abuse in the country, as teens turn away from street drugs and use prescription drugs to get high.<sup>7</sup> Within the Mid-South region, 3.4% of 8<sup>th</sup> graders, 9% of 10<sup>th</sup> graders, and 15.9% of 12<sup>th</sup> graders reported using prescription drugs (such as amphetamines, barbiturates, tranquilizers, Oxycontin, Vicodin) illegally in their lifetime. Regarding OTC drug abuse, 7% of 8<sup>th</sup> graders, 13.5% of 10<sup>th</sup> graders, and 18.3% of 12<sup>th</sup> graders in the Mid-South region reported using OTC drugs inappropriately in their lifetime.<sup>2</sup>

Several alarming risk factors were also uncovered in the review of the national data around OTC and prescription drug abuse. The most striking risk factor states that 40% of teens surveyed in grades 7 through 12 think that prescription medicines are much safer to abuse than illicit drugs, even if they are not prescribed by a doctor.<sup>8</sup> The same study

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<sup>5</sup> Centers for Disease Control and Prevention (CDC), 2007

<sup>6</sup> National Survey on Drug Use and Health, 2006

<sup>7</sup> Medical News Today, April 28, 2007

<sup>2</sup> Mid-South Substance Abuse Commission, Prevention Needs Assessment Survey, 2008

<sup>8</sup> Partnership Attitude Tracking Study (PATs), 2006, Partnership for a Drug-Free America

reported that nearly one-third of teens believe there's "nothing wrong" with using prescription medicines without a prescription once in a while. In regards to youth and adult access and availability to OTC and prescription drug, the data is quite conclusive. The 2006 National Survey on Drug Use and Health<sup>6</sup> reported that 70% of people who abuse prescription pain relievers say they obtain them from friends or relatives. In addition, about two-thirds (64%) of teenagers who have abused prescription stimulants report getting, buying, or stealing them from friends or relatives.<sup>9</sup>

The issue of OTC and prescription drug abuse is as pervasive as any growing trend in the United States today. States, regions, and communities must collectively join together and identify solutions to achieve long-term outcomes involving youth and adult OTC and prescription drug abuse.

**Goal 4 - Prescription Drugs:** To reduce poisonings and deaths due to over-the-counter and prescription drug misuse and abuse by youth and adults in the Mid-South region.

*Prescription Drug Objectives*

- 4.1 Social Availability: To reduce youth and adult social access to over-the-counter and prescription drugs
- 4.2 Promotion: To impact the promotion, prescribing, and distribution practices of over-the-counter and prescription drugs
- 4.3 Community Norms: To correct the misperceived community norms related to over-the-counter and prescription drug misuse and abuse
- 4.4 Laws and Policies: To support and/or enhance laws and policies that reduce over-the-counter and prescription drug misuse and abuse

A prioritization process involving the RPC was not initiated due to an overall lack of reliable data at the time concerning the above intervening variables. Individual county response to this goal area and the associated objectives will differ greatly between counties based on current understanding of the over-the-counter and prescription drug abuse issue, the data available, and their capacity to appropriately address it. The prevention field as a whole is aggressively targeting this issue and will likely identify additional data indicators to target and evidence-based strategies to employ.

Note: Please utilize the External Resources (Section IX) listing to research new and or expanding evidence-based prevention programs, policies, and practices related to the reduction of over-the-counter and prescription drug abuse.

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<sup>6</sup> National Survey on Drug Use and Health, 2006

<sup>9</sup> SAMHSA, 2006 National Survey on Drug Use and Health

## VII. Needs Assessment Toolkit and Outcome Evaluation Monitoring Tool

In partnership with the Michigan State University Community Evaluation and Research Center, Mid-South has developed a Needs Assessment Toolkit and Outcome Evaluation Monitoring Tool that will serve multiple purposes for the region as a whole and its nine counties individually. The partnership began in January 2008 with the production of a Substance Abuse Needs Assessment Toolkit which provided counties with a comprehensive example of how to conduct a local needs assessment and identify priority problem areas to address over time. The original toolkit provided the basis for the expanded needs assessment and outcome evaluation monitoring tool to be completed by July of 2010.

To correspond with Mid-South's 2010-2015 Strategic Prevention Plan, this bi-annual report will track and display trend data surrounding the region's identified priority consequence areas (Alcohol involved traffic fatalities, injuries, and crashes, tobacco related death, and poisonings and death due to OTC and prescription drug abuse), associated consumption patterns, and risk and protective factors over time. This report will be essential in monitoring, tracking, and documenting the intended behavioral and systems outcomes of the 2010-2015 strategic planning process. It will ultimately assist the Mid-South region and its counties in presenting the measurable contributions to the reduction of substance use, abuse, and the related consequences.

## VIII. Regional Capacity Assessment

**Outcomes of the Regional Strengths, Weaknesses, Opportunities, and Challenges (SWOC) Analysis:** On May 20<sup>th</sup>, 2009 the Regional Planning Collaborative (RPC) members dutifully worked through an exercise to analyze the Mid-South Substance Abuse Commission's regional capacity to institutionalize the SPF process and principles and carry out the 2010-2015 Strategic Prevention Plan. Four long-term systemic questions were posed to the group. Those questions, followed by the group's collective responses, are identified below:

1. What are the major **strengths** of the Mid-South region, its counties, and coalitions?
  - a. Mid-South is collaborative in nature and well respected in the substance abuse field
  - b. Region's ability to lead by example
  - c. The county coalitions and their diverse networks supporting this work
  - d. Committed to continuous quality improvement at all levels
  - e. Commitment to the work, the mission/vision, and the SPF process
  - f. Regional commitment to funding the major aspects of the SPF process
  - g. Counties take pride at excelling in the SPF process which reflects positively on the region
  - h. Ability to share resources, support peer to peer mentoring, and provide opportunities to discuss best practices

- i. Capacity to collect, utilize and prioritize substance abuse specific data indicators
2. What are the major **weaknesses** the region has in regard to the Strategic Prevention Framework, the selection of evidence-based programs, policies, and practices, and overall prevention system alignment?
  - a. Community planning over action (getting stuck in planning and not moving into action phase)
  - b. Difficulty increasing membership because of continuous planning and community agency staff transitions
  - c. Disconnect or uncertainty in communities in determining how best to distribute prevention dollars based on what they said their goals are
  - d. Lack of uniform data collection
  - e. Lack of understanding/limited understanding of social norms/marketing campaigns (despite proximity of MSU resource)
  - f. Some communities stuck with old prevention beliefs and perceptions—reluctance to change to evidence-based policies, practices, and programs
  - g. Diversity in region – how counties operate, demographics, etc. (strength too)
  - h. Lack of comprehensive regional or state training “system” beyond what is provided by Mid-South staff, the Blackboard site, and state of Michigan.
  - i. In some cases, coalition members agree to plans without really considering impact, funding levels, effectiveness, etc
3. What **opportunities** do you see for the Mid-South region, its counties, and coalitions? In what arenas do we have the potential to lead or advance the prevention field?
  - a. Counties have capacity and willingness to pilot programs and strategies
  - b. Ability to redefine prevention as it is known and to have an impact on how prevention is viewed within the substance abuse continuum
  - c. Continue to be on the cutting edge and be viewed as a leader statewide
  - d. Communicate desired/achieved prevention outcomes to stakeholders, taxpayers, and the legislature
  - e. Host/facilitate local, regional, or statewide trainings on capacity building and/or systems change
  - f. Promote SPF concepts and principles in other venues so it’s everyone’s mindset
  - g. Reintroduce the SPF process to county commissioners and key leaders as a means of continuous quality improvement
  - h. Harnessing the passion of non-traditional groups and individuals back to our cause
  - i. Expand peer-to-peer mentoring within region

- j. Expand into thinking tri-county or multi-county implementation of similar prevention strategies that impact larger populations, cut across borders, and stretch limited prevention resources
- 4. What are the major **challenges** (threats) that the region will face in implementing the 2010-2015 Mid-South Strategic Plan?
  - a. Sustained funding
  - b. Allowing funding rather than data and vision to direct planning
  - c. Consistent messages across counties
  - d. Lack of true collaboration in counties
  - e. Consistent data collection across region
  - f. Lack of cultural competency at local, regional, and state level
  - g. Lack of local capacity to do this sophisticated work

The planning workshop concluded with the development of a capacity building logic model that prioritizes and outlines what needs to be strengthened in the Mid-South region. The group was asked to focus on strategies that are systemic in nature and feasible in application, considering limited resources and funding. The group's collective responses are identified below:

**Major Systemic Objectives Identified by the RPC:**

To develop a training system for prevention similar to the South East Michigan Community Alliance's (SEMCA) system which has a coordinated, web-based system with various contractors covering multiple topics. Mid-South could request regional trainings from Central CAPT, The Bureau of Substance Abuse and Addiction Services (formerly ODCP), and other prevention consultants on relevant topics. County coalitions/provider networks could be funded to provide regional trainings and/or peer to peer networks and mentoring opportunities could be enhanced within region;

Monitor and report-out major outcomes through the use of an annual outcome evaluation report used to communicate and advocate with local and regional networks, legislators, and major stakeholders;

Continued dialogue surrounding the substance abuse continuum of care and Recovery Oriented Systems of Care (ROSC) (strategic planning, protocol, funding), as it relates to both treatment and prevention;

Integrate cultural competency at all levels in SPF five steps including how-to protocol, social justice, and health equity;

Ability of counties to implement strategies on a multi-county or regional level and encourage cross-county, multi-county, and regional collaboration on prevention strategies with inclusion as standing agenda item at quarterly coordinators' meetings;

Provide additional networking opportunities region-wide to address the following: continuum of care and ROSC, outcome evaluation reporting, and cross-county collaboration;

Solidify and/or enhance partnerships between the county coalitions and the Mid-South Board representatives

## IX. External Resources

Who can assist us in our work? See below for a comprehensive listing of the major regional, state, and national resources that are available to all who enter into the work of building and maintaining community systems of prevention that are vital to the substance abuse continuum of care.

### 1. Regional Resources

- a. Mid-South Substance Abuse Commission: [www.mssac.com](http://www.mssac.com)
- b. Blackboard Resource: [www.blackboard.edzone.net](http://www.blackboard.edzone.net) (enter *eis.g.inghamguest* as username with *guest* as password) or contact the Mid-South Prevention Department for details
- c. County Coalition Websites
  - Clinton County: [www.drugfreeclinton.org](http://www.drugfreeclinton.org)
  - Eaton County: [www.eatondrugfree.org](http://www.eatondrugfree.org)
  - Gratiot County: [www.gir.gnnet.us/](http://www.gir.gnnet.us/) (enter *eis.g.gratiotguest* as a username with *guest* as password)
  - Hillsdale County: [www.mvabhs.com/prevention](http://www.mvabhs.com/prevention)
  - Ingham County: [www.drugfreeingham.org](http://www.drugfreeingham.org)
  - Ionia County: [www.ioniacounty.org/health-department/substance-abuse-home.aspx](http://www.ioniacounty.org/health-department/substance-abuse-home.aspx)
  - Jackson County: [www.drugfreejackson.com](http://www.drugfreejackson.com)
  - Lenawee County: [www.drugpreventionlenawee.com](http://www.drugpreventionlenawee.com)
  - Newaygo County: <http://safeanddrugfree.ncresa.org>

### 2. State Resources

- a. Michigan Department of Community Health: [www.michigan.gov/mdch](http://www.michigan.gov/mdch)
- b. Bureau of Substance Abuse and Addiction Services: [www.michigan.gov/mdch/0,1607,7-132-2941\\_4871---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2941_4871---,00.html)
- c. Michigan State Police: Office of Highway Safety Planning: [www.michigan.gov/msp/0,1607,7-123-1593\\_3504---,00.html](http://www.michigan.gov/msp/0,1607,7-123-1593_3504---,00.html)
- d. Michigan Liquor Control Commission: [www.michigan.gov/dleg/0,1607,7-154-10570---,00.html](http://www.michigan.gov/dleg/0,1607,7-154-10570---,00.html)
- e. Michigan Profile for Healthy Youth (MiPHY): [www.michigan.gov/miphy](http://www.michigan.gov/miphy)

### 3. National Resources

- a. Office of National Drug Control Policy (ONDCP): [www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)
- b. Substance Abuse & Mental Health Services Administration (SAMHSA) website: [www.samhsa.gov](http://www.samhsa.gov)

- c. SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) website: [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)
  - d. Center for Substance Abuse Prevention (CSAP): [www.prevention.samhsa.gov](http://www.prevention.samhsa.gov)
  - e. Community Anti-Drug Coalitions of America (CADCA): [www.cadca.org](http://www.cadca.org)
4. General Prevention Resources
- a. Strategic Prevention Framework overview: [www.carnevaleassociates.com/CA\\_IB-SAMHSA\\_SPF\\_Overview.pdf](http://www.carnevaleassociates.com/CA_IB-SAMHSA_SPF_Overview.pdf)
  - b. Prevention Network: [www.preventionnetwork.org](http://www.preventionnetwork.org)
  - c. Medicine Abuse Resource Guide: [www.michigan.gov/mdch/0,1607,7-132-2941\\_4871\\_48558-15090--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2941_4871_48558-15090--,00.html)
  - d. FACE: [www.faceproject.org/index.html](http://www.faceproject.org/index.html)
  - e. Michigan Prevention Association (MPA): [www.yourmpa.org](http://www.yourmpa.org)
5. Treatment and Continuum of Care Resources
- a. Mid-South Substance Abuse Commission: [www.mssac.com](http://www.mssac.com)
  - b. Michigan AA Resource Directories: [www.step12.com/michigan.html](http://www.step12.com/michigan.html)  
[www.usrecovery.info/AA/Michigan.htm](http://www.usrecovery.info/AA/Michigan.htm)  
[www.theagapecenter.com/AAinUSA/Michigan.htm](http://www.theagapecenter.com/AAinUSA/Michigan.htm)
  - c. Recovery Oriented Systems of Care (ROSC) [www.rcsp.samhsa.gov/pubs/rsswhitepaper.pdf](http://www.rcsp.samhsa.gov/pubs/rsswhitepaper.pdf)

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The term collaboration is used extensively in the human services field. For the last five years Mid-South has taken the task to broaden and expand the way counties within the region think about collaboration. To collaborate takes on many meanings, such as, to partner, to form an alliance, to work as a team, and to cooperate. Mid-South has advocated and reached out to county “preventionists” (health and human services staff, school personnel, community members, county officials, etc.) to not only attend meetings but to truly contribute to meetings, to not just approve plans but to actually participate in writing them, to not only request funding but to also share and/or braid funding for the collective good of the community and its residents. These aspects of true collaboration are at the heart of the Strategic Prevention Framework and success or failure hinges upon that capacity.

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“The work is less when performed by many” - author unknown

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Web: <http://www.mssac.com>

