

Wyoming Department of Health Alcohol Prevention Plan

2018-2020



Wyoming
Department
of Health

Commit to your health.

Prepared by

Substance Abuse Prevention Program, Public Health Division, Wyoming Department of Health



Wyoming
Department
of Health

Commit to your health.

Stephanie Pyle

Senior Administrator

Public Health Division, Wyoming Department of Health

Contents

Wyoming Department of Health Prevention of Alcohol Misuse Goals.....	3
Overview of Substance Abuse Prevention in Wyoming.....	4
Prevention Funding Sources.....	4
Focus of Prevention in Wyoming.....	4
Wyoming Prevention Efforts Show Results.....	4
Value of Prevention.....	6
Substance Abuse Prevention Program Overview.....	6
What is Prevention.....	7
Behavioral Health Continuum of Care Model.....	8
Risk and Protective Factors.....	8
Prevention Categories.....	9
Six Primary Prevention Strategies.....	9
Information Dissemination.....	9
Education.....	9
Alternatives.....	9
Problem Identification and Referral.....	10
Community-Based Process.....	10
Environmental Strategies.....	10
Evidence-Based Practices.....	10
Strategic Prevention Framework (SPF).....	11
Alcohol in Wyoming.....	11
Adults and Alcohol.....	12
Excessive Drinking.....	12
Binge Drinking.....	13
Heavy Drinking.....	14
Alcohol and Crime.....	14
Youth and Alcohol.....	15
Perception of Alcohol Use.....	16
Youth Access to Alcohol.....	18
Alcohol Compliance Checks.....	19
Community Capacity to Address Alcohol Misuse.....	20
Conclusion.....	21
Wyoming Department of Health Alcohol Prevention Plan.....	23
References.....	25

Wyoming Department of Health Alcohol Prevention Goals

Goal 1: Reduce alcohol misuse/abuse and associated harmful consequences

Goal 2: Strengthen capacity across the state to address the problem of alcohol misuse/abuse

Goal 3: Reduce the availability of, and access to, alcohol by persons under the age of 21

Overview of Substance Abuse Prevention in Wyoming

Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic condition (National Prevention Council, 2014). Substance use disorder is prevalent in our nation, with approximately 21.5 million people in the United States aged 12 or older in 2014 reporting a substance use disorder in the past year, of which 17 million people had an alcohol use disorder, 7.1 million had an illicit drug use disorder, and 2.6 million had both an alcohol use and an illicit drug use disorder (Center for Behavioral Health Statistics and Quality, 2015). Proper implementation of evidence-based substance abuse prevention programs reduces the use of alcohol, tobacco, and illicit drug use and abuse.

Prevention Funding Sources

Current funding sources for alcohol use and abuse prevention initiatives include:

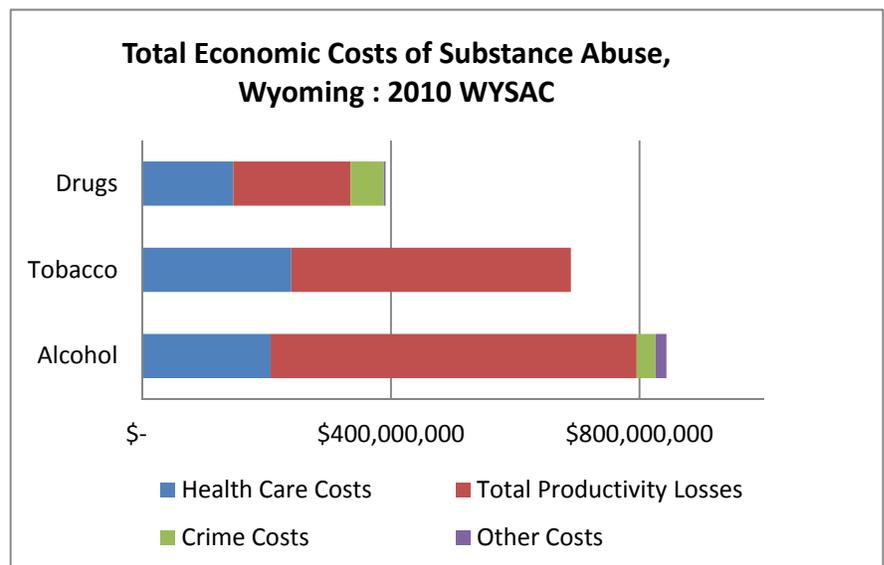
- State of Wyoming General Fund
- Wyoming Tobacco Settlement Funds
- Substance Abuse and Mental Health Services Administration’s (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
- SAMHSA’s Strategic Prevention Framework Partnerships for Success Grant

Wyoming communities conduct needs assessments that help determine the allocation of substance abuse primary prevention funds.

Focus of Prevention in Wyoming

Wyoming currently focuses on the prevention of alcohol misuse/abuse, tobacco prevention, and prevention of prescription drug misuse and abuse.

Based on the highest levels of need and associated consequences, Wyoming consistently identifies alcohol as a priority area and will continue focusing efforts on reducing alcohol misuse/abuse. In 2010, a cost of illness analysis of alcohol, tobacco, illicit drug abuse, prescription drug abuse, and mental health in Wyoming found that alcohol abuse constituted the greatest costs at \$843,220,902 in total. (WYSAC, 2012)

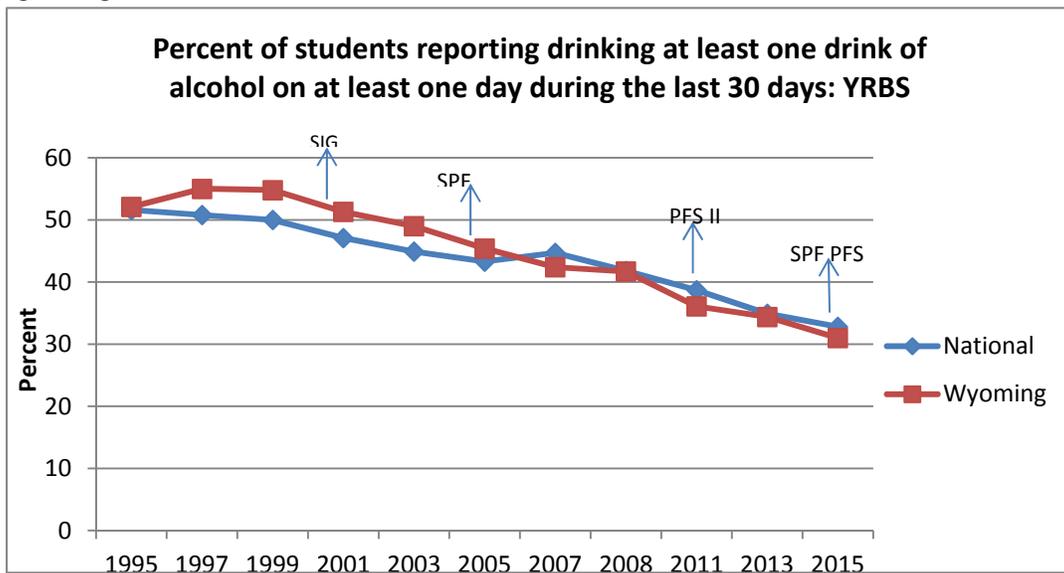


Wyoming Prevention Efforts Show Results

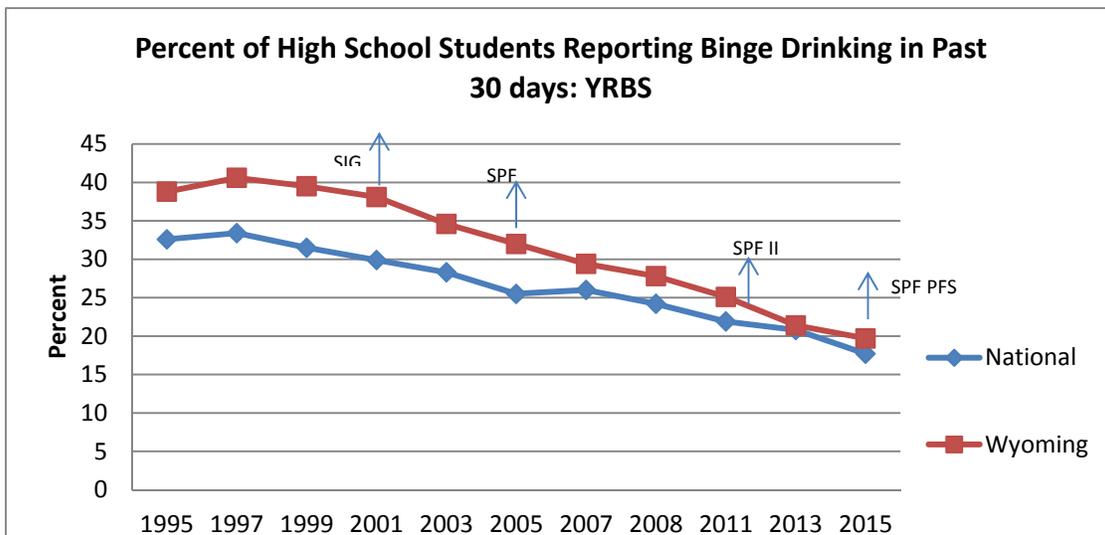
Prevention efforts in Wyoming are reducing youth alcohol use. Before Wyoming began engaging in scientific-based prevention efforts, youth past-month alcohol use hovered around 50% and binge

drinking at around 40%. In 2015, youth past-month alcohol use is down to 31% and past-month binge drinking is down to 19.7% (Youth Risk Behavior Survey Results, 2015). Wyoming received the State Incentive Grant in 2001, followed by the Strategic Prevention Framework State Incentive Grant (SPF SIG) in 2005 to prevent underage drinking and prescription drug abuse in Wyoming communities. In 2012, Wyoming received the Partnerships for Success II (PFS II) to continue efforts to prevent underage drinking and prescription drug abuse in Wyoming communities. Wyoming currently has the Strategic Prevention Framework Partnerships for Success (SPF PFS) Grant, which started in 2015.

With increased prevention efforts, Wyoming youth are reporting a statistical decrease in past 30 day use of alcohol from 2001 to 2015. Data from 1995 through 2015 shows a steady decline in underage drinking beginning in 2001.



Data from 1995 through 2015 shows similar success in the percent of high school students reporting binge drinking in the past 30 days. Binge drinking is defined as five (5) or more drinks for a male or four (4) or more drinks for a female on any occasion within the last 30 days. In Wyoming and nationally, the number of students reporting binge drinking has been decreasing over the last 20 years.



Value of Prevention

The Wyoming Survey & Analysis Center at the University of Wyoming conducted a value of prevention study on the potential cost savings from delaying youth alcohol use in Wyoming. (WYSAC, 2017) Alcohol use disorders are one of the most prevalent use disorders in the United States. In 2010, the societal cost of alcohol use disorders to Wyoming was approximately \$843 million. In 2014, it was estimated that 389 cases of future alcohol use disorders were avoided due to prevention efforts in Wyoming communities and at the national level. The potential cost savings of delaying the onset of alcohol use for the 2014 senior high school class is approximately \$122 million.

TOTAL BENEFIT OF PREVENTION IN 2014

\$122 million
potential cost savings

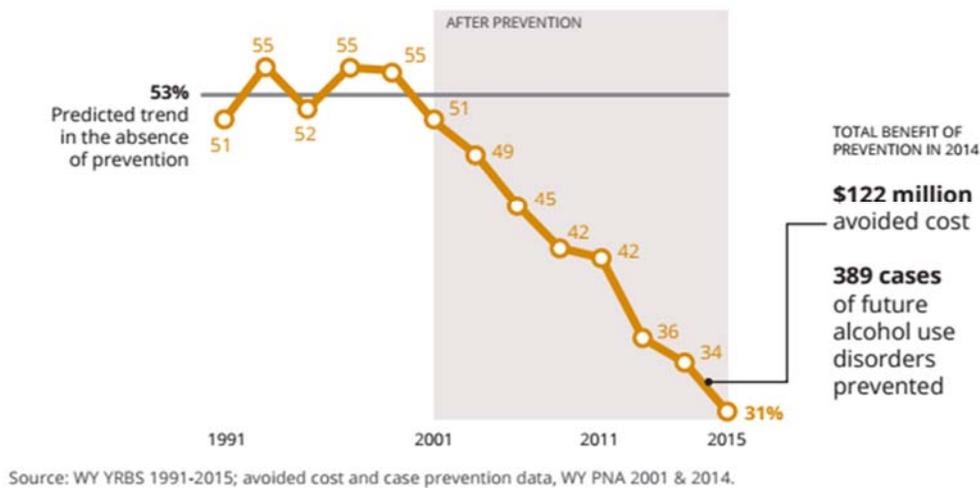
389 cases
of future alcohol use disorders avoided

This study estimated the potential cost savings realized by prevention of a single alcohol use disorder to be \$313,700. The benefits from prevention accrue in the future and equal the costs that would have been incurred by an individual over the time period they engaged in disordered behavior.

Since 2001, Wyoming communities have pursued a comprehensive approach to preventing underage drinking using mostly evidence-based strategies that impact the entire population. Prevention efforts in Wyoming are proving to be effective.

Prevention Efforts Impact Usage, Cost and Future Health Problems in Youth

Percent of Wyoming youth who used alcohol in the past 30 days, 1991 - 2015



Substance Abuse Prevention Program Overview

The Substance Abuse Prevention Program, a part of the Prevention and Health Promotion Unit in the Public Health Division, works closely with the Tobacco Prevention and Control Program to provide prevention services throughout Wyoming. Alcohol, tobacco, prescription drug, and other drug prevention services are conducted at the community level with oversight and accountability provided by the Substance Abuse Prevention Program and Tobacco Prevention and Control Program. All 23 counties

in Wyoming and the Wind River Indian Reservation (WRIR) receive resources and support for prevention services.

At both state and local levels, Wyoming employs a data-driven decision-making process. Both the Substance Abuse Prevention Program and the Tobacco Prevention and Control Program requires all funded communities to implement the Strategic Prevention Framework (SPF) public health model in their prevention efforts, which assists community coalitions in engaging in data-driven strategic planning. With a consistent vision of creating community-level change across Wyoming, a requirement of the prevention services provider is that community level staff, in collaboration with their local prevention coalitions, complete a Comprehensive Needs Assessment Workbook that addresses all relevant data covering local demographics, socioeconomic conditions, community norms and other risk/protective factors. The results of this analysis are used to create and implement local strategic plans that focus on policy changes, systems transformation, and mental health information dissemination.

Funded communities participate in evaluation of prevention efforts at the community level. Evaluators work closely with the communities to collect and analyze data while also utilizing user-friendly reporting for both state and local prevention stakeholders.

The Substance Abuse Prevention Program contracts with prevention service providers to provide technical assistance and training for funded communities. The technical assistance team provides ongoing expert and tailored technical assistance to communities including strategic planning and implementation support, quality prevention workforce training and resources, and facilitation of community coalition meetings when requested. Additionally, the Substance Abuse Prevention Program works with the technical assistance team to identify strengths and weaknesses within the prevention infrastructure and is a key partner in prevention planning aimed at enhancing strengths and rectifying weaknesses.

The Substance Abuse Prevention Program strongly believes that Wyoming communities must strive for population-level change in order to create healthier community outcomes. By endeavoring to create community-level change, disparate populations will be afforded the same health opportunities and benefits as the rest of the population. Wyoming's environmental approach creates healthier environments for people in recovery who are reentering the larger community. This approach is also flexible enough to target our disparate populations when necessary.

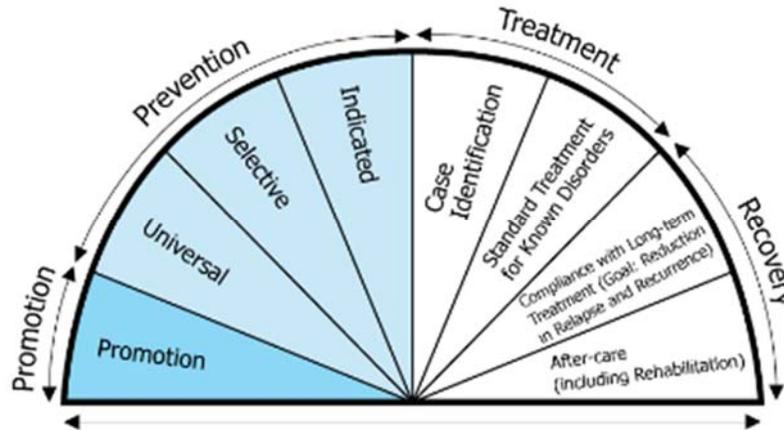
What is Prevention

Prevention is actively working prior to the onset of a disorder to prevent substance use or abuse, limit the development of problems associated with substance use or abuse, and reduce the risk of developing a behavioral health problem.

Wyoming Substance Abuse Prevention Program's approach to prevention is to gather and use data to guide prevention decisions specific to community needs. This means working with diverse community partners to choose culturally appropriate, effective, and sustainable evidence-based strategies according to the needs of the community, and to work with individuals who are passionate and knowledgeable

about both their communities and prevention to reduce the risk of alcohol and other drug-related problems throughout Wyoming.

Behavioral Health Continuum of Care Model



Prevention is an important part of the behavioral health continuum of care model, a comprehensive approach to behavioral health that recognizes multiple opportunities for addressing behavioral health problems and disorders. Each component presents opportunities for addressing behavioral health problems and for collaborating across sectors. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:

- **Promotion** - Strategies designed to create environments and conditions that support behavioral health and the ability for 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.
- **Treatment** - These services are for people diagnosed with a substance use or other behavioral health disorder.
- **Recovery** - These services support individuals' abilities to live productive lives in the community and can often help with abstinence.

The Substance Abuse Prevention Program works in both the Promotion and Prevention realms.

Risk and Protective Factors

Research over the past two decades has tried to determine how substance use begins and how it progresses. Many factors can add to a person's risk for substance abuse. Risk factors can increase a person's chances for substance abuse, while protective factors can reduce the risk (NIDA, 2013). People have biological and psychological characteristics that can make them vulnerable or resilient to substance abuse problems. These characteristics are classified either as a protective factor or a risk factor (SAMHSA, 2015).

- **Protective Factor:** a characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes. Protective

factors might include: belief in a moral order, religion, family, social skills, and community connectedness.

- **Risk Factor:** a characteristic that is biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcome. Risk factors might include: academic failure, perceived risk of substance use, rebelliousness, parents attitude favors substance use, family conflict, friends use of substances, and sensation seeking.

Prevention Categories

Prevention doesn't only happen on an individual level, it also focuses on creating environments that support healthy behavior.

- **Universal Prevention** - Strategies are designed to reach the general public, regardless of level of risk or problem behaviors in that population. Universal prevention can be direct or indirect.
 - **Universal Direct** - Interventions directly serve an identifiable group of participants who have not been identified on the basis of individual risk. For example, school curriculum, after-school program, parenting class. This could also include interventions involving interpersonal and ongoing/repeated contact, like with coalitions.
 - **Universal Indirect** - Interventions support population-based programs and environmental strategies, such as establishing alcohol, tobacco, and other drug (ATOD) policies. This could also include interventions involving programs and policies implemented by coalitions.
- **Selective Prevention** - Strategies that target individuals or subgroups of the general population that are determined to be at a higher risk. Examples of subgroups are: college-age students or adolescent parents.
- **Indicated Prevention** - Interventions target individuals at high risk who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse

Six Primary Prevention Strategies

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines six strategies used in primary prevention.

Information Dissemination

Activities that provide awareness and knowledge of the nature, extent, and effects of alcohol, tobacco, and drug use, abuse, and addiction on individuals families and communities. Examples include: social media campaigns that target underage drinking by targeting youth or parents, radio announcements, and speaking engagements.

Education

Activities aimed at affecting critical life and social skills, such as decision making, refusal skills, critical analysis, and systematic judgement abilities. Examples include: responsible beverage service training through TIPS (Training for Intervention Procedures); law enforcement training through Advanced Roadside Impaired Driving Enforcement (ARIDE); educating parents about the health and safety risks of providing alcohol to youth through programs such as Parents who Host Lose the Most; and educating youth on use of texting tip lines, such as Safe2Tell.

Alternatives

Activities that provide for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. Examples include: alcohol-free drop-in activities.

Problem Identification and Referral

Activities that aim at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol, and those individuals who have indulged in first use of illicit drugs, in order to assess if the behavior can be reversed by education to prevent further use. Examples include: promotion of policies and procedures that align with best practices of employee assistance programs, and educational programs on driving while under the influence/driving while intoxicated.

Community-Based Process

Activities that include organizing, planning, and enhancing effectiveness of program, policy, and practice implementation, interagency collaboration, coalition building, and networking. Examples include: community-based strategic planning through local coalitions, Community Prevention Specialists (CPS) and stakeholders; prevention training of coalition members and CPS through online webinars, conferences, annual meetings, and technical assistance; community team building through planned activities and technical assistance when needed; and strengthening coalition capacity by increasing multi-agency coordination and collaboration ensuring that stakeholders are involved.

Environmental Strategies

Activities that establish or change written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. Examples include: implementing policies and procedures for alcohol restrictions at community events through increased use of ID scanners, breathalyzers, and other evidence-based tools; implementing policies such as social host liability; implementing drug-free policies for schools that include extracurricular activities; and providing technical assistance to coalitions.

Evidence-Based Programs

Evidence-based programs are designed based on current scientific evidence and have shown to produce positive results. Prevention programs work to boost protective factors and eliminate or reduce risk factors. When research-based substance use prevention programs are properly implemented, a decrease in the use of alcohol, tobacco, and illicit drugs should occur.

The determination of which programs, policies, and strategies are evidence based are guided by the National Registry of Evidence-based Programs and Practices ([NREPP](#)) and the community guide. Wyoming also uses the [Catalog of Environmental Prevention Strategies](#), which was developed by WYSAC, under contract to the Public Health Division of the Wyoming Department of Health. This document is an inventory of environmental substance abuse prevention strategies targeting alcohol, tobacco, and other drugs assessed to determine the evidence base and effectiveness of the evidence for each identified strategy.

Strategic Prevention Framework (SPF)

The Strategic Prevention Framework (SPF) is a planning process for preventing substance use and misuse developed by SAMHSA. The five steps and two guiding principles of the SPF offer a comprehensive process for addressing the substance misuse and related behavioral health problems facing communities.



Step 1: Assess Needs - Identify pressing substance use and related problems and their contributing factors and assess community resources and readiness to address these factors.

Step 2: Build Capacity - Identify resources and build readiness to address substance use and misuse.

Step 3: Plan - Form a plan for addressing priority problems and achieving prevention goals.

Step 4: Implement - Deliver evidence-based interventions.

Step 5: Evaluate - Quantify the challenges and successes of implementing a prevention program.

The framework is guided by the following principles:

Cultural Competence - The ability to interact effectively with people of different cultures to ensure the needs of all community members are addressed.

Sustainability - Sustain prevention outcomes by building stakeholder support for your program, showing and sharing results, and obtaining steady funding.

Alcohol in Wyoming

Preventing excessive alcohol use increases people's chances of living long, healthy, and productive lives. In the United States, approximately 21.5 million people aged 12 or older in 2014 had a substance

use disorder in the past year, of which 17 million people had an alcohol use disorder, 7.1 million had an illicit drug use disorder, and 2.6 million had both an alcohol use and an illicit drug use disorder. Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic condition (National Prevention Council, 2014). Proper implementation of evidence-based substance abuse prevention programs will reduce the use of alcohol, tobacco, and illicit drug use and abuse.

Adults and Alcohol

Alcohol is one of the most commonly used substances. According to a 2016 survey, 55% Wyoming adults have had at least one drink of alcohol within the past 30 days, which is comparable to the national median of 54% (BRFSS, 2016). Alcohol is a part of our culture, but drinking too much, either on a single occasion or over time, can have serious health consequences. Research demonstrates “low-risk” drinking levels for men are no more than four (4) drinks on any single day and no more than 14 drinks per week. For women, “low-risk” drinking levels are no more than three (3) drinks on any single day and no more than seven (7) drinks per week. To stay low risk, one must keep within both the single-day and weekly limits. Even with these limits, there can be problems if a person drinks too quickly, has health conditions, or is over age 65. Older adults should have no more than three (3) drinks on any day and no more than seven (7) drinks per week

(<https://pubs.niaaa.nih.gov/publications/Hangovers/beyondHangovers.htm>).

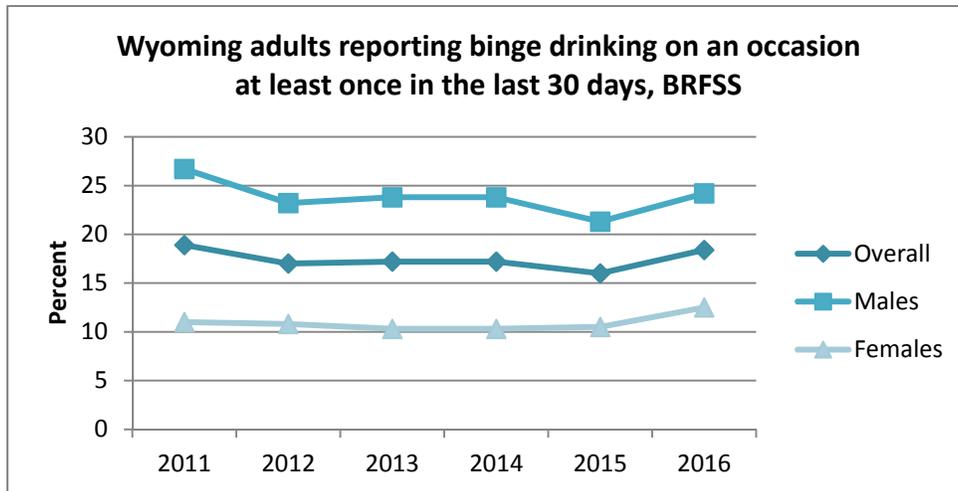
Excessive Drinking

Excessive alcohol use is associated with an array of social, economic, and health costs. Excessive alcohol use, either in the form of binge drinking (consuming 5 or more drinks on an occasion for men or 4 or more drinks on occasion for women) or heavy drinking (drinking 15 or more drinks per week for men or 8 or more drinks per week for women) is associated with an increased risk of many health problems (CDC, 2017).

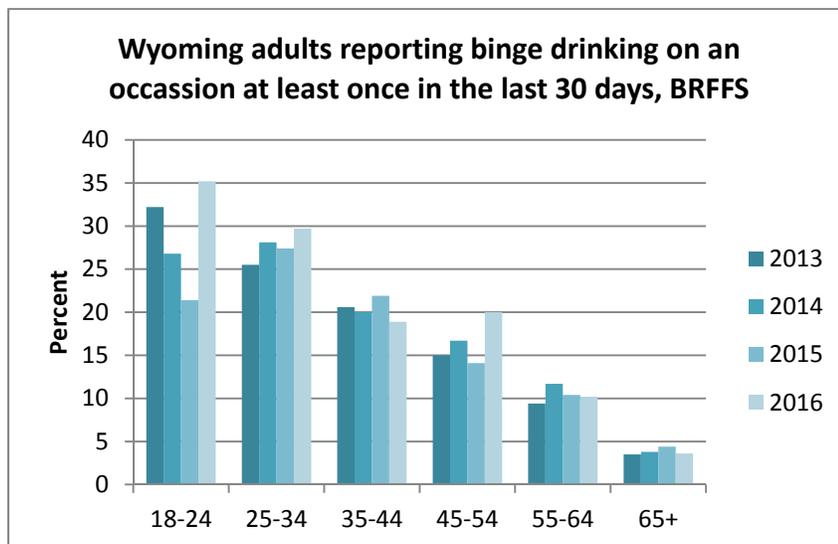
Excessive alcohol consumption cost the United States \$249 billion in 2010. Costs due to excessive drinking largely result from losses in workplace productivity, health care expenses, and other costs due to a combination of justice expenses, motor vehicle crashes, and property damage (CDC, 2017). Nationally, this cost amounts to about \$2.05 per drink, or about \$807 per person. The cost in Wyoming is slightly higher at about \$2.33 per drink (CDC, 2017). Binge drinking was responsible for about three quarters (77%) of the cost of excessive alcohol use in all states and the District of Columbia (CDC, 2017).

Binge Drinking

Wyoming saw a decrease during 2011-2015 in the percent of adults reporting binge drinking on an occasion at least once in the last 30 days. However, binge drinking rates did increase slightly in 2016. According to a 2016 survey, 18.4% of Wyoming adults reported binge drinking at least once in the last 30 days, which is comparable to the national median of 16.9% (BRFSS, 2016). The rate of males binge drinking was significantly higher, with 24.2% binge drinking at least once in the last 30 days compared to 12.5% of females.



Younger age groups have consistently reported binge drinking at higher rates than older adults. In 2016, Wyoming residents aged 18-24 had the highest percentage of binge drinking of all age groups among residents reporting binge drinking on an occasion at least once in the last 30 days. There was a significant increase in this age group reporting binge drinking compared to previous years.

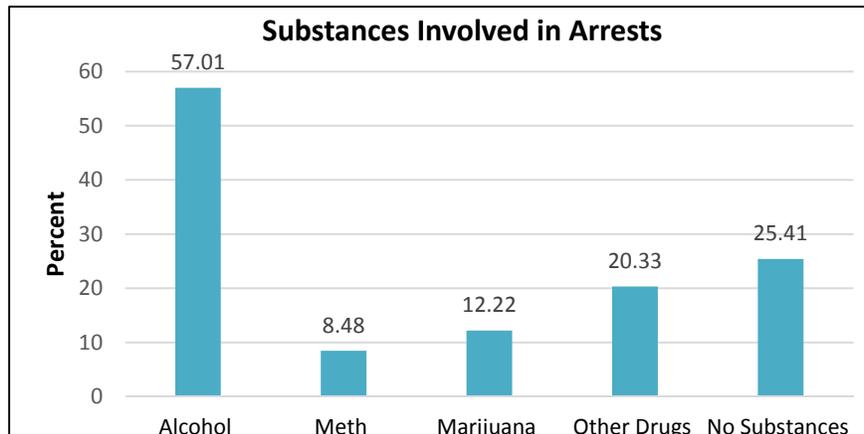


Heavy Drinking

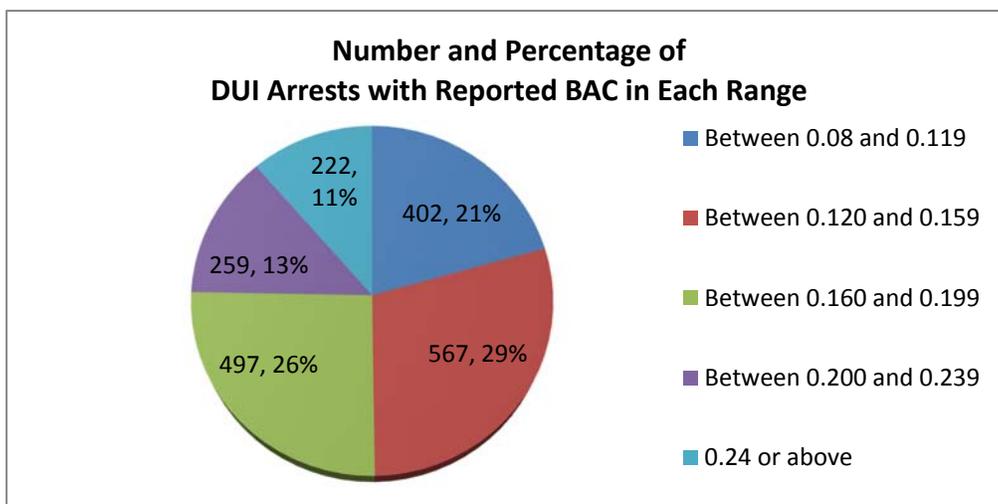
Wyoming adults reporting heavy drinking is similar to national rates at 6.2% compared to the national median of 5.9%. The percent of heavy drinkers has stayed fairly consistent over the past five years, both in Wyoming and nationally.

Alcohol and Crime

The high percentage of alcohol-involved arrests, the inordinate number of arrests for public intoxication and driving under the influence, and the high levels of blood alcohol content for drivers arrested for being impaired represent a real and significant threat to public safety in Wyoming (WASCOP, 2017). Alcohol was involved in 57% of all custodial arrests. Driving under the influence arrests accounted for 26.7% of all arrests. Some arrests involve more than one substance.



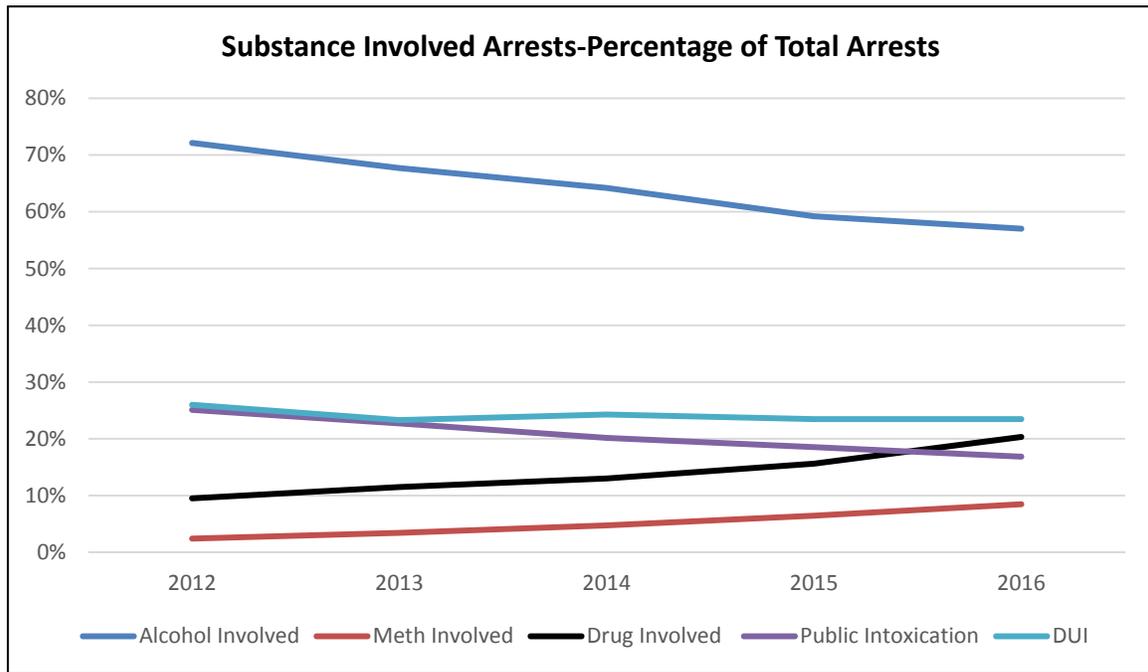
The average reported blood alcohol content for driving under the influence (DUI) arrests statewide was .1591. The average reported blood alcohol content (BAC) for 562 persons who were arrested for DUI after being involved in traffic crash was .1975. The age group with the highest percentage of DUI arrests was age 21-25, followed by age 26-30 and 31-35.



Arrests for public intoxication accounted for 12.86% of all arrests of all arrests statewide. Per BAC statistics, it should be noted that a physically fit male who weighs 180 pounds would have to consume at

least seven drinks in one hour to achieve a BAC of .15 and a female weighing 120 pounds would have to consume five drinks in one hour (WASCOP, 2017).

Despite alcohol being the drug most often present in arrests from 2010-2016, the number and percentage of alcohol-involved arrests have decreased.. Alcohol arrests in 2016 were 4,545 fewer in number (33% decrease) than in 2010. Unfortunately, the number and percentage of other drug-involved arrests have increased. Drug-involved arrests in 2016 were 1,437 more in number (80% increase) than in 2010 (WASCOP, 2017).

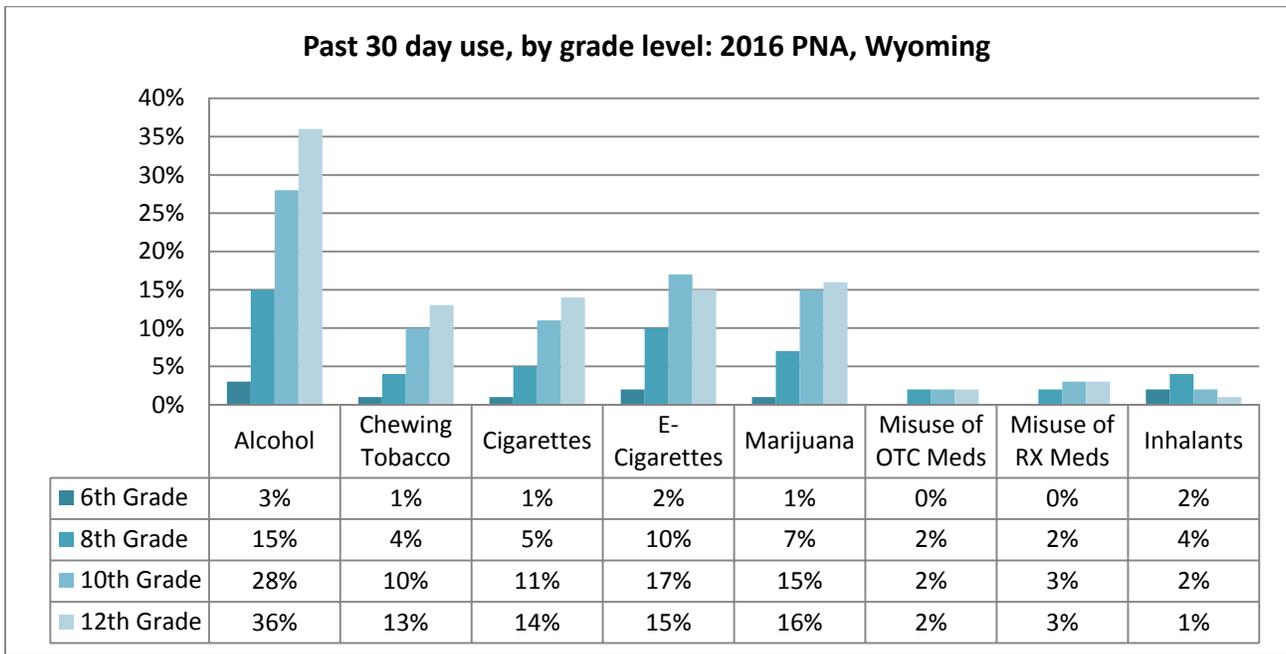


Youth and Alcohol

A majority of Wyoming youth reported that they have not used alcohol in the past 30 days. (PNA, 2016) In fact, drinking among Wyoming youth continues to decline.



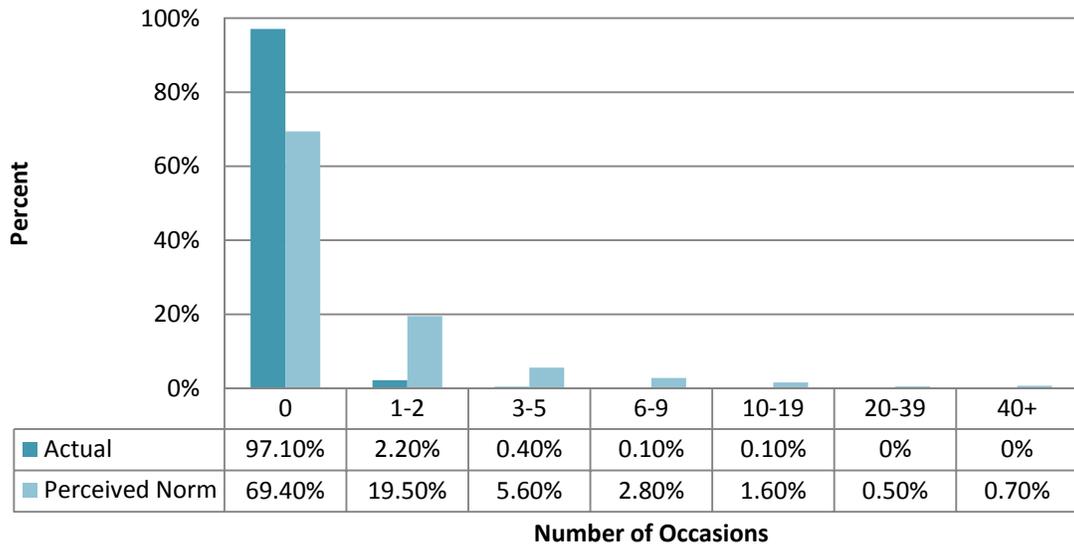
However, alcohol continues to be the most commonly reported substance used among all grade levels in the state. Underage drinking poses a range of risks and negative consequences. Early drinking onset has been associated with a range of social, emotional, behavioral, and health problems such as risky sexual behavior, car crash involvement, and unintentional injuries. Youth who start drinking before the age of 15 are four times more likely to develop alcohol dependence (NIAA, 2017).



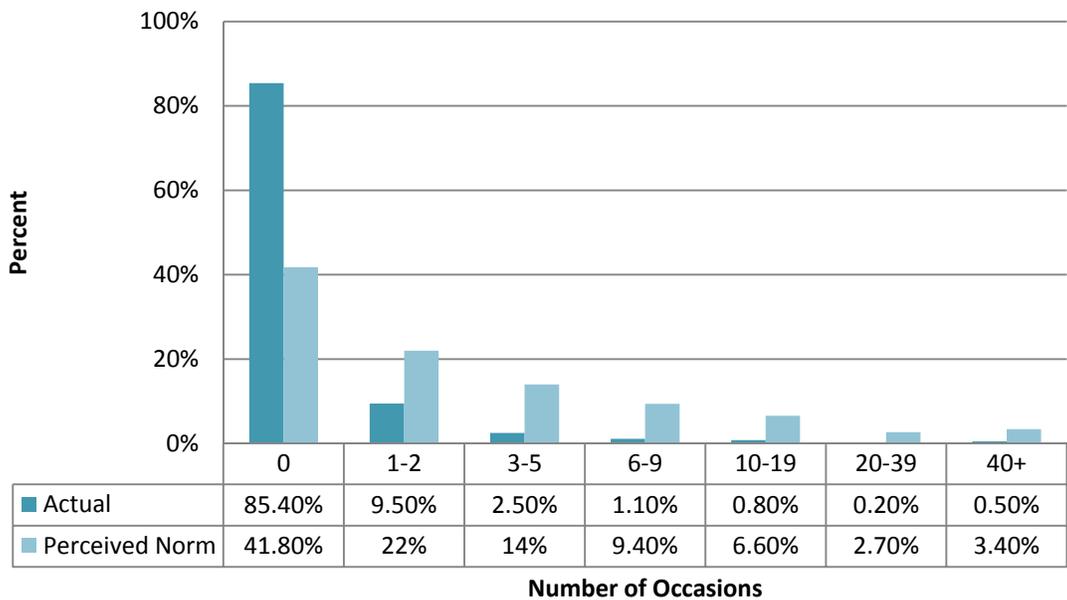
Perception of Alcohol Use

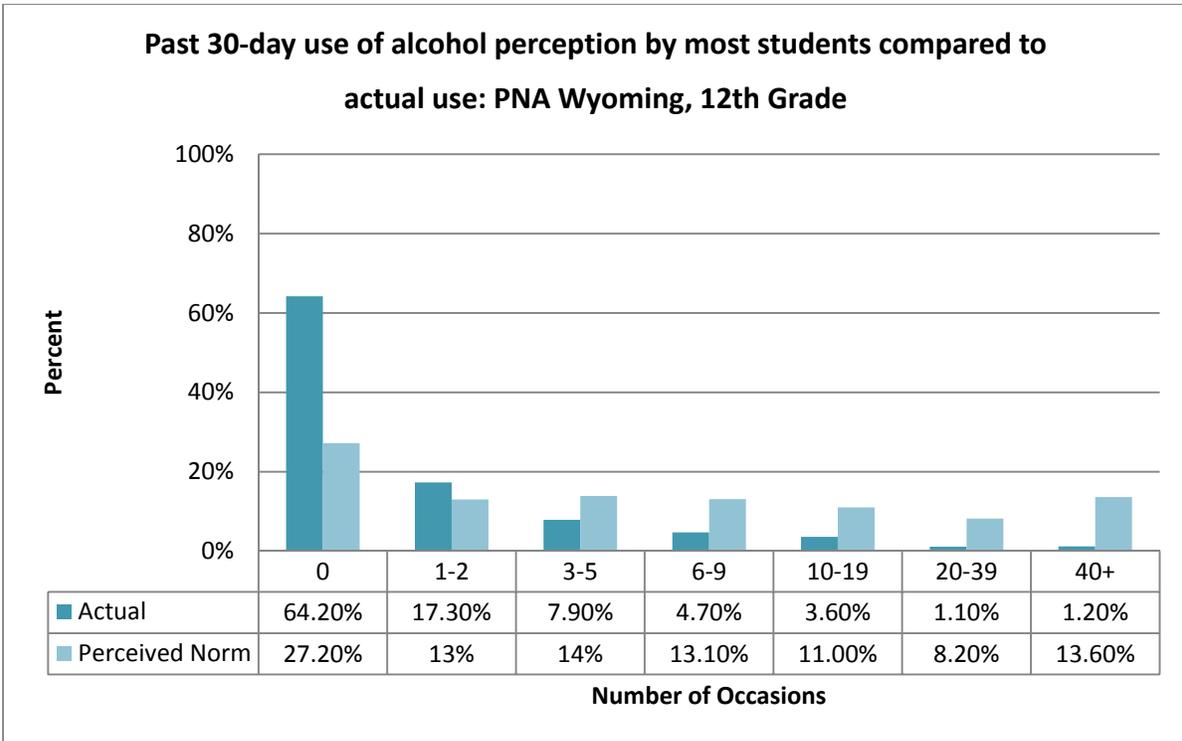
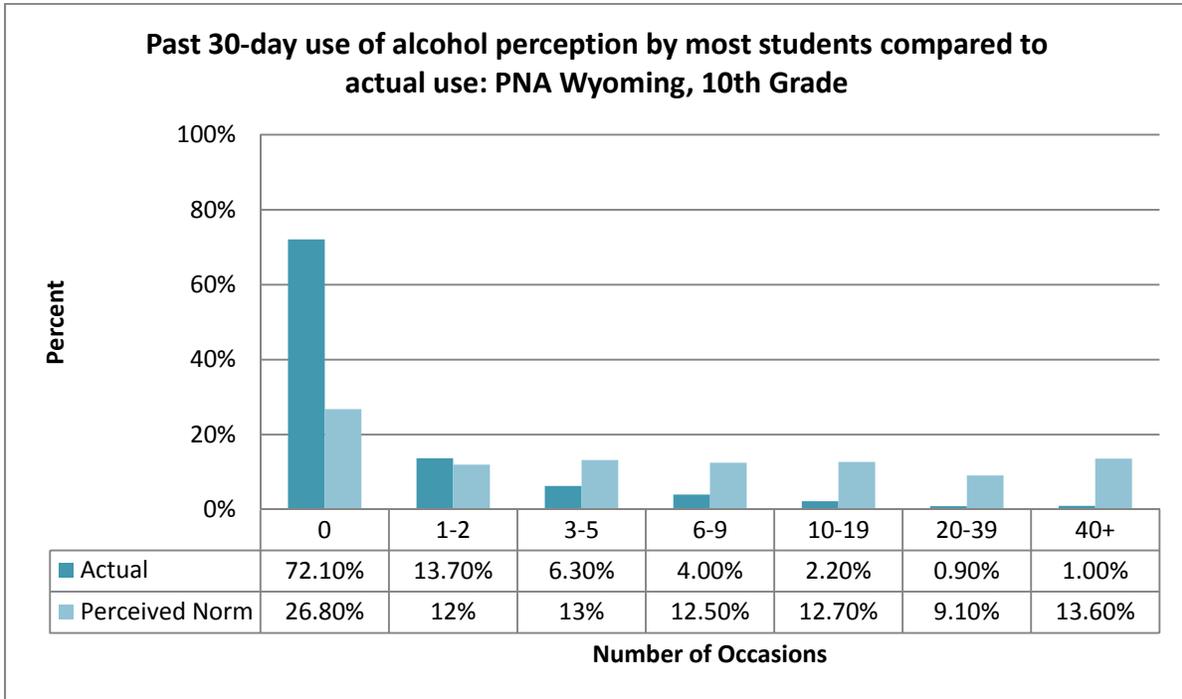
Based on social norms theory, the perception of how often and to what degree other students are using drugs and alcohol is a critical factor in whether a student decides to use drugs and alcohol. The perception of what most students are doing can either make substance use more or less likely. If the perception is that almost everyone is using alcohol, this exerts social pressure to join in drinking alcohol. If the perception is that most people do not use alcohol, then that perception exerts pressure on the student not to participate (PNA, 2016). As indicated by the data among 6th, 8th, 10th, and 12th graders in Wyoming, the actual percentage of students who have not used alcohol in the past 30 days is greater than the perceived norm. The higher perceived norm of alcohol use among youth may increase the likelihood of youth using alcohol.

Past 30-day use of alcohol perception by most students compared to actual use: PNA Wyoming, 6th Grade



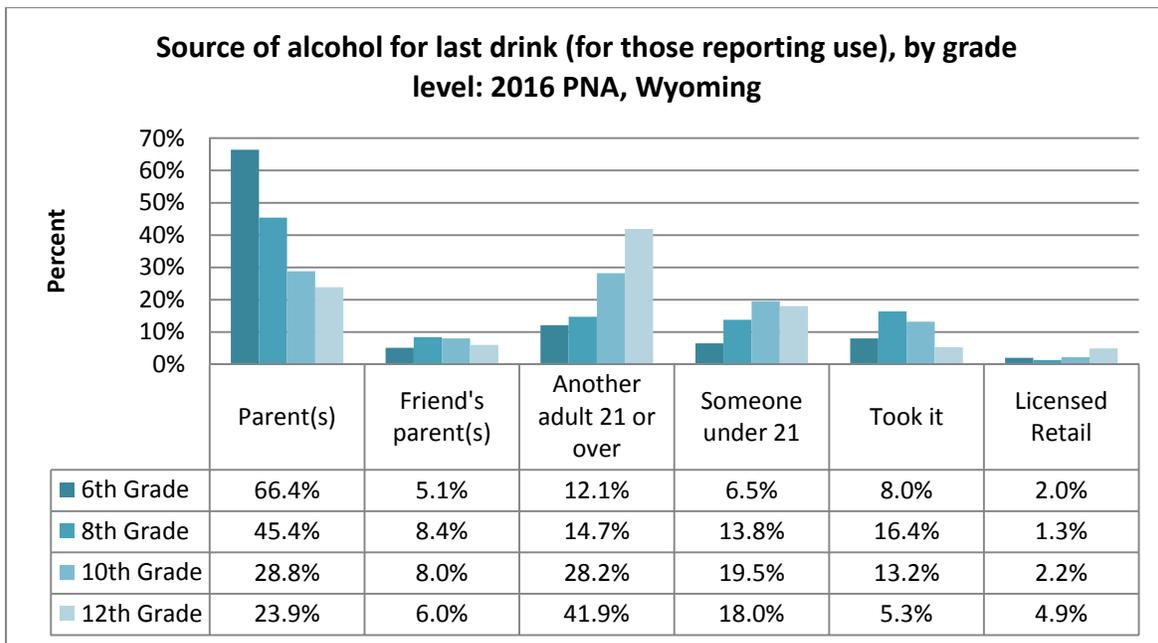
Past 30-day use of alcohol perception by most students compared to actual use: PNA Wyoming, 8th Grade





Youth Access to Alcohol

Regulations on the availability of alcohol are used to reduce underage drinking in Wyoming. Despite regulations, youth are still able to access alcohol.



Alcohol Compliance Checks

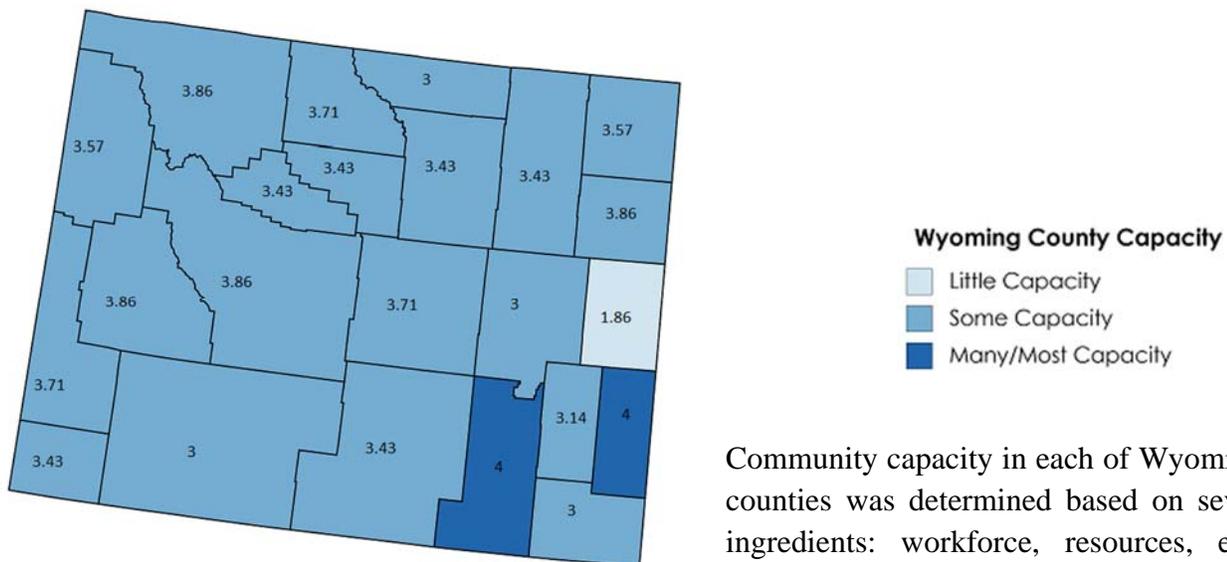
Alcohol compliance checks are a proven, best-practice strategy for reducing the sale of alcohol to persons under the age of 21. A very low percentage of youth report their most recent source of alcohol being a licensed retailer. In 2016, a total of 1,410 valid alcohol compliance checks were conducted across Wyoming. Overall, 2016 alcohol sales compliance for all reporting counties was 86%.

County	Valid Alcohol Compliance Checks	No Infractions	Prohibited Sales Violation	Prohibited Sales Warning	Closed or Does not Sell Alcohol	Compliance Rate
Albany	68	58	10	0	0	85.3%
Big Horn	38	17	0	21	2	44.7%
Campbell	106	76	14	16	5	71.7%
Carbon	15	12	3	0	0	80.0%
Converse	81	69	2	0	21	85.2%
Fremont	89	85	4	0	0	95.5%
Goshen	40	38	2	0	0	95.0%
Johnson	95	87	8	0	23	91.6%
Laramie	160	133	27	0	2	83.1%
Lincoln	56	53	1	2	0	94.6%
Natrona	173	152	19	2	11	87.9%
Niobrara	10	10	0	0	0	100.0%
Park	87	77	9	1	0	88.5%
Sheridan	107	87	20	0	12	81.3%
Sublette	55	53	2	0	4	96.4%
Sweetwater	116	107	9	0	0	92.2%
Teton	55	46	7	2	5	83.6%
Uinta	59	53	6	0	1	89.8%
Wyoming	1410	1213	153	44	86	86.0%

Community Capacity to Address Alcohol Misuse

According to SAMHSA’s Strategic Prevention Framework, capacity refers to the “various types and levels of resources available to establish and maintain a community prevention system that can identify and respond to community needs.” Intentional capacity building at all levels helps ensure that successful programs are sustained within the community. Effective capacity building also increases a community’s ability to respond to changing issues with innovative solutions.

Wyoming conducted a baseline report in 2016, at which time the state average capacity score was 3.44. A score of 1 or 2 indicates that a county has no or little capacity. A score of 3 indicates that a county has some capacity. Of the 23 counties, only six (26%) counties were below an average score of 3.2. Two counties scored a 4 or higher, which indicates a county has many/most capacity. Each county and their rankings are shown below.



Community capacity in each of Wyoming’s 23 counties was determined based on seven key ingredients: workforce, resources, effective communication, community engagement, active leadership, readiness for change, and sustainability.

The seven key ingredients were evaluated through 1) interviews with the Community Prevention Specialists, 2) focus group with key prevention stakeholders, and 3) a survey of local coalition members. Each key ingredient is defined below:

Workforce (Key Components: knowledge, skills, experience, social validity)

Successful implementation requires staff, leaders, and coalition members who are familiar with prevention and have received training in the evolving aspects of prevention including the public health approach and the strategic prevention framework. Individuals should also possess management, facilitation, and personal and professional skills, and have experience in their field and positions. Additionally, they should understand the unique cultural characteristics of their community and have a willingness and ability to embrace those cultural differences.

Resources (Key Components: people, funding, space, time, access)

Resources are the infrastructure of program implementation. All successful prevention programs require adequate monetary resources, staff, physical space, time, and connections with the served community. In addition, a thorough knowledge of and relationship with the various aspects of the local prevention infrastructure must be developed.

Effective Communication (Key Components: internal and external communication)

Regular exchange of information and data is critical, both internally within the various segments of the organization and externally between the coalition and the multitude of community sectors involved in prevention efforts.

Community Engagement (Key Components: shared vision, diverse and inclusive representation)

Broad and diverse representation from the community is key to successful prevention implementation. To effectively engage the community, the coalition must ensure that all members involved feel included in the process. This inclusion starts when the coalition shares a vision and when members have defined roles and a voice in the process. It is also important that coalition members have an understanding of the needs of the community gained through their involvement in different segments.

Active Leadership (Key Components: involvement, commitment to prevention)

Active leaders are personally committed to achieving prevention goals in their communities. They are able to articulate and share a vision in a way that inspires others to follow, they have the knowledge and commitment to pursue their prevention goals, and they have the skills to communicate their vision to stakeholders. Active leaders are also able to negotiate and coordinate conflicting interests between the coalition and community and/or business leaders while prioritizing their prevention aims.

Readiness for Change (Key Components: community climate, history of effectiveness)

Positive change in prevention communities is unlikely to occur unless the community is ready. The best indicator of readiness is a past record of successful prevention implementation. Communities that are open to new ideas and that have a commitment to tackle prevention issues may be ready too. Additionally, prevention communities with strong connections among stakeholders and implementing organizations are better positioned to tackle prevention changes.

Sustainability (Key Components: buy-in, training)

Project funders and stakeholders want to see programs continue and improve. Project sustainability is more likely when the project strategies match the needs of the community and when staff, leaders, and community members are invested in the process, receive ongoing training, and institutionalize the knowledge gained and efforts put forth during the project.

Conclusion

Wyoming substance abuse prevention efforts focused on reducing alcohol misuse/abuse have been effective. Wyoming continues to see a decrease in students reporting drinking underage and adults

reporting binge drinking. The Wyoming Department of Health currently funds substance abuse prevention efforts in all 23 counties with a focus on using data-driven environmental strategies to create healthier environments.

Alcohol is still the most commonly misused/abused substance in the state carrying some of the highest societal consequences. With a comprehensive and coordinated strategy across organizations to prevent the misuse/abuse of alcohol throughout Wyoming, we will continue to see the negative consequences associated with alcohol decrease.

Wyoming Department of Health Alcohol Prevention Plan

Preventing alcohol misuse/abuse requires a comprehensive and coordinated strategy across organizations throughout Wyoming. The Wyoming Department of Health, in collaboration with the Statewide Epidemiological Outcomes Workgroup, completed a coordinated statewide alcohol misuse and abuse prevention plan with specific state benchmarks.

Goal 1: Reduce alcohol misuse/abuse and associated harmful consequences

Objective 1.1: Decrease the percent of adult binge drinking to 13% or lower by 2020, from a 2016 baseline of 18.4% and compared to a 2016 national average of 16.9%.

Data source: Wyoming Behavioral Risk Factor Surveillance System

Objective 1.2: Increase the percentage of youth reporting no alcohol use in the past 30 days to more than 72% in high school, from a 2016 baseline of 68.37%, and more than 92% in middle school, from a baseline of 91.29% in 2016, by 2020.

Data Source: Wyoming Prevention Needs Assessment

Objective 1.3: Decrease the percent of alcohol-related fatal crashes to 30% by 2020, from a 2014 baseline of 34% and compared with a national average of 31% in 2014.

Data source: Wyoming Department of Transportation, Fatality Analysis Reporting System

Goal 2: Strengthen capacity across the state to address the problem of alcohol misuse

Objective 2.1: Overall capacity in at least 17 counties will increase by 2020 from baseline report in 2016.

Data source: Comprehensive Capacity Assessment Report

Objective 2.2: All counties will have a functioning coalition to include a charter or bylaws, with representation from at least ten sectors of the community, and completed training in basic prevention science.

Data source: Comprehensive Capacity Assessment Report

Goal 3: Reduce the availability of, and access to alcohol by persons under the age of 21

Objective 3.1: Increase the counties participating in Alcohol compliance checks annually from 18 to 23.

Data source: Alcohol and Tobacco Sales Compliance Checks Report

Objective 3.2: Increase the alcohol compliance rate statewide to 90% or higher by 2020, from a baseline of 86% in 2016.

Data source: Alcohol and Tobacco Sales Compliance Checks Report

Objective 3.3: Increase the percent of counties reporting an alcohol compliance rate of 90% or higher to 50% by 2020, from a baseline of 33% in 2016.

Data source: Alcohol and Tobacco Sales Compliance Checks Report

Objective 3.4: Increase the percent of middle school students reporting that they have never had a drink of alcohol in their lifetime to 76% from a 2016 baseline of 73.45% by 2020, and high school students to 50% from a 2016 baseline of 39.93%.

Data source: Wyoming Prevention Needs Assessment

Objective 3.5: Among high school students who report ever having an alcoholic beverage, decrease youth reporting accessing alcohol from parents to less than 13% of students by 2020, from a baseline of 15.8% in 2016.

Data Source: Wyoming Prevention Needs Assessment

Objective 3.6: Among high school students students who report ever having an alcoholic beverage, decrease youth reporting access to alcohol from another adult, 21 and over, to less than 17% for high school students by 2020, from a baseline of 21.0% for high school students in 2016.

Data Source: Wyoming Prevention Needs Assessment

Referencesa

- CDC (Centers for Disease Control and Prevention). (2017, June 15). Alcohol and Public Health. Retrieved from <https://www.cdc.gov/alcohol/data-stats.htm>
- Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>
- National Prevention Council. (2014, May). Preventing Drug Abuse and Excessive Alcohol Use. Retrieved from <https://www.surgeongeneral.gov/priorities/prevention/strategy/preventing-abuse.pdf>
- NIDA. (2003, October 1). Preventing Drug Use among Children and Adolescents (In Brief). Retrieved from <https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents-in-brief> on 2017, September 20
- NIAA (National Institute on Alcohol Abuse and Alcoholism). (2017). Underage Drinking. Retrieved from <https://pubs.niaaa.nih.gov/publications/UnderageDrinking/UnderageFact.htm>
- Prevention Needs Assessment Survey [PNA]: (n.d.). [Data File. Laramie, WY: Wyoming Survey & Analysis Center (WYSAC). Retrieved from <https://www.pnasurvey.org/>
- SAMHSA (Substance Abuse and Mental Health Services Administration). (2015, October 02). Risk and Protective Factors. Retrieved from <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>
- WASCOP (Wyoming Association of Sheriffs and Chiefs of Police). (2017). Alcohol and Crime in Wyoming Executive Summary. Retrieved from [https://static1.squarespace.com/static/52e195b8e4b05afb807ce772/t/58e7a8471e5b6c1c76004f6c/1491576909625/Alcohol and Crime in Wyoming - 2016 Executive Summary.pdf](https://static1.squarespace.com/static/52e195b8e4b05afb807ce772/t/58e7a8471e5b6c1c76004f6c/1491576909625/Alcohol+and+Crime+in+Wyoming+-+2016+Executive+Summary.pdf)
- WYSAC (2012). Cost of Substance Abuse in Wyoming 2010, by N. M. Nelson, M. Kato, & H. Costello. (WYSAC Technical Report No. DER-1250). Laramie, WY: Wyoming Survey & Analysis Center, University of Wyoming.
- WYSAC. (2017) The Value of Prevention - Potential Cost Savings From Delaying Adolescent Alcohol Use in Wyoming by Nelson, N., Wambeam, R, & Canen, E. Laramie, WY: Wyoming Survey & Analysis Center, University of Wyoming.
- Youth Risk Behavior Surveillance System [YRBSS]: 2015 [Data File]. Cheyenne, WY: Wyoming Department of Education.