

# DMHAS Prevention: Coalitions and Services

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# Background

- In late 2010, DMHAS began a strategic prevention planning process to guide the development and implementation of new programming, and to evaluate its prevention goals as a means of guiding the organization's actions and decision-making with respect to prevention activities.
- To reflect its commitment to inclusiveness and collaboration in statewide planning, the Division sought the counsel of stakeholders to determine priority areas. Through a competitive application process 15 community members were selected to serve on the Planning Committee with representatives from state departments and divisions.
- Beginning in October 2010, the Planning Committee met monthly to complete the first three of five sections of the plan. Workgroups met more frequently. The group reconvened in the Fall of 2012 to complete the final two sections of the plan.

# Background

Acting upon its commitment to prevent substance abuse and its harmful consequences, and as specified in DMHAS' Strategic Planning Project Charter, DMHAS sought to:

- ▶ Develop a data-driven five-year Addiction Prevention Strategic Plan that will become a roadmap for DMHAS-funded statewide prevention activities and funding decisions;
- ▶ Address the Center for Substance Abuse Prevention's (CSAP) recommendation that New Jersey develop a unified strategic plan for prevention services;
- ▶ Align primary stakeholder groups' prevention efforts and resources with the identified priority areas;
- ▶ Use the Addiction Prevention Strategic Plan to guide prevention decision making and policy development at the State, County, and provider levels; and
- ▶ Create an infrastructure plan to guide the continued development of DMHAS' Prevention Outcomes Management System (POMS) to collect environmental, outcome, and performance indicator data.

# DMHAS Prevention Goals

- New Jersey's citizens have access to the prevention services they need, which are identified by means of an intensive data-driven needs assessment process.
- Substance abuse and its harmful consequences are prevented.
- Services and programs are cost-effective and resources are maximized.
- Partnerships with communities are created and sustained to assess, develop, implement, and advocate for prevention policies, programs, and services.

# DMHAS Regional Coalitions

- Atlantic and Cape May Counties – Cape Assist
- Bergen County – The Center for Alcohol and Drug Resources
- Burlington County – Prevention Plus
- Camden County – The Camden County Council on Alcoholism and Drug Abuse
- Cumberland and Salem Counties – The Southwest Council
- Essex County – Family Connections
- Gloucester County – The Southwest Council
- Hudson County – NCADD Hudson/Partners in Prevention
- Hunterdon and Somerset Counties – Hunterdon Prevention Resources
- Mercer County – The Mercer Council on Alcoholism and Drug Addiction
- Middlesex County – NCADD Middlesex
- Monmouth County – Prevention First
- Morris County – Morris County Prevention is Key
- Ocean County – Barnabas Health Institute for Prevention
- Passaic County – William Paterson University
- Sussex and Warren Counties – The Center for Prevention and Counseling
- Union County – Prevention Links

# Prevention Priorities

- Reduce underage drinking – ages 12 – 20
- Reduce the use of illegal substances – with a special focus on the use of opioids among young adults 18-25 years of age
- Reduce prescription medication misuse across the lifespan
- Reduce the use of new and emerging drugs of abuse across the lifespan

# Additional Populations

1. New Jersey Returning Veterans

2. Older (60+) Adults

Coalitions that can provide data (quantitative and/or qualitative) to demonstrate that returning veterans and/or older adults in their region could benefit from environmental prevention programs and strategies will be allowed to focus on this/these population(s).

# Tobacco Prevention

- Coalitions are encouraged to set annual targets for the reduction of past 30-day tobacco use among populations receiving services under this project.
- New Jersey's Substance Abuse and Prevention Treatment (SAPT) Block Grant funding is contingent upon compliance with Synar requirements regarding the Retailer Violation Rate.
- The Synar Amendment established penalties for noncompliance. The penalty for a State is loss of up to 40 percent of its SAPT Block Grant funds.
- States are required to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18.

# Coalitions Follow the Office of National Drug Control Policy's Prescription Drug Abuse Prevention Plan

- **Education.** A crucial first step in tackling the problem of prescription drug abuse is to educate parents, youth, and patients about the dangers of abusing prescription drugs, while requiring prescribers to receive education on the appropriate and safe use, and proper storage and disposal of prescription drugs.
- **Monitoring.** Implement prescription drug monitoring programs (PDMPs) in every state to reduce “doctor shopping” and diversion, and enhance PDMPs to make sure they can share data across states and are used by healthcare providers.
- **Proper Medication Disposal.** Develop convenient and environmentally responsible prescription drug disposal programs to help decrease the supply of unused prescription drugs in the home.
- **Enforcement.** Provide law enforcement with the tools necessary to eliminate improper prescribing practices and stop pill mills.

# Coalition Successes

- Coordination and collaboration with County A&D Coordinators
- Salem/Cumberland - Coalition coordinated efforts between the Pennsville Police Chief and Project Medicine Drop, resulting in a prescription drop box being installed in the Pennsville Police Department.
- Union County - Increase community readiness and solicit buy-in from New Providence, by partnering with the New Providence Police Department and the Union County Prosecutor's Office to host a community event on the dangers of prescription drugs, opiate abuse, and current drugs trends in Union County.
- Hudson - Installation of 4 permanent Rx disposal sites. Now providing sites in 33% of county municipalities.
- Middlesex - Providing prescription drug abuse workshops for pharmacists and prescribers.
- Morris - Providing NJ Prescription Drug Monitoring Program (NJMPMP) training to pharmacy students (FDU School of Pharmacy) in collaboration with the NJ Attorney General's Office, Division of Consumer Affairs.

# Coalition Successes

- Camden – In partnership with the Partnership for a Drug Free New Jersey and The Girl Scouts of Central and Southern New Jersey, created a Pilot Program to address Prescription Drug Abuse through the GS Middle School Media Program, resulting in a 30-second PSA that aired on the following websites – GS of America and PDFNJ, as well as at Scout Night at the River Sharks stadium, viewed by several thousand people in attendance.
- Monmouth – Developed a prescription medication disposal card: “Got Rx Drugs?”, that provides a link to locate permanent drop box locations in the county as well as step-by-step instructions on how to properly dispose of prescription medications.
- Burlington – a retired chief of police acts as coalition coordinator
- Passaic – The coalition has been successful in collaborating with local police departments and the Sheriff’s Department to bring five permanent drop boxes to the county.

# Coalition Successes

- Hunterdon/Somerset - Planned and implemented first drug symposium for law enforcement and school administrators across region.
- Mercer - Collaborating with the NJ Attorney General's Office to offer a Grand Round lecture series at area hospitals to educate physicians on the diversion of prescription drugs and abuse methods that have led to heroin use. Provides mobile NJPMP sign-up opportunities for doctors.
- Sussex/Warren - Held trainings specifically for Weichert Realtors, the largest real estate company in the region, which resulted in their agreement to advise home owners to secure prescription drugs during the process of showing their homes.
- Ocean - Developed a comprehensive plan for reducing prescription medication misuse among older adults.

# Community-Based Services

- DMHAS defines prevention as a proactive, evidence-based process that focuses on increasing protective factors and decreasing risk factors that are associated with alcohol and drug abuse in individuals, families, and communities.
- DMHAS' approach to alcohol and substance abuse prevention and the conceptual framework that supports it has continuously evolved over time.
- Current research regarding prevention continues to prove that effective substance abuse prevention must include evidence-based strategies for addressing risk and protective factors across multiple domains. In addition, these strategies must be implemented at appropriate levels of intensity and in appropriate settings such as schools, workplaces, homes and community venues.

# Community-Based Services

## SAMHSA's Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness

- ▶ This entails creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the Nation's high-risk youth, youth in Tribal communities, and military families.

# Special Projects

1. **Prevention Services for families of military personnel who are living or stationed in New Jersey (approximately \$325,000)**
  - ▶ Children in military families often are subject to stressful conditions stemming from difficult transitions.
  - ▶ DMHAS is committed to serving military families with prevention education, addressing military community risk levels, striving to mitigate the risk factors, and enhancing the protective factors to support military members and their families in making responsible parenting and individual choices in regards to drug and alcohol use.

## 2. Prevention Services for Minority Gay/ Lesbian/ Bisexual/Transgendered or Questioning (GLBTQ) Youth (aged 12-24) in New Jersey (approximately \$225,000)

- ▶ The odds of substance use for GLBTQ youth are on average 190% higher than for heterosexual youth (*Addiction*, March 2008). For some sub-populations of GLBTQ youth, the odds were substantially higher.
- ▶ As members of more than one minority group, GLBTQ youth of color face special challenges in a society which often presents heterosexuality as the only acceptable sexual orientation and in which nonwhites have disproportionately higher rates of negative sexual outcomes.
- ▶ Economic and cultural disparities, as well as sexual risk taking and other risk-taking behavior, make these youth vulnerable to HIV, pregnancy, and sexual violence.