

Testimony
Department of Human Services
Commission on Alternatives to Incarceration
Representative, Lisa Wolf, Chairman
March 24, 2010

Chairman Wolf and members of the Commission on Alternatives to Incarceration, I am Pamela Sagness, Prevention Administrator with the Department of Human Services, Division of Mental Health & Substance Abuse Services. I am here today to provide information on the substance abuse prevention coordinators and the North Dakota community readiness survey.

North Dakota Substance Abuse Prevention Coordinators

The Department funds twelve (12) Prevention Coordinator positions throughout the state of North Dakota. The Division contracts with the Rural Crime & Justice Center of Minot State University for eight (8) regional prevention coordinators, located in each of the 8 human service regions. There are also four (4) tribal prevention coordinators representing Standing Rock, Three Affiliated Tribes, Turtle Mountain, and Spirit Lake. These coordinators provide innovative, culturally appropriate, substance abuse prevention strategies to local communities. Prevention Coordinators offer resources and materials, education programs for youth, families, and communities, drug- and alcohol-free events, multi-agency collaboration, and information on environmental strategies.

The prevention coordinators are focusing on five (5) primary goal statements: (Attachment A)

- Low awareness of substance abuse issue in ND
- High level of underage drinking & binge drinking
- High level of adult binge drinking
- High level of inhalant use among middle school students
- High level of prescription drug use about youth & adults

Prevention Coordinators and Safe Community Coordinators

I would like to briefly discuss the difference between the Substance Abuse Prevention Coordinators and the Safe Community Coordinators. The Safe Community Coordinators are funded by the Department of Transportation. Safe Community coordinators promotes injury prevention activities at the local level working to solve local highway, traffic safety and other injury problems by involving its citizens in addressing injury problems through the development of coalitions. The Department of Human Services and Department of Transportation meet regularly and collaborate in order to avoid duplication of services. Coordinators at the local level work as community partners and utilize one another as a resource and referral source. Therefore, the Prevention coordinators focus on Alcohol and Other Drug (AOD) prevention while Safe Community Coordinators focus on Injury Prevention, specifically related to highway and traffic safety.

Community Readiness Survey

Lastly, in 2008, the Division funded a statewide community readiness survey in order to gauge the readiness of North Dakota citizens, professionals, and communities to take action regarding substance

abuse issues. The results of the survey suggest a readiness level of **denial/resistance** – meaning, at least some community members recognize that there is a concern, but there is little recognition that it might be occurring locally or **vague awareness** – meaning that most feel that there is a local concern but there is no immediate motivation to do anything about it.

Knowing the level of readiness for the state of North Dakota allows the Division and prevention system partners to plan strategies that will be appropriate for the community's needs. (Attachment B)

Thank you.

ND PROBLEM STATEMENT CATEGORIES

LOW AWARENESS OF SUBSTANCE ABUSE ISSUES IN ND

- 34.7% of community members perceive the contribution of drug and alcohol use to crashes or injuries as a serious problem [CRS]
- 35.7% of community members perceive the contribution of drug and alcohol use to crime as a serious problem [CRS]
- 39.8% of key informants perceived that adult alcohol use was a serious problem and 58% perceived adult alcohol use was a minor to moderate problem. [CRS]

HIGH LEVEL OF ADULT BINGE DRINKING

- ND is #1 among all states for binge drinking among individuals 18 years of age and older [NSDUH]

HIGH LEVEL OF UNDERAGE DRINKING

- 44% of middle school and 73% of high school students have had at least 1 drink sometime in their life [YRBS]
- High level of underage binge drinking (High school: 30% reported binge drinking in past 30 days) [YRBS]
- There is a young age of initiation (6% of middle school students and 5% of high school students had 1st drink of alcohol before age 8) [YRBS]
- There is low perceived risk of harm of binge alcohol use/marijuana use (High school binge alcohol use: 12.5% no risk...27% slight risk...33.8% moderate...26.7% great - - - High school marijuana use: 24.1% no risk...27% slight risk...24% moderate...24% great) [YRBS]

HIGH LEVEL OF YOUTH INHALANT USE

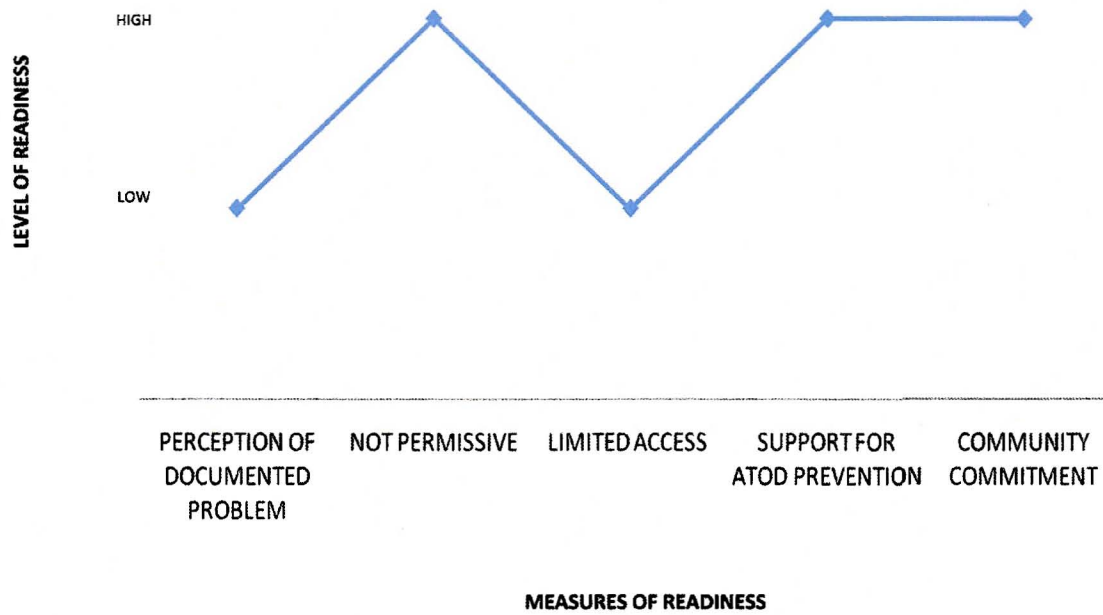
- 11% of middle school students have huffed [YRBS]
- Inhalants are the 2nd most used substance in middle school - 2nd to alcohol

HIGH LEVEL OF PRESCRIPTION/OVER-THE-COUNTER DRUG USE

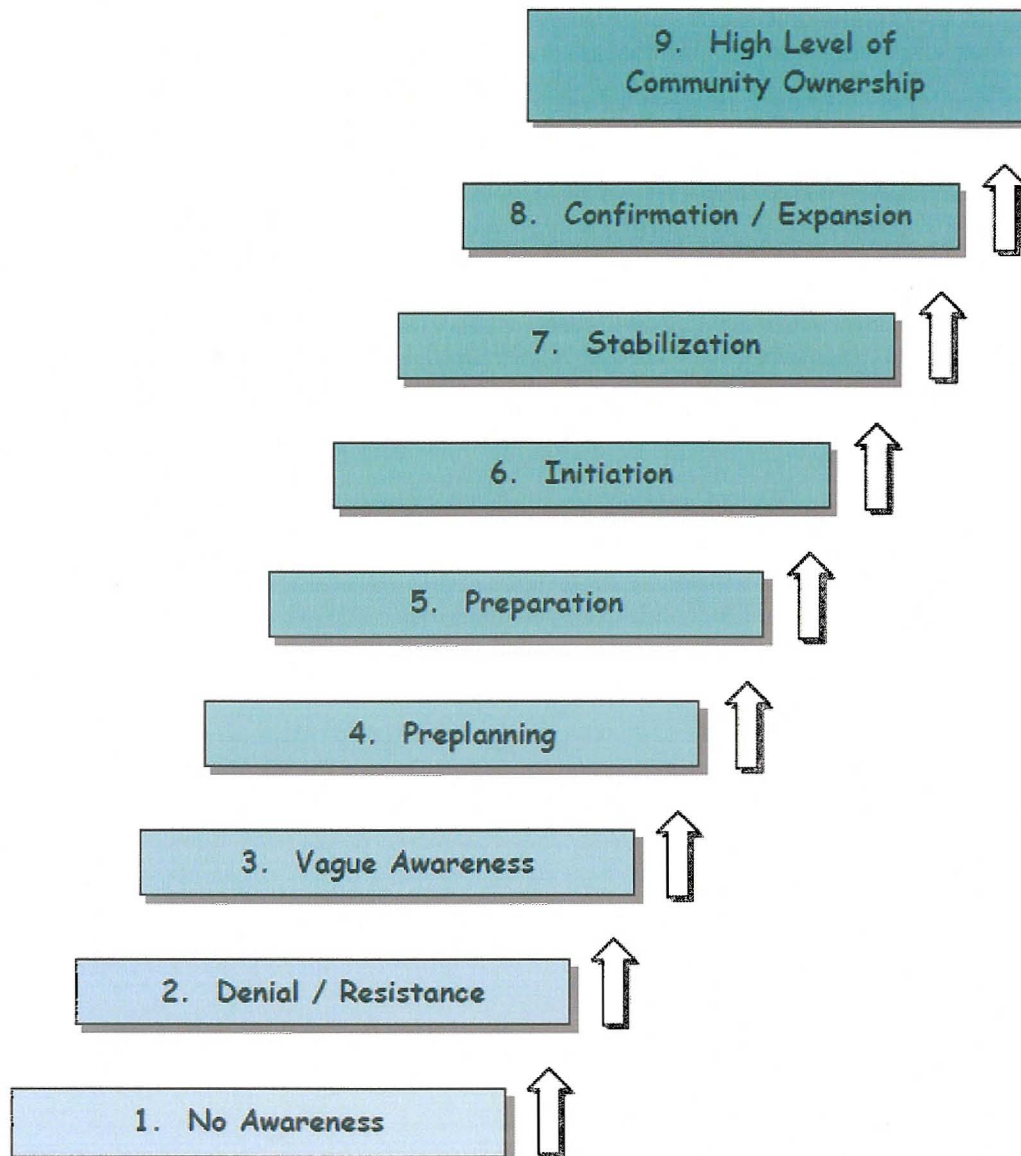
- 6.3% of middle school students and 15% of high school students reported taking prescription drugs without a doctor's prescription (YRBS)
- 4.6% of middle school students and 13.3% of high school students reported taking over-the-counter drugs to get high (YRBS)

ATTACHMENT B

NORTH DAKOTA READINESS SCALE



Stages Of Community Readiness



ATTACHMENT B

STAGE	DESCRIPTION
1. No Awareness	Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).
2. Denial / Resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4. Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
5. Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.
6. Initiation	Enough information is available to justify efforts. Activities are underway.
7. Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8. Confirmation/Expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.