

- 1 Q&A with Sid Gardner
- 3 Pitching Prevention to Asian Pacific Islanders
- 5 ASIPS: An Evolving Resource for Community Prevention
- 7 Investing in Traffic Safety

The Orange County edition of *Prevention File* is published in cooperation with the County of Orange Health Care Agency, Alcohol and Drug Education and Prevention Team (ADEPT). Please address all comments to ADEPT, Santa Ana Transit Tower, 405 West Fifth St., Suite 211, Santa Ana, CA 92701; or call ADEPT at 714/834-4058; or e-mail [vyee@hca.co.orange.ca.us](mailto:vyee@hca.co.orange.ca.us)

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## Q&A with SID GARDNER

*Sid Gardner is president of Children and Family Futures, a nonprofit organization based in Irvine that works at local, state and national levels to address problems of children and families affected by alcohol and other drug problems ([www.cffutures.com](http://www.cffutures.com)). Gardner was director of Cal State Fullerton's Center for Collaboration for Children from 1991 to 2001. He was a contributing author to the past five issues of the annual *Conditions of Children* reports in Orange County, which examines child well-being and includes both direct and less-direct alcohol and drug indicators.*

**One of the report's good-news items was a lower rate for detected exposure to alcohol and drugs at birth. What kinds of prevention strategies are needed to reach beyond those women who "get caught," to the larger population of pregnant women?**

**A:** There's good news and bad news. The efforts of programs like Maternal Outcomes Management System—MOMS—and the increase of home visiting programs funded by Proposition 10 are both positive signs, along with the excellent networking efforts of the

Perinatal Task Force convened by the Mariposa Women's Center. The Perinatal Substance Abuse

Services Initiative has done a great job with the women within its reach, but lacks the resources or mandate to test for substance exposure of many of the riskiest of the 46,000 births annually in Orange County.

The bad news is that we really don't have much information about the actual rates of alcohol and drug exposure at birth, despite every indication that it's a huge problem. In 1991, AB 2669 mandated much broader screenings, but it's clear from discussions with hospitals, and in a statewide report based on surveys of 31 counties, that only a minority of women and infants are tested for substance exposure.

In random screenings conducted in 1992, 7.5 percent of those tested in Orange County were positive toxicological screens. That would translate into about 3,400 substance-exposed births each year, but fewer than 100 such births were detected in 1999/2000.

I don't believe that the use of drugs by pregnant and parenting women is substantially less now than in 1992, and with the increase in meth use, we might even expect an increase in exposure rates. In summary, the truism that treatment for parents is prevention for their children is not guiding policy in most of California at this time.

**The report does include information about numbers of teens receiving alcohol and other drug services, and teen criminal justice involvement. How can our system be changed to improve alcohol- and drug-related outcomes for teens?**

**A:** Last year the report noted that 1,140 Orange County adolescents received treatment, despite



estimates that 10,000 Orange County students' school performance is affected by alcohol and other drugs, and an additional 30,000 to 40,000 students need treatment. The data shows how inadequate current prevention, intervention and treatment efforts are, and the importance of funding only the most effective prevention programs.

We should review and assess outcome-based prevention programming in a more public way. In Arizona, for the past 11 years, an annual statewide inventory of all prevention and treatment programs occurs. When it was found that more resources were flowing to some of the least-effective models of prevention, the funding began to shift toward more effective models.

A similar process in Orange County would be a positive move, taking advantage of more than a decade of information about what works in prevention and subjecting programs to outcome-based evaluation. The public would see that DARE-type programs still absorb substantial funding in Orange County, despite little demonstrable positive results, as noted in state and national evaluations. We have limited resources and need to make informed and careful investments.

**Researchers at the University of Washington found that students whose peers had little or no involvement with alcohol and drugs scored an average of 18 points higher in reading, and 45 points higher in math, as compared to students whose peers had a low level of use. Given the interest in higher test scores, from your perspective, why don't schools give alcohol and drug-use prevention more priority?**

**A:** Schools are appropriately preoccupied with academic achievement, but most have not yet made the connection between all three of the "ABC's of academic achievement": attendance and behavior affect classroom performance. Attendance and behavior are unquestionably affected by risky behavior, including the use of

alcohol and other drugs. Schools need to be shown that linkage. For example, youth prevention teams could document the annual costs of nonattendance to school districts, which has a sizable bottom-line impact on school budgets.

**Fifteen years ago, efforts to post warning signs in restrooms in bars and restaurants or on alcoholic beverage containers created a link between alcohol and children's policy. What did we learn about the nexus between public health and children's advocacy?**

**A:** In my view, there is still too little connection between public health and children's advocacy. The example that comes to mind is the lack of baselines for substance-exposed births as discussed above, which no statewide children's advocacy group has addressed, despite the availability of nearly a half-billion dollars a year in Proposition 10 funds. Funding is not an appropriate excuse; it is the lack of priority given to a public health problem that affects more than 30,000 infants a year across the state.

We routinely test infants for phenylketonuria (PKU)—which affects approximately one out of 10,000 births—yet fail to test for exposure to alcohol and other drugs. Such exposure is the single largest cause of mental retardation and is closely correlated with a sizable portion of the special-education caseload. This failure shows that we've missed the connection entirely between prevention, treatment and child outcomes.

**Even though we know that alcohol and drugs play underlying roles in teen pregnancy, student achievement, and so on, our information systems continue to function in silos. What steps can be taken to have more local, timely and accurate pictures of the interaction between alcohol and drugs and children's health?**

**A:** Proposition 10 has provided an innovative environment, close to county government but

separated from it, in which a strong mandate for outcomes-based accountability has led to county investments in outcomes monitoring that cut across the existing data systems. For younger children from birth to five years, this offers the potential for a better-integrated body of information on needs and program effectiveness than has ever existed before.

For adolescents, the excellent recommendations in the 2000 report of the California Adolescent Health Collaborative, *Investing in Adolescent Health* includes some solid proposals for investments in better data (see [www.youth.ucsf.edu/nahic/alpha.html#](http://www.youth.ucsf.edu/nahic/alpha.html#)). The State Department of Alcohol and Drug programs has helped by issuing a crosscutting set of indicators of risk.

Each county could and should add to these indicators, however, issuing its own report card on adolescent risk indicators and risky behavior on an annual basis as a benchmark for the impact of prevention and treatment programs. Seeing "whether the needle moves" on annual measures would establish much more accountability than now exists, when county boards of supervisors are typically given reports on spending and not on the results of spending.

I can quote Dr. Nancy Young, a state leader on these issues (to whom I happen to be married) from a speech last year: "I have come to believe that what we need to watch out for is a kind of institutional version of the denial and avoidance we see so often in clients with addictions. To lack the systems to count the problem, to lack the agenda that addresses the whole problem instead of being satisfied with progress today—that is a kind of institutional denial that ignores million of California's children."

I don't particularly like the slogan "war on drugs," but maybe we do need a war on the institutional barriers so that we take the problems of children seriously and address the problems at scale with our available resources. I remember the words of Winston Churchill, one of the greatest leaders of this century, in another war: "It is no use saying, 'We are doing our best.' We have got to succeed in doing what is necessary." □

# PITCHING PREVENTION TO ASIAN PACIFIC ISLANDERS

 PREVENTION CAN BE A HARD SELL IN ANY COMMUNITY, but pitching alcohol, tobacco and other drug prevention to Asian and Pacific Islanders in the United States poses unique challenges. One part of the challenge lies in obtaining an accurate picture of the impact of alcohol, tobacco and other drug use on the diverse Asian and Pacific Islander community.

According to the 2000 census, more than 90,000 children under the age of 19 in Orange County are non-Hispanic Asian. Many of these children and their families have immigrated from Vietnam, Korea, China and other parts of Southeast Asia; 67 percent of this group speak a language other than English at home.

Accurate profiles of API alcohol, tobacco and other drug consumption patterns are not available from national sources because all these groups are put in one ethnic category. The API population includes over 50 distinct subgroups—whose patterns of use differ widely due to variances in age, gender, place of birth, education and cultural beliefs.

For example, immigrant APIs with limited English proficiency are more likely to smoke than their American-born counterparts. Among Vietnamese men in California, smoking rates were in the range of 35 percent to 56 percent—significantly higher than the national API average of 15.3 percent.

Since its inception in 1987, National Asian Pacific American Families Against Substance Abuse has served as a voice and advocate for the API communities. Ryan Yamamoto, program assistant with NAPAFASA, notes that the lack of research data on the prevalence and patterns of drug use among APIs as one barrier to the expansion and improvement of API prevention services designed for them.

"There is little disaggregated data available on the prevalence of substance abuse among Asians and Pacific Islanders," said Yamamoto. "Without this data, funding sources are reluctant to support API-specific substance-abuse-prevention and treatment programs."

"There is a tendency among preventionists to lump together Asian Pacific Islanders," said Ellen Ahn, executive director of Korean Community Services, a Fullerton-based nonprofit agency. "In reality, distinct communities make up the aggregate."

Ahn notes that a culturally appropriate and effective prevention strategy for the Japanese community will not work for Samoans. Preventionists are well advised to consider not only the needs of specific target audiences, but also to define the cultural context and environment of these groups in program planning and design.

The County of Orange Health Care Agency assessed these issues by conducting focus groups and gathering information for a Vietnamese Health Promotion Project in 1998. Participants identified the lack of prevention and treatment as common problems in the Vietnamese community.



## ASIAN PACIFIC ISLANDER RESOURCES ONLINE

As part of Asian Pacific Islander Heritage Month in May, the National Clearinghouse on Alcohol and Drug Information featured Asian-American and Pacific Islander resources at [www.health.org/seasonal/asianpi](http://www.health.org/seasonal/asianpi). The site contains many resources, such as links to API programs, bibliography, conference reports and educational materials. It profiles API leaders in the field and includes information about cultural competency and prevention training and funding opportunities. Another feature is a section with a set of folk tales from Samoa, Korea, Vietnam, India and Taiwan. Storytelling is an important part of many of these cultures, and stories are available in English and other languages.

The site includes a new federal resource page that contains information about the White House Initiative on Asian-Americans and Pacific Islanders ([www.aapi.gov/info/news](http://www.aapi.gov/info/news)). The initiative's President's Advisory Commission issued an interim report last year which focused on five crosscutting issues, with interim recommendations for the Asian-American and Pacific Islander communities including:

- Improve data collection systems to include disaggregated information about various federal data collection systems to include disaggregated information about various groups within the diverse community.
- Ensure access, especially linguistic access and cultural competence. This would include expanding media campaigns to various languages within this group.
- Protect civil rights and equal opportunity, including hate-crime enforcement, domestic-violence prevention, and education programs.
- Strengthen and sustain community capacity, funding targeted technical assistance programs, organizational development and sustainability of Asian-American and Pacific Islander community-based organizations and businesses
- Recognize and include native Hawaiians and Pacific Islanders in federal programs and services

The assessment report suggested that most Vietnamese seldom believe in prevention until they get sick. Not surprisingly, physicians do not emphasize prevention practices to forestall illness and problems related to alcohol, tobacco and other drug use.

"Prevention is also less tangible and less immediate than treatment, which contributes to greater resistance among our population. There is a lack of funds for formal, structured prevention activities. We just don't have the "foot soldiers" to do prevention at the community level," said Ahn. Ahn and Yamamoto believe that community buy-in for the concept of prevention is a critical first step before advocating any specific prevention policy initiatives.

The gift of a mini-grant from the University of

California at Irvine Community Action for Traffic Safety program (see page 7 this issue) enabled Ahn to start a unique project for the Korean Festival in Garden Grove last April. Korean Community Services shared a booth with *La Familia*, another community-based organization in Orange County. The booth had a simulation activity to send a message that driving and drinking are a dangerous combination.

Teen visitors to the booth put on Fatal Vision goggles that simulated the experience of driving under the influence of alcohol. The driver sat behind a wheel facing a television monitor that displayed a computer racing game. Visitors were invited to walk a straight line in front of the booth, a large challenge to anyone wearing the goggles.

"We may not have reached a lot of people," said Ahn. "But at this stage of awareness-raising, it's not so much how many we are reaching. It's the fact that we are doing it. Our booth stood

out as an information booth among the 40 or so commercial booths. It's a good beginning. Next year, we intend to participate again."

Research conducted by the Inje University for Studies rates Koreans as the second-highest alcohol consumers in the world, with the fifth-highest death rate from cirrhosis of the liver. Consumption of soju, a Korean distilled spirit, has doubled in just 20 years.

Persons of Korean descent in Orange County are arrested for DUI offenses more frequently than the general population, according to the Korean Community Services. Currently, there are 55,000 Korean-Americans in Orange County, comprising approximately 2 percent of the county's population of 2.8 million.

In a national bulletin, Ford Kuramoto, national director of NAPAFA, identified three major risk factors for substance-abuse problems for API populations: immigration, acculturation and intergenerational conflict.

Kuramoto identified acculturation as a major influence on the drinking patterns of immigrants. For some subgroups, and for women in general, the greater the acculturation, the greater the amount of drinking. Increased assimilation for some APIs has resulted in loss of traditional values and norms. Others bring habits with them.

"In the old country, to prove your masculinity, you had to smoke and drink," said Karen Nguyen, project director of the Young Adults Tobacco Intervention Program under the aegis of the Vietnamese Community of Orange County.

"Our strategy is to de-normalize tobacco consumption among young adults and eliminate tobacco smoking at student-organized cultural events," explained Nguyen. "We intend to reduce environmental tobacco smoke at places that are patronized by young adults. We also provide cessation services."

YATIP health workers are seen doing outreach to

# ASIPS: AN EVOLVING RESOURCE FOR COMMUNITY PREVENTION

promote tobacco-free lifestyles where API youth are present, such as car-race clubs and car races. They also make their presence felt at community events such as the popular Tet festival. A tobacco-cessation booklet in Vietnamese is in development.

Reaching the API community is more than just finding the right locations. Translation of prevention materials is another challenge. "You need to go back to the source of the materials and work to bring the literacy level down, shorten the sentences, and get to the main point more directly without jargon. Then you're ready to deal with the significant cultural issues," said Ahn.

In order to identify Orange County resources that serve the API community, the Asian Pacific Islander Collaborative is compiling a resource directory of linguistically sensitive and culturally appropriate prevention and treatment services. Language services will also be included in the directory.

The Asian Pacific Islander Collaborative was formed by community organizations to address the issue of alcohol and drug abuse in Orange County's API populations. The completed directory may also reveal what additional resources may be needed.

"Our first policy goal is to secure culturally sensitive and linguistically appropriate alcohol, tobacco and other drug services," said Yamamoto, in describing the general agenda for NAPAFASA. Yamamoto and Ahn agreed that once stable, culturally and linguistically appropriate services are in place, the varied cultures within the API community will define prevention policy agendas in ways that meet the needs and issues within these communities. □

THE ALCOHOL-SENSITIVE INFORMATION PLANNING SYSTEM—or ASIPS—is coming soon to Orange County. The Healthcare Agency is hosting a series of meetings to explore implementing ASIPS within Orange County jurisdictions. Evidence from other California communities suggests that ASIPS will be an extremely useful prevention resource.

ASIPS began as an effort by two researchers to find a way to collect alcohol/drug-sensitive information about crime in relation to selected settings and circumstances. Fried Wittman, PhD, president of CLEW Associates in Berkeley, used his background in architecture and community planning to design a landscape that showed the distribution of alcohol and drug problems within a community, as seen from the eyes of law enforcement. Joe Harding, PhD, with a background in anthropology and computer information services, brought his skills to create user-friendly reports from raw police data.

Basically, ASIPS documents alcohol and other drug involvement in law enforcement calls for service. Without ASIPS, prevention planners must rely on general observations from law enforcement that anywhere from 60 to 75 percent of police business is alcohol and other-drug related. ASIPS creates a database that precisely informs about where, when and how much of this involvement occurs within a particular jurisdiction.

"Our first-generation ASIPS programs were in Fairfield, Hayward and Pasadena in the early 1990s," said Wittman. "At the time we viewed these programs as innovations, which they were, but we've improved the design and the use of the program considerably since then."

"We started collecting the information with paper and pencil, which required officers to fill out extra forms—never a good thing to ask for," said Wittman. "The second-generation programs were improved in two ways. First, officers used the radio to tell the dispatchers about alcohol or drug involvement. This built the ASIPS database into the Computer-Aided Dispatch system. We also introduced Geographic Information System mapping, which really enhanced everyone's ability to see the picture."

These second-generation programs occurred in a number of California communities, including Vallejo, Berkeley, Santa Barbara, Ventura, Oxnard and Port Hueneme.

Michael Sparks, consultant to the Vallejo Fighting Back partnership in Vallejo, was particularly helpful in pioneering the use of GIS maps. "We started mapping, and it made all the difference in the world," said Sparks. "Charts and tables just don't make it for many people in the community, but the maps made the whole process come alive."

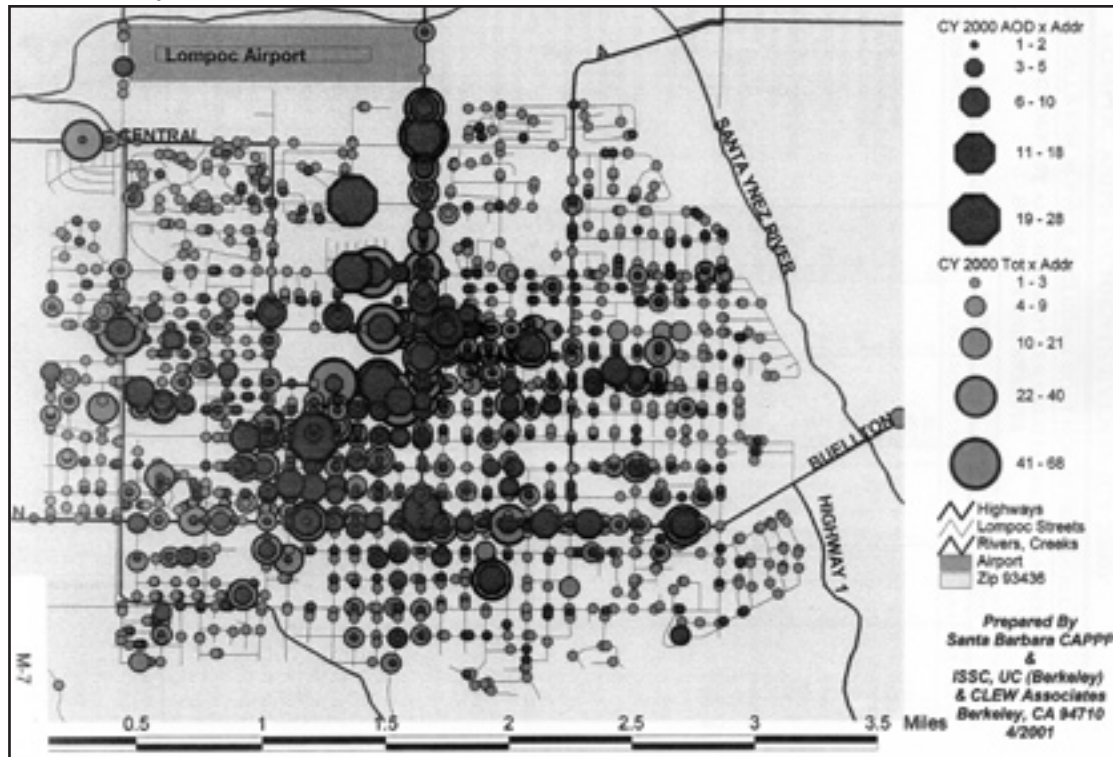
"In Vallejo, we expanded the database beyond incident reporting to include all dispatch calls. We were really interested in the complete picture." Sparks and his team used the database and maps to initiate policy discussions about alcohol availability in Vallejo. "ASIPS really became more of a planning tool than a policy tool. It was very useful in implementing the good policies that Vallejo had established."

The team in Vallejo used another GIS system to map code-related problems, such as abandoned cars, in analyses that shaped economic development decisions.

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## LOMPOC ASIPS/GIS (CY 2000)

Total Events (7,070) & AOD Events (1,600)  
Summed by Address



spots'. Calls for service better reflect what's really happening.

"Arrest data is just the tip of the iceberg, and doesn't really capture the full story. ASIPS can help prevention planners by revealing what's often behind the arrests."

Knox pointed out another useful feature of ASIPS: evaluation. "I anticipate that prevention planners will use ASIPS as an ongoing tool to measure the impact of specific interventions on

"Fried also helped us to develop a formula that quantified the relationship between growth in alcohol outlets and changes in problem rates," said Sparks. Community planners used the formula to project impacts of new outlets in Vallejo.

Sparks observed that ASIPS has its limitations. "The maps are expensive to produce, and though the community was interested in expanding the number of variables tracked in the database, this gets expensive too. We weren't able to materialize our long-term goal to train staff to produce some of these products."

Wittman noted several third-generation improvements that have been made in the next group of California cities, such as Santa Cruz, Lompoc, Isla Vista and Lodi.

"One of our learnings is that early training for the prevention team using the database is critical. It's rather like handing someone some surgical tools and expecting him to do a surgery," said Wittman. The third wave of ASIPS was structured to secure early involvement of both the

prevention community and a variety of city agencies, such as planning, police and parks, to form a working group.

The city of Ventura developed a system to see which alcohol outlets command most police time. "We found that 10 percent of the outlets accounted for 50 percent of the police time," said Wittman. This system, called "The range of incident reports per outlet" has since been replicated in other cities.

"We've been interested and talking with Fried for almost five years about bringing ASIPS to Orange County," said Robin Knox, former director, Project PATH, a community prevention program funded by the Alcohol and Drug Education and Prevention Team, County of Orange Health Care Agency. "I think it will be a terrific tool in many ways."

"In order to design effective environmental prevention strategies, you need to have a good understanding of the problem," said Knox.

"ASIPS reveals alcohol and drug problem 'hot

calls for service. If responsible beverage service or ABC training results in reductions of calls for service, we'll know that was the right response. But if not, then we'll need to re-evaluate or escalate the intensity of an intervention."

Orange County ADEPT convened several meetings last spring to lay the groundwork for ASIPS implementation. While the specific jurisdictions have not yet been identified, the prevention community is eager to work with the system. Dick Kite, PhD, research analyst for ADEPT, is the point man for this early process. "ASIPS immediately gets us thinking about settings and locations that are hot spots in communities. It's great to be able to quantify these problems and promote a clearer focus on the specifics of locations," said Kite. "ASIPS can function like a flashlight in the dark corner so we can see what needs to be done." □

# Investing in Traffic Safety

**The next cycle of funding will focus on community-based organizations that are working with non-English-speaking populations.**

THE CALIFORNIA OFFICE OF TRAFFIC SAFETY continues to invest in Orange County traffic-safety priorities, including efforts to prevent and reduce alcohol- and drug-impaired driving. At the University of California at Irvine, the Center for Health Policy and Research has OTS support to use the "community-based organization" model of establishing projects and collaborations with local agencies to promote use of local data and local investment in strategies to make a difference.

UCHPR houses the Community Action for Traffic Safety project, which has provided mini-grants to 13 local agencies in the last cycle. Four were related to impaired driving, three of which had a focus on the young driver. A fourth mini-grant to Korean Community Services (see page 3 in this issue) provided resources to translate an instructor manual and other educational materials into Korean.

"The next cycle of funding will focus on community-based organizations that are working with non-English-speaking populations," said Elaine Ma'ae, CATS project coordinator. "These populations are often less aware of our traffic laws and related problems."

UCHPR also housed the Safe Communities project over the last two years, which brought together representatives from various traffic safety initiatives for bimonthly traffic safety forums. "The forums featured best-practice information on a variety of traffic safety issues. Emerging issues and strategies were identified by our community members, such as law enforcement and prevention professionals," said Sue Donelson, former project coordinator, now

program director at CSP-PATH, a community prevention program funded by the County of Orange Health Care Agency, Alcohol and Drug Education and Prevention Team.

The March forum focused on what is perceived to be a common problem: drug-impaired driving citations that ultimately do not result in convictions. "We organized a panel that represented each facet of the issue. We had a drug recognition expert from Costa Mesa, the lead toxicologist with the Orange County Sheriff Coroner Department and a deputy district attorney," said Donelson.

"The concerns were clear from the audience. Why work a case really hard if it's not going to be prosecuted? The dialogue opened new



## FATAL COLLISIONS DUE TO RED-LIGHT RUNNING

(PCF=CVC 21453a)

Orange County, 1/98 to 6/01 — 44/45 mapped



doors, as officers heard that prosecutors receive nonuniform reports," said Donelson. One outcome of this forum was an agreement to gather and standardize drug-recognition training and related documentation.

Leslie Kaufman, a Mothers Against Drunk Driving volunteer, participated in the last forum and is a member of the DUI work group of the Safe Communities project. "The group has had some challenges figuring out just what they want to do, but one direction has been to identify places to distribute the posters and ads we've developed," said Kaufman. "MADD received a Safe Communities grant to print billboards for transit shelters that are part of a countywide campaign.

Did advertising work? "We wanted to hear from John Q. Public on the message, but that didn't happen," said Kaufman. "It's hard to measure, but what we want to hear is nothing—as in no crashes happening.

"What strategies are most effective? I would love to be able to answer this question," said Diane Winn, associate director of the Pediatric Injury Prevention Research Group, part of UCI-HPR. "We have five-and-a-half years of crash

data in a GIS database, and we'd like to be more involved in measuring effectiveness and identifying the right strategies to deploy in Orange County."

"OTS funds a whole spectrum of strategies, but we haven't had the resources to really evaluate which work best and where," said Winn. She hopes that

the Safe Communities project, with funding scheduled to end this fall, can continue and pick up this research.

"In some communities, awareness is really a precursor to policy change," said Winn. "For example, we have a youth coalition that has collected data, become aware of their community issues, and is interested in an ordinance for skateboards and scooters.

Winn notes that sustainability is an ongoing question. The Center just received a new grant that expands on the community focus of the past three years. The new grant covers three issues: the mini-grants for programs for non-English-speaking populations, a project based in senior centers for older adult drivers, and a traffic summit for teens and young adults.

South Orange County recently received a new OTS grant to prevent and reduce alcohol-impaired driving. According to Steve Doan, a sergeant with the Orange County Sheriff's traffic bureau, the grant will support 20

DUI checkpoints and 20 saturation patrols over the next two years.

"That means we'll have some kind of special operation almost every month. I'd call this 'Avoid South County' if you are an impaired driver," said Doan.

The saturation patrols essentially borrow officers from several areas to saturate an area for a designated evening. The areas are selected from prior DUI crash data. "We routinely ask about last-drink location for all DUI crashes. The officers know the hot spots, so the saturation patrols are placed accordingly."

"We are going to focus on young drivers.

The 20- to 24-year-old drivers account for 20 percent of all DUI crashes, and under-21-year-

olds account for 10 percent of DUI crashes. That's just too many young drinking drivers," said Doan. The grant will start in October 2002. □

**We routinely ask about last-drink location for all DUI crashes. The officers know the hot spots, so the saturation patrols are placed accordingly.**