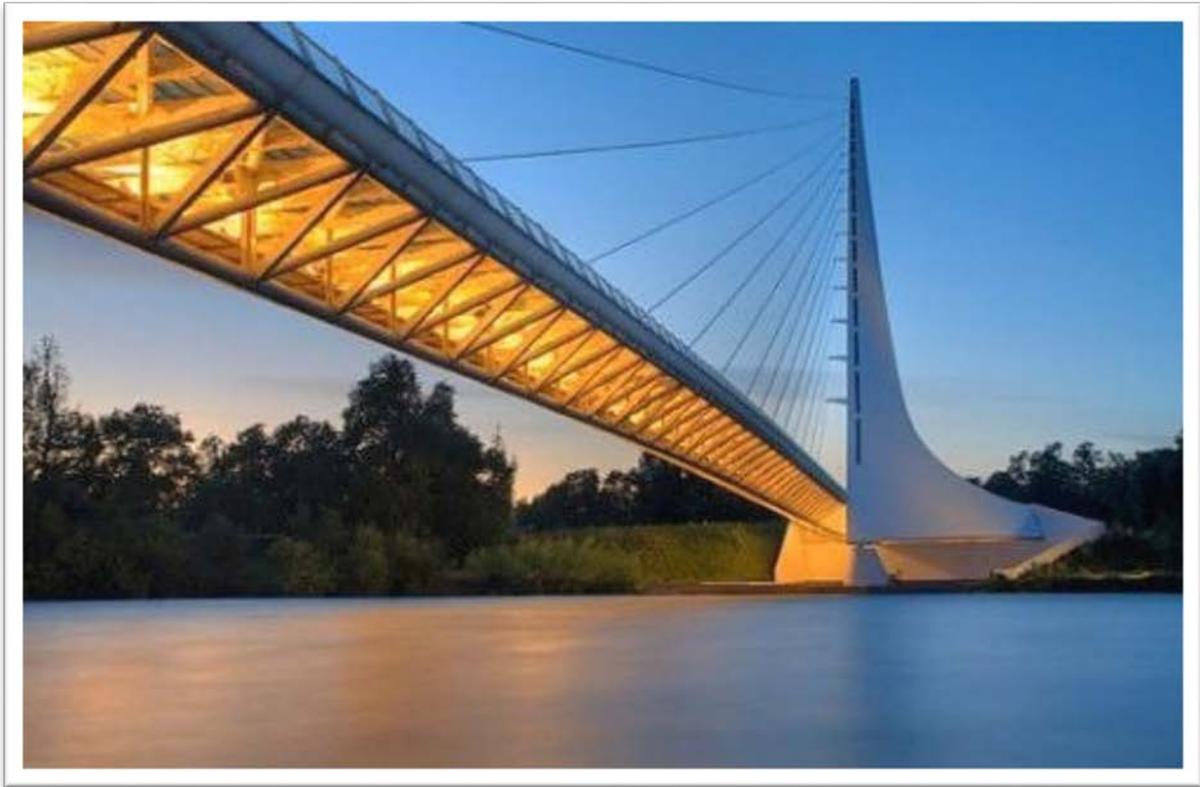


SHASTA COUNTY

Alcohol & Other Drug Abuse Strategic Prevention Plan *2013 - 2018*



Sundial Bridge, Redding Ca

**Health & Human Services Agency
Public Health Branch**



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Shasta County Health and Human Services Agency

Guiding Principles

Our Vision: Healthy people in thriving and safe communities.

Our Mission: Partnering with communities to protect and improve health and well-being.

Our Values

Compassion / Caring about people: We value each person and are sensitive to unique individual needs. We seek a high-quality life that is healthy and free from harm.

Prevention / Stopping problems before they start: We implement solutions to prevent the impact of disease and social challenges in current and future generations.

Collaboration / Teamwork and partnership: We partner with our clients, families, the community and each other to empower and support people to create safe and healthy places to work, live and play. We support teamwork, trust, confidentiality, and shared leadership as keys to successful collaboration.

Equality / Serving all with dignity and respect: We serve every person in a culturally competent manner. We work toward the elimination of social and health inequities within our communities. We nurture a workforce that is skilled, diverse and engaged.

Excellence / Quality, integrity and accountability: We provide the highest quality professional service to everyone. We conduct our activities with diligence, objectivity and honesty.

We are committed to efficient and productive use of the public's funds, and utilize proven methods to establish and evaluate programs and policies that improve health and social well-being.

To help us maintain focus, we used the following guidelines when developing activities:

- Evidence shows its effectiveness
- Would have major impact
- Cost effective
- Culturally appropriate
- Acceptable to the community we serve
- Realistic to implement
- Within our scope of responsibility and control
- Sustainable
- A new approach or something that hasn't been fully implemented
- Integrates different parts of the agency

SPF Step 1: Assessment

Shasta County Demographic Profile

Shasta County is located in Northern California; it is composed of 3,775 square miles of land and 72 square miles of water. The county is known for its geographic features: Mount Lassen, Shasta Lake and the Sacramento River. The population is primarily contained in the three incorporated cities: Anderson, Redding and the City of Shasta Lake. The three cities fall along Interstate 5, with Anderson to the south and City of Shasta Lake to the north. They make up 77 square miles, or 2% of the county's total land area.

Population

Half of the county's population is contained in the city of Redding, with 89,861 persons in the 2010 Census. Another combined 11% live in the cities of Anderson (9,932) or Shasta Lake (10,164). The county has seen a population growth of 8.6% between the 2000 and 2010 Census. This growth has occurred primarily in the incorporated cities, which have seen between 10.0% to 12.8% growth in ten years. Shasta County is small in regard to persons, composing less than half of one percent of state population, while the land area is 2.4% of the state.

Geography	2010 Population	% of Shasta Co	% Growth since 2000
Anderson	9,932	5.6%	10.0%
Redding	89,861	50.7%	11.1%
Shasta Lake	10,164	5.7%	12.8%
Shasta County	177,223	100%	8.6%

Race/Ethnicity

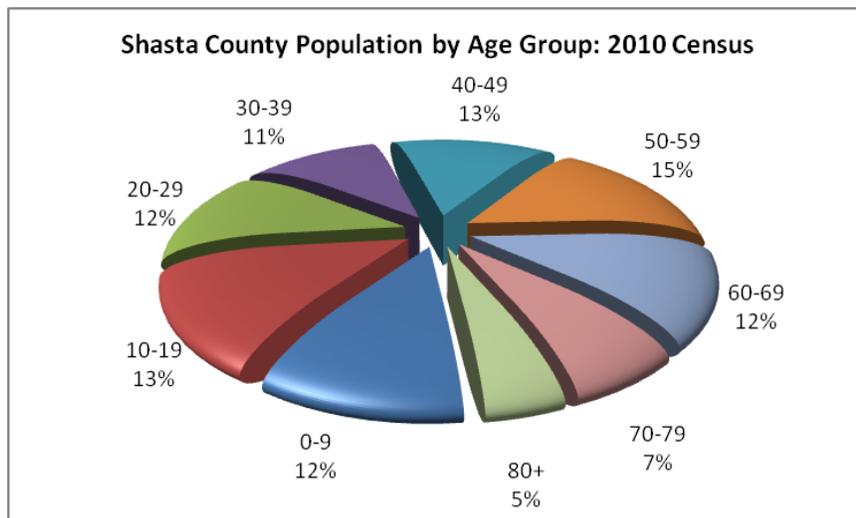
Shasta County's population is primarily White, non-Hispanic, at 82.2% of the population in the 2010 Census. The demographic composition of the county has diversified since the 2000 Census. The White, non-Hispanic and American Indian ethnicities were the only two groups to have growth rates below the overall county rate (3.5% and 3.4% respectively vs. 8.6%). The group with the highest growth (65.3%) was Hispanic, at 8.5% of the population in 2010. There has also been a high growth rate (42.6%) among the Asian population, who were 2.2% of the population in 2010. American Indian/Alaskan Native persons compose 2.1% of the population, higher than the state's percentage of 0.4%.

Race/Ethnicity	2010 Population	% of Shasta Co	% Growth since 2000	California
Hispanic (all races)	15,040	8.5%	65.3%	37.6%
White, non-Hispanic	145,906	82.2%	3.5%	40.1%
Asian, non-Hispanic	3,927	2.2%	42.6%	12.8%
Pacific Islander, non-Hispanic	313	0.2%	50.6%	0.3%
Black, non-Hispanic	1,552	0.9%	22.0%	5.8%
American Indian, non-Hispanic	3,698	2.1%	3.4%	0.4%
Some other race, non-Hispanic	358	0.2%	-13.5%	0.2%
Multi-race, non-Hispanic	6,660	3.8%	31.2%	2.6%

Age

The population is nearly evenly distributed by age for those from 0-69 years. The largest age group is those 50-59 years of age, making up 15% of the population. The other ten-year age categories range between 11% and 13%. The proportion in the age range 70-79 years decreases to 7%. Those 80+ years are 5% of the population. Shasta County has a larger percentage of its population over 60 years than the state: Shasta with 23.7% vs. California with 16.3%. Additionally, the age group that has seen the largest growth in the county is those aged 60-69 years, with 52.8% growth from the 2000 Census to the 2010 Census. This is followed by those 20-29 years, with 31.6% growth in ten years. The age groups 0-19 and 30-49 had decreases in their population from 2000 to 2010.

Age	2010 Population	% of Shasta Co	% Growth since 2000	California
0-9	20,805	11.7%	-2.0%	13.5%
10-19	23,833	13.4%	-8.9%	14.6%
20-29	21,529	12.1%	31.6%	14.8%
30-39	18,629	10.5%	-10.0%	13.8%
40-49	23,264	13.1%	-8.5%	14.2%
50-59	27,057	15.3%	29.0%	12.8%
60-69	21,715	12.3%	52.8%	8.4%
70-79	12,308	6.9%	5.0%	4.7%
80+	8,083	4.5%	25.3%	3.2%



Special Age Groups:

Age group	Shasta County	% of Shasta Co	% of California
Ages 65 and over:	29,967	16.9%	11.4%
Under 18 years:	39,652	22.4%	25.0%
Under 21 years:	47,045	26.5%	29.6%

Economics

Shasta County has a lower median income than California. According to the 2009-2011 American Community Survey (ACS), the median household income in Shasta County is \$42,931, lower than the California average of \$59,641. In addition, Shasta County faces a larger poverty rate than the state. With nearly 31,000 persons in poverty, Shasta County has a 17.7% poverty rate, compared to 15.5% poverty in California (2009-2011 ACS). The unemployment rate is also higher than California's rate. According to the Employment Development Department (EDD), in October 2012 9.8% of California's employable population was unemployed, while the unemployment rate was 11.5% in Shasta County. Along with these other factors, the percentage of the County population on Medi-Cal is also higher than the state. The California Department of Health Care Services reported 41,659 persons on Medi-Cal in Shasta County in October 2011. This is 23.5% of the Shasta County population (2009-11 ACS); 20.4% of the state population was on Medi-Cal during the same time.

Educational Attainment

The California Department of Education reports that for the graduating class of 2010-11, 84.3% of Shasta County high school students earned their high school diploma. This is above the state average of 76.3%. Similarly, 88.0% of Shasta County's population has a high school diploma, GED or higher educational achievement (2009-2011 ACS). In comparison, California has 80.0% with a high school diploma or higher. In 2010, there was an increase in the proportion of people with some college and Associate degrees (growth rates of 49.3% and 68.3%, respectively). Since 2000, there are fewer people in Shasta County with educational attainment at or below a high school graduate level. However, with 19.6% of the county's population with a bachelor's degree or higher Shasta County is behind California's rate of 30.1%, although the proportion of those with higher education degrees is growing.

Educational Attainment	2011 ACS	2000 Census	% Change since 2000	
			Census	California
Less than 9th grade	3.0%	4.2%	-28.6%	10.4%
9th to 12th grade, no diploma	9.0%	12.6%	-28.6%	8.7%
HS Grad/GED	26.4%	27.6%	-4.3%	20.9%
Some College, no degree	31.5%	29.8%	5.7%	22.2%
Associate's Degree	10.6%	9.2%	15.2%	7.6%
Bachelor's Degree	13.4%	11.3%	18.6%	19.2%
Graduate or professional	6.2%	4.8%	29.2%	10.9%

Source: U.S. Census Bureau, 2009-2011 American Community Survey; population 25 years and over

Disability

The American Community Survey reports the percentage of adults 18-64 years of age who have a disability (hearing, vision, cognitive, ambulatory, self-care or independent living difficulties). In Shasta County, 16.2% of the population has one of these

disabilities (2009-11 ACS). This is more than twice that of California, which has 7.9% of its population with a disability.

AOD Data

The primary goal of the data review was to identify specific populations and alcohol and other drug use patterns to determine prevention priorities for the five year plan and to guide its development. Data collected included information from focus groups, key informant interviews, California Healthy Kids Survey, California Department of Alcoholic Beverage Control, as well as from other sources. It was then used to develop problem statements, goals, and objectives.

In the Shasta County Health and Human Services Agency, the Outcome, Planning and Evaluation (OPE) Division gathers and analyzes data, updates information and provides reports to maintain a clear picture of the nature and extent of AOD problems. The division reviews a variety of data, including census data, law enforcement and coroner information, hospital data, treatment data, adult and teen focus groups, key informant interviews, and the California Healthy Kids Survey (CHKS). One school district agreed to add Module G questions to the CHKS survey to gain insights on specific issues such as place of alcoholic drink. In addition to OPE, the AOD prevention staff has reviewed information provided by the Prescription Drug Take-back events.

Alcohol and other drugs are readily available in Shasta County.

- Shasta County California Healthy Kids Survey, 2010-11
 - 1) 78% of 11th graders and 60% of 9th graders report that alcohol is easy to obtain.
 - 2) 71% of 11th graders and 55% of 9th graders report that marijuana is easy to obtain.
- Pharm Party Surveys: Administered by Shasta County Public Health, 2008
 - 1) 48% of Pharm Party Survey respondents reported they attended a party where others were taking medications in order to get high.
- Key Informant Interviews: Underage Drinking, 2008
 - 1) In the eight responses, five informants said beer is readily available: “Never been to a party that didn’t have beer.”
 - 2) Five of eight interviewees included “hard liquor” in their answers.
 - 3) Five included alcopops (not their term) and wine coolers.

Perceived harm of frequent alcohol and other drug use is low among youth

- Shasta County California Healthy Kids Survey, 2010-11
 - 1) 21% of 11th graders and 22% of 9th graders perceive great or moderate harm in frequent alcohol use.
 - 2) 48% of 7th graders have been a passenger in a car driven by someone who had been drinking.
 - 3) 36% of 11th graders report having one alcohol drink with in past 30 days.

- 4) 47% of 11th graders report having one full drink of alcohol 4 or more times in their lifetime.
 - 5) 26% of 11th graders report binge drinking in the last 30 days.
 - 6) Only 47% percent of 11th and 59% of 9th graders perceive great or moderate harm in occasional marijuana use.
 - 7) 33% of 11th graders report using marijuana 4 or more times in their lifetime.
 - 8) 20% of 11th graders report age of onset for marijuana was 15 -16.
 - 9) 21% of 11th graders report having used prescription pain killers 1 or more times in their lifetime.
 - 10) 30% of non-traditional students, 9th and 11th graders have tried prescription and/or over the counter medications for a non-medical purpose at least once in their lifetime.
 - 11) 86% of teens who tried drugs, started at age 14 or younger.
- Key Informant Interviews: Underage Drinking, 2008
 - 1) Participants characterized drinking patterns, saying teens “drink to get hammered,” “enough to get pretty plastered,” “more than they should ... and end up puking,” “10 to 15 shots,” “and I hear about blackouts.”
 - Substance Abuse and Mental Health Data Archive Treatment Episode Data Set
 - 1) From 2001 to 2010 there was a 440% increase in the rate of admissions per 100,000 population aged 12 and older for medication abuse.

National Data to be used to develop local data through surveys, focus groups, key informant interviews.

- 2012 Monitoring the Future Study
 - 1) According to data from the 2012 Monitoring the Future survey of youth drug-use trends, 11.4 percent of 12th graders used Spice or K2 in the past year, making it the second most commonly used illicit drug among seniors.
 - 2) According to the 2012 Monitoring the Future survey, 1 in every 15 high school seniors is a daily or near daily marijuana user.

SPF Step 2: Capacity Building

A number of organizations offer programs that provide AOD prevention and asset building opportunities to youth in Shasta County. They are partners and potential partners in building a strong prevention network that interfaces with and enhances this plan.

Potential partners include:

Community-based organizations, agencies and individuals:

- Faith-based organizations.
- Law Enforcement: Anderson Police Department, Redding Police Department, Shasta County Sheriff's Office, and the Federal Drug Enforcement Administration (DEA).
- Collaborating on federally sponsored Drug Drop-Off events, permanent drug collection boxes and community education.
- Mothers Against Drunk Driving (MADD): Non-profit that works to stop drunk driving, support the victims, and prevent underage drinking.
- Shasta County Chemical People/Partners for a Drug-Free Community: Non-profit, youth and adult-led organization, which promotes and supports the development of a safe, strong community for youth and families free from racism, violence, alcohol, tobacco and other drug abuse.
- Friday Night Live
- Parent to Parent: Program of parenting workshops run by trained parents who facilitate this voluntary, peer-driven training; court approved.
- Shasta Peer Mentoring
- Sober Grad
- Shasta County Coalition A Sobering Choice: Community-based youth and adult led coalition dedicated to reducing the incidents of driving under the influence of alcohol and other related drugs among the youth and adults of Shasta County.
 - A Sobering Choice Victim Impact Panel: Court ordered educational program for convicted DUI offenders.
- Shasta County Community Transformation Grant Program: Tobacco and nutrition partners for the retail environment campaign.
- Shasta County Office of Traffic Safety Grant Program: Participate in countywide school based events that focus on DUI and Distracted Driving.
- Shasta Union High School District Diversion Program: Designed to help students who used alcohol and/or other drugs; program requires parent and student attendance in order to stay in the school district avoiding expulsion.
- Thinkagainshasta Parent Network: Network includes community members, non-profit, and agency representatives who educate other concerned adults about

teen alcohol and other drug abuse prevention. The Network focuses on encouraging parents to talk to their teens.

- Tribal Community: Collaborating prevention efforts by participation at Rancheria Health Fairs held at different Rancherias throughout Shasta County annually.
- Youth Violence Prevention Council: Non-profit organization whose mission is to prevent youth violence and promote a safe and healthy community; provides Shasta County Youth/Peer Court.

SPF Step 3: Planning

In June of 2006, the Shasta County Board of Supervisors approved the creation of the Health and Human Services Agency [HHSA]. This re-organization consolidated what previously had been three distinct departments (Mental Health including Alcohol and Other Drug Programs; Social Services, and Public Health) into five new branches that work collaboratively to address the many social, economic, and health issues that confront our residents across program boundaries. This change aimed to improve efficiencies and organize our services to be more responsive to customer needs. The five new branches include: Children's Services; Adult Services; Public Health; Regional Services; and HHSA Administration.

In 2011, the agency had matured enough as a family of services to be ready to create an agency-wide strategic plan. A total of 63 people participated in the development of the plan that was completed in July 2011. Members included representatives from the Public Health Advisory Board and the Mental Health, Alcohol and Drug Advisory Board, as well as a wide cross-section of professionals and citizens with interest and expertise in the agency goals and objectives. The subcommittee that addressed the stated goal to decrease the use of alcohol, tobacco and other drugs identified strategies that relate to the AOD program:

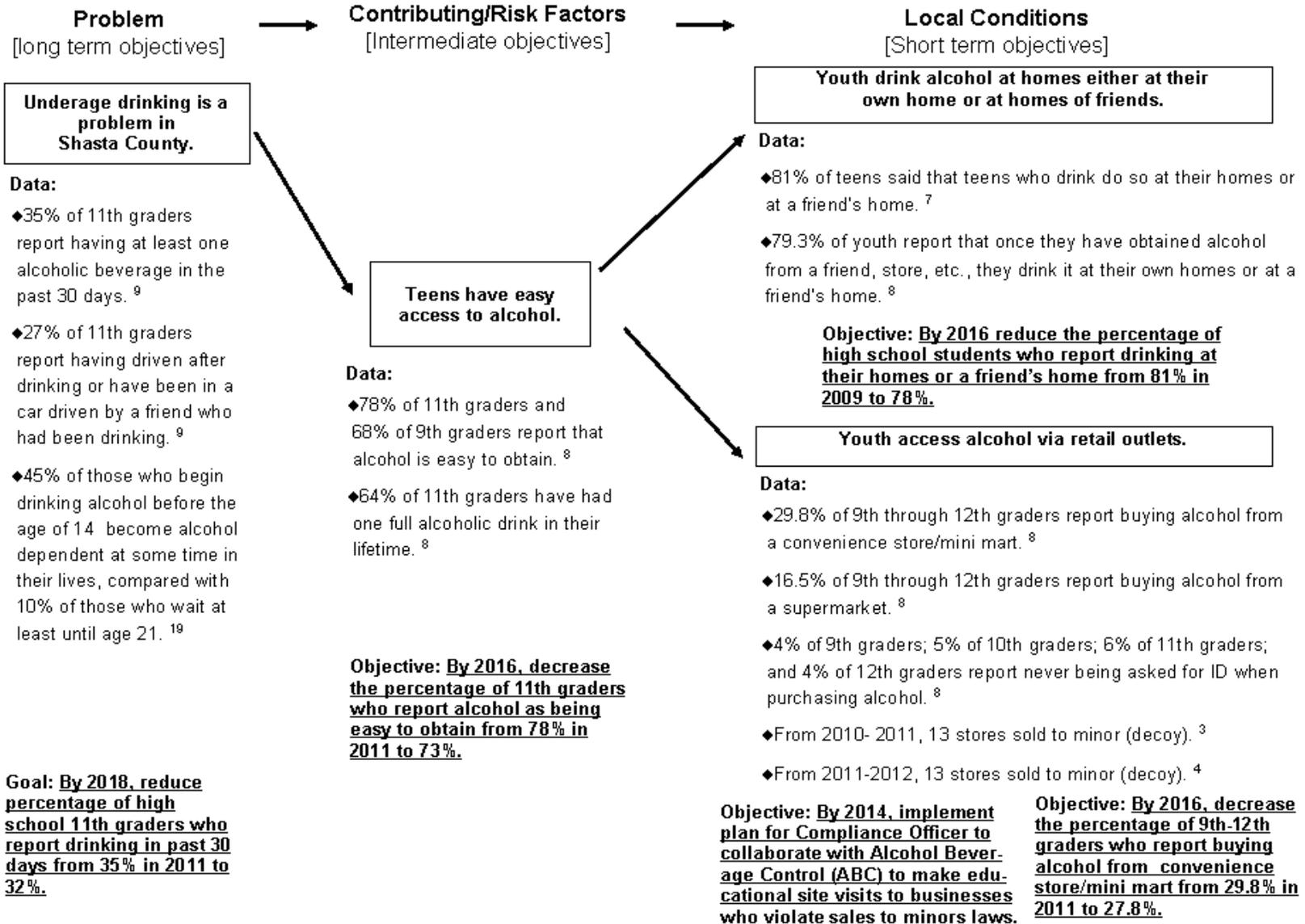
1. Increase the number of health care providers who screen for and treat substance use disorders.
2. Decrease access to alcohol and unauthorized prescription drugs among underage persons.
3. Promote community policies to decrease abuse of alcohol and other drugs.

The Strategic Prevention Framework has evolved from this community and agency-wide effort and is based on much of the data collected as part of that process. In Shasta County, prevention activities find their home in the public health model, and Alcohol and Other Drug Abuse Prevention staff work within the Public Health Branch of HHSA. The development of this framework benefited from the expertise of the Center for Applied Research Solutions (CARS), a contracted technical assistance provider for the California Department of Alcohol and Drug Programs. Both CARS and an Alcohol and Drug Programs CalOMS analyst assisted with the design process by providing teleconferences, face-to-face training, and ongoing technical assistance.

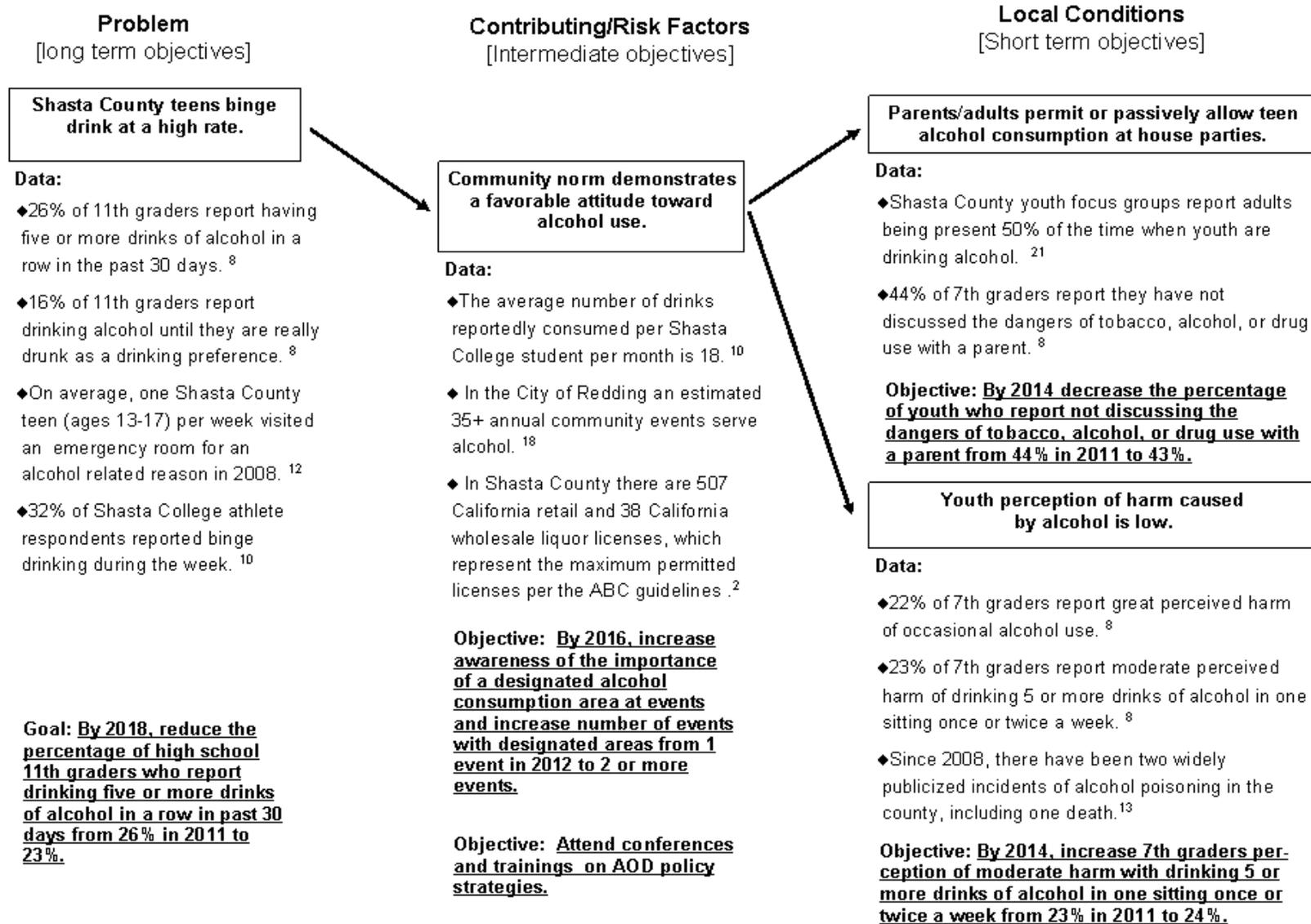
Problem Statements:

- Underage drinking is a problem in Shasta County.
- Shasta County teens binge drink at a high rate.
- Shasta County residents are abusing prescription and over-the-counter medications.
- Shasta County teens are abusing marijuana.

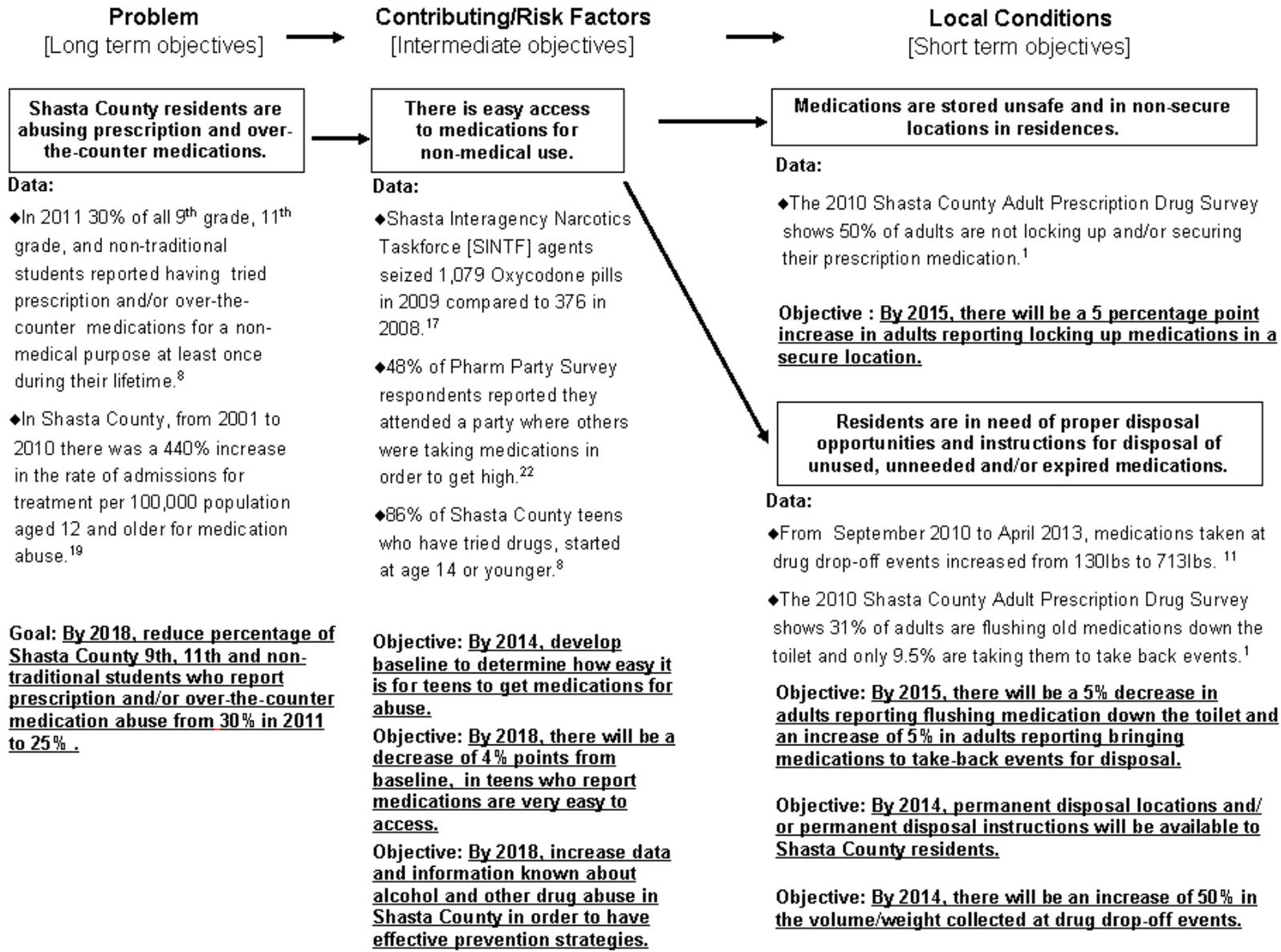
Shasta County AOD Prevention-Underage Drinking Logic Model



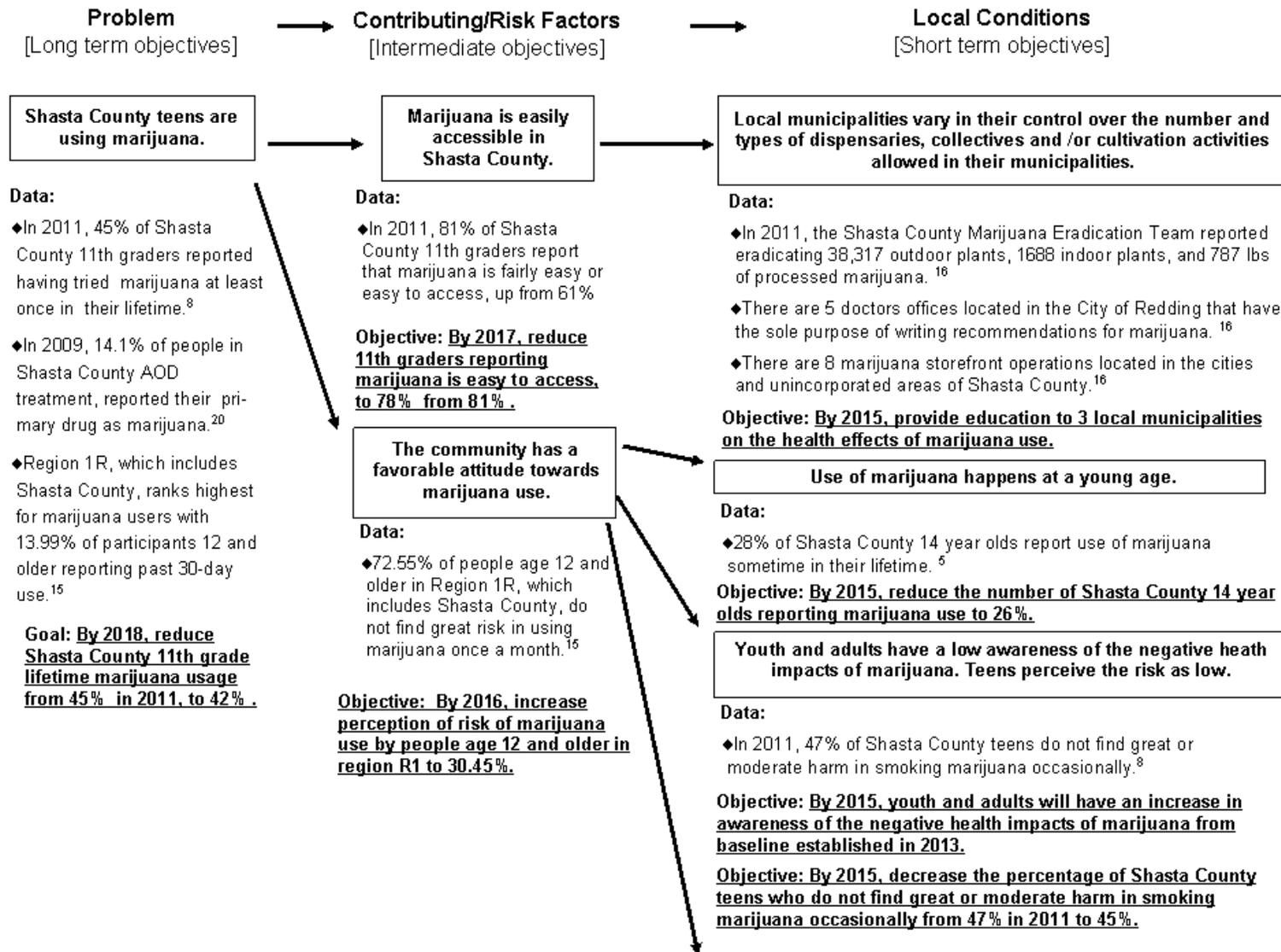
Shasta County AOD Prevention-Underage Drinking Logic Model



Shasta County AOD Prevention-Medication Abuse Logic Model



Shasta County AOD Prevention-Marijuana Abuse Logic Model





Synthetic marijuana is available in Shasta County.

Data:

- ◆ During a robbery attempt the substance spice was purportedly requested and then stolen from a local smoke shop.¹⁴
- ◆ 14 "smoke shops" are located in Shasta County.¹⁶
- ◆ Nationwide 1 in 9 high school seniors has tried synthetic marijuana.²³

Objective: By 2016, provide law enforcement with a protocol for the screening of synthetic drugs on the current screening tool and assist in making it the standard at one Shasta County detention facility.

Synopsis of AOD Prevention

GOAL	MAIN ACTIVITIES	STRATEGIES	TARGET POPULATION	IOM
UNDERAGE DRINKING	<ul style="list-style-type: none"> • Increase awareness of harm • Reduce access at homes • Reduce retail access 	<ul style="list-style-type: none"> • Information Dissemination • Education • Alternative Strategies (Activities) • Community-Based Process • Environmental 	<ul style="list-style-type: none"> • Community-based organizations • Community leaders • Adults • Faith based organizations • School professionals • Retail outlet owners/managers • Youth • Event organizers 	Universal Selective Indicated
MEDICATION	<ul style="list-style-type: none"> • Increase awareness of harm • Reduce access 	<ul style="list-style-type: none"> • Information Dissemination • Education • Alternative Strategies (Activities) • Community-Based Process • Environmental 	<ul style="list-style-type: none"> • Community leaders • Community-based organizations • Adults • Youth • School professionals • Older adults • Real estate/building professionals • Medical professionals 	Universal Selective Indicated
MARIJUANA	<ul style="list-style-type: none"> • Increase awareness of harm • Reduce access 	<ul style="list-style-type: none"> • Information Dissemination • Education • Alternative Strategies (Activities) • Community-Based Process • Environmental 	<ul style="list-style-type: none"> • Community leaders • Community-based organizations • School professionals • Adults • Youth 	Universal Selective Indicated

SPF Step 4: Implementation

The goals and objectives delineated in this strategic plan are based on assessment of local prevention data. Shasta County Health and Human Services Agency-Public Health has been developing the Thinkagainshasta Network with community partners and individuals. This network will assist in creating a climate in which all partners can promote a similar message and can, over time, address compatible objectives. Research indicates that a community-wide, multi-faceted, focused campaign is most effective in generating norm change leading to policy adoption and behavior change.

With a breadth of community partners working on solutions funded by an array of sources, interventions are designed to reach the Institute of Medicine (IOM) populations: Universal [entire and/or broad populations], Selective [those who are deemed at risk for substance abuse, for example students in the SUHSD Diversion Program], and Indicated population groups [those showing signs or engaged in unhealthy activities].

Health and Human Services Agency-Public Health has a Community Organizer on staff who is a member of an ethnic minority community in the county. This staff member speaks Spanish and can link the Hispanic community with physical and mental health care, law enforcement, schools, and other community services. This highly trained staff member networks with other community organizers and serves as the liaison for AOD interventions to additional ethnic communities.

Short-term, intermediate, and long-term outcomes will provide valuable benchmarks to measure progress. If activities are not going as anticipated, or barriers are encountered, we will shift resources, amend our plan, and change direction. We monitor media coverage as indications of our media advocacy successes and will look for evidence of readiness for change in the community as signals for opportunities are present to push for meaningful policy promotion.

The focus of this strategic plan is community mobilization, convening a network, working with various coalitions and partners, learning and strengthening the media advocacy skills of staff and partners, and promoting policy change in conjunction with common goals of community partners.

Problem Statement: Underage drinking is a problem in Shasta County

Goal: By 2018, reduce percentage of high school 11th graders who report drinking in past 30 days from 35% in 2011 to 32%.
Objective: By 2016, decrease the percentage of 11th graders who report alcohol as being easy to obtain from 78% in 2011 to 73%.
Objective: By 2016, reduce percentage of high school students who report drinking at their homes or a friend's home from 81% in 2009 to 78%.
Objective: By 2016, decrease the percentage of 9-12 th graders who report buying alcohol from convenience store/mini mart from 29.8% in 2011 to 27.8%.
Objective: By 2014, implement plan for Compliance Officer to collaborate with ABC to make site visits to businesses that violate sales to minor's laws.

Strategies: Information Dissemination, Education, Community-Based Process, Environmental, Alternative

Underage Drinking Prevention Activities:	Responsible	Target Date
Printed material development, AV material development, media materials	AOD staff	June 30, 2014 and ongoing
Conduct educational presentations to school-related parent groups, faith-based organizations, parents with children in the probation system, neighborhood organizations, service clubs, etc. that provide info on AOD abuse prevention and/or best practices. Collaborate with detention staff to educate and identify substance use in incoming juveniles	AOD staff	June 30, 2014 and ongoing
Meet with bar/restaurant and retail outlet managers to educate them on the harms of underage drinking and CA law as it relates to ID checking and alcohol service; meet with event coordinators to discuss possible changes in alcohol sales policies for improved safety based on observations. Explore with Alcohol Beverage and Control a collaboration to conduct youth purchase surveys, Provide responsible beverage service training to businesses/servers and coordinate enforcement activities with Alcohol Beverage Control, Create a program to recognize businesses who serve responsibly	AOD staff, Compliance Officer	June 30, 2014 and ongoing
Observe service practices with focus on improvement at community events, bars & restaurants, and retail alcohol outlets, and make recommendations when needed. Create a program to recognize businesses who serve responsibly	AOD staff, Compliance Officer	June 30, 2014 and ongoing
Provide event coordinators with materials to reduce underage drinking, over-service and improve event safety. Responsible	AOD staff, Compliance Officer	June 30, 2014 and ongoing
Train community event organizers and volunteer servers on proper ID checking and signs of over-service.	AOD staff, Compliance Officer	June 30, 2014
Meet with retail outlets to discuss and provide alternate alcohol product placement.	AOD staff, Compliance Officer	June 30, 2015

Research local law enforcement situations around underage drinking/social host issues, such as party calls for service, support for ordinance, etc. Use interviews, surveys, calls for service data, and other research to support environmental change. Explore with Alcohol Beverage and Control a collaboration to conduct youth purchase surveys	AOD staff, Compliance Officer, OPE	June 30, 2016
Promote the concept of lockable liquor cabinets to homeowners and the construction industry.	AOD staff	June 30, 2017
Youth development and youth activities for environmental change.	Chemical People/FNL	June 30, 2018

Problem Statement: Adolescent Use of Alcohol: Binge Drinking in Shasta County

Goal: By 2018, reduce the percentage of high school 11th graders who report drinking five or more drinks of alcohol in a row in past 30 days from 26% in 2011 to 23%.
Objective: By 2016, increase awareness of the importance of a designated alcohol consumption area at events and increase number of events with designated areas from 1 event in 2012 to 2 or more events.
Objective: Attend conferences and trainings on AOD policy strategies.
Objective: By 2014, decrease the percentage of youth who report not discussing the dangers of tobacco, alcohol, or drug use with a parent from 44% in 2011 to 43%.
Objective: By 2014, increase 7th graders perception of moderate harm with drinking 5 or more drinks of alcohol in one sitting once or twice a week from 23% in 2011 to 24%.

Strategies: Information Dissemination, Education, Community-Based Process, Environmental, Alternative		
Underage Drinking Prevention Activities:	Responsible	Target Date
Strengthen the Thinkagainshasta campaign that educates adults on the nature of underage drinking, sources of alcohol, settings where teens drink; promote parent/child and parent/peer discussions on alcohol and other drugs. Participate in College New Student Orientations Continue presentations to college classes regarding the dangers of substance use, Create and support social marketing campaigns geared to parents using Thinkagainshasta, Continue community trainings re: substance use	AOD staff	June 30, 2014 and ongoing
Update and expand www.thinkagainshasta.info website to provide emergent AOD information and engage parents to explore the site. *Offer a variety of resources for parents and other concerned adults to learn about the effects of underage drinking. *Update website with news items, changes in the law, and additional resources for parents. *Use Parent Surveys as a vehicle for parents to sign up to join the Parent Network. *Develop a social media presence for education and parent/community interaction. *Write press releases and articles for media placement. *Place ads to increase parent understanding of underage drinking the consequences. Create and support social	AOD staff	June 30, 2014 and ongoing

marketing campaigns geared to parents using Thinkagainshasta		
Increase collaboration with the Thinkagainshasta Network, partner organizations such as schools and prevention organizations, community groups, and agencies, including AOD treatment, law enforcement, and advisory boards interested in understanding policies to reduce underage drinking and binge drinking. Explore the possibility of a coalition that incorporates Thinkagainshasta network and Injury Prevention Members, Create and support social marketing campaigns geared to parents using Thinkagainshasta	AOD staff	June 30, 2014 and ongoing
Printed Material Development, AV Material Development, Media Materials Implement positive messaging to change norms	AOD staff	June 30, 2014 and ongoing
Produce educational materials for groups such as schools, parent groups, service clubs, ethnic communities, faith-based organizations and agencies. Create Peer2Peer Program (include youth educating adults), Complete Youth Cafes with adolescents to gain greater understanding of the local problem, Address social norming by breaking misperception of the frequency of use among adolescents, Pilot a program in a high school to engage bystanders and change norms	AOD staff	June 30, 2014
Train parents to participate and/or provide presentations to groups to increase AOD prevention awareness and support the ability to advocate for change.	AOD staff	June 30, 2015
Place ads to increase parent understanding of underage drinking consequences. Implement positive messaging to change norms	AOD staff	June 30, 2015
Develop and implement media campaigns. Work with OTS program for cross-over messaging and activities with youth, Implement positive messaging to change norms	AOD staff	June 30, 2015

Problem Statement: Shasta County residents are abusing prescription and over-the-counter medications

Goal: By 2018, reduce percentage of Shasta County 9th, 11th and non-traditional students who report prescription and/or over-the-counter medication abuse from 31% in 2011 to 26%.
Objective: By 2018, there will be a decrease of 4 percentage points from baseline established in 2013, in teens that report medications are very easy to access.
Objective: By 2018, increase data and information known about alcohol and other drugs abuse in Shasta County in order to have effective prevention strategies.
Objective: By 2015, there will be a 5 percentage point increase in adults reporting locking up medications in a secure location.
Objective: By 2015, there will be a 5% decrease in adults reporting flushing medication down the toilet and an increase of 5% in adults reporting bringing medications to take-back events for disposal.
Objective: By 2014, develop baseline to determine how easy it is for teens to obtain medication for abuse.
Objective: By 2014, permanent medication disposal locations and/or permanent medication disposal instructions will be available to Shasta County residents.
Objective: By 2014, there will be an increase of 50% in the volume/weight collected at drug drop-off events.

Strategies: Information Dissemination, Education, Community-Based Process, Environmental, Alternative

Medication Abuse Prevention Activities:	Responsible	Target Date
Provide presentations on medication abuse and prevention to school-related parent groups, faith-based organizations, parents with children in the probation system, neighborhood organizations, service clubs, etc. Participate in College New Student Orientations Continue presentations to college classes regarding the dangers of substance use	AOD Staff	June 30, 2014
Provide presentations on medication abuse and prevention to staff working with seniors, residential retirement facilities staff and residents, in home health care facilities; provide flyers to seniors.	AOD Staff	June 30, 2014
Develop and distribute educational flier on safe use and disposal of OTC and prescription medications. Continue the monitor.secure.dispose campaign targeting parents, seniors and community	AOD Staff	June 30, 2014
Provide presentation to pharmacy staff on diversion of medication, safe use and proper disposal of over-the-counter and prescription medications. Explore the possibility of mobilizing pharmacists to do education	AOD Staff	June 30, 2014
Explore the possibility of adding a question to the California Healthy Kids survey about access to medications used for abuse.	AOD Staff	June 30, 2014
Create Medication Drug Abuse Report Card	AOD staff, OPE	June 30, 2014
Collect data and analyze information from medical practitioners about prescribing practice, including information from the CURES system. Explore the possibility of doing an annual Teen Health Survey locally using the Communities that Care survey, Increase use of E-chug/E-toke at Shasta College, Analyze existing treatment data Determine measurements by looking at substance use indicators	AOD staff, OPE	June 30, 2016

Explore the possibility that medications for youth and older adults are over-prescribed.	AOD Staff	June 30, 2016
Medication Abuse Prevention Activities continued:	Responsible	Target Date
Provide Mercy Medical Center Grand Rounds CME presentation; write newsletter articles on medications abuse prevention for the medical community.	AOD Staff	June 30, 2016
Promote use of the CURES system.	AOD staff	June 30, 2016
Collaborate with teachers to ensure adequate Rx drug curricula; participate in school district diversion program; provide teacher trainings that include local perspective/data; communicate with middle/high school personnel and provide school newsletter information or articles. Explore the possibility of creating a Diversion Program for Middle School modeled after H.S. Diversion Program (6th – 8th grades), and add discussion of ACE, Identify current school practices for handling student AOD use, Continue support for the H.S. Diversion Program & add ACE discussion, Participate in College New Student Orientations Continue presentations to college classes regarding the dangers of substance use	AOD Staff	June 30, 2016
Develop survey to increase data collection for medication abuse use access and availability. Explore the possibility of doing an annual Teen Health Survey locally using the Communities that Care survey, Increase use of E-chug/E-toke at Shasta College	AOD staff	June 30, 2016
Develop educational materials that will help in educating medical and pharmaceutical staff about the consequences of over-prescribing.	AOD staff	June 30, 2017
Develop a tool kit that medical providers can distribute to parents about proper medication monitoring, securing and disposing.	AOD Staff	June 30, 2017
Develop and implement media campaign activities to educate the public about the risks of medication abuse and opportunities for safe disposal.	AOD Staff	June 30, 2017
Provide press and other media information to increase community participation in drug drop-off events.	AOD Staff	June 30, 2017
Update drug-induced death report.	AOD Staff and Outcomes, Planning and Evaluation Staff	June 30, 2018

Educate residential home developers in Shasta County about offering lockable medicine cabinets/drawers as a design option in new homes.	AOD Staff	June 30, 2018
Educate real estate professionals about medication abuse and the risk easily accessible medications pose at open houses and/or showings.	AOD Staff	June 30, 2018
Explore the possibility of encouraging implementation of a Screening and Brief Intervention system for prevention of alcohol and other drug abuse.	AOD staff	June 30,2018
Track data (number of people, amount of disposed medication, medication storage, etc.) from drug drop-off events.	AOD Staff	June 30, 2018 and ongoing
Continue development and updates for medication prevention on thinkagainshasta.info website.	AOD Staff	June 30, 2018 and ongoing

Problem Statement: Shasta County teens are using marijuana.

Goal: By 2018, reduce Shasta County 11th grade lifetime marijuana usage from 45% in 2011, to 42%.
Objective: By 2017, reduce Shasta County 11th graders reporting marijuana is easy to access to 78% from 81%.
Objective: By 2016, increase perception of risk by people age 12 and older in region R1 to 30.45%.
Objective: By 2015, provide education to 3 local municipalities on the health effects of marijuana use.
Objective: By 2015, reduce the number of Shasta County 14 year olds reporting marijuana use to 26%.
Objective: By 2015, youth and adults will have an increase in awareness of the negative health impacts of marijuana from baseline established in 2013.
Objective: By 2015, decrease the percentage of Shasta County teens who do not find great or moderate harm in smoking marijuana occasionally from 47% in 2011 to 45%.
Objective: By 2016, provide law enforcement with a protocol for the screening of synthetic drugs on the current screening tool and assist in making it the standard at one Shasta County detention facility.

Strategies: Information Dissemination, Education, Community-Based Process, Environmental, Alternative		
Marijuana Abuse Prevention Activities:	Responsible	Target Date
Develop and conduct surveys (at presentations) on marijuana perceptions and use.	AOD Staff	June 30, 2014

Engage Shasta County residents in the Thinkagainshasta Network to provide peer education about marijuana use.	AOD Staff	June 30, 2014
Conduct key informant interviews, focus groups, and/or develop a public intercept survey on marijuana (and synthetic marijuana) use and attitude about use.	AOD Staff	June 30, 2014
Explore the possible inclusion of additional marijuana questions on California Healthy Kids Survey.	AOD Staff	June 30, 2014
Collaborate with detention staff to educate and identify synthetic drugs such as Spice. Gain increased data on intakes testing positive for Spice.	AOD Staff	June 30, 2015
Develop and distribute educational materials on the health effects and dangers of synthetic drugs.	AOD Staff	June 30, 2015
Develop and distribute educational materials on the health effects of marijuana use.	AOD Staff	June 30, 2015 and ongoing
Marijuana Abuse Prevention Activities continued:	Responsible	Target Date
Develop and conduct educational presentations on the health effects of marijuana use. Target audiences: School professionals, parents, seniors, medical professionals. Participate in College New Student Orientations Continue presentations to college classes regarding the dangers of substance use	AOD Staff	June 30, 2016
Participate in meetings with organizations, including schools, to strategize reduction of marijuana abuse. Participate in College New Student Orientations Continue presentations to college classes regarding the dangers of substance use	AOD Staff	June 30, 2017
Continue development and updates for marijuana abuse prevention on thinkagainshasta.info website.	AOD Staff	June 30, 2018 and ongoing
Collaborate with local drug free communities coalition to strategize plans to reduce marijuana abuse.	AOD Staff	June 30, 2018 and ongoing
Update Shasta County Marijuana Report	AOD Staff and Outcomes, Planning and Evaluation Staff	June 30, 2018 and ongoing

SPF Step 5: Evaluation

The current evaluation design and methodology in our logic model was developed with AOD staff collection and HHSA Outcomes, Planning and Evaluation staff analysis in mind. Methods include a combination of quantitative and qualitative data from existing data sources and community input such as from key informant interviews, focus groups, meetings and presentations. Several measurements are used in the logic models including data from CHKS, California Department of Alcoholic Beverage Control, Youth Violence Prevention Council of Shasta County and the Shasta Interagency Narcotic Task Force Annual Report, to name a few.

The outcome measures for Shasta County AOD Prevention unit will rely heavily on CHKS data, agency-designed tools for medication and marijuana abuse (such as tracking the volume of drug disposal after drug drop-off events). AOD prevention coordinator and staff will complete annual progress reports on objectives as required in CalOMS.

One of the findings emanating from the process of developing this strategic plan is that Shasta County has a significant amount of work going on in the substance abuse prevention arena between community-based organizations, law enforcement, public agencies, and coalition work. Information researched, analyzed, and compiled in this plan will be incorporated into report cards, policy briefs, and other reports which will be designed to be easily understood, insightful documents with findings and recommendations. These will help to shape the public and private discussions of these important areas of AOD prevention in our county.

Reduce AOD use among Youth

Program/Activities	Process Measures	Outcome Measures	Timeline
<p><u>Underage Drinking</u></p> <ul style="list-style-type: none"> • Thinkagainshasta Network campaign quarterly meetings • Parent pledge • Educational presentations • Community events • Compliance education 	<ul style="list-style-type: none"> • Meeting agendas and minutes • Monthly newsletters • Presentation/event schedules • Compliance reports • Pledge signatures • Number of Shasta College students completing e-Chug prevention education • CalOMS data entries 	<ul style="list-style-type: none"> • CHKS • e-Chug • Data collected by Compliance Officer through ABC • Data collected from surveys at presentations • Locally compiled data analyzed by Shasta County Health and Human Services Outcomes, Planning and Evaluation (OPE) 	ongoing
<p><u>Binge Drinking</u></p> <ul style="list-style-type: none"> • Thinkagainshasta Network campaign quarterly meetings • Parent pledge • Educational presentations • Community events • Compliance education 	<ul style="list-style-type: none"> • Meeting agendas and minutes • Monthly newsletters • Presentation/event schedules • Compliance reports • Pledge signatures • Number of Shasta College students completing e-Chug Prevention education • CalOMS data entries 	<ul style="list-style-type: none"> • CHKS • e-Chug • Data collected by Compliance Officer through ABC • Data collected from surveys at presentations • Locally compiled data analyzed by OPE 	ongoing

Reduce AOD use among Youth Continued

Program/Activities	Process Measures	Outcome Measures	Timeline
<p><u>Medication Abuse</u></p> <ul style="list-style-type: none"> • Thinkagainshasta Network quarterly meetings • Thinkagainshasta community campaign • Educational presentations • Community events • Disposal sites 	<ul style="list-style-type: none"> • Meeting agendas and minutes • Monthly newsletters • Presentation/event schedules • CalOMS data entries 	<ul style="list-style-type: none"> • Data collected from disposal event • CHKS • Data collected from surveys at presentations • Data collected from surveys of local doctors. • Data collected from youth and adult prescription drug abuse surveys. • Locally compiled data analyzed by OPE 	ongoing
<p><u>Marijuana</u></p> <ul style="list-style-type: none"> • Thinkagainshasta Network quarterly meetings • Thinkagainshasta community campaign • Educational presentations • Community events • Compliance education 	<ul style="list-style-type: none"> • Meeting agendas and minutes • Monthly newsletters • Presentation/event schedules • Compliance reports • Number of Shasta College students Completing e-Toke prevention education • CalOMS data entries 	<ul style="list-style-type: none"> • CHKS • e-Toke • Data collected by Compliance Officer • Data collected from surveys at presentations • Locally compiled data analyzed by OPE 	ongoing
<p><u>Media</u></p> <ul style="list-style-type: none"> • Thinkagainshasta Campaign/ Thinkagainshasta Network • Messaging 	<ul style="list-style-type: none"> • thinkagainshasta.info website updates • Weekly facebook updates • Community awareness information (ex. articles and advertisements) 	<ul style="list-style-type: none"> • # of website hits • # of likes on facebook 	ongoing

2013-2018 Data Sources

- 1) Adult Prescription Drug Survey, Shasta County, 2010
- 2) CA Department of Alcoholic Beverage Control Shasta County Liquor Licenses, 2010
- 3) CA Department of Alcoholic Beverage Control Shasta County Decoy Statistics, 2010-2011
- 4) CA Department of Alcoholic Beverage Control Shasta County Decoy Statistics, 2011-2012
- 5) California Healthy Kids Survey, Shasta County, 2008-2009
- 6) California Healthy Kids Survey, Module G, Shasta Union High School District students, Spring 2009
- 7) California Healthy Kids Survey, Shasta County, 2009-2010
- 8) California Healthy Kids Survey, Shasta County, 2010-2011
- 9) Data provided to contracted Compliance Officer by ABC, 2012-2013
- 10) e-Chug data from online alcohol assessment required of all students living in on-campus dorms; Shasta College, 2009-2010; 308 students
- 11) Information compiled at drug drop-off events, 2010-2012
- 12) Office of Statewide Planning and Development, Patient discharge and emergency data, 1999-2008
- 13) Record Searchlight article, <http://www.redding.com/news/2008/dec/23/tragic-tale-too-often-repeated/>, December 23, 2008.
- 14) Record Searchlight article, <http://www.redding.com/news/2012/jun/27/police-investigate-possible-robbery-smokers-paradi/>, June 27, 2012.
- 15) SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008, 2009, and 2010 (Revised March 2012)
- 16) Shasta County “smokeshop”, “marijuana storefronts” and “marijuana doctors” data collected by contracted Compliance Officer, 2012-2013
- 17) Shasta Interagency Narcotic Task Force [SINTF] Annual Report, 2009
- 18) Shasta County Tobacco Education Program, Shasta County events, 2012
- 19) Substance Abuse and Mental Health Data Archive Treatment Episode Data Set <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/series/00056>, Accessed July 2012
- 20) Substance Abuse and Mental Health Data Archive Treatment Episode Data Set <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/series/00056>. Accessed October 2011
- 21) Youth Focus Group, Facilitated by Shasta County Public Health AOD staff, 2009
- 22) Youth Survey on “Pharm Parties” [92 respondents], Facilitated by Shasta County Public Health AOD staff, 2008
- 23) University of Michigan, 2012 Monitoring the Future Study