



CORAGGIO

## Alcohol & Other Drug Prevention Partners Workgroup

Workgroup 3: Collaborate with prevention partners to re-imagine how prevention happens in Oregon

September 28, 2018

Coraggio Group  
503.493.1452 | [coraggiogroup.com](http://coraggiogroup.com)



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1. Welcome & Logistics
2. Overview of last webinar
3. Overview of Workgroups 1 & 2
4. Introduction to PESTEL Analysis Tool
5. Identify Positive and Negative Influences on Prevention
6. Wrap Up & Next Steps



## Webinar Courtesy

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- Please keep your microphone muted unless you are speaking
- Share your name before you speak: “This is Sarah, and I was thinking...”
- Be mindful of & share the time
- We may “call” on people to ensure all voices are heard- no worries if you don’t have anything additional add





1. What is your name and organization?
2. What's a project you're working on right now that you're particularly energized about? Why?



# Recap of Webinar 1

## Webinar 1 Agenda

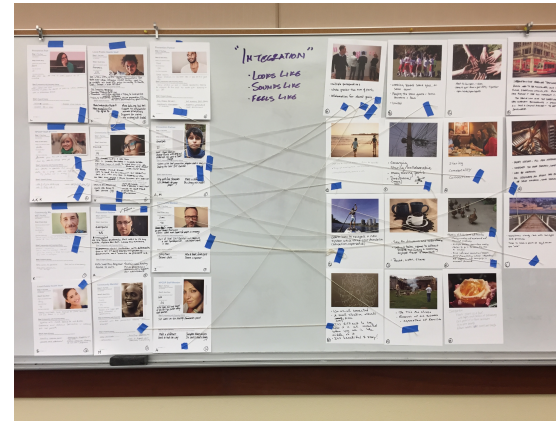
- **Welcome**
- **Introductions**
- **Process Recap**
- **Review Workgroup Purpose**
- **Hopes for the Workgroup**
- **Working Agreements**
- **Consensus Model**
- **Orientation to Proposed Approach**
- **Wrap Up and Next Steps**



## Collaborate with prevention partners to re-imagine how prevention happens in Oregon

“The purpose of this workgroup is to collaboratively identify steps that alcohol and other drug prevention in Oregon will need to take to become more integrated and focused on reaching outcomes.”

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Oregon Health Authority, Public Health Division  
Health Promotion and Chronic Disease Prevention (HPCDP)

Prevention Partner Conversations: Final Report

June 16, 2017

Coraggio Group  
2240 N. Interstate Ave. Suite #300  
Portland, OR 97227  
503.493.1452  
coraggiogroup.com



## Our Hopes for the Workgroup

- Streamlining our prevention work—a concerted or whole effort, know the language and goals of different prevention partners
- Continue to acknowledge the great work that happens—and has happened—in our state
- Find that things are connected—break down the silos and find collaborative approach
- Think about this work from a systems perspective—identify where we need more connection within the system
- Understand what other groups are involved in this work—across agencies and communities, how can we collaborate and what are the needs to serve?
- Move Oregon back into a leadership role in prevention
- Don't limit our imaginations by the existing funding—what do we need to do that is focused on specific outcomes, and what will it take (rather than what can we afford)?
- Find ways to adapt the funding model to the needs that are identified by the prevention community
- Find ways to bring the prevention community together to support one another's growth and development
- Educate our Legislators about what prevention really looks like—particularly community prevention, and what it looks like when they are effective
- Bring back CPS training through ACCBO, so prevention science is understood by new people in the field—and offer to other prevention people as well, so we can share language
- Collaborate and add tribes to the conversation when you talk about the state or counties

## Working Agreements: How We Agreed We Will Work Together

- Any acronyms be spelled out frequently
- Come to the table with a willingness and openness to learn from one another
- Set aside the needs of your organization and “wear the hat” of what’s best for Oregonians
- Transparent about where our entities are in process—things may already be in motion
- Commit to do our homework and do what we need to do to have a valuable meeting
- All contributions are valued
- Make a commitment to move this work forward and to share it out within our spheres of influence. Being active messengers of the outputs of this process.





I love it

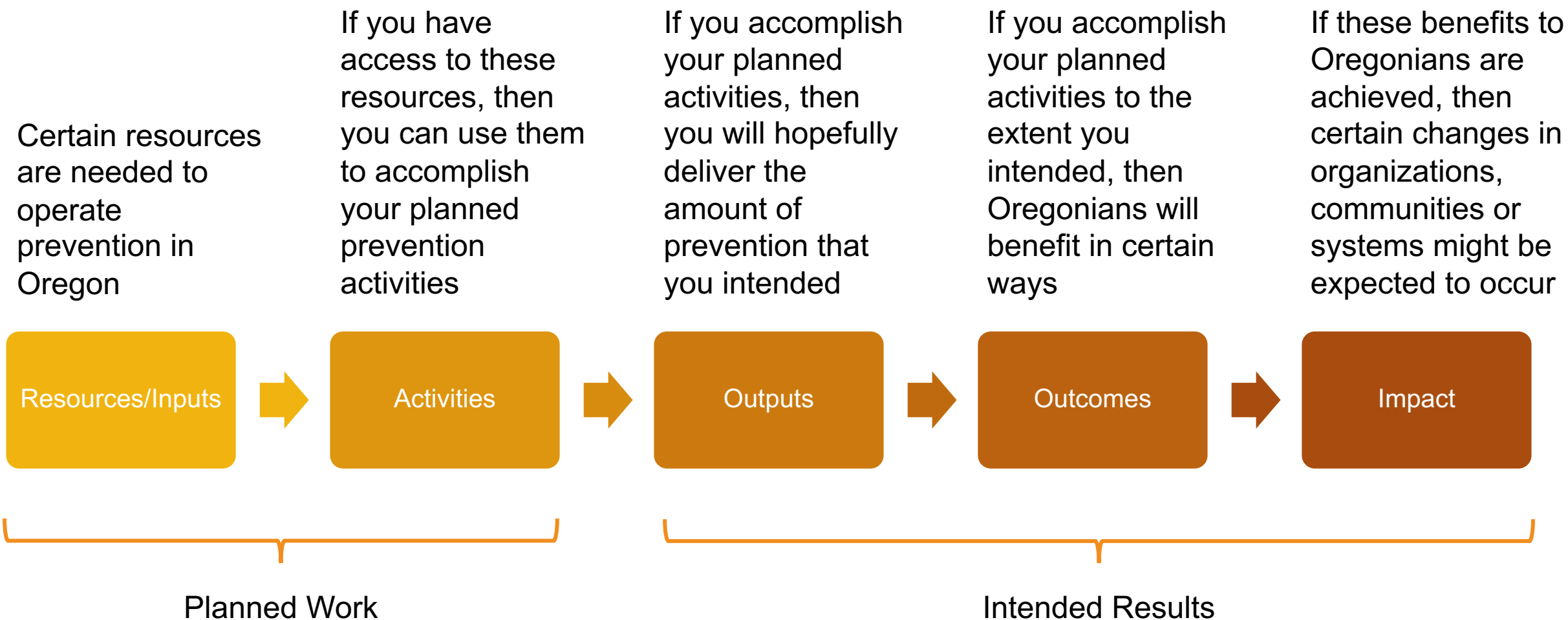


I can live with it  
(identify what's missing)



I can't live with it  
(propose an alternative)

## Proposed Approach to Re-Imagining Prevention: Logic Model





### This Workgroup:

- Webinar 1 to align as a team and provide an overview of the process
- Webinar 2 to review the tool and capture influences (today)
- 2-day in-person work session to build a logic model and discuss ongoing promotion and updating of ideas—October 10 & 11

### **Workgroup 1: “Crosswalk the Language and Frameworks of Public Health and Prevention”**

This workgroup reviewed eight of the most commonly used frameworks in public health and alcohol and other drug prevention and developed a visual crosswalk of those frameworks, including a list of concepts used across both professions with a description of how the concept is applied in practice.

### **Workgroup 2: “Align and clearly communicate state-wide strategies, goals and priorities”**

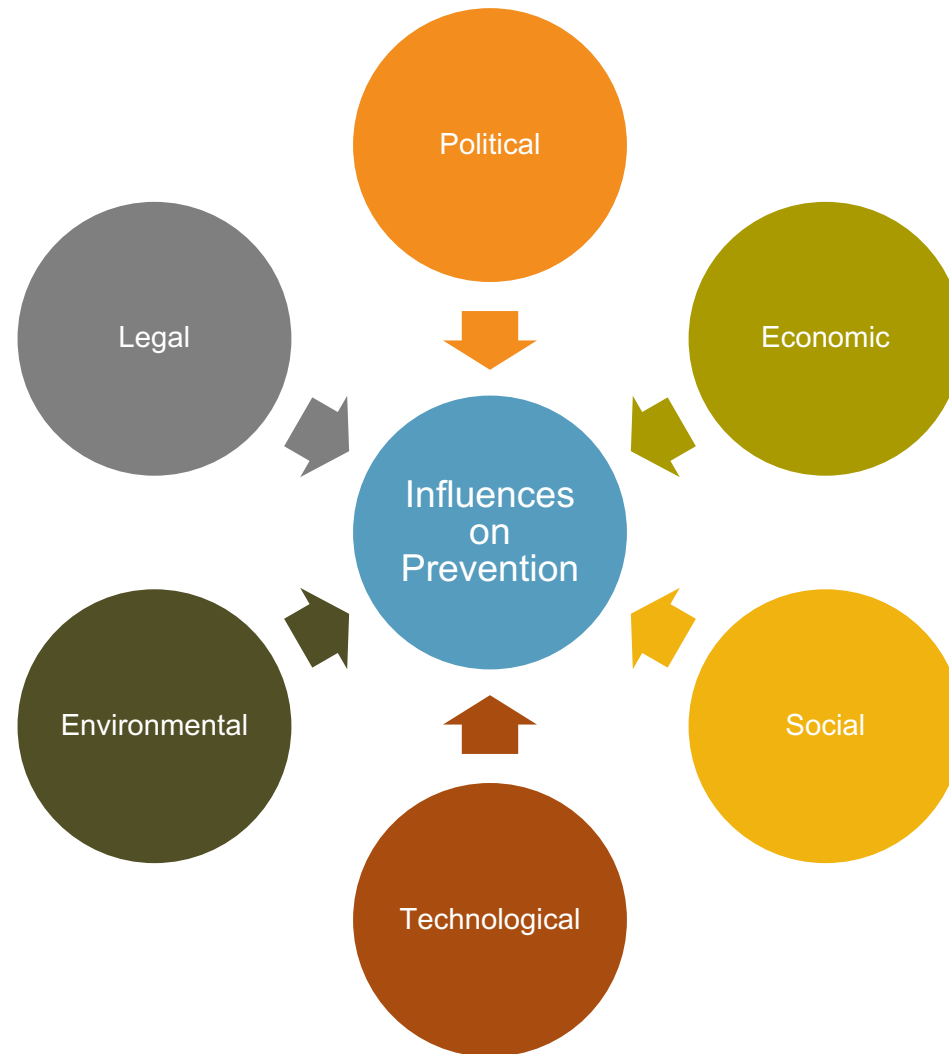
This workgroup defined a common agenda and shared goals, so that everyone with a stake in alcohol and other drug prevention could find a place for their work. The common agenda is stated as:

**Together, we are committed to preventing substance use, misuse, disorder, addiction and their related harms. We do this by reducing risk factors and promoting protective factors in support of physical, behavioral, societal, cultural and spiritual health.**

The common goals are: prevent substance use, misuse, disorder and addiction; prevent negative health outcomes related to substance use; reduce social harms related to substance use; and promote health and resilience in individuals and communities.

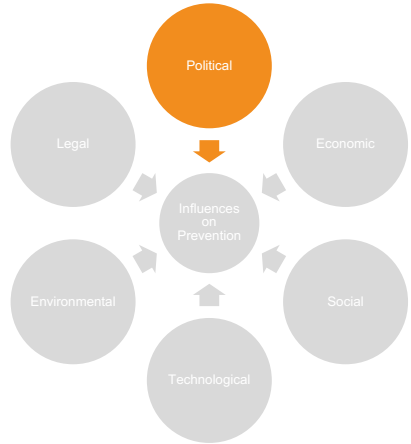


# Approach to Analyzing our Current Situation: PESTEL Analysis





# Influences: Political



## POSITIVE

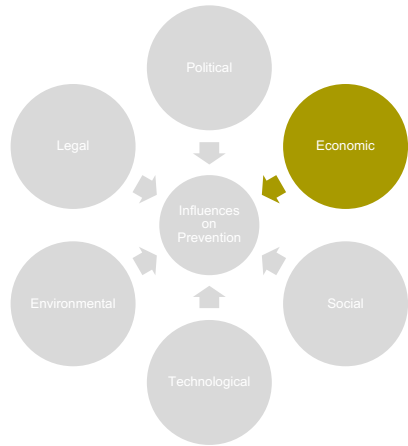
- Perceived opioid epidemic has created political will to invest in preventing addiction
- Development of Oregon Recovers as a force of recovery community to engage in advocacy
- This issue is bipartisan and all respond to the metrics re: the costs and impact
- House and senate agreement to move forward focusing on opioids

## NEGATIVE

- Funding can be very specific, so can't always approach in the way we'd like
- Funding is focused downstream and not on prevention. SAMHSA focusing on treatment. We have to be creative in how we fund prevention work.
- Powerful industry influences that create revenue pressures (for example with Oregon being an alcohol producing state)
- Cannabis wine and craft beer are part of the Oregon brand identity
- Stigma against addiction and addiction recovery (drunks and addicts stigma that influences funding decisions)
- Opioid epidemic overshadows and fractures the work and priorities
- Indoor clean air act: new revenue coalition is a political force



# Influences: Economic



## POSITIVE

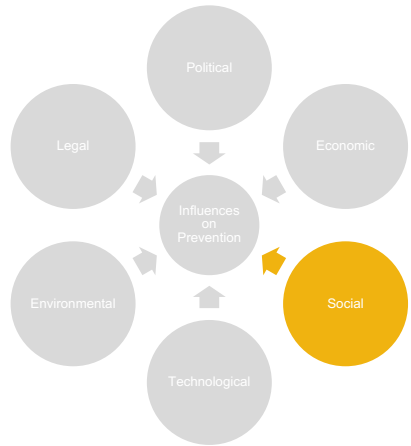
- Unemployment rates and zero tolerance policies have led to more support for recovery services and prevention on the part of employers/business community
- Recovery friendly workplace initiative work is happening
- Work site wellness is a growing area of interest. There is an opportunity to capitalize on this

## NEGATIVE

- Low unemployment rates makes it difficult for prevention and recovery professional recruitment efforts
- Services need increases can impact funding for other program areas and prevention programs can be cut to focus on more “immediate” needs
- Because of budget hole there hasn’t been additional funding for the prevention expansion that was expected
- Morbidity and mortality related to economic instability as a societal risk factor (see Pew research report)
- Economic disparity- despite broad prosperity the income gap is increasing
- Alcohol, cannabis and tobacco industries and their influence are a factor here
- Alcohol consumption per capita has been relatively steady



# Influences: Social



## POSITIVE

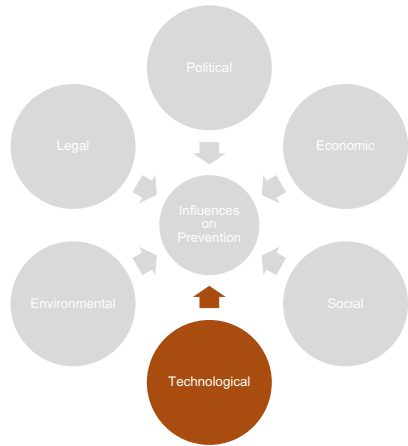
- Tobacco work is having good momentum and use is declining
- Increasing awareness of addiction and the impacts. Increased acceptance of treatment and recovery. Younger generation and a broader group sees addiction as a disease and supportive of recovery and treatment.
- Youth use of alcohol and tobacco have been decreasing.
- General perceived harm with substances, even among those who use the substances

## NEGATIVE

- Social norming and increased use of e-cigarettes and the perception that this is better or healthy
- Rural perceptions around alcohol, tobacco
- General social acceptance related to marijuana use
- Stigma around addiction
- Lack of understanding related to non-opioid pain management, and “othering” by those who have not experienced addiction
- Upward trend related to alcohol and other substance industries’ success in positioning themselves as positive/component of good health and socially acceptable. This impacts our policies success
- Marijuana legalization has impacted the perception that it is okay to use
- Alcohol use is flat
- Harm perception isn’t influencing policies to, for example, reduce access



# Influences: Technological



## POSITIVE

- Social media as a new conduit for communication and community around prevention, recovery, etc.
- More opportunities and methodologies for collecting data around use, community perceptions. Data and information to tell stories
- Positive trend in overall prescriptions in opioids statewide. We can better track this now.
- New technologies from a public health perspective to respond more quickly to overdose clusters
- Potential of apps. to use for youth to anonymously report issues regarding use or safety needs. Could increase tracking of law enforcement response, etc.
- Youth lines- more calls from youth who aren't in crisis but reaching out when they are struggling. We can more easily connect with them and also get them connected with peers.

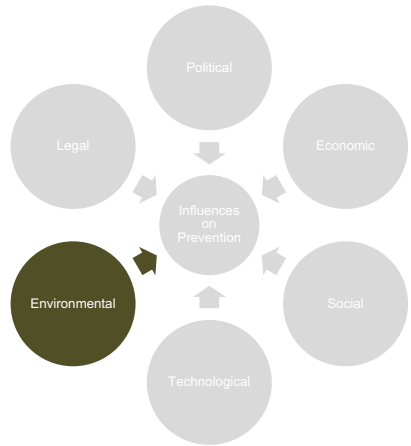
## NEGATIVE

- Phones are becoming addictive
- Industries are finding new ways to market products (especially to youth) that are difficult to track
- Industries can better target their messages
- Pace of industry innovation related to alcohol, marijuana and pharmaceutical drugs. Products can be delivered and consumed in different ways, etc.





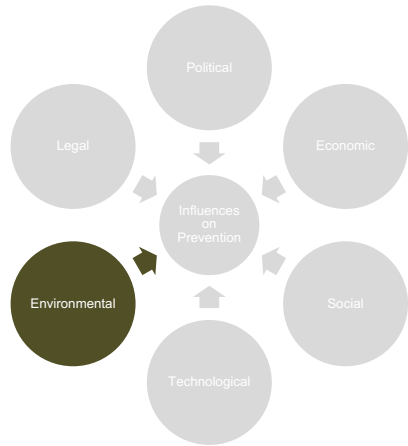
## Influences: Environmental POSITIVE influences (continued on next slide)



### POSITIVE

- Growing conversation about harm reduction- looking at what is in place and what might be. Is mostly among the players looking to make change. Safe injections sites, etc.
- Medication assisted treatment and recovery has increased.
- Changes in how the medical field address addiction, specifically on prescription drugs. As they figure out their role, it impacts how they are involved in screening, supporting, etc. for addiction
- More people know someone who is struggling with addiction and so more people are more knowledgeable and there is some less stigmatizing. Trying to find non-opioid ways to treat pain and broadening to more holistic approaches
- Tribes holistic approach to wellness helps us extend the definition of wellness in dominant culture care delivery models
- Healthcare field, providers and payers as related to tobacco- they are understanding and supporting what happens in the system and what their influence in the community can be to create safe and supportive environments (i.e. working with CCOs to support pop. Health interventions). This is showing how the sectors working together can do more to solve these complex societal problems and create healthier environments (all that surrounds us as human beings)
- Tribes are like a family. People look out for one another. We all care and do something about problems.
- Moving to care teams, so isn't just the responsibility of primary care doctors, so behavioral health specialists are part of the team and support primary care. More emphasis on the system's responsibility, not just individual doctors

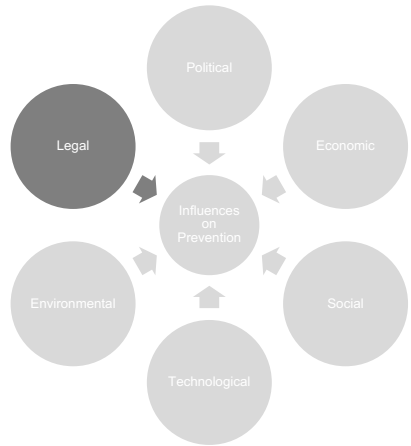
# Influences: Environmental CONTINUED: Negative Influences



## NEGATIVE

- Challenge from treatment perspective- splitting mental, behavioral and physical health. Leaves primary care providers poorly equipped to support people experiencing dependency and addiction.
- Industry turndowns create significant economic impact in tribal communities around use.
- Advertising and ready availability of substances- incredible force in consumption of alcohol tobacco and cannabis. Impact initial use, maintaining addiction, relapse, etc. (i.e. 17,000 places in Oregon you can purchase alcohol)
- Dramatic environmental change with cannabis legalization
- Slot machines in bars bring gambling and alcohol addictions together
- Industry consolidation with cannabis and alcohol. Fewer companies are having a larger influence on our environments.
- Radio promotion of alcohol and cannabis. No restrictions.

# Influences: Legal



## POSITIVE

- Support from the D.A.'s office for drug and mental health court
- Peace-giving and tribal courts are doing positive things with clients and state courts-referring to our courts so we can help our clients, working with P.O.'s etc.
- Governor's advisory committee on DUII, the law enforcement and departments of transportation are concerned about impact of marijuana use on public safety. Can expand the conversation to alcohol and opioids. Opportunity for expanded partnerships.

## NEGATIVE

- Trend of increased allowance of alcohol density – loosening of rules across the board regarding access, retail density. Can sell more alcohol more of the time.
- Trends of parents hosting parties and providing alcohol and marijuana. Law enforcement doesn't have the capacity to

respond. When they do, the implications are determined on a case by case basis. Parents and youth aren't held accountable in a consistent way.

- Enforcement of existing laws is a barrier. Some existing laws are also a barrier (i.e. taxing tobacco is only allowed at state level)
- Parents think it is okay to allow marijuana use at home, and that alcohol laws translate. Providing for theirs and others' children. Need better communication re: the laws and laws aren't clear. The laws are complex, convoluted and a difficult to track. It also makes it hard to make changes. This is the result of industry tactics.
- Alcohol is traditionalized in our communities and is supported and is passed on generationally and socially. It is considered acceptable and even required.

## Wrap-Up and Next Steps

### 1. Meeting Logistics for in-person session:

October 10th 11am-5pm

October 11<sup>th</sup> 8am-2pm

Lane County Health and Human Services/Public Health Building

151 W. 7<sup>th</sup> Ave

### 2. Notes and documents from the Statewide Engagement Effort for AOD Prevention can be found on the Health Promotion and Chronic Disease Prevention section's HPCDP Connection:

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/HPCDPCONNECTION/Pages/Alcohol-and-Drugs.aspx>