

# CALCAP, ANEF & CCAGE

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Dear Friends  
of CalCAP,  
ANEF &  
CCAGE,

One only  
needs to read  
or hear a news

report to realize that alcohol related deaths and injuries still plague our communities and college campuses, that gambling is growing like a cancer in our state, and that there are continual efforts to legalize/decriminalize recreational use of marijuana. Although we face these challenges through the legislative process (watch for the Legislative Summary in October), there is more that can and must be done.

One of our goals is to provide the research and education that will

## MEETING THE CHALLENGE

assist individuals, churches, communities and colleges address the challenges presented by alcohol, other drugs and gambling. Within this newsletter you will find some surprising information concerning binge drinking (what age group do you think does it most often?), research that identifies marijuana as the number one illicit drug in our country, a community based strategy that addresses alcohol and drug use among our youth, and a program that has proven successful in reducing alcohol-related deaths and injuries on our college campuses

On August 31, the California State Legislature ended their 2012 session (after sending more

than 700 bills to the governor in the last week), but our work has not ceased or finished. We still have great challenges before us: to help people understand the destructive consequences of alcohol, other drugs and gambling, to limit the marketing and expansion of these vices, and to require the alcohol and gambling interests to accept social and economic responsibility and begin to help mitigate the financial costs to our state.

The challenge is before us, and we are ready to meet it.

Rev. James B. Butler,  
Executive Director

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## MARIJUANA STILL #1 ILLICIT DRUG

According to data from the most recent National Survey on Drug Use and Health (NSDUH), an estimated 7.1 million persons aged 12 or older met the criteria for illicit drug use and dependence. Of these, 63.0%—more than 4.4 million—were classified with marijuana or hashish abuse or dependence. Another 33.5% met the criteria for abuse or dependence on psychotherapeutics (prescription medicine) used non-medically (primarily pain relievers), and 14.1% abused or were dependent on cocaine.

This study affirms findings that show that the majority of illicit drug treatment admissions are for marijuana, and that admissions for marijuana and opiates other than heroin (i.e., prescription pain relievers) have been increasing in recent years.

Although there are some who wish to perpetuate the myth that Marijuana is harmless, the fact that more than 4.4 million persons are treated for its abuse and dependency prove it is not. When efforts rise to legalize recreational marijuana use (and we expect they will), we will meet that challenge.

## MEET THE CHALLENGE IN YOUR COMMUNITY

The Substance Abuse and Mental Health Service Administration has developed a program to help communities aid in preventing the problems of alcohol and other drug use and abuse among our youth. This program is called the Strategic Prevention Framework (SPF) and uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels.

In this and future Newsletters, we will provide brief explanations of these steps. Below is an excerpt from the SPF program.

The idea behind SPF is to use the findings from public health research along with evidence-based prevention programs to build capacity within States/Tribes/Territories and the prevention field. This in turn will promote resilience and decrease risk factors in individuals, families, and communities.

The Strategic Prevention Framework steps require States, federally recognized Tribes and Tribal organizations, and communities to systematically:

- Assess their prevention needs based on epidemiological data,
- Build their prevention capacity,
- Develop a strategic plan,
- Implement effective community prevention programs, policies and practices, and
- Evaluate their efforts for outcomes.

Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

The first step we address is “Assessment”.

Assessment involves the systematic gathering and examination of data related to substance abuse and related problems, as well as related conditions and consequences in the community. Assessing the problems means pinpointing where the problems are in the community, as well as the populations that are affected. It also means examining the conditions that put a community at risk and identifying conditions that can protect against those problems.

Practitioners engaged in a comprehensive assessment need to collect information related to:

- Population needs, including levels of substance abuse and related problems.
- Available resources to support prevention efforts.

Community readiness to address identified prevention problems or needs.

Based on their assessment of need, resources, and readiness, practitioners at the State and community levels will identify one or more prevention priorities on which to focus their prevention efforts.

Every community in California is facing the challenge of alcohol and other drug use and abuse among our youth. Utilizing the Strategic Prevention Framework is one way that individuals, churches and communities can work together and help meet that challenge and make a difference.

## REDUCE THE RISK OF GOING BACK TO COLLEGE

As students return to colleges and universities, it is time for those campuses and their communities to implement programs to reduce the use of alcohol and the instances of binge drinking. It is both an academic and health issue for students and taking action will make a difference. According to a number of studies funded by the National Institutes of Health, colleges and communities working together can reduce alcohol-related harm to students. Below are some excerpts from these reports.

Coordinated strategies that address alcohol availability, alcohol policy enforcement and drinking norms can help colleges and their communities protect students from the harms of high-risk drinking, according to a new study supported by the National Institutes of Health.

In the Study to Prevent Alcohol Related Consequences (SPARC), researchers found that a comprehensive environmental intervention implemented by campus-community coalitions reduced students' scores on an index of severe consequences of college drinking. The index included items such as car accidents, DUIs/DWIs, the need for medical treatment as a result of drinking, physical fights and sexual assaults.

Benefits of the intervention extended campus-wide, affecting not only the drinkers themselves but also those around them. Alcohol-related injuries caused by students decreased by 50 percent on participating campuses.

In one study ten campuses were selected. Five would have SPARC programs, and five would not. Each participating campus was asked to select and implement specific strategies that addressed alcohol availability, harm reduction, social norms (i.e., correcting misperceptions about the rate of high-risk drinking among peers) and alcohol price and marketing.

Several strategies were common to all campuses. These included approaches to restrict the provision of alcohol to underage or intoxicated students, increase or improve coordination between campus and community police and establish consistent disciplinary actions resulting from policy violations.

Reports of injuring another person while drinking decreased from 4 percent to 2 percent on SPARC campuses, with a smaller and non-significant decrease observed at the comparison universities.

After several years of implementation, the researchers believe these modest reductions in harm will translate into many students being helped by the intervention. Wolfson and his colleagues estimate that on a campus of 11,000 students, the SPARC intervention will result in 228 fewer students experiencing at least one severe consequence of drinking over the course of a month and 107 fewer students injuring others due to alcohol use during the year.

Our colleges and communities can improve the lives of their students if they will only meet the challenge and make a difference.



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**WE'RE ON THE WEB!**  
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## OUR TASK AND MISSION

The CalCAP family, which includes the California Council on Alcohol Problems (CalCAP), the Alcohol-Narcotic Education Foundation of California (ANEF) and the California Coalition Against Gambling Expansion (CCAGE), is a statewide, faith based organization that seeks to prevent the moral, economic, scientific and social problems caused by alcohol and gambling. This is done through research, education, advocacy and lobbying. Thus, we raise the awareness of these problems among the people, and address the legislature regarding alcohol and gambling issues.

We are funded entirely by gifts from denominations, churches, church groups and individuals. We do not receive any financial support from any governmental agency or political party.

If you would like to be part of our information network, arrange for a program or preaching date, or support our work through-out California, please contact our Executive Director, the Rev. James Butler, or our Sacramento office, at 916 / 441-1844 or [calcap@calcap.org](mailto:calcap@calcap.org). Our Mailing address is 803 Vallejo Way, Sacramento CA 95818.

Because CalCAP is involved in lobbying efforts, donations to CalCAP are not tax-deductible.

Donations to ANEF are tax-deductible.

## BINGE DRINKING — BIGGER PROBLEM THAN YOU THINK

According to the Center on Disease Control, Binge drinking is a dangerous and costly public health problem and is bigger than we thought. Their studies show that Binge drinking is about more than just the number of binge drinkers. The amount and number of times binge drinkers drink are also important to address. Below are some results of their study.

- o Age group with most binge drinkers: **18-34 years**
- o Age group that binge drinks most often: **65+ years**
- o Income group with most binge drinkers: **more than \$75,000**
- o Income group that binge drinks the most often and drinks most per binge: **less than \$25,000**
- o Most alcohol-impaired drivers binge drink.
- o Most people who binge drink are not alcohol dependent or alcoholics.
- o More than half of the alcohol adults drink is while binge drinking.

More than 90% of the alcohol youth drink is while binge drinking.

### **Binge drinking costs everyone.**

- Drinking too much, including binge drinking, cost \$746 per person, or \$1.90 a drink, in the US in 2006. These costs include health care expenses, crime, and lost productivity.
- Binge drinking cost federal, state, and local governments about 62 cents per drink in 2006, while federal and state income from taxes on alcohol totaled only about 12 cents per drink.
- Drinking too much contributes to over 54 different injuries and diseases, including car crashes, violence, and sexually-transmitted diseases.

The chance of getting sick and dying from alcohol problems increases significantly for those who binge drink more often and drink more when they do.

One way to reduce Binge drinking is to increase alcohol taxes or fees. Let us meet that Challenge!