



WOMEN UNDER THE INFLUENCE

FLORIDA'S BLUEPRINT



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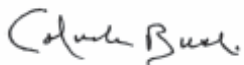
FOREWORD

Certainly there are many things in life worthy of our support, but one specifically is the prevention of substance abuse within our societies. More often than not, the human tragedies that sadden us are connected with substance abuse. That insight is evident from situations that occur every day. Drug abuse is everywhere --in cities, in the rural communities, affecting every walk of life, every ethnic group, every level of education and income. It's a disease that destroys lives, shatters families, undermines whole neighborhoods, and leaves human tragedy everywhere in its wake.

This point has been driven home to me throughout the years. Early on, as a parent and an involved citizen, I saw the need to take a stand, to fight back, and to do what I could to resist the scourge of drug abuse. I've met some wonderful people along the way who have similarly come to recognize the great dangers that drug abuse poses to us all. Together, we've battled substance abuse for a long time, yet unfortunately, it is still far too prevalent in our society.

One extraordinary group leading the fight on this issue is the Center on Addiction and Substance Abuse (CASA) at Columbia University, which I began working with in 2000. For many years, CASA has conducted important research, which has allowed us to better understand how we might overcome this destructive disease. During the spring of 2006, they provided comprehensive findings and recommendations specifically related to the affects of alcohol and substance abuse on girls and women. Their marvelous book, Women Under the Influence, is the basis of a timely initiative for our state and communities.

Tragedies will impact us throughout our lives, but we can reduce the number of tragedies connected with substance abuse with concerted actions by committed and concerned individuals--and reducing substance abuse in our state is what we've been doing and will continue to do.



Columba Bush
First Lady of Florida

HISTORY OF THE WOMEN UNDER THE INFLUENCE BOOK AND THE FLORIDA TASK FORCE

During a press conference in February 2006, CASA Chairman and President Joseph A. Califano, Jr. introduced Women Under the Influence¹ as the first book published during CASA's distinguished history. The book is the "...result of more than a decade of research... and represents the most penetrating and comprehensive examination ever undertaken of substance abuse among American women of all ages." (Women Under the Influence introduction by Joseph A. Califano, Jr).

The Johns Hopkins University Press published Women Under the Influence in February 2006. The book is the culmination of ten years of research regarding girls and women with substance abuse. The book is particularly valuable as it covers all ages, socio-economic situations, and drugs. It alerts the reader to warning signals that substance abuse is, or may be, a problem for girls and women. Importantly, it illuminates the shame, embarrassment, and denial stigmas that have long prevented girls and women from seeking appropriate care. It also clearly demonstrates that many professionals are not prepared to recognize the signs and symptoms and to deliver the gender specific care. The book also provides recommendations for helping professionals to prevent and to treat the substance abuse problem for girls and women.

When introduced by Mr. Califano, Women Under the Influence became the catalyst for the final substance abuse initiative that First Lady Columba Bush would embrace during her eight years as First Lady. She immediately recognized the great potential in focusing on girls' and women's issues that she recognized in the book, and she had seen throughout her many discussions with Floridians trapped in addiction. With characteristic enthusiasm and commitment, the First Lady assembled a small group of key professional and state agency leaders to discuss the potential impact of a girls' and women's substance abuse initiative in Florida. She asked that Sue Foster, CASA Vice-President for Policy and Research Analysis, present key findings and initial action steps from the book to a working group that would be assembled in the Governor's Mansion on June 5, 2006.

Mrs. Bush worked closely with the Office of Drug Control to build an initial structure and agenda for the working group. Representatives from state agencies and key service providers for girls and women were invited to attend. The initial workgroup included more than substance abuse professionals. Initial objectives were established and the group continued to meet during the summer. The group quickly gained the enthusiasm and commitment that First Lady Columba Bush exhibited at the beginning of the project.

CASA has provided the research-based evidence to guide action and First Lady Columba Bush has given the inspiration and leadership to the project. Florida's girls and women are the beneficiaries of this unique alignment of evidence, executive leadership, and compassion.

In addition to the CASA book, we have used the Blueprint for the States, Policies to Improve the ways States Organize and Deliver Alcohol and Drug Prevention and Treatment², published by Join Together with support from Robert Wood Johnson foundation and The Change Book, a Blueprint for Technology Transfer, published by the Addiction Technology Transfer Center (ATTC) Network under a cognitive agreement from the Substance Abuse and Mental Health Administration (SAMHSA) Center for Substance Abuse Treatment. Both of these references provided valuable structure and discussion points that were considered in the development of the Florida strategy, which is outlined in this document.

BACKGROUND

At the time the book was released, Governor Jeb Bush was entering his eighth and final year of gubernatorial leadership in Florida. Upon taking office in 1999, Governor Bush designated substance abuse prevention as one of his administration's top three priorities. First Lady Columba Bush assumed the role of leader and spokesperson for their effort. Shortly thereafter, they announced the creation of the Office of Drug Control in the governor's office. Governor Bush and the First Lady understood the degree to which substance abuse was undercutting stability, economic viability, the criminal justice system, public health, and societal potential in Florida. An office co-located with the governor clearly sent the message that substance abuse prevention would receive their personal attention. During the spring 1999 legislative session, the Florida Senate and House passed legislation creating the office and the Statewide Drug Policy Advisory Council. A formal drug control strategy was published in September 1999.

Upon assuming the duties as Florida's First Lady, Columba immediately began to visit prevention and treatment programs throughout the state. She provided encouragement, listened to clients, focused on children, and looked for innovative ways to improve the substance abuse prevention and treatment systems. She joined the Board of Directors for The National Center on Addiction and Substance Abuse at Columbia University in February 2000, the nationally recognized Phoenix House in December 2002, and the Substance Abuse and Mental Health Administration (SAMHSA) in July 2004.

Working with the newly created Office of Drug Control, the First Lady emphasized interagency cooperation, federal/state/local collaboration, prevention and treatment strategies, funding expansion, and policy initiatives. Her personal involvement contributed significantly to Florida's emergence as an aggressive, innovative leader in our nation's efforts to combat substance abuse.

As a result of the support by the Governor and First Lady, Florida has responded to the challenge of substance abuse with substantial expenditures for prevention and treatment. In 2006, the state will spend over \$300 million for prevention and treatment services by state agencies. Spending is driven by the Florida Drug Control Strategy. The strategy established four goals: (1) protect Florida's youth from substance abuse, (2) reduce the demand for drugs in Florida, (3) reduce the supply of drugs in Florida, and (4) reduce the human suffering, moral degradation, and social, health, and economic costs of illegal drug use in Florida.

In addition to the comprehensive strategy, special projects emphasize efforts to reduce underage drinking, to prevent the spread of methamphetamines, to expand the highly successful drug court system, and to strengthen adolescent treatment. The state's substance abuse infrastructure is formidable with comprehensive strategies addressing prevention, law enforcement, treatment, changing alcohol norms for youth, and suicide prevention. The state legislature has enacted legislation to support these initiatives. As a result of this strong effort, youth substance abuse has been substantially reduced. However, Florida can strengthen gender specific programs for girls and women.

The initial girls and women workgroup has worked to establish a baseline for females served in substance abuse or related services. Last year, the Department of Children and Families (DCF) served 41,222 women in 37 residential and 22 outpatient gender-specific substance abuse programs. Less than 3% of clients served by the DCF are elderly despite increasing substance abuse among this population. Federal funding prioritized substance abuse treatment services for

pregnant injecting drug users, pregnant substance abusers, and injecting drug users. The Department of Juvenile Justice (DJJ) has 28 female residential/commitment facilities with integrated mental health and substance abuse services. DJJ served 28,660 girls last year.

The Florida Department of Health (FDOH) administers an annual tobacco survey and a risk behavior survey. FDOH also monitors fetal infant mortality rates, Healthy Start prenatal and infant screening, and pregnancy mortality. FDOH is also involved in abstinence education to reduce adolescent sexual activity, sexual violence prevention, fetal alcohol spectrum disorders, and general health through community centers.

Thousands of young girls are involved in the state's Girl Scout program, but no substance abuse data (alcohol, cigarette use) is collected.

The Florida workgroup's initial efforts focused on findings and recommendations from CASA's Women Under the Influence. The workgroup identified five target populations among girls and women: (1) pregnant women and infant girls under age 3; (2) girls ages 4-18; (3) college women ages 18-24; (4) adult women; and (5) elderly women. The conclusions that supported project expansion to a formal task force were:

- Florida should obtain additional information about substance abuse among girls and women.
- Training for health care professionals in identifying and treating substance abuse among girls and women should be enhanced.
- Additional information, particularly across systems, is needed to define a starting baseline for gender-specific services.
- Prevention programs for girls in schools must be gender sensitive and should assist girls and young women transitioning from elementary to middle school, middle school to high school, and high school to college. The link between substance abuse and social problems for women including domestic violence, child abuse, sexual and physical abuse, poor educational achievement, divorce and financial instability are well documented and cross all systems at the state and local level.
- The health care system must respond to substance abuse prevention and treatment needs for girls and women.
- Florida should create a formal task force to develop recommendations and policies to reduce substance abuse among girls and women.

This report is a blueprint for state leaders to adapt as a starting point in initiating a substance abuse initiative to assist girls and women. We recognize the importance of the research findings presented in Women Under the Influence and believe we must act if we are to maintain a credible response to substance abuse in Florida. It is no longer acceptable to provide "one size fits all" solutions for girls and women. We invite you to join us in this endeavor and to share findings and solutions.

SUMMARY OF THE FLORIDA RESPONSE PLAN

I. Leadership.

The First Lady of the state or other highly visible woman must assume the role of “champion” for girls and women. If advocacy is delegated to the state agency level or community, there will be insufficient focus and attention on the problem. Resources will be inadequate and actions plans unsupported. Overall accountability will suffer thereby reducing progress. Leadership must be personal and continuous to prevent and treat substance abuse problems. Leadership must be multi-echelon eventually impacting each community in the state.

II. Identify state team to address the problem.

The initial team should represent major stakeholders of girls’ and women’s services and activities. A mix from the public and private sectors, state and local agencies, and influential women should be identified. It is important to involve multiple disciplines (prevention, treatment, health, juvenile justice, girl scouts, professional, education and elderly). The initial group will recommend additional members as meetings progress. Consider the logistics of the initial meeting and where/when subsequent meetings will occur. Provide invited members a copy of Women Under the Influence a month before the first meeting. Consider how to recognize participants in the initial workgroup and during the project.

III. Define target populations.

Identifying target populations enables the task force to focus action. We seek systems change. This will require targets for change-clients, practitioners, and agencies. In some instances, we will try to influence change in the community and family. Women Under the Influence clearly differentiates risks, protective factors, and recommendations for females of all ages. The 5 target populations in Florida include: pregnant women and infants ages 0-3; girls, ages 4-18; college and university aged women, ages 18-24; adult women, ages 18-64, and elderly women, ages 65+. The task force established a workgroup for each target population.

IV. Establish the state baseline for the target population.

To effect change for girls and women involved in substance abuse, we must define the theoretical baseline in the book and the resultant measurements in Florida. What are the census numbers for each target population, where do they reside? What are the warning signs and times of increased risk for substance abuse? What amount of substance abuse exists in the state? What is the frequency of consequences of substance abuse? What data systems are in place to obtain these statistics? This step requires a thorough analysis of Women Under the Influence in partnership with CASA.

V. Specify goals and measurable objectives.

After the baseline has been established the task force identifies the broad goals that will guide the effort. Each goal must contain measurable objectives that will ensure accountability in the project. Data will be collected to indicate progress in the 5 target

populations to include who has received services or participated in the activity, what the costs of the service or activity was, and the outcome achieved. Our initial effort emphasizes change within existing resources. To accomplish this, our goals and objectives must identify areas to improve efficiencies in what is not being done, to align systems that may currently be “stove-piped”, and to train and educate current providers of services and activities regarding the gender-specific needs of girls and women.

VI. Identify action steps and resources to accomplish objectives.

Action steps translate broad goals and measurable objectives into specific requirements. This is often difficult, yet the most important step in the process. Action steps are derived from the evaluation of the problem, the target audience, Florida’s baseline of girls’ and women’s substance abuse, and resources available for change. They reflect the experience and consensus of the workgroup and others involved in the project. Action steps “fix responsibility” to individuals or organizations by assigning the task, resources, and time available. They are evaluated for effectiveness and completeness. This will often require data collection, analysis, and reporting. When completed, action steps signal accomplishment of part of, or the entire measurable objective. Failure to define action steps clearly will result in uncertainty and loss of accountability in the project.

VII. Implement action steps.

The Florida task force began implementing action steps after the initial meeting. A good plan executed now is better than a perfect plan that takes too long to develop. Future action steps will result from the strategy with goals and measurable objectives. The nature of this project is dynamic, which will require flexibility and timely adjustment to the strategy. At the same time, we must not waste time, energy, and resources. Workgroup expansion may be necessary to manage the implementation of our action steps. Community involvement will increasingly be more important. We want to generate ‘small successes’ to continue the momentum and motivation that have been evident early in the project. Strong communications capabilities must be sustained so the status of progress is current, the response to problems is timely, and the state and local teams are aware of what is happening.

VIII. Evaluate progress.

We must develop an action plan evaluation process. We would like to outsource this requirement so we maintain an objective, hard look at what we are doing. Progress must be evaluated and appropriate feedback provided. Where we are not making progress, we must adjust our goals, objectives, and action steps. The task force and community partners will establish clear methods to maintain accountability. We must reinforce success and correct deficiencies. This will require improved data management, effective communications, and efficient use of resources. Input from the target populations is very important during this phase. The evaluation results will drive the revisions to our action steps and strategies. This step is also important in determining resistance to the change being implemented. This resistance, as with other barriers to change, must be resolved through communication or revised strategies.

IX. Sustain focus and attention

The task force led by the Director, Florida Office of Drug Control is charged to sustain

the effort during the change in administrations. The Governor's Office of Drug Control provides the support staff for the project and has the authority to convene state agencies. The executive order and power of the Governor's Office are the official means to sustain focus and attention. More importantly, CASA's book impels the focus and attention for the project. Providing more gender-specific services and activities, reducing barriers, changing prevention and treatment systems, and addressing the issues in Women Under the Influence are timely and appropriate actions for our state. As evidenced with the difficulty in aligning Florida's baseline with the CASA analysis, the state effort is going to take time. We have built our structure, strategy, and evaluation plan to sustain our effort over time. The most important aspect of this step is leadership. As we change administrations in Florida, we are postured to gain the concurrence of the new Governor and continue the task force. One must only read Women Under the Influence to sustain the work that has been enthusiastically started.

I. LEADERSHIP

The First Lady of the state or other highly visible woman must assume the role of "champion" for girls and women. If advocacy is delegated to the state agency level or community, there may be insufficient focus and attention on the problem. Resources may be inadequate and actions plans unsupported. Overall accountability will suffer thereby reducing progress. Leadership must be personal and continuous to prevent and treat substance abuse related problems. Leadership must be multi-echelon eventually impacting each community in the state.

Leadership in Florida:

1. **Project "champion"**. The First Lady has assumed the role of "champion" for the project. She hosted the initial meeting and established an official link with the National Center for Addiction and Substance Abuse (CASA) at Columbia University. A luncheon in the Governor's Mansion hosted by the First Lady with key public and private sector leaders attending has established the appropriate emphasis and expectation for future success. Continued leadership and involvement by the First Lady is sustaining the focus and attention.
2. **State substance abuse expertise and leadership**. The Governor's Office of Drug Control (ODC) is responsible for staff support to the project. This office is responsible for substance abuse coordination, collaborations, strategies, funding, and policy efforts from the Governor's Office. This expertise is essential in building the state strategy and collaborations with Florida agencies, business partners, and communities. ODC maintains ongoing liaison with CASA to incorporate the research and recommendations into the state plan. ODC provides periodic updates to the Governor as part of his substance abuse initiative.
3. **Legislative participation**. A female state legislator has participated on the task force since the initial workgroup meeting. Legislators must educate other legislators about substance abuse. Access to committees involved in health or substance abuse issues will be increasingly more important. We will work to create a female caucus to support task force initiatives.
4. **State agency coordination**. State agency leadership has been involved since the initial

meeting and is expected to align objectives and resources across systems that are traditionally “stovepiped”. Agency secretaries and directors provide subject matter experts knowledgeable of services and activities for girls and women.

5. **State advisory board.** Initial planning has been accomplished by a workgroup led by the Director, Florida Office of Drug Control. A steering committee has been created to assist in preparing meeting agenda and completing necessary follow-up coordination between meetings.
6. **Federal Involvement.** Susan Foster represented CASA and Beverly Watts-Davis represented the Substance Abuse and Mental Health Services Administration. Federal leaders are essential to maintaining a multi-echelon approach (federal/state/community) to the girls and women substance abuse problem.
7. **Local perspective.** Representatives from community gender-specific programs have been included from the beginning of the project. They provide a client perspective from their daily interaction with girls and women. They will facilitate the expansion of the project from the state to the community level.

Recommendations for future action:

1. **Mobilize girls and women.** The ultimate success of the project will depend on Florida’s ability to mobilize girls and women of all ages across the state. Women at all levels of government and the private/public sectors must embrace the project to prevent and to treat substance abuse among girls and women.
2. **Include female executives.** Female executives in public and private organizations must be in the project. This will be particularly important at the community level.
3. **Marketing.** ODC and influential partners must engage the media to raise public awareness about the gender-specific risks and services for girls and women.
4. **Community leaders.** Professionals in Florida communities must be trained in risk and protective factors for girls and women. Training must provide the necessary skills for gender specific prevention and treatment.
5. **Legislative support.** When policy issues are identified, legislators must be identified to sponsor and pass laws. Female legislators should be briefed on the project and key legislators included to join the state task force. One of the project objectives is to establish a substance abuse specific committee or caucus that will include a gender-specific focus.

II. IDENTIFY THE STATE TEAM TO ADDRESS THE PROBLEM

The initial team should represent major stakeholders of girls’ and women’s services and activities. A mix from the public and private sectors, state and local agencies, and influential women should be identified. It is important to involve multiple disciplines (prevention, treatment, health, juvenile justice, girl scouts, professional, education and elderly). The initial group will recommend additional members as meetings progress. Consider the logistics of the initial meeting and where/when subsequent meetings will occur. Provide invited members a copy of Women Under the Influence a month before the first meeting. Consider how to recognize participants in the initial workgroup and during the project.

Assembling Florida's Team:

1. **Initial workgroup meeting.** The First Lady hosted a luncheon in the Governor's Mansion. Personal invitations on behalf of the First Lady were sent from the Governor's Office of Drug Control. Susan Foster, CASA Vice-President and Director of Policy Research and Analysis, attended the first workgroup meeting and provide a briefing on the book. Beverly Watts-Davis, Substance Abuse and Mental Health Administration (SAMHSA), attended and voiced support for future collaboration with her organizations Centers for Substance Prevention (CSAP) and Treatment (CSAT).
2. **State Agencies.** State agencies invited represented multiple disciplines: education, elder affairs, health, juvenile justice, and children and families. Secretaries and directors attended the first meeting and will continue to be involved; however, agency subject matter experts have provided the input for subsequent task force meetings. A state representative provided legislative guidance during the discussion.
3. **Community Participation:** Community representatives included representatives from AARP, intervention programs for girls, domestic violence providers, substance abuse prevention and treatment provider association, professional medical association, higher education and private sector leaders.

Recommendations for future action:

1. **Legislative.** Expand participation by state legislators. Establish a girls and women caucus during the 2007 legislative session.
2. **Faith-based participation.** Identify faith-based partners to join the task force.
3. **Administration Transition.** Sustain the task force during the transition after the election in November 2006.
4. **Community involvement.** Identify coalitions or other infrastructure in Florida communities to align with the state task force effort. Share state strategies and action plans with local partners encouraging local strategies.
5. **Communications.** Improve communications means among task force members and statewide partners. Consider a girls and women substance abuse website link with existing substance abuse websites.
6. **Recognition.** Continue the involvement of First Lady Columba Bush in task force meetings. Present action update to her during November with agency heads and agency representatives. Continue to recognize task force participation and major initiatives by members.
7. **Identify opinion leaders.** As we work with the 5 target populations, we must identify opinion leaders and involve them in the task force or community effort. They will be critical to effect change as we remove barriers, enhance awareness, and implement our action steps.

III. DEFINE THE TARGET POPULATIONS

Identifying target populations enables the task force to focus its action as we seek to change the current system. This will require targets for change: clients, practitioners, and agencies. In some instances, we will try to influence change in the community and

family. Women Under the Influence clearly differentiates risks, protective factors, and recommendations for females of all ages. The task force established a workgroup for each target population.

Florida's Target Populations:

1. **Pregnant Women and Infants Ages 0-3.** Women and infants may be exposed to substance abuse knowingly as the mother continues to use during the pregnancy. Oftentimes drug use is accidental as drug use occurs before the woman learns she is pregnant. Regardless, the effects of substance abuse on the mother, unborn baby, and infant can be significant.
2. **Girls, Ages 4-18.** Florida's priority for substance abuse prevention is our youth. We have seen substantial reductions in all youth substance abuse statistics except alcohol. However, we have also experienced a closing of the traditional gap wherein boys used more substances than girls. There are distinct gender-specific reasons why this change has occurred.
3. **Adult Women, Ages 18-64.** This group encompasses the broadest span in years. The length of time presents problems for our workgroup; however, the task force believed the problems and solutions were similar and could be managed together.
4. **College and University Aged Women, Ages 18-24.** This target population represents one of the most vulnerable for substance abuse. Young women are away from home for the first time; they lack daily supervision, and are exploited by alcohol marketing and peers. The research on their behavior with substance abuse is a major concern for our task force.
5. **Elder Women, Ages 65 +.** Often the most overlooked substance abuse population; these women have less tolerance for drugs, yet may take them to deal with physical and psychological pressures. We believe their issues are distinct enough to be separated from the larger adult women category.

Recommendations for future action:

1. **Identify barriers for prevention and treatment services.** What are the funding and systemic reasons that women are not receiving requisite services if they are involved with substance abuse? How can we improve prevention and intervention services for girls and women?
2. **Systems definition.** The workgroups must define the systems that are impacting girls and women positively and negatively. Who is responsible for the system and what changes are needed for the specific target population? Action steps must address the specific population.
3. **Adjust target populations as necessary.** Workgroup success, or lack thereof, should validate our initial selections of target populations. If a group is too large, or further definition is required, the task force must adjust accordingly.
4. **Sustain close collaboration with CASA.** The work products provided by CASA staff have been extraordinary. These have included a summary of recommendations and proposed action steps by target population. These products have confirmed task force efforts in analyzing the book and enabled us to move more efficiently to action steps.

IV. ESTABLISH THE BASELINE FOR THE TARGET POPULATIONS

To effect change for girls and women involved in substance abuse, we must define the theoretical baseline in the book and the resultant measurements in Florida. What are the census numbers for each target population, where do they reside? What are the warning signs and times of increased risk for substance abuse? What amount of substance abuse exists in the state? What is the frequency of consequences of substance abuse? What data systems are in place to obtain these statistics? This step requires a thorough analysis of Women Under the Influence in partnership with CASA.

Establishing Florida's Baseline:

1. **What is Florida currently measuring?** Task force members were asked to “get the facts” for Florida? What statistics on substance abuse prevalence and trends do we now measure regarding our 5 target populations?
2. **What are the critical elements of information in Women Under the Influence?** CASA staff provided the following warning signs and times of increased risk for girls and women.
 - History of physical or sexual abuse.
 - Depression, anxiety, other mental health problems
 - Bingeing, purging, excessive dieting or worrying a great deal about weight
 - Early puberty
 - Mothers who smoked or drank alcohol during pregnancy
 - Parents or other adult role models who smoke, abuse alcohol or use drugs
 - Friends who smoke, drink or use drugs
 - Frequent moving from one home or community to another
 - Transitioning from elementary school to middle school, middle school to high school, high school to college
 - Trauma
3. Next steps. The task force has reviewed existing data from state agencies and agreed it is too incomplete to reflect a measurable baseline by target population. A new strategy with action steps will be determined in the meetings ahead.

Recommendations for future action:

1. **Continued effort to define priority areas of measurement.** Each workgroup has been asked to identify baseline measurements. We will limit the number of areas to the top 3-5 for each target population. Our initial efforts will focus on areas that are currently measured. We will then look at key areas from the book that we are not measuring. We must then determine the feasibility of gathering this information.
2. **Implement initial action steps to address CASA data concurrently with the Florida baseline effort.** Women Under the Influence has focused our task force on an area that has been neglected. We will not stop our strategic planning process pending complete definition of the baseline. The task force has decided to move on initial action steps concurrently with baseline definition.

V. SPECIFY GOALS AND MEASURABLE OBJECTIVES

After the baseline has been established the task force identifies the broad goals that will guide the effort. Each goal must contain measurable objectives that will ensure accountability in the project. Data will be collected to indicate progress in the 5 target populations to include who has received services or participated in the activity, what the costs of the service or activity was, and the outcome achieved. Our initial effort emphasizes change within existing resources. To accomplish this, our goals and objectives must identify areas to improve efficiencies in what is not being done, to align systems that may currently be “stove-piped”, and to train and educate current providers of services and activities regarding the gender-specific needs of girls and women.

Florida goals and objectives

1. Immediate objectives developed during the first workgroup luncheon. The workgroup established the following objectives to be implemented prior to or as part of the next meeting. The workgroup wanted to initiate action immediately, where possible, in addition to the planning that will ensue.

- **Action Item #1: Get the Facts for Florida**

What services are provided to girls and young women? Adult women? Older women?

How many are served by category: Girls and young women? Adult women? Older women?

Of those served, what data is collected? Provide statistical information. (Of particular interest are: Number who smoke; use alcohol, prescription drugs, illicit drugs; are pregnant and abuse substances; have been physically and/or sexually abused; have a physical disease or diagnosed mental health condition.)

What consequences of substance abuse are measured? (Domestic violence, delinquency, rape, health issues, etc).

Are gender-specific services for girls/women provided now? How many? Services?

What are the measurable outcomes for the services provided? Are there any gender-specific measurements?

(Please note this is an initial effort to define our Florida baseline for girls/young women, adult women, and older women. We will adjust the model during our discussion.)

- **Action Item #2: Present the initiative to the Governor’s Agency-Head Meeting**

Workgroup chairman presented our initiative during an agency-head meeting with Governor Bush. Included was the information presented by Susan Foster,

CASA; a list of current workgroup participants; and Florida’s “next steps”. Support and participation will be solicited from all who attend.

- **Action Item #3: Educate and engage health care professionals.**

This was an immediate priority for the workgroup. The first action will be to design a brochure with information based upon key issues in Women Under the Influence. This action item will be continued as part of the main strategy for the task force.

- **Action Item #4:** Develop a messaging concept to include in brochure. Key points are being discussed with Susan Foster.

VI. IDENTIFY ACTION STEPS AND RESOURCES TO ACCOMPLISH OBJECTIVES

Action steps translate broad goals and measurable objectives into specific requirements. This is often difficult, yet the most important step in the process. Action steps are derived from the evaluation of the problem, the target audience, Florida’s baseline of girls and women substance abuse, and resources available for change. They reflect the experience and consensus of the workgroup and others involved in the project. Action steps “fix responsibility” to individuals or organizations by assigning the task, resources, and time available. They are evaluated for effectiveness and completeness. This will often require data collection, analysis, and reporting. When completed, action steps signal accomplishment of part of, or the entire measurable objective. Failure to define action steps clearly will result in uncertainty and loss of accountability in the project.

CASA has provided the following matrix, “Prevention and Policy Opportunities Across the Life Span”, July 2006. Our task force workgroups are examining each area for their target population.

GIRLS

Parents and Families

- Set high expectations, make them known, enforce consequences
- Communicate openly, consistently, and honestly
- Show disapproval of substance use; don’t accept it as a rite of passage
- Exercise discipline
- Monitor behavior, friends, activities, including TV, Internet use
- Set a good example
- Provide perspective on ads, media messages about substances
- Be aware of risks and get help fast if needed
- Eat dinner together regularly
- Educate parents about the risks their daughters face

Elementary, Middle, and High Schools

- Know signs and symptoms; be on look-out for problems
- Provide comprehensive, culturally competent, age-and gender-specific prevention programming
- Create interventions targeted to signs and times of high risk
- Send clear messages about unacceptability of substance use
- Encourage extracurricular activities
- Set clear and consistent expectations for behavior and consequences for substance use
- Foster student attachment to school

Physicians and Healthcare Workers

- Obtain family history of substance abuse
- Identify and treat, conditions and behaviors associated with substance abuse (i.e., depression, anxiety, eating disorders, sexual or physical abuse)
- Educate patients about substance use and related risks and behaviors, including pregnancy-related risks
- Recognize signs and symptoms of substance abuse and know how to respond
- Pharmacists can monitor patients' prescriptions and notify them and their physicians of unsafe patterns of consumption

Advertising and the Entertainment Media

- Refrain from linking smoking and drinking with unrealistically thin images of women, or sex appeal
- If female characters do smoke or drink, show the negative consequences of such behavior
- Conduct substance abuse prevention campaigns

Researchers

- Conduct gender-specific research on risks and consequences of substance abuse, and how best to prevent and treat it
- Research the roles of race/ethnicity and income in the development of substance abuse and addiction in girls and in their recovery

Policy Makers

- Institute regulatory controls on tobacco and alcohol advertising and sales to protect underage youth
- Impose higher taxes on alcohol and tobacco
- Institute and enforce public smoking bans
- Enforce laws to limit underage drinking and smoking
- Ban commercial sales and gifts of alcohol to minors
- Conduct anti-substance-use awareness and prevention campaigns

- Develop gender-specific national screening guidelines and instruments for doctors, dentists and pharmacists, and train professionals to implement them
- Provide financial support and incentives for gender-specific prevention and treatment
- Require insurers to reimburse health professionals for educating patients about substance abuse and for providing gender-specific screening and treatment
- Fund gender-specific research

COLLEGE WOMEN

Parents and Families

- Discuss substance use risks and expectations before child leaves home
- Continue open discussion throughout college years
- Show disapproval of substance use; don't accept it as a rite of passage
- Set a good example
- Be aware of risks and get help fast if needed

Colleges and Universities

- Develop clear anti-substance use policies and make them known
- Identify and reach out to young women using or at risk of using
- Enforce campus policies consistently and effectively
- Know unique risks to female students and target them accordingly
- Provide gender-appropriate screening and treatment options
- Work with surrounding community to limit density of alcohol retail outlets
- Prohibit tobacco and alcohol promotions, such as "ladies' night"
- Ban all tobacco and alcohol advertising on campus
- Offer smoke-free and alcohol-free social events, including alternative spring breaks

College Health Care and Counseling Centers

- Screen victims of sexual violence and those struggling with depression, eating disorders or other mental health problems for substance abuse
- Intervene when risks are identified
- Recognize that females abusing substances may exhibit less overt risk behaviors than males
- Educate college women about substance use and its related risks and behaviors, including pregnancy-related risks

Physicians and Healthcare Workers

- Educate patients about substance use and related risks and behaviors, including pregnancy-related risks
- Recognize signs and symptoms of substance abuse and know how to respond
- Provide better training for health professionals to prevent and treat substance abuse in

women

- Pharmacists can monitor patients' prescriptions and notify them and their physicians of unsafe patterns of consumption

Advertising and the Entertainment Media

- Do not promote or advertise alcohol on college campuses
- Do not advertise alcohol in college sports programming where significant portions of the viewers are underage
- Prohibit marketing directly to students at college-sponsored events, college bars, or fraternity/sorority parties.
- Refrain from linking smoking and drinking with unrealistically thin images of women, or sex appeal
- If female characters do smoke or drink, show the negative consequences of such behavior
- Conduct substance abuse prevention campaigns

Researchers

- Document effectiveness of parental interventions
- Examine how universities can better address prevention and treatment issues for college women
- Determine venues through which college women can be reached
- Research the roles of race/ethnicity and income in the development of substance abuse and addiction in college women and in their recovery

Policy Makers

- Institute regulatory controls on tobacco and alcohol advertising and sales to protect underage youth
- Impose higher taxes on alcohol and tobacco
- Institute and enforce public smoking bans
- Enforce laws to limit underage drinking and smoking
- Ban commercial sales and gifts of alcohol to minors
- Conduct anti-substance-use awareness and prevention campaigns
- Develop gender-specific national screening guidelines and instruments for doctors, dentists and pharmacists, and train professionals to implement them
- Provide financial support and incentives for gender-specific prevention and treatment
- Require insurers to reimburse health professionals for educating patients about substance abuse and for providing gender-specific screening and treatment
- Fund gender-specific research

ADULT WOMEN

Parents and Families

- Be alert to signs of trouble
- Assist in getting treatment for substance abuse or for other problems, such as depression, that might increase risk

Physicians and Healthcare Workers

- Educate patients about substance use and related risks and behaviors, including pregnancy-related risks
- Recognize signs and symptoms of substance abuse and know how to respond
- Provide better training for health professionals to prevent and treat substance abuse in women
- Pharmacists can monitor patients' prescriptions and notify them and their physicians of unsafe patterns of consumption

Advertising and the Entertainment Media

- Refrain from linking smoking and drinking with unrealistically thin images of women, or sex appeal
- If female characters do smoke or drink, show the negative consequences of such behavior
- Conduct substance abuse prevention campaigns

Researchers

- Conduct gender-specific research on risks and consequences of substance abuse, and how best to prevent and treat it
- Research the roles of race/ethnicity and income in the development of substance abuse and addiction in adult women and in their recovery
- Determine the venues through which women in this age group can be reached, and who is best equipped to identify, prevent and treat substance abuse in adult women

Policy Makers

- Impose higher taxes on alcohol and tobacco
- Institute and enforce public smoking bans
- Conduct anti-substance-use awareness and prevention campaigns
- Develop gender-specific national screening guidelines and instruments for doctors, dentists and pharmacists, and train professionals to implement them
- Provide financial support and incentives for gender-specific prevention and treatment
- Require insurers to reimburse health professionals for educating patients about substance abuse and for providing gender-specific screening and treatment
- Fund gender-specific research

OLDER WOMEN

Parents and Families

- Be alert to signs of trouble, particularly prescription drugs and alcohol
- Assist in getting treatment for substance abuse and other related problems, such as depression, that might increase risk

Physicians and Healthcare Workers

- Educate patients about benefits of smoking cessation, safe use of alcohol and prescription drugs, and the consequences of abuse
- Provide better training for health professionals to prevent and treat substance abuse in older women
- Look for signs of substance abuse and arrange for appropriate treatment
- Pay close attention to responses to prescription medication
- Pharmacists can monitor patients' prescriptions and notify them and their physicians of unsafe patterns of consumption
- Monitor patients' drinking habits and medications before writing prescriptions

Advertising and the Entertainment Media

- If female characters do smoke or drink, show the negative consequences of such behavior
- Conduct substance abuse prevention campaigns

Researchers

- Research the extent of alcohol abuse and the extent, correlates, causes, and consequences of prescription drug abuse and addiction among older people
- Research the roles of race/ethnicity and income in the development of substance abuse and addiction in older people and in their recovery
- Conduct research to inform prevention and treatment efforts that are effective in retirement communities

Policy Makers

- Impose higher taxes on alcohol and tobacco
- Institute and enforce public smoking bans
- Conduct anti-substance-use awareness and prevention campaigns
- Develop gender-specific national screening guidelines and instruments for doctors, dentists and pharmacists, and train professionals to implement them
- Provide financial support and incentives for gender-specific prevention and treatment
- Require insurers to reimburse health professionals for educating patients about substance abuse and for providing gender-specific screening and treatment
- Fund gender-specific research

PREGNANT WOMEN AND INFANTS UNDER AGE 3

Parents and Families

- Be alert to signs of trouble
- Assist in getting treatment/help for substance abuse and other problems, such as depression, anxiety, or other mental health problems, or domestic violence, that might increase risk
- Provide emotional, physical, economic and social support

Physicians and Healthcare Workers

- Educate patients about the dangers of all forms of substance use during pregnancy
- Provide better training for health professionals to prevent and treat substance abuse in pregnant women
- Identify women at risk and treat substance-abusing women before they become pregnant
- Provide treatment/help for mental health problems or domestic violence that might increase risk

Advertising and the Entertainment Media

- If female characters do smoke or drink, show the negative consequences of such behavior
- Conduct substance abuse prevention campaigns

Researchers

- Further examine substance abuse among pregnant women, consequences, and how to prevent and treat it
- Research the roles of race/ethnicity and income in the development of substance abuse and addiction in pregnant women and in their recovery

Policy Makers

- Impose higher taxes on alcohol and tobacco
- Institute and enforce public smoking bans
- Conduct anti-substance-use awareness and prevention campaigns focused on the risks of prenatal and postnatal substance use
- Develop national screening guidelines and instruments for healthcare professionals for pregnant women
- Provide financial support and incentives for prevention and treatment for pregnant women
- Require insurers to reimburse health professionals for educating patients about substance abuse and for providing gender-specific screening and treatment
- Provide ongoing support for interagency Florida Fetal Alcohol Spectrum Disorders Action Group.

VII. IMPLEMENT ACTION STEPS

The Florida task force began implementing action steps after the initial meeting. A good plan executed now is better than a perfect plan that takes too long to develop. Future action steps will result from the strategy with goals and measurable objectives. The nature of this project is dynamic, which will require flexibility and timely adjustment to the strategy. At the same time, we must not waste time, energy, and resources. Workgroup expansion may be necessary to manage the implementation of our action steps. Community involvement will increasingly be more important. We want to generate ‘small successes’ to continue the momentum and motivation that have been evident early in the project. Strong communications capabilities must be sustained so the status of progress is current, the response to problems is timely, and the state and local teams are aware of what is happening. Florida’s implementation of action steps

1. **Initial workgroup meeting with action steps.** The initial meeting resulted in action steps outlined in Step VI. The initial brochure has been completed and distribution to healthcare providers is in progress.
2. **Briefing during the Governor’s agency-head meeting.** The state agency-heads were briefed with the Governor. They were very supportive and requested copies of the book and slide presentation. Subsequent briefings were given in many state agencies. (Attachment 1 is a copy of the slide presentation)
3. **Brochure for medical practitioners.** The brochure has been completed and is being distributed in the medical community. (Attachment 2 is a copy of the brochure)
4. **Define Florida’s baseline.** This has been very difficult and will take more time to develop. Data is not readily available or in a format that will facilitate action. We will select initial starting points and build the baseline accordingly. We anticipate that this be developed during much of the first year the task force is operating.

Recommendations for future action:

Florida will implement actions concurrently with the development of the strategy.

VIII. EVALUATE PROGRESS

We must develop an action plan evaluation process. We would like to outsource this requirement so we maintain an objective, hard look at what we are doing. Progress must be evaluated and appropriate feedback provided. Where we are not making progress, we must adjust our goals, objectives, and action steps. The task force and community partners will establish clear methods to maintain accountability. We must reinforce success and correct deficiencies. This will require improved data management, effective communications, and efficient use of resources. Input from the target populations is very important during this phase. The evaluation results will drive the revisions to our action steps and strategies. This step is also important in determining resistance to the change being implemented. This resistance, as with other barriers to change, must be resolved through communication or revised strategies.

Florida’s evaluation plan is being developed with the strategy and action steps.

IX. SUSTAIN FOCUS AND ATTENTION

The task force led by the Director, Florida Office of Drug Control is charged to sustain the effort during the change in administrations. The Governor's Office of Drug Control provides the support staff for the project and has the authority to convene state agencies. The power of the Governor's Office is the official means to sustain focus and attention. More importantly, CASA's book impels the focus and attention for the project. Providing more gender-specific services and activities, reducing barriers, changing prevention and treatment systems, and addressing the issues in Women Under the Influence are timely and appropriate actions for our state. As evidenced with the difficulty in aligning Florida's baseline with the CASA analysis, the state effort is going to take time. We have built our structure, strategy, and evaluation plan to sustain our effort over time. The most important aspect of this step is leadership. As we change administrations in Florida, we are postured to gain the concurrence of the new Governor and continue the task force. One must only read Women Under the Influence to sustain the work that has been enthusiastically started.

Florida's efforts to sustain focus and attention:

1. **Office of Drug Control.** The Florida Office of Drug Control has convening authority and is charged with staff support for the project. The office has statutory responsibility for coordination, collaborations, strategy, funding, and policy issues concerning substance abuse. This project aligns with the mission of the office.
2. **Statewide task force.** The group assembled represents the major state agencies and activities impacting girls and women. The mission of the task force is to develop recommendations and policies on how to reduce substance abuse among girls and women. This will take some time. The task force has been constructed for long-term sustainment.

Recommendations for future action:

1. **Statewide support by women.** The long-term success of this project will be affected by the involvement of key female leaders in public and private sectors throughout the state. Women must mobilize women to support the project. We will identify opinion leaders and influential citizens across our state to participate.
2. **Community involvement.** The project currently has federal and state support. This must be carried into the community. This will be through state agencies, private business, our provider network, and gender-specific activities. Long-term support requires federal, state, and local collaborations.
3. **Communication.** A website or other interactive means is being considered to facilitate communications during the implementation and evaluation steps.

FLORIDA'S GENDER-SPECIFIC TASK FORCE

The task force began initially as a workgroup assembled to consider the CASA book, Women Under the Influence. The workgroup consisted of representatives from the public and private sectors who provide services or coordinate activities for girls and women. Chaired by the Director, Florida Office of Drug Control, the workgroup has met four times and has been

designated as a task force in an executive order signed by Governor Jeb Bush. The Task Force is charged by the Governor to develop recommendations and policies on how to reduce substance abuse among girls and women.

First Lady Columba Bush

House of Representatives

Rep. Denise Grimsley

Office of Drug Control (Task Force support staff)

William H. Janes, Director

Robin Peters, Director of Prevention

Erin MacInnes, Chief Suicide Prevention Efforts

Florida Coalition Against Domestic Violence

Tiffany Carr, President and CEO Dia Kuykendall, Public Policy/Communications Manager

Department of Children and Families

Lucy Hadi, Secretary

Stephenie Colston, Director, Substance Abuse Program Office

Sheila Collins, Director of Performance Management Unit, Substance Abuse Program Office

Department of Health

Dr. Rony Francois, Secretary

Nancy Humbert, Deputy Secretary

Trish Mann, Human Services Program Consultant

Shay Chapman, State Adolescent Health Coordinator

Cassandra Pasley, Bureau Chief, Health Care Practitioner Regulation

Rick Garcia, Executive Director, Florida Board of Nursing

Department of Elder Affairs

Amy Lynch, Communications Director

Karen Pelham, Manager, Wellness and Public Safety Unit

Department of Juvenile Justice

Anthony Schembri, Secretary

Jennifer Ringel, Administrator, Programming and Technical Assistance Unit

Department of Education

John Winn, Commissioner

Jeanine Blomberg, Chief of Staff

Martha Asbury, Bureau Chief, Contracts, Grants and Procurement

Agency for Healthcare Administration

Darcy Abbott, AHC Administrator, Long Term Care and Behavioral Health

Department of Corrections

Pam Denmark, Deputy Assistant Secretary of Community Corrections

Volunteer Florida Foundation

Liza McFadden, President

Kay Kammel, Sr. Vice President of Programs

Operation PAR (Parental Awareness and Responsibility)

Nancy Hamilton, Chief Executive Officer

PACE (Practical Academic Cultural Education) Center for Girls

Donna Gallagher, President and CEO

Sally Zeh, Executive Director, PACE Pinellas

AARP

Charles Milsted, Associate State Director for Community Outreach

Leslie Spencer, Associate State Director for Advocacy

Laura Cantwell, Program Coordinator

Embrace Girls Foundation

Velma Lawrence, Executive Director/Founder

Girl Scout Council

Raslean Allen, CEO

Florida Higher Education Alliance for Substance Abuse Prevention (FHEASAP)

- **Florida State University**
Christine Franzetti, Assistant Director, Thagard Student Health Center
- **Florida Peer Education Network /Tallahassee Community College**
Miriam Nicklaus, Program Coordinator
- **Florida Agricultural & Mechanical University**
Sherri Luke, Crime Prevention Officer

Florida Alcohol and Drug Abuse Association

John Daigle, Executive Director

Mary Booker, Assistant Director

Substance Abuse and Mental Health Services Administration

Beverly Watts-Davis, Special Assistant to the Director

Workable Responsive Solutions (WRS)

Kathleen Shanahan, CEO

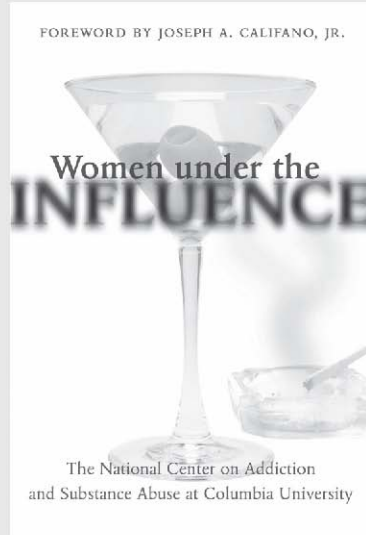
Florida Medical Association

Sandra Mortham, President/CEO

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ATTACHMENT 1: WOMEN UNDER THE INFLUENCE AGENCY HEAD PRESENTATION



Women under the Influence

Girls & Women vs. Boys & Men

- Become addicted faster
- On equal or lesser amounts of nicotine, alcohol, illicit & prescription drugs
- Suffer harsher consequences sooner

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Women under the Influence

Female Substance Abusers

- 32 million girls & women smoke cigarettes
- 15 million use illicit drugs or abuse controlled prescription drugs
- 6 million abuse or are addicted to alcohol

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Women under the Influence

Girls & Women

Metabolize alcohol differently than boys & men:

- Bodies contain less water & more fatty tissue -- substances less diluted in bloodstream and retained in body longer
- Decreased activity of an enzyme (ADH) that breaks down alcohol
- Estrogen affects metabolism

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Women under the Influence

Women's Pathways to Addiction

- Genetics & biology
- Mental health problems
- Family history
- Trauma
- Friends
- Schools & community
- Availability
- Advertising & the media

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Women under the Influence

Alcohol & Women: Medication & Menace

- Patent & prescription tonics prescribed for women contained up to 50% alcohol
- Alcohol industry targets girls with new sweet tasting products (alcopops, zippers, tooters)
- Alcohol industry violates own marketing codes re women & sex

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Women under the Influence

Doctors Miss Addiction in Women

- 41% of pediatricians miss substance abuse, particularly among girls
- 99% of physicians miss early signs of alcohol abuse in older women
- Women up to 48% likelier to receive prescriptions for abusable drugs than men

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Women under the Influence

Few Programs Designed for Women

- Of treatment facilities:
 - 38% report having programs designed for women
 - 19% report having programs for pregnant or post-partum women
- 92% of women who need treatment for alcohol or drug problems do not receive it

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Substance Abuse Gender Specific Services Workgroup

A workgroup to Examine Comprehensive Services for Women, based upon the National Center on Addiction and Substance Abuse book, Women Under the Influence

Initial meeting hosted by First Lady Columba Bush

Attendees included:

**Substance Abuse and Mental Health Services Administration
Department of Health
Department of Juvenile Justice
Department of Education
Department of Elder Affairs
Department of Children and Families
Representative Denise Grimsley
Kathleen Shanahan
Embrace Girls
Girl Scout Council of Apalachee Bend
American Medical Association
Volunteer Florida
Florida Alcohol and Drug Abuse Association
Pace Center for Girls
American Association of Retired Persons
Office of Drug Control**



Florida's Next Steps

1. Get the Facts
 - All substance abuse
 - Prevalence and trends
2. Identify Key points of Leverage
 - Agencies
 - Times of use/ Consequences of use
3. Identify Key Partners
3. Develop Action Agenda
 - State Commission
 - Public Health Information Campaign
 - Health Initiative
 - School Initiative
 - Public Safety Initiative

ATTACHMENT 2: BROCHURE FOR MEDICAL PRACTITIONERS

FLORIDA OFFICE OF DRUG CONTROL POLICY

Did You Know...

- 92 percent of women in need of treatment for alcohol and drug problems do not receive it
- Females are more likely than males to suffer from depression and respond to stress with substance use
- Studies show that women get drunk faster, become addicted more quickly and develop alcohol-related diseases, such as hypertension and liver, brain and heart damage, more rapidly than men
- Girls who experience early puberty are at increased risk of engaging in substance use earlier, more often and in greater quantities than their peers who mature later
- Older women have decreased physical tolerance for alcohol and drugs due to metabolic and body mass changes

AARP

Office of Drug Control Policy

The Embrace Girls Foundation, Inc

Florida Alcohol and Drug Abuse Association

Florida Coalition Against Domestic Violence

Florida Department of Children and Families

Florida Department of Education

Florida Department of Elder Affairs

Florida Higher Education Alliance for Substance Abuse Prevention

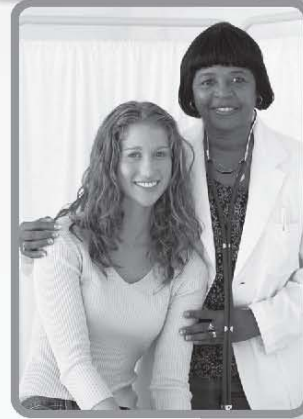
Girl Scout Council of the Apalachee Bend, Inc.

PACE Center for Girls

Volunteer Florida Foundation



Overcoming Substance Abuse Issues for Girls and Women



Living Life Without Missing a Moment

A Guide for Physicians and Health Care Professionals

FLORIDA OFFICE OF DRUG CONTROL POLICY

An Unspoken Issue

It's a startling fact that girls and young women are more likely than boys and young men to abuse substances in order to lose weight, relieve stress or boredom, improve one's mood, reduce sexual inhibitions, self-medicate depression or increase confidence. Likewise, older women are more likely than older men to self-medicate with alcohol and prescription drugs in order to deal with loneliness, financial insecurity or the loss of a spouse.

Women are more likely than men to say their heavy drinking followed a crisis such as a divorce, a miscarriage, unemployment or the recent departure of a child from the home.

As a health care professional, you have an opportunity to see the warning signs of substance abuse. You may also have the capability to prevent it or preclude it from becoming worse.

Don't miss opportunities to identify, diagnose and recommend treatment for patients who may be at risk.



What You Can Do to Help

- Know the risk factors and life experiences that can precipitate substance abuse
- Monitor patients' drinking habits and medications before writing new prescriptions
- Recognize the signs and symptoms of substance abuse and know how to respond
- Understand that females abusing substances may exhibit less overt risk behaviors than males
- Educate your patients about substance abuse and its risks when appropriate
- Educate yourself about substance abuse treatment options for women in your area
- Share the dangers of all forms of substance use with expectant patients and patients who are planning to become pregnant in the near future
- Provide treatment or help for mental health problems or domestic violence, which may increase the risk of substance abuse



Where to Turn

For more information on substance abuse among women and steps you can take to help, visit www.casacolumbia.org online.

For prevention and treatment resources in Florida, visit www.fadaa.org online.

Physicians are less likely to consider and diagnose substance abuse and addiction in women than in men.

