

Comprehensive Prevention Programming Profile

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Overview and Introduction

Alcohol is the number one illegal drug problem facing American youth today. The 2003 Albany County Communities That Care Youth Survey Reports, that the lifetime alcohol use for 12th graders is 87.8% followed by cigarettes at 53.8% and marijuana at 53%. Past 30 day use of alcohol for 12th graders is 59.6%, binge drinking is 37.1%, marijuana is 32.0% and cigarettes at 26.3%. All other drugs are at a lifetime use rate of 10% or less and past 30 day use rate of 5% or less.

The number one cause of death for youth is alcohol related car crashes. More youth will become alcoholic in their lifetime, die of an alcohol related illness or impairment problem or become seriously injured or commit suicide due to alcohol use than due to any other drug. Yet alcohol is the drug that is most socially accepted, embodies the most mixed messages, is the most accessible and carries the fewest penalties for the illegal use of it. We can no longer ignore the damage this drug or any of the other drugs are doing to our youth!

This profile suggests methods to address alcohol, tobacco and other drug prevention throughout the lifecycle and throughout our many bureaucratic institutions. There is still plenty of denial and stigma to go around concerning the addictive disease process of chemical dependency and this profile suggests some areas to begin to chip away at these obstacles.

Schools and their faculty, staff, administrators and students are an integral part of this proposal. The governing bodies for the schools, as well as the funders providing prevention programming dollars to the schools, need to be addressed. We must start where students are most consistently accessible and that is in the school setting. The professionals running the schools need to be adequately trained beginning with their professional preparation in college and continuing throughout their careers in the field of education. Faculty and staff attitudes, beliefs, values and behaviors need to be addressed so they may be effective role models for their students. There are too many horror stories of faculty advisors for student organizations such as Students Against Drunk Driving (SADD) leaving a student meeting and attending happy hour with their colleagues and driving home drunk without even giving it a second thought. The faculty and staff issues such as these may pose more resistance to changing this climate than the resistance and behaviors that the students themselves engage in.

The same scenarios of mixed messages can be played out with parents and other family members in students' home lives. This proposal will illustrate the need for a community wide buy – in related to the impact that alcohol, tobacco and other drugs have on people's lives before we can impact the actual use rates exhibited by youth.

This proposal also addresses parents; patients in the chemical dependency treatment system; media campaigns; public awareness and public health campaigns; public policy initiatives to reduce alcohol use and alcohol, tobacco and other drug training. These components, implemented collectively can begin to turn the tide regarding the relationship that the communities in our state have with alcohol, tobacco and other drugs.

Implementing Effective Elementary Prevention Programming:

Rationale for Prevention for ages 4 –11(Pre-school, K-4th):

Children are being exposed to the messages, attitudes, values and beliefs of the family system and communities that they are born into on a daily basis, for many years before there is any kind of standardized, comprehensive, ATOD prevention message being disseminated to them. **This needs to change! The most recent Albany County Communities That Care (CTC) 2003 survey indicated that by 6th grade 26.4% of students have used alcohol and 8.1% have used alcohol in the past 30 days.**



A comprehensive, effective prevention program for children ages 4 –11 is desperately needed if we are ever going to reduce the first age of use and increase the number of children who choose abstinence for a lifetime. An effective program needs to meet **at least 8 weeks per year** and the messages of the program need to be reinforced **on an annual basis** with developmentally appropriate concepts added each year. It is also imperative that the prevention programming is in keeping with the other goals of the institutions it is being delivered in. An Apple A Day© (AAAD) is a natural partner because it not only addresses alcohol, tobacco and other drug prevention but it also addresses literacy skills. As this is implemented in Albany County by the Addictions Care Center of Albany (ACCA), a book giveaway is an integral part of each program where all participating students receive three free books during the course of the program.



Key points for Effective Elementary Prevention Programming:

- ❖ NYS Education Department must have buy –in, students are most readily accessible in the schools.
- ❖ Programming must be repetitive throughout the elementary grades.
- ❖ Programs must be easily replicated.
- ❖ Programs must support the enhancement of preparation for NYS elementary testing.
- ❖ Preferred provider to train teachers is an OASAS approved prevention provider.
- ❖ Preferred delivery of services is through the classroom teacher during their language arts or health and physical education curricula. The AAAD program is approved for the aforementioned learning standards.
- ❖ Readily available turnkey curriculum, including training and curriculum materials need to be available to train teachers. The AAAD program has these materials readily available.



Strategies for NYS OASAS to implement:

- ❖ Obtain agreement and collaboration from NYS Department of Education that elementary substance abuse prevention programming is a priority.
- ❖ Mandate elementary prevention programming that fits the criteria set forth by NYS OASAS and collaborate with the federal government to attach the provision of elementary prevention programming to the receipt of Safe and Drug Free Schools funding.
- ❖ Develop a system to hold schools accountable for implementing prevention programs in the duration and dosage that is effective.
- ❖ Distribute a list of trainings and curricula/programs to all schools statewide, highlighting the programs developed and provided by NYS OASAS prevention providers.
- ❖ Assist NYS OASAS prevention providers so they may research the programs and curricula they have developed and/or market the curricula they provide.



ACCA's Role:

An Apple A Day© fits the above criteria and are literacy-based alcohol, tobacco and other drug prevention programs that can be implemented in the following areas:

- ❖ Pre – K programs
- ❖ Daycare Programs
- ❖ Elementary Schools
- ❖ After School Programs
- ❖ Girl Scouts
- ❖ 4H
- ❖ Boy Scouts
- ❖ Other appropriate youth groups
- ❖ Religious Education
- ❖ Church Youth Groups
- ❖ OCFS working with children in the child welfare system (model the ACCA/Parsons collaboration currently underway)



An Apple A Day's Unique Strategies:

- ❖ Literacy Based
- ❖ Based on Risk and Protective Framework
- ❖ Collaborates with schools, child welfare system, and community youth programming providers.

Dissemination of the Apple A Day© Curriculum:

With limited funding the An Apple A Day© Program has been disseminated to teachers and youth workers in numerous settings nationwide in the following geographic areas:

- ❖ Albany City Police
- ❖ Albany City School District
- ❖ Berne Knox Westerlo School District
- ❖ Montgomery County Catholic Charities Serving Amsterdam School District
- ❖ Williamsville School District, Western NY
- ❖ Northfield, Minnesota School District
- ❖ Corpus Christi, Texas
- ❖ Lee County Schools, Southwest Florida Addiction Services
- ❖ Dallas, Texas

*** Imagine what we could do with increased assistance from NYS OASAS!!!!**

Implementing Effective Middle School Prevention Programming:

Rationale for Middle School Prevention Programming:

Once the foundation is set for consistent, comprehensive prevention programming in the elementary grades it is imperative that it continues through the middle school grades to address the time in a child's life when the peer pressure to use alcohol and other drugs is increasing dramatically and use rates, especially of marijuana and alcohol are rising significantly. **2003 Albany County CTC survey notes that lifetime use of marijuana rates have quadrupled between 6th and 8th grades (4.6% to 20.2%) and alcohol use rates double (26.4% to 52.9%). Past 30 day marijuana rates increase by 5x from 2.1% to 11.1% between 6th and 8th grades while alcohol use rates almost triple (8.1% - 22.8%).**



Once again a program to effectively combat these statistics will meet at least once a year, each year, for at least eight consecutive weeks. The ACCA's Grow Girl© and Boys Only© programs are the perfect complement to AAAD©. The lack of intensity and consistent duration of prevention programs of the past are factors which contributed to their lack of substantial outcomes on values, attitudes, beliefs and behaviors.



Key points for Effective Middle School Prevention

Programming:

- ❖ NYS Education Department must have buy –in, students are most readily accessible in the schools.
- ❖ Programming must be repetitive throughout the middle school grades.
- ❖ Programs must be easily replicated.
- ❖ Preferred provider of prevention training for teachers and afterschool staff is an OASAS approved prevention provider.
- ❖ Readily available turnkey curriculums, including training and curriculum materials are available to train teachers and afterschool staff.
- ❖ ACCA's **Grow Girl©** and **Boys Only©** programs are **gender specific** which is a strength when doing programming for the middle school age group.



Strategies for NYS OASAS to implement:

- ❖ Obtain agreement and collaboration from NYS Department of Education that middle school substance abuse prevention programming is a priority.
- ❖ Mandate middle school prevention programming that fits the criteria set forth by NYS OASAS and attach to the receipt of Safe and Drug Free Schools funding.
- ❖ Distribute a list of trainings and curriculums/programs to all schools statewide, highlighting the programs developed and provided by NYS OASAS prevention providers.
- ❖ Assist NYS OASAS prevention providers so they may research the programs and curriculums they have developed and/or market the curriculums they provide.



ACCA's Role:

Grow Girl© and **Boys Only©** fits the above criteria and are literacy-based alcohol, tobacco and other drug prevention programs. The programs are also gender specific so they also contain a same gender mentoring and role-modeling component. The programs can be implemented in the following areas:

- ❖ Middle Schools
- ❖ After School Programs
- ❖ Girl Scouts
- ❖ 4H
- ❖ Boy Scouts
- ❖ Other appropriate youth groups
- ❖ Religious Education
- ❖ Church Youth Groups
- ❖ OCFS working with children in the child welfare system (model the ACCA/Parsons collaboration currently underway)



Implementing Effective High School Programming:

Rationale for High School Prevention Programming:

High school prevention should focus on targeted prevention, indicated prevention, intervention and treatment. Universal prevention would be done through the support of students choosing abstinence. However at this age group, due to the high percentage of students using and abusing alcohol, tobacco and other drugs the focus must be on targeted and indicated prevention which would intervene on established patterns of substance use. Supports in the community such as community support groups for young people, support for abstinence in the high school community and adolescent treatment with family counseling as an integral component have been in short supply. It is imperative that comprehensive adolescent treatment, family treatment and young people's community support groups are in place before an intervention program of indicated and targeted prevention is put into place. Adolescents are very difficult to treat because most times they are returned to their same schools and families after their treatment experience, therefore it is imperative that school and family areas be addressed simultaneously to the treatment experience with the adolescent.



Key points for Effective High School Prevention Programming:

- ❖ Identify students who have a higher risk of developing chemical dependency due to the biological/genetic, psychological and social factors in their lives.
- ❖ Reinforce the expectation of abstinence in all extracurricular activities. Enforcement and accountability for youth to maintain abstinence from alcohol, tobacco and other drugs would have to be a high priority to all institutions, faculty, staff and students involved.
- ❖ These initiatives would require the training and education of all faculty, staff and administrators about effective alcohol, tobacco and other drug prevention and the risk factors and development of chemical dependency.
- ❖ Identify and refer students abusing alcohol, tobacco and/or other drugs to an OASAS approved, adolescent chemical dependency treatment program for an evaluation.
- ❖ Track the follow up with the recommendations of the evaluation as a requirement for any sanction regarding alcohol, tobacco or other drug use of a student.

- ❖ Since such abuse is illegal for adolescents, the incidents could be addressed in a manner similar to that of a DWI violation and/or Department of Transportation violation in regards to alcohol or other drugs.
- ❖ Currently such violations by high school students rarely result in a referral for evaluation or treatment. Therefore many students who are at high risk of triggering chemical dependency at an early age are enabled to continue to abuse chemicals by a system that treats their behaviors as mere experimentation rather than the onset of a possible addictive disease process.
- ❖ Current Student Assistance Counselors or Prevention Counseling staff in high schools throughout the state and funded through NYS OASAS could be used to identify, refer and case manage students referred for evaluations and treatment.
- ❖ Intervention could also be promoted on the community level by encouraging the implementation of a Family Drug Court and Juvenile Drug Court. Currently there are implementation grants available through the Department of Justice for these initiatives.



Strategies for NYS OASAS to implement:

- ❖ Support current high school level programming (i.e. SADD, Natural Helpers, Teen Institute, Youth to Youth) with the caveat that it maintain and enforce an abstinence message to be adopted by students and faculty/staff advisors. These organizations can be a social safe haven for students who choose to abstain from alcohol tobacco and other drugs.
- ❖ Educate and train, faculty/staff, administration and parents in high school communities about effective prevention and chemical dependency as an addictive disease process that develops as a result of the continued abuse of substances.
- ❖ Assess the level of referral from NYS OASAS funded Student Assistance Counselors and Prevention Counselors to OASAS certified adolescent treatment programs for evaluation and/or treatment.
- ❖ If referral levels are low for Student Assistance Counselors a plan should be implemented to increase referrals and insure that high school students who are identified as using and abusing substances are getting evaluations and treatment at OASAS certified treatment agencies.
- ❖ Disseminate information to high school faculty/staff, administration and parents regarding OASAS certified adolescent chemical dependency treatment services.

- ❖ Work as a liaison with community support groups to make sure that meetings for young people are active and available in communities statewide.



ACCA's Role:

- ❖ ACCA opened in September 2003, a new Youth and Family Center serving adolescents and their families. ACCA is currently reaching out to all youth providers, including schools. However, referrals so far, have not been from school communities. ACCA continues to reach out and market services.
- ❖ ACCA currently works with the Office of Children and Family Services to implement adolescent group counseling in their Albany County Facility.
- ❖ ACCA would be more than willing to work cooperatively with an Albany County Juvenile Drug Court and Family Drug Court, if Department of Justice implementation funds were secured for Albany County.
- ❖ ACCA currently works with Natural Helpers and SADD in Albany County to support their programming and participate in school and countywide events.
- ❖ ACCA is ready and willing to provide trainings to school personnel, administration and parents of high school students to educate and train them regarding effective prevention and chemical dependency as an addictive disease process that develops as a result of continued abuse of substances.

Highlighting NYS OASAS Alcohol, Tobacco and Other Drug Prevention Providers and Their Expertise:

Rationale for Working with Governing, Accrediting and Administrative Bodies:

NYS OASAS could assist prevention providers by working with and communicating to governing and accrediting bodies that **the single most qualified providers of prevention programming or prevention training are OASAS funded prevention providers.** It is imperative that NYS OASAS as the leading alcohol, tobacco and other drug agency in the country, stand behind and advocate for their funded prevention providers to be involved in all ATOD prevention efforts statewide. Historically NYS OASAS has not supported and replicated the programming that providers have developed and found successful in their communities.

Historically OASAS has encouraged providers to adopt programming and efforts NYS OASAS deemed more appropriate. Hence, the working relationship has at times been more adversarial than supportive. (i.e. When OASAS was asked to assist with replication of ACCA's successful programs such as An Apple A Day©, Grow Girl!©, Boys Only!© and Strong Families, it was met with resistance as opposed to enthusiasm). This has also occurred historically with such programs as Teen Institute, Natural Helpers, Youth to Youth and Prevention Research Institute's Prime For Life Programs, just to name a few. NYS OASAS has historically seemed to want to shape and mold the prevention program providers rather than embrace their expertise and see them as the experts in their communities.

Suggested governing bodies that NYS OASAS could work with to highlight NYS OASAS prevention providers:

- ❖ NYS Office of Children and Family Services

- ❖ NYS Department of Health

- ❖ NYS Department of Education

- ❖ Regional and Statewide Religious Education Organizations within each denomination

- ❖ Statewide Girl Scout, Boy Scout, 4H organizations

- ❖ SAMHSA



Key points for Highlighting NYS OASAS Alcohol, Tobacco and Other Drug Prevention Providers and Their Expertise:

- ❖ Assist Prevention Providers in marketing their programming.
- ❖ Assist Prevention Providers in researching their programming.
- ❖ View Prevention Providers as the experts in their unique communities.
- ❖ Enhance the work and programming they are successfully implementing rather than recreate the wheel with the “Prevention Program of the Day”.



Strategies for NYS OASAS to implement:

- ❖ Insure that all entities applying for and receiving NYS OASAS prevention programming or prevention training grants are required to work with a designated NYS OASAS prevention provider in their geographic target area. (Currently many entities are given NYS OASAS funding without working with their local NYS OASAS prevention provider causing a lack of cohesiveness and duplication of efforts).
- ❖ Distribute a list of NYS OASAS providers and the curriculums, trainings and programs they provide to the statewide Governing, Accrediting and Administrative agencies listed herein.
- ❖ Promote NYS prevention providers on the NYS OASAS website, similar to the current listing of NYS treatment providers.
- ❖ Work with the federal source of tobacco prevention funding to redirect funds to NYS OASAS as opposed to the NYS DOH. (The New Jersey state model has the alcohol and drug agency oversee smoking and tobacco issues, not the health agency.)
- ❖ Work with other statewide agencies to promote and adopt the CPP/CPS credential as a preference or requirement for the prevention professionals in their systems.
- ❖ Engage in statewide marketing efforts to provide community service announcements and publications regarding the prevention programming that is happening statewide.



ACCA's Role:

- ❖ ACCA could provide programming, training and/or curriculums to employees/staff of the agencies listed herein.
- ❖ ACCA could provide prevention curricula (AAAD©, GG©, BO©, Strong Families) and provide training for the CPP/CPS credential.

Incorporating Prevention Into Undergraduate and Graduate Curriculums and Certification/Licensure Examinations:

Rationale for Training Educators, School Counselors, Youth Workers and Administrators:

The best method to incorporate prevention programming into the lives of children would be to train the very adults who work with them on a daily basis. This is the preferred method because as the adults are trained to implement the program with children they go through a process to question their own attitudes, values and beliefs regarding alcohol, tobacco and other drugs.

Adult Children of Alcoholics and Substance Abusers are over represented in the helping professions and until they are brought face to face with their attitudes, values and beliefs (both conscious and unconscious) concerning alcohol, tobacco and other drugs they will never be able to be effective prevention providers. Effective prevention providers must model (verbally, attitudinally and behaviorally) prevention messages that will impact the behaviors of the children they work with.

The more ATOD prevention information, knowledge and training students are given the more invested and comfortable they will be in delivering ATOD prevention material when they enter the professional world and are working with children.



Key points for Incorporating Prevention Into Undergraduate and Graduate Curriculums and Certification/Licensure Examinations:

- ❖ Rhetoric of the importance of prevention needs to be backed up with college coursework.
- ❖ Prevention needs to be viewed as a science that is technical and has a distinct knowledge base.



Strategies for NYS OASAS to implement:

- ❖ Mandatory college courses on ATOD Prevention
- ❖ Curriculum infusion of ATOD Prevention Principles into the professional course of study for teachers, school counselors, school administrators, youth workers and human service workers.
- ❖ Connect mandatory ATOD prevention courses and infusion of ATOD prevention principles to state certification of academic programs.
- ❖ Provide grants to organizations working with youth to implement the programs that NYS OASAS prevention providers offer.
- ❖ Work with designers of statewide and national testing organizations to insure ATOD prevention knowledge is covered on examinations required for certification and licensure of Educators, School Counselors, Youth Workers and School Administrators.
- ❖ Work with governing, accrediting and funding agencies statewide and nationally to insure accountability that funds earmarked for ATOD prevention are being utilized effectively.
- ❖ Provide incentives for agencies that are implementing programming deemed effective and provided by NYS OASAS prevention providers.
- ❖ ATOD education could be incorporated into already existing ongoing continuing education requirements for professionals working with youth.



ACCA's Role:

- ❖ ACCA is currently prepared to train Educators and Youth Workers to deliver the An Apple A Day© Program, Grow Girl! ©, Boys Only! © and Strong Families curriculums.
- ❖ ACCA could serve as a consultant for the administrative agencies implementing these changes.

Working with Parents and Families:

Rationale for Working with Parents and Families:

The largest influence on children and their ATOD behaviors, attitudes, values and beliefs are their parents and families. No prevention effort could be completed without addressing the families.

Strong Families has been successfully implemented in community residences and outpatient treatment settings as well as a companion to the AAAD© program. A statewide implementation of this program for adults would help make prevention programs more comprehensive in nature and would reach parents and adults with the same message that children are getting.



Key points for Working with Parents and Families:

- ❖ Information disseminated to children must be coupled with parental information.
- ❖ Parenting curriculums must be applied in appropriate dosage and duration.
- ❖ One quarter of all parents come from a family where chemical dependency was present.
- ❖ Prevention Programming does not interfere with treatment goals.

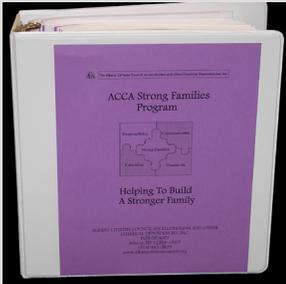


Strategies for NYS OASAS to implement:

- ❖ Mandate all OASAS licensed treatment agencies have a parenting/family component such as Strong Families.
- ❖ Mandate all individual treatment plans address a parenting/family component such as Strong Families.
- ❖ Work with statewide agencies to implement ATOD prevention to all the adults that they provide treatment services to.



ACCA's Role:



- ❖ ACCA could provide Strong Families training and curriculum materials statewide and nationally.
- ❖ ACCA provided Strong Families to all chemical dependency patients.

Working with the Children of Chemical Dependency Treatment Patients:

Rationale:

Children of Alcoholics and Substance Abusers are at the greatest risk of developing chemical dependency later in life. While parents are at their treatment appointments, or at another effective time, staff trained in the prevention curriculum could deliver the An Apple A Day© program to the children of the parents in treatment. NYS OASAS could work with treatment centers to purchase the AAAD© curriculum and obtain training from ACCA staff to use it. This would be especially appropriate for treatment settings that already have daycare services for their patients to use.



Key points for Working with the Children of Chemical Dependency Treatment Client/Patients:

- ❖ Prevention programming must be easily replicable.
- ❖ Programming must be provided in appropriate dosage and duration.
- ❖ Programming must be age appropriate.



Strategies for NYS OASAS to implement:

- ❖ Mandate that all Chemical Dependency treatment services have a children's prevention program.

- ❖ Market and distribute a list of all the children’s prevention programs that NYS OASAS prevention providers can deliver or train staff to deliver to the children of their treatment participants.



ACCA’s Role:

- ❖ ACCA is ready to train and distribute the AAAD© curriculum and training to all treatment entities interested in purchasing it.

Statewide Campaigns to Prevent Alcoholism and Alcohol Related Impairment Problems:

Rationale:

Preventing alcoholism and its other related health and impairment problems (auto, boating, snowmobile and ATV crashes, assaults, fires, disorderly conduct, drownings) could save the state millions of dollars in health care and emergency related costs if the incidences of these were reduced. These issues should be focused solely around alcohol because alcohol is the number one drug problem facing teens and adults today. It is imperative to do an adult alcohol prevention campaign if we are ever to impact children’s behaviors. No matter how much programming we address to children we must also address adult drinking behaviors, so they may be role models of appropriate behaviors, otherwise we will make little progress when addressing the youth issues.



Key points for Statewide Campaigns to Prevent Alcoholism and Alcohol Related Impairment Problems:

- ❖ Alcohol has been historically and still is the number one drug problem in this country.
- ❖ Statewide awareness campaigns have historically been successful (i.e. Safe Summer, Safe Winter, Getting Drug Is Never Safe) and should be re-implemented.
- ❖ A coordinated statewide effort to recognize alcohol related awareness months (i.e. Alcohol Awareness, Fetal Alcohol Syndrome/Effects, Collegiate Alcohol Awareness, Recovery Month, Drunk and Drugged Driving, etc.) should be implemented.



Strategies for NYS OASAS to implement:

❖ Possible Campaigns:

- ※ Fetal Alcohol Syndrome (FAS) Fetal Alcohol Affects (FAE) Prevention
- ※ Prevention and Treatment for Aging Populations
- ※ Social Norms Marketing
- ※ Getting Drug Is Never Safe Campaign for Adults
- ※ Media Literacy
- ※ Alcoholism Prevention Media Campaign (similar to Partnership for a Drug Free America campaign)
- ※ Celebrity Endorsements of an Alcoholism Prevention Campaign

❖ Strategies to assist campaigns:

- ※ Distribute statewide PSAs and information to prevention providers to disseminate
- ※ Distribute promotional items for prevention providers to disseminate



ACCA's Role:

- ❖ ACCA would be willing to support and promote statewide alcoholism prevention campaigns.

Public Policy Initiatives to Reduce Alcohol Use:

Rationale:

Public Policy initiatives are the least expensive, most effective way to impact alcohol use behaviors (i.e.: DWI enforcement) but it is also the one that is politically the most difficult. There is a need for strong public policy initiatives, especially regarding alcohol, to support the prevention initiatives. The increasing public policy initiative regarding smoking and its impact on adult smoking rates is an effective model that could be replicated for alcohol. Although prohibition is not recommended, the more difficult it is to obtain and use alcohol and the more regulated that the environments are where alcohol is allowed to be used publicly, the less likely it will be that people use it.



Key points for Public Policy Initiatives to Reduce Alcohol Use:

- ❖ Public policy initiatives that make it more difficult for youth and adults to obtain and use alcohol will result in the largest reduction of alcohol use rates.
- ❖ Although prohibition is not recommended, it was indeed the time in American history that had the lowest rates of drinking. Strict regulations regarding alcohol use can provide the same results.
- ❖ Media and alcohol issues need to be regulated including advertising and the use of alcohol in programming geared towards underage consumers.



Strategies for NYS OASAS to implement:

- ❖ Support legislation to restrict hours of alcohol outlets (hospitality industry and retail)
- ❖ Support legislation to restrict locations of retail outlets for alcohol (reduce number per mile or assess “state store” system).
- ❖ Support legislation to restrict alcohol advertising.
- ❖ Support the restriction of the ability of the Alcohol Industry to lobby politicians.
- ❖ Support increased enforcement of all alcohol laws on the books.
- ❖ Support stricter penalties for all alcohol laws on the books.
- ❖ Support increase taxes on alcohol.

- ❖ Support the restriction of sponsorship of events by the alcohol industry.
- ❖ Reenergize underage possession legislation with increased funding for enforcement, (similar to DWI enforcement incentives).



ACCA's Role:

- ❖ ACCA would be willing to support, publicize and help coordinate any statewide public policy initiatives to reduce alcohol use.

Provision of ATOD Training:

Rationale:

Many NYS OASAS funded prevention and treatment agencies have already established training providers with state of the art training facilities such as those located at ACCA's 90 McCarty Avenue facility. It is cost effective to focus workplace training funds and initiatives on these already established providers. These providers have experience in their communities and the ability to reach out to their fellow providers. This is a better utilization of funding as opposed to contracting out of state entities or other organizations not in the NYS OASAS umbrella.



Key points for Provision of ATOD Training:

- ❖ Keep workforce development funding within the already established training provider networks of the OASAS funded agencies that are currently providing training.
- ❖ Utilize OASAS funded training providers to update and develop curriculums as opposed to contracting it out to non-OASAS funded agencies.



Strategies for NYS OASAS to implement:

- ❖ Market trainings at NYS OASAS provider agencies.
- ❖ Market the CASAC/CIT/ CPP/CPS and it's international reciprocity to other agency personnel working with ATOD issues
- ❖ Develop a system of statewide, ongoing training courses to be offered through NYS OASAS providers. (Continue the Empire State Training Association Model)

- ❖ Develop the CPP/CPS credential and full program offerings of the credit hours.



ACCA's Role:

- ❖ ACCA has a state of the art training center and a proven record regarding statewide training and curriculum development.
- ❖ ACCA currently offers many innovative trainings and has developed a 350 Hour CASAC course program, as well as an entire CPP/CPS course program.

- ❖ ACCA is a member of the Empire State Training Association and has offered trainings statewide for the Office of Children and Family Services.
- ❖ ACCA will work with NYS OASAS to fulfill any needs regionally and statewide.

Addressing Alcohol, Tobacco and Other Drug Prevention Needs in Higher Education:

Rationale for Higher Education Programming:

College students are at high risk of experiencing health and impairment problems related to ATOD use, abuse and addiction. To build on the design for high school programming, programming at the college level should focus on creating and maintaining social opportunities for those who choose to abstain from alcohol, tobacco and other drugs and focus on targeted and indicated prevention, intervention and treatment. Similar to the dynamic in high schools, college personnel who address alcohol and other drug issues within the college community rarely refer students to chemical dependency evaluation and treatment. Again, this is enabling for students who are abusing or dependent on substances and do not have the opportunity to get appropriate intervention or treatment. Studies have also shown that residential college and university communities have a higher rate of ATOD use than commuter college communities, thereby indicating that the campus environment itself is a factor. Therefore environmental approaches as well as approaches addressing the entire community including, faculty, staff, administration and alumni are more effective than those that address only students.



Key points for Higher Education Programming:

- ❖ Alcohol and binge drinking is the number one drug problem for college students.
- ❖ Programming must address the environment, faculty, staff, administration and alumni in addition to the students.
- ❖ Linkages and liaison with NYS OASAS providers of prevention and treatment are essential.



Strategies for NYS OASAS to implement:

- ❖ Require that all colleges receiving OASAS grant funding also work with the OASAS prevention and treatment providers in their geographic area.
- ❖ Implement programs to educate higher education faculty, staff, administration and alumni regarding chemical dependency.
- ❖ Reach out to higher education Counseling, Student Affairs, Health Services and Judicial Affairs Offices to link them to OASAS providers in their geographic area.
- ❖ Assess the number of referrals that colleges make to OASAS providers in their area.
- ❖ If referral statistics are low, evaluate and implement a plan to overcome the barriers to the higher education community receiving ATOD services.
- ❖ Work with Higher Education in the areas of awareness and public policy campaigns.
- ❖ Create linkages with the higher education community to facilitate research opportunities for Prevention providers.
- ❖ Support regulation to limit alcohol outlets in college communities and limit or restrict alcohol advertising in college communities.



ACCA's Role:

- ❖ ACCA currently serves on the Capital District College Consortium and works with colleges in the area.
- ❖ ACCA would be willing to participate in any additional efforts to link colleges and OASAS prevention and treatment providers.