



County of  
Sonoma  
2015-2020

# ALCOHOL & OTHER DRUG PREVENTION STRATEGIC PLAN

Department of Health Services, Health Policy Planning  
and Evaluation Division, Healthy Communities Section

## Table of Contents

County of Sonoma 2015-2020.....	0
ACKNOWLEDGEMENTS.....	3
<b>County of Sonoma, AOD, Strategic Plan 2015-2020 .....</b>	<b>4</b>
Introduction .....	4
Profile of Sonoma County (Geography and Demographics).....	4
County of Sonoma’s Model for Health Improvement .....	5
Strategic Planning for Alcohol and Other Drug (AOD) Prevention .....	6
Assessment .....	7
Conceptual Frameworks and Models Informing the Strategic Plan .....	7
Organization of the AOD Prevention Strategic Plan .....	8
SAMHSA’s Strategic Prevention Framework.....	8
Assessment Process .....	9
Priority Areas.....	11
Assessment of Problem Area: Alcohol .....	11
Root Causes and Contributing Factors.....	14
Root Causes and Contributing Factors .....	21
Assessment of Problem Area: Marijuana.....	25
Root Causes and Contributing Factors.....	28
Assessment of Problem Area: Prescription Drugs .....	31
Scope of the problem.....	31
Root Causes and Contributing Factors.....	34
Capacity Building.....	39
Overview .....	39
Collaboration to Implement Strategies .....	39
Capacity for Problem Area #1: Alcohol.....	42
Capacity for Problem Area #2: Marijuana.....	43
Capacity for Problem Area #3: Prescription Drugs .....	44
Planning .....	45
Plan for Problem Area #1: Alcohol.....	45
Plan for Problem Area #2: Marijuana .....	46
Plan for Problem Area #3: Prescription Drugs .....	46
Implementation .....	47

Overview of process.....	47
Strategies for Problem Area #1: Alcohol.....	47
Strategies for Problem Area #2: Marijuana .....	57
Strategies for Problem Area #3: Prescription Drugs .....	58
Evaluation .....	60
Overview .....	60
Addendums .....	61
A. Strategic Plan .....	61
B. List of Collaboratives.....	61
C. Evaluation Plan.....	61
D. Roster for the ATOD Prevention Partnership .....	61

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**Sonoma County Prevention Partnership (see Addendum D for roster)**

**Petaluma Coalition to Prevent Alcohol, Tobacco and Other Drug Problems**

**West County Coalition for Alcohol and Drug-Free Youth**

**Tri-Community Coalition**

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# County of Sonoma, AOD, Strategic Plan 2015-2020

## Introduction

### Profile of Sonoma County (Geography and Demographics)

Located approximately 50 miles north of San Francisco, Sonoma County is a largely rural region with a population of 483,878 dispersed among nine incorporated cities and smaller communities spread over a geographically diverse one million acres. Santa Rosa is the county seat and largest city with approximately 33% of the county's population, while an equal proportion of residents (31%) live in unincorporated areas with limited access to resources and infrastructure to support community health. Approximately 84% of the county's population is considered urban; 16% is considered rural.<sup>1</sup> In terms of home ownership, 60.1 percent of people own, which is higher than the rolling state average of 55.3% (2009-2013).<sup>2</sup>

More than half (57%) of the population is 44 years of age or less. Approximately 21% of the population is below 18 years, and 16% are 65 or older (2013).<sup>3</sup> Two thirds (66%) of the County's population is Caucasian; 25% Hispanic/Latino; 3.7% Asian American; 1.4% African American; and 3.9% other races.<sup>4</sup>

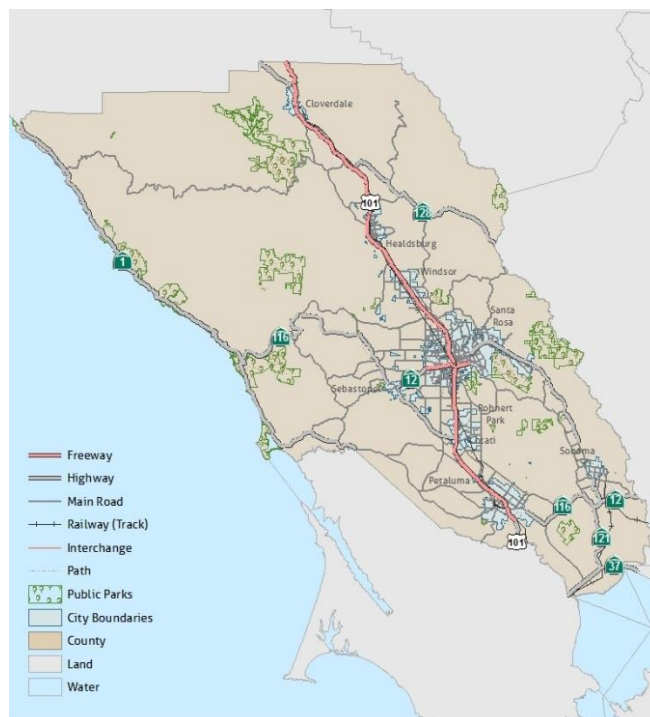


Figure 1

From 2010 to 2060, Sonoma County's population is projected to increase 27%. The Hispanic/Latino population is expected to grow to 27.4% of the population in 2020 and 37.1% of the population by 2060.<sup>5</sup> The majority of projected growth in the Hispanic population will take place in the 25 and under age category.<sup>6</sup> The percentage of people that report that another language other than English is spoken at home is 25.5% in Sonoma County (2009-2013).<sup>7</sup>

<sup>1</sup> *A Portrait of Sonoma County*, Sonoma County Department of Health Services, May 2014.

<http://www.measureofamerica.org/sonoma/>

<sup>2</sup> United States Census Bureau. <http://quickfacts.census.gov/qfd/states/06/06097.html>

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Sonoma County Indicators 2014, Abridged Edition. Sonoma County Economic Development Board.

[http://edb.sonoma-county.org/documents/sotc\\_2014/sonoma\\_county\\_indicators\\_report\\_2014.pdf](http://edb.sonoma-county.org/documents/sotc_2014/sonoma_county_indicators_report_2014.pdf), P. 6. Accessed July 7, 2014.

<sup>6</sup> Ibid.

<sup>7</sup> United States Census Bureau. <http://quickfacts.census.gov/qfd/states/06/06097.html>

Over 12% of Sonoma County residents live below the Federal Poverty Level (FPL).<sup>8</sup> However, according to 2013 California Budget Project’s research, a family of four with two working parents, needed \$85,336 per year in Sonoma County to “make ends meet,” almost four times higher than the FPL.<sup>9</sup> In 2012, the median family income for a Caucasian household was \$62,427 whereas for a Hispanic/Latino household it was \$43,069.<sup>10</sup>

Another poverty indicator is the number of children eligible for the Free/Reduced Meals Program (FRMP) in schools. In Sonoma County, 46.4% of students are eligible for FRMP and in 33% of school districts (13 of 39), 50% or more of their student body is eligible.<sup>11</sup> Among those 13 districts, which include 58 schools serving a total of 20,406 youth, 10 have a predominantly Hispanic/Latino student body.

Schools provide a rich source of data and some of the key indicators that relate to this strategic plan are graduation rates, percentage of schools meeting the Academic Performance Index (API), and the percentage of students that pass the California High School Exit Exam. For the class of 2012 public school students, there was 79% cohort graduation rate. The percentage of schools that met the API in 2013 was 65% of elementary, 47% of middle/junior high schools, and 37% of high schools. The percentage of 10<sup>th</sup> graders that pass the CA high school exit exam is 87%.<sup>12</sup>

In the area of crime, statistics released by the state Attorney General’s Office provide a summary of various types of crime in the categories of property and violent crime. In Sonoma County, the general trend over the past 10 years for property crimes has been down, with 2014 showing a slight increase to 8,583 property crimes. In the area of violent crimes, the general trend for the past 10 years has also been downward as well, however, there has been a slight uptick in rape from 2013 (126) to 2104 (172). This may be explained in part by a broadening of the definition of rape. Otherwise, aggravated assault, robbery and homicide are lower than last year. This mirrors the statewide trend, where nearly all serious crimes dropped in both number and rate per 100,000 people between 2013 and 2014.<sup>13</sup>

### County of Sonoma’s Model for Health Improvement

Today’s societal problems are many and they are complex. Recent research studying root causes of pervasive problems has expanded our understanding of the interrelatedness and complexity of issues, and this has been a driver for comprehensive solutions. Creating meaningful social change requires broad, cross-sector coordination that addresses the systems and policies that hinder or foster positive development. The County of Sonoma has adopted a *collective impact* approach to addressing problem, which is premised on working closely with community partners to find effective, long-term solutions. Working in common to address large scale problems is not new to government; however, collective impact offers a fresh approach: “Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda,

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<sup>8</sup> Sonoma County Indicators 2014, Abridged Edition. Sonoma County Economic Development Board. [http://edb.sonoma-county.org/documents/sotc\\_2014/sonoma\\_county\\_indicators\\_report\\_2014.pdf](http://edb.sonoma-county.org/documents/sotc_2014/sonoma_county_indicators_report_2014.pdf). P. 6. Accessed July 7, 2014.

<sup>9</sup> California Budget Project, *Making Ends Meet: How Much Does It Cost to Raise a Family in California?* December 2013. [http://www.cbpp.org/pdfs/2010/100624\\_Making\\_Ends\\_Meet.pdf](http://www.cbpp.org/pdfs/2010/100624_Making_Ends_Meet.pdf). Accessed July 8, 2014.

<sup>10</sup> US Census Bureau, 2012 American Community Survey

<sup>11</sup> California Department of Education, Data Quest, 2013-14

<sup>12</sup> Sonoma County Office of Education, Education Facts 2013-14. <https://www.scoe.org/files/ed-facts-2013.pdf>

<sup>13</sup> California State Attorney General’s Office, 2014. <https://oag.ca.gov/crime>

shared measurement, continuous communication, and mutually reinforcing activities among all participants.”<sup>14</sup>

Recognizing that large-scale social change requires significant collaboration, Sonoma County’s Department of Health Services (DHS) convened the *Health Action Council* in 2007. Health Action serves as Sonoma County’s framework for addressing problems through collective impact. Health Action’s vision is for Sonoma County is to be a healthy place to live, work, and play by 2020. Health Action provides the infrastructure for community partnerships and resources to be focused on improving health. The DHS serves as the backbone organization, providing staffing to support facilitation and management of Health Action’s many projects. The Health Action Council consists of public and private leaders, and elected officials across the County. Their goals are incorporated into all the work of the department, including alcohol and other drug (AOD) prevention.

To address health disparities, in 2014, DHS commissioned *A Portrait of Sonoma County (Portrait)*<sup>15</sup>, a comprehensive assessment of the county’s health, educational attainment, and living standards at the census tract level. The *Portrait* features a set of recommendations for both county-wide and place-based intervention options based on 1) the health, education, and income data collected in the report; and 2) current research on best practices for improving long-term health outcomes and decreasing disparities in human development across the county. The *Portrait* provides a powerful tool for addressing health disparities and reducing chronic disease risk factors on a neighborhood-by-neighborhood basis. DHS, other County agencies, the *Health Action Council*, community-based *Health Action Chapters*, and community partners are using the *Portrait* to create effective place-based strategies to achieve the ten *Health Action* goals.

#### Strategic Planning for Alcohol and Other Drug (AOD) Prevention

The Substance Abuse Prevention and Treatment Block Grant (SAPT BG) is awarded to counties by the California Department of Health Care Services (DHCS) for the purpose of planning, implementing, and evaluating activities related to the treatment, recovery and prevention of substance use disorders (SUD). Twenty percent (20%) of the State’s SAPT BG funds must be spent on primary prevention. DHS administers SAPT funds for alcohol and other drug (AOD) primary prevention services in Sonoma County. The prevention work is managed under the Health Policy, Planning and Evaluation (HPPE) Division of the Department of Health.

In July 2014, HPPE’s Communities Section began an update of the current Alcohol and other Drugs Strategic Plan, using the SPF planning process. DHS has enlisted community participation in assessing Sonoma County’s AOD-related problems, identifying factors that contribute to these problems, establishing prevention goals and objectives, selecting and implementing prevention strategies, and evaluating their effectiveness. The result of this effort is a comprehensive plan that will strategically guide prevention efforts for the next five years.

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<sup>14</sup> Kania, John & Kramer, Mark, “Collective Impact.” Stanford Social Innovation Review, Winter, 2011

<sup>15</sup> *A Portrait of Sonoma County*, Sonoma County Department of Health Services, May 2014.  
<http://www.measureofamerica.org/sonoma/>

## Assessment

### Conceptual Frameworks and Models Informing the Strategic Plan

This strategic plan was developed in consideration of the Centers for Disease Control and Prevention's Social-Ecological Model. The model helps explain the range and complexity of factors that put people at risk for substance abuse. The prevention model consists of four levels: societal, community, relationship, and individual.

#### Individual

The first level identifies biological and personal history factors that increase risk. Prevention strategies at this level are often designed to promote attitudes, beliefs, and behaviors. Specific approaches may include education and life skills training.

#### Relationship

The second level examines close relationships that may increase risk. A person's closest social circle-peers, partners and family members-influences their behavior and contributes to their range of experience. Prevention strategies at this level may include parenting or family-focused prevention programs, and mentoring and peer programs designed to reduce conflict, foster problem solving skills, and promote healthy relationships.

#### Community

The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with substance abuse and related problems. Prevention strategies at this level are typically designed to impact the social and physical environment.

#### Societal

The fourth level looks at the broad societal factors that help create a climate in which substance abuse is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.<sup>16</sup>

A complement to this framework is the Prevention Institute's Spectrum of Prevention, which identifies multiple levels of intervention that mirror the four levels of the Social-Ecological Model. The Spectrum operationalizes methods for addressing problems, and working across the spectrum represents the most comprehensive approach to solving complex problems.

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<sup>16</sup> Centers for Disease Control and Prevention, "Social-Ecological Model: A Framework for Prevention, accessed from <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>



Organization of the AOD Prevention Strategic Plan  
SAMHSA’s Strategic Prevention Framework

DHCS requires that counties use the Strategic Prevention Framework (SPF) to design their local alcohol and other drug prevention plan. The SPF is a planning and program design tool developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enable counties to build the infrastructure necessary for effective and sustainable prevention through a community-based approach. The collaborative nature of this process is intended to develop a common understanding of needs and resources with respect to AOD-related problems, and to set the stage for selecting appropriate and evidence-based prevention strategies.



Figure 2

SAMHSA has framed behavioral health prevention as part of a continuum of care that starts with Promotion is followed by Prevention, Treatment and Recovery. The addition of Promotion is new since Sonoma County’s last strategic plan was developed. SAMHSA’s website states the following about their model:

“A comprehensive approach to behavioral health also means seeing prevention as part of an overall continuum of care. The *Behavioral Health Continuum of Care Model* helps us recognize that there are multiple opportunities for addressing behavioral health problems and disorders. Based on the *Mental Health Intervention Spectrum*, first introduced in a 1994 Institute of Medicine report, the model includes these components:

**Continuum of Care**

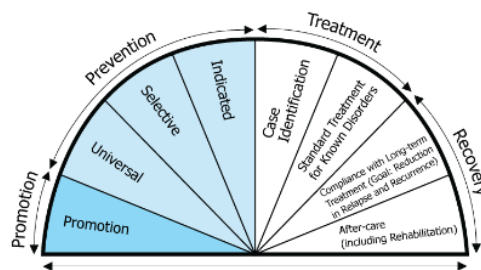


Figure 3

**Promotion:** These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

**Prevention:** Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.

With the addition of Promotion, the Institute of Medicines “protractor” is better able to convey the range of strategies that are used to prevent substance abuse and risky use. The model orients what has been known in the field as *environmental prevention* as health *promotion*.

Environmental prevention strategies use a public health model of disease prevention to focus on the physical, social, and political settings that influence behavior. Research has shown that policy strategies are a very powerful tool to reduce rates of alcohol-related problems in communities and to change community norms. Benefits of the environmental approach include having a broader reach, and creating a more substantial and more enduring impact on the community at large.

Environmental strategies can require the support of many community partners and this work is facilitated by strong connections with community coalitions and other community-minded groups. Groups that have links to residents, especially affected communities, law enforcement, schools, health organizations, prevention service providers, and other interested groups play a key role. Often these efforts require a backbone organization to provide staffing that can dedicate the time and resources necessary to harness local resources and implement the multidimensional solutions that match the level of complexity required to address substance abuse issues. The Department of Health Services has taken many roles in developing this community strength, sometimes serving as a facilitator, the backbone organization, funder, or participant. What is key is to create collective action and to foster movement towards a common agenda.

The County of Sonoma plan consists primarily of environmental prevention strategies, however, understanding the importance of balance, the plan also includes strategies that reach the individual directly.

### Assessment Process

The assessment process has involved collecting and analyzing data to define alcohol and other drug (AOD) problems. The data were reviewed to look for trends based on geographic areas and populations. A profile of community needs and strengths were developed, as well as the resources and readiness to address those needs. The assessment process also entailed identification of needs related to certain populations or groups, and geographic areas with disparities based on the American Human Development Index for Sonoma County.<sup>17</sup>

Needs assessment activities included the following:

**Collection of County and state archival or secondary data to assess trends over time** Key data sources include: California Health Interview Survey, California Healthy Kids Survey, arrest records, treatment,

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<sup>17</sup> The American Human Development Index is a metric that combines fundamental well-being indicators, comprised of official government data in health, education, and income, into a single score expressed as a number between 0-10. The County of Sonoma’s 2014 report, A Portrait of Sonoma County, uses the HDI to better understand disparities by census track, gender and race, and serves as a guide for public health related interventions.

DUI, alcohol related traffic crashes, off-sale and on-sale alcohol outlets and disciplinary actions against problem outlets, hospital and emergency room data, CMSP data, state and national surveys.

**Collection of primary data** Key data sources include: Place of Last Drink Survey, California Healthy Kids survey, key informant interviews, focus groups.

**Community involvement and feedback:** Regular participation in community coalitions, advisory boards, and councils to ascertain community priorities, existing capacity, and current focus. These include:

- Sonoma County Prevention Partnership (AOD Prevention)
  - Marijuana subcommittee
  - Alcohol subcommittee
  - Prescription Drug subcommittee
- Alcohol and Other Drug Advisory Board (Advisory to Health Department Director and Boards of Supervisors)
- Tri Community Coalition (focused on alcohol prevention efforts in Cotati, Rohnert Park and Sonoma State University)
- Petaluma Coalition to Prevent Alcohol, Tobacco and Other Drug Problems
- West County Coalition for Alcohol and Drug-Free Youth
- Health Action Council
  - Health Action - Committee for Healthcare Improvement (CHI)
  - 3 Health Action Chapters (Sonoma, West County and Petaluma)
  - Health Action City Council Liaison
- Maternal, Child, Adolescent Health Advisory Boards (Advisory to Board of Supervisors)
- Adverse Childhood Experiences (ACE) working committee (lead by First Five)
- Perinatal Alcohol and Other Drug Action Team
- Project SUCCESS Collaborative
- Teen Health Advocacy Coalition
- Mayor's Gang Prevention Task Force (newly renamed to the Santa Rosa Violence Prevention Partnership)
- Friday Night Live Collaborative
- Avoid the 13 and Vertical Prosecution (District Attorney Grant) DUI Task Force

**Assessment of lead organizations, federal and state guiding documents:** The assessment process was also aided by reviewing key resources and documents that guide the work of the field, including those from:

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- SAMHSA's Center for the Application of Prevention Technologies
- Centers for Disease Control and Prevention
- Institute of Medicine
- US Department of Health and Human Services National Prevention Strategy
- National Institute for Health
- CADCA – Community Anti-Drug Coalitions of America
- California's Interagency Prevention Advisory Council (IPAC)
- California Prescription Drug Abuse Prevention Workgroup

## Priority Areas

As a result of the data gathering and analysis process, the problem areas identified as top level priorities over the next 5 years are:

### Problem Area: ALCOHOL

Problem Statement: Underage youth are drinking at high rates with harmful consequences

Problem Statement: Adults are binge drinking and engaging in “risky” drinking at high rates with harmful consequences

### Problem Area: MARIJUANA

Problem Statement: Marijuana use has identified public health ramifications that are not being addressed adequately through public policy and regulations

### Problem Area: PRESCRIPTION DRUG USE

Problem Statement: Prescription drug addiction has reached epidemic levels

The assessment of these problem areas are discussed in greater detail, including scope of the problem, contributing factors, and the indicators that were used to assess the problems in Sonoma County.

## Assessment of Problem Area: Alcohol

### *Scope of the Problem*

Problem Statement: Underage youth are drinking at high rates with harmful consequences

Alcohol is the most widely used substance of abuse among America’s youth. According to the U.S. Surgeon General’s *Call to Action to Prevent and Reduce Underage Drinking*,<sup>18</sup> alcohol is the drug of choice among adolescents, used by more youth than tobacco and illicit drugs. This is the key reason cited for the prioritization of *underage and excessive alcohol consumption* as one of California’s IPAC’s six prevention priorities.<sup>19</sup>

Underage drinking is a major public health and safety concern, and contributes significantly to a range of adverse short-and long-term consequences, including academic and/or social problems; unwanted, unintended, and unprotected sexual activity; physical and sexual assaults; increased risk of suicide; alcohol-related car crashes; and other unintentional injuries such as burns, falls, and drowning; death from alcohol poisonings; violent and property crimes; fetal alcohol syndrome; and the need for treatment for alcohol abuse and dependence.<sup>20</sup> Research has shown that the younger children start drinking the more problems they will encounter later in life; children who drink at age 14 or younger are much more likely during their

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<sup>18</sup> U.S. Dept. of Health and Human Services. *The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking* Rockville, MD: U.S. Dept. of Health and Human Services; 2007. Retrieved from: <http://www.surgeongeneral.gov/topics/underagedrinking>.

<sup>19</sup> Annual Prevention Priorities and Strategies Report 2015 (DRAFT report), Interagency Prevention Advisory Council Executive Leadership Team.

<sup>20</sup> U.S. Dept. of Health and Human Services. SAMHSA. *Report to Congress on the Prevention and Reduction of Underage Drinking*. Dec. 2013. [www.samhsa.gov](http://www.samhsa.gov)

lifetimes to sustain unintentional injuries, to get into physical fights, and to become involved in motor vehicle crashes after drinking.<sup>21</sup>

Underage drinking rates remain fairly high in Sonoma County and continue to raise concerns among public health, public safety, school administrators, parents, and community coalitions. Results of the California Healthy Kids Survey <sup>22</sup> show that thirty four (34%) of 11<sup>th</sup> graders reported having at least one drink of alcohol in the past 30 days, a rate higher than the state rate of 33% and national rate of 27.5% (Chart 1).<sup>23</sup>

**Sonoma County Youth Use of Alcohol in Last 30 Days - CHKS, 2013-14**

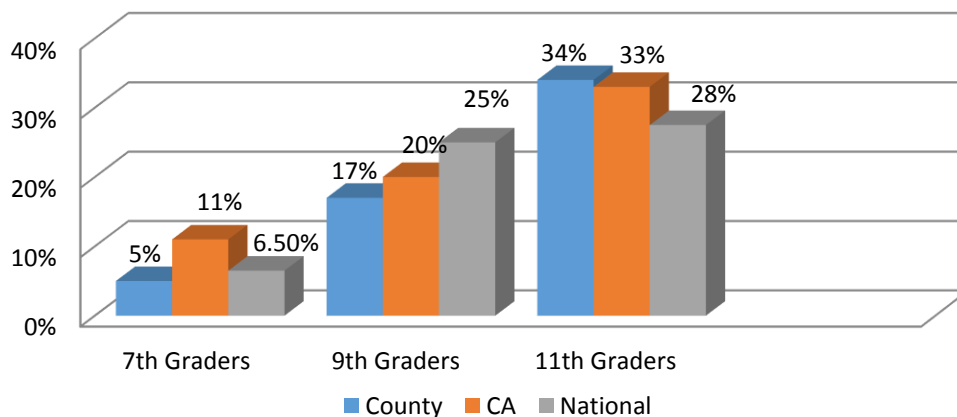


Chart 1

Binge drinking is the most common underage consumption pattern reported by youth; teens drink more than adults and they consume larger quantities at one time. On average, young people have about five drinks on the same occasion (i.e., at the same time or within a couple of hours of each other). Sonoma County youth continue to binge drink at high rates in the upper secondary grades and non-traditional schools. A dramatic increase is seen between 9<sup>th</sup> and 11<sup>th</sup> grades, clearly highlighting the need for increased attention to the changes that occur between those grade levels.

**Underage Binge Drinking, Sonoma County CHKS  
2013-14**

Sonoma County 7 <sup>th</sup> graders	2%
Sonoma County 9 <sup>th</sup> graders	9%
Sonoma County 11 <sup>th</sup> graders	23%
Sonoma County Non-Traditional (NT)	40%

Table 1

<sup>21</sup> Hingson, R., and Kenkel, D., Social, health, and economic consequences of underage drinking. In: National Research Council and Institute of Medicine. Bonnie, R.J., and O’Connell, M.E., eds. *Reducing Underage Drinking: A Collective Responsibility*. Washington, DC: National Academies Press, 2004. Pp. 351-382. Available online at: <http://www.nap.edu/books/0309089352/html>.

<sup>22</sup> Sonoma County. *California Healthy Kids Survey* (2013-2014). Main Report. San Francisco: WestEd Health and Human Development Program for the California Dept. of Education. Retrieved from: <http://www.wested.org/chks>.

<sup>23</sup> PRIDE Surveys Report: National Summary Statistics. 2014. Retrieved from [www.pridesurveys.com](http://www.pridesurveys.com)

### *Consequences of Alcohol Use*

Drinking and driving can be deadly, especially for teens.<sup>24</sup> While the proportion of 'alcohol-involved' drivers in fatal/injury crashes under the age of 21 slightly decreased from 11.3% in 2001 to 10.8% in 2011,<sup>25</sup> motor vehicle crashes are still the leading cause of death for youth aged 15-20 years, with teens being at far greater risk of dying in an alcohol-related crash than the overall population. In the United States, 12.8% of all fatal traffic crashes were alcohol-related and 40% of those involved teens driving while drinking alcohol.<sup>26</sup> Teenagers who drink and drive are also at greater risk of serious crashes than are older drivers with equal concentrations of alcohol in their blood. The crash rate for 16 to 19-year-old CA drivers who had been drinking is 1.8 times higher than drivers of all ages.<sup>27</sup>

Drinking early in life increases the likelihood of developing an alcohol use disorder later in life and youth who begin drinking before the age of 15 are four times more likely to become dependent on alcohol than those who wait until age 21.<sup>28</sup> Although the peak years of initiation to alcohol are 7<sup>th</sup> to 11<sup>th</sup> grade, 10 percent of 9- to -10 year olds nationally have already started drinking<sup>29</sup> and more than one fifth of underage drinkers begin before they are 13 years old.<sup>30</sup> In Sonoma County, sixteen percent (16%) of 7<sup>th</sup> graders and thirty nine percent (39%) of 9<sup>th</sup> graders report being under the age of 14 when they had their first drink.<sup>31</sup>

The risk of addiction is greater for the developing adolescent than for mature adults.<sup>32</sup> The brain goes through rapid development and 'wiring' changes between the ages of 12-21. There is compelling evidence showing that teen alcohol use can adversely affect this development. Damage from alcohol during teen years can be long-term and irreversible. Frequent drinkers may never be able to catch up in adulthood since alcohol inhibits systems crucial for storing new information.<sup>33,34</sup>

### *Special High Risk Population: 18-21 Year Old College Students*

Sonoma County is home to a four-year university, Sonoma State, and a junior college, Santa Rosa Junior College, with multiple campus sites throughout the county. SSU is a "mid-sized" campus with just under 10,000 students, and SRJC serves approximately 60,000 students annually. The relationship of college students and alcohol is of concern to college administrators, public health professionals and community

<sup>24</sup> Centers for Disease Control and Prevention. *Vital Signs-Teen Drinking and Driving*. October, 2012.

<sup>25</sup> California Department of Motor Vehicles; (January, 2014). *Annual Report of the California DUI Management Information System*. [dmv.ca.gov](http://dmv.ca.gov)

<sup>26</sup> The National Highway Traffic Safety Administration (NHTSA). <http://www.nhtsa.gov>

<sup>27</sup> California Dept. of Motor Vehicles. Teen Driver Crash Statistics. [http://dmv.ca.gov/teenweb/more\\_btn6/traffic/traffic.htm#](http://dmv.ca.gov/teenweb/more_btn6/traffic/traffic.htm#)

<sup>28</sup> Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings). Rockville, MD.

<sup>29</sup> Donovan, J., Leech, S., Zucker, R., Loveland-Cherry, C., Jester, J., Fitzgerald, H., et al. (2004) Really underage drinkers: Alcohol use among elementary students. *Alcoholism: Clinical and Experimental Research*, 28 (2), 341-349.

<sup>30</sup> Eaton, D.K., Kann, L., Kinchen, S., Shanklin, S., Ross, J., Hawkins, J., et al. (2008). Youth Risk Behavior Surveillance-United States, 2007. *Morbidity and Mortality Weekly Report*, 57 (SS-4), 1-131.

<sup>31</sup> Sonoma County. *California Healthy Kids Survey 2013-14: Main Report*. San Francisco: West Ed Health and Human Development Program for the California Dept. of Education. Retrieved from: <http://www.wested.org/chks>

<sup>32</sup> PRIDE Surveys Report: National Summary Statistics. 2013-14. Retrieved from [www.pridesurveys.com](http://www.pridesurveys.com)

<sup>33</sup> National Institute on Alcohol Abuse and Alcoholism: Underage Drinking Research Initiative. Alcohol and the Developing Adolescent Brain. Retrieved from: <http://www.niaaa.nih.gov>

<sup>34</sup> White, A.M., and Swartzwelder, H.S. Age-related effects of alcohol on memory and memory-related brain function in adolescents and adults. *Recent Developments in Alcoholism* (2005). Volume 17: 161-76.

residents. Many students come to college with established drinking habits and increase their consumption when they get to college.<sup>35</sup> Thirty five percent (35%) of college students nationally report binge drinking, and 40% of all college students report having been drunk in the past 30 days.<sup>36</sup> Fifty-eight percent (58%) of local junior college students report that they have consumed alcohol in the past 30 days.<sup>37</sup> There are more than 1,825 alcohol-related deaths each year among college students<sup>38</sup> yet the negative effects related to college student drinking extend far beyond this number. Whether they drink or not, most college students experience the effects of college drinking. In Sonoma County, 35.5% of junior college students report doing something they regretted; 29% forgot their location or actions; and 23% had unprotected sex.<sup>39</sup> Incidents involving students and police include minor in possession, drunk in public, and DUI.

## Root Causes and Contributing Factors

### *Teen Attitudes and Beliefs*

Drinking is often considered to be an acceptable behavior among teens – less risky and more approved of than abuse of other substances.<sup>40</sup> However, in Sonoma County, 93% of 11<sup>th</sup> grade youth believe their parents would find their drinking very wrong, wrong or a little wrong. Forty-seven percent (47%) of 11<sup>th</sup> graders believe they are at great risk of harming themselves physically or in other ways if they take five or more drinks once or twice a week. Fifty-five percent (55%) of 11<sup>th</sup> grade students disapprove of their peers' binge drinking some or a lot and 35% of students in non-traditional schools disapprove. Yet, despite perceived risk and disapproval by themselves, friends or parents, thirty-five percent (35%) of 11<sup>th</sup> grade youth and 55% of non-traditional youth reported that they drink enough to feel a lot or until drunk, clearly risky drinking behavior.<sup>41</sup>

These attitudes can influence decisions about drinking and driving. A national report capturing teen attitudes found teens did not see anything wrong with underage drinking and very little wrong with driving after having consumed just a beer or two. Many believed they could tell when they were too drunk to drive.<sup>42</sup> Aligned with this perception, 22% of Sonoma County 11<sup>th</sup> graders reported driving a car one or more times when they had been drinking, and 36% of 7<sup>th</sup> graders reported having been a passenger in a car driven

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<sup>35</sup> National Institute on Alcohol Abuse and Alcoholism. Research Findings on College Drinking and the Minimum Legal Drinking Age. <http://www.niaaa.nih.gov>

<sup>36</sup> Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. & Miech, R.A. (2014). *Monitoring the Future national survey results on drug use, 1975–2013: Volume II, College students and adults ages 19–55*. Ann Arbor: Institute for Social Research, The University of Michigan.

<sup>37</sup> American College Health Association/National College Health Assessment II. (ACHA/NCHA) 2013.

<sup>38</sup> Hingson, R.W.; Zha, W.; Weitzman, E.R. Magnitude of and trends in alcohol-related mortality and morbidity among U.S. college students ages 18-24, 1998-2005. *J Stud Alcohol Drugs* 2009; (16S): 12-20.

<sup>39</sup> American College Health Association/National College Health Assessment II. (ACHA/NCHA) 2013.

<sup>40</sup> Johnston, L.D., O'Malley, P.M., Bachman, J.G., & Schulenberg, J.E. (2010) *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2009*. (NIH Publication No. 10-7583). Bethesda, MD: National Institute on Drug Abuse.

<sup>41</sup> Sonoma County. *California Healthy Kids Survey: 2013-14: Main Report*. San Francisco: WestEd Health and Human Development Program for the California Dept. of Education. Retrieved from: <http://www.wested.org/chks>

<sup>42</sup> National Highway Traffic Safety Administration. Teen Unsafe Driving Behaviors: Focus Group Final Report. <http://www.nhtsa.gov>

by someone who had been drinking alcohol.<sup>43</sup> Nineteen percent (19%) of 9<sup>th</sup> graders nationwide rode in a car one or more times with someone who had been drinking alcohol.<sup>44</sup>

*Influences in the Environment: Social Norms, Ease of Access, and Drinking Culture*

One possible factor contributing to this schism between beliefs and actions is the social environment—a permissive drinking culture, easy access and availability, and school/community group fundraising events regularly sponsored by local wineries and breweries.

There is evidence to support that high-risk environments of alcohol availability and alcohol consumption make significant contributions to a local community’s social, health, and economic costs for dealing with alcohol problems. In general, there are 3 kinds of environments of alcohol availability that contribute to community-level problems: *social environments*, where alcoholic beverages are used according to social norms and customs particular to a local community, *retail environments*, where alcoholic beverages are served or sold and *public environments*, where alcoholic beverages are present in public places and at public events.<sup>45</sup>

Limiting underage access and availability of alcohol are critical elements necessary to impacting the community norms that are accepting and permissive of substance abuse. Youth continue to report that alcohol is easy to get at a disturbing rate.

**Perceived Difficulty of Obtaining Alcohol CHKS 2011-12<sup>46</sup>/2013-14<sup>47</sup>**

	Grade 7	Grade 9	Grade 11	NT
2011-2012 Fairly easy or very easy to get	25%	57%	73%	74%
2013-2014 Fairly easy or very easy to get	22%	52%	73%	70%

Table 2

These data simply highlight ease of access; in order to determine the actual sources of alcohol and to accurately inform policy, a series of additional Module G CHKS questions were included in both the 2011-2012 and 2013-2014 Sonoma County surveys. From these additional questions, we begin to see a clear pattern of both retail/commercial and social/home access points. Alcohol is being stolen from stores or simply purchased, most likely with a borrowed or fake ID. And, parents, friends, and other adults are also easy targets for providing alcohol to minors. (Note: For this question and the chart below, students could choose multiple answers, so the percentages do not equal 100%).

**How do most kids usually get alcohol? CHKS 2013-14**

<sup>43</sup> Sonoma County. *California Healthy Kids Survey 2013-14*. Main Report. San Francisco: West Ed Health and Human Development Program for the California Dept. of Education. Retrieved from: <http://www.wested.org/chks>

<sup>44</sup> Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance Survey. U.S. 2013. [www.cdc.gov/yrbss](http://www.cdc.gov/yrbss)

<sup>45</sup> Wittman, Friedner, D. Development and Use of Conditional Use Permits to Prevent Problems Related to Retail Alcohol Outlets: An Overview. (1994) Expanded from remarks prepared for the workshop: “The Effective use of local land use controls to prevent problems related to alcohol outlets”.

<sup>46</sup> Sonoma County. *California Healthy Kids Survey: 2011-2012*: Main Report. San Francisco: WestEd Health and Human Development Program for the California Dept. of Education. Retrieved from: <http://www.wested.org/chks>

<sup>47</sup> Sonoma County. *California Healthy Kids Survey: 2013-14*: Main Report. San Francisco: WestEd Health and Human Development Program for the California Dept. of Education. Retrieved from: <http://www.wested.org/chks>



	Grade 7	Grade 9	Grade 11	NT	Source
At school	64%	42%	26%	27%	<b>Social</b>
From their parents with knowledge/without knowledge	15%	24%	48%	52%	<b>Social</b>
From adults at friends' homes	12%	20%	39%	37%	<b>Social</b>
From friends or another teenage	18%	34%	52%	42%	<b>Social</b>
Buy it themselves from a store	16%	27%	43%	31%	<b>Retail</b>
Steal it from a store	6%	11%	23%	23%	<b>Retail</b>

Table 3

**Social Environments**, or non-commercial settings, present another location for youth to both access and consume alcohol. According to the *Report to Congress on the Prevention and Reduction of Underage Drinking*,<sup>48</sup> the social and physical settings for underage drinking affect patterns of alcohol consumption. While purchasing or stealing alcohol from supermarkets, convenience stores, gas stations and liquor stores remains a serious problem, underage youth report that they get alcohol from social sources<sup>49</sup>, in other words, directly from parents, with or without permission; from older siblings or older friends; or asking strangers to buy it for them (also known as ‘shoulder tapping’).

Recent studies show that when alcohol is available to youth in their homes, this becomes a risk factor for increased alcohol use and alcohol-related problems. Parents can restrict the availability of alcoholic drinks at home, while setting strict rules regarding alcohol use, particularly when alcoholic drinks will continue to be in the home.<sup>50</sup> Even when adults supervise the places where alcohol is used, the result is higher levels of harmful alcohol consequences for youth. This is contrary to previous held beliefs that supervised alcohol use or starting to drink at an earlier age (i.e. teaching to drink responsibly) will reduce the development of adolescent alcohol problems. Parent supervised drinking may set in motion a more rapid shift to unsupervised drinking than otherwise would happen.<sup>51</sup> Parties can be high risk settings and very young drinkers are often introduced to heavy drinking behaviors at these home parties.<sup>52</sup>

A social host refers to an adult who hosts underage drinking parties on property they own, lease or otherwise control. In January of 2011, CA passed the “Social Host” law states that a Social Host may be liable for alcohol alcohol-related injuries and damages caused by a person under age 21 to whom the Social Host served alcohol per CA Civil Code Section 1714(d). A claim can now be made against: (1) a parent, guardian, or another adult (2) who knowingly furnishes alcohol beverages at his or her residence to a person under 21 years of age and (3) that furnishing alcoholic beverages may be found to be the proximate cause of resulting personal injuries, death or property damage to the person who was served the alcohol or to other person. The passage of this law makes the person or persons who furnish alcohol

<sup>48</sup> U.S.Dept.of Health and Human Services, Substance Abuse and Mental Health Services Administration. November 2012.) Report to Congress on the Prevention and Reduction of Underage Drinking.

<sup>49</sup> Wagenaar. Toomey and Murray. (1996). Sources of Alcohol for Underage Drinkers. *Journal of Studies on Alcohol*. 57, 325-33.

<sup>50</sup> Van Den Eijnden, Regina, Ph.D, et.al. Alcohol-Specific Parenting and Adolescents’ Alcohol-Related Problems: The Interacting Role of Alcohol Availability at Home and Parental Rules. *Journal of Studies on Alcohol and Drugs*. 72, 408-417, 2011.

<sup>51</sup> National Institute on Alcohol Abuse and Alcoholism. Alcohol Policy Information System. Retrieved from: [www.alcoholpolicy.niaaa.nih.gov](http://www.alcoholpolicy.niaaa.nih.gov)

<sup>52</sup> Wagenaar. Toomey and Murray (1996). Sources of Alcohol for Underage Drinkers. *Journal of Studies on Alcohol*. 57, 325-33.

to a minor legally liable for any damages or injuries caused by that person, whether or not the minor is the social host's child, the child of a loved one or a friend from down the street.

The state law is narrowly defined and applies to very specific circumstances. Local jurisdictions have been left to assess their own communities and determine the need for local social hosting laws. From 2007 to 2011, Sonoma County passed 4 Social Host Ordinances in the following cities: Petaluma, Sebastopol, Sonoma and Cloverdale to address adults hosting underage parties. In 2014, the City of Rohnert Park strengthened their existing party ordinance, and in 2015, the City of Cotati adopted an ordinance similar to Rohnert Park.

A survey of police officers in cities with ordinances was conducted in 2011. The findings were as follows:

- 37% of respondents noted that they respond to party calls weekly; 28% once a month.
- 64% believed that in their city there were fewer parties since passage of the ordinance.
- 57% felt that the Social Host Ordinance was an effective tool for reducing teen drinking at parties.

The answer to whether they believed most adults were aware of the ordinance was split equally between no, yes, and not sure.

"I feel the...ordinance is a useful tool for Patrol Deputies and is the reason teen drinking parties have been drastically reduced...which in turn reduces the serious alcohol-related incidents involving minors"

Officer from a City with a Social Host Ordinance

To determine Sonoma County attitudes toward underage drinking and social hosting, the County sponsored a 2013 phone survey that reached 400 Sonoma County residents<sup>53</sup>. The survey results showed that Sonoma County residents solidly oppose social hosting. Nearly 7 in 10 residents (69%) agreed that it is wrong for adults to provide alcohol to underage drinkers, even if a responsible adult is present. Residents identified the fact that providing alcohol to teens and underage young adults is illegal, and that social hosting takes away parental rights, as the most compelling reasons to oppose the practice. Key findings included:

- 81% of residents identified underage drinking as a serious local issue
- 86% of residents identified binge drinking among local teens as a highly serious concern
- Over 69% of residents opposed the practiced of social hosting

Overall, the results of the survey underscored that Sonoma County residents believed underage drinking should be prevented, not encouraged. Residents were highly concerned about the rates of underage drinking in the community and oppose the practice of providing alcohol to minors in any setting—including teen parties and social gatherings hosted by adults. These findings will help frame the messaging as the County moves forward with a public information and awareness campaign.

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<sup>53</sup> Sonoma County Dept. of Health Services. *Public Attitudes Toward Underage Drinking and Social Hosting*. December, 2013.

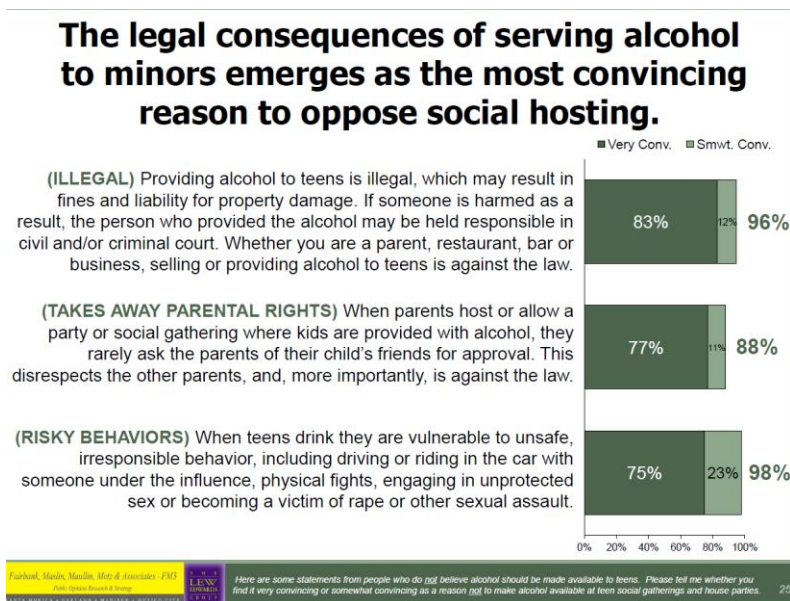


Table 4

**Retail Environments** include all establishments licensed by the state to sell or serve alcohol, whether the alcohol is consumed on the premises or off the premise. The list includes bars, restaurants, liquor stores, supermarkets, mini-marts, wine tasting rooms, large chain stores, etc. Research has established a powerful link between the number, types and concentration of alcohol outlets in a given area or neighborhood, and higher levels of consumption. Generally, high-levels of consumption contribute to increased rates of crime, violence, and nuisance activities which in turn threaten the health, safety, and general well-being of the public.<sup>54,55,56</sup> In census tracts with high density of off-sale (convenience stores, liquor stores, etc.) commercial availability of alcohol, there was a greater concentration of underage youth attempting to purchase alcohol and making a successful purchase. Riding with a drinking driver was also significantly concentrated within census tracts with the greatest off-sale alcohol outlet density.<sup>57</sup> And higher initial levels of drinking and excessive drinking were observed among youths residing in zip codes with higher alcohol outlet densities.

Alcohol outlets located next to schools, playgrounds or other locations where youth congregate can contribute to underage drinking problems and can detract from the overall quality of life in a community. Similarly, businesses located near a problem alcohol outlet report a negative impact on their bottom line. Poorly managed alcohol outlets often increase the probability or potential for problems, including sales to minors and intoxicated persons, shoulder taps, drug dealing, and general community blight.

<sup>54</sup> Campbell, C.A.; et al. (2009). Effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol related-harms. *American Journal of Preventive Medicine*. 37(6).

<sup>55</sup> Gruenewald, P.J. and Remer, L. (2006). Changes in outlet densities affect violence rates. *Alcoholism: Clinical and Experimental Research*, 30(7):1184-93.

<sup>56</sup> Treno, A.J.; Gruenewald, P.J.; and Johnson, F.W. (2001). Alcohol availability and injury: the role of local outlet densities. *Alcohol Clinical Experimental Research*, 25, 1467-1471.

<sup>57</sup> Reboussin, Beth A., Song, Eun-Young, Wolfson, Mark. The Impact of Alcohol Outlet Density on the Geographic Clustering of Underage Drinking Behaviors within Census Tracts. *Alcohol Clinical and Experimental Research*. Vol. 35, No. 8, 2011: pp 1-9.

According to the Community Guide of the CDC, controlling the number and concentration of alcohol retailers in an area can help prevent excessive alcohol consumption.<sup>58</sup> Retail (commercial) availability of alcohol is determined by State and local regulations, including the number, location, types, and serving/selling practices of alcohol licensed retailers. In California, there are specific state laws that govern all alcohol establishments issued a license through the California Dept. of Alcoholic Beverage Control. However, local jurisdictions can use their regulatory authority through land use and zoning ordinances to limit retail outlet density (the number of alcohol outlets in a given area).

Location of alcohol outlets is one side of the youth access coin. The 4 Ps of total marketing: product, promotion, place and price also factor into youth alcohol access and consumption. The alcohol industry is very aware that young people are a critical target audience—youth under the 21 year old drinking age constitute at least 12 percent of the \$100 billion alcohol market, and the earlier a young person begins to drink, the more likely he/she is to become a heavy user as an adult.<sup>59</sup> They employ innovative marketing techniques to promote youth friendly products such as alcopops, available at low cost or over the internet.

In 2014, Sonoma County had a total of 1,908 licensed alcohol establishments, both on-sale and off-sale. Included in this count are a disturbing number of licenses being issued to locations that have not traditionally sold alcohol, such as a popular coffee shop chain, with the potential to fall underneath the radar of local coalitions. In addition, a growing number of license types operate throughout the county that are not included in that overall count<sup>60</sup> and they are choosing locations in business parks and other areas away from downtown locations so as not to trigger over-concentration, density or high crime area concerns. An example of license types not included in the county count are:

- beer manufacturer (Type 01)
- small beer manufacturer (Type 23)
- distilled spirits manufacturer (Type 04)
- certified farmer's market sales permit (Type 79)
- certified farmer's market beer sales permit (Type 84)

Sonoma County participated in the *Healthy Stores for a Healthy Community Campaign*.

Coordinating alcohol prevention efforts in the retail sector with both tobacco prevention and healthy foods is an effective way to impact the content and quality of products sold in local stores and in turn reduce youth access to alcohol. Results of the 2013 survey revealed that of the 172 stores surveyed that sold tobacco in Sonoma County:

- →78.5% also sold alcohol
- →90% sold alcopops
- →89.3% sell malt liquor in low income areas
- →82.4% sell malt liquor not in low income areas
- 34.6% had alcohol ads near candy/toys or below 3 feet

<sup>58</sup> The Centers for Disease Control. *The Community Guide*. [www.thecommunityguide.org/alcohol/index.html](http://www.thecommunityguide.org/alcohol/index.html).

<sup>59</sup> Mosher, James F. The CDM Group, Inc. Alcohol Policy Consultations. *Alcohol Industry Marketing and its Impact on Youth*. Retrieved from <http://www.alcoholpolicyconsultations.com>

<sup>60</sup> California State Dept. of Alcoholic Beverage Control. <http://www.abc.ca.gov>

- 51.1% of the stores had alcohol exterior advertising  
(→ higher than the state rate)

**Public Environments** include fairs, festivals, parades and community fundraising events are often the site of alcohol sales and service. According to the Sonoma County Volunteer Center, there are currently 1,375 registered non-profits in the county. There are over 400 wineries and an ever-increasing number of craft breweries that sometimes host events utilizing volunteer servers. And, there are 42 school districts hosting fundraising events that may or may not hold events that include alcohol. Neither local law enforcement nor the Alcoholic Beverage Control keep an accurate accounting of the number of one-day permits issued in a given time period, so it is unclear just how many events are held in the county. A recent attempt by the County to create a master database was difficult for several reasons: the ABC employs a non-computerized filing system; many organizations hold multiple events a year; and still others avoid the application process and don't apply for the one-day permit despite the fact that they serve alcohol. To host a public event where alcohol will be served, a one-day permit is required by the Alcoholic Beverage Control (ABC), and must also be approved by local law enforcement. Each local permitting agency can issue an expanded list of Conditions of Operation that include those required by ABC as well as, a set of stricter policies dictated by event size, local conditions, and local ordinances.

Although not identified in the CHKS, local fairs and festivals are a third access point for underage drinkers mainly due to lack of training and knowledge by those doing the serving. It is common practice that the individuals staffing these events are volunteers who don't normally work in the alcohol industry. They are altruistic and want to help, yet come to their duties with little or no training in responsible beverage service and so lack an understanding of their accountability in complying with current CA State laws restricting sales to minors and over serving adults. Occasionally, event organizers have not instituted strict operating procedures and protocols for the day of the event, nor have they provided sufficient orientation to the volunteer core.

Underage youth can access alcohol at these events in a variety of creative ways: using fake or borrowed ID's; easily exchanged wristbands; getting-of-age friends to purchase multiple drinks; or front-loading (drinking prior to entering the event; or bringing in their own alcohol to the event.

#### *Scope of the Problem*

Problem Statement: Adults are binge drinking and engaging in "risky" drinking at high rates with harmful consequences

Alcohol is a legal product for adults 21 years old and older. Alcohol use is very common in our society, however drinking alcohol can have immediate effects that can increase the risk of many harmful conditions for adults of any age. According to the Alcohol-Related Disease Impact (ARDI) tool, from 2006-2010, there were over 88,000 deaths annually attributable to excessive alcohol use (chronic and acute), with approximately 10,572 occurring in California.<sup>61</sup>

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<sup>61</sup> Centers for Disease Control and Prevention. *Alcohol Related Disease Impact (ARDI.)* 2010. Available at [http://nccd.cdc.gov/DPH\\_ARDI](http://nccd.cdc.gov/DPH_ARDI)

Excessive alcohol use is the 3rd leading cause of preventable death in the United States among all adult age groups.<sup>62</sup> Excessive drinking is the percentage of adults who either binge drink consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days or, having drinking defined as drinking more than one (women) or 2 (men) drinks per day on average. It is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.<sup>63</sup> Approximately 6% of the total population drank heavily, while almost 16% of the population binge drank.<sup>64</sup> In Sonoma County, 37.9% of adults reported binge drinking in the past year, higher than the state rate of 31%.<sup>65</sup>

Drinking and driving is one of the most glaring alcohol-related problems impacting the health and safety of the community. Nationally in 2012, more than 10,000 people died in alcohol-impaired driving crashes—one in every 51 minutes.<sup>66</sup> Statewide, the percentage of alcohol-involved crash fatalities increased from 38.5% in 2011 to 39% in 2012, after a decline for 3 consecutive years.<sup>67</sup> Over 10% of CA traffic crash injuries in 2012 were alcohol-involved; 76.5% of DUI arrests were male.<sup>68</sup> Driving under the influence (DUI) of alcohol is associated with age with the highest rate among persons aged 21-25.<sup>69</sup> In Sonoma County, 40.4% of drivers in the court-mandated Drunk Driver Program were 21-29 years old, with the median age of 30 years.<sup>70</sup> There were 2,310 DUI arrests in Sonoma County in 2013, down from a high of 3,626 in 2009.<sup>71</sup>

#### Root Causes and Contributing Factors

Alcohol remains a key factor in both the economy and culture of Sonoma County, yet along with that comes the presence and persistence of alcohol-related problems, including drinking and driving, impacts on pregnant women, and role modeling of high consumption to the underage population.

In the 2015 Robert Wood Johnson Foundation county health rankings, Sonoma County ranked 8<sup>th</sup> in overall Health Outcomes out of 57 CA counties, however the ranking dropped to 19<sup>th</sup> in Health Behaviors with 22% of adults reporting heavy or binge drinking (higher than the CA rate of 17%) and

<sup>62</sup> National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

<sup>63</sup> University of Wisconsin Population Health Institute. *County Health Rankings*. 2014. <http://www.countyhealthrankings.org/our-approach/health-factors/alcohol-drug-use>

<sup>64</sup> Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, **2010**.

<sup>65</sup> California Health Interview Survey (CHIS) 2012-13. <http://healthpolicy.ucla.edu/health-profiles/Pages/HealthProfiles2012-2013.aspx>

<sup>66</sup> National Highway Traffic Safety Administration. *Multiple Medications and Vehicle Crashes: Analysis of Databases*. 2015. [www.nhtsa.gov](http://www.nhtsa.gov)

<sup>67</sup> California Department of Motor Vehicles; (January, 2014). *Annual Report of the California DUI Management Information System*. [dmv.ca.gov](http://dmv.ca.gov)

<sup>68</sup> California Department of Motor Vehicles; (January, 2014). *Annual Report of the California DUI Management Information System*. [dmv.ca.gov](http://dmv.ca.gov)

<sup>69</sup> Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Summary of National Finding*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4586. Rockville, MD.

<sup>70</sup> Sonoma County Department of Health Services, Place of Last Drink Survey, Alcohol and Other Drugs Drinking Driver Program. 2014.

<sup>71</sup> CA Department of Justice, Criminal Justice Statistics Center. <http://www.oag.ca.gov/crime/chsc/stats/arrests>

31% of driving deaths with alcohol involvement (matching the CA rate).<sup>72</sup> On a positive note, the 2015 National Roadside Survey of Alcohol and Drug Use by Drivers found that the use of alcohol by drivers continues to decline nationally.<sup>73</sup> That holds true in Sonoma County, where the DUI rates also continue to decline.<sup>74</sup>

Since 2011, the Sonoma County POLD survey findings have provided the County with useful information regarding drinking and driving. It is important to note that POLD data are not representative of all DUI arrests in the Sonoma County, only those who reported arrest in Sonoma County and who attended the DDP. Completion of a DDP is required by the Department of Motor Vehicles in order to have a CA driver's license reissued after a DUI arrest. In Sonoma County, the DDP is typically court ordered. Participation in the survey is voluntary and anonymous; information is self-reported and thus social desirability may affect findings. The survey is administered at orientation and findings reflect only those individuals attending the orientation. There is a high completion rate. Data are reported for the calendar year, however the participant's actual arrest may have been in a prior year. Some people who have been arrested for DUI in Sonoma County may never attend a DDP orientation. People who are arrested in Sonoma County, but live elsewhere, may take the DDP in their county of residence.

Some key findings include:

- Median age = 30 years
- 10% college students
- 7 in 10 were male
- 46.8% were noted Santa Rosa as their home town
- Most common months for arrest: March, November, December
- 61% were first offenders
- 1 in 4 drivers had a passenger in the car
- 41.9% reported a BAC level of .09-.15
- Beer was the alcohol of choice (61%)

A possible contributor to the countywide decline in DUI rates is represented by the continued efforts of the Avoid the 13 campaign: a collaborative, high visibility approach between the 13 Sonoma County law enforcement jurisdictions, with the goal of removing impaired drivers from the road and heightening awareness of the dangers of driving under the influence of drugs and alcohol. Their efforts focus mainly on DUI Checkpoints, specifically at holiday or other times of the year where alcohol is part of the celebration. However, there is still work to be done in reducing alcohol involved fatal and injury collisions as evidenced by the 2013-14 holiday campaign, when there were 154 arrests for DUI in a 2-week period, up from 144 during the same time period the year before.

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<sup>72</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2014.

<sup>73</sup> Berning, A., Compton, R., & Wochinger, K. (2015, February). Results of the 2013–2014 National Roadside Survey of alcohol and drug use by drivers. (Traffic Safety Facts Research Note. Report No. DOT HS 812 118). Washington, DC: National Highway Traffic Safety Administration.

<sup>74</sup> California Office of Traffic Safety (OTS). Media and Research Rankings. 2012. <http://www.ots.ca.gov>

Addressing the settings where binge drinking and over-consumption of alcohol by adults are taking place, and the conditions that foster this misuse, are critical to education and prevention efforts.

According to the Sonoma County Place of Last Drink Survey<sup>75</sup>, the majority (53%) of individuals in the Drinking Driver Program had their last drink in a bar, tavern or restaurant. Research indicates that drinking that occurs outside the home, mainly in bars and restaurants, is strongly associated with binge drinking and with alcohol-impaired driving.<sup>76</sup> However, the POLD results beginning in 2011 uncovered a previously unacknowledged trend: that more than one-third of individuals in Sonoma County had their last drink at home or someone else’s home. This trend has continued and in 2014 it rose to more than one third (see Chart 2).

“Where did you have your last drink before you were arrested?” (n=1,510)

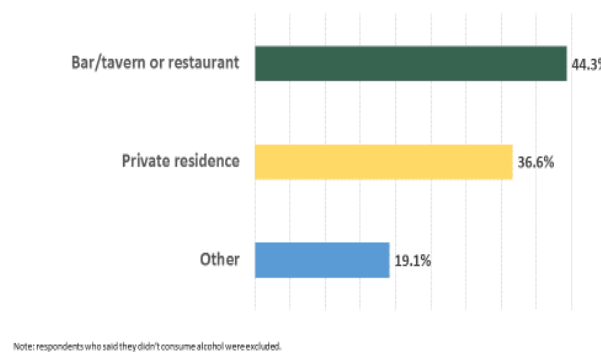


Chart 2

The 2014 POLD survey also identifies differing characteristics of those drinking in licensed establishments and those drinking at home when considering age, miles driven, adult/child passengers, and type of alcohol consumed (Table 5):

Table 4

← Place of last drink →	
Bar or restaurant	Private residence
<ul style="list-style-type: none"> <li>• Less likely to be &lt;21 years (1%)</li> <li>• Less likely to drive &gt;=3 miles before arrest (45%)</li> <li>• More likely to have adult passengers (32%)</li> <li>• Less likely to have child passengers (3%)</li> <li>• More likely to report hard liquor (42%); less likely to report wine (7%)</li> </ul>	<ul style="list-style-type: none"> <li>• More likely to be &lt;21 years (12%)</li> <li>• More likely to drive &gt;=3 miles before arrest (54%)</li> <li>• Less likely to have adult passengers (18%)</li> <li>• More likely to have child passengers (5%)</li> <li>• Less likely to report hard liquor (34%); more likely to report wine (15%)</li> </ul>

The proliferation of alcohol establishments including wine tasting rooms and craft breweries, the wine country culture of drinking, the expansion of wine/beer tour limos and bus companies serving alcohol prior to arrival, the presence of alcohol at most community fundraising events (including school sponsored events), and the existence and extending of happy hours have combined to spark

concerns for sales and service to obviously intoxicated adults.

As noted earlier, Sonoma County had a total of 1,908 licensed alcohol establishments, both on-sale and off-sale. In addition, a growing number of license types operate throughout the county that are not included in this overall count<sup>77</sup> and they are choosing locations in business parks and other areas away

<sup>75</sup> Sonoma County Dept. of Health Services. Place of Last Drink Survey. 2014

<sup>76</sup> Guide to Community Preventive Services. Preventing excessive alcohol consumption: over service law enforcement initiatives. [www.thecommunityguide.org/alcohol/overservice.html](http://www.thecommunityguide.org/alcohol/overservice.html). Last update: Sept. 27, 2010.

<sup>77</sup> California State Dept. of Alcoholic Beverage Control. <http://www.abc.ca.gov>



from downtown locations so as not to trigger over-concentration, density or high crime area concerns and the need for a determination of Public Convenience or Necessity (PCN) by the jurisdiction. An example of license types not included in the county count are:

- beer manufacturer (Type 01)
- small beer manufacturer (Type 23)
- distilled spirits manufacturer (Type 04)
- certified farmer’s market sales permit (Type 79)
- certified farmer’s market beer sales permit (Type 84)

The County has been sponsoring Responsible Beverage Service (RBS) Trainings as the prevention and education arm of drinking and driving since 2006. RBS is currently mandated for existing businesses by municipal code in the cities of Rohnert Park and Petaluma only, and by Conditional Use Permit for new businesses in most of the other jurisdictions. However, compliance has not been routinely or uniformly enforced. Yet, attendance at RBS trainings has increased and continues to be representative of all types

**RBS Evaluation 2013-2015**

*Table 5*

Question	% Agree/ Strongly Agree
After today’s training, I better understand my responsibilities when I serve or sell alcohol	88%
This training helped me understand I have a role in preventing alcohol-related problems in my community (for example, underage drinking, driving under the influence, etc.)	88%
Today’s training was useful to me	95%
I will be able to apply what I learned today at work	97%
I think that this training would be helpful for other people I know who serve/sell alcohol	97%
Note: % based on 500 respondents	

of businesses, both on-sale and off-sale, throughout the county. This increase may be, in part, due to the recognition that trained employees are good business practice, the value and importance of preventing sales to minors and overly intoxicated adults, insurance company requirements/rate reductions, and the continued positive comments and attitudes regarding the quality of the training and the expertise and teaching skills of the trainer (Table 5).

In FY 2014-15 Spanish language trainings were added to the schedule based on requests from local businesses, as well as from non-native English speakers attending the English language RBS trainings and expressing their difficulties in understanding the material. Since the first training was offered, attendance has doubled and the trainings are continuing to gain in popularity. Feedback from 2015 training participants included:

- More trainings are needed since there are so many Latino businesses that are not proficient in alcohol laws and responsibilities.
- Trainings in English with a translator will not work; trainers need to understand the cultural aspect.

- Need to learn more about how to stop people from pushing to get more alcohol like the way it was done back home.
- Want to learn how to work better with the police; they are constantly in fear of citations
- Business owners expressed appreciation for trainings; some had been in business for over 10 years and never attended a training until now.

## Assessment of Problem Area: Marijuana

### *Scope of the Problem*

Problem Statement: Marijuana use has identified public health ramifications that are not being addressed adequately through public policy and regulations

The marijuana landscape, both nationally and statewide, appears to be constantly changing and shifting. New research, reports, surveys, opinion polls, and articles on marijuana-related topics flood the media almost on a daily basis. With all this information comes an overwhelming sense of confusion, specifically regarding safety, addiction, and long-term consequences of both medicinal and non-medicinal (recreational) use. Marijuana is still a Schedule I controlled substance under both state and federal law because it: 1) has a high potential for abuse, 2) is not accepted as a medical use in treatment in the United States, and 3) is not accepted as safe for use under medical supervision, which has formed the foundation of more confusion. The passage of the Compassionate Use Act in 1996 (Medicinal Marijuana) in California (and many states since), along with recent passage of laws legalizing non-medical use in several states, has added new dimensions to the discussion. Whether medicinal or not, whether legal or not, there are public health and safety concerns that must be addressed and strategies implemented to reduce the harmful effects to vulnerable populations, as well as the harmful impacts of abuse to the larger population. Sonoma County has identified youth and pregnant/breastfeeding women as vulnerable to use, abuse and misinformation; and the safety of the general population regarding impaired driving.

Marijuana is the most commonly used illicit substance among adolescents.<sup>78</sup> Nationally, in 2013, there were 19.8 million current (past month) users (roughly 80.6% of current illicit drug users), and the rate of current use among youths aged 12-17 was similar to 2012.<sup>79</sup> Sonoma County presents a slightly different picture of use. Whereas according to the 2013-14 California Healthy Kids Survey,<sup>80</sup> 30-day marijuana use among Sonoma County 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders decreased or stayed the same, the reported use among Sonoma County 7<sup>th</sup> and 9<sup>th</sup> graders was higher than the statewide rates (Chart 3).<sup>81</sup> Over one-quarter (28.3%) of Sonoma County junior college students reported using marijuana within the

<sup>78</sup> Monitoring the Future. Trends in 30-day prevalence of use of various drugs in grades 8, 10, and 12. Ann Arbor, MI: University of Michigan. 2013. Available at: [www.monitoringthefuture.org/data/10data/pr10t3.pdf](http://www.monitoringthefuture.org/data/10data/pr10t3.pdf).

<sup>79</sup> Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Finding*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4586. Rockville, MD.

<sup>80</sup> Sonoma County. *California Healthy Kids Survey* (2013-2014). Main Report. San Francisco: WestEd Health and Human Development Program for the California Dept. of Education. Retrieved from: <http://www.wested.org/chks>

<sup>81</sup> *California Healthy Kids Survey* (2011-2013). Biennial State Results. San Francisco: WestEd Health and Human Development Program for the California Dept. of Education. Retrieved from: <http://www.wested.org/chks>

past 30 days in 2013, compared to 19.5% at community colleges statewide. 16.7% nationally and almost double the Healthy Communities 2020 target of 15.3%.<sup>82</sup>

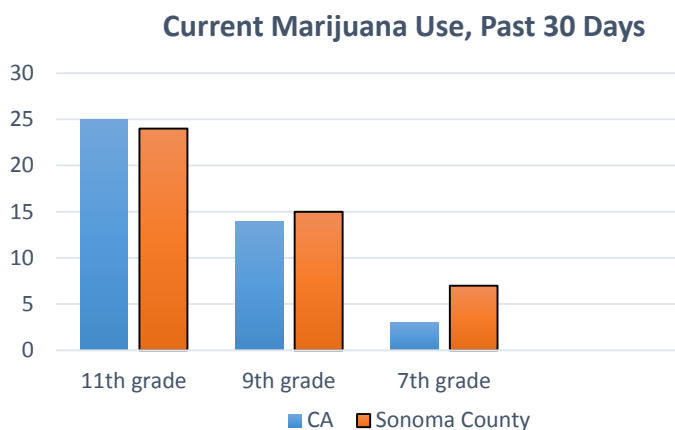


Chart 3

Marijuana can be addictive. In fact, research suggests that 1 in 11 users will become addicted, and that this number increases among those who start as teens and among people who use marijuana daily.<sup>83</sup> Marijuana use predominantly affects the prefrontal cortex, which is the last area of the brain to develop and has not fully matured in adolescence. Research has shown that, in chronic users, marijuana's adverse impact on learning and

memory may last a long time or be permanent.<sup>84</sup> Marijuana use during adolescence is associated with reductions in high school completion and degree attainment and increases the use of other illicit drugs and suicide attempts. Regular use can contribute to decreased concentration, attention span, and problem solving.<sup>85</sup>

The national average age of first marijuana use is 18, according to the National Survey on Drug Use and Health; current marijuana use among 12-17 year olds declined in 2002, remained steady in 2008, increased in 2011 before decreasing again in 2012 and 2013.<sup>86</sup> The age of onset and the correlation with addiction and school performance is particularly troubling in Sonoma County where these rates have remained fairly consistent through two CHKS cycles: in 2013-14, 36% of 11<sup>th</sup> grade youth reported being 13-16 years old when they tried marijuana for first time, down slightly from 40% in 2011-12.<sup>87</sup> And, 13% of 9<sup>th</sup> grade youth reported being just 13-14 years old at first use in 2013-14. And, a large Sonoma County school district reported a ten-fold increase in marijuana-related suspensions from eight in 2009-10 to 93 in 2013-14.<sup>88</sup>

<sup>82</sup> American College Health Association/National College Health Assessment II. (ACHA/NCHA) 2013.

<sup>83</sup> National Institute on Drug Abuse. *What is Marijuana?* Available at [www.drugabuse.gov/publications/drugfacts/marijuana](http://www.drugabuse.gov/publications/drugfacts/marijuana).

<sup>84</sup> Ibid

<sup>85</sup> American Academy of Pediatrics Policy Statement. *The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update*. Available at: <http://pediatrics.aappublications.org/content/135/3/584.full.pdf+html>

<sup>86</sup> Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Finding*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4586. Rockville, MD.

<sup>87</sup> Sonoma County. *California Healthy Kids Survey (2013-2014; 2011-2012)*. Main Report. San Francisco: WestEd Health and Human Development Program for the California Dept. of Education. Retrieved from: <http://www.wested.org/chks>

<sup>88</sup> Petaluma City Schools. *Suspension and Expulsion Trends*. August 8, 2014.

In Sonoma County, law enforcement and public health professionals express increasing concerns regarding impaired driving, whether the cause is from one or more of the following: alcohol, marijuana, prescription drugs or illicit drugs. Recent studies reveal that the prevalence of simultaneous use of alcohol and marijuana doubled the odds of drunk driving, social consequences, and harms to self.<sup>89</sup>

A nationally representative survey by the National Highway Traffic Safety Administration (NHTSA) found that in 2013-14, the proportion of total drug-positive nighttime weekend drivers increased from 16.3% in 2007 to 20% in 2013-14. The drug showing the greatest increase was marijuana.<sup>90</sup> Nearly 1 in 6 high school seniors who responded to a 2011 survey reported that, within the past two weeks, they had driven a motor vehicle after using an illicit drug or drinking heavily. And, nearly one in four said they had recently ridden in a car with such a driver. These rates have risen nearly 20% in only four years due almost entirely to an increase in driving after smoking marijuana.<sup>91</sup>

The Sonoma County DUI Task Force recently distributed a draft of ‘proposed law enforcement DUI questions’ to assist officers in collecting information useful to the district attorney’s office in determining level and cause of impairment.<sup>92</sup> Place of Last Drink results in Sonoma County reveal that respondents whose place of last drink was a private residence were about two times more likely to report being under the influence of marijuana when arrested, compared to those whose place of last drink was a bar/restaurant, though numbers are small.<sup>93</sup> The difficulty in collecting statistics is that the presence of marijuana determined either by oral fluid or blood test, does not necessarily imply impairment. According to the National Highway Traffic Safety Administration (NHTSA)<sup>94</sup>, traces of marijuana use can be detected in blood samples several weeks after heavy users stop ingestion. While breath and blood testing for alcohol impairment are accurate methods for determining impairment, a similar testing mechanism that connects concentration of drugs to driver performance does not currently exist.

Research strongly suggests that use of cannabis during pregnancy strongly and significantly predicted negative birth outcomes, including low birth weight, preterm birth, small size for gestational age, and admission to the neonatal intensive care unit.<sup>95</sup> Marijuana use in pregnancy may affect fetal brain development and a significant negative association was found between prenatal marijuana use in

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<sup>89</sup> Subbaraman, Meenakshi S. and Kerr, William C. Simultaneous Versus Concurrent Use of Alcohol and Cannabis in the National Alcohol Survey. April, 2015. *Alcoholism: Clinical & Experimental Research*. Vol.39, Issue 5. Retrieved online from <http://onlinelibrary.wiley.com/doi/10.1111/acer.12698/references>

<sup>90</sup> National Highway Traffic Safety Administration (NHTSA), National Roadside Survey of Alcohol and Drug Use by Drivers. 2013-14. Retrieved from: [www.nhtsa.gov](http://www.nhtsa.gov).

<sup>91</sup> National Institute on Drug Abuse. Among High School Seniors, Driving After Marijuana Use Surpasses Drunk Driving. July 10, 2014. Retrieved from: <http://www.drugabuse.gov>.

<sup>92</sup> Sonoma County District Attorney’s Office. 2015. *Proposed Law Enforcement DUI Questionnaire*. Available from [preventioninfo@sonoma-county.org](mailto:preventioninfo@sonoma-county.org)

<sup>93</sup> Sonoma County Dept. of Health Service. Place of Last Drink Survey. 2014.

<sup>94</sup> Berning, A., Compton, R., & Wochinger, R. (2015, February). Results of the 2013-2014 National Roadside Survey of alcohol and drug use by drivers. (Traffic Safety Facts Research Note: Report No. DOT HS 812 118). Washington, DC: National Highway Traffic Safety Administration.

<sup>95</sup> Hayatbakhsh, MR., et al. (2012). Birth outcomes associated with cannabis use before and during pregnancy. *International Pediatric Research Foundation, Inc., Volume 71, Number 2, February 2012*

school-age intellectual development such as deficits in school achievement, behavior and attention problems, depression symptoms and early initiation of marijuana use.<sup>96</sup> Heavy marijuana use can have negative consequences for parent’s health and their parenting capacity. THC (the main active chemical in marijuana) accumulates in the breast milk of marijuana using nursing mothers’ and is secreted in breast milk. With chronic heavy use THC levels can be eight times higher than in maternal plasma.<sup>97</sup> Marijuana can impact the ability to parent and contribute to altered consciousness and impairment in attention, judgment and inability to promote optimal child development.<sup>98</sup> Additionally, babies and children who are around marijuana smoke can have health problems like colds, coughs, ear infections, asthma, bronchitis, and pneumonia.<sup>99</sup> Anecdotal accounts from Sonoma County Department of Public Health reveal that clinics are encountering an increase in the number of women self-reporting marijuana use during pregnancy, especially to alleviate the nausea and vomiting of morning sickness.

### Root Causes and Contributing Factors

#### Public policy’s effect on attitudes

Marijuana is one drug that is affected by some very specific policies, including medicalization and the legalization of non-medical use by adults. The effects on youth behaviors and attitudes as they relate to

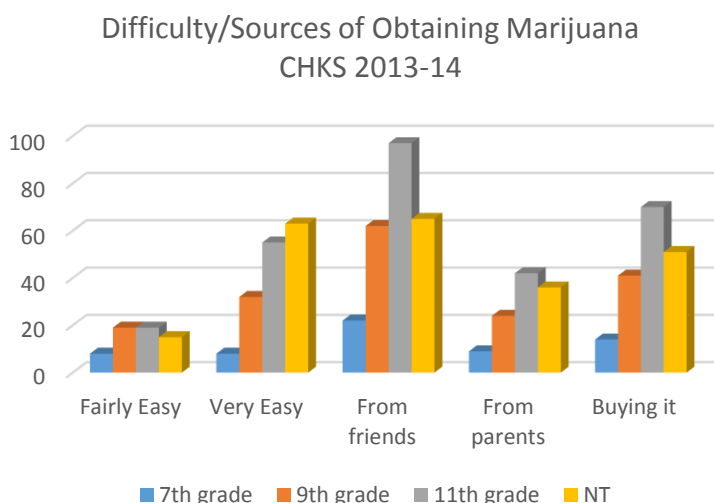


Chart 4

levels.<sup>101</sup>

recent legal and environmental changes will need to be carefully monitored to determine longer-term effects. Given that the prevalence rates have declined nationally, statewide and locally, it could be surmised that marijuana does not hold the same appeal for youth as it once did. Research reveals that youth substance use rates depend on a number of factors, including legal status, availability and ease of access of the substance, and perception of harm.<sup>100</sup> So, as policies change that allow advertising and marketing (we know that these are key determinants of youth alcohol use), prevalence rates could rise again and surpass past

<sup>96</sup> Goldschmidt, L., et al. School achievement in 14-year-old youths prenatally exposed to marijuana. *Neurotoxicol Teratol* (2011), doi:10.1016/j.ntt.2011.08.009.

<sup>97</sup> Behnke MD, M., et al (2013). Perinatal substance abuse: short- and long-term effects on the exposed fetus. *American Academy of Pediatrics, Pediatrics, Volume 131, Number 3, March 2013.*

<sup>98</sup> Perinatal Marijuana Exposure. National AIA Resource Center, University of California, Berkeley

<sup>99</sup> Sonoma County Dept. of Health Services. *A Healthier You! Marijuana use can have a negative effect on you and those around you.* May, 2014. Available at: [www.sonoma-county.org](http://www.sonoma-county.org)

<sup>100</sup> Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Finding*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4586. Rockville, MD.

<sup>101</sup> Monitoring the Future. Ann Arbor, MI: University of Michigan. 2013. Available at: [www.monitoringthefuture.org/data/10data/pr10t3.pdf](http://www.monitoringthefuture.org/data/10data/pr10t3.pdf).

*Ease of Access*

As noted above, ease of access and availability can impact youth substance use rates. The fact that Sonoma County youth find it fairly easy or very easy to access marijuana is cause for community wide concern. They report getting marijuana from friends in school and outside of school, parents (with or without their knowledge), and buying it at school or outside of school, with the highest percentages of access among 11<sup>th</sup> graders being from friends or buying it.<sup>102</sup>

*Perceived Risk*

Perceived risk is a leading indicator of change in use, and as youth perceive little or no risk, the rates of marijuana use tend to rise.<sup>103</sup> The data indicate that marijuana use has shown a decrease over time, while youth marijuana attitudes have moved toward greater acceptance.<sup>104</sup> Almost half of Sonoma County 11<sup>th</sup> graders (48%) report that they see little or no harm using smoking marijuana one to two

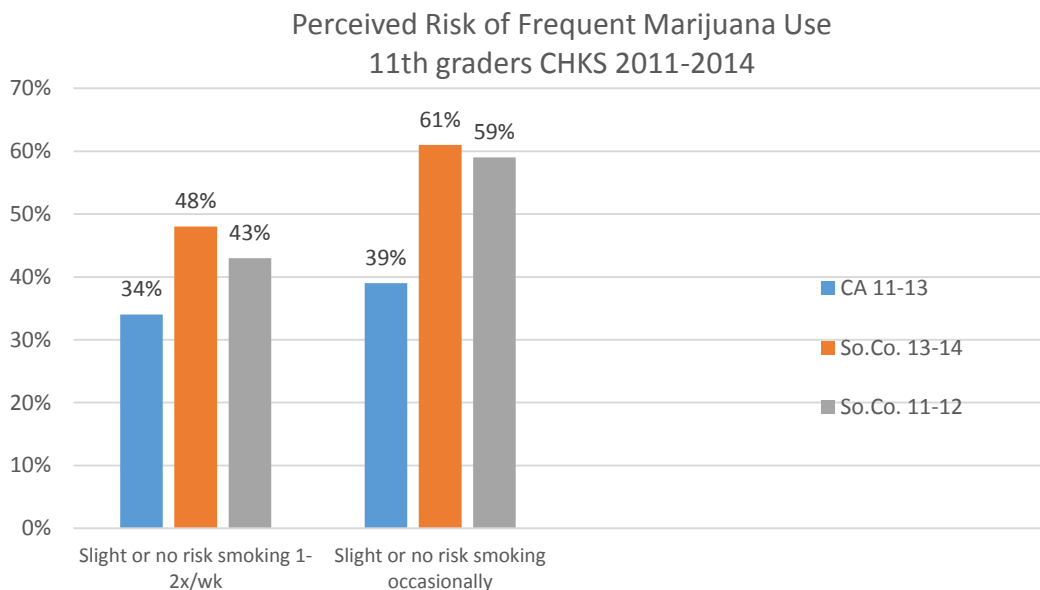


Chart 5

times per week. This rises to 61% believing there is no harm in use occasionally (see Chart 5).

There is a possibility that many adults in Sonoma County do not perceive marijuana use as high risk, mainly due to myths or misinformation regarding both the strength and medicinal values of the current drug.

<sup>102</sup> Sonoma County. *California Healthy Kids Survey (2013-2014)*. Main Report. San Francisco: WestEd Health and Human Development Program for the California Dept. of Education. Retrieved from: <http://www.wested.org/chks>

<sup>103</sup> Monitoring the Future. Ann Arbor, MI: University of Michigan. 2013. Available at: [www.monitoringthefuture.org](http://www.monitoringthefuture.org)

<sup>104</sup> Ibid

### *Marijuana Edibles*

The availability of marijuana in edible forms has added to the confusion around its medicinal value as well making it easier to disguise in foods. The absence of state or local regulations regarding the preparation and distribution of cannabis foods, more formally known as edibles, is of concern to Sonoma County professionals and residents. Recent ‘family friendly’ cannabis events in Sonoma County where edibles were widely and freely available for tasting have added to those concerns. Regulation of these products should include, at a minimum, child-resistant packaging, a warning to ‘keep out of the reach of children, and labeling describing a standard serving size. Edible marijuana delivers its affects more slowly, often taking an hour for the ingesting marijuana to take effect and can last as long as 6-8 hours.<sup>105</sup> Accurate public information should clearly state warnings that eating marijuana can have different effects from smoked marijuana, and that some products contain 4 or more times the level of THC.

These “edibles” food products are made with cannabis in herbal or resin form as an ingredient. They are consumed as an alternate delivery means to experience the effects of cannabinoids without smoking or vaporizing cannabis or hashish. Marijuana edibles come in many forms: sweets (brownies, cookies, chocolate bars, truffles, ice cream); snacks (parmesan garlic pita chips, popcorn, peanut brittle, snack mix, candies, fruit shaped gummies), beverages (sodas, juices, teas, coffee); and a variety of oils, butters, breads, pizza, cereals, and alcohol. They are frequently potent and are often indistinguishable from snack foods, leading to the potential increase in chances that adults will over-consume and children could accidentally consume.

### *Lack of regulation and consistency on cultivation and grows*

Cultivation of marijuana in the North Coast region has grown exponentially in recent years, both in number of grows and the size of the grow operations on both public and private land. Growers have engaged in a variety of activities that threaten or damage watersheds and wildlife habitats. These include, deforestation and habitat fragmentation; illegal use of rodenticides, fungicides, herbicides and insecticides; grading, terracing, dam, and road construction without permits leading to the filling of streams through erosion and sediment deposition; discarding of trash and haphazard materials such as diesel and gasoline; and unauthorized diversion of water from streams.<sup>106</sup>

Concerns regarding illegal marijuana grows were presented at the 2014 League of CA Cities Conference in a Resolution brought forward by the Redwood Empire Division, with letters of concurrence from two Sonoma County cities, Healdsburg and Cloverdale. The Resolution cited public concerns to widespread damage to fish and wildlife resources; degradation to California’s environment; threats to public safety; lack of compliance with environmental laws, including the Clean Water Act, Porter-Cologne Water Quality Control Act, and Endangered Species Act; habitat destruction; illegal water diversions; and

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<sup>105</sup> Regional Operations Intelligence Center. Situational Awareness Marijuana Variants Risks and Increased Presence. July 4, 2014.

<sup>106</sup> California Water Boards. Fact Sheet: Marijuana Cultivation on the North Coast Threatens Water Quality and Wildlife.

Retrieved from:

[http://www.waterboards.ca.gov/northcoast/publications\\_and\\_forms/available\\_documents/pdf/2013/130611\\_MarijuanFactSheet.pdf](http://www.waterboards.ca.gov/northcoast/publications_and_forms/available_documents/pdf/2013/130611_MarijuanFactSheet.pdf)

unregulated use of fertilizers, pesticides, insecticides, rodenticides, soil amendments contaminating soil and waters without regard for cumulative impacts to the environment or public health.<sup>107</sup>

In 2015, the North Coast Counties of Del Norte, Lake, Mendocino, Sonoma and Trinity joined together to approve a six-county policy statement calling for uniform regulation statewide while allowing local governments the flexibility to address individual community needs. Concerns addressed were the significant economic, environmental, and public safety impacts to North Coast Counties related to the cultivation and distribution of marijuana.<sup>108</sup>

### Assessment of Problem Area: Prescription Drugs

#### Scope of the problem

According to the Centers for Disease Control and Prevention (CDC), prescription drug abuse is a national epidemic.<sup>109</sup> It affects all age groups although drugs of choice, perceptions, and patterns of drug use can differ.<sup>110</sup> It is one of the nation’s fastest growing health problems. The Centers for Disease Control and Prevention has uncovered an alarming fact: *drug overdoses from opioid pain medicine now exceed deaths due to falling, guns and traffic accidents* (figure 4). Chart 6 shows that in 2013, a total of 43,982 deaths in the United States were attributed to drug poisoning, including 16,235 deaths (37%) involving opioid analgesics. From 1999 to 2013, the drug poisoning death rate more than doubled from 6.1 to 13.8 per 100,000 population, and the rate for drug poisoning deaths involving opioid analgesics nearly quadrupled from 1.4 to 5.1 per 100,000. For both drug poisoning and drug poisoning involving opioid analgesics, the death rate increased at a faster pace from 1999 to 2006 than from 2006 to 2013.<sup>111</sup>

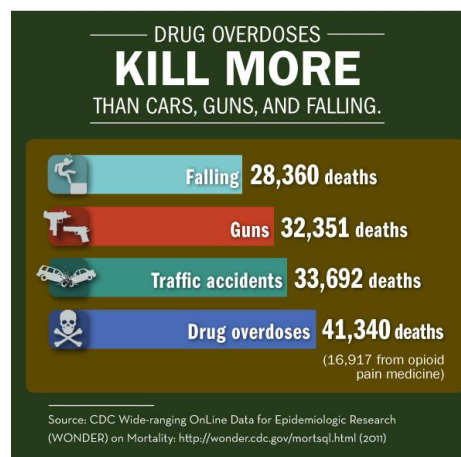


Figure 4

<sup>107</sup> League of California Cities. Sept. 2014. Illegal Marijuana Grow Sites. Public Safety Policy Committee. Retrieved from: <http://www.cacities.org/Resources-Documents/Policy-Advocacy-Section/Policy-Development/Annual-Conference-Resolutions/2014-Annual-Conference-Resolution-Final-Report>

<sup>108</sup> <http://www.co.mendocino.ca.us/bos/meetings/20319/20349/19948/20489/20492/120492.pdf>; [http://sonoma-county.granicus.com/MetaViewer.php?view\\_id=2&clip\\_id=490&meta\\_id=159255](http://sonoma-county.granicus.com/MetaViewer.php?view_id=2&clip_id=490&meta_id=159255)

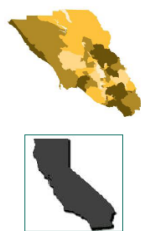
<sup>109</sup> Mora, Edwin. “Killer in the Medicine Cabinet: Officials Call Prescription Drug Abuse an ‘Epidemic’.” CBSNews.com April 20, 2011 <http://www.cbsnews.com/news/article/killers-cabinet-officials-call-prescript>

<sup>110</sup> Prescription Drug Abuse, A Research Update from the National Institute on Drug Abuse, May 2011, National Institute on Drug Abuse. <http://www.nida.nih.gov/tib/prescription.html>

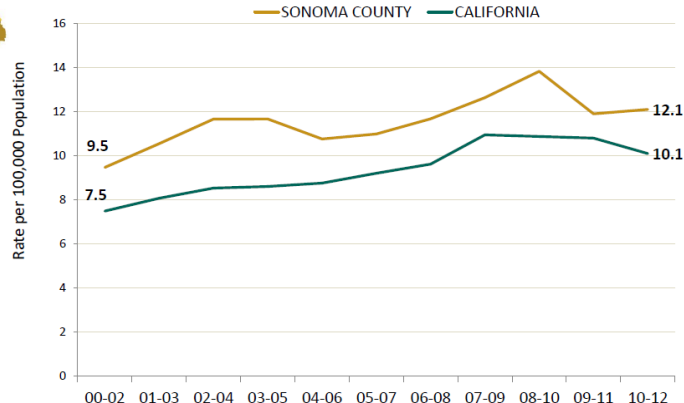
<sup>111</sup> National Vital Statistics System mortality data. Available at <http://www.cdc.gov/nchs/deaths.htm>



As in the nation, California, and locally in Sonoma County, a similar trend is in effect. The drug poisoning death rate in 2012 was 12.1 per 100,000 in Sonoma County, higher than the California rate (Chart 6). Drug poisoning deaths in Sonoma County were more likely among males (13.6) than females (10.6). The age group with the highest rate of death was the 45-64 year old (20.8), followed by 25-44 year old (16.9) age group.



**Drug poisoning death rate, Sonoma County and California, 2000-02 to 2010-12**



*Rates are age-adjusted to the 2000 US standard population*  
 Source: CDPH Vital Statistics Death Statistical Master Files  
 Prepared by: CDPH, Safe and Active Communities Branch, Report generated from <http://epicenter.cdph.ca.gov>

Chart 6

Data show that deaths due to overdose represents only the tip of the iceberg. Considering the graphic from the CDC using 2008 data (Figure 5), the problem of nonmedical use is shown in proportion to people who abuse or are dependent, emergency department (ED) visits for misuse or abuse, treatment admissions and deaths, with 1 death per 825 nonmedical users. Emergency department visits are yet another data point that confirms a growing problem in Sonoma County.

In 2008, there were **14,800** prescription painkiller deaths.<sup>4</sup>

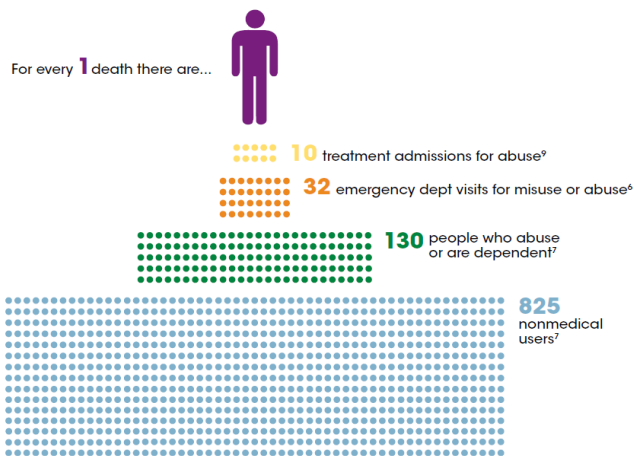



Figure 5

At a rate of 152.5 for drug-induced visits, ED visits are greater than the state rate of 129.6 (2010-12). Sonoma County's rate increased from 126.1 in 2006-08 to 152.5 (2010-12). Interestingly, when assessing age and gender trends, drug-induced ED visits show a different trend than with drug poisoning deaths: more females (174.5) than males (130.5) visit the ED, and a younger age group is showing up in the ED with 15-24 year olds at a rate of 261.8 (Chart 7). This age distribution reveals the problem as taking hold during youth.

Local data are also able to isolate out drug poisoning ED visits due to prescription opiates, showing an increasing trend. From 2010 to 2012 the number of visits increased from 40 to 55.

 Rate of drug-induced ED visits, by sex and age category, Sonoma County, 2010-12

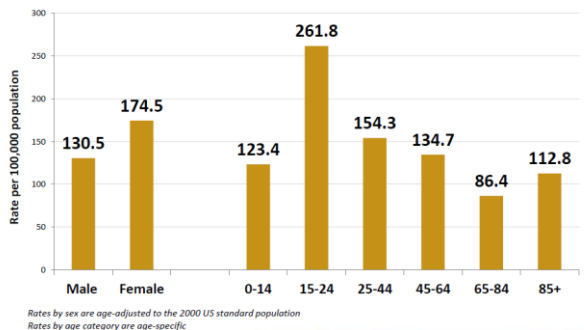


Chart 7

with the highest rate of hospitalization is the 85+ age group, with the next highest being the aged 45-64. Drilling down specifically to opiates and hospitalization, Sonoma County has seen nearly a 40% rise in 2000-02 the rate was 4 and in 2010-12 the rate was 10.6.

Sonoma County is experiencing an increase in babies born drug exposed. While not all babies born drug exposed meet the criteria of having Neonatal Abstinence Syndrome (NAS), NAS is a

A comparison of ED visits for unintentional poisoning to CA reveals a higher rate of abuse. Sonoma County's rate in 2010-12 was 8.7 per 100,000 and California's was 6.4 (Chart 8).

Another source of data are hospitalizations, and these data also show a trend that is growing and is worse than the California average. Sonoma County's rate is 75 compared to 68.5 in CA (2010-12). As with ED data, more females (85.1) are hospitalized than males (64.7). The age group



Rate of ED Visits for Unintentional Opiate Poisoning, Sonoma County, 2006-08 to 2010-12

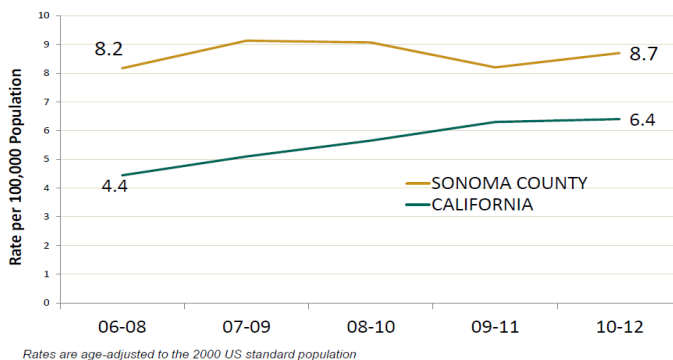


Chart 8

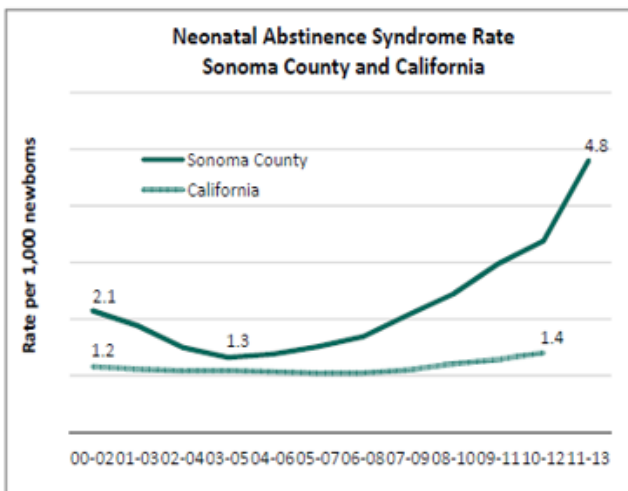


Chart 9

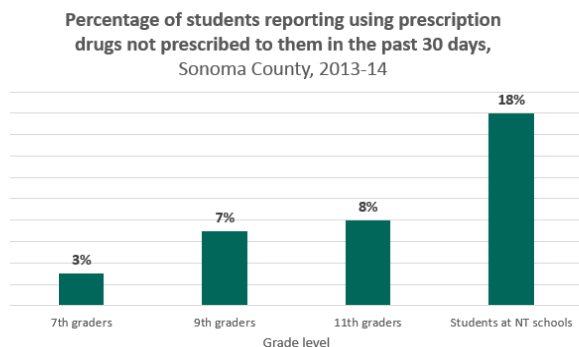
diagnosis that can be tracked and is a proxy measure of the overall problem. Sonoma County's NAS rate has increased since 2000, with the most recent data showing 4.8 per 1,000 newborns (2011-13), which is higher than CA's rate of 1.4 (2010-12) (Chart 9).

*Youth Use*

Prescription drug abuse is a serious problem for youth. The Monitoring the Future study, which tracks trends in substance use among students in 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades has gathered data nationally on youth prescription drug use. In 2014, the study summarized findings on prescription drug use, which includes use of narcotics, sedatives, tranquilizers, and/or amphetamines without medical supervision, as follows: “It has been of considerable public health concern in recent years, because most of these drugs showed a substantial increase in use in the 1990s, which then continued into the first decade of the 2000s, when many of the illegal drugs already were in decline. Only 12th-graders report on their use of all of these drugs; they show a statistically significant decline between 2013 and 2014, from 16 percent to 14 percent, saying that they used one or more of these prescription drugs in the 12 months prior to the survey. The gradual turnaround began after 2005, when 17 percent indicated misuse of any of these drugs.

In Sonoma County, according to self-report on the California Healthy Kids Survey, nonmedical use of prescription drugs is increasing, and is especially high for students attending non-traditional (NT) schools (which is made up primarily of continuation schools).<sup>112</sup> In 2013-14, the first year this question was asked in Sonoma County’s Module G addendum, 18% of NT students report past 30 day use of prescription drugs,

“During the past 30 days have you used prescription drugs not prescribed to you?”



Data source: California Healthy Kids Survey, 2013-14

Chart 10

with 8% of 11<sup>th</sup> graders and 7% of 7<sup>th</sup> graders also reporting use (Chart 10).

Root Causes and Contributing Factors

There are a variety of reasons why people use, misuse or abuse drugs. These include: to get high, to counter anxiety, for pain or sleep problems, or to enhance cognition.<sup>113</sup> There are also ways in which the physical and social environment contribute to this use which are discussed below.

*Increase in Availability*

The increase in opiate related deaths coincides with an increase in the number of prescriptions written. Health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills.<sup>114</sup> However, compared to other states, CA, at 57 per 100, is among the lowest in regard to the number of painkiller prescriptions per 100 people (Figure 4). Between 1991 and 2010, prescriptions for stimulants increased from 5 million to 45 million and opioid

<sup>112</sup> University of Michigan Press Release, *Use of Alcohol, cigarettes, and a number of illicit drugs declines among U.S. teens.*, Dec. 16, 2014.

<sup>113</sup> *Prescription Drug Abuse, A Research Update from the National Institute on Drug Abuse*, May 2011, National Institute on Drug Abuse. <http://www.nida.nih.gov/tib/prescription.html>

<sup>114</sup> CDC Vital Signs Opioid Painkiller Prescribing, July, 2014

analgesics increased from 30 million to 180 million.<sup>115</sup> California’s prescription drug monitoring program, Controlled Substance Abuse Utilization Review (CURES), was recently able to provide aggregated, de-identified, county level data. In 2014, CURES reports show that 436,208 prescriptions were filled in Sonoma County, with 1 in 4 of those being for opioids. With CURES data now available, more analysis will be completed to further understand the problem.

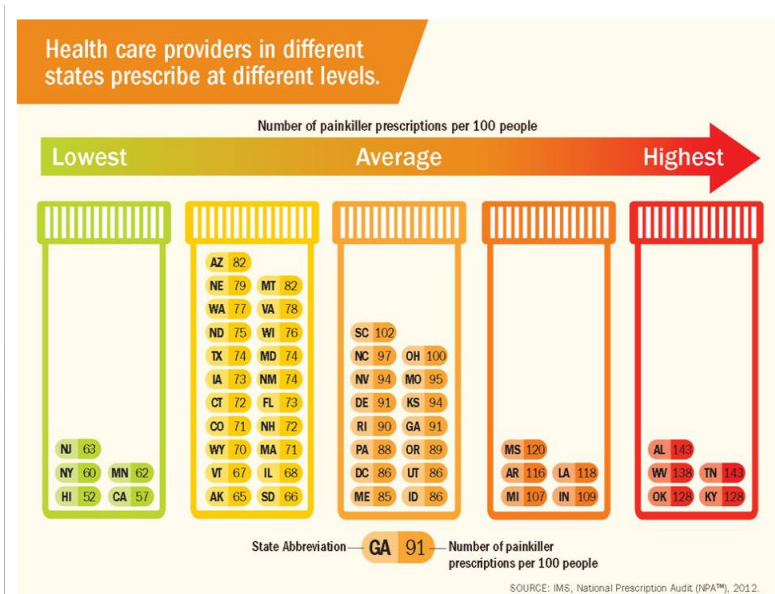


Figure 6

*Nonmedical Use*

According to the National Survey on Drug Use and Health (NSDUH), 5.33 percent of persons aged 12 or older in Region 4, which includes Sonoma County, report past year nonmedical use of pain relievers, higher than the state average of 5.03 percent (2010, 2011, and 2012 annual averages). Nearly one-third of people age 12 and over who used drugs for the first time in 2009 reported they began by using a prescription drug non-medically.<sup>116</sup> Drug overdoses have risen five-fold over the last decade, and overdoses from prescription drugs now exceed those from heroin and cocaine combined.<sup>117</sup> National Substance Abuse Treatment data supports this showing a four-fold increase in the number of admissions involving pain relievers between 1998 and 2008.<sup>118 119</sup>

<sup>115</sup> *Prescription Drug Abuse, A Research Update from the National Institute on Drug Abuse*, May 2011, National Institute on Drug Abuse. <http://www.nida.nih.gov/tib/prescription.html>

<sup>116</sup> *Results from the 2009 National Survey on Drug Use and Health (NSDUH): National Findings*, 2010, Substance Abuse Mental Health Administration Services. <http://oas.samhsa.gov/nsduh/2k9nsduh/2k9resultsp.pdf>

<sup>117</sup> SAMHSA. “SAMHSA’s Latest National Survey on Drug Use & Healthy”. SAMHSA: Office of Applied Studies. Sept. 10, 2010. <http://www.oas.samhsa.gov/nsduhLatest.htm>

<sup>118</sup> SAMHSA, Office of Applied Studies. *Substance Abuse Treatment Admissions Involving Abuse of Pain Relievers: 1998 and 2008*. Report, Rockville, MD: SAMHSA, 2010

<sup>119</sup> <http://www.iom.edu/Reports/2011/Relieving-Pain-in-America-A-Blueprint-for-Transforming-Prevention-Care-Education-Research.aspxames>

### *Increased Accessibility*

Another likely contributing factor is increased accessibility. In addition to the increasing number of medicines being prescribed for a variety of health problems, some medications can be obtained easily from online pharmacies. Most of these are legitimate businesses that provide an important service; however, some online pharmacies dispense medications without a prescription and without appropriate identity verification, allowing minors to order the medications easily over the Internet. Fifty-six percent of teens believe that prescription drugs are easier to get than illicit drugs.<sup>120</sup>

Another way people access prescription drugs is by stealing them from friends or family, or by using someone else's prescribed meds, unbeknownst to them. Either way, they are often taken directly from the home. In 2011, the Executive Office of the President of the United States released a document titled "Epidemic: Responding to America's Prescription Drug Abuse Crisis" in which they presented a prescription drug abuse prevention plan. Among their recommended strategies were education and proper disposal.<sup>121</sup> A large source of the problem of prescription drug abuse is a direct result of what can be found in a home medicine cabinet. Unused and readily accessible medicines have the potential to be misused and abused, especially by youth. According to the U.S. Department of Justice Drug Enforcement Administration, Office of Diversion Control, studies show that a majority of abused prescription drugs are obtained from family and friends, including the home medicine cabinet.<sup>122</sup> SAMHSA's 2009 National Survey on Drug Use and Health found that over 70 percent of people who used prescription pain relievers non-medically got them from friends or relatives, while approximately 5 percent got them from a drug dealer or the internet.<sup>123</sup> In Sonoma County, youth appear to be accessing prescription drugs most often from friends or parents. Eleventh grade student's taking the CHKS in 2013-14 reported "where most students at their school who use prescription drugs (without a doctor or dentist's order) usually get them" as being from friends at school (18%), or friends outside of school (18%), with the next highest category being from parents without their knowledge (13%).

### *Perception of Harm*

Misconceptions about harm and safety can also contribute to increased use and misuse. Because medications are prescribed by physicians, it is assumed that they are safe to take under any circumstances.<sup>124</sup> This is true for many older adults, but especially true for the adolescent population. Two in five teens believe that prescriptions drugs are "much safer" than illegal drugs and three in ten believe that prescription pain relievers are not addictive.<sup>125</sup>

Prescription drug abuse and misuse is on the rise in Sonoma County. The issue is one of particular concern with respect to our youth populations. The California Healthy Kids 2013-2014 Survey (CHKS)

<sup>120</sup> *Fact Sheet: Prescription Drug Abuse – a DEA Focus.* [http://www.justice.gov/dea/concern/prescription\\_drug\\_fact\\_sheet.html](http://www.justice.gov/dea/concern/prescription_drug_fact_sheet.html)

<sup>121</sup> *Epidemic: Responding to America's Prescription Drug Abuse Crisis*, Executive Office of the President of the United States, 2011. [http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx\\_abuse\\_plan.pdf](http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan.pdf)

<sup>122</sup> U.S. Department of Justice Drug Enforcement Administration, [http://www.dea.gov/diversion/drug\\_disposal/takeback/](http://www.dea.gov/diversion/drug_disposal/takeback/)

<sup>123</sup> *Results from the 2009 National Survey on Drug Use and Health (NSDUH): National Findings*, 2010, Substance Abuse Mental Health Administration Services. <http://oas.samhsa.gov/nsduh/2k9nsduh/2k9resultsp.pdf>

<sup>124</sup> *Prescription Drug Abuse, A Research Update from the National Institute on Drug Abuse*, May 2011, National Institute on Drug Abuse. <http://www.nida.nih.gov/tib/prescription.html>

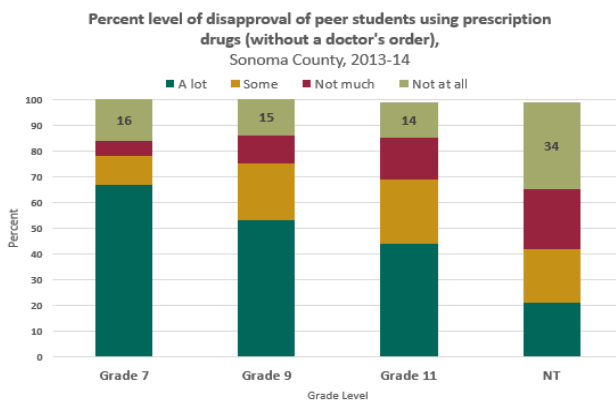
<sup>125</sup> *Fact Sheet: Prescription Drug Abuse – a DEA Focus.* [http://www.justice.gov/dea/concern/prescription\\_drug\\_fact\\_sheet.html](http://www.justice.gov/dea/concern/prescription_drug_fact_sheet.html)

data shows tolerance of prescription drug use increasing with age. When Sonoma County students were asked how much they would disapprove of students their own age using prescription drugs without a doctor’s order<sup>126</sup> (Chart 11)

- 22% of 7<sup>th</sup> graders reported disapproving “not at all” or “not much”
- 26% of 9<sup>th</sup> graders reported disapproving “not at all” or “not much”
- 30% of 11<sup>th</sup> graders reported disapproving “not at all” or “not much”
- 57% of students attending continuation or alternative schools reported disapproving “not at all” or “not much”

These disapproval percentage are all lower than they were in 2011-12.

“How much would you disapprove of students your own age using prescription drugs (without a doctor’s order)?”



Data source: California Healthy Kids Survey, 2013-14

Chart 11

Sonoma County’s Module G also asks about parent disapproval. Research shows that parental disapproval is a protective factor for AOD use. These CHKS data show that the majority of students think that their parents would strongly disapprove of their use of prescription drugs without a doctor’s order, that the behavior would be “very wrong” or “wrong”.

- 94% of 7<sup>th</sup> graders report parents’ would feel it was “very wrong” or “wrong”
- 93% of 9<sup>th</sup> graders report parents’ would feel it was “very wrong” or “wrong”
- 93% of 11<sup>th</sup> graders; and report parents’ would feel it was “very wrong” or “wrong”
- 82% NT students report parents’ would feel it was “very wrong” or “wrong”

These numbers are higher than what was reported in the 2011-12 CHKS Data.

As peer pressure is prominent in early adolescence, Module G also asks about peer influence. The survey asks youth to identify “how wrong do your friends feel it would be for you to use prescription drugs”

- 87% of 7<sup>th</sup> graders report friends would feel it was “very wrong” or “wrong”

<sup>126</sup> California Health Kids Survey, 2013-14

- 77% of 9<sup>th</sup> graders report friends would feel it was “very wrong” or “wrong”
- 70% of 11<sup>th</sup> graders report friends would feel it was “very wrong” or “wrong”
- 41% of NT students report friends would feel it was “very wrong” or “wrong”

*Risk and Protective Factors:*

Research discussed in the SAMHSA literature search titled “Risk and Protective Factors Associated with Nonmedical use of Prescription Drugs” (2013) identified risk and protective factors.

Commonly cited risk factors include:

- "Impulsive sensation-seeking "personality characteristic,
- low perception of harm about nonmedical use of stimulants and analgesics
- alcohol and illicit drug use, binge drinkers
- diagnosis of depression prior to opioid use, depressive symptoms, mental health status
- low GPA
- less involvement in conventional activity
- white
- female

Commonly cited protective factors include:

- perceived risk
- parents’ disapproval
- school commitment
- community norms against
- social bonding in school and family

## Capacity Building

### Overview

Capacity building is critical to working effectively with community partners and in keeping internal staff up to date and trained. Sonoma County has significant internal County staff expertise in key program areas. Ongoing training of program staff is a priority with monthly division wide trainings. The County is committed to maintaining professional expertise. The division supports advanced training, and each AOD staff member also has professional development monies available for trainings and special materials. In addition, the division provides regular trainings. Recent trainings have included a series delivered by the epidemiology team on data collection, research design, evaluation, study interpretation, and also a series delivered by our communications analyst on communications and media tactics.

The Sonoma County AOD prevention team currently consists of two full-time equivalent (FTE) Health Information Specialists II, one Program Planning and Evaluation Analyst (.5 FTE), the support of one epidemiologist (funded through other sources) and one Health Program Manager (FTE) to engage the community in prevention program, policy, and services development, implementation, and evaluation. Staff responsibilities include: budget development and monitoring; contract management; program development, implementation, supervision, monitoring and supporting multiple programs including Project Success, Friday Night Live, Responsible Beverage Services Training, Sonoma County Prevention Partnership; grant writing, grants management and implementation; community capacity building through training and information dissemination; community organizing and community support for multiple programs and projects; and development, coordination, oversight and implementation of components of the county Strategic Plan.

Staff will identify program elements where outside expertise is required, which is typically done through the use of a Request for Proposals (RFP) or Request for Qualifications (RFQ) process. The RFP and RFQ processes follow strict County of Sonoma guidelines for fairness and transparency and require the thorough development of project goals, objectives, activities and budget parameters. Contracting with external organizations in the areas of staffing and program will provide a key tool for obtaining needed expertise. Staff utilize performance based contracting to ensure quality deliverables and successful strategy implementation. The County also has existing partnerships with a number of nationally recognized technical assistance providers, including the Public Health Institute, Policy Link, Change Lab Solutions, the Prevention Institute, Alcohol Justice and the Center for Applied Research Solutions (CARS), which can provide technical assistance on best practices, program design, policy development, and implementation. These agencies can provide a range of population health related tools, and tailor efforts to align with a local strategy.

### Collaboration to Implement Strategies

To effectively implement the AOD strategies, Sonoma County collaborates with a broad range of state and local partners (see addendum B). Our close work with these many partners is made possible, in part, through participation in a number of collaboratives/partnerships/coalitions. County staff serves as the backbone agency and technical assistance provider to the four coalitions and/or subcommittees in the four primary areas of the Strategic Plan. For Goals 1, 2, and 3, the Sonoma County Prevention Partnership (ATOD Prevention), which includes a marijuana, alcohol and prescription drug



subcommittees, The Sonoma County Health Action Committee on Healthcare Improvement (CHI) - Opioid Prescribing Workgroup, will contribute significantly to Goal 4 of the Strategic Plan. Below is information on partnerships that are key to our work.

### **Sonoma County Prevention Partnership (ATOD Prevention)**

*Mission: to enhance the wellbeing of our community by working collaboratively to develop population level strategies to address alcohol, tobacco and other drugs.*

Specific issue subcommittees:

- Marijuana Subcommittee
- Alcohol Subcommittee
- Prescription Drug Subcommittee

*Membership: community coalitions, community collaborative, community based organizations, law enforcement agencies, schools, healthcare providers, and County staff*

### **Health Action**

*Description: Health Action is the framework for a community engagement effort to get people involved in creating a healthier Sonoma County. It starts at home with a personal commitment. It continues at work and school with wellness-focus policies and opportunities that encourage healthy living. It culminates with a shared vision for overall good health.*

*Membership: diverse and multidisciplinary community leaders including elected officials, healthcare providers/hospitals/clinics, community based organizations, educators, foundations, and County representatives.*

*Subcommittees:*

- Committee for Healthcare Improvement (CHI)
- Cradle to Career
- Economic Wellness
- City Council Liaisons

*Health Action Chapters:*

- Healthy Healdsburg
- Russian River Area Resources and Advocates (RRARA)
- Community Health Initiatives Petaluma Area (CHIPA)
- Sebastopol Area Community Alliance (SACA)
- Sonoma Valley Health Roundtable
- Windsor Wellness Partnership

Additional partners that County staff actively engage and provide capacity building assistance to include local coalitions and collaboratives listed below (descriptions included in Appendix B).

- Alcohol and Other Drug Advisory Board (Advisory to Health Department Director and Boards of Supervisors)
- Tri Community Coalition (focused on alcohol prevention efforts in Cotati, Rohnert Park and Sonoma State University)
- Maternal, Child, Adolescent Health (MCAH) Advisory Boards (Advisory to Board of Supervisors)

- Adverse Childhood Experiences (ACE) working committee (lead by First Five)
- Perinatal Alcohol and Other Drug Action Team
- Project SUCCESS Collaborative
- Teen Health Advisory Board
- Santa Rosa Violence Prevention Partnership (formerly the Mayor's Gang Prevention Task Force)
- Friday Night Live Collaborative
- Avoid the 13 and Vertical Prosecution (District Attorney Grant) DUI Task Force
- Petaluma Coalition to Prevent Alcohol, Tobacco and Other Drug Problems
- West County Coalition for Alcohol and Drug-Free Youth
- Sonoma State University Alcohol and Drug Advisory Committee (ADAC)

On the state level, staff regularly attend monthly prevention coordinator calls, attend quarterly County Behavioral Health Directors Association (CBHDA) meetings and participate in the subcommittee focused on prevention.

County staff provide trainings, technical assistance, and resources to enable partners to actively participate in the Strategic Plan. Program staff will take advantage of state calls and progress reports to share information and identify ways to strengthen its implementation activities. The County will also draw upon its active participation in regional and statewide health efforts, such as the Bay Area Regional Health Inequities Initiative and the AOD Prevention Coordinators to learn from and contribute to work that is underway in other communities. In addition, the County will continue to partner with local, state and national foundations through funding, technical assistance, and the use of tools that have been established as best practices to leverage existing resources

Capacity building is a key to working effectively with the community and in keeping internal staff up to date and trained. The Sonoma County Prevention Partnership meets every other month and includes regular updates, presentations and trainings designed to enhance and broaden members' capacity in their ATOD efforts. Examples include:

- Avoid the 13 DUI Task Force: Campaign overview and findings to date
- Annual Place of Last Drink data summary report (presented yearly)
- Responsible Beverage Service sample training
- National College Health Assessment Survey Findings
- Law Enforcement Compliance Grants Activities and Findings (SAPT funded)
- Other County efforts, including Portrait of Sonoma County Report, Healthy Stores for a Healthy Community Campaign, Sonoma County Violence Profile
- Friday Night Live Chapter Youth Activities, presented by students (SAPT funded)
- Reports from presentations attended, e.g., An Informational Evening with Kevin Sabet regarding marijuana myths and realities (co-sponsored with Napa County)
- Opportunities for members to present: e.g., Santa Rosa Safe Communities Initiative; Mothers Against Drunk Driving; Project Success/Student Assistance Programs Collaborative; St. Joseph's Health Systems Neighborhood Care/Community Organizing Program

An area of collaboration where staff have been building capacity is with the Healthy Stores for a Healthy Community Retail Campaign. The collaboration has combined staff from alcohol, tobacco and nutrition to form the Alcohol, Nutrition and Tobacco Stakeholders (ANTS) team. It has provided an opportunity to create an internal process of collective impact and expanded our capacity to work together. Presentations on the collaborative work were conducted at the CA Tobacco Control Program Project Directors' Meeting, the Substance Use Disorder Conference and the Childhood Obesity Prevention Conference.

Sonoma County utilizes its SAPT funding to support community partners in furthering the County's goals and objectives. Examples include:

- Project SUCCESS+/Student Assistance Collaborative to support early intervention programs for identified youth
- Law Enforcement alcohol compliance grants to fund IMPACT inspections, borrowed ID/fake ID campaigns, and special events educational compliance checks
- Funding for Responsible Beverage Service training countywide in both English and Spanish
- Funding for an online Responsible Beverage Service Training for Special Events—including the initial development and design of the site and the continued technical support
- Funding for Friday Night Live Chapters countywide to provide leadership development for youth in ATOD issues

#### Capacity for Problem Area #1: Alcohol

The problem area of alcohol is one that the county has a long history of addressing, and has built a strong infrastructure of support over many years. These include:

- Strong support and good relations with law enforcement including the police chief chairperson of the Prevention Partnership, officers representing several law enforcement departments actively participating on AOD subcommittees, teaching RBS training, and access to police department statistics and data.
- Support and coordination with other County departments and divisions of the Health Department, including: Public Health, Behavioral Health, Probation, Child Protective Services, First Five, Permit and Resource Management, and the Sheriff's Office.
- Support and collaborative relationships with community partners including local law enforcement, secondary and college school administrators, healthcare providers, state agencies, ABC licensed establishments, community civic and non-profit groups, business leaders, elected officials,

Sonoma County takes advantage of opportunities to partner with neighboring counties to leverage resources and provide quality trainings for community members. Examples of these efforts include:

- Party Prevention and Controlled Dispersal training for law enforcement. Presented by the Underage Drinking Enforcement and Training Center. Co-sponsored by Napa, Marin and Sonoma Counties, as a way to strengthen our social host efforts.
- An Informational Evening with Kevin Sabet. Presented by Smart Approaches to Marijuana. Co-Sponsored by Napa and Sonoma Counties to develop a set of shared outcomes and understandings of the issues.

Staff participation in statewide efforts has helped increased opportunities for learning and sharing information:

- AOD Prevention Coordinators' Calls monthly
- Participation in the SAPT+ committee (of County Behavioral Health Directors Association) meetings and in person AOD Prevention Coordinators' meetings in Sacramento
- Participation on the Healthy Retail subgroup tasked with developing questions for the next statewide retail survey
- Participation on a marijuana subgroup to discuss and inform the larger group on marijuana issues and to help draft the marijuana position paper on youth use
- Participate and lead an Elevating Prevention subgroup in identifying key objectives to move the field forward

#### Capacity for Problem Area #2: Marijuana

Given the changing landscape in marijuana prevention and education efforts, building the capacity for staying current on the issues is critical, and the County has a commitment to building and expanding connections both internally and externally.

- Marijuana Subcommittee of the Prevention Partnership to review local, state and national developments; to provide input for regular updates to informational website; and the help draft a Sonoma County-specific marijuana position paper on youth use and impacts of use on pregnant women.
- Strong collaboration with key stakeholder groups including law enforcement, community coalitions, schools, and community based organizations.
- Communications manager who provides regular updates on marijuana items in the news, including status of local ordinances and pending state laws.
- Regular information exchanges with County staff representing Maternal, Child and Adolescent Health (MCAH), Probation and Child Protective Services.
- Attendance at professional task force meetings countywide, including MCAH; Perinatal AOD Action Team; Avoid the 13 DUI Task Force; Alcohol and Other Drug Advisory Board; Project Success Collaborative; and FNL Collaborative.
- Participation in community coalitions including the Tri-Community Coalition; the Petaluma Coalition to Prevent Alcohol, Tobacco, and other Drug Problems; the West County Coalition for Alcohol and Drug-free Youth; and Sonoma State University Alcohol and Drug Advisory Committee (ADAC).
- Represent Sonoma County on Smart Approaches to Marijuana (SAM) on the national level, and the AOD Prevention Coordinators on the state level; participate on the statewide Marijuana subgroup to help inform the County and community partners on issues.
- Connection to a national and statewide network of professionals who are committed to sharing new information and emerging trends to inform the field.
- Attend conferences and webinars to expand social and scientific knowledge base of issues.
- Research current regulations, both on state and county levels, to inform possible local policy.
- Attend both city and county government sessions when issues are being discussed.

### Capacity for Problem Area #3: Prescription Drugs

Within the area of prescription drug abuse prevention, the following represent internal and external capacity that are essential to accomplishing the goals of the strategic plan.

- Health Action's CHI (<http://www.sonomahealthaction.org/chi>) forming a workgroup to address prescribing practices in clinical settings.
- Public Health Officer's commitment and leadership on the prescription drug problem in Sonoma County. The Health Officer is also the Chair of CHI.
- Working relationship with Behavioral Health/Substance Use Disorders Services division of the County, which helps to ensure a complete system of care approach is in place
- Epidemiology team that is able to collect, analyze, interpret and present relevant data.
- Strong working collaboration with Partnership Health Plan, our County's Medi-Cal insurance provider.

The AOD prevention team helps build capacity to address this issue in the following ways:

- Represent Sonoma County in statewide prevention calls
- Provide technical assistance and staff support for the work of the newly developed CHI sub committee
- Reconvene and lead the prescription drug abuse subcommittee of the Prevention Partnership, and develop work plan consistent with existing efforts.
- Build on past work addressing prescription drug prevention in being part of a team that organized 3 clinical trainings on opiate prescribing practices
- Build on past work as a member of the City Match coordinated Preventing Substance Exposed Pregnancies learning collaborative (2011-13). Sonoma County was one of six teams across the nation that was selected to participate in the learning collaborative that was funded by the Centers for Disease Control and Prevention. City MatCH prepared a final report located here: <http://www.citymatch.org/sites/default/files/documents/bookpages/PESP%20final%20report.pdf>

## Planning

The County's strategic direction is continuously being informed through the many coalitions, collaboratives, trainings, meetings and networking activities engaged in by staff and community partners.

The development of the AOD strategic plan included specific review and input from the Prevention Partnership at the quarterly meeting in April of 2015. The Prevention Partnership stated their agreement with the focus on policy, systems and environmental change, and discussion on the focus areas of alcohol, marijuana and prescription drugs were affirmed.

A draft plan, once approved by DHCS, will go before the AOD Advisory Board and the Board of Supervisors.

The planning process has resulted in the following goals and objectives, which are detailed in the full plan which appears as an Appendix to this document (Appendix A).

### Plan for Problem Area #1: Alcohol

#### PROBLEM AREA: ALCOHOL

Problem Statement: Underage youth are drinking at high rates with harmful consequences

Goal: Reduce underage alcohol use and associated problems

Objectives:

1. YOUTH SOCIAL ACCESS: By 2020, there will be a 5% reduction in youth reporting social access to alcohol (i.e. siblings, parents, homes, shoulder tap).
2. YOUTH RETAIL ACCESS: By June 30, 2020 the percentage of underage youth that are able to acquire (buy, steal or shoulder tap) alcohol in on and off sale establishments will decrease by 5% in jurisdictions that implement compliance checks and RBS trainings.
3. YOUTH ACCESS AT SPECIAL EVENTS: By June 30, 2020, there will be fewer problems involving youth (drunk in public, public disturbance, minors in possession etc.) associated with alcohol at special events, fairs, or festivals held in Sonoma County as reported by law enforcement, community groups, and event sponsoring agencies
4. STUDENT SUPPORT AND ASSISTANCE PROGRAMS: By June 30, 2020, there will be a 5% increase in the percentage of students who report they are likely to find help at school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs. (CHKS Module G)
5. PARENT KNOWLEDGE AND SUPPORT: By June 30, 2020, there will be a 5% increase in youth who report that their parents have spoken with them about drug or alcohol use.

#### PROBLEM AREA: ALCOHOL

Problem Statement: Adults are binge drinking and engaging in "risky" drinking at high rates with harmful consequences

Goal #2: Reduce adult binge and risky drinking

Objectives:

1. DUI FROM SOCIAL ACCESS: By June 30, 2020, the number of persons arrested for DUI who report drinking at a home or a friend's home will decrease by 10% in Sonoma County (POLD data).
2. DUI FROM RESTAURANTS/BARS: By June 30, 2020, the number of persons arrested for DUI who report drinking at a restaurant/bar will decrease by 10% in Sonoma County (POLD data).
3. PLANNING FOR COLLEGE AREA DRINKING: By June 30, 2016, there will be a plan to address drinking and drug use on college campus and in nearby community.

4. ADULT BINGE DRINKING: By June 30, 2020 the average number of times adults report binge drinking in a year will decrease (CHIS).
5. DATA INFORMED PROGRAMS & POLICY: By June 30, 2016, data collection methods will be in place to evaluate programs and policies related to alcohol prevention

#### Plan for Problem Area #2: Marijuana

##### PROBLEM AREA: MARIJUANA

Problem Statement: Marijuana use has identified public health ramifications that are not being addressed adequately through public policy and regulations

Goal #3: Reduce marijuana use among vulnerable populations (youth, pregnant and breastfeeding women), and reduce public health related problems associated with use in general

##### Objectives:

1. PUBLIC KNOWLEDGE: By June 30, 2020, the public and special interest groups will have regular, easy access to information on the public health and safety concerns related to marijuana use and production.
2. BEST PRACTICES TO MANAGE AND REGULATE: By June 30, 2020, policy makers and government staff will be supported with information on best practices to manage and regulate marijuana, and data will be made available on the public health concerns and needs related to marijuana use.
3. STUDENT SUPPORT AND ASSISTANCE PROGRAMS: By June 30 2020, there will be a 5% increase in the percentage of students who report they are likely to find help at school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs. (CHKS Module G)
4. MARIJUANA USE WITH PREGNANT AND BREASTFEEDING WOMEN: By June 30 2020, the aggregate percentage of pregnant and breastfeeding women that report marijuana use with a clinician will decrease 10%. (CMSP via Public Health)

#### Plan for Problem Area #3: Prescription Drugs

##### PROBLEM AREA: PRESCRIPTION DRUG USE

PROBLEM STATEMENT: Prescription drug addiction has reached epidemic levels

Goal #4: Reduce misuse/abuse use of prescription drugs (schedule 2), especially among youth

##### Objectives:

1. SAFE MED DISPOSAL: By June 2020, 75% SC residents will have on-going, sufficient and easy-to-access safe medicine disposal (ratio of disposal site to population, increase in locations, geographic representation, sustainable system)
2. PRESCRIBING GUIDELINES: By June 2020, all Medi-Cal serving clinics and hospitals and 50% of private practices will agree to following a common set of prescribing guidelines.
3. DRUG EXPOSED BABIES: By June 2020, SC rates of neonatal abstinence syndrome will decrease to pre-epidemic rates. (OSHPD data)

## Implementation

### Overview of process

The SPF plan is built around priority areas and strategies that are selected with the following criteria in mind: scope and depth of the problem locally, scientific evidence on effectiveness and appropriateness of the intervention, the community's capacity to implement, and whether there are existing resources or opportunities to leverage community support.

Addressing alcohol and other drug problems requires the implementation of a range of strategies that focus on both increasing knowledge and building skills in individuals, and positively impacting large numbers of people at the community level. Since 2005, the Sonoma County Dept. of Health Services has primarily implemented evidence-based alcohol and other drug prevention strategies that use a public health model to focus on the broader physical, social, cultural and institutional forces that contribute to alcohol and other drug problems. These strategies represent the Community and Societal levels from the CDC model (see Introduction) and are often referred to as 'environmental prevention strategies' or 'population-level strategies'. They seek to limit access to and availability of substances, and change the community norms that are accepting and permissive of substance abuse.

Strategies may consist of both individual- and population-based services using one or more of the six prevention strategies identified by the federal Center for Substance Abuse Prevention. The strategies are Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-Based Process, and Environmental. The strategies below are reported in the Cal OMS Prevention State database using these categories of prevention.

### Strategies for Problem Area #1: Alcohol

#### *Prevention Strategy: Social Host Policies and Norms around Social Hosting and Youth*

A 2015 review of the provisions in each ordinance revealed differences in provisions, definitions and enforcement procedures across the jurisdictions. The four Sonoma County jurisdictions with Social Host Ordinances, Petaluma, Sebastopol, Sonoma and Cloverdale, have similar language that cites as an infraction. Three jurisdictions have 'disturbing the peace or alcohol offense/loud party' ordinances dating back to the 1990's; one of those was updated in 2006 to include a fine on the first offense. One jurisdiction has a party ordinance that requires 10 or more individuals present to meet the criteria of the ordinance, and if the conditions are met, the property is posted with a 120 day notice. The original language was a 60 day moratorium on parties at the location, but that was strengthened to the 120 days in 2013 due to a rise in calls for service for unruly parties. A citation is issued on the 2<sup>nd</sup> response if it occurs within the 120 period. Many underage party hosts simply move the location or wait and hold "121 day" parties after the party restriction expires. A recent increase in calls for service for parties has warranted another examination of the provisions of this ordinance and possible amendments may be forthcoming. A neighboring jurisdiction recently passed a party ordinance that matches this one fairly closely, although it states that 6 or more individuals present constitute a public nuisance.

Recently there has been renewed interest in a SHO for the unincorporated areas of Sonoma County, which initiated from residents in communities bordering those areas with SHO. Given the lack of continuity across jurisdictions, and the absence of an unincorporated SHO, the County will continue to



work towards consistency of provisions and enforcement, as well as support and passage of ordinances in the remaining municipal jurisdictions and the unincorporated county.

Status and Elements of Social Host Accountability Ordinances in Sonoma County

Table 6

City	Effective Date	Criminal Components	Civil / Administrative Components	Fine-1 <sup>st</sup> Offense	Fine-2 <sup>nd</sup> Offense	Fine-3 <sup>rd</sup> Offense	Cost Recovery Fee
Petaluma	2006	Yes Misdemeanor \$1,000	Yes Administrative \$500	Up to \$500	Up to \$500	Up to \$1,000	Yes
Sebastopol	2010	Yes Infraction \$250	No	\$250	\$250	\$250	Yes
Sonoma	2009	Yes Misdemeanor	Yes	\$250	\$500	\$1,000	Yes
Cloverdale	2011	Yes Misdemeanor Infraction \$1,000	Yes Administrative \$500	--	--	--	Yes

Additionally, the County provides communities with information and tools to support their concerns regarding social hosting practices by adults. Passing policies, such as the SHO and enhanced party ordinances, is just one step towards reducing underage drinking. The message to the community of ‘not hosting’ parties must be reinforced periodically through public awareness campaigns and other media outlets to ensure compliance. The recent *Public Attitudes Toward Underage Drinking and Social Hosting* survey findings will help define and inform a broad-based public information and awareness campaign to achieve these goals. The County will contract with a public relations/communications agency to develop the creative campaign, collateral materials and implementation plan.

*Strategy: Compliance Checks*

The California State Alcoholic Beverage Control Alcohol offers local law enforcement Grant Assistance Program (GAP) funding opportunities<sup>127</sup> to develop effective, comprehensive and strategic approaches to eliminate the crime and public nuisance problems associated with problem alcoholic beverage outlets. According to the ABC, communities with a high concentration of alcohol outlets experience a greater number of alcohol-related problems. Problematic operations contribute disproportionately to the incidence of drug dealing, public drunkenness, drunk driving, underage drinking, assaults, and other conditions that breed neighborhood decay. Excessive complaints and calls for service at problem outlets divert already scarce police resources. GAP grant requirements include prevention strategies, such as

<sup>127</sup> California State Dept. of Alcoholic Beverage Control. *Grant Assistance to Local Law Enforcement*. 2015-2016. <https://www.abc.ca.gov/programs/grant.html>

responsible beverage service training and Informed Merchants Preventing Alcohol-Related Crime Tendencies (IMPACT) inspections, and enforcement strategies such as Cops in Shops, Minor Decoy, and Shoulder Tap operations.

According to the Underage Drinking Enforcement Training Center, alcohol compliance checks and alcohol purchase surveys (young looking 21 year old adults attempt to purchase alcohol) are two types of environmental prevention strategies that deter alcohol outlets from selling alcohol to underage youth. They can provide information about who is selling to minors and how often; raise community awareness and build support for reducing sales to minors; inform merchants that they are being monitored by the community; aid law enforcement; and help monitor the impact of prevention strategies.<sup>128</sup>

In FY 2013-14 and FY2014-15, the Department of Health Services solicited proposals from local law enforcement agencies to conduct activities that improve alcohol retailer compliance with existing alcohol laws and policies that have been shown to reduce underage alcohol availability and consumption. The funding was specifically directed towards educational campaigns and merchants and individuals were not cited. Examples of campaigns included compliance checks (at retail establishments and community special events), Cops in Shops, and alcohol purchase surveys. The funding was also intended to provide law enforcement agencies the opportunity to conduct prevention campaigns in the years they did not qualify for the ABC GAP grant funding.

Various operations were conducted during the funding cycles, revealing non-compliance with existing laws in retail establishments, and exposing easy access points for minors to purchase alcohol. Over 200 ABC licensed establishments were visited, and follow-up visits were made to those businesses identified as problematic. Education was always a key component of visits; officers met with business owners and/or clerks who sold to decoys and provided on-the-spot education about the ways to avoid sales to minors in future transactions. Attendance at Responsible Beverage Service trainings was also strongly recommended. The following are some of the educational operations conducted during the FY 2014-2015 funding cycle:

- The Petaluma Police Dept. conducted several operations designed as educational outreach to build awareness of the laws regarding alcohol sales to minors. In one day, Purchase Surveys were conducted utilizing young looking 21 year old volunteers who attempted to purchase alcohol without their ID. A total of 19 off-sale alcohol establishments were visited. Results showed that seven clerks (37% or 1 in 3) were warned by police for selling alcohol to the 21 year old volunteer without checking ID first.
- The Petaluma Police Dept. conducted Minor Decoy Compliance Checks at a total of 39 Petaluma restaurants. Results showed that three out of 39 on-sale establishments or restaurants (nearly 8%) sold alcohol to the decoy without checking for proof of age identification. The three employees that sold to the decoys have not participated in

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<sup>128</sup> Underage Drinking Enforcement Training Center. *Compliance Check/Alcohol Purchase Survey Explanation*. <http://www.udetc.org/aps/compcheckvsalc purch.htm>

- Responsible Beverage Service training. Employees at the thirty six establishments that turned down the decoys had been trained.
- The Rohnert Park Department of Public Safety conducted two years of fake/borrowed ID campaigns in the cities of Rohnert Park and Cotati. In 2014-15, there was a 21% drop in on-sale businesses who sold to the decoy and a 14% drop in off-sale businesses who sold. Reasons given by employees who sold included: 'It's my first day'; 'I looked at the date of birth and didn't notice the picture wasn't the same'; 'He told me he was 21'; 'They can't lie, it's not fair'; and 'I don't care'.
  - Undercover operations were conducted by Petaluma Police to determine sales to minors or over service. Over the course of several months, 39 bars observations took place. Eight establishments were noted for possible violations and were referred to the Alcoholic Beverage Control for enforcement. The violations included: not checking ID's of young looking patrons, bartenders drinking on the job, lack of adequate security, allowing a patron behind the bar, and serving a patron three 20 ounce beers in one hour. The officers also observed positive behaviors including, bartenders thwarting the attempts of individuals to buy multiple beers from the bar and bring them back to the table—each beer needed a person with an ID before leaving the bar; bartenders not serving an already intoxicated patron; measuring of alcohol shots so as not to over-pour; checking ID's of younger looking patrons; bartenders explaining ABC laws to patrons; and bar patrons required to wear age-verified wristbands before receiving alcohol at the bowling alley. And, at several locations, the officers themselves were carded.
  - The Sebastopol Police Department conducted 45 IMPACT inspections in FY 14-15; only two establishments required follow up.

The willingness of local law enforcement agencies to embrace a community oriented policing model with the purpose of informing and educating, was well-received by community members. It is the intention of the Dept. of Health Services to continue this work in future years.

*Strategy: AOD Prevention with College Students and Neighboring Communities*

A coalition comprised of community members, local law enforcement, community based organizations, and Sonoma State University staff met regularly from 2004-2010 to address concerns about alcohol-related problems in Cotati, Rohnert Park, and Sonoma State University. The focus was on reducing both underage and adult high-risk drinking, crafting local ordinances to address access and availability in licensed establishments and private homes, and developing landlord-tenant lease guidelines. The Coalition was initially funded through a CA State Incentive Grant and subsequently by the Sonoma County Dept. of Health Services (DHS). They were successful in passing an Alcohol Beverage Sales Ordinance that combined a conditional use permit with deemed approved standards, mandated Responsible Beverage Service Training, and imposed annual fees on all ABC licensed establishments in the city of Rohnert Park. The Coalition disbanded in 2010 due to attrition and lack of a sustainable funding source.

In the fall of 2013, several community groups expressed interest in the possibility of reinstating the Tri-Community Coalition as a way to address community-wide issues related to underage and adult high risk drinking through cross-sector collaboration and coordination. The Tri-Community Coalition has been meeting monthly since 2013.

University students, specifically those affiliated with the Greek System, live off campus populating the local neighborhoods surrounding the campus. Oftentimes, there is minimal communication between the residents and the students, creating tension and frustration when the students' actions are disruptive and inconsiderate.

In the spring of 2015, the group held a strategic planning session to prioritize issues, formalize goals, objectives and strategies to address community concerns. The following are the key problem statements that emerged from the participants:

- *There are known alcohol-related risks associated with recurring annual events (i.e., student move in days); what is 'predictable is preventable'—if we can get in front of these issues, result will be reduction in community problems; a consistent and predictable response by all stakeholders is important; and it is important that all partners have shared expectations and accountability measures.*
- *The college years are a critical part of adolescent development, where students learn to succeed as adults and in their careers; education is more than academic: support students as lifelong learners, as citizens of our community, as good neighbors; there is an interconnectedness of on- and off-campus events and the impact of potentially 'unhealthy' choices; and it's important to be consistent in response to 1<sup>st</sup> time offenders and frequent flyers.*
- *Community environmental factors contribute to easy access to alcohol for underage consumers; drinking behavior is influenced by many environmental factors and community norms and attitudes; aligning efforts with Responsible Beverage Service training would help to address underage access and over service.*

*Strategy: Supporting Students and their Families with AOD Prevention*

**Friday Night Live** The Friday Night Live (FNL) Partnership is an integral part of the Sonoma County youth landscape and one that the County remains committed to supporting with available resources. The mission of FNL is to build partnerships for positive and healthy youth development that engage youth as active leaders and resources in their communities. Youth development is an ongoing process and is most powerful when youth become immersed in projects that get results, see change happen, and/or make real difference in people's lives. The field of youth development has developed best practices/evidence-based programs that illustrate the strong ties between youth leadership development, resiliency building, and peer education to prevent ATOD use. The Sonoma County FNL Partnership has embraced youth development as a model for building successful programs for achieving important, measurable outcomes. Sonoma FNL youth have been essential spokespeople for various ATOD policies; participated in retail store scans; conducted educational programs in their schools and communities; assessed their fellow students regarding perceptions and attitudes toward ATOD; and produced PSA's related to underage drinking and drug use.

The County remains committed to participating in the *Healthy Stores for a Healthy Community Campaign*. ([www.healthystoreshealthycommunity.com](http://www.healthystoreshealthycommunity.com)) Coordinated alcohol prevention efforts in the

retail sector with both tobacco prevention and healthy foods are an effective way to impact the content and quality of products sold in local stores and to build support for jurisdictions to consider and pass healthy retail store policies. In turn, these policies can impact access to alcohol by underage youth in participating stores through decisions and internal policies related to product placement, reduced advertising, and products sold. Friday Night Live Chapter youth will continue to be recruited for future store scans

**Project SUCCESS** Student Assistance Programs (SAP's) are designed to improve school performance by educating students on the harmful effects of alcohol, tobacco, and other drugs. Through school-wide activities, small groups, extra-curricular activities, and individual assessments, students learn skills to resist the pressures to use drugs and alcohol. A student assistance program creates a safe place for discussing these topics so that misconceptions about drugs and alcohol can be corrected and alternate choices can be made available. Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is a nationally recognized, evidence based SAP program. It has been proven effective in reducing youth involvement with alcohol, drugs, and violence and strengthening relationships between parents and their teens to promote academic and social success. SAPs strengthen protective factors and provide support and referral to counseling and or treatment services.

In Sonoma County, Project SUCCESS is currently being implemented in 18 high schools within six school districts, focused on high school youth ages 14-18 years. Highly trained professionals are placed in schools to work with students individually and in groups to provide education, counseling, skills training, problem identification and referral, and, promotion of environments that support healthy, safe behaviors. In addition, students are taught skills such as communication, decision-making, stress and anger management, problem solving, refusal skills and resisting peer pressure. Project SUCCESS+ is a voluntary program. Most students self-refer but peers, parents, and faculty may also refer students to the program.

Students and parents who can benefit from additional services are referred to appropriate agencies or practitioners in the community or to other services in the school. Project SUCCESS+ also includes school staff and parents as collaborative partners in prevention through staff and parent workshops, consultation and referral, involvement in Parents and Teachers Associations (PTAs), English Learning Advisory Committee (ELAC) and other school and community organizations. Services to parents are available in English and Spanish.

Project SUCCESS is funded collaboratively, with the majority of funding coming from Mental Health Services Act (MHSA) Prevention and Early Intervention grants (Department of Health Services, Behavioral Health Division), which is supplemented with other Board of Supervisor's designated funding managed by the Department of Health Services, Health Policy, Planning and Evaluation Division. With the funding from MHSA, there was a developer-approved modification to the program that involved enhancements providing a greater focus on mental health. These included expanded screening to include more behavioral health, more program options especially around student counseling groups, and more mental health support for parents, teachers, and students. The program is now called Project SUCCESS *Plus* in Sonoma County as a result of these program enhancements.

Project SUCCESS was first implemented on a smaller scale in Sonoma County in 2006. In 2009, coinciding with MHSAs RFP to fund student assistance programs, a group of schools, providers and partners formed the Sonoma County Student Assistance Program Collaborative (SAPC). The collaborative was successful at securing MHSAs funding in 2006. Their function was to:

1. Provide outreach and direct services to address the substance abuse and mental/behavioral health needs of culturally diverse students and families;
2. Develop increased capacity for school-based prevention, early identification, and screening for substance abuse and mental/behavioral health problems;
3. Increase accountability for program outcomes; and
4. Improve ability to leverage existing resources and build efficiencies.

Now in its sixth year, the collaborative is revising its charter agreement and continues to oversee the work of Project SUCCESS in the County, with DHS, HPPE managing the contracts. In January, county staff worked with a contractor (former Sonoma County Office of Education employee Lynn Garric who, prior to her retirement, managed the PS contract in Sonoma County) to meet with all parties involved with PS and gauge their satisfaction and goals for PS. She also developed a training plan for the PS Collaborative. In addition, a 3 –day developer training was hosted in March of 2015 and attended by new contractor staff and many existing staff.

Going forward, plans for the coming two years are to develop a sustainable model to support PS+ for a longer period of time, and to grow the model in existing schools and expand to schools not yet implementing the program. The other area being addressed is comprehensive evaluation that includes outcomes. Planning will begin with the collaborative and MHSAs in the fall of 2015.

*Strategy: Responsible Beverage Service*

In order to address the proliferation of alcohol establishments in the county and the concern for responsible serving practices that prevent sales to minors and over serving obviously intoxicated patrons, the County continues to support **Responsible Beverage Service trainings** throughout the county. RBS trainings serve as the prevention and education arm of reducing DUI's in the county. In FY 2013-14, there was a 52% increase in numbers of individuals trained, representing 121 alcohol establishments including large and small markets, bars and restaurants, winery tasting rooms, and beer breweries. RBS is currently mandated for existing businesses by municipal code only in Rohnert Park and Petaluma, however, attendance at RBS trainings has increased and continues to be representative of businesses throughout the county. The curriculum meets the best practice guidelines of the Alcoholic Beverage Control (they no longer approve trainers or curriculum). As a result of the law enforcement compliance efforts, the curriculum has been revised in content, and also to incorporate strategies and techniques that are designed to support participants in implementing RBS. Plans are underway to develop methods for evaluating both content knowledge (pre-post testing) and behavior change.

In FY 2014-15, Spanish language trainings were added, with three offered in the first year. Attendance at these trainings has steadily grown. Spanish language trainings will continue and a newly designed brochure will be developed in both English and Spanish (previously, the brochure was in English only and a separate Spanish language flyer was used in marketing the program to Spanish-language businesses). The new brochure will be mailed to all ABC licensed establishments in Sonoma County, approximately

1,200 total businesses, which includes the Spanish-speaking businesses. In addition, efforts to reach the Spanish-speaking community will focus on relationship building, including personal visits and contacts to businesses by coalitions and agencies in those communities; email contact with business owners and managers who have previously sent employees to the training; and the availability of bilingual staff at the County to receive calls and answer questions. Initial outreach to Spanish speaking businesses was bolstered in the 2014-15 FY through a partnership with a local non-profit and Prevention Partnership member Community Action Partnership (CAP). CAP is currently completing a Strategic Prevention Framework State Incentive Grant (SPF-SIG), and were able to support this outreach in coordination with this grant. This initial outreach has helped solidify our presence with this sector and with these developed relationships can also benefit from word-of-mouth outreach by those businesses that have already attended RBS.

The RBS curriculum has been updated recently as a result of findings from compliance checks. In 2013-14, County funded law enforcement compliance activities, specifically borrowed ID campaigns, conducted in Rohnert Park (a city that mandates RBS training), revealed that 65% of those in on-sale establishments who sold to the minor decoy and 70% in off-sale establishments had taken the RBS training. The numbers were even higher in Sebastopol, which had 97% of those who sold were RBS graduates. As a result of these findings, in FY2014-15, the RBS curriculum was revised to provide more opportunities for participants to practice what they were learning, in order to encourage behavior change. FY 2015-16, revisions will continue to focus on encouraging and evaluating behavior changes on the part of individual employees, while also institutionalizing this practice through internal policy changes in the establishments.

Another problem that was revealed in recent years was with alcohol serving special events. Through many informal conversations with local law enforcement officers, anecdotal evidence has accumulated indicating their concern regarding the alcohol-related problems associated with special events hosted by civic, non-profit and community based organizations. The County was asked to develop an online training to address these one-day events and the untrained volunteers who often find themselves in positions of serving or selling alcohol. In response to this request, in January, 2015 the County launched **Responsible Beverage Serviced Training for Special Event Servers**, a 2-hour online training<sup>129</sup>. Over 300 individuals have taken the training since it was launched, representing diverse organizations, community and fundraising events such as, Rohnert Park Farmer's Market; Sebastopol Apple Blossom Parade/Festival; Sonoma International Film Festival; 20/30's Club Annual Battle of the Brews; United Way Annual Celebration; Rancho Cotati High School Hall of Fame; Sonoma County Regional Parks; Sonoma County Beer, Cider and Spirits Conference; North Coast Wine Challenge; Bocce 4 a Cure; Sebastiani Theater Foundation; Meals on Wheels Derby Day; Cal Ripken's Night Out; Guys Can Cook; KRCB radio; Knights of Columbus; Rotary Club; Transcendence Theater Company; Windsor Concerts on the Green; Wine Country Big Q; and more.

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<sup>129</sup> Sonoma County Dept. of Health Services. *Responsible Beverage Service for Special Event Servers*. [www.sonomarbs.org](http://www.sonomarbs.org)

*Strategy: Collaborative Approach to Preventing Alcohol Impaired Driving*

The Community Guide of the CDC<sup>130</sup> identifies the use of multicomponent interventions with community mobilization to reduce alcohol-impaired driving as an effective and strongly recommended practice. Suggested interventions include: sobriety checkpoints, Responsible Beverage Service training, education and awareness-raising efforts, and limiting access to alcohol. As part of a widening collaboration, the Avoid the 13 Task Force joined with the Sonoma County District Attorney’s Vertical Prosecution Task Force to extend efforts from checkpoint to arrest, from prosecution to conviction. Combined meetings with law enforcement agencies and the DA’s office are held quarterly. Recently, the Department of Health Services also joined the Task Force, introducing the prevention and education part of the continuum—the collection of Place of Last Drink data, prevention and education in the form of Responsible Beverage Service training for both licensed establishments and community groups. Conversations have begun to determine the benefits of expanding the Task Force beyond the current law enforcement and criminal justice membership in order to expand the scope and gain support of both policymakers and the general public for reducing alcohol-impaired driving.

*Strategy: Social Hosting Norms with Adults*

The findings of the Place of Last Drink Survey regarding locations of drinking prior to arrest revealed that one-third of attendees in the County Drinking Driver Program, were drinking at home or someone else’s home. The prevailing research and literature is mainly focused on social hosting of underage youth. These POLD data have presented interesting discussions regarding strategies to impact the behavior of ‘of-age’ adults drinking in their own homes—perhaps at family gatherings, barbecues, watching sporting events, etc. One educational strategy was designed to bring attention and awareness to the problem that ‘Uncle Joe is not making it home okay’. Information was collected from online insurance and legal sources, such as the Insurance Information Institute from articles geared towards homeowners: “Holiday Party Etiquette: A Good Host is a Responsible Host When it Comes to Serving Alcohol”; “The Trouble with Drunk Friends”; “Social Host Alcohol Liability: When You’re Responsible”; “Scary Thought: You Could be Liable if Guests Drink too Much at Your Halloween Party”; and Tips for Planning a Super Bowl Party: Serve Alcohol Responsibly”.<sup>131</sup> A holiday-themed flyer with home-hosting tips was created to address home alcohol consumption and has been distributed every year in November via County webpage, email lists, and law enforcement Nixle<sup>132</sup> ([www.nixle.com](http://www.nixle.com)) pages. In addition, the topic is now discussed at all RBS trainings, reminding attendees that the information about underage drinking and serving obviously intoxicated adults transcends their workplace environment. They are encouraged to bring that behavior to their homes and follow the basic tips of safe hosting. The County will continue to explore strategies for impacting overly intoxicated adults leaving homes and driving drunk.

Place of Last Drink Survey data will continue to be collected. Surveys questions are reviewed each year to determine degree of missing information, rewording questions, adding or eliminating questions. Each

<sup>130</sup> Guide to Community Preventive Services. *Reducing alcohol-impaired driving: multicomponent interventions with community mobilization*. [www.thecommunityguide.org](http://www.thecommunityguide.org). Last updated: June 19, 2014.

<sup>131</sup> Insurance Information Institute. <http://www.iii.org/press-release/dont-let-the-air-out-of-your-super-bowl-party-serve-alcohol-responsibly-when-watching-the-big-game-012815>

<sup>132</sup> Nixle is a free, public, web based platform that public safety agencies use to communicate alerts, notices and relevant incidents to the community. Residents can sign up to receive email notices and/or text notices, visit the website, or receive through social media such as Twitter and Facebook. Nixle also offers an anonymous tip feature.



year, city-specific reports are created upon request, and distributed to law enforcement departments for use of the data locally.

*Strategy: Support the Implementation of Screening and Brief Intervention and Referral to Treatment (SBIRT)*

In 2014, priority for implementing SBIRT was elevated when SBIRT was offered as a benefit to Medi-Cal beneficiaries. This benefit, offered annually to all Medi-Cal beneficiaries 18 years and older in primary care settings, aligns with the U.S. Preventative Services Task Force recommendation. Additionally, in accordance with the Bright Futures/American Academy of Pediatrics recommendation, adolescent Medi-Cal beneficiaries, ages 11 -17, are to be given an alcohol and drug use assessment annually in primary care settings using the CRAFFT tool for screening.<sup>133</sup>

According to the Substance Abuse and Mental Health Services Administration Health Resources and Services Administration (SAMHSA HRSA) Center for Integrated Health Solutions, “SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.”<sup>134</sup> SBIRT is distinguishable and different from treatment, the *brief intervention* (BI) conversations are short (5-10 minutes) and are an opportunity for the practitioner to provide advice, feedback, and information on health consequences related to the patient’s identified behavior that does not rise to the level of needing a referral for treatment assessment. In certain circumstances, BI may be used to discuss a patient getting further assessment, however, it is not an accepted treatment approach. In cases where a potential abuse situation is identified through screening, a referral is made for further assessment by a trained practitioner to determine if addiction or dependence is present. This is typically done with a “warm hand-off” to a behavioral health practitioner who is able to make a formal diagnosis and, if necessary, establish a treatment plan, which may or may not include referral to a treatment program.

The County of Sonoma’s involvement in clinical screening and referral for risky substance use and abuse dates back to the Department of Public Health’s Maternal Child Adolescent Health (MCAH) Section’s receiving a City MatCH award to participate in a three-year cross-learning collaborative with the goal of preventing substance exposed pregnancies (PSEP). This work led to the design and implementation of a comprehensive, yet brief, screening tool. That work made the transition to implementing SBIRT a natural fit for the department representatives involved the PSEP project.

To date, AOD staff have been a member of the team working to ensure systems are in place and that information is shared across systems to ensure optimal implementation of SBIRT by Medi-Cal providers in Sonoma County. In 2014, staff helped to customize and coordinate SBIRT trainings with a contract with UCLA Integrative Substance Abuse Programs, the state’s experts on SBIRT. Plans to continue SBIRT training and to build the capacity of clinicians and the clinical system are ongoing. Staff are working closely with Partnership Health Plan, and community partners in achieving this goal.

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<sup>133</sup> California Department of Health Care Services. <http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>

<sup>134</sup> Substance Abuse and Mental Health Services Administration Health Resources and Services Administration (SAMHSA HRSA) Center for Integrated Health Solutions. <http://www.integration.samhsa.gov/clinical-practice/SBIRT>

## Strategies for Problem Area #2: Marijuana

The marijuana landscape is constantly changing with the introduction of new information, research, trends, products and legislation. Current strategies and approaches will most likely be adjusted to reflect changing public health and public safety concerns.

*Strategy: Maintain repository of highly credible research on public health matters associated with marijuana use*

The County will continue its efforts to combat the proliferation of misinformation among the general public through regular updates to the informational webpage on the County website.<sup>135</sup> The webpage contains up-to-date accurate, science-based and peer reviewed information that addresses the public health and safety impacts of marijuana in Sonoma County, regardless of any current or future political or legal decisions. Current topics of interest include:

- Marijuana Laws: What You Need to Know
- Pregnancy and Parenting
- Teens and Young Adults
- Impaired Driving: Driving Under the Influence
- Health and Addiction
- Animal Lovers: Marijuana and Your Pet
- Loving Your Planet: Marijuana and the Environment
- Food Lovers: Marijuana Edibles and other Food Products

*Strategy: Maintain expertise and provide technical assistance in substance abuse related to marijuana youth by use, and in public health issues that arise from marijuana use*

Staff have served as a resource to the public, partner organizations, elected officials, and policy makers on a number of issues related to public health and marijuana use. Recent requests include being asked to research policies regarding marijuana use on public owned property, in particular the fairgrounds, providing research on policies regulating indoor marijuana grows, and on policies regarding the regulation of edible marijuana products. Serving as a resource requires maintaining a level expertise, and this includes a frequent scan of research, news and reports, and thorough reading of reports and research from reputable resources. There are statewide and national groups for which staff also participate in monthly calls with. In addition, staff participate on webinars and other trainings on a regular basis. Locally, staff serve as the coordinator for the marijuana subcommittee for the Prevention Partnership.

*Strategy: Support system changes necessary to ensure screening for marijuana use and referral to services for pregnant and breastfeeding women*

Staff will continue to work closely with the marijuana subcommittee and MCAH staff on issues related to identifying and working with women who are pregnant or breastfeeding to refrain from marijuana use. This is especially a controversial topic in Sonoma County because there are a number of medical

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<sup>135</sup> Sonoma County Dept. of Health Services. 2014. [www.sonoma-county.org/marijuana](http://www.sonoma-county.org/marijuana)

providers who recommend or condone use of marijuana during the sensitive times, despite there being clear clinical guidance against use.

### Strategies for Problem Area #3: Prescription Drugs

#### *Strategy: Implement a Prescription Drug Safe Disposal Campaign*

Providing a secure and convenient way to dispose of medications will help prevent drug diversion and abuse as well as reduce the introduction of medications into the environment. Initial efforts focused on community safe medicine disposal site events that provide people with a secure and convenient way to dispose of medications. These events are no longer as effective since the number of permanent disposal bins have been positioned throughout the county. Staff and partners will continue to work with area hospitals, clinics, pharmacies, law enforcement and merchants to ensure the use of these permanent take back sites throughout Sonoma County and to expand to new sites.

Also key to preventing the misuse and unauthorized use of prescription medications is to ensure safe storage. It is important to raise awareness of the solutions of proper disposal and storage through the education of parents, youth, patients, and healthcare providers.

- **Parent, Youth, and Patient Education/Awareness:** Parents and youth in particular need to be better educated about the dangers of the misuse and abuse of prescription drugs. Many people are still not aware that the misuse or abuse of prescription drugs can be as dangerous as the use of illegal drugs, leading to addiction and even death. Explaining safe storage and disposal in the context of the overall epidemic will help people adopt these habits.
- **Healthcare Provider Education/Awareness:** Prescribers and dispensers, including physicians, physician assistants, nurse practitioners, pharmacists, nurses, prescribing psychologists, and dentists, all have a role to play in reducing prescription drug misuse and abuse. This will help reduce the amount of unused medication sitting in home medicine cabinets.

#### *Strategy: Implement Prescriber Guidelines in Clinical Settings*

Health Action's Committee for Healthcare Improvement (CHI) is leading an effort to develop agreed upon prescriber policies in Sonoma County. CHI's *Opioid Prescribing Workgroup* launched in June, 2015, holding a successful first meeting with a firm commitment from participant to participate. The committee has many models to draw from and in addition, the American Medical Association published new official Guidelines that will help planning for implementation of prescriber guidelines in Sonoma County. AOD prevention staff will help support this work.

#### *Strategy: Participate in collaborative efforts to strengthen systems that support parents and caregivers of drug exposed newborns*

The Maternal Adolescent Child Health section of the Department of Health Services recently concluded their one-year planning phase culminating in a complete Action Plan. One of their Problem Categories is *perinatal substance use*. The opportunity for prevention comes with the children, as they are predisposed to substance abuse physiologically, from being born to a substance abusing mother, and because the conditions in which they are raised, if the mother's drug use is not managed, can put them at even greater risk. Many of these newborns are born with drugs in their system. Some will have had

significant drug exposure, will suffer very apparent withdrawal symptoms, and will be diagnosed with Neonatal Abstinence Syndrome. Others' symptoms may not rise to the level of a NAS diagnosis, but will still be considered drug exposed and in need of support. The problem that is identified in the MCAH plan is relevant in either situation: **Opioid dependent mothers & their infants have sub-optimal health outcomes due to competing priorities between medical providers, child welfare, treatment & delivery systems resulting in poor communication & lack of coordination of care and timely services for families**

AOD Prevention staff will continue to attend the Perinatal Alcohol and Other Drug Action Team to share information, and to support the MCAH work in this area. Since the MCAH plan is new, and just being implemented, the ways in which prevention staff can support will be made clearer during the first year of implementation.

## Evaluation

### Overview

Sonoma County has chosen objective, quantitative measures that will provide reliable data to assess the collective progress and impact in the following areas: reducing underage alcohol use and associated problems, reducing adult binge drinking and risky driving, reducing marijuana use among vulnerable populations (youth, pregnant and breastfeeding women), reducing public health related problems associated with use in general, and reducing misuse/abuse of prescription drugs. County staff will monitor trends in key indicators from the 2014 baseline to the 2020 post-grant period, for the general population and for highlighted disparities, as well as tracking completion of all milestones. In most cases, simple pre-post comparisons will be made or trends analyzed. Key program data sources include:

National: US Census American Community Survey (ACS), the Center for Disease Control's Youth Risk Behavior Surveillance (YRBS) and Behavior Risk Factor Surveillance System (BRFSS)

State: CA Health Interview Survey (CHIS), CA Healthy Kids Survey (CHKS), Office of Traffic Safety

Local: Department of Health Services and County Human Services Department, local law enforcement agencies, hospitals and clinics

County staff will prepare an annual evaluation report looking at countywide data in comparison to statewide data. In addition, quarterly contractor reports and monthly review of CalOMS data entry will serve as appropriate evaluation of process measures that can inform program implementation throughout each Fiscal Year. The utilization-based evaluation results are intended to help improve and inform implementation of programs, media, education, and policy efforts. The Alcohol Tobacco and Other Drug (ATOD) Prevention Partnership meeting will provide the opportunity to discuss evaluation, SPP progress and to discuss any needed changes to the prevention plan.

As with all data, there are limitations of the SPP evaluation data. Countywide survey results alone are not necessarily a reliable indicator from year to year of overall progress toward reducing rates of substance use. Programs have limited reach; changes in one group of students will not be reflected in countywide or school district-wide statistics. Likewise, policy work, while having lasting effects, is slow to surface in outcomes related to use. While it is important to continue to monitor county-wide data, policy makers should remember the limits of this data for assessing success. This data is useful for monitoring long-term trends over time, and providing the context in which programs are implemented. It is valuable for identifying problems and trends for program planning. CHKS and CHIS data offer a comparison between Sonoma County's use rates, other counties, and the state of California, however they do not necessarily measure whether a certain program or initiative has reduced rates or shows promise to do so.

For the complete Evaluation Plan matrix, please see Addendum C

## Addendums

- A. Strategic Plan
- B. List of Collaboratives
- C. Evaluation Plan
- D. Roster for the ATOD Prevention Partnership

## COUNTY OF SONOMA, ALCOHOL AND OTHER DRUG PREVENTION STRATEGIC PLAN 2015-2020

**PROBLEM AREA: ALCOHOL**

**Problem Statement: Underage youth are drinking at high rates with harmful consequences**

**Goal: Reduce underage alcohol use and associated problems**

**Objectives:**

1. **YOUTH SOCIAL ACCESS:** By 2020, there will be a 5% reduction in youth reporting social access to alcohol (i.e. siblings, parents, homes, shoulder tap).
2. **YOUTH RETAIL ACCESS:** By June 30, 2020 the percentage of underage youth that are able to acquire (buy, steal or shoulder tap) alcohol in on and off sale establishments will decrease by 5% in jurisdictions that implement compliance checks and RBS trainings.
3. **YOUTH ACCESS AT SPECIAL EVENTS:** By June 30, 2020, there will be fewer problems involving youth (drunk in public, public disturbance, minors in possession etc.) associated with alcohol at special events, fairs, or festivals held in Sonoma County as reported by law enforcement, community groups, and event sponsoring agencies
4. **STUDENT SUPPORT AND ASSISTANCE PROGRAMS:** By June 30, 2020, there will be a 5% increase in the percentage of students who report they are likely to find help at school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs. (CHKS Module G)
5. **PARENT KNOWLEDGE AND SUPPORT:** By June 30, 2020, there will be a 5% increase in youth who report that their parents have spoken with them about drug or alcohol use.

Objectives	Prevention Strategies	Short Term Outcomes	Intermediate Term Outcomes	Long Term Outcomes (Indicator Measurement)
<b>1. YOUTH SOCIAL ACCESS</b> By June 30, 2020, there will be a 5% reduction in youth reporting social access to alcohol (i.e. siblings, parents, homes, shoulder tap). (CHKS Module G)	<i>Policy Level:</i> 2 jurisdictions, including the County of Sonoma, will adopt new or strengthen existing social hosting policies.	Work with cities and the County of Sonoma, providing technical support regarding policies that address adults who purchase or supply alcohol to minors.	TA is provided to jurisdictions  Cities pass ordinances or amend existing to strengthen  As laws are passed, staff will record the (typical) temporary increase in citations issues and calls for service.	Decrease in incidents of minors drinking in home and social settings (Calls for service and citations for minors with alcohol in homes)  Decrease in ease with which youth access alcohol socially or from a parent (CHKS).  Reduction in underage youth DUIs (OTS, and POLD data)
	<i>Community Level:</i> Design and implement social norms education and awareness campaign regarding social hosting to reach identified audiences in SC. (Utilizing existing research done for Sonoma County in 2014 on attitudes regarding social hosting).	Campaign is designed and distribution plan is produced and funded  Campaign materials/collateral are produced	Campaign effectively increases awareness  Levels of community support for social host policies will increase and create a mandate for policy adoption (letters to elected officials, letters to the editor, press coverage, community meeting attendance, letters of support from community partners)	Adults will exhibit greater awareness regarding providing alcohol to minors (Evaluation of social norms campaign will report increase in awareness and self-reported behavior related to responsible social hosting).
	<i>Policy Level:</i> As policies are improved or added, ensure that they are consistent with current research, best practices, and agreed upon data collection methods.	Matrix of current social host ordinances, with detail on their provisions, in Sonoma County is updated	Survey is developed and disseminated to local law enforcement in order to assess current enforcement practices in Sonoma County	Reduced incidents of alcohol toxicity in underage youth (ED data)  Decrease in incidents of minors drinking in home and social settings

	<p><i>Systems Level:</i> Perform a periodic review of existing policies, enforcement protocols, and data collection methods.</p> <p><i>Community:</i> Support local community coalitions in their efforts to adopt and/or improve existing social host policies and party ordinances.</p>	<p>Technical Assistance from CARS, CADCA, and/or experts in the field on effective enforcement practices and a list of jurisdictions that have policies will be requested</p> <p>Other county efforts are researched in depth, including provisions, enforcement protocols and data collection methods</p> <p>Literature review is performed to understand, and apply current research</p>	<p>Survey findings are summarized and presented to law enforcement, community partners and decision makers.</p> <p>Increase in perception of parent disapproval of alcohol use by youth (CHKS)</p>	<p>(Calls for service and citations for minors with alcohol in homes)</p>
<p><b>2. YOUTH RETAIL ACCESS</b> By June 30, 2020 the percentage of underage youth that are able to acquire (buy, steal or shoulder tap) alcohol in on- and of- sale establishments will decrease by 5% in jurisdictions that implement compliance checks and RBS trainings. (CHKS Module G)</p>	<p><i>Policy Level:</i> At least 3 jurisdictions will adopt or strengthen policies and systems that support regular <b>compliance checks</b></p> <p>At least 3 jurisdictions will adopt or strengthen policies and systems that support requirement for RBS training</p> <p>Work with at least one jurisdiction to support the adoption of a <b>voluntary healthy retail policy</b> that will include strategies to prevent alcohol from getting in the hands of minors.</p> <p><i>Systems Level:</i> Staff will collaborate with law enforcement agencies on developing systems that support regular compliance checks and that promote RBS.</p> <p><i>Systems Level:</i> DHS will fund and manage a contract to for coordinated compliance activities across jurisdictions.</p>	<p>local jurisdictions are provided education and technical assistance on policy development and implementation</p> <p>Law enforcement representatives are actively engage in Prevention Partnership and Tri Community Coalition</p> <p>RFP for law enforcement work on compliance activities is designed and procured.</p> <p>DHS staff will work with Health Retail Collaborative in pursuing policies and practices that reduce access to alcohol.</p>	<p>Increase in jurisdictions w/ strong policies</p> <p>Increase in jurisdictions w/ procedures that institutionalize the work</p> <p>Increase in compliance checks performed</p> <p>Increase in # of RBS participants in county trainings and w/ local law enforcement</p> <p>Increase in jurisdictions that mandate RBS with all alcohol ABC licensed establishments</p> <p>Retailers will implement healthy retail standards that address alcohol</p> <p>Fewer youth will access alcohol by stealing, shoulder tapping outside stores.</p>	<p>Reduced youth access to alcohol in retail settings (CHKS)</p> <p>Reduced DUI</p> <p>Increase in retailers in compliance with youth access laws and “shoulder tap” operations</p> <p>Increase in number of retailers certified in the Sonoma County Healthy Retail Project</p>
<p><b>3. YOUTH ACCESS AT SPECIAL EVENTS</b> By June 30, 2020, there will be fewer problems involving youth (drunk in public, public disturbance, minors in possession etc.) associated with alcohol at special events, fairs, or</p>	<p><i>Policy Level:</i> Provide support for policies and/or procedures that encourage or mandate the taking of a RBS special events course when one-day permits are issued (when alcohol is being served).</p>	<p>RBS website is maintained and technical issues are addressed with expedience.</p>	<p>All Sonoma County law enforcement agencies will require RBS special events training prior to approving one-day ABC permits.</p>	<p>Reduced DUI associated with attendance at a special event</p> <p>Alcohol will not be sold or served to minors or overly intoxicated individuals at special events.</p>



<p>festivals held in Sonoma County as reported by law enforcement, community groups, and event sponsoring agencies.</p>	<p><i>Systems level</i> - Ensure the ongoing maintenance and refinement of web-based, County of Sonoma RBS for special events.</p> <p>Share existing models on how law enforcement can encourage or require RBS special events training prior event. Research how insurance companies can require RBS special events training prior to insuring an event.</p> <p>Research how insurance companies that provide Board of Directors insurance could encourage or require if Board member's participate in special events w alcohol being served</p> <p>Explore how non-profit Boards and Service Organizations could include requirement in By Laws for when events where alcohol is served/sold are hosted.</p> <p><i>Individual Level</i> – Provide outreach to promote the availability and utility of Special Events RBS training county wide, and provide technical assistance, when needed, to participants.</p> <ul style="list-style-type: none"> <li>• flyer produced/updated and posted on various websites</li> <li>• information included in one-day permit packets</li> <li>• orientation and information provided to volunteer center and for trainings that involve non-profit boards of directors</li> </ul> <p>Develop survey for participants of online training to measure utility of training modality, ease of use of website, knowledge gained, and subsequent behavior change.</p>	<p>TA is provided to jurisdictions regarding permits and taking the course</p> <p>Determination on the role insurance companies can take is made and avenues are explored</p> <p>Outreach materials and messages are delivered</p> <p>Survey is developed and distributed</p>	<p>When possible, insurance companies will require RBS special events training prior to event.</p> <p>Users of the online RBS website will report ease of use, knowledge gained, and behavior change.</p> <p>RBS training is kept up-to-date to remain consistent with current laws and policies.</p> <p>Survey results are analyzed and program improvements are made.</p>	
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	Assess RBS training software analytics on demographics of users, types of events, and test results.			
<p><b>4. STUDENT SUPPORT AND ASSISTANCE PROGRAMS</b></p> <p>By June 30, 2020, there will be a 5% increase in the percentage of students who report they are likely to find help at school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs. (CHKS Module G)</p>	<p><i>Systems Level</i> – With support from MHSa and the Board of Supervisors, continue funding, managing contracts and monitoring the implementation of SAPs (Project SUCCESS is the model of choice) in 6 school districts in Sonoma County. Continue facilitation of the SAP Collaborative.</p> <p><i>Individual and Group Level</i> Provide youth on high school campuses with access to evidence-based student assistance programs (SAP) for substance abuse prevention: Project SUCCESS +.</p> <p>Support youth serving organizations, programs/services with funding to provide Friday Night Live and Club Live to youth ages 13-18 to implement activities in support of substance abuse prevention.</p>	<p>Programs will be implemented with fidelity, according to PS developer protocols through quarterly reports and annual training.</p> <p>Will maintain Member in Good Standing status with FNL</p> <p>PS+ Collaborative will meet every other month</p> <p>FNL Collaborative will meet monthly during the school year</p> <p>FNL Chapters will complete roadmap and implement ATOD prevention activities</p>	<p>Students participating in PS+ will demonstrate: improved attendance, reduction in suspensions and expulsions, and improved grades. Students will report: improved school connectedness, increased feelings of safety at school, greater disapproval of alcohol and drug abuse, decrease in binge drinking and other drug use.</p>	<p>Reduction in problems associated with youth risky drinking.</p>
<p><b>5. PARENT KNOWLEDGE AND SUPPORT</b></p> <p>By June 30, 2020, there will be a 5% increase in youth who report that their parents have spoken with them about drug or alcohol use.</p>	<p><i>Systems Level</i> – Support (fund) the provision of advanced training on Triple P Teen among those professional in the County working with youth, especially with vulnerable populations. Work with First Five to provide evaluation follow-up and monitoring of implementation with service providers.</p>	<p>Train and certify at least 50 service providers in varying levels of Triple P Teen.</p> <p>Set up system for evaluating the effectiveness and connection to AOD prevention.</p>	<p>Parents will report an increase in skills and resources that strengthen to AOD prevention, increase family communication and engage in activities that build resiliency with their youth-aged child</p>	<p>Reduced substance abuse by youth</p> <p>Reduced risky substance use by youth</p>
<p><b>PROBLEM AREA: ALCOHOL</b></p> <p><b>Problem Statement: Adults are binge drinking and engaging in “risky” drinking at high rates with harmful consequences</b></p> <p><b>Goal #2: Reduce adult binge and risky drinking</b></p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. DUI FROM SOCIAL ACCESS: By June 30, 2020, the number of persons arrested for DUI who report drinking at a home or a friend’s home will decrease by 10% in Sonoma County (POLD data).</li> <li>2. DUI FROM REST/BAR: By June 30, 2020, the number of persons arrested for DUI who report drinking at a restaurant/bar will decrease by 10% in Sonoma County (POLD data).</li> <li>3. PLANNING FOR COLLEGE AREA DRINKING: By 2016, there will be a plan to address drinking and drug use on college campus and in nearby community.</li> <li>4. ADULT BINGE DRINKING: By June 30, 2020 the average number of times adults report binge drinking in a year will decrease (CHIS).</li> <li>5. DATA INFORMED PROGRAMS &amp; POLICY: By June 30, 2016, data collection methods will be in place to evaluate programs and policies related to alcohol prevention</li> </ol>				
<b>Objectives</b>	<b>Prevention Strategies</b>	<b>Short Term Outcomes</b>	<b>Intermediate Term Outcomes</b>	<b>Long Term Outcomes (Indicator Measurement)</b>

<p><b>1. DUI FROM SOCIAL ACCESS</b> By June 30, 2020, the number of persons arrested for DUI who report drinking at a home or a friend's home will decrease by 10% in Sonoma County (POLD data).</p>	<p><i>Community Level:</i> Design and implement social norms education and awareness campaign regarding social hosting to reach identified audiences in SC. (Utilizing existing research done for Sonoma County in 2014 on attitudes regarding social hosting).</p>	<p>Campaign is designed and distribution plan is produced and funded</p> <p>Campaign materials/collateral are produced</p>	<p>Campaign effectively increases awareness</p>	<p>Adults will exhibit greater awareness regarding serving alcohol at home and preventing DUI (Evaluation of social norms campaign will report increase in awareness and self-reported behavior related to responsible social hosting).</p>
<p><b>2. DUI FROM REST/BAR</b> By June 30, 2020, the number of persons arrested for DUI who report drinking at a restaurant/bar will decrease by 10% in Sonoma County (POLD data).</p>	<p><i>Systems Level:</i> Develop a plan that will ensure sustained local availability of high quality RBS training. System will include ability to monitor and evaluate the reach and effectiveness of trainings.</p> <p><i>Individual Level:</i> Provide RBS trainings for those involved in alcohol service/sales at restaurants/bars/retail stores.</p>	<p>A cadre of individuals will be trained and certified by the County to provide RBS training</p> <p>An online system of trainers and will list certified trainers for restaurants/bars/retailers seeking training, and payment will occur between the two parties.</p> <p>RBS participants will report increased knowledge (post survey immediately following training)</p> <p>Evaluation of RBS participants will show positive behavior change 6-12 months post.</p> <p>RBS will be offered in Spanish at least 4 time per year</p> <p>There will be a decrease in over service in retail settings</p> <p>Cities and unincorporated SC will have procedures in place that require one-day permit holders that are serving alcohol to take RBS course.</p>	<p>The number of RBS trainings offered will meet demand and courses will be full.</p> <p>Certified trainers will receive periodic booster trainings.</p> <p>RBS curriculum is modified to improve outcomes</p> <p>The RBS training system will be in place and self-sustaining</p> <p>RBS participants will report behavior changes consistent with RBS (6-month follow-up survey, focus group).</p>	<p>Fewer youth and adults will drive under the influence or report driving with someone under the influence.</p> <p>Accidents in SC related to DUI will decrease.</p> <p>Problem associated with overconsumption in retail, bars and restaurants and special event will decrease As measured by calls for service</p> <p>DUIs will decrease</p> <p>Problem associated with overconsumption in retail, bars and restaurants and special event will decrease (calls for service)</p>
<p><b>3. PLANNING FOR COLLEGE AREA DRINKING</b> By June 30, 2016, there will be a plan to address drinking and drug use on college campus and in nearby community.</p>	<p><i>Systems Level</i> – problems associated with drinking and drug use on and nearby SSU will be addressed collaboratively. The Tri Community Coalition will identify problems, and develop goals, objectives, and strategies to address them.</p>	<p>Plan will be developed Partners will be engaged to implement campus and community based strategies</p>		<p>Reduction in problems associated with alcohol and other drug use college student centric areas of the county (calls for service, ED visits, assaults, drunk in public, MIP)</p>

<p><b>4. ADULT BINGE DRINKING</b> By June 30, 2020 the frequency of times adults report binge drinking in the past year will decrease (CHIS).</p>	<p><i>Systems Level:</i> Staff will participate in the development of systems that supports implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT). Collaborate with clinics, County behavioral health and public health, and Partnership Health Plan (Med-Cal Managed Care Plan) to develop a system for SBIRT training, implementation, and evaluation across clinics and providers. Collaboration will include working with trainers to customize training to meet needs of Sonoma county providers.</p>	<p>Sonoma County clinics will have an opportunity to participate in basic SBIRT training.</p> <p>Sonoma County clinics will have an opportunity to participate in advanced SBIRT training.</p> <p>Sonoma County clinics will have an opportunity to participate training on addiction, risky drinking, prevention, and referral in support of SBIRT.</p>	<p>All MediCal serving clinics and healthcare providers will have all required staff participate in minimum level of required SBIRT training.</p> <p>SBIRT will be implemented with fidelity.</p> <p>Data will be collected in EMR on SBIRT implementation across clinics</p> <p>Problem and risky drinkers are identified in clinical settings</p> <p>Adults identified as risky drinkers will be provided early intervention services and brief interventions</p>	<p>Fewer adults will report drinking that is "risky" (EMR)</p> <p>Fewer adults will become dependent on alcohol (SWITS)</p> <p>Fewer adults will report multiple episodes of recent binge drinking (BRFSS)</p>
<p><b>5. DATA INFORMED PROGRAMS &amp; POLICY</b> By June 30, 2016, data collection methods will be in place to evaluate programs and policies related to alcohol prevention</p>	<p><i>Driving Under the Influence-</i> staff will continue to coordinate with the Drinking Driver program in order to collect Place of Last Drink (POLD) survey data from participants. Data are analyzed and shared with community partners and law enforcement, and the public as appropriate. (POLD data also included questions about other drug use).</p>	<p>POLD reports will be produced annually</p> <p>POLD reports findings will be analyzed, reported and presented to key community partners.</p> <p>POLD reports will be utilized to drive policy and decision making by the County, law enforcement and partner organizations as measured by survey</p>	<p>Compliance check data will be systematized and analyzed.</p> <p>Effectiveness of DUI prevention programs and policies will be assessed</p> <p>Strategic direction of DUI prevention interventions will be modified to reflect evaluation</p>	<p>DUI interventions implemented with SAPT funds will show measurable impact</p>
<p><b>PROBLEM AREA: MARIJUANA</b>  <b>Problem Statement:</b> Marijuana use has identified public health ramifications that are not being addressed adequately through public policy and regulations  <b>Goal #3: Reduce marijuana use among vulnerable populations (youth, pregnant and breastfeeding women), and reduce public health related problems associated with use in general</b>  <b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. PUBLIC KNOWLEDGE: By June 30, 2020, the public and special interest groups will have regular, easy access to information on the public health and safety concerns related to marijuana use and production.</li> <li>2. BEST PRACTICES TO MANAGE AND REGULATE: By June 30, 2020, policy makers and government staff will be supported with information on best practices to manage and regulate marijuana, and data will be made available on the public health concerns and needs related to marijuana use.</li> <li>3. STUDENT SUPPORT AND ASSISTANCE PROGRAMS: By June 30 2020, there will be a 5% increase in the percentage of students who report they are likely to find help at school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs. (CHKS Module G)</li> <li>4. MARIJUANA USE WITH PREGNANT AND BREASTFEEDING WOMEN: By June 30 2020, the aggregate percentage of pregnant and breastfeeding women that report marijuana use with a clinician will decrease 10%. (CMSP via Public Health)</li> </ol>				
<p><b>Objectives</b></p>	<p><b>Prevention Strategies</b></p>	<p><b>Short Term Outcomes</b></p>	<p><b>Intermediate Term Outcomes</b></p>	<p><b>Long Term Outcomes (Indicator Measurement)</b></p>
<p><b>1. PUBLIC KNOWLEDGE</b> By June 30, 2020, the public and special interest groups will have</p>	<p><i>Systems Level</i> - Continue maintenance, regular updating, and promotion of County Marijuana Website that</p>	<p>The County marijuana website page will have increased traffic,</p>		

<p>regular, easy access to information on the public health and safety concerns related to marijuana use and production.</p>	<p>organizes peer reviewed, established public health journal articles, and informational reports from reputable organizational.</p>	<p>and be a source of information to the public.</p>		
<p><b>2. BEST PRACTICES TO MANAGE AND REGULATE</b> By June 30, 2020, 2-3 jurisdictions will adopt and/or strengthen policies and regulations that address public health concerns related to marijuana use.</p>	<p><i>Policy and systems level</i> - Develop White Papers and provide consultation, as requested, on specific regulatory topics within county purview regarding: marijuana edibles, indoor/outdoor grows, other public health and safety topics of interest to County Board of Supervisors and County Administrator’s Office, Prevention Partnership and other BOS appointed advisory bodies.</p> <p>Staff will collect data on public health implications of marijuana use Provide education and assist local municipalities in identifying appropriate local strategies for addressing specific concerns (legal and illegal grows, production of edibles, etc.)</p> <p><i>Individual Level</i> - Provide education and technical assistance on the community health impacts of marijuana use, to community based organizations, county departments, and other partners.</p> <p><i>Systems level</i> - Participate in statewide efforts to coordinate actions regarding current issues and legislative changes; participate in national calls to learn strategies and best practice from other states’ experiences. Attend webinars, conferences and other learning opportunities.</p> <p><i>Systems level</i> - Maintain presence and participation in County and community coalitions addressing marijuana issues, including the Sonoma County</p>	<p>AOD staff will identify best practices, share relevant information, and provide TA.</p> <p>AOD staff will continue to develop expertise and be a resource to the public and partners</p> <p>County funded youth programs will be supported in their efforts to address marijuana issues and social norms.</p> <p>TA will be provided</p> <p>White papers will be developed and presented/distributed</p> <p>Data is collected and analyzed AOD staff will develop expertise and be a resource to BOS, County and city staff, and other decision makers/policy makers.</p>	<p>The public health concerns on marijuana use will be part of the public discourse as seen in media, news outlets, social media, with community feedback.</p> <p>Attitudes and community norms will reflect an increased perception of marijuana as harmful to youth, during pregnancy and while breastfeeding, and around children.</p>	<p>Policies and regulations will be in place across jurisdictions that address public health concerns related to marijuana use</p>

	Prevention Partnership; Sonoma County Perinatal Alcohol and Other Drug Advisory Team; Sonoma State University Alcohol and Drug Advisory Committee; Petaluma Coalition to Prevent Alcohol, Tobacco and Other Drug Problems; West County Coalition for Drug-free Youth, Project SUCCESS+ Collaborative, and Friday Night Live Collaborative			
<p><b>3. STUDENT SUPPORT AND ASSISTANCE PROGRAMS</b></p> <p>By June 30, 2020, there will be a 5% increase in the percentage of students who report they are likely to find help at school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs. (CHKS Module G)</p>	<p><i>SEE also PS+ and FNL above</i></p> <p><i>Community Level:</i> Schools that implement PS+ will offer more awareness and education to parents and students re marijuana</p> <p><i>Individual level -</i> Parents will understand dangers of marijuana, that is illegal if underage, and potential harms with use to brain development, emotional well-being, and school success.</p>	<p>Increased perception of harm related to marijuana use.</p> <p>PS+ attendance in groups will be optimized</p> <p>PS+ attendance at parent events will be optimized</p>	<p>Students will demonstrate: improved attendance, reduction in suspensions and expulsions, and improved grades. Students will report: improved school connectedness, increased feelings of safety at school, greater disapproval of marijuana use, decrease marijuana.</p>	<p>Teens will report less marijuana use</p> <p>Principals and counselors will report less problems with marijuana</p> <p>Treatment providers will report decrease in marijuana as primary or secondary addiction.</p> <p>ED will report fewer incidents of marijuana related admissions</p>
<p><b>4. MARIJUANA USE WITH PREGNANT AND BREASTFEEDING WOMEN</b></p> <p>By June 30, 2020, the aggregate percentage of pregnant and breastfeeding women that report marijuana use with a clinician will decrease 10%. (CMSP via Public Health)</p>	<p><i>Policy and Systems Level -</i> Work with SBIRT implementing providers and clinics to ensure marijuana use is also screened and prevention and referral resources and opportunities are provided.</p> <p>Continue to support public health with their efforts to have all CMPS providers to use comprehensive Women’s Health Questionnaire (WHQ) that assess marijuana use and other risk factors.</p>	<p>Assess which screening tools are best for assessment of marijuana and how to integrate into clinic workflow related to SBIRT implementation.</p> <p>Data collected from WHQ will be analyzed and used to inform programs and policy work.</p>	<p>SBIRT will include screening for marijuana</p>	<p>Problem marijuana use among pregnant and breastfeeding women, will decline (Clinical screenings EMR data)</p> <p>Treatment providers will report decrease in marijuana as primary or secondary addiction.</p> <p>Fewer incidents of marijuana related admissions to EDs</p> <p>Home health nurses will report fewer families/homes where marijuana use is occurring during pregnancy, breastfeeding or around children</p>
<p><b>PROBLEM AREA: PRESCRIPTION DRUG USE</b></p> <p><b>PROBLEM STATEMENT: Prescription drug addiction has reached epidemic levels</b></p> <p><b>Goal #4: Reduce misuse/abuse use of prescription drugs (schedule 2), especially among youth</b></p> <p><b>Objectives:</b></p>				

1. SAFE MED DISPOSAL: By June 2020, all SC residents will have on-going, sufficient and easy-to-access safe medicine disposal (ratio of disposal site to population, increase in locations, geographic representation, sustainable system) 2. PRESCRIBING GUIDELINES: By June 2020, all Medi-Cal serving clinics and hospitals and 50% of private facilities will have prescribing practices in place 3. DRUG EXPOSED BABIES: By June 2020, SC rates of Neonatal abstinence syndrome will decrease to pre-epidemic rates. (OSHDP data)				
Objectives	Prevention Strategies	Short Term Outcomes	Intermediate Term Outcomes	Long Term Outcomes (Indicator Measurement)
<b>1. SAFE MED DISPOSAL</b> By June 2020, 75% SC residents will have on-going, sufficient and easy-to-access safe medicine disposal (ratio of disposal site to population, increase in locations, geographic representation, sustainable system)	<i>Policy and Systems Level:</i> Attend and support the goals of the Safe Medicine Disposal Workgroup, which is to: <ul style="list-style-type: none"> <li>• promote safe medicine disposal initiatives</li> <li>• increase number of bins,</li> <li>• explore feasibility of local ordinance requiring pharmaceutical industry responsibility of end stage of product</li> <li>• Promote use of existing bins</li> </ul>	Safe Med Disposal workgroup will determine if they will support local policy to hold pharmaceutical industry responsible for disposal in order to ensure long term sustainability of disposal	Youth will report less access to Rx drugs from home	Decrease in Rx addiction  Decrease in opioid overdose  Decrease in opioid death
<b>2. PRESCRIBING GUIDELINES</b> By June 2020, all Medi-Cal serving clinics and hospitals and 50% of private facilities will have prescribing practices in place.	<i>Policy level</i> – staff will support and collaborate with Health Action’s Committee for Healthcare Improvement (CHI) on implementing Prescribing Guidelines within Emergency Departments, hospitals and clinical settings.  <i>Systems level</i> – Collaborate with partners to encourage and develop system to provide necessary supports for prescribers to utilize CURES  Convene Rx drug subcommittee of Prevention Partnership  <i>Individual Level</i> – staff will support the coordination and development of identified trainings, in coordination with partners, which will increase use of chosen prescribing practices, including the use of CURES.	A comprehensive plan will be produced and implemented by CHI  Use of CURES by local clinicians and pharmacists  Trainings will be provided on use of CURES  Rx Subcommittee will meet regularly and develop a work plan	Decrease in the number of opioid prescriptions in Sonoma County  Decrease in avg. number of pills prescribed for surgery and procedures.  Increase in use of CURES locally  CURES data will be used to inform programs, training and policies.	Decrease in Rx addiction  Decrease in opioid overdose  Decrease in opioid death

<p><b>3. DRUG EXPOSED BABIES</b> By June 30 2020, Sonoma County rates of Neonatal abstinence syndrome (NAS) will decrease to pre-epidemic rates. (OSHPD data)</p>	<p><i>Systems Level:</i> Assist with plan, in collaboration with partners, (the lead is Maternal Child Adolescent Health in Public Health Division), to decrease NAS and ensure system of care supports the family through increased collaboration.</p> <p>AOD staff will coordinate and support MCAH efforts to address this issue in the realm of prevention.</p>	<p>Prevention strategies will be identified that will support broader system improvements.</p> <p>Mothers, foster families, home visitors, clinicians, CPS etc will have voice in making system improvements</p>	<p>Families caring for drug exposed newborns will receive the support and services they need in a timely manner (case review)</p>	<p>NAS will decrease</p> <p>Fewer births to mothers with opioid addiction</p> <p>Drug exposed infants will thrive</p>
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## Appendix B: Sonoma County Coalitions and Collaborative

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### **Sonoma County Prevention Partnership (ATOD Prevention)**

*Mission: to enhance the wellbeing of our community by working collaboratively to develop population level strategies to address alcohol, tobacco and other drugs.*

Specific issue subcommittees:

- Marijuana Subcommittee
- Alcohol Subcommittee

*Membership: community coalitions, community collaborative, community based organizations, law enforcement agencies, schools, healthcare providers, and County staff*

### **Alcohol and Other Drug Advisory Board**

*Mission: to advise the alcohol and drug program administrators and inform the Board of Supervisors on policies and goals of the county alcohol and drug program.*

*Membership: County Staff and two community members representing each of the five supervisorial districts appointed by the Board.*

### **Tri-Community Coalition**

*Mission: to collaborate to reduce high risk behaviors in Cotati, Rohnert Park and Sonoma State University associated with alcohol and other drug use through education and prevention*

*Membership: Police chiefs, key officers and crime data analysts from 3 law enforcement agencies; key representatives from Sonoma State University; and County staff.*

### **Health Action**

*Description: Health Action is the framework for a community engagement effort to get people involved in creating a healthier Sonoma County. It starts at home with a personal commitment. It continues at work and school with wellness-focus policies and opportunities that encourage healthy living. It culminates with a shared vision for overall good health.*

*Membership: diverse and multidisciplinary community leaders including elected officials, healthcare providers/hospitals/clinics, community based organizations, educators, foundations, and County representatives.*

Subcommittees:

- Committee for Healthcare Improvement (CHI)
- Cradle to Career
- Economic Wellness
- City Council Liaisons

Health Action Chapters:

- Healthy Healdsburg
- Russian River Area Resources and Advocates (RRARA)
- Community Health Initiatives Petaluma Area (CHIPA)
- Sebastopol Area Community Alliance (SACA)
- Sonoma Valley Health Roundtable
- Windsor Wellness Partnership

### **Maternal, Child, Adolescent Health Advisory Board (MCAH)**

## Appendix B: Sonoma County Coalitions and Collaborative

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Mission: to promote physical, social and emotional health of childbearing women, children, and adolescents and their families in Sonoma County by sharing resources, coordinating activities, and advising the MCAH Director, the Department of Health Services, and the Sonoma County Board of Supervisors on the needs of the community  
Membership: health professionals, school health personnel, Human Services representatives; community representatives, consumer parent advocates, elected officials (or their representatives).

### **Perinatal Alcohol and Other Drug Action Team**

Goal: Every woman—before, during and after pregnancy—in Sonoma County will be asked and educated about tobacco, alcohol and other drug use and will have immediate access to tobacco cessation and alcohol and other drug treatment services that will benefit her, her child, and her family.

Membership: healthcare providers representing hospitals and community clinics, community based organizations, County public health and AOD prevention staff

### **Project SUCCESS Plus-Student Assistance Program Collaborative**

Purpose: a countywide prevention and early intervention system of care for adolescents at 17 high schools in Sonoma County that are providing Project SUCCESS Plus and includes 5 community based organizations to provide counseling services to youth who demonstrate a need for mental health services.

Membership: Sonoma County Office of Education; participating school districts; community based organizations; National Alliance on Mental Illness; and County behavioral health and AOD prevention staff

### **Santa Rosa Violence Prevention Partnership (formerly the Mayor's Gang Prevention Task Force)**

Mission: to reduce youth violence by mobilizing and aligning community resources through prevention, intervention and enforcement.

Membership: private citizens, government, local community based organizations, schools, parents, the faith community and local law enforcement

### **Friday Night Live Collaborative**

Mission: to create a learning community by bringing together FNL chapter leadership share resources, information, and strategies.

Membership: FNL chapter leadership; County AOD Prevention staff

### **Avoid the 13 and Vertical Prosecution (District Attorney Grant) DUI Task Force**

Purpose: 13 allied law enforcement agencies collaborative effort funded by the Office of Traffic Safety to conduct DUI education and enforcement related to impaired driving.

Efforts include DUI checkpoints; saturation patrols; warrant sweeps; court sting operations. Joined with District Attorney's Office for their DUI Vertical Prosecution Grant.

Membership: law enforcement, DA's office, County AOD Prevention staff

## Appendix B: Sonoma County Coalitions and Collaborative

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### **Teen Health Advocacy Coalition**

*Mission: to advocate for optimal adolescent health and wellness in collaboration with adolescents, parents, professionals, community members, and policy makers*

*Membership: healthcare professionals representing hospitals and community clinics, community based youth serving and sexual assault prevention organizations, social workers, County Public Health staff*

### **Petaluma Coalition to Prevent Alcohol, Tobacco and Other Drug Problems**

*Purpose: to commercial and social access of alcohol and tobacco by minors; strengthen Petaluma community capacity to address and sustain substance use prevention initiatives; advocate for local alcohol, tobacco and marijuana regulation*

*Membership: local law enforcement, community based youth serving organizations, business leaders, school district administrators, faith-based groups, County AOD prevention staff*

### **West County Coalition for Alcohol and Drug-Free Youth**

*Purpose: to reduce underage drinking and associated problems; reduce adult high risk drinking and associated problems; reduce underage marijuana use and associated problems; and create a positive, healthy community for and with young people.*

*Membership: local law enforcement, community based youth serving organizations, business leaders, school district administrators, faith-based groups, and County AOD prevention staff.*

### **Perinatal Adverse Childhood Experiences (ACES) working committee**

*Purpose: First 5: to maximize the healthy development of all Sonoma County children from prenatal stage through age 5 through support, education and advocacy.*

*Membership: childcare providers, community based organizations, early childhood professionals, and County staff*

## Addendum C

### COUNTY OF SONOMA, ALCOHOL AND OTHER DRUG PREVENTION OUTCOME EVALUATION PLAN 2015-2020

#### PROBLEM AREA: ALCOHOL

Problem Statement: Underage youth are drinking at high rates with harmful consequences

Goal 1: Reduce underage alcohol use and associated problems

#### 1.1. YOUTH SOCIAL ACCESS

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2020, there will be a 5% reduction in youth reporting social access to alcohol (i.e. siblings, parents, homes, shoulder tap).	Decrease in ease with which youth access alcohol socially or from a parent	Survey	California Healthy Kids Survey (CHKS)	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>
	Decrease in incidents of minors drinking in home and social settings	Record review of local law enforcement data on calls for service and citations for minors with alcohol in homes	Local Law enforcement data	Local County staff Local Law Enforcement Agencies	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Reduction in underage youth DUIs	Surveys	Office of Traffic Safety (OTS) Place of Last Drink (POLD) survey	OTS DUI Program County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Reduced incidents of alcohol toxicity in underage youth	ER Intake Survey	Emergency Room Data (ED) data	Hospitals County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Increase in perception of parent disapproval of alcohol use by youth	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE), Schools, County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>

### 1.2. YOUTH RETAIL ACCESS

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2020, the percentage of underage youth that are able to acquire (buy, steal or shoulder tap) alcohol in on- and off- sale establishments will decrease by 5% in jurisdictions that implement compliance checks and RBS trainings.	Reduced youth access to alcohol in retail settings	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE), Schools, County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>
	Reduction in underage youth DUIs	Survey, record review of law enforcement data	Office of Traffic Safety (OTS), Place of Last Drink (POLD) survey	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Increase in number of stores in compliance with youth access laws and “shoulder tap” operations	Record review of law enforcement compliance checks	Local law enforcement compliance checks/youth purchase surveys	Local law enforcement County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Increase in number of retailers certified in the Sonoma County Healthy Retail Project	Participant records	Sonoma County Healthy Retail Project Assessment, Healthy Retail Project compliance surveys	County staff	<ul style="list-style-type: none"> <li>• Baseline: 2016</li> <li>• Comparison: Biannual surveys</li> </ul>

### 1.3. YOUTH ACCESS AT SPECIAL EVENTS

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2020, there will be fewer problems involving youth (drunk in public, public	Reduced DUI associated with attendance at a special event	Survey, record review of law enforcement data	Office of Traffic Safety (OTS), Place of Last Drink (POLD) survey	County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>

disturbance, minors in possession etc.) associated with alcohol at special events, fairs, or festivals held in Sonoma County as reported by law enforcement, community groups, and event sponsoring agencies.					
	Increase in number of agencies with mandatory online RBS special event training policies	Record review of County and other agencies' policies	County and agency policies	County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>

#### 1.4. STUDENT SUPPORT AND ASSISTANCE PROGRAMS

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2015, there will be a 5% increase in the percentage of students who report they are likely to find help at school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drug.	Increase in students reporting they are likely to find help at school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drug	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>
	Decrease in binge drinking and other drug use	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>
	Greater disapproval of alcohol and drug abuse	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>
	Increased feelings of safety at school	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>

### 1.5. PARENT KNOWLEDGE AND SUPPORT

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2015, there will be a 5% increase in youth who report that their parents have spoken with them about drug or alcohol use.	Increase in students reporting that their parents have spoken with them about drug or alcohol use	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>
	Decrease in binge drinking and other drug use	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>
	Increase in parents reporting skills and resources that strengthen to AOD prevention	Survey	Triple P Teen survey	First Five staff that run the Triple P Teen program County staff	<ul style="list-style-type: none"> <li>• Baseline: Triple P Teen survey 2016</li> <li>• Comparison: Biannual Triple P Teen survey</li> </ul>
	Increased family communication and activities	Survey	Triple P Teen survey	First Five staff County staff	<ul style="list-style-type: none"> <li>• Baseline: Triple P Teen survey 2016</li> <li>• Comparison: Biannual Triple P Teen survey</li> </ul>

**PROBLEM AREA: ALCOHOL**

Problem Statement: Adults are binge drinking and engaging in “risky” drinking at high rates with harmful consequences

Goal 2: Reduce adult binge and risky drinking

**2.1. DUI FROM SOCIAL ACCESS**

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2020, the number of persons arrested for DUI who report drinking at a home or a friend’s home will decrease by 10%.	Increase adult awareness regarding serving alcohol at home and preventing DUI	Survey/Interview	Social norms about serving alcohol in homes survey	County staff	<ul style="list-style-type: none"> <li>• Baseline: 2016</li> <li>• Comparison: 2020</li> </ul>
	Reduction number of persons arrested for DUI who report drinking at a home or a friend’s home	Surveys	Office of Traffic Safety (OTS) Place of Last Drink (POLD) survey	OTS DUI Program County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>

**2.2. DUI FROM RESTAURANT/BAR**

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2020, the number of persons arrested for DUI who report drinking at a home or a friend’s home will decrease by 10%.	Reduction number of persons arrested for DUI who report	Surveys	Office of Traffic Safety (OTS) Place of Last Drink (POLD) survey	OTS DUI Program County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Reduction in adult DUIs	Surveys	Office of Traffic Safety (OTS) Place of Last Drink (POLD) survey	OTS DUI Program County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Decrease in accidents in SC related to DUI	ER Intake Survey, record review of law enforcement data	Emergency Room Data (ED) data, law enforcement data	Hospitals Law enforcement County prevention staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Decrease in problems associated with overconsumption in	Record review of local law enforcement data on calls for service	Local Law enforcement data	Local County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>



	retail, bars and restaurants and special event				
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### 2.3. COLLEGE AREA DRINKING

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By 2016, there will be a plan to address drinking and drug use on college campus and in nearby community and by June 30, 2017 the plan will be implemented.	Reduction in problems associated with alcohol and other drug use college student centric areas of the county	Record review of local law enforcement data on calls for service	Local Law enforcement data	Local County staff	<ul style="list-style-type: none"> <li>• Baseline: 2016</li> <li>• Comparison: 2019-20</li> </ul>

### 2.4 ADULT BINGE DRINKING

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2020 the frequency of times adults report binge drinking in the past year will decrease (CHIS) by 5%.	Reduction in binge drinking frequency by adults	Surveys	California Health Interview Survey (CHIS), Behavioral Risk Factor Surveillance System (BRFSS)	County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Decrease in number of adults reporting that their drinking is "risky"	Survey	Electronic Medical Records audit (EMR)	Clinic staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Decrease in adults that become dependent on alcohol	Survey	Sonoma Web Infrastructure for Treatment Services (SWITS)	Treatment staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>

**PROBLEM AREA: MARIJUANA**

Problem Statement: Marijuana use has identified public health ramifications that are not being addressed adequately through public policy and regulations

Goal #3: Reduce marijuana use among vulnerable populations (youth, pregnant and breastfeeding women), and reduce public health related problems associated with use in general

**3.2. BEST PRACTICES TO MANAGE AND REGULATE**

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2020, 2-3 jurisdictions will adopt and/or strengthen policies and regulations that address public health concerns related to marijuana use.	Number of jurisdictions with policies and regulations adopted and implemented	Record review of jurisdictions' policies and regulations that address public health concerns related to marijuana use.	Existing alcohol policies and new alcohol policies	County staff	<ul style="list-style-type: none"> <li>• Baseline: Number of jurisdictions with regulations/policies adopted and implemented 2014</li> <li>• Comparison: Number of jurisdictions with regulations/policies adopted and implemented 2020</li> </ul>

**3.3. STUDENT SUPPORT AND ASSISTANCE PROGRAMS**

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30 2020, there will be a 5% increase in the percentage of students who report they are likely to find help at school from a counselor, teacher, or other adult to stop or	Increase in students reporting they are likely to find help at school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drug	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>

reduce using alcohol or other drugs.					
	Decrease in student reporting marijuana use	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>
	Greater disapproval of alcohol and drug abuse	Survey	California Healthy Kids Survey (CHKS) Module G	Sonoma County Office of Education (SCOE) Schools County staff	<ul style="list-style-type: none"> <li>• Baseline: 2012-13 CHKS</li> <li>• Comparison: Biannual CHKS</li> </ul>
	Decrease in incidents of marijuana related admissions to ED	ER Intake Survey	Emergency Room Data (ED) data	Hospitals County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Reduction in treatment providers reporting marijuana as primary or secondary addiction	Survey	Sonoma Web Infrastructure for Treatment Services (SWITS)	Treatment staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>

### 3.4. MARIJUANA USE WITH PREGNANT AND BREASTFEEDING WOMEN

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2020, the aggregate percentage of pregnant and breastfeeding women that report marijuana use with a clinician will decrease by 10%.	Decrease in the percentage of pregnant and breastfeeding women that report marijuana use	Survey	Electronic Medical Records audit (EMR) data, County Medical Services Program data	Clinic staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Reduction in treatment providers reporting marijuana as primary or secondary addiction	Survey	Sonoma Web Infrastructure for Treatment Services (SWITS)	Treatment staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>

	Decrease in incidents of marijuana related admissions to EDs	ER Intake Survey	Emergency Room Data (ED) data	Hospitals County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Reduction in home health nurses reporting marijuana use is occurring during pregnancy, breastfeeding or around children	Record review of home health nurse aggregate data	Home health nurse aggregate data	County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>

**PROBLEM AREA: PRESCRIPTION DRUG USE**

PROBLEM STATEMENT: Prescription drug addiction has reached epidemic levels

Goal #4: Reduce misuse/abuse use of prescription drugs (schedule 2), especially among youth

**4.1. SAFE MED DISPOSAL**

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 30, 2020, 75% Sonoma County residents will have on-going, sufficient and easy-to-access safe medicine disposal in all regions of the county. (baseline to be determined as a ratio of bins:population in collaboration with Safe Drug Disposal Workgroup in 2015-16)	Decrease in Rx addiction	Survey	Sonoma Web Infrastructure for Treatment Services (SWITS)	Treatment staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Decrease in opioid overdose	Survey	Controlled Substance Utilization Review and Evaluation System (CURES)	Clinic staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Decrease in opioid death	Survey	Controlled Substance Utilization Review and Evaluation System (CURES)	Clinic staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>

#### 4.2. PRESCRIBING GUIDELINES

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
By June 2020, all Medi-Cal serving clinics and hospitals and 50% of private facilities will have prescribing guidelines.	Increase in the number of clinics, hospitals and private facilities with prescribing guidelines in place	Record review of guidelines	Prescribing guidelines	County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Decrease in Rx addiction	Survey	Sonoma Web Infrastructure for Treatment Services (SWITS)	Treatment staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Decrease in opioid overdose	Survey	Controlled Substance Utilization Review and Evaluation System (CURES) (CURES)	Clinic staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Decrease in opioid death	Survey	Controlled Substance Utilization Review and Evaluation System (CURES)	Clinic staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>

#### 4.3. DRUG EXPOSED BABIES

OUTCOMES	INDICATORS	METHOD OF DATA COLLECTION	TOOLS	RESPONSIBLE PARTY	TIMEFRAME
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By June 30, 2020, Sonoma County rates of Neonatal abstinence syndrome (NAS) will decrease to pre-epidemic rates.	Decrease in the rates of Neonatal abstinence syndrome	Survey	Office of Statewide Health Planning and Development (OSHDP) data	Clinic staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>
	Reduction in births to mothers with opioid addition	Survey	Office of Statewide Health Planning and Development data	Clinic staff County staff	<ul style="list-style-type: none"> <li>• Baseline: 2014</li> <li>• Comparison: Annually</li> </ul>

## Addendum D: Roster for the ATOD Prevention Partnership

Name	Affiliation
Mike Bates	Commander, Rohnert Park Dept. of Public Safety
Gina Cuclis	Community Member
Bob Curry	Marin County Tobacco Control; Petaluma Coalition
Lynn Darst	Mothers Against Drunk Driving
Diane Davis	Petaluma Coalition; Sebastopol Coalition
Tara Douglas	Detective, Rohnert Park Dept. of Public Safety
Shannen Fraley	Sonoma County, Child Protective Services
Pam Granger	American Lung Association; Petaluma Coalition
Cora Guy	Community Member
Heather Howard Martin	Sonoma State University
Matthew Ingram	St. Joseph's Health Systems
Mike Kallhoff	United Way of the Wine Country
Janet Kukulinsky	Action Network, Mendocino County
Kari Lockwood	Center for Social and Environmental Stewardship
Matthew Lopez-Phillips	Sonoma State University
Matt Martin	Social Advocates for Youth
Kevin McConnell	AOD Advisory Board; attorney
Michelle McGarry	Northern CA Center for Well Being
Brad Michnevich	Sonoma County Juvenile Probation
Rainer Navarro	Lt., Santa Rosa Police Dept.
Kim Nguyen	Community Action Partnership
Susan Quinn	Santa Rosa Junior College
Bret Sackett	Chief, Sonoma Police Dept.; Lt. Sonoma County Sheriff's Office
Tara Salizzoni	Lt., Petaluma Police Dept.
Jon Sloat	Officer, California Highway Patrol
Chris Spallino	Chief, Windsor Police Dept.; Lt. Sonoma County Sheriff's Office
Jeff Weaver, Chair	Chief, Sebastopol Police Dept.
Deborah Ziccone	Santa Rosa Junior College
Donna Newman-Fields	Sonoma County DHS, AOD Prevention
Jay Macedo	Sonoma County DHS, Program Planning & Evaluation Analyst
Ellen Swedberg	Sonoma County DHS, Tobacco Prevention
Alea Tantarelli	Sonoma County DHS, Violence Prevention
Gabrielle Trubach	Sonoma County, DHS, Maternal Child Adolescent Health
Terese Voge	Sonoma County DHS, Health Program Manager