New Jersey
Substance Abuse Prevention and Synar System Review Report

August 4–6, 2009

Fiscal Year 2009

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

CONTENTS

SYSTEM REVIEW SUMMARY

The Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321) enacted by Congress in July 1992 authorized the Substance Abuse Prevention and Treatment (SAPT) Block Grant administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's Center for Substance Abuse Prevention (CSAP) is charged with providing policy and program guidance to help States[1] use and report on the 20-percent primary prevention set-aside of the SAPT Block Grant. CSAP is committed to providing support and guidance for advancing Single State Authority (SSA) substance abuse prevention systems through technical assistance (TA), expert panel meetings, national and regional conferences, training, videos, guidance documents, and other products.

CSAP also supports States by conducting thorough substance abuse prevention system reviews to examine how a State's substance abuse prevention system is addressing State needs. This report is a summary of the most recent CSAP system review for New Jersey.

The system review conducted on August 4–6, 2009, examined the progress of the New Jersey substance abuse prevention system and Synar program in improving the substance abuse indicators and outcomes measured by SAMHSA's National Outcome Measures (NOMs), as well as other State-specific goals and objectives. The system review also involved detailed discussions with State participants concerning the State's current capacity for using performance management processes to achieve and sustain outcomes measured by the NOMs and other State-specific outcomes. The *System Review Report* will help guide New Jersey in enhancing its infrastructure and State prevention system capacity to implement the five steps of the Strategic Prevention Framework (SPF) or other equivalent planning process and to achieve population-level reductions in the incidence and prevalence of substance abuse and related problems and consequences.

The review included the creation of the New Jersey "System Review Analysis" tables (appendix A), which present findings on the current strengths and challenges specific to the State's prevention system and Synar program. The findings also identify potential areas of capacity and infrastructure development that could further enhance the New Jersey prevention system and Synar program, either through State-supported efforts or through TA requested from CSAP.

In addition to appendix A, which details New Jersey's successes and challenges and maps out next steps, the *System Review Report* contains:

- The State's NOMs baseline and, where possible, data from previous years and changes in the baseline data (appendix B)
- A list of participants from the system review (appendix C)
- A list of New Jersey's prevention and Synar documents that were consulted in preparation for the system review (appendix D)

[1] In this document, the word *State* refers to the 50 States and the District of Columbia and to the Territories, Pacific jurisdictions, and North American tribe that receive SAPT Block Grant funds.

- A summary of the State's estimated Federal fiscal year (FFY) 2008 and planned FFY 2009 Synar budgets (appendix E)
- The abbreviations used in the *System Review Report* (appendix F).

Brief Background

Prevention System Development and Organization

The New Jersey Division of Addiction Services (DAS) is one of eight major divisions within the Department of Human Services (DHS) and one of two administrative offices that handle licensing and contract services that span the department. DHS is recognized as the social services authority for the State, and DAS is recognized as the SSA for substance abuse. As such, DHS is responsible for administration of the social services block grant; alcohol, drug, and mental health block grants; and other federally assisted State programs or plans. DAS plans, licenses, regulates, and monitors more than $14 million of SAPT Block Grant and State funds to contracted provider agencies that offer prevention education and early intervention services to residents in all 21 counties of New Jersey. The division is also responsible for the statewide Intoxicated Driving Program.

The director of DAS is one of three division directors who report to a Deputy Commissioner of DHS. DAS comprises the Office of the Director; Office of Quality Assurance; Office of Treatment; Office of Prevention and Early Intervention; Office of Research, Planning, Evaluation, and Information Systems/Technology; Office of Policy and Special Initiatives; and Office of Administrative Services.

Prevention services are provided through the Prevention and Early Intervention Services Unit within the Office of Quality Assurance. This unit includes six full-time staff members and is managed by the National Prevention Network representative. Both the SSA director and the National Prevention Network representative are new to the SSA since the last CSAP prevention and Synar system review in April 2006.

DAS contracts with the New Jersey Prevention Network (NJPN) to manage prevention resources centers in all 21 counties. DAS also funds statewide substance abuse services delivered by local prevention providers and a variety of agencies. These providers conduct the Strengthening Families Program and evidence-based curricula, as well as other statewide special projects, such as outreach and services to members of the military and their families.

The Governor's Council on Alcoholism and Drug Abuse (GCADA), established by the legislature as an independent body, is responsible for reviewing and coordinating New Jersey's efforts regarding substance abuse prevention, treatment, research, education, and evaluation. GCADA funds the Municipal Alliances to prevent alcoholism, a network of 540 communities in New Jersey dedicated to a comprehensive and coordinated effort against alcoholism and drug abuse.

The Alliances implement policies to reduce alcoholism and drug abuse at the municipal level and allocate funding, including moneys from mandatory penalties on drug offenders, to the County Alliances. These funds are funneled through the County Alliances to the member municipalities to support appropriate county and municipal alcohol and drug abuse education and public

awareness activities. Each county is charged with establishing a Local County Advisory Committee responsible for identifying local needs; developing, planning, and funding priorities for the county; and providing rehabilitation services for abusers of alcohol and drugs.

Additional multiagency councils responsible for substance abuse prevention in New Jersey include the Prevention Coordinating Council (a subcommittee of the Governor's Oversight Committee for Safe Streets and Neighborhoods) and the Strategic Prevention Framework-State Incentive Grant (SPF SIG) Advisory Council.

Although DAS coordinates and collaborates with a variety of organizations at the municipal, county, and State levels to carry out its policies, programs, and practices, most of these relationships are State-level partnerships and appear to focus primarily on those partners within DHS and the State Epidemiological Outcomes Workgroup (SEOW). The SEOW membership includes not only State partners but also representatives from the counties, colleges, and community agencies. It is not clear how these groups interact and whether there is some overlap in role and function of the groups. Although State agencies and local partners may share some goals, they do not appear to share a universal vision or mission statement for providing prevention services, and each convening venue has its own set of guiding principles and overarching themes. While these principles are not necessarily in conflict with one another, they also are not uniform or constant across the various collaborations.

For example, there is little coordination with the Enforcing Underage Drinking Laws and Safe and Drug-Free Schools grants, which DAS does not monitor or oversee. DAS could enhance its leadership by strengthening relationships with State agency partners beyond those engaged in the SEOW and DHS, such as the agency that is responsible for the Enforcing Underage Drinking Laws grants.

Historically, GCADA, DAS, and the County Authorities have collaborated to carry out Prevention Unification as a comprehensive, integrated, and cohesive planning strategy for community-based prevention services. The roles of GCADA, the Municipal Alliances, the Prevention Coordinating Council, the SPF-SIG Advisory Council, and the SSA are overlapping, and coordination is not maximized. The New Jersey prevention system would be strengthened if DAS and GCADA worked more closely together to coordinate resources and provide strong, cohesive leadership to the prevention system.

Other State- and local-level collaborative efforts include the Department of Education's School Survey Workgroup, the Governor's Blueprint for Safe Streets and Neighborhoods, the City of Trenton Department of Health and Human Services, the City of Newark Anti-Gang Task Force, and the Center for Healthy Schools and Families.

DAS is responsible for the prevention and treatment of substance abuse, and supports the recovery of individuals affected by the chronic disease of addiction. The vision and mission statements for DAS embrace the full continuum of prevention, early intervention, treatment, and recovery support services. Addiction services are considered a component of a public health paradigm, where early detection and assessment protocols begin with client engagement; prompt and effective treatment is provided, meeting a standard of care; all substance abuse and mental health programs are competent to screen, assess, and address co-occurring mental health and

substance abuse disorders; prevention measures are employed throughout the life cycle and continuum; consumers are active, informed, and educated participants in their own recovery; collaboration occurs regularly with mental health and primary health care systems; the use of best practices is widespread, including the latest pharmacotherapeutic responses; and the financing system promotes client outcomes.

DAS promotes a risk and protective factor model and data-driven collaborative planning processes as the foundation for Prevention Unification within DAS prevention efforts. Unification establishes funding priorities based on a comprehensive, integrated, and cohesive planning strategy for community-based prevention services.

DAS is exploring opportunities to better integrate prevention, treatment, and recovery in a continuum of care, while at the same time ensuring that the 20-percent set-aside for prevention is used to fund primary prevention services. DAS is encouraged to consider how to transition from a current focus of using SAPT Block Grant funds for indicated populations, to a strategy that supports more universal or environmental primary prevention strategies, policies, and programs that are designed to impact population-level change.

DAS recently began targeting prevention services to at-risk populations that have not historically been served, including lesbian/gay/bisexual/transgender/questioning youth and military personnel and their families. The division has worked toward strengthening culturally competent programming by allocating funds to provide technical assistance and training in this area to all DAS-funded prevention providers.

Despite the many new and stable prevention initiatives that DAS has undertaken in recent years, the Governor and State legislators may be forced to consider program cuts, hiring freezes, job layoffs, tax increases, and using funding heretofore dedicated to substance abuse to shore up New Jersey's anticipated budget deficit. New Jersey's economy, like that of many States, is experiencing a significant downturn, and the Governor's Office anticipates State budget deficits of $6.1 billion for 2009 and $8.8 billion (29.9 percent of the budget) for 2010.

Although New Jersey is the fifth-smallest State in the Nation, it is also one of the most ethnically diverse. In 2000, Caucasians made up 72.6 percent of the population, 13.6 percent of the population was African-American, 5.7 percent was Asian, 0.2 percent was Native American, and those of mixed heritage or not reporting race made up 7.9 percent of the population. Hispanics, who may be of any race, were 13.3 percent of the population and were primarily of Puerto Rican or Cuban origin. There are no federally recognized tribes within New Jersey.

New Jersey lies between New York City and Philadelphia, in the heart of a highly urbanized area, and it is the second most urbanized State, behind only California. It is the most densely populated State, with an average population density of 1,176 per square mile in 2000. New Jersey is the only State in which all 21 counties are officially classified as "metropolitan" by the census. New Jersey has ready access to the markets and a dense system of highways, railroads, tunnels, and bridges that connect it with New York City and Philadelphia. All of these factors influence substance abuse patterns and transportation.

The New York–New Jersey region is the Northeast United States' center for narcotics trafficking, both a gateway and a marketplace. The area is ideal for importation of drugs through two major international airports and several domestic airports; two major railroad complexes and the hundreds of miles of subway tracks; extensive waterfront with various points-of-entry, including the Port of New York, the third-largest port in the country; and a complex network of highways, bridges, and tunnels bringing more than a billion people into New York City each year.

The metropolitan area offers numerous opportunities and avenues to convert illicit funds into a form unidentifiable by the banking system and more readily acceptable in world trade. In addition, the area's multicultural population allows ethnic-based drug organizations to operate within widely recognized ethnic enclaves without arousing suspicion. Despite the fact that crime in New York City and New Jersey has decreased dramatically, much of the remaining crime is directly attributable to the drug trade.

The importance of tourism—epitomized by Atlantic City, which in 1978 became the site of the country's first gambling casino in modern years outside of Nevada—provides another potential source of substance abuse and consequences.

State Substance Abuse Trends

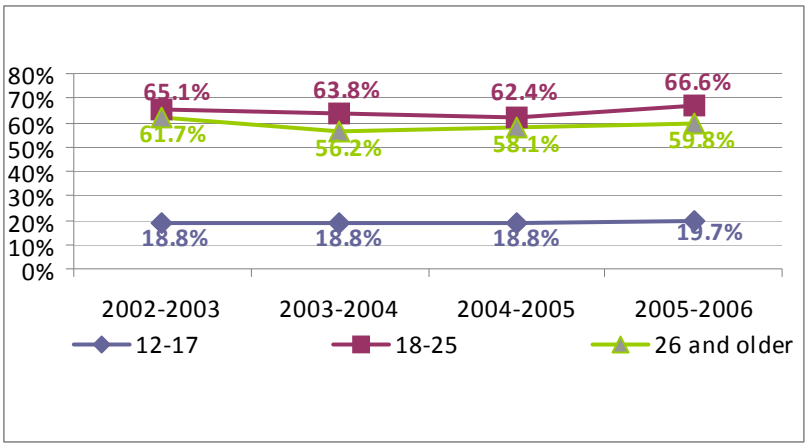
According to the 2006 National Survey on Drug Use and Health (NSDUH), New Jersey experiences higher rates of 30-day alcohol use, compared with national rates, across all age groups. Compared to the national average, 30-day alcohol use among youth ages 12–17 in New Jersey is more than 3 percentage points higher, use among 18- to 25-year-olds is more than 5 percentage points higher, and use among those ages 26 and older is 5.5 percentage points higher.

Despite State rates being higher than the national averages, New Jersey's 30-day alcohol use among those 26 and older declined 1.9 percentage points to 59.8 percent between 2002 and 2006 (see figure on the next page). Rates for those younger than 26, however, have recently increased. For those 18–25 years of age, 30-day alcohol use increased by 4.2 percentage points to 66.6 percent from 2005 to 2006. In the same time period, 30-day alcohol use increased for 12- to 17-year-olds by 0.9 percentage points to 19.7 percent.

NSDUH data also show that the 30-day use rates of marijuana and other illicit drugs for each of the age groups are slightly less than the national rates. The percentage of adults smoking cigarettes declined 3.8 percentage points to 21.3 percent, much lower than the national average of 26.7 percent, and the percentage of alcohol-related traffic fatalities increased 8 percentage points to 44 percent. Attitudinal measures for risk related to binge drinking and marijuana smoking are also close to the national averages for both youth and adults.

With current prescription drug use rates close to the national rates, DAS is seeking to partner with the Drug Utilization Review Board to proactively monitor prescription drug use in an effort to prevent the prescription drug use trends that are appearing in other States.

Outcome Measure: Percentage who reported having used alcohol during the past 30 days by age



Data collected by NSDUH, as well as data collected by the SEOW, indicate that alcohol is by far the primary drug of choice for all age groups in the State, with marijuana and other illicit drugs close behind. These data also reflect four major trends in the State: increased rates of alcohol use among those ages 12–17 and 18–25, increased treatment admissions, and increased drug-related arrests for those 18 and older.

Heroin is the most prevalent illicit drug of abuse in the New Jersey area. Data provided by DAS reveal that the percentage of 18- to 25-year-olds in the State using heroin is more than twice the national average.

Cocaine also continues to be a popular drug in New Jersey. Crack, which remains readily available throughout the State, is particularly prevalent in lower income communities throughout the State.

Mexican drug-trafficking organizations are increasingly transporting larger quantities of Mexican methamphetamine to parts of the New York/New Jersey High Intensity Drug Trafficking Area, using their established transportation networks. This area also continues to be the most significant heroin destination and distribution center in the country. In addition to Dominican and Colombian drug-trafficking organizations, Mexican drug-trafficking organizations and street gangs, Asian criminal enterprises, and Jamaican drug-trafficking organizations, which control crack and marijuana distribution in certain areas, operate in the region. Drug distribution, street-level sales, transport, and attendant violence remain high.

Although DAS identified alcohol and drug use among 18- to 25-year-olds as the priority problem for the SPF SIG, it has not yet set this as a priority for State- and local-level prevention efforts. DAS is urged to use available data to review statewide substance abuse trends and develop State-level prevention priorities that are based on data and that will affect population-level change.

Synar Program Development and Organization

A Memorandum of Understanding exists between DAS and the New Jersey Tobacco Age-of-Sale Enforcement (TASE) program to implement the State's Synar program. TASE is a program

of the Comprehensive Tobacco Control Program (CTCP) at the Division of Family Health Services of the Department of Health and Senior Services, which is responsible for tobacco prevention and control programming across the State. While DAS is ultimately responsible for Synar, TASE takes the lead in implementation.

DAS and TASE partner to draw the Synar sample. TASE tobacco inspectors then conduct the random, unannounced inspections and file summonses in the municipalities in response to any violations that occur. This is the first year TASE has conducted inspections without the support of local health departments. Because of funding reductions, TASE was required to consolidate its funding and use staff to conduct inspections rather than contract with local health departments for this task. The Memorandum of Understanding between TASE and DAS has not been updated to include the coverage study requirement, and TASE does not have the funding for this work.

Since the last system review in 2006, TASE has seen significant funding reductions, and in response, the agency has been restructured. CTCP was funded through $30 million in Master Settlement Agreement funds, but in FFY 2004, these funds were redirected and the agency's budget was cut to $11 million in tobacco tax revenue. Reduction in funds continued throughout the years, and for the upcoming FFY, CTCP has a budget of $7.5 million. Just as contracts with local health departments for inspections have been eliminated, funding for merchant education and media campaigns also has been eliminated.

Description of Trends in the State's Retailer Violation Rate

New Jersey reported a baseline retailer violation rate (RVR) of 44.4 percent in FFY 1997 (table). Since that time, the State has not been found out of compliance with the Synar requirements. In FFY 2003, the State achieved a rate below the 20-percent target (15.9 percent), and the rate has remained between 15 and 11 percent ever since.

Retailer Violation Rates for Federal Fiscal Years 1997–2009 (in percent)

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Target	–	35.0	28.0	26.0	25.0	24.0	20	20	20	20	20	20	20
Reported	44.4	27.0	26.5	23.2	24.6	22.1	15.9	13.0	12.6	15.6	11.2	12.2	11.9

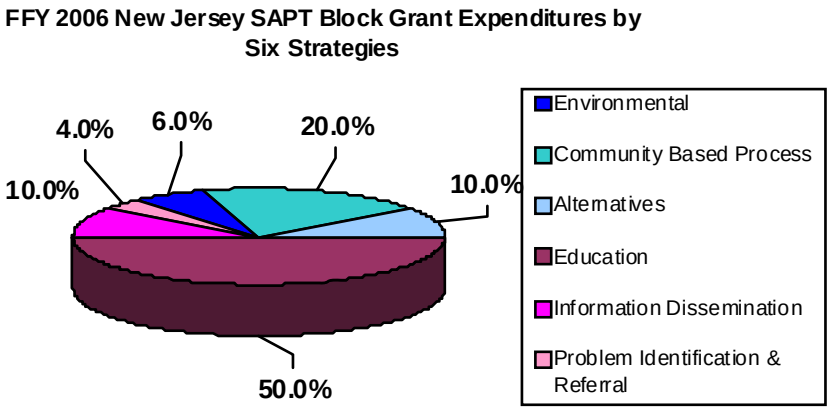
Summary of Prevention System

Prevention System Compliance and Compliance Support

New Jersey is in compliance with the Federal requirement that a minimum of 20 percent of SAPT Block Grant funds be allocated to primary prevention. In its FFY 2009 SAPT Block Grant application, the SSA reported intended prevention expenditures of 24.8 percent of its total Block Grant allocation of $46,941,463 and intended expenditures of $4.1 million from State general funds.

DAS also leverages funds from a number of other sources, including the SPF SIG, Drug-Free Communities grants, and alcohol beverage taxes. As New Jersey explores options to more fully integrate prevention, treatment, and recovery in a continuum of care, it will be necessary for DAS to continue to employ effective allocation and reporting tools to ensure that funding

streams are used as required, specifically in relation to the 20-percent set-aside for primary prevention.



As reported in the FFY 2009 SAPT Block Grant application, actual expenditures in FFY 2006 were distributed across all six CSAP core strategies (figure). In 2006, however, similar to earlier years, more than 50 percent of funding was allocated to prevention education processes that aimed to increase individual and community knowledge about substance abuse prevention or to problem identification and referral strategies for youth. In addition, only 6 percent of SAPT Block Grant expenditures in 2006 targeted environmental prevention strategies.

As reflected in the State's NOMs data, almost 50 percent of persons receiving prevention services through SAPT Block Grant funds are 25–64 years of age; approximately 33 percent of prevention services are provided to school-age children. A breakdown of expenditures for 2006 shows that almost 70 percent of funded strategies are selected or indicated prevention strategies. These are primarily program-focused or individually focused prevention services, including resources for the Strengthening Families Program, which targets the adult at-risk population in need of parenting skills. This allocation leaves approximately 30 percent of funding available for universal strategies.

Many current environmental and universal prevention strategies are funded though State general funds and the SPF SIG. This situation raises concerns about sustainability. Given the current economic downturn, State general funds are in jeopardy, and strategies funded by the SPF SIG may be threatened when that program ends if alternative sources of funding are not found.

The SSA also reported that 100 percent of its programs employed evidence-based practices in both 2005 and 2006 and that all programs were within cost bands in 2005 and 2006.

The New Jersey data system, the Prevention Outcomes Management System (POMS), currently is not able to collect data related to environmental strategies, only program-level data. Therefore, NOMs data reported for numbers of persons served by individual-based strategies and those served by population-based strategies are identical. DAS requests TA to develop a process that will allow New Jersey prevention providers to more accurately report data relating to the development and delivery of environmental strategies.

Prevention System Infrastructure and Operations

Strategic Plan

Although New Jersey does not have a single comprehensive strategic prevention plan that includes all substance abuse prevention-related funds and stakeholders, it does have a number of disparate State prevention plans that could be used to advance a single statewide plan. These plans include:

- New Jersey Comprehensive Statewide Master Plan for Alcoholism, Tobacco and Other Drug Abuse, December 2008—developed by GCADA and including program objectives and funding amounts that could be aligned with data to inform development of a comprehensive strategic plan
- New Jersey State Strategic Plan for Substance Abuse Prevention—developed for the SPF SIG, based on the SEOW report
- State of New Jersey Executive Summary: A Strategy for Safe Streets and Neighborhoods—a three-tiered approach to reducing crime, juvenile delinquency, and gang involvement that does not specifically address substance abuse issues, but targets for prevention activities some risk and protective factors for selected and indicated populations that are also relevant to substance abuse prevention.

It is not clear how the Comprehensive Statewide Master Plan and the State Strategic Plan are linked and whether Block Grant-funded prevention efforts are included in either plan. Additionally, it is not clear whether the SSA participated in the development of the plans or whether the plans are used to develop subrecipient resource allocation and contract requirements. There are no goals, objectives, or outcomes in the Statewide Master Plan.

DAS is strongly encouraged to provide leadership to develop a unified strategic plan for its prevention system based on needs assessment data across the lifespan. The statewide strategic plan could be used to guide the development of local strategic plans, which include statewide priorities as well as priorities identified from local data. The needs of culturally disparate populations, such as Native American, Hispanic, and Asian populations, should be addressed in the strategic prevention plan. This plan should include the agency's prevention vision, mission, priorities, goals, objectives (risk and protective factors influencing the behavior), baseline data, and outcomes to more effectively focus prevention resources. This approach would incorporate a logic model planning process, such as SPF, and provide a foundation and direction for workforce development training and TA needs, data system development, and evaluation system development.

Prevention Funds

New Jersey is committed to funding substance abuse prevention as demonstrated by the substantial allocation of State general funds, alcoholic beverage tax funds, and dedicated funds from the Governor' budget. The SSA reported in its FFY 2009 SAPT Block Grant application that the percentage of total expenditures for prevention intended for 2009 is a 7.6-percent increase over FFY 2006 expenditures. Prevention funding increased from 24 percent in 2005 to 28.3 percent in 2006, even with a reduction in overall Block Grant funding from $47,251,367 in 2005 to $46,768,909 in 2006.

DAS reports that New Jersey currently receives more than $46 million for substance abuse prevention as follows:

- Division of Addiction Services
  - Block Grant: $11,645,976
  - Other Federal: $4,186,000 (SPF SIG, other)
  - State: $4,060,000
- Department of Education—Federal: $9,776,639 (Safe and Drug-Free Schools funds) (This funding has been cut from the President's budget for the coming year.)
- Department of Health and Senior Services (not including CTCP)—State and Federal: $3,066,555 (Master Settlement Agreement funds)
- Law and Public Safety—State and Federal: $5,746,863
- Military and Veterans Affairs—Federal: $350,500
- Governor's Council on Alcoholism and Drug Abuse—State: $10,400,000 (fines and penalties to drug offenders)
- Drug Free Communities Support Programs (nine)—Federal: $1,125,000
- STOP Grants (three)—Federal: $150,000.

In October 2006, New Jersey was awarded $10,465,000 in SPF-SIG funding. Administered by DAS, the funding is intended to be used over a 5-year period to promote and provide outcome-based prevention services to the citizens of New Jersey. The grant is designed to build prevention infrastructure at the State and local levels to reduce substance abuse risk factors and to increase protective factors targeted at 18- to 25-year-olds.

As DAS moves forward to more fully integrate prevention, treatment, and recovery in a continuum of services, it would be beneficial to review the funding sources and their requirements in order to determine the most effective and appropriate resources to fund this integration.

Like a number of other States, New Jersey is projecting significant revenue shortfalls in the coming year. The SSA anticipates that prevention funding levels may decrease, as funding for prevention efforts faces potential reallocation during the 2010 legislative session to cover budget shortfalls in other State agencies.

Subrecipients

DAS plans and administers prevention and early intervention services in the State and awards funding to providers through requests for proposals (RFPs) and letters of agreement. DAS allocates prevention funds based on the incidence and prevalence of targeted NOMs or other outcomes and historical allocations.

During 2009, the SSA issued an RFP soliciting proposals from vendors to provide Services and Special Projects for Substance Abuse Prevention, with a component for Community-Based Services and a component for Special Projects. The Special Projects RFP offered 2008 Block Grant funding for projects of $225,000 targeting lesbian/gay/bisexual/transgender/questioning youth and projects of $325,000 targeting families of military personnel who are living or stationed in New Jersey.

DAS also issued an RFP in 2009 for qualified applicants to implement the New Jersey SPF, with an emphasis on reduction of the harmful consequences of alcohol and drug use among 18- to 25-year-olds. Funding is for up to 3 years and is expected to range from approximately $200,000 to $300,000 per year. Eleven applicants received awards. In addition, DAS funds contracts supporting advocacy for positive environmental changes to address underage and binge-drinking college-campus norms at Rutgers and William Paterson Universities.

In addition to the proposals funded, the SSA has a subcontract with NJPN to manage a statewide network of resource centers that are responsible for providing information and education regarding alcohol, tobacco, and other drug abuse, misuse, and illegal use, and appropriate prevention measures in all 21 counties. Activities include forums; news releases; public education lectures; and TA to schools, community groups, and local municipal alliances. Each year, more than 600,000 pieces of literature on alcohol, tobacco, and other drug education, treatment, and prevention are disseminated to residents of New Jersey.

DAS requires subrecipients (successful bidders/contractees) to collect and use needs assessment data to identify prevention needs and priorities. As part of the proposal process, applicants must identify risk factors contributing to substance abuse and discuss the prevalence of the issue being addressed among the target population, the importance of this issue to different sectors of the community, the factors that protect people from the issues, and the resources that already exist in the community that address the targeted problem by reducing risk factors or strengthening protective factors. DAS requires that subrecipients develop a prevention plan based on needs assessment data provided by DAS or collected at the local level. An applicant's plan must be reviewed and approved by DAS in order for the subrecipient to receive funding.

Additionally, subrecipients must use at least one of the evidence-based or model programs specified in the RFP. The applicant is encouraged to use multiple strategies in multiple settings to work toward a common goal. DAS promotes early intervention and education as the primary strategies to be implemented for community-based services and encourages subrecipients to focus on these strategies. All contractors are required to have on staff a Certified Prevention Specialist (CPS), Certified Health Education Specialist, master's/Ph.D.-level preventionist, or an individual who has completed more than 50 hours of coursework toward the CPS credential. Failure to have such an individual on staff for a 3-month period or longer will result in contract noncompliance and may put the program in jeopardy of having funding withheld.

The SSA also requires subrecipients to select prevention strategies that are culturally appropriate for the target population. DAS provider contracts contain a requirement that grantees will participate in trainings and receive TA that will help ensure that all DAS-funded prevention services adhere to cultural and linguistic competence standards. All prevention subrecipients receive TA regarding cultural and linguistic competence from a DAS-funded organization. In FY 2009, DAS contracted with PROCEED, Inc., to develop a cadre of culturally competent substance abuse prevention care provider organizations within the State.

Although the majority of the State's prevention dollars are used to finance NJPN and community-based, evidence-based programs and services and special projects, DAS also earmarked $331,175 of 2006 SAPT Block Grant funds for planning, coordination, and needs assessment and $427,254 for development of information systems.

DAS staff monitor contracts, provide ongoing TA to contracted provider agencies, and oversee outcome evaluations for all prevention and early intervention programs. DAS also conducts annual formal site visits, following a written protocol, and issues a report from these visits.

Workforce Development Capacity Building

DAS has a substance abuse workforce development plan primarily focused on treatment, although prevention is referenced. There are few measurable goals related to the substance abuse prevention workforce in the plan. DAS is strongly encouraged to ensure that this workforce development plan is based on statewide and local needs assessment data and is aligned with a unified comprehensive strategic prevention plan.

New Jersey has a statewide certification program for the substance abuse prevention workforce. DAS has identified or adopted essential prevention-related core competencies that are consistent with International Certification & Reciprocity Consortium requirements. Currently, there are 139 certified prevention professionals in the New Jersey prevention system.

DAS offers numerous training and TA opportunities for the statewide prevention workforce. These opportunities are offered to SSA prevention staff, SSA prevention subrecipients, community coalitions, and local providers. Cultural competence training activities are also provided at all levels of the system. In addition, DAS has a workforce development contract with the NJPN to provide training for CPS certification. NJPN also sponsors a statewide prevention conference, and St. Barnabas Health Care System, a New Jersey prevention provider, sponsors a Training Institute for Prevention.

Needs Assessment/Evaluation

New Jersey has a wide array of data sources and a comprehensive database that could be used for strategic planning and resource allocation. These data sources include:

- New Jersey Substance Abuse Monitoring System (NJ-SAMS)
- New Jersey State Epidemiological Profile for Substance Abuse, May 2008
- State of New Jersey Substance Abuse Prevention County-Level Needs Assessment, 2008
- 2007 New Jersey Middle School Risk & Protective Factor Survey
- 2008 New Jersey High School Risk & Protective Factor Survey
- County Chartbook of Social & Health Indicators, April 2006
- New Jersey Household Survey
- NSDUH
- Communities That Care
- Youth Risk Behavior Survey
- Pride Survey
- Core Alcohol and Drug Survey (annual data collected 2002–2006)
- Monitoring the Future
- Fatality Analysis Reporting System
- Treatment Episode Data Set
- Division of Youth and Family Services
- Intoxicated Driver Program
- Uniform Crime Reports
- Commissioner’s Report on Violence, Vandalism, and Substance Abuse

- New Jersey Center for Health Statistics
- New Jersey Department of Health and Senior Services (human immunodeficiency virus data).

DAS subrecipients collect process, output, and intermediate outcome data and enter them into POMS, a Web-based information system. POMS has the capacity to generate a variety of reports that can be customized to meet local needs. Subrecipients are required to provide quarterly reports to DAS.

The data collected through POMS have two main components:

- Process information (closely modeling the Minimum Data Set): number of sessions, recurring or single service, number of clients served, client demographics, number completing the program, domain, strategies and curricula utilized
- Outcome information: core measures identified by CSAP for the different domains (family relationships, individual/peer relationships, school environment, and community environment), as well as for the Institute of Medicine categories.

DAS staff report that the majority of local counties and providers have limited capacity to conduct data analysis. DAS staff recognize the need to strengthen training and support to develop county and provider capacity to analyze data in order to develop appropriate prevention plans and strategies to address the needs identified from the data. They also plan to strengthen POMS to increase capacity of the prevention system to collect and report data that can be used to inform statewide and local strategic planning to impact NOMs and other State population outcomes.

As identified during the 2006 system review, DAS does not have a strategy for evaluating statewide or local-level prevention strategies to determine the impact of the strategies used or to inform program implementation and resource allocation. DAS has requested TA to develop an evaluation plan—aligned with a unified, comprehensive strategic plan—for evaluating strategies and for determining impact of their strategies, at an aggregate or statewide level, to accomplish outcomes identified in the strategic plan. The evaluation plan should be used to inform resource allocation and determine effectiveness of State and subrecipient prevention efforts.

State Policies

Alcohol

Beer and wine taxes in New Jersey are below the national average. The beer tax per gallon is $0.12, as compared with the national average of $0.278, and the State wine tax is $0.70 per gallon, while the national average is $0.79. The State's liquor tax of $4.40 per gallon exceeds the national average of $3.97 per gallon.

The New Jersey Department of Law and Public Safety's Division of Alcoholic Beverage Control is responsible for enforcing State alcohol laws, for investigating applications for State-issued alcoholic beverage licenses, and for investigating all licensees for compliance with Alcoholic Beverage Control Laws and rules and regulations.

Both wholesale and retail alcohol sales are privatized in New Jersey, and alcohol sales laws are among the most complex in the country. Onpremises licenses are allocated to towns based on population. The law allows for one license per 3,000 people. However, this allocation is dependent on whether the municipalities' existing licenses were grandfathered in or the town decides to allocate fewer licenses. The hours of sale for onpremises consumption are set not by the State but by local ordinance. New Jersey State law also provides that an onpremises establishment may, at the discretion of the owner, sell package goods of any type.

A municipal board or body administers issuance of certain licenses and may challenge the issuance of a State license. Municipalities may auction off licenses, and license fees go directly to the municipality.

At the State level, any person or corporation can hold only two licenses. Thus, with few exceptions, supermarkets, convenience stores, and gas stations rarely sell alcoholic beverages. Package sales are usually relegated to freestanding liquor stores, which often close at 10 p.m., even though they could remain open to sell beer and wine until all the bars in the same municipality close.

Municipalities may ban Sunday sales of all alcohol or may allow package sales of beer and wine. State law dictates that no hard liquor should be sold before 9 a.m. and after 10 p.m. any day of the week, and sales can be restricted further through local ordinance. However, retailers are specifically given the right to sell package beer and wine at any time on the premises; a municipality cannot set the hours for beer and wine package licenses differently from onpremises sales hours. Thus bars often sell packaged beer (and, more rarely, wine) until closing time. The only exceptions to this rule are Newark and Jersey City.

The minimum age for on- and offpremise sale of all alcoholic beverages is 18; however, possession and consumption by a person under age 21 is banned, except in homes in the presence of a parent or for certain religious or medical purposes. Although parents may make property available for their children to drink, making property available for the purpose of minors' drinking is prohibited by anyone other than the parent of the specified minor.

A social host is liable for damages caused by a person served only if the person was visibly intoxicated when served. The social host law does not include liability for damages to persons over the age of 21.

Possession of an unsealed container in a motor vehicle is presumption of consumption and is prohibited, with a $200 fine for violation. Minors who possess or consume alcohol in a motor vehicle may lose their driver's licenses for 6 months, or must wait an additional 6 months prior to obtaining a license.

For driving-under-the-influence first offenses, New Jersey law specifies slightly lower fines for an offender with a blood alcohol content between 0.08 and 0.10 than for one with a blood alcohol content greater than 0.10. For a driving-under-the-influence first offense in which the driver is under 21 and has a blood alcohol content between 0.01 and 0.08, the youth receives a 30- to 90-day license suspension, 30–60 days of community service, intoxicated driver education, and other penalties as determined by the court. Participation in the Intoxicated

Driving Program is mandatory for license restoration. Intoxicated Driver Resource Centers develop treatment plans and report to the courts on client compliance. Violators may also be required to participate in a supervised visitation to a morgue, treatment facility, or trauma center to observe the consequences of alcoholism.

Alcohol vendors are required to post a notice approved by the Department of Law and Public Safety, Division of Alcoholic Beverage Control, to warn patrons that alcohol consumption during pregnancy has been determined to be harmful to the fetus. New Jersey also mandates beverage server training for persons serving alcohol on the premises.

New Jersey has developed and supports a statewide Childhood Drinking Coalition, as well as one in each county, to reduce underage drinking. The local county coalitions are active in the communities, focusing on local policies and efforts to reduce underage drinking.

DAS also has implemented a Recovery Support and Environmental Strategies Initiative to Prevent and Reduce Substance Abuse on College Campuses. This initiative awards funds to colleges and universities to provide recovery support and/or environmental prevention strategies to systematically identify and help students who have a substance use disorder diagnosis and students who intermittently abuse alcohol and other drugs.

Each participating college and university is required to provide individual and group substance abuse recovery-oriented programs and services; to provide assessment, academic, and personal counseling services to students; and/or to offer recovery-based housing for students. Environmental strategies seek to prevent and reduce the supply of and demand for alcohol and other drugs by making them less available and their use less acceptable within the campus environment.

Other Drugs

In February 2009, the New Jersey Senate voted to legalize marijuana for medical use under the New Jersey Compassionate Use Medical Marijuana Act. However, the bill is in a second reading and has not yet passed through the New Jersey Assembly. If the law is passed, New Jersey will become the 14th State to pass a medical marijuana law.

New Jersey has stringent laws relating to marijuana. Possessing 50 grams or less of marijuana or being under the influence of marijuana is a disorderly persons offense, punishable by up to 6 months in jail and a fine of up to $1,000. Possession of more than 50 grams is punishable by up to 18 months in jail and a fine of up to $25,000. Any possession within 1,000 feet of a school adds an additional 100 hours or more of community service to the sentence.

Manufacture or distribution of less than 1 ounce of marijuana is punishable by up to 18 months in jail and a fine up to $10,000. For amounts of 1 ounce or more, the penalty increases to 3–5 years in prison and a fine up to $25,000. Manufacture or sale of 5 pounds or more, or cultivation of 10–50 plants, is punishable by 5–10 years in prison and a fine up to $150,000. For amounts of 25 pounds or more, or cultivation of more than 50 plants, the penalties increase to 10–20 years in prison and a fine up to $300,000. Growing marijuana with more than 10 plants presumes operating a narcotics manufacturing facility, which is a first-degree felony carrying 10–20 years.

Sale or distribution of marijuana within 500 feet of public housing, a public park, or a public building increases the possible penalties.

On April 15, 2006, the New Jersey Smoke-Free Air Act went into effect, banning smoking statewide in all enclosed workplaces, including all bars and restaurants, as well as outside portions of school grounds. The Act exempts cigar bars, tobacco retail stores, tobacco manufacturing facilities, private residences and private automobiles, casino gaming floors, off-track betting parlors, and designated hotel/motel smoking rooms. Local governments may regulate smoking more stringently than the Act. Atlantic City banned smoking in all enclosed workplaces, including bars and restaurants as well as 75 percent of casino gaming floors.

Summary of Synar Program

State Synar Program Compliance and Compliance Support

Youth Access Law

New Jersey has a comprehensive youth tobacco access law that includes graduated fines and penalties, the option to suspend and revoke licenses, and warning sign requirements. The State does not have laws that regulate the display of cigarettes in stores; however, the State has not identified self-service displays as a challenge for implementing tobacco control programs. New Jersey is one of four States that were able to increase the minimum age of sale of tobacco products from 18 to 19.

The New Jersey youth tobacco access law indicates that citations should be given to "any person" who sells tobacco to a minor; however, in practice, only store owners are cited. Although the State has not identified this as a challenge, TASE staff expressed interest in issuing citations to clerks as well.

Enforcement

In previous years, the State conducted 8,500 enforcement checks, which included the Synar checks and the non-Synar checks. Because of the recent budget cuts, the number of enforcement checks has been reduced to 2,500 Synar and non-Synar checks. All checks are based on a sample, but the Synar sample is drawn first. If a check results in a sale, the tobacco inspectors will file a compliant in the municipality in which the violation occurred. The retailer then receives a summons from the municipal court, and a fine is ordered by the municipal judge. The summons may result in multiple fines, including the youth tobacco access fine as well as a fine for failure to display or renew a license. As reported in the FFY 2009 Annual Synar Report, the State issued 172 citations and 323 fines for violations of youth tobacco access laws in FFY 2008.

While several outlets have met the criteria for having a license suspended, it has been difficult to revoke licenses. TASE and the Department of Treasury developed a protocol that outlined the process for having a license revoked; however, the leadership at the department has changed since the development of those protocols. The protocol requires TASE to work with local health departments to develop a formal letter to the Deputy Commissioner of the Department of Treasury to request suspension/revocation that includes documentation of inspection results. The department is then required to review the documentation and develop an administrative complaint that could result in either a monetary fine or a license suspension or revocation.

Although TASE and the local health departments have submitted documentation to the Department of Treasury, no followup investigations or administrative complaints have resulted. DAS and TASE may benefit from collaborating with the Department of Treasury to revisit the protocol and to develop a relationship and educate department staff on the importance of this option.

Random, Unannounced Inspections and Valid Probability Sample

DAS and TASE partner to draw both the Synar sample and the non-Synar sample. The Synar sample is a stratified simple random sample with strata determined by outlet density. The sample is based on a list frame, which is generated from the tobacco license list provided by the Department of Treasury. Once the list has been obtained, TASE and DAS staff spend several weeks cleaning the list, which includes eliminating duplicate entries, removing known ineligible outlets, and making corrections to outlet listings that were identified in previous years (addresses and outlet names). Each year, TASE provides a corrected list to the Department of Treasury, Division of Revenue, but the corrections are not integrated into the master list.

The description of the sampling design that was given during the system review was consistent with Appendix B of the Annual Synar Report. The data collection sheets are scannable and include most, but not all, of the Synar Survey Estimation System (SSES) codes for ineligibility and noncompletion. The system review team reviewed a sample of the inspection forms and found that they were consistent with the data submitted in the SSES.

Random, unannounced inspections are conducted by four TASE youth tobacco access inspectors who cover four different geographic areas of the State. Because of the part-time employment status of these inspectors, they are only permitted to work 930 hours on compliance inspections each year. The inspection protocol calls for consummated buys where youth do not carry identification. Youth inspectors are recruited from the State's REBEL (Reaching Everyone by Exposing Lies) youth program or other school groups. The CSAP State Project Officer and the review team's Synar specialist observed five compliance checks in which the inspectors followed the protocols described in Appendix C of the Annual Synar Report. No sales occurred during these five compliance checks.

Reporting

The Annual Synar Report was submitted on time, and a draft was made available for public comment per SAMHSA requirements.

Synar Program Support

TASE is funded through the statutory designation of 80 percent of the license fees for tobacco retailers, resulting in about $500,000. The New Jersey tobacco advocates (New Jersey Breathes, American Cancer Society, American Heart Association, and American Lung Association, among others) are working with legislators in the draft of a bill that would increase retailer license fees to $1,000 and would create a license structure for other tobacco products. If the license fee were to be increased without other changes to the law, then 80 percent of the increased fee would be allocated to TASE.

CTCP is drafting a strategic plan that will identify youth tobacco access goals, including a goal to bring the RVR below 10 percent. This plan also addresses sustainability to ensure that TASE will be able to continue despite potential future budget cuts, as well as planning around the Centers for Disease Control and Prevention's best practices. CTCP has held focus groups with stakeholders to gather input into their strategic plan. New Jersey does not have a multiagency plan for tobacco priorities and outcomes across the State.

New Jersey has relied on print merchant education materials that have been distributed both when licenses are renewed and after compliance checks. Since TASE does not have the funding to reprint merchant education materials for FFY 2010, the program will depend on direct merchant education during compliance checks. Some local health departments may also be willing to provide direct merchant education. TASE is developing a plan to bring those local health departments together and will benefit from actively coordinating their activities.

TASE is supported by the REBEL program, a youth empowerment movement sponsored by CTCP. This group has a CTCP-funded coordinator in every county and is working to create local policies to ensure that school campuses are smoke free. The group also participates in other local tobacco prevention and media literacy activities.

CTCP also partners with New Jersey Breathes, the State tobacco prevention coalition, on tobacco prevention and community mobilization efforts. The American Lung Association participates in New Jersey Breathes and has volunteered to look for opportunities to fill gaps in the activities that cannot be funded through TASE.

In addition, CTCP partners with GASP (Global Advisors on Smokefree Policy), a tobacco control advocacy group in New Jersey. GASP was a key partner in the passage of smoke-free-air laws in the State and is currently focusing on legislation that would increase licensing fees and require a separate license to sell other tobacco products, such as chewing tobacco. The group is also working on a youth tobacco possession law.

Summary of Unique and Notable Synar Successes

The CSAP review team identified two notable accomplishments by the SSA that could be beneficial to other States. New Jersey earmarks 80 percent of each retailer license fee for TASE and has passed legislation that increased the age of tobacco sales from 18 to 19.

APPENDIX A

System Review Analysis

The onsite team completed the "System Review Analysis" during the onsite system review process. A draft version of these tables was given to the SSA participants during the exit conference on the final day of the onsite visit.

New Jersey Substance Abuse Prevention and Synar System Review Analysis August 4–6, 2009

Prevention Analysis

Prevention System Strengths
• New Jersey is committed to funding prevention as demonstrated by allocating State general funds, alcoholic beverage tax funds, and dedicated funds from the Governor's budget.
• The Division of Addiction Services (DAS) contracts with the New Jersey Prevention Network (NJPN) to run and oversee 21 county resource centers. The County Alcohol and Drug Abuse Authorities have County Advisory Committees that conduct the review of needs assessment data and the development of planning and funding priorities for their counties.
• The Governor's Council on Alcoholism and Drug Abuse (GCADA), which is established in statute, funds a Municipal Alliance network of 540 communities dedicated to a comprehensive effort against alcoholism and drug abuse. The Alliance network is a mechanism for both implementing policies to reduce alcoholism and drug abuse at the municipal level and funding appropriate county- and municipality-based alcohol and drug abuse education and public awareness for prevention.
• The State has a wide array of data sources and a comprehensive database that could be used for strategic planning and resource allocation. Data sources include: o New Jersey Substance Abuse Monitoring System (NJ-SAMS) o New Jersey State Epidemiological Profile for Substance Abuse—State Prevention Framework (SPF) State Incentive Grant (SIG), May 2008 o State of New Jersey Substance Abuse Prevention County-Level Needs Assessment, 2008 o 2007 New Jersey Middle School Risk & Protective Factor Survey o 2008 New Jersey High School Risk & Protective Factor Survey o County Chartbook of Social & Health Indicators, April 2006 o New Jersey Household Survey o National Survey on Drug Use and Health o Communities That Care o Youth Risk Behavior Survey o Pride Survey o Core Alcohol and Drug Survey (annual data collected 2002 through 2006) o Monitoring the Future o Fatality Analysis Reporting System o Treatment Episode Data Set o Division of Youth and Family Services o Uniform Crime Reports o New Jersey Center for Health Statistics o New Jersey Department of Health and Senior Services (human immunodeficiency virus data).
• The Single State Authority (SSA) requires subrecipients (successful bidders/contractees) to collect and utilize needs assessment data to identify prevention needs and priorities. In the proposal process, the applicant is required to identify risk factors contributing to substance abuse and to discuss the prevalence of the problem/issue among the population that is proposed to be served, the importance of these issues to different sectors of the community, the factors that protect people from the issues, and the resources that already exist in the community that address the targeted problem by reducing risk factors or strengthening protective factors.

• DAS also requires each local subrecipient to develop a prevention plan based on this needs assessment. The plan must be reviewed and approved by DAS in order for the subrecipient to receive funding.
• New Jersey has developed and supports a statewide Childhood Drinking Coalition, as well as one in each county, to reduce underage drinking.
• The local county coalitions are active in the communities, focusing on local policies and efforts to reduce underage drinking. Recently, they were able to get local ordinances passed (911 Help for Underage Drinking, penalties for youth who drink on private property), and the local ordinances have evolved into a bill for the Governor to sign.
• DAS funds a contract with PROCEED, Inc., to conduct a statewide cultural competency assessment and provide statewide cultural competency training and technical assistance (TA).
• The SSA requires subrecipients to select prevention strategies that are culturally appropriate for the target populations and ensure that each step of the prevention process is culturally appropriate. DAS provider contracts contain a requirement that contractees will participate in a program of training and TA that will help ensure that all DAS-funded prevention services adhere to cultural and linguistic competence standards. All prevention providers can receive TA regarding cultural and linguistic competence from PROCEED, Inc.
• DAS requires that all funded providers use evidence-based programs/strategies approved by the Center for Substance Abuse Prevention (CSAP) since 2004. This requirement was included in DAS's 2008 Prevention Request for Proposals.
• The SSA has identified essential prevention-related core competencies or adopted essential prevention-related core competencies from research that are consistent with International Certification & Reciprocity Consortium requirements**.**
• The State has a statewide certification program for the substance abuse prevention workforce. Currently, there are 139 certified prevention professionals in the New Jersey prevention system.
• DAS has a prevention workforce development plan as well as numerous training and TA opportunities for the statewide prevention workforce. DAS has a workforce development contract with NJPN to provide training for Certified Prevention Specialist certification. NJPN also provides a statewide prevention conference; this year's is the 10th.
• DAS has developed and is preparing to launch a workforce development initiative that will focus on building capacity to work with priority populations.
• DAS supports a Citizens Advisory Council that provides feedback directly from participants. DAS is encouraged to continue capacity building for the Citizens Advisory Council.
Prevention System Challenges
• DAS partnership relationships appear to focus primarily on those partners within the State Epidemiological Outcomes Workgroup and Department of Human Services (DHS). For example, there is little coordination with the Enforcing Underage Drinking Laws grants, which DAS does not monitor or oversee.
• It appears that the roles of GCADA, the Municipal Alliances, the Prevention Coordinating Council, the SPF-SIG Advisory Council, and the SSA are not maximized to provide strong collaboration and guidance to the New Jersey prevention system.

• Although DAS has begun to incorporate the SPF process at various levels in the State prevention system, comprehensive, unified strategic planning, workforce development needs assessment, and systemwide evaluation are not formalized or employed throughout and documented at each level of the State prevention system.
• The SSA allocates prevention funds based on local incidence and prevalence of targeted NOMs or other outcomes and historical allocations from the Prevention Needs Assessment contract, and needs to use available data to identify State-level population-level priorities.
• It is not clear how the New Jersey Comprehensive Statewide Master Plan for Alcoholism, Tobacco and Other Drug Abuse–December 2008, developed by GCADA, and the New Jersey State Strategic Plan for Substance Abuse Prevention for the SPF SIG are linked and whether the SAPT Block Grant-funded prevention efforts are included in either plan.
• It is not clear if the SSA participated in the development of the Master Plan and if the plan is for the SPF SIG only or for the SAPT Block Grant also and if the plans were used to develop subrecipient resource allocation and contract requirements. There are no goals, objectives, or outcomes in the New Jersey Comprehensive Statewide Master Plan for Alcoholism, Tobacco and Other Drug Abuse.
• The way that the New Jersey prevention system is structured does not fully maximize the relationship between the SSA and other key prevention stakeholders, such as GCADA and county alcohol and drug directors.
• More than 60% of prevention strategies in 2006 were education (47.3%) and information dissemination (15.6%). Strategies that will impact population-level changes, such as environmental strategies, were only 5.6% and community-based strategies were 18.5%.
• POMS is not currently able to collect data related to environmental strategies—only program-level data.
• Data reported in NOMs forms 12a and 12b are identical for 2006, and 12b data are the same for 2005 and 2006.
• The DAS vision statement does not accurately reflect the division's commitment to primary prevention as an independent but integrated component of the continuum of services in New Jersey.
• In the current year (county contracts beginning January 1, 2010), 21 plans have been submitted for review prior to funding; 11 need revisions. DAS may want to consider how to strengthen training and support to develop county and provider capacity to use data to drive prevention planning, decisions, and spending.
• The majority of strategies employed by DAS are for indicated populations, with few universal strategies. SAPT Block Grant and SPF-SIG funding are to be used for primary prevention strategies, policies, and programs that will impact population-level change.

Potential Enhancements and Required Followup Actions		Next Steps	
		SSA Resources To Be Used	Will Request TA From CSAP
Prevention System Development and Organization			
System Organization			
Summary of Potential Enhancements			
1	CSAP strongly recommends that DAS clarify the roles of GCADA, the Municipal Alliance, the Prevention Coordinating Council, the SPF-SIG Advisory Council, and the SSA in order to strengthen collaboration within and guidance to the New Jersey prevention system. CSAP also strongly recommends that GCADA and DAS work closely together to develop opportunities to leverage more coordination and resources for the New Jersey prevention system, as well as provide strong, cohesive leadership to the prevention system.		1 Sept.–Dec. 2009
2	CSAP encourages DAS to enhance its leadership by strengthening partnerships and relationships with State agency partners beyond those engaged in the State Epidemiological Outcomes Workgroup and DHS, such as the agency responsible for the Enforcing Underage Drinking Laws grants.		
3	CSAP recommends that DAS review and revise its vision statement to ensure that primary prevention is a visible, proactive, fully incorporated focal point.		
4	DAS requests TA to incorporate the SPF process at various levels in the State prevention system.		2 Jan. 2010
5	DAS requests TA to identify State examples of prevention systemic change at the local level.		
State Substance Abuse Trends			
Summary of Potential Enhancements			
1	CSAP strongly recommends that DAS review statewide substance abuse trends and develop State-level prevention priorities.		3 Nov. 2009–Jan. 2010
SAPT Block Grant Compliance			
Block Grant Expenditures for Prevention			
Required Followup Actions			
None noted.			
Comprehensive Prevention Program			
Summary of Potential Enhancements			
1	CSAP strongly recommends that DAS identify statewide prevention priorities that are based on data and will impact population-level change.		
2	DAS requests TA to identify state-of-the-art underage drinking prevention strategies.		

3	DAS requests TA on how to develop opportunities and capacity for the local prevention system to employ environmental strategies that can have an impact on population-level change.		
Required Followup Actions			
None noted.			
National Outcome Measures Reporting			
Required Followup Actions			
None noted.			
Prevention System Infrastructure and Operations			
Needs Assessment			
Summary of Potential Enhancements			
None noted.			
Planning			
Summary of Potential Enhancements			
1	CSAP recommends that DAS develop a unified strategic plan for its prevention system based on lifespan needs assessment data. The needs of culturally disparate populations, such as Native American, Hispanic, and Asian populations, should be addressed in the strategic prevention plan. This plan should include the agency's vision, mission, priorities, goals, objectives (risk and protective factors influencing the behavior), baseline data, and outcomes to more effectively focus prevention resources. This approach would incorporate a logic model planning process, such as the SPF, and provide a foundation and direction for workforce development training and TA needs, data system development, and evaluation system development.		6 Jan.–June 2010
Prevention Budget and Funding			
Summary of Potential Enhancements			
None noted.			
Subrecipients, Contracting, and Contract Monitoring			
Summary of Potential Enhancements			
1	DAS is encouraged to strengthen training and support to develop county and provider capacity to analyze data in order to develop prevention plans and strategies to address the needs identified from the data.		
Workforce Development and Capacity Building			
Summary of Potential Enhancements			
1	DAS is strongly encouraged to ensure that the prevention workforce development plan is based on statewide and local needs assessment processes and aligned with a unified comprehensive strategic prevention plan.		

Evaluation			
Summary of Potential Enhancements			
1	DAS has requested TA to develop an evaluation plan—aligned with a unified, comprehensive strategic plan—for evaluating strategies and for determining impact of their strategies, at an aggregate or statewide level, to accomplish outcomes identified in the strategic plan. The evaluation plan should be used to inform resource allocation and determine effectiveness of State and subrecipient prevention efforts.		4 Jan. 2010
2	DAS requests TA to develop a workforce development mentoring process.		
3	DAS requests TA to develop a process that will allow New Jersey prevention providers to more accurately report data relating to development and delivery of environmental strategies. This process may include a modification to the current POMS data system.		5 Sept.–Dec. 2010
State Policies and Support			
Summary of Potential Enhancements			
None noted.			

Synar Analysis

Synar Program Development and Organization

State Synar Program Organization

Unique and Notable Successes

- The State and local staff are committed to and knowledgeable about tobacco control and youth access efforts.

Subelement Analysis

Strengths

- The State has a network of advocates and partners who are actively engaged in tobacco control issues, including the American Lung Association and GASP (Global Advisors on Smokefree Policy).
- DAS and the Tobacco Age-of-Sale Enforcement (TASE) program have a Memorandum of Understanding that outlines their roles and responsibilities for the Synar program.
- The New Jersey Breathes is a strong State coalition whose members include the American Cancer Society, American Heart Association, American Lung Association, and Campaign for Tobacco-Free Kids, among others.

Challenges

- The Memorandum of Understanding between TASE has not been updated to include recent CSAP Synar requirements, such as the coverage study.
- DAS does not participate in New Jersey Breathes.
- Because of funding reductions, TASE has not been able to maintain contracts with local health departments that previously participated in Synar efforts.

	Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
1	The State may benefit from a strategic plan for Synar implementation that would connect both to the Comprehensive Tobacco Control Program (CTCP) and to DAS.		
2	DAS may benefit from engaging the tobacco coalitions. DAS may be able to take a leadership role and engage with these partners in their current tobacco control efforts.		
3	The State may benefit from a formal process to engage local health departments that want to continue participating in Synar efforts without State funds.		

NOMs and RVR Trends

Subelement Analysis

***NOMs*—**Among 12- to 17-year-olds (2002–2006):

30-Day Use of Cigarettes: -1.8 percentage points.
Perception of Peer Disapproval: +1.5 percentage points.
Perception of Risk: +1.1 percentage points.

***Retailer Violation Rate (RVR)*—**New Jersey has never been out of compliance with the Synar program. The RVR has been steady for the last few years between 11% and 12%; however, there were variations in the RVR in Federal fiscal years 2003 and 2006 when the rate rose to 15%.

Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
None noted.		

State Synar Program Compliance

State Law

Unique and Notable Successes

In State FY 2005, New Jersey passed a law that changed the legal age to buy tobacco products from 18 to 19 years.

Subelement Analysis

Strengths

The State has a comprehensive youth tobacco access law that includes graduated penalties and warning sign requirements and allows for the revocation of tobacco licenses.

Challenges

- Although the State allows for license revocation, this provision is rarely used.
- The State law indicates that citations should be given "to a person who sells" tobacco products to minors; however, in practice only owners receive citations. While the State has not identified this as a challenge, the State has requested information on issuing citations to clerks as well.

Required Followup Actions

None noted.

	Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
1	The State may benefit from collaborating with the Department of Taxation to address the implementation of the tobacco license suspension and revocation protocols.		
2	The State has identified that it would be interested in examples of States that issue citations to clerks.		

Enforcement

Subelement Analysis

Strengths

- New Jersey conducts both Synar and non-Synar checks that include enforcement. As reported in the FFY 2009 Annual Synar Report, these checks resulted in 172 citations in FFY 2008.
- TASE reinspects any outlet that violates the youth tobacco access law within 90 days of the first violation.
- TASE conducts year-round enforcement that includes both Synar inspections and State inspections.
- Each summons for a youth tobacco access violation can result in more than one fine; for example, a fine for failing to post a tobacco license may also be assessed in connection with a youth tobacco access violation.
- The State has added questions to the scannable forms that allow it to track fines and citations.

Challenges

- Because of reductions in funding, New Jersey has reduced the total number of enforcement inspections from 8,500 Synar and non-Synar inspections to 2,500 Synar and non-Synar inspections.

- The revenue from fines is directed to the municipality in which the violation occurred and is not directed to youth tobacco access enforcement.

Required Followup Actions
None noted.

	Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
1	The State may benefit from developing a sustainability plan to ensure the continuation of enforcement activities despite funding cuts.		
2	The State may benefit from exploring opportunities to leverage the fines for youth tobacco access violations to be used for youth tobacco access enforcement and merchant education.		

Random, Unannounced Inspections and Valid Probability Sample

Subelement Analysis

Strengths

- The State uses a stratified simple random sample that is based on the State tobacco license list. There are four strata, which are based on outlet density in each municipality. This process is consistent with the sampling methodology described in the CSAP-approved Appendix B of the Annual Synar Report.
- The State uses a consummated inspection protocol in which youth do not carry identification, adult inspectors are required to enter the store, and youth are paid according to local policy; the protocol is consistent with that described in the CSAP-approved Appendix C of the Annual Synar Report.
- The State uses scannable forms to collect the compliance check data, which minimizes data entry errors.

Challenges

- Because of funding reductions, New Jersey has had to use internal resources to conduct youth tobacco access inspections. While this may ensure that the process is consistent across the State, it is a significant shift for the State.
- Because of funding reductions, TASE does not have funds to conduct the upcoming coverage study.
- Corrections to the license list are submitted to the Division of Revenue every year based on information that is gathered in the field; however, the division does not integrate TASE's corrections into the next year's list. To ensure a reasonable accuracy rate, TASE and DAS spend several weeks integrating the previous year's corrections into the list before the sample is drawn.

Required Followup Actions
None noted.

	Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
1	The State may benefit from developing a workgroup to address the considerable investment in time and resources both TASE and DAS commit to correcting identifying information in the tobacco licensing list. This group should involve the Division of Revenue, which provides this list annually.		

2	The SSA requests technical assistance to explore opportunities to strengthen inspection protocols and make inspection teams more efficient in the field. Specifically, the State is requesting examples of different inspection team configurations and processes that might decrease the amount of time inspectors spend in the field.		

Retailer Violation Rate

Subelement Analysis

Strengths

The State reported an RVR of 11.9% in FFY 2009.

Challenges

None noted.

Required Followup Actions

None noted.

Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
None noted.		

Annual Synar Report

Subelement Analysis

Strengths

The Annual Synar Report was submitted on time, and the draft was posted for public comment per Substance Abuse and Mental Health Services Administration requirements.

Challenges

None noted.

Required Followup Actions

None noted.

Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
None noted.		

Synar Program Support

State Synar Program Budget and Funding

Unique and Notable Successes

New Jersey uses $40 of every $50 license fee for tobacco control and prevention.

Subelement Analysis

Strengths

- TASE has a dedicated funding source that is written in statute.
- The State currently has a bill that has been drafted which would increase the license fee ($50 to $1,000) and thereby increase the amount of funding dedicated for TASE.

Challenges

The CTCP budget was cut from $11 million to $8.4 million in State FY 2008 and cut again in State FY 2009 to $7.5 million.

	Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
1	The State may benefit from a sustainability plan for youth tobacco access programming. This plan should extend beyond TASE to include DAS and other stakeholder agencies that TASE supports.		

State/SSA Strategic Plan for Youth Tobacco Access Prevention

Subelement Analysis

Strengths

TASE has drafted a strategic plan that includes a goal of moving the RVR below 10%. Other State agencies were interviewed and gave feedback for this plan. This plan also includes a sustainability plan.

Challenges

The State does not have a statewide multiagency plan on tobacco issues.

	Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
1	The State may benefit from developing a statewide multiagency plan on tobacco issues. This plan would include all the tobacco-related goals in the State, including goals related to youth tobacco access prevention, and include roles and responsibilities for implementation of strategies that would address those goals.		

State Synar Program Policy Development and Education

Subelement Analysis

Strengths

- The State has a network of advocates and partners that are actively engaged in tobacco control issues, including the American Lung Association and GASP.
- The State has introduced several tobacco bills, including a youth possession law, a bill to increase the tobacco retail license fee, and a bill to establish license fees for other tobacco products.
- New Jersey does not preempt local laws, and several municipalities have passed additional tobacco ordinances, including youth purchase and possession ordinances.

Challenges

None noted.

	Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
1	New Jersey is currently discussing a law that would prohibit youth from purchasing and possessing tobacco products. The State may benefit from including a clause that would guarantee immunity to youth inspectors during Synar or other tobacco enforcement inspections.		

State Youth Tobacco Access Support Strategies

Subelement Analysis

Strengths

- CTCP has the REBEL program, a youth movement that is working with school campuses on implementing comprehensive 100% tobacco-free school policy initiatives. Community partnerships incorporate media literacy into community mobilization of tobacco prevention efforts.
- Local health departments that are active in youth tobacco access efforts are actively pursuing earned media opportunities.

Challenges

Because of funding reductions, TASE is no longer able to produce merchant education material and media campaigns.

	Potential Enhancements	SSA Resources To Be Used	Will Request TA From CSAP
1	The State may benefit from a plan to engage coalitions, local health departments, and advocacy groups in youth tobacco access issues and to participate in direct merchant education and community mobilization efforts.		

APPENDIX B

CSAP National Outcome Measures

The tables on the following pages highlight NOMs as reported in the New Jersey SAPT Block Grant application.

Chart P1 – NOMs Domain: Reduced Morbidity—Abstinence From Drug Use/Alcohol Use

Measure: 30-Day Use

	A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
			Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
1	**30-DAY USE OF ALCOHOL** **Source Survey Item:** NSDUH Questionnaire: "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?" [Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used alcohol during the past 30 days. **Substitute Data Source:** _____	12–17	18.8		21.4		+2.6
		18 and over	62.5		59.7		-2.8
2	**30-DAY USE OF CIGARETTES** **Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you smoke part or all of a cigarette?" [Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days. **Substitute Data Source:** _____	12–17	12.2		12.3		+0.1
		18 and over	25.1		21.3		-3.8
3	**30-DAY USE OF OTHER TOBACCO PRODUCTS** **Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products][†]?" [Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco). **Substitute Data Source:** _____	12–17	3.7		5.1		+1.4
		18 and over	5.7		6.8		+1.1

	A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
			Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
4	**30-DAY USE OF MARIJUANA** **Source Survey Item:** NSDUH Questionnaire: "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?" [Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days. **Substitute Data Source:** _____	12–17	7.2		6.4		-0.8
		18 and over	4.2		5.1		+0.9
5	**30-DAY USE OF ILLEGAL DRUGS OTHER THAN MARIJUANA** **Source Survey Item:** NSDUH Questionnaire: "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use [any other illegal drug][‡]?" [Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders). **Substitute Data Source:** _____	12–17	4.6		3.8		-0.8
		18 and over	3.0		3.3		+0.3

[†]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

[‡]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

Chart P2 – NOMs Domain: Reduced Morbidity—Abstinence From Drug Use/Alcohol Use

Measure: Perception of Risk/Harm of Use

	A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
			Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
1	**PERCEPTION OF RISK FROM ALCOHOL** **Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?" [Response options: No risk, slight risk, moderate risk, great risk.] **Outcome Reported:** Percent reporting moderate or great risk. **Substitute Data Source:** _____	12–17	76.7		78.4		+1.7
		18 and over	81.6		80.3		-1.3
2	**PERCEPTION OF RISK FROM CIGARETTES** **Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?" [Response options: No risk, slight risk, moderate risk, great risk.] **Outcome Reported:** Percent reporting moderate or great risk. **Substitute Data Source:** _____	12–17	92.7		94.8		+2.1
		18 and over	96.3		96.5		+0.2
3	**PERCEPTION OF RISK FROM MARIJUANA** **Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?" [Response options: No risk, slight risk, moderate risk, great risk.] **Outcome Reported:** Percent reporting moderate or great risk. **Substitute Data Source:** _____	12–17	80.3		81.5		+1.2
		18 and over	81.6		79.4		-2.2

Chart P3 – NOMs Domain: Reduced Morbidity—Abstinence From Drug Use/Alcohol Use

Measure: Age of First Use

A. MEASURE Question/Response		B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
			Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
1	**AGE AT FIRST USE OF ALCOHOL** **Source Survey Item:** NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink." [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of alcohol. **Substitute Data Source:** _____	12–17	13.1		13.3		+0.2
		18 and over	17.3		17.5		+0.2
2	**AGE AT FIRST USE OF CIGARETTES** **Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?" [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of cigarettes. **Substitute Data Source:** _____	12–17	13.2		13.2		0.0
		18 and over	16.2		16.1		-0.1
3	**AGE AT FIRST USE OF TOBACCO PRODUCTS OTHER THAN CIGARETTES** **Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][†]?" [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of tobacco products other than cigarettes. **Substitute Data Source:** _____	12–17	13.8		14.2		+0.4
		18 and over	20.0		20.8		+0.8

	A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
			Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
4	**AGE AT FIRST USE OF MARIJUANA OR HASHISH** **Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?" [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of marijuana or hashish. **Substitute Data Source:** _____	12–17	14.3		14.1		-0.2
		18 and over	18.4		17.7		-0.7
5	**AGE AT FIRST USE OF ILLEGAL DRUGS OTHER THAN MARIJUANA OR HASHISH** **Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs][‡]?" [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of other illegal drugs. **Substitute Data Source:** _____	12–17	12.7		12.5		-0.2
		18 and over	Not Available		19.5		

[†]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

[‡]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

Chart P4 – NOMs Domain: Reduced Morbidity—Abstinence From Drug Use/Alcohol Use

Measure: Perception of Disapproval/Attitudes

	A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
			Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
1	**DISAPPROVAL OF CIGARETTES** **Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove.] **Outcome Reported:** Percent somewhat or strongly disapproving. **Substitute Data Source:** _____	12–17	86.0		89.5		+3.5
2	**PERCEPTION OF PEER DISAPPROVAL OF CIGARETTES** **Source Survey Item:** NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove.] **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove. **Substitute Data Source:** _____	12–17	85.9		90.5		+4.6
3	**DISAPPROVAL OF USING MARIJUANA EXPERIMENTALLY** **Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove.] **Outcome Reported:** Percent somewhat or strongly disapproving. **Substitute Data Source:** _____	12–17	78.6		78.0		-0.6

	A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
			Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
4	**DISAPPROVAL OF USING MARIJUANA REGULARLY** **Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove.] **Outcome Reported:** Percent somewhat or strongly disapproving. **Substitute Data Source:** _____	12–17	79.9		78.8		-1.1
5	**DISAPPROVAL OF ALCOHOL** **Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove.] **Outcome Reported:** Percent somewhat or strongly disapproving. **Substitute Data Source:** _____	12–17	85.2		85.8		+0.6

Chart P5 – NOMs Domain: Employment/Education

Measure: Perception of Workplace Policy

A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
		Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
PERCEPTION OF WORKPLACE POLICY **Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?" [Response options: More likely, less likely, would make no difference.] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests. **Substitute Data Source:** _____	15–17	((s))		((s))		
	18 and over	28.2		34.2		+6.0

((s)) Suppressed due to insufficient or noncomparable data.

Chart P6 – NOMs Domain: Employment/Education

Measure: ATOD-Related Suspensions and Expulsions

Under Development

Chart P7 – NOMs Domain: Employment/Education

Measure: Average Daily School Attendance Rate

A. MEASURE Question/Response	B. Age Group	C. FY 2001 (Baseline year)		D. FY 2006 (Most recent year)		E. Change From Baseline
		Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
AVERAGE DAILY SCHOOL ATTENDANCE RATE **Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at http://nces.ed.gov/ccd/stfis.asp. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100. **Substitute Data Source:** _____	Pre-K–12th Grade	97.0		96.0		-1.0

Chart P8 – NOMs Domain: Crime and Criminal Justice

Measure: Alcohol-Related Traffic Fatalities

A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
		Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
ALCOHOL-RELATED TRAFFIC FATALITIES **Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System. **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100. **Substitute Data Source:** _____	No Age Specified	36.0		44.0		+8.0

Chart P9 – NOMs Domain: Crime and Criminal Justice

Measure: Alcohol- and Drug-Related Arrests

A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
		Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
ALCOHOL- AND DRUG-RELATED ARRESTS **Source:** Federal Bureau of Investigation Uniform Crime Reports. **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100. † **Substitute Data Source:** _____	No Age Specified	97.0		97.0		0.0

†The data presented here are indices of change with 2000 as the base year. Each State's index for a given year is calculated by multiplying that year's total number of drug- and alcohol-related arrests by 100, and then dividing by the corresponding number in 2000. This yields an index of change from 2000, with 2000 having an index of 100. Caution should be exercised in comparing national and State rates. The national rates were based on figures which included imputed data missing from the States since the Federal Bureau of Investigation (FBI), in calculating national figures, imputed missing data for each of the States whose submitted data provided insufficient coverage across the State, using information about comparable regions and recent trends.

The information presented here is based on data from an annual FBI report, Crime in the United States. The offense categories that are accumulated to form the total "drug- and alcohol-related arrests" are (1) drug abuse violations, (2) driving under the influence, and (3) liquor law violations. (Arrests for drunkenness were not included since drunkenness is not a crime in every State.)

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 2000–2006.

Chart P10 – NOMs Domain: Social Connectedness

Measure: Family Communications Around Drug and Alcohol Use

	A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
			Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
1	**FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE (YOUTH AGED 12–17)** **Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from **[DATEFILL]** through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No.] **Outcome Reported:** Percent reporting having talked with a parent. **Substitute Data Source:** _____	12–17	58.2		60.5		+2.3
2	**FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE (PARENTS OF YOUTH AGED 12–17)** **Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?"† [Response options: 0 times, 1 to 2 times, a few times, many times.] **Outcome Reported:** Percent of parents reporting that they have talked to their child. **Substitute Data Source:** _____	18 and over	((s))		((s))		

((s)) Suppressed due to insufficient or noncomparable data.

†NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

Chart P11 – NOMs Domain: Retention

Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

A. MEASURE Question/Response	B. Age Group	C. 2002 (Baseline year)		D. 2006 (Most recent year)		E. Change From Baseline
		Pre-populated Data	Approved Substitute Data	Pre-populated Data	Approved Substitute Data	
EXPOSURE TO PREVENTION MESSAGES **Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][†]?" **Outcome Reported:** Percent reporting having been exposed to prevention message. **Substitute Data Source:** _____	12–17	93.3		95.2		+1.9

[†]This item is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context.

Chart P12a – NOMs Domain: Access/Capacity
Individual-Based Programs and Strategies

Measure: Number of Persons Served by Age, Gender, Race, and Ethnicity[†]

Category	Total
A. Age	
0–4	1,669
5–11	10,479
12–14	13,067
15–17	11,798
18–20	4,514
21–24	7,224
25–44	29,465
45–64	20,993
65 and Over	5,578
Age Not Known	
B. Gender	
Male	45,328
Female	59,459
Gender Not Known	
C. Race	
White	54,766
Black or African American	23,330
Native Hawaiian/Other Pacific Islander	671
Asian	4,632
American Indian/Alaska Native	869
More Than One Race (not OMB required)	
Race Not Known or Other (not OMB required)	20,519
D. Ethnicity	
Hispanic or Latino	12,964
Not Hispanic or Latino	91,823

[†]Number of persons served by programs and strategies that were funded wholly or in part by SAPT Block Grant funds during the calendar year. Programs and strategies are included even if the SAPT Block Grant funding constituted a minor part of the funding. For programs and strategies lasting longer than a year or that span calendar years, data are included for the reporting year only.

Chart P12b – NOMs Domain: Access/Capacity
Population-Based Programs and Strategies

Measure: Number of Persons Served by Age, Gender, Race, and Ethnicity[†]

Category	Total
A. Age	
0–4	1,669
5–11	10,479
12–14	13,067
15–17	11,798
18–20	4,514
21–24	7,224
25–44	29,465
45–64	20,993
65 and Over	5,578
Age Not Known	
B. Gender	
Male	45,328
Female	59,459
Gender Not Known	
C. Race	
White	54,766
Black or African American	23,330
Native Hawaiian/Other Pacific Islander	671
Asian	4,632
American Indian/Alaska Native	869
More Than One Race (not OMB required)	
Race Not Known or Other (not OMB required)	20,519
D. Ethnicity	
Hispanic or Latino	12,964
Not Hispanic or Latino	91,823

[†]Number of persons served by programs and strategies that were funded wholly or in part by SAPT Block Grant funds during the calendar year. Programs and strategies are included even if the SAPT Block Grant funding constituted a minor part of the funding. For programs and strategies lasting longer than a year or that span calendar years, data are included for the reporting year only.

Chart P13 – NOMs Domain: Access/Capacity
Number of Persons Served†

Measure: Type of Intervention

	Intervention Type	Number of Persons Served by Individual- or Population-Based Program or Strategy	
		A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1	Universal Direct		N/A
2	Universal Indirect	N/A	
3	Selective		N/A
4	Indicated		N/A
5	**Total**		

†Number of persons served by programs and strategies that were funded wholly or in part by SAPT Block Grant funds during the calendar year. Programs and strategies are included even if the SAPT Block Grant funding constituted a minor part of the funding. For programs and strategies lasting longer than a year or that span calendar years, data are included for the reporting year only.

Chart P14 – NOMs Domain: Retention and Evidence-Based Programs and Strategies
Number of Evidence-Based Programs and Strategies[†]

Measure: Type of Intervention

		Number of Programs and Strategies by Type of Intervention					
		A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1	Number of Evidence-Based Programs and Strategies Funded[‡]	0	9	9	3	66	78
2	Total Number of Programs and Strategies Funded[‡]	0	9	9	3	66	78
3	Percent of Evidence-Based Programs and Strategies	0%	100%	100%	100%	100%	100%

[†]"Evidence-Based Programs and Strategies" is defined by each State using one or more of the following criteria:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1: The intervention is based on a solid theory or theoretical perspective that has validated research, and
  - Guideline 2: The intervention is supported by a documented body of knowledge—a converging of empirical evidence of effectiveness—generated from similar or related interventions that indicate effectiveness, and
  - Guideline 3: The intervention is judged by informed experts to be effective (i.e., reflects and documents consensus among informed experts based on their knowledge that combines theory, research, and practice experience). "Informed experts" may include key community prevention leaders, and elders or other respected leaders within indigenous cultures.

[‡]"Funded" means funded in whole or in part with SAPT Block Grant funds.

Chart P15 – NOMs Domain: Cost Effectiveness

Services Provided Within Cost Bands

	Type of Intervention	A. Number of Programs and Strategies	B. Number of Programs and Strategies Falling Within Cost Bands†	C. Percent of Programs and Strategies Falling Within Cost Bands
1	Universal Direct Programs and Strategies			
2	Universal Indirect Programs and Strategies	9	9	100%
3	**Subtotal Universal Programs**	**9**	**9**	**100%**
4	Selective Programs and Strategies	3	3	100%
5	Indicated Programs and Strategies	66	66	100%
6	**Total All Programs**	**78**	**78**	**100%**

†Number of programs and strategies funded in whole or in part with SAPT Block Grant funds that have a per participant cost which falls between the 25th and 75th percentiles of costs for similar types of programs as determined by SAMHSA cost band research.

General Notes

Data for the prepopulated portions of these tables come from the following sources:

- http://www.nationaloutcomemeasures.samhsa.gov/./Outcome/StateSummary/PRE/XX.pdf, where "XX" stands for the two-letter postal designation for each State. The tables on this site are not directly comparable to the tables in the FFY 2009 SAPT Block Grant application. For example, this site has a table indicating average number of days of use of specified substances among persons who used them in the past 30 days. This table is not included in the SAPT Block Grant data.
- National Survey on Drug Use and Health (NSDUH) estimates are based on a design-based estimation approach. State estimates are based on combined data from 2 years of NSDUH; for example, State estimates presented for 2005–2006 are based on combined data from the 2005 and 2006 surveys.
- The National Highway Safety Traffic Administration (NHTSA) estimates alcohol involvement when alcohol test results are unknown. For a crash to be included in NHTSA's Fatality Analysis Reporting System (or FARS), it must involve a motor vehicle traveling on a trafficway customarily open to the public and result in the death of a person (occupant of a vehicle or a nonoccupant) within 30 days of the crash.

Data for the Access/Capacity and Cost Effectiveness domains come from SAPT Block Grant applications submitted by each State beginning with the FFY 2009 application.

APPENDIX C

Participant List From the System Review

Name	Title	Organization
State Participants		
Celeste Andriot Wood	Assistant Commissioner	Family Health Services, New Jersey Department of Health and Senior Services
Gary Barrett	State Epidemiological Outcomes Workgroup Manager	Division of Addiction Services, New Jersey Department of Human Services
Karen Blumenfeld	Executive Director	Global Advisors on Smokefree Policy
Lewis Borsellino	Administrative Services Director	Division of Addiction Services, New Jersey Department of Human Services
Suzanne Borys	Director of Research, Planning, Evaluation, and Information Systems/Technology	Division of Addiction Services, New Jersey Department of Human Services
Lily Britton	Supervising Program Specialist	Division of Addiction Services, New Jersey Department of Human Services
Deborah Brown	Vice President, Community Outreach & Advocacy	American Lung Association
Lauren Connelly	REBEL Youth Coordinator	Somerset Council on Alcoholism and Drug Dependency, Inc.
Elizabeth Conte	Workforce Development and Training Coordinator	Division of Addiction Services, New Jersey Department of Human Services
Kimberly Cremer	Program Management Officer	Division of Addiction Services, New Jersey Department of Human Services
JoAnn Delay	Contract Management Officer	Division of Addiction Services, New Jersey Department of Human Services
Mollie Greene	Deputy Director	Division of Addiction Services, New Jersey Department of Human Services

Appendix C: Participant List

Name	Title	Organization
State Participants		
Donald Hallcom	Prevention and Early Intervention Services Director	Division of Addiction Services, New Jersey Department of Human Services
Barry Hantman	Program Management Officer	Division of Addiction Services, New Jersey Department of Human Services
Laura Hernandez-Paine	Director, Comprehensive Tobacco Control Program	Family Health Services, New Jersey Department of Health and Senior Services
Diane Litterer	Executive Director	New Jersey Prevention Network
Emma Lopez	Executive Director	Vineland Health Department
Kevin Martone	Deputy Commissioner	New Jersey Department of Human Services
Janis Mayer	Manager, Youth, School and TASE Program, Comprehensive Tobacco Control Program	Family Health Services, New Jersey Department of Health and Senior Services
Raquel Mazon Jeffers	Director	Division of Addiction Services, New Jersey Department of Human Services
Cathy Melitski, J.D.	New Jersey Deputy Attorney General	Tobacco Litigation, New Jersey Department of Health and Senior Services
Patrick Mulvena	TASE Tobacco Inspector, Comprehensive Tobacco Control Program	Family Health Services, New Jersey Department of Health and Senior Services
John Pescatore	TASE Program Officer, Comprehensive Tobacco Control Program	Family Health Services, New Jersey Department of Health and Senior Services
Kathleen Russo	Program Management Officer	Division of Addiction Services, New Jersey Department of Human Services
Dona Sinton	Block Grant Coordinator	Division of Addiction Services, New Jersey Department of Human Services
Colleen Verriest	Prevention Specialist	Institute for Prevention, Saint Barnabas Behavioral Health Network

Appendix C: Participant List

Name	Title	Organization
State Participants		
Uta Vorbach	Manager, Research and Evaluation, Comprehensive Tobacco Control Program	Family Health Services, New Jersey Department of Health and Senior Services
Jolie White	Student Associate, Youth, School, and TASE Program, Comprehensive Tobacco Control Program	Family Health Services, New Jersey Department of Health and Senior Services
LorieAnn Wilkerson-Leconte	Manager, Community Partnership, Treatment and Cessation, Comprehensive Tobacco Control Program	Family Health Services, New Jersey Department of Health and Senior Services
CSAP Team		
Andrea Harris	Public Health Advisor	Substance Abuse and Mental Health Services Administration, Division of State Programs, Center for Substance Abuse Prevention
Barbara Fuller	Prevention Specialist	Strategic Prevention Framework Advancement and Support
Joe Hyde	Regional Services Manager	Strategic Prevention Framework Advancement and Support
Jennifer Wagner	Synar Specialist	Strategic Prevention Framework Advancement and Support

APPENDIX D

Sources of Information Reviewed

The following tables list the sources of information consulted during the system review process for the New Jersey prevention system and Synar program (e.g., reports, Web sites, State documents).

Sources of Prevention Information	
New Jersey FY 2009 Substance Abuse Prevention and Treatment Block Grant Uniform Application	New Jersey Substance Abuse Prevention and Synar System Review Report, Fiscal Year 2006
New Jersey Synar System Assessment Report, February 25–27, 2003	Technical Assistance Documents
CSAP National Outcomes Measures (NOMs)	CSAP National Outcome Measures (NOMs) and State Outcomes for New Jersey
Governor and Legislative Information	New Jersey State and County QuickFacts
FDIC State Profile	State of New Jersey Profile of Drug Indicators May 2007
State Profile of Underage Drinking Laws, New Jersey	New Jersey States in Brief
New Jersey Geography from NETSTATE	New Jersey State Contacts from e-Prevention
Title 26 Health and Vital Statistics 26:2G-1-2G	Title 26 Health and Vital Statistics 26:2BB-4-2BB-14
Title 26 Health and Vital Statistics 26:2B-6-2B-31	Executive Summary: A Strategy for Safe Streets and Neighborhoods
New Jersey Governor's Council on Alcoholism and Drug Abuse Municipal Alliance Program	Student Survey Study Group Meeting Notes With HJDHS, Division of Addiction Services (DAS)
Title 26 Health and Vital Statistics	Prevention a Strategy for Safe Streets and Neighborhoods
New Jersey State Epidemiological Profile for Substance Abuse	New Jersey State Strategic Plan for Substance Abuse Prevention
Prevention Coordinating Council PPT Slides	Collection of Organizational Charts
New Jersey Statewide Master Plan for Alcoholism, Tobacco and Other Drug Abuse, December 2008	Letter from Gov. McGreevey concerning Reorganization Plan 2002–2004

Sources of Prevention Information	
Memorandum of Understanding for the transfer of the Division of Addiction Services	New Jersey Department of Human Services organizational chart and flow chart for the Prevention Services Delivery System
Vision and Mission statements for the Division of Addiction Services	Risk Factors
Prevention and Early Intervention Services	Strategic Prevention Framework-State Incentive Grant
Approved Evidence-Based Programs	Measurement Items for Domain-Based Outcomes
Definition of Community	Prevention Definitions
Strategic Prevention Framework Community Implementation PPT Slides	Prevention 2008 RFP Overview Awards
Community Prevention Meeting Process Looking at Municipal Data; Finalizing County Prevention Priorities	Recommended Committee Membership for Prevention/Treatment Unification Planning
Develop/Enhance DAS' comprehensive continuum of prevention service to include outreach, prevention, and early intervention	SSA Funding Sources/Amounts/Budgets
State of New Jersey Department of Human Services Request for Proposal	Annex A Checklist William Paterson University
Formal Site Visit Report–Blank Form	Formal Site Visit Report–Completed
Prevention Funding Priorities	Division of Addiction Services, Request for Proposals, Strategic Prevention Framework Community Implementation
Division of Addiction Services, Request for Proposals, Statewide Services and Special Projects for Substance Abuse Prevention	Contract between New Jersey Department of Human Services and New Jersey Prevention Network
Contract between New Jersey Department of Human Services and Family Connections	Prevention Directory
State FY 2010 Prevention Contracts Report	Prevention & Treatment Unification
Standards for Agencies Providing Substance Abuse Prevention Services, Department of Human Services, Division of Addiction Services, Revised July 2008	Contract boilerplate, New Jersey Department of Human Services
Increase, enhance, and improve the workforce devoted to substance abuse prevention, treatment, and recovery	Department of Human Services, Division of Addiction Services Workforce Development Initiative, May 15, 2008
State Epidemiological Outcomes Workgroup Member List	State Public Health System Performance Assessment Instrument

Sources of Prevention Information	
State of New Jersey Substance Abuse Prevention County-Level Needs Assessment, 2008 Prevention Needs Assessment Using Social Indicators	Youth Survey Report, 2003 New Jersey Middle School Substance Use Survey Report
2007 New Jersey Middle School Risk & Protective Factor Survey	2008 New Jersey High School Risk & Protective Factor Survey
The 2003 New Jersey Household Survey on Drug Use and Health	County Chartbook of Social & Health Indicators for New Jersey
Resource Guide for Substance Abuse Prevention and Treatment Planning	April 2006 County Chartbook of Social & Health Indicators, Atlantic County, New Jersey
June 2005 County Chartbook of Social & Health Indicators, Atlantic County, New Jersey	Municipal Chartbook of Social & Health Indicators, Atlantic County, New Jersey
Prevention Outcome Measurement System (POMS)	Prevention Minimum Dataset Login Page
Atlantic Prevention Resources	Bill Research Report
Contract between the New Jersey Department of Human Services and Proceed for Cultural Linguistic Competency	Providers' Meeting Mercer County Community College Conference Center
Prevention on College Campuses	Quarterly Provider Meeting
Providing Prevention Services to Underserved Populations in New Jersey	

Sources of Synar Information	
New Jersey FFY 2009 Annual Synar Report	Synar Survey Sampling Plan and Inspection Protocol Review Form
SSES Tables 1–4	Target and Reported Retailer Violation Rate by State and Year
New Jersey Synar System Assessment Report, February 25–27, 2003	2A:170-51.6 Sales, distribution of certain flavored cigarettes prohibited; definitions; violations, penalties.
CTCP Tobacco Laws for New Jersey	New Jersey state law passed on tobacco control, enacted since 2006
Collection of Bills introduced to the New Jersey Assembly relating to youth access to tobacco	Adopted by the State of New Jersey, a law that raises minimum age for sale and purchase of tobacco products from 18 to 19
Statement to Assembly Committee relating to "novelty lighters"	Chapter 37 An Act raising the cigarette tax, changing the tobacco products wholesale tax...

Sources of Synar Information	
New Jersey ADC 8:6-11 Regulations to implement the New Jersey Smoke Free Air Act (NJSFAA)	P.L. 2004, Chapter 96 Prohibiting sale or distribution of cigarettes in packs of less than 20
Subchapter 7. Health Requirements	New Jersey License & Certification Guide
Law Enforcement Training Materials	Notice of Inspection Results–Blank Form and Completed Citation
Tobacco License Suspension/Revocation Procedures	New Jersey SYNAR Sampling Plan and Data Analysis
CSAP System Review (Synar) August 2009	Grant Progress Report–Blank Form and Completed Grant Progress Report
Local Health Department Work Plan Blank Form	Letter to Health Officer relating to Synar Inspection deadline
Dear Parent/Guardian letter inviting youth to participate in Synar; includes parental permission form	Training Outline for Youth Inspectors
Memorandum of Understanding on the transfer of the Division of Addiction Services into the Department of Human Services	Synar Organizational Chart
Comprehensive Tobacco Program State FY 2010 (09-10 Current Budget)	The New Jersey Comprehensive Tobacco Control Program Strategic Plan 2008–2013
Tobacco Age of Sale Enforcement List of Completeness Survey (blank form)	New Jersey Coverage Study Sample Tract (map)
New Jersey Synar Sampling Frame Coverage Study Report	Collection of Merchant Education materials from New Jersey Tobacco Age-of-Sale Enforcement Program (TASE)
Merchant Training and Education Resources	New Jersey Food Council
Passaic County Council on Alcoholism and Drug Abuse Community Partnerships for a Tobacco Free New Jersey Grant Award	TASE Media Clipping List
Collaboration Letters for New Jersey Comprehensive Tobacco Control Program	Synar Program Partnership and Collaborations
REBEL (Reaching Everyone by Exposing Lies)	Letter from Dr. Bresnitz on the disparities of tobacco use
Sign in Spanish on youth access to tobacco	Student Associate Recruitment Requirements
Sample Synar Inspection Form Template	Notice of Inspection Results
TASE Year 13 Federal and State Survey Sites	Student Hire Package

Sources of Synar Information	
Federal Sample TASE Tracking Sheet	New Jersey Department of Health and Senior Services TASE Tobacco Inspector Workplan for Compliance Check Inspection Reports
Comprehensive Tobacco Control Program Special Services Time and Activity Report	New Jersey Department of Health and Senior Services TASE Complaint and Court Work Plan
TASE Productivity Report	New Jersey Department of Health and Senior Services Travel Reimbursement Voucher
Comprehensive Tobacco Program Brochure	Comprehensive Tobacco Program Brochure from Office of State Epidemiologist
Sample stickers warning clerks to not sell	REBEL Rocks, Issue 7
REBEL Rocks, Issue 8	Comprehensive Tobacco Program Somerset Council Information Sheet
GASP White Paper on raining tobacco tax	Tobacco Surveillance Data Brief, Tobacco Marketing at Point of Purchase, Volume 1, Issue 5
Deadly in Pink, Big Tobacco Steps Up Its Targeting of Women and Girls	

APPENDIX E

Summary of New Jersey's Estimated FFY 2008 and Planned FFY 2009 Synar Budgets by Synar Category, Responsible Agency, and Revenue Source and Amount

Estimated FFY 2008 Synar Budget

Synar Category	Responsible Agency	Revenue Source and Amount								Total
		State Funds	Licensing Fees	Fines	SAPT Block Grant	Foundations	Retailer Associations	Tobacco Industry or Settlement	Other	
Management/ Staffing		$431,049								$431,049
Sample Design										
Coverage Study										
Inspections		$133,390 (Inspectors)	$430,000							$563,390
Merchant Education		$2,500								$2,500
Training		*$5,000								$5,000
Community Education & Support										
Data Analysis To Determine RVR										
Other (please describe)		**$44,767								$44,767
Total		$616,706	$430,000							$1,046,706

* $3,000 for trainings; $2,000 for materials.

** Office supplies, mileage, office overhead, printing.

Planned FFY 2009 Synar Budget

Synar Category	Responsible Agency	Revenue Source and Amount								Total
		State Funds	Licensing Fees	Fines	SAPT Block Grant	Foundations	Retailer Associations	Tobacco Industry or Settlement	Other	
Management/ Staffing			$281,787							$281,787
Sample Design										
Coverage Study										
Inspections			$166,082							$166,082
Merchant Education										
Training										
Community Education & Support										
Data Analysis To Determine RVR										
Other (please describe)			$52,131							$52,131
Total			$500,000							$500,000

APPENDIX F

Abbreviations

CPS	Certified Prevention Specialist
CSAP	Center for Substance Abuse Prevention
CTCP	Comprehensive Tobacco Control Program
DAS	Division of Addiction Services
DHS	Department of Human Services
FFY	Federal fiscal year
FY	fiscal year
GASP	Global Advisors on Smokefree Policy
GCADA	Governor's Council on Alcoholism and Drug Abuse
NJPN	New Jersey Prevention Network
NOMs	National Outcome Measures
NSDUH	National Survey on Drug Use and Health
POMS	Prevention Outcomes Management System
REBEL	Reaching Everyone by Exposing Lies
RFP	request for proposals
RVR	retailer violation rate
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SBIRT	Screening, Brief Intervention, Referral, and Treatment
SEOW	State Epidemiological Outcomes Workgroup
SIG	State Incentive Grant
SPF	Strategic Prevention Framework
SSA	Single State Authority
SSES	Synar Survey Estimation system
TA	technical assistance
TASE	Tobacco Age-of-Sale Enforcement