

TESTIMONY
Blueprint for the State: Policies to Improve the Way States Organize and Deliver Alcohol and Drug Prevention and Treatment
January 30, 2006

Good afternoon Governor Dukakis, distinguished panel and guests. It is a privilege to address the panel on this important, intergenerational issue of preventing substance use and abuse. It has been a distinct blessing for me to have spent more than 30 years working in the trenches as an educator and prevention specialist. I have had the opportunity to see an “infant” field grow through adolescence; now, reaching a new level of maturity. In 1975, when I began my work in prevention, we implemented programs that “felt good” or “ones that intuition” told us worked. In 2006, our work is based on sound prevention theory, research and practice, coupled with an ever increasing inventory of proven, effective principles, policies and practices.

Today, in the brief time that I have, I want to give you a “practitioner’s view” of the need for improved collaboration and cooperation; improved workforce development; challenges that we face in prevention; and recommendations for change.

Any field of service cannot be effective and successful without a well trained workforce. Prevention is an emerging field and profession. Only in recent years have professionals been recognized and given the opportunity to become Certified Prevention Specialists (CPS). Currently, there exists a prevention professional certification sanctioned by the International Consortium for Reciprocity of Certification (ICRC). Some states have adopted the ICRC standards for prevention specialist credentials. Some states have no standards. Training varies from state to state. While serving as the Texas Director of Prevention, we implemented a 40 hour training requirement for prevention providers funded by Texas Commission on Alcohol and Drug Abuse (TCADA). We also began a phased in policy requiring a CPS on their staff. The Southwest Center for the Application of Prevention Technologies (SWCAPT) entered into a collaborative/cooperative arrangement to provide the 40 hour training using CSAP’s Substance Abuse Prevention Specialist Training curriculum. We shared costs, with the SWCAPT providing the training. Since 2002, over 1400 Texas prevention specialists have been trained. There is a need for consistent prevention professional standards and for higher education to provide meaningful course work in prevention science. Most available degree programs emphasize treatment. At the University of Oklahoma, I am

chairing an effort to offer a “Minor” in Prevention Science, with the hope of eventually offering a Bachelor’s Degree in Prevention Science. To my knowledge, less than a half dozen substance abuse prevention related degree programs exist.

The Drug-Free Schools and Communities Act of 1986 brought to the forefront the first, national, federal funded focus to substance abuse prevention. In recent years, it has been under attack, largely driven by budget cutting efforts and the U.S. Department of Education’s failure to implement meaningful, uniform reporting standards. As a note, in the early 1990’s, Texas implemented a uniform reporting system for all DFSC grant recipients. SDFSC brought to focus the importance of comprehensive prevention education and services that target students, parents, teacher and the community. Tools, such as the former Exemplary DFSC Awards Program, and the Principles of Effectiveness, challenged schools to implement effective programs, policies and practices. No Child Left Behind (NCLB) has brought a much needed emphasis on student/school performance. I believe a casualty of NCLB has been a loss of class time dedicated to changing unhealthy behaviors such as use of alcohol, tobacco and other drugs (ATOD), emotional problems, and other behaviors that directly impact student performance. If a student arrives at school “stoned”, hungry, emotionally upset, lacking sleep or having been “abused”, he or she will not perform to expectations. The NCLB “transferability clause” for SDFSC allows the use of SDFSC funds for other educational purposes. In theory, the clause supports student performance. In reality, my colleagues report it has led to many schools diverting SDFSC funds from prevention education, with no replacement of services from local sources, resulting in decreases in student prevention education and related services.

At the SWCAPT, we believe “communities support what they help create; and, local people best solve local problems.” Coalitions are a strong vehicle to impact communities. They provide a voice and a message. To be successful, communities need to adopt a consistent message that illegal and illicit use of ATOD will not be tolerated by the community. The Surgeon General’s message on smoking is an example of a consistent message that has had a long term, profound effect on health and safety.

Often, changing the environment is “key” to reducing use and abuse. A Texas colleague often says, “the amount of use in a community is directly related to how much they will put up with.” In an effort to impact a largely rural/frontier population, Nebraska Partners in Prevention (NePiP), the Governor’s Advisory

Council, decided to promote environmental prevention strategies through its CSAP State Incentive Cooperative Agreement (SICA) program. As a result, 100% of the 18 Nebraska coalitions funded through SICA are implementing environmental strategies as a component of their overall plan. A majority are implementing Communities Mobilizing for Change, an environmental approach for reducing underage access to alcohol by changing local policies and practices. Additional approaches have included keg registration, enforcement of minimum drinking age, server training and counter-advertising. Environmental change strategies are showing promising results in reducing the use of alcohol and other drugs. Alcohol remains the #1 drug of choice for youth and young adults.

Prevention continually faces challenges from many directions:

- One of the biggest challenges we face in prevention is cooperation and collaboration at the national, state and local levels dedicated to eliminating “turf wars”, breaking down barriers, leveraging resources and establishing bonds of trust, hope and success. One state in our region, Colorado, has successfully begun that process. Established by Colorado statute, the Colorado Prevention Leadership Council (PLC) and Interagency Prevention Systems Program brings together representatives from six state agencies, two universities and other partners to promote coordinated planning, implementation and evaluation of prevention, intervention and treatment services for children, youth, and families at the state and local levels. The PLC has adopted six operating goals that embrace streamlined funding, capacity building, uniform service delivery standards and collaborative planning and decision making. The PLC meets regularly each month. Their early successes include Colorado receiving a first cohort award of SAMHSA/CSAP’s Strategic Prevention Framework/State Incentive Grant for prevention (SPF/SIG). Additionally, they have successfully adopted “Uniform Minimum Standards” for prevention/early intervention. Using the PLC, Colorado is building an atmosphere of trust and cooperation.
- Budget cuts and consolidation of agencies and programs is common place. Though consolidation can have its benefits, prevention often loses its prominence and is embedded in a larger bureaucracy. Texas recently consolidated all health and human service agencies. The

director of prevention position no longer exists. In the mid 1990's, the Texas SDFSC was folded into another program, losing its position of prominence and name distinction. The 10+ SDFSC staff assumed additional duties, with many of the SDFSC program responsibilities being farmed out to contractors. Momentum and leadership were lost. Currently, with assistance from Educational Service Centers, one SDFSC program manager manages the state program.

- At all levels of government, changes in political power, leadership, vision and perception negatively impact prevention. Loss of perceived relevance is often trumped by other pressing needs such as student performance, violence prevention, criminal justice, mental health and treatment needs. To keep prevention in a position of viability, well trained leaders with vision and passion are needed at all levels of the community and government.
- Policymakers, politicians and community leaders have difficulty “putting a face on prevention.” It is easy to recognize a person in need of treatment, medical attention or mental health services. It is difficult to recognize a person whose life has been impacted or changed by a prevention program or effort. Successes are often recorded in data and statistics without “faces” attached. Without a “face” prevention fails to be seen as a viable, important solution.
- Prevention is complex. Prevention is characterized by a vast array of programs, policies and practices, many of which are difficult for policymakers and the public to understand. It is easy for the public to understand that an antibiotic will treat pneumonia, but it's not easy to understand that prevention has many components that can affect their health and welfare. In my travels around the region and country, people ask me what I do. When I tell them “substance abuse prevention”, I routinely receive a blank stare or a comment, “Is that like the DARE Program?” It is difficult for the “public” to understand that effective prevention is more than Red Ribbon Week, a motivational assembly, pamphlets at a health fair, or TV ads.

In summary, I submit the following recommendations:

- 1) The federal SDFSC Program be continued and funded at a level that supports quality, local programs, with the “transferability clause” eliminated from No Child Left Behind. The US Department of Education expeditiously implement a uniform state and local reporting system.

- 2) Using the Colorado Model, or a similar model, states work to improve coordination and collaboration by bringing together all prevention agencies/efforts funded by federal partners.
- 3) States and communities should adopt data driven assessments and use a logical framework such as SAMHSA/CSAP's Strategic Prevention Framework (SPF) for strategic planning, program selection, implementation and evaluation.
- 4) Bring together federal and state agencies to develop and implement plans to promote consistency in planning, funding and reporting/evaluation.
- 5) Augment coalition efforts by rekindling implementation of school/community prevention approaches, bringing together the school and community in a meaningful working relationship that promotes and implements a comprehensive community/school prevention plan to change attitudes and reduce the health risks associated with illicit/illegal use and abuse of ATOD.
- 6) Recognize the use and abuse of ATOD are a public health issue; provide adequate funding to support prevention as a cost-effective, humane strategy for decreasing the health and financial costs on society.
- 7) Provide federal incentives for the development of partnerships with higher education for the purpose of developing training and degree programs in Prevention Science and workforce development.

Thanks you for your time and patience. I would be happy to entertain any questions or comments.

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