The Role of Community Public Health Agencies in Drug Policy Alternatives



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BACKGROUND AND PURPOSE

Study Overview

Background: For most of the last century, American national, state, and local drug policy has been prohibitionist. However, reform advocates have focused on a wide variety of policy alternatives including marijuana medicalization and/or decriminalization, reducing mandatory minimum penalties for drug possession, and defining drug use as a health services issue. In a March 2000 editorial in the American Journal of Public Health, Des Jarlais highlighted the positive role that a public health approach could offer to drug policy: a focus on education and prevention, alternatives to incarceration, risk reduction, and access to treatment services. In addition, the recent National Institute on Drug Abuse (NIDA) Blue Ribbon Task Force Report on Health Services stressed the importance of documenting points of access to health services for drug users as well as the need to incorporate drug treatment as part of overall community health services.

Purpose: At a community level, public health agencies provide a wide variety of health education, prevention, and treatment services. In addition, such health agencies play a major role in the development and implementation of local health policy. This analysis draws on a national sample of public health agencies to examine agency involvement in drug prevention and/or treatment planning, direct treatment service provision, and drug policy advocacy.

Specific Research Questions

To what extent are community health agencies involved in:

- 1. Drug prevention and treatment needs assessment and service planning?
- 2. Direct provision of related services including school/community prevention and treatment as well as drug court services?
- 3. Drug policy advocacy, including alternatives to incarceration, drug courts, medical marijuana, and needle exchange?

Data Sources and Sampling Frame

Data were collected as a part of the ImpacTeen project (supported by The Robert Wood Johnson Foundation). As a part of the project, key informant telephone interviews were completed in communities surrounding schools participating in the nationally representative Monitoring the Future (MTF) study of 8th, 10th, and 12th grade students (sponsored by NIDA). Data were collected from public health agencies with jurisdiction in 110-202 MTF school districs per year in 1999-2002. Not all questions were asked in all years. Item-specific Ns reported in figures reflect the number of respondents who answered specific questions in the years data were collected.

Limitations

- While this is a national sample, it is not a probability sample of public health agencies in the United States.
- The data presented in this poster have not yet been weighted to account for the MTF sampling framework.
- Trend analysis is not possible as different questions were asked in different years.

STUDY FINDINGS

Figure 1

Health Agency Involvement In Drug Prevention/Treatment Planning

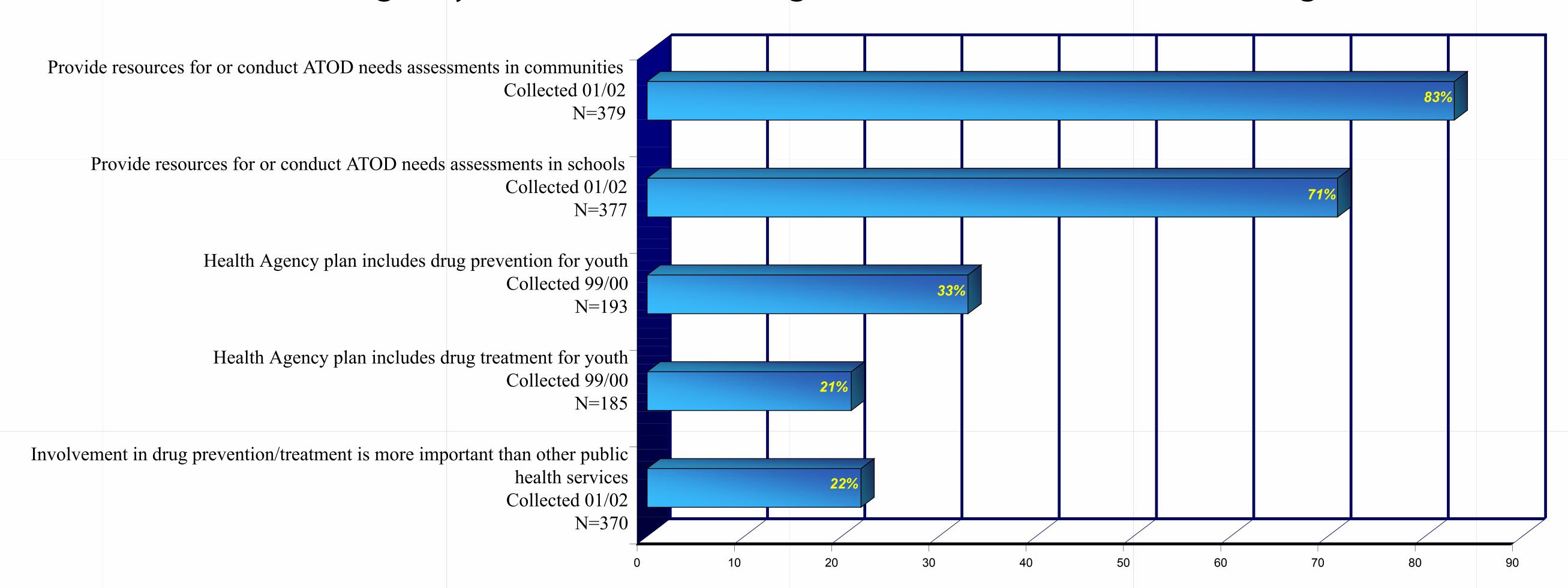


Figure 2

Provision of Direct Services

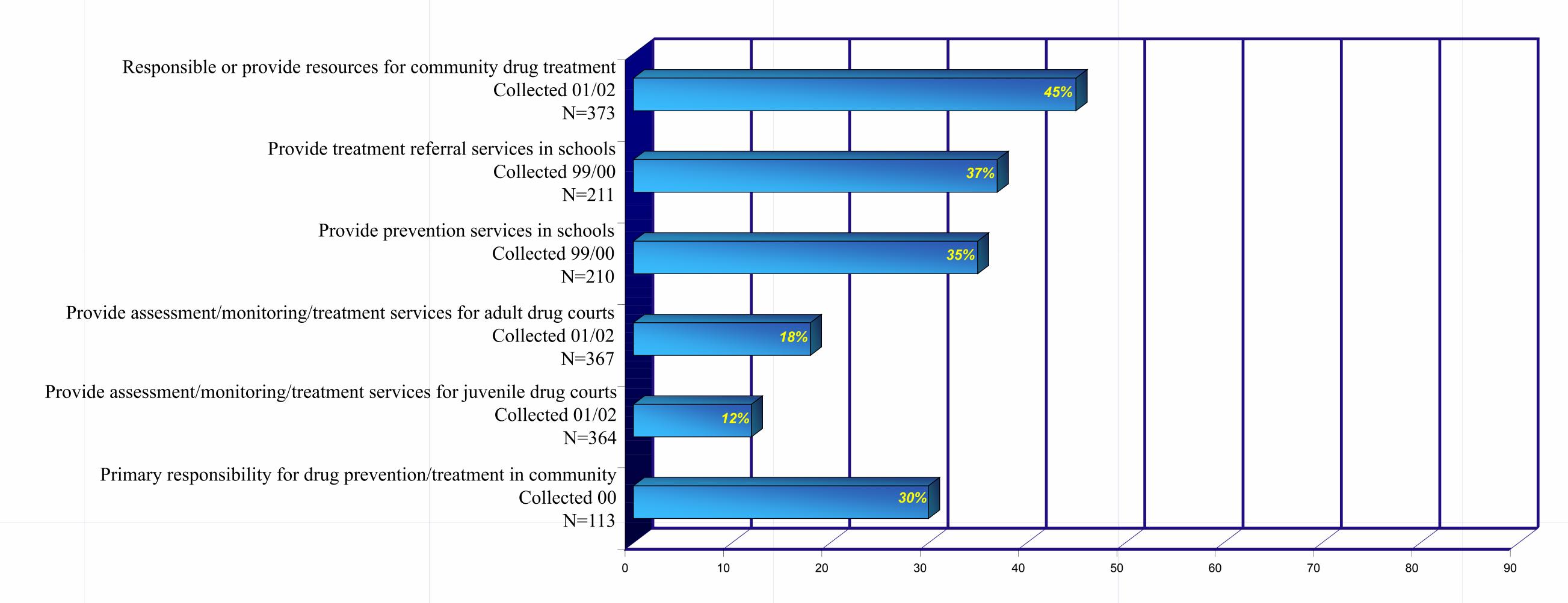
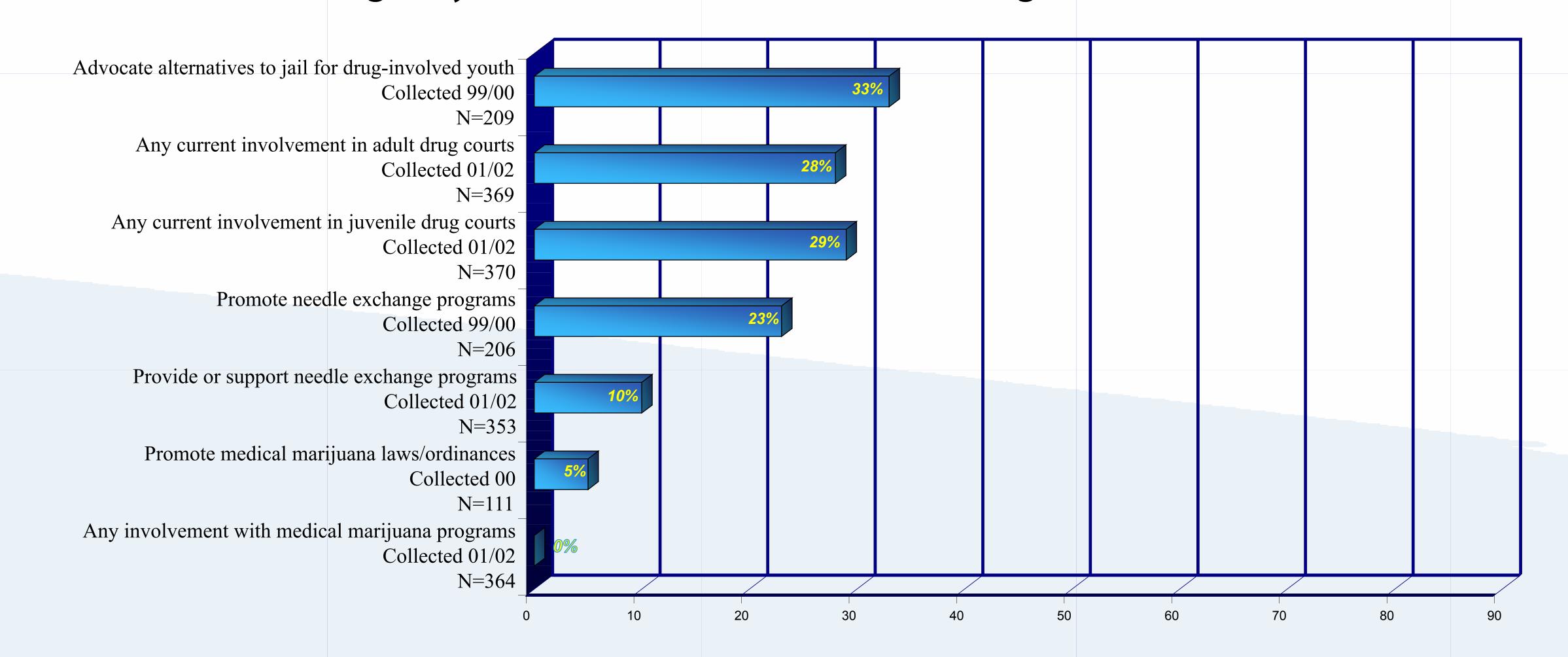


Figure 3

Health Agency Involvement in Alternative Drug Policies



SUMMARY

Community Health Agency Involvement in Drug Prevention/ Treatment Planning

- 1. The vast majority of surveyed health agencies were involved in assessing ATOD health service needs for their communities and schools.
- 2. Local health agencies were more likely to include prevention services in community health plans than treatment services.
- 3. Drug prevention was seen as more important than any other health agency activity by more than one-fifth of the agencies surveyed.

Provision of Direct Services by Community Health Agencies

- 1. Health agencies reported a substantial degree of involvement with drug treatment: almost half reported being responsible for or directly supporting drug treatment services.
- communities.

2. Health agencies were the primary provider of drug prevention and treatment services in 30% of

- 3. Thirty-seven percent of the health agencies reported providing treatment referral and prevention services in schools.
- 4. Health agencies appeared to have a substantial level of direct service involvement with drug courts: 18% reported providing assessment, monitoring or direct treatment services for adult drug courts, and 12% reported such activities for juvenile drug courts.

Health Agency Involvement in Alternative Drug Policies

- 1. One third of health agency where involved in advocating for treatment alternatives to jail for drug-involved youth.
- 2. Local health agencies also had some degree of involvement with advocating for alternative drug policies such as needle exchange (23%) and medical marijuana (5%).
- 3. A few health agencies had implemented or were directly involved in needle exchange programs (10%), but no agencies surveyed reported any involvement with a medical marijuana program.

CONCLUSIONS AND IMPLICATIONS

- . The data suggest that local health agencies are an important part of assessing treatment service options for community drug users, including both adults and juveniles.
- 2. Community health agencies are substantially involved in drug policy advocacy, prevention, and service planning as well as direct service provision.
- 3. Researchers examining community drug treatment service needs and access may want to cordinate with local public health agencies.
- 4. Policy change advocates might consider partnering with local health agencies to advocate for and implement policy change in local communities.

NEXT STEPS IN ANALYSIS

- 1. Integrate MTF sampling framework weights with the data.
- 2. Examine differences in health agency drug policy, prevention, and service involvement by region of the country and community socio-demographic characteristics.
- 3. Examine the extent to which drug prevention/treatment planning, direct service provision, and policy involvement are interrelated in local health agencies.

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