



Robert Wood Johnson Foundation

RWJF Retrospective Series

Two Decades of Investment in Substance-Use Prevention and Treatment

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Acknowledgments

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FSG is a nonprofit consulting firm specializing in strategy, evaluation, and research. Learn more about FSG at www.fsg.org.

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RWJF Retrospective Series

Two Decades of Investment in Substance-Use Prevention and Treatment

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ACRONYMS

The following acronyms are used in this report.

ACA	Patient Protection and Affordable Care Act of 2010
AMOD	A Matter of Degree: Reducing High-Risk Drinking Among College Students
AMA	American Medical Association
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CAMY	Center on Alcohol Marketing and Youth
CDC	Centers for Disease Control and Prevention
CTC	Communities That Care
CADCA	Community Anti-Drug Coalitions of America
CAS	Harvard School of Public Health College Alcohol Study
CASA	National Center on Addiction and Substance Abuse at Columbia University
DFC	Drug-Free Communities
MTF	Monitoring the Future
MADD	Mothers Against Drunk Driving
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NQF	National Quality Forum
NIATx	Network for the Improvement of Addiction Treatment
OJJDP	Office of Juvenile Justice and Delinquency Prevention
ONDCP	Office of National Drug Control Policy
PDFA	Partnership for a Drug-Free America
RUDC	Reducing Underage Drinking Through Community and State Coalitions
RWJF	Robert Wood Johnson Foundation
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPRP	Substance Abuse Policy Research Program

From our President

Preface

In the mid-1980s, the Robert Wood Johnson Foundation (RWJF) began funding in the area of substance use, including tobacco, alcohol, and other drugs. It was a bold move at the time—our first major venture into the health side of the “health and health care” equation. Our substantial work to reduce the harm caused by tobacco addiction, and to make the air we breathe safe to inhale, is covered in a separate Retrospective.

This retrospective review focuses on our funding to reduce the harm caused by alcohol and other drugs, the use of which can be deadly for the user, and cause considerable harm to families and communities. The work RWJF did in this field spanned 25 years and included partnerships with government, education, and the private sector. Our \$700 million investment—the largest ever made in substance use prevention and treatment by a nonprofit, philanthropic funder—contributed to many positive changes in the field and helped expand the types of approaches to reducing the harm caused by alcohol and other drugs at a time when the approaches used were extremely limited. Still our work did not yield all that we had hoped.

While we recognize that substance use continues to play a role in crime, violence, homelessness and the destruction of families, we have chosen to scale back our investments in the area. Since 2010 we have addressed the problem with more than \$17.4 million in investments: 69.5 percent on continued efforts to address the problem among young people who have gotten in trouble with the law, prisoners and former prisoners; 23.6 percent on other community-based efforts, including supportive housing; and 9 percent on research.

To harvest lessons from our work in this field we asked FSG, a nonprofit consulting firm specializing in strategy, evaluation, and research, to conduct an independent assessment to help us, and the field, understand what worked, what didn’t, and what could be adapted to improve health and health care for all Americans.

As with our other retrospectives, I wish to emphasize that we continue to insist that the analysis of our work be truly independent. The team was led by Hallie Preskill, PhD, a managing director of FSG, editorial board member of the *American Journal of Evaluation* and president of the American Evaluation Association. FSG subcontracted with Michael Dennis, PhD, a senior research psychologist in the Chestnut Health System’s research division. FSG also formed an external advisory board whose members included, among others, H. Westley Clark, MD, JD, MPH, CAS, FASAM, director of the Center for Substance Abuse Treatment, Substance Abuse and

Mental Health Services Administration, U.S. Department of Health and Human Services; A. Thomas McLellan, PhD, at that time the CEO and founder of the Treatment Research Institute; and Jack Stein, LCSW, PhD, at that time the chief of the Prevention Branch, Office of Demand Reduction, White House Office of National Drug Control Policy.

The team at FSG interviewed 41 external and internal stakeholders, performed an extensive review of secondary documents and data sources, conducted in-depth assessments of five programs, surveyed 16 internal and external advisors, and did a citation analysis of 849 published journal articles featuring research supported by the Foundation's programs. The resulting assessment report describes both the significance and limits of RWJF's contributions and achievements.

I want to thank the many individuals and organizations—often working in collaboration—who conducted our work in the area of substance use, and I especially want to thank the many RWJF staff members (and former staff) who worked on the problem of substance use in communities around the country. Among them were: Rudy Hearn, Paul Jellinek, Marjorie Gutman, Robert Hughes, Connie Pechura, Victor Capoccia, Katherine Kraft, Tracy Orleans, Nancy Kaufman, and Steven Schroeder—and many others behind the scenes.

It is my pleasure to present this retrospective of our work.

Risa Lavizzo-Mourey, M.D., M.B.A.

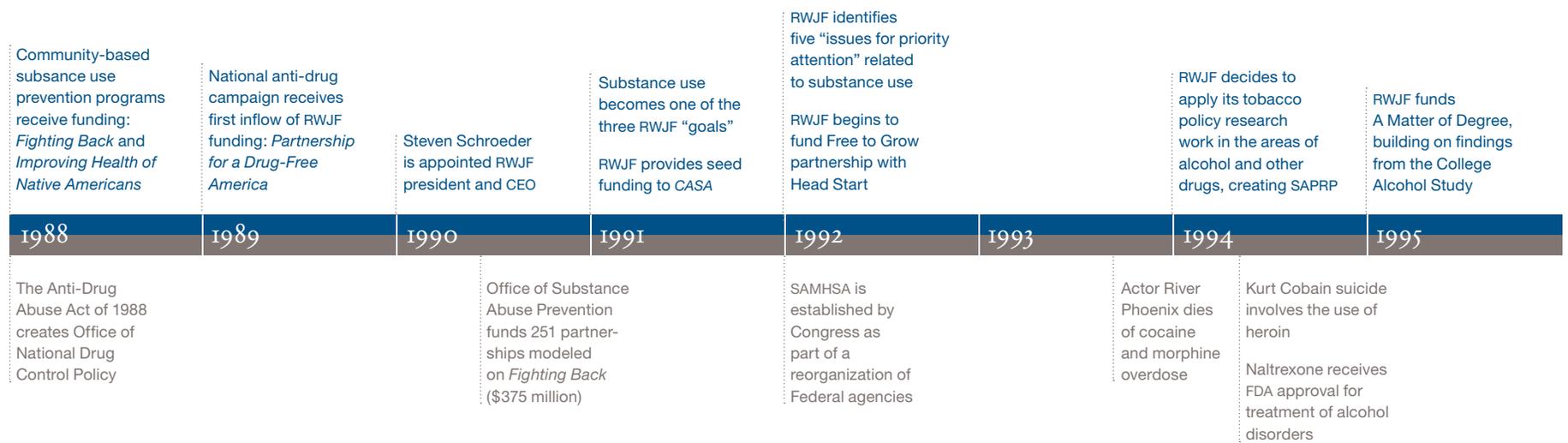
President and Chief Executive Officer



TIMELINE

Timeline of Substance-Use Activities, 1988–2010

- RWJF Activities
- Other Field Players' Activities



Timeline (continued)

- RWJF Activities
- Other Field Players' Activities

1996	1997	1998	1999	2000	2001	2002	2003
<p>RWJF funds <i>Cutting Back</i> to study the effectiveness of an intervention to identify and reduce problem drinking</p> <p>Marijuana approved for medical use in AZ and CA</p> <p>A national voluntary alcohol advertising ban is lifted, TV alcohol marketing starts rising</p>	<p>RWJF begins funding <i>Bridging the Gap</i>, building on Monitoring the Future Survey</p> <p>Congress passes the Drug-Free Communications Act</p> <p>Annual marijuana use reaches 10-year high among 12th grade students</p>	<p>RWJF funds the creation of the <i>PRISM Awards</i> to celebrate accurate portrayals of substance use by the media</p> <p>“National Recovery Month” replaces SAMHSA’s “Treatment WOrks!” expanding the observance to individuals in recovery and their friends and family</p>	<p><i>Reclaiming Futures</i> receives board authorization</p> <p>Safe and Drug-Free Schools Program begins</p>	<p><i>Free to Grow</i> receives funding to expand from 6 to 15 sites</p> <p>National alcohol-impaired driving standard law signed</p>	<p>Substance-use group becomes the “Alcohol and Illegal Drugs” team and separate team formed to address tobacco</p>	<p>RWJF funds two programs focused on increasing access to quality treatment: <i>Paths to Recovery</i> and <i>Resources to Recovery</i></p> <p>Buprenorphine receives FDA approval for treatment of opioid dependence</p>	<p>Risa Lavizzo-Mourey appointed RWJF president and CEO</p> <p>Substance use becomes one of the eight RWJF strategic objectives</p> <p>Substance-use team renamed the “Addiction Prevention and Treatment” team</p> <p>Federal agencies pilot Communities That Care in 12 communities aimed at reducing substance use and other high risk behaviors among youth</p> <p>Institute of Medicine (IOM) releases a report on underage drinking</p>

Timeline (continued)

- RWJF Activities
- Other Field Players' Activities

2004	2005	2006	2007	2008	2009	2010
<p>RWJF funds a National Quality Forum (NQF) meeting to develop national standards for evidence-based substance use treatment</p> <p>U.S. Preventive Services Task Force recommends screening and brief interventions (SBI) in primary care</p> <p>Acamprosate receives FDA approval for treatment of alcohol disorders</p>	<p>RWJF begins funding Advancing Recovery, building on its previous process improvement efforts through <i>Paths to Recovery</i></p> <p>Congress enacts first legislation pertaining to driving under the influence of drugs and Sober Truth on Preventing Underage Drinking Act</p> <p>Naltrexone (extended release) receives FDA approval for treatment of alcohol disorders</p>	<p>RWJF announces its withdrawal from the substance-use field, absorbing its work into its Vulnerable Populations portfolio</p> <p>GAO report says ONDCP media campaign not effective in curbing youth drug use</p> <p>Annual alcohol use among 12th graders reaches its lowest point</p> <p>Congress passes the STOP Underage Drinking Act</p>	<p>RWJF, NIDA, and NIAAA fund the HBO Addiction project, and three-part series depicting addiction as a chronic disease</p> <p>NQF publishes its voluntary consensus standards for substance use and addiction treatment</p> <p>CMS permits health-care providers to bill for screening and brief intervention services related to alcohol and drug use disorders</p>	<p>Congress passes the Parity Act, requiring that insurers cover substance use, mental health, and physical health equally</p>	<p>SAPRP releases Five-Year Research Roadmaps for alcohol, drugs, and tobacco policy</p> <p>D.A.R.E. begins using a new middle school curriculum included on SAMHSA's NREPP</p>	<p>Congress passes the Patient Protection and Affordable Care Act requiring Medicaid and other insurers to make substance use treatment an "essential benefit"</p>

Executive Summary

For over two decades, the Robert Wood Johnson Foundation (RWJF) worked to reduce harm from alcohol and other drugs in the United States, spending nearly \$700 million in pursuit of this goal. RWJF established 33 major national programs and initiatives and supported 1,535 individual grants, representing the largest investment in substance-use* prevention and treatment ever made by a nonprofit, philanthropic funder.

RWJF contracted with FSG to assess this major body of work, and to generate insights for the Foundation and the field. FSG's assessment was intended to do three things:

- Explore the evolution of the Foundation's substance-use strategies and goals
- Examine what the Foundation achieved as a result of these efforts, in terms of changes in the substance-use field and impact on the substance-use problem
- Identify strengths and challenges of the Foundation's approach, which can inform RWJF activities in other issue areas

METHODOLOGY

FSG conducted its analysis from May 2011 through March 2012 and drew upon several primary and secondary data sources to generate this report and then validate the findings. Methods included:

- Interviews with 41 internal and external stakeholders, including former and current RWJF staff and contractors, former grantees, substance-use researchers, academic experts, evaluators, and federal partners
- Extensive review of secondary documents and data sources, including program evaluations, Program Results Reports, annual reports, professional journal articles, reports to RWJF, and financial data
- In-depth, expert assessments of five major programs**
- Survey of 16 internal and external advisers
- Citation analysis of 849 published journal articles featuring research supported by RWJF

*The terms "substance-use prevention and treatment" and "substance abuse" were both used by RWJF. However, after consulting with external advisers, the authors adopted the term "substance use" (and its derivatives) in drafting this report.

**FSG subcontracted with Michael Dennis, PhD, of Chestnut Health Systems to develop technical "expert reviews" on five major RWJF programs: *Bridging the Gap*, *Substance Abuse Policy Research Program*, *Reclaiming Futures*, *A Matter of Degree*, and *Advancing Recovery*.

The findings described in this report were reviewed and validated by an external, expert advisory board. Members of the advisory board brought a range of viewpoints on RWJF’s work and represented a broad cross-section of leaders in the substance-use field, with expertise in prevention, treatment, research, and policy. See [Appendix D](#) for a full list of external advisers and biographical information. Note that this assessment does not include work related specifically to tobacco, which was profiled in an earlier retrospective in this series, *The Tobacco Campaigns of the Robert Wood Johnson Foundation and Collaborators, 1991–2010*.

WHAT DID RWJF DO?

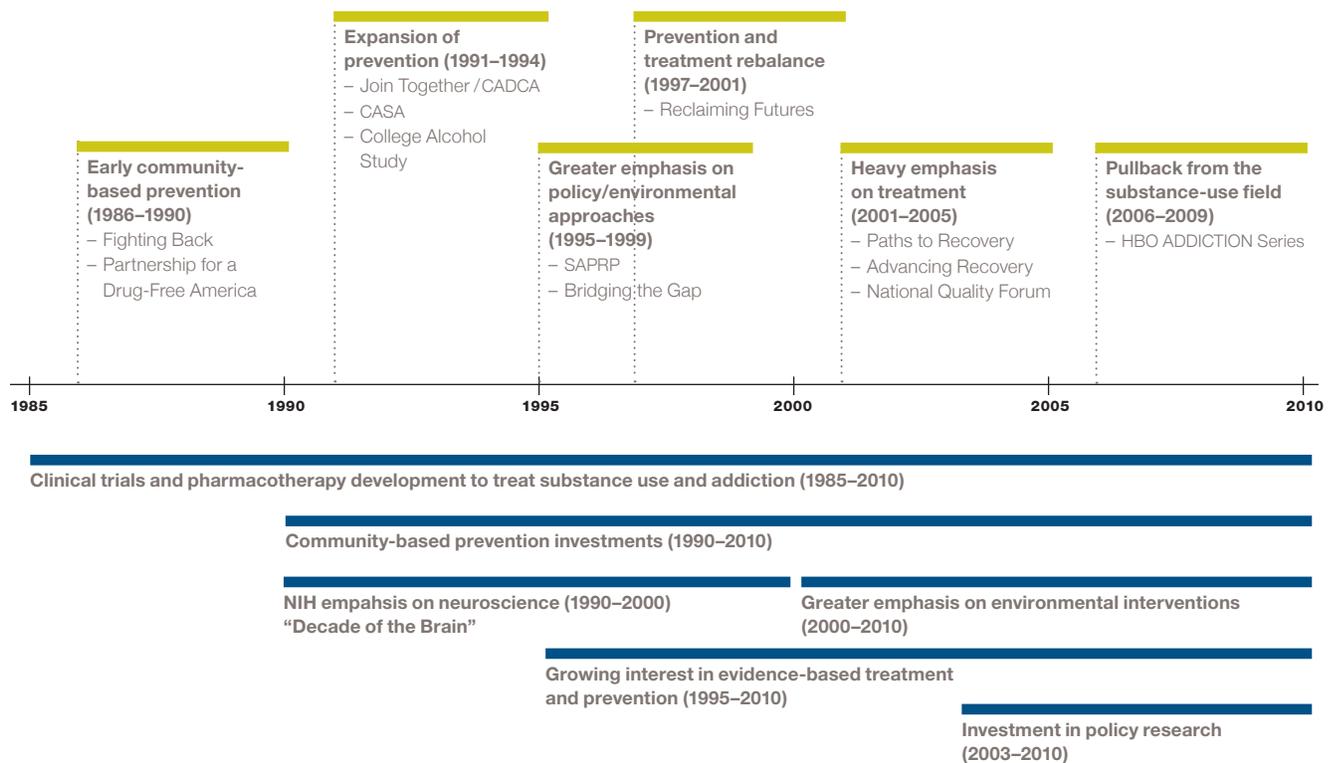
RWJF’s investments over 20 years to address alcohol and drug use can be roughly categorized into six “eras” of work. Each included a particular combination of programs, and specific underlying assumptions (both stated and implied) about how success could be achieved (see [Figure 1](#))*.

Each also evolved with—and was shaped by—the external political and social context of the day.

FIGURE I

Evolution of Activities to Address Substance Use (Illustrative Programs)

- RWJF Activities
- Other Field Players’ Activities



*Given the breadth of RWJF’s work, the narrative of this assessment captures the most compelling examples of RWJF impact and influence from its alcohol and substance-use programs and large projects. The funding analysis includes all funding.

Following the arrival of Steve Schroeder, MD, as president of the Foundation, reducing the harm caused by substance abuse was adopted as one of the RWJF's three major goal areas.

Early Community-Based Prevention (1986–1990): Though substance use was not yet an official goal of the Foundation, early investments in *Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol* and the Partnership for a Drug-Free America [now Partnership for a Healthier America] laid the groundwork for programs that would drive a large share of spending over the next decade and beyond. These investments were spurred, in part, by growing public alarm about drug-related problems in communities nationwide.

Expansion of Prevention (1991–1994): Following the arrival of Steve Schroeder, MD, as president of the Foundation, reducing the harm caused by substance abuse was adopted as one of the RWJF's three major goal areas. This represented a significant shift in the Foundation's work, which had previously focused on access to health care and improving chronic care. Funding grew significantly for existing substance-use programs and several new investments in prevention that would run for over a decade (e.g., support for the Community Anti-Drug Coalitions of America and *Free to Grow: Head Start Partnerships to Promote Substance-Free Communities*) were established. RWJF also provided core support to the new policy and research organization, the National Center on Addiction and Substance Abuse at Columbia University (CASA).

Greater Emphasis on Policy and Environmental Approaches (1995–1999):

With rapidly growing assets, the Foundation continued the vast majority of its existing substance-use programs, and increased investments in policy research (e.g., the *Substance Abuse Policy Research Program*) and reducing underage drinking (e.g., *Reducing Underage Drinking Through Community and State Coalitions*). The additional emphasis on policy and environmental approaches, informed in part by earlier efforts in tobacco control, would become a trademark of RWJF's work in substance-use prevention and treatment.

Prevention and Treatment Rebalance (1997–2001): The Foundation's operations became more team-based in the late 1990s, ushering in a time of transition. RWJF began to explore its opportunities in addiction treatment, collaborating with federal partners to improve substance-use treatment for youth in the juvenile justice system through *Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol and Crime*. The vast majority of RWJF's existing programs continued, and some existing prevention initiatives, such as Join Together: A National Resource Center, began incorporating treatment elements.

Heavy Emphasis on Treatment (2001–2005): Policy, environmental, and systems change to improve treatment dominated RWJF's stated strategy until its exit from the field. The strategy aimed to improve access to high-quality, evidence-based treatment for substance-use disorders among all affected populations (not just youth) through support of standards development by the National Quality Forum, and two programs helping treatment providers use these standards: *Paths to Recovery: Changing the Process of Care for Substance Abuse Programs* and *Advancing Recovery: State/Provider Partnerships for Quality Addiction Care*. Despite a strategic shift toward treatment, the Foundation continued to fund programs to prevent underage drinking and to support long-time prevention programs and grantees (e.g., Partnership for a Drug-Free America and CASA), leadership programs, and the research field through the *Substance Abuse Policy Research Program* (SAPRP).

Pullback From the Substance-Use Field (2006–2009): RWJF announced a “pullback” from funding in the field of substance use in 2006. For some grantees and staff, particularly within the treatment field, this announcement felt abrupt. To honor existing grant commitments, the Foundation continued making significant investments through 2009, along with some opportunistic investments (e.g., the HBO® ADDICTION series and accompanying campaign). Substance-use issues for vulnerable members of society (e.g., youth caught up in the juvenile justice system*) continue to be addressed through the Foundation’s Vulnerable Populations Portfolio.

During two decades of active investment, RWJF made a meaningful and lasting impact on the fields of drug and alcohol use prevention and treatment. However, this story is not a straightforward one to tell.

WHAT DID RWJF ACHIEVE?

During two decades of active investment, RWJF made a meaningful and lasting impact on the fields of drug and alcohol use prevention and treatment. However, this story is not a straightforward one to tell. Some of the Foundation’s largest and most visible investments, such as *Fighting Back*, did not achieve stated goals of reducing usage rates, but still shaped the field in important (and sometimes unintended) ways. The results of other program investments, such as RWJF’s longstanding support of policy research and some substance-use treatment programs, are compelling and are still continuing to emerge. Other investments simply did not bear fruit. As a result, the story of RWJF’s impact is one of significant achievement and some notable failures. Taken as a whole, and based on strong, independent evidence of Foundation successes, we conclude that RWJF activities made a strong, enduring contribution to the field that is worth celebrating.

Areas of Impact and Influence

It is difficult to make the case that RWJF’s investments led directly to reductions in drug and alcohol use on a broad scale, though there are some isolated examples of community reductions. However, RWJF broadly *contributed toward* progress on the substance-use problem through meaningful impact in five major areas (see [Table 1](#)).

Among the most compelling, specific examples of RWJF’s impact on the problem of substance use and the field of substance-use prevention and treatment are:

- **Promoting an increased emphasis on environmental and policy approaches** for addressing substance use at the population level, by building the evidence base for effective interventions. For example, SAPRP-sponsored research on policy levers for reducing drug and alcohol use supported the introduction and passage of key legislation at the local, state, and national levels.
- **Building greater awareness of the problem and incidence of youth binge drinking.** For example, findings from the multiyear College Alcohol Study were featured prominently in the media and fueled discussion among school administrators and the public around excessive alcohol use by college students.
- **Enhancing understanding of addiction as a treatable medical condition**, particularly *within* the health and juvenile justice fields. For example, the HBO ADDICTION series and campaign [funded in partnership with the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA)] broke new ground in

* *Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol and Crime* addresses this population; it runs to December 2014.

depicting substance-use disorders as health conditions, bringing current information about treatment and recovery to viewers and encouraging a philosophical shift in the general public.

- **Supporting the development of standards of care** that improve the quality of substance-use and addiction treatment services. For example, through the National Quality Forum (NQF), RWJF helped develop a standard set of indicators for proven treatment practices to measure and incentivize health care improvement. “NQF standards” are now widely referenced in the field and provide a rigorous benchmark for quality care.

TABLE I

Major Areas of RWJF Impact (With Examples)

See Appendix C for descriptions of all programs and projects.

Impact Areas	Specific Impact	Programs That Contributed to Impact (Sampling)
Increased Knowledge About the Substance-Use Problem	Building understanding of substance use as a treatable, chronic health condition	<ul style="list-style-type: none"> • HBO ADDICTION Series and Campaign • National Quality Forum • RWJF-sponsored research studies, e.g., Substance Abuse Policy Research Program
	Increasing public knowledge about the prevalence and harms of substance use	<ul style="list-style-type: none"> • College Alcohol Study • Partnership for a Drug-Free America • PRISM Awards
Influencing Alcohol and Drug Policies	Increasing knowledge about local, state, and national policy strategies to reduce substance use	<ul style="list-style-type: none"> • Bridging the Gap • Join Together • Substance Abuse Policy Research Program
	Laying groundwork to expand insurance coverage for substance-use treatment	<ul style="list-style-type: none"> • Cutting Back: Managed Care Screening and Brief Intervention for Risky Drinking • Substance Abuse Policy Research Program
	Supporting the creation and mobilization of advocacy efforts to drive substance-use policy change	<ul style="list-style-type: none"> • Community Anti-Drug Coalitions of America • Reducing Underage Drinking Through Community and State Coalitions
Informing and Spreading Promising Prevention Programs	Increasing field knowledge about what works in community-based prevention	<ul style="list-style-type: none"> • Fighting Back
	Expanding federal support for community-based anti-drug coalitions	<ul style="list-style-type: none"> • Community Anti-Drug Coalitions of America
Improving Systems of Care for Substance-Use Disorders	Increasing the adoption and spread of evidence-based clinical practices	<ul style="list-style-type: none"> • Join Together • National Quality Forum
	Promoting improvements to business processes among treatment providers	<ul style="list-style-type: none"> • Paths to Recovery • Advancing Recovery (both managed by NIATx)
	Fostering collaboration between traditionally fragmented systems	<ul style="list-style-type: none"> • Reclaiming Futures

continued

TABLE 1 (continued)

Impact Areas	Specific Impact	Programs That Contributed to Impact (Sampling)
Building Field Infrastructure to Strengthen Substance-Use Research, Policy, and Practice	Growing and diversifying the field of substance-use researchers	<ul style="list-style-type: none"> • Substance Abuse Policy Research Program • Bridging the Gap
	Establishing technical assistance tools and institutions to promote high-quality work	<ul style="list-style-type: none"> • Community Anti-Drug Coalitions of America • Join Together • Advancing Recovery and Paths to Recovery (both managed by NIATx)

What is now normative in the philanthropic sector—such as an emphasis on goal-driven strategy and the use of logic models to guide program planning—was less common when RWJF began its work in the substance-use prevention and treatment fields. This context should be kept in mind when considering the strengths and challenges of RWJF’s approach, as profiled below.

WHAT ARE THE IMPLICATIONS?

While RWJF has tapered off its investments in substance use, observations of how the Foundation developed its overarching and program-specific strategies, conducted ongoing evaluation and learning, and exited the field are highly relevant for future work. It can be tempting to judge the past by the present. However, what is now normative in the philanthropic sector—such as an emphasis on goal-driven strategy and the use of logic models to guide program planning—was less common when RWJF began its work in the substance-use prevention and treatment fields. This context should be kept in mind when considering the strengths and challenges of RWJF’s approach, as profiled below.

TABLE 2

An Evaluation of RWJF’s Strategy on Substance Use

	Strengths	Missed Opportunities
Strategy Development	<p>In early years, RWJF’s “1,000 flowers bloom” approach to strategy fueled innovation in a field with few proven models.</p> <p>RWJF took a systems approach to change.</p> <p>RWJF applied several unique core strengths (beyond grantmaking) to influence and affect change:</p> <ul style="list-style-type: none"> • Serving as a credible issue spokesperson • Supporting pilots and policy research • Disseminating research findings • Blending environmental and behavioral approaches to change 	<p>RWJF could have further developed an explicit, overarching strategy to guide and focus program decisions and ensure connections between initiatives, adjusting as needed.</p> <p>RWJF could have engaged an even broader set of players for a more coordinated, resource-efficient response.</p> <p>RWJF could have piloted innovative program-level strategies at a smaller scale, to allow for learning and refinement and to use resources more effectively</p> <p>RWJF could have better ensured that “ground up” community initiatives drew on available evidence about what works</p>

continued

TABLE 2 (continued)

	Strengths	Missed Opportunities
Evaluation and Learning	<p>RWJF regularly funded evaluation as a core complement to program work.</p> <p>RWJF established robust structures and processes to document program outputs and activities.</p> <p>RWJF recorded and shared information about successes and failures with the field to further progress.</p>	<p>RWJF could have more effectively linked strategy development with evaluation, recognizing their interdependence.</p> <p>RWJF could have set more modest, realistic targets for some of its initiatives.</p> <p>RWJF could have better matched its evaluation approaches and methods to the types/stages of programs being evaluated.</p> <p>RWJF could have developed more effective policies, procedures, and practices to foster a learning culture and effective use of information at all levels.</p>
Field Exit	<p>RWJF provided adequate transition support for select grantees to:</p> <ul style="list-style-type: none"> • Develop business plans and identify alternate sources of revenue • Capture and share knowledge 	<p>RWJF could have better engaged non-governmental co-funders to ensure greater sustainability of investments.</p> <p>RWJF could have developed a more comprehensive exit communication strategy for grantees and other funders.</p> <p>RWJF could have provided more consistent, effective transition support to grantees.</p>

Although not all of the Foundation's investments achieved their desired effects, the substance-use field today is markedly different than the one RWJF entered in the late 1980s.

CONCLUDING THOUGHTS

Over two decades, RWJF made an unprecedented \$700 million philanthropic investment in substance-use prevention and treatment. Although not all of the Foundation's investments achieved their desired effects, the substance-use field today is markedly different than the one RWJF entered in the late 1980s. Our retrospective analysis shows that this is no accident. While credit for this progress belongs to many funders and organizations, RWJF and its grantees were certainly strong contributors, and, in some ways, leaders in realizing change. The Foundation's successes, along with its challenges and missteps, hold important lessons to inform RWJF's work on other critical public health issues.

Introduction

In the following pages, we've worked to develop a detailed, accurate account of both, what was hoped for and what actually happened. Our aim is to provide the Foundation with a full understanding of RWJF's lasting legacy, along with useful insights to guide future investment decisions.

For over two decades, the Robert Wood Johnson Foundation (RWJF) worked to reduce harm from alcohol and other drugs in the United States, spending nearly \$700 million in pursuit of this goal. RWJF established 33 major national programs and initiatives and supported 1,528 individual grants, representing the largest investment in substance-use prevention and treatment ever made by a nonprofit, philanthropic funder.

RWJF contracted with FSG to assess this major body of work, and to generate insights for the Foundation and the field. FSG's assessment was intended to do three things:

- Explore the evolution of the Foundation's substance-use strategies and goals
- Examine what the Foundation achieved as a result of these efforts, in terms of changes in the substance-use field and impact on the substance-use problem
- Identify strengths and challenges of the Foundation's approach, which can inform RWJF activities in other areas of interest

This assessment is a rigorously researched account of how RWJF's substance-use strategy developed, and its ultimate impacts. Yet, even in the best of circumstances, strategy rarely follows a linear path or fits into easily defined categories. In the following pages, we've worked to develop a detailed, accurate account of both, what was hoped for and what actually happened. Our aim is to provide the Foundation with a full understanding of RWJF's lasting legacy, along with useful insights to guide future investment decisions.

STUDY DESIGN

FSG conducted its analysis from May 2011 through March 2012 and drew upon several primary and secondary data sources to generate this report and then validate the findings. Methods included:

- Interviews with 41 internal and external stakeholders
- Extensive review of secondary documents and data sources, including program evaluations
- In-depth, expert assessments of five major programs
- Survey of 16 internal and external advisers
- Citation analysis of 849 published journal articles featuring research supported by RWJF

Interviews: FSG conducted 41 semistructured interviews with 17 internal and 24 external stakeholders (see [Appendix E](#) for a list of interviewees). Internal interviewees included former and current RWJF staff and contractors. External interviewees included former grantees, substance-use researchers, academic experts, evaluators, and federal partners involved in substance-use prevention and/or treatment.

Document Review: FSG rigorously reviewed more than 150 documents on individual substance-use programs and projects and the Foundation’s overall body of substance-use work including: Program Results Reports, *RWJF Anthology* chapters, grantee and national organization website publications, evaluations, RWJF Annual Reports, Reports to the Board of Trustees professional journal articles, and other supplemental documentation. In addition, key field data sources and publications, such as the Monitoring the Future dataset, were reviewed and analyzed.

Expert Program Review: FSG subcontracted with Michael Dennis, PhD, of Chestnut Health Systems to develop technical, “expert reviews” on five major RWJF programs: *Bridging the Gap: Research Informing Practice and Policy for Healthy Youth Behavior*; *Substance Abuse Policy Research Program*; *Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol and Crime*; *A Matter of Degree: Reducing High-Risk Drinking Among College Students*; and *Advancing Recovery: State/Provider Partnerships for Quality Addiction Care*. Drawing on his expertise in evaluation methods, along with a long history of work in the substance-use field, Dennis assessed the validity of findings from past program-level evaluations and provided additional field context to support or refute findings.

Survey: FSG sent a 13-question online survey to 22 advisers, which was completed by 11 internal advisers and five external advisory board members (73% response rate), to gather directional input on perceptions of RWJF’s impact and influence.

Citation Analysis: In October 2011, FSG conducted a citation analysis of 849 publications supported by RWJF, using Google Scholar. This tool was used, rather than a medical journal citation index, to maximize inclusivity and identify citations in materials geared toward policy-makers and advocates, who were particularly relevant audiences for RWJF’s research. Publications tracked included those featured on the RWJF website; all publications from RWJF’s *Substance Abuse Policy Research Program*, the Foundation’s largest substance-use research effort; and publications in the RWJF Access database that had “substance abuse” or “alcohol” in the publication title, or that was categorized in the RWJF content management system under “addiction” or “alcohol.”*

Advisory Board Validation: At key milestones in the project, FSG tested and validated interim findings with a group of seven external advisers (in addition to Dennis) who represented a broad cross-section of leaders in the substance-use field, with expertise in prevention, treatment, research, and policy, as well as a range of viewpoints and orientations toward alcohol- and drug-related issues. Advisers provided ongoing input on key technical questions and reviewed a first draft of this report. See [Appendix D](#) for a full list of external advisers and biographical information.

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*Note that Google Scholar includes gray matter citations (e.g., dissertations, book chapters, and conference presentations) which may lead to higher-than-average citations per article as compared to searches of peer-reviewed publication citations only.

Whenever possible, the findings featured in this assessment have been confirmed by multiple methods, triangulation across primary and secondary data sources, and validation with internal staff and the external advisory board. These steps were especially critical for assessing interview findings and preventing recall bias, as many interviewees were asked to comment on events dating as far back as the late 1980s. Information from interviews that could not be validated by additional sources was excluded from this report in some cases. The external advisory board was also critical for resolving questions raised by conflicting or contradictory information.

For nearly a decade, RWJF addressed the harms caused by tobacco, alcohol, and other drugs within one program area. As a result, some of the programs and grants analyzed through this assessment targeted all three categories of substances. However, this assessment is oriented entirely around RWJF’s work on alcohol and other drugs, and excludes a discussion of tobacco.

SCOPE AND TERMINOLOGY

For nearly a decade, RWJF addressed the harms caused by tobacco, alcohol, and other drugs within one program area. As a result, some of the programs and grants analyzed through this assessment targeted all three categories of substances. However, this assessment is oriented entirely around RWJF’s work on alcohol and other drugs, and excludes a discussion of tobacco. In our analysis, concerted effort was made to exclude data specific to tobacco investments and to carefully distinguish between activities and results relevant to tobacco versus alcohol and other drugs.* Please see the RWJF Retrospective: *The Tobacco Campaigns of the Robert Wood Johnson Foundation and Collaborators, 1991–2010*, for in-depth discussion of the Foundation’s tobacco experience.

We also carefully considered the appropriate terminology for this report. The “substance abuse” program area was commonly referenced within the Foundation, particularly in early years of investment, and “substance abuse” continues to be frequently used in the field. However, after consulting with external advisers, we ultimately decided to adopt the term “substance use” (and its derivatives) in drafting this report for the following reasons:

- The term “substance abuse” has more potential to create sensitivities and can be perceived as derogatory and judgmental; reducing sensitivities will better ensure that the field will engage in the content of the report objectively.
- While the term “substance abuse” is used in many internal documents to describe RWJF’s work (and also frequently used by both internal and external interviewees), RWJF decided in 2003 to transition away from the term due to concerns about its implications.
- Many of RWJF’s efforts were focused on preventing “use” (or the *progression* of use to misuse, disorders, and addiction) rather than on “abuse.” The bulk of RWJF’s investments were also targeted at youth, for whom *using* drugs (other than those they were prescribed) and drinking alcohol in any quantity are illegal.

*Our financial analysis, in particular, was designed to exclude the vast majority of tobacco funding, although the Foundation recorded expenditures for tobacco, alcohol, and other drugs together in many cases. See [Appendix B](#) for a full description of our methodology to exclude tobacco funding from our financial analysis.

LIMITATIONS

There are a few important caveats to consider when reading through this assessment:

- In some of its efforts, RWJF took the lead and others followed. At other times, RWJF reacted to what was happening in the field by supporting or facilitating activities already under way. Given the complex nature of the field, we generally describe the Foundation's impact through a lens of "contribution" rather than "attribution."
- Given the breadth of RWJF's work, this assessment captures the *most compelling* examples of RWJF impact and influence (through grants large and small) and describes all of its *major* efforts. Discussion of some smaller investments and grants that were not shown to have a major impact on the field or were not illustrative of an RWJF misstep were by necessity excluded. We recognize, given the Foundation's vast investments in this area, that there were smaller programs, initiatives, events, and studies that also have made an important contribution to the field. This report, taking the entire body of work into account, highlights those that were referenced by multiple sources and reflect the stand-out successes, as well as the Foundation's most notable missteps.
- One major RWJF substance-use program, the *Substance Abuse Policy Research Program*, ended in 2011, and another, *Reclaiming Futures*, is ongoing (to December 2014). While this assessment is as complete as possible, some of the long-term effects of RWJF's programs have yet to be fully realized.

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The Big Picture: Two Decades of Investment in Substance Use

What Did RWJF Do?

Over the course of two decades, the Robert Wood Johnson Foundation (RWJF) aimed to reduce the harms caused by alcohol and illegal drugs. No single strategy characterized RWJF’s work in substance-use prevention and treatment during this time.* Its priorities and approaches evolved over time in response to the changing face of the problem, the priorities of key staff and board members, internal discussion and learning, external political realities, and shifts in RWJF’s financial picture. Some elements of the work, such as a focus on youth, remained constant throughout. Important to note is that many of RWJF’s major investments went towards communications support, technical assistance, and policy-focused research, rather than traditional, experimental “programs” to drive behavior change.

TABLE 3

Key Characteristics of RWJF’s Approach to Reducing Harm Caused by Substance Use

What Stayed the Same	What Changed
<ul style="list-style-type: none"> • Use of many tools and approaches for impact (multifaceted) • Emphasis on environmental and policy strategies • Commitment to research and communications • Focus on youth • Orientation toward filling gaps in the field • Significant investments in “ad hoc” funded projects and institutions that received long-term support, in addition to official national programs** 	<ul style="list-style-type: none"> • Moved from an emphasis on prevention toward treatment • Increased funding for interventions in health care settings • Moved from a broad set of goals and “priority issues” to more narrow goals and measurable objectives • Funding decisions became more team-based, rather than reflecting the priorities of a single individual

*For the purposes of this report, the term “substance use” is synonymous with the use of alcohol and other drugs, excluding tobacco.

**Grants made outside of national programs.

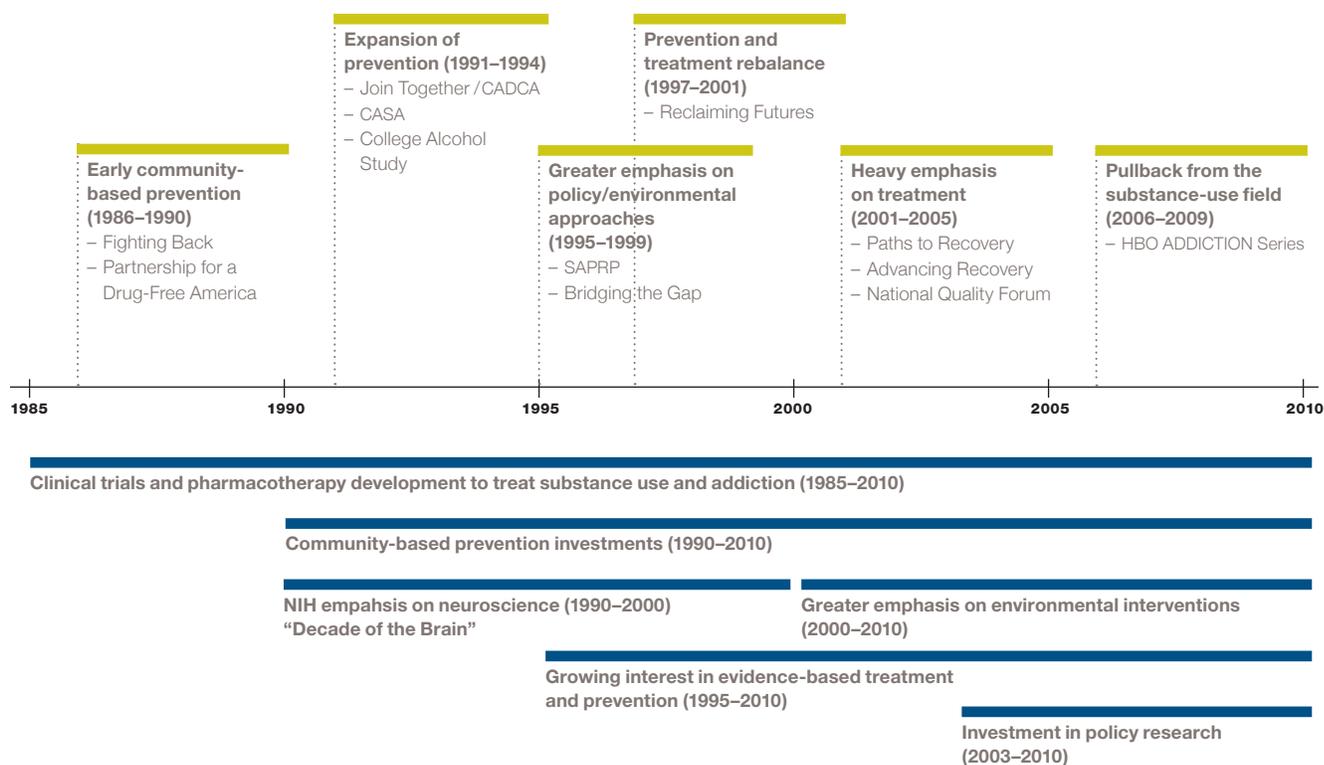
ERAS OF SUBSTANCE-USE WORK

RWJF’s investments to reduce harm from substance use can be classified into six “eras” of work. Each era was defined by a distinct set of goals, strategies, and approaches (whether stated or implied) and a unique combination of investments. The movement from one era to the next was influenced by factors within the Foundation, as well as the activities and priorities of other key players in the field (see Figure 1).^{*} Developments within each era will be discussed in detail later in the document.

FIGURE 1

Evolution of Activities to Address Substance Use (Illustrative Programs)

- RWJF Activities
- Other Field Players’ Activities



^{*}RWJF’s strategic “eras” did not always have discrete starting and ending points; RWJF’s growing emphasis on environmental approaches (1995–1999) overlapped to some extent with a rebalance of prevention and treatment efforts (1997–2001). Eras are meant to be representative of key Foundation efforts at the time, but not all-encompassing; for example, many flagship programs, such as *Fighting Back*, spanned multiple eras.

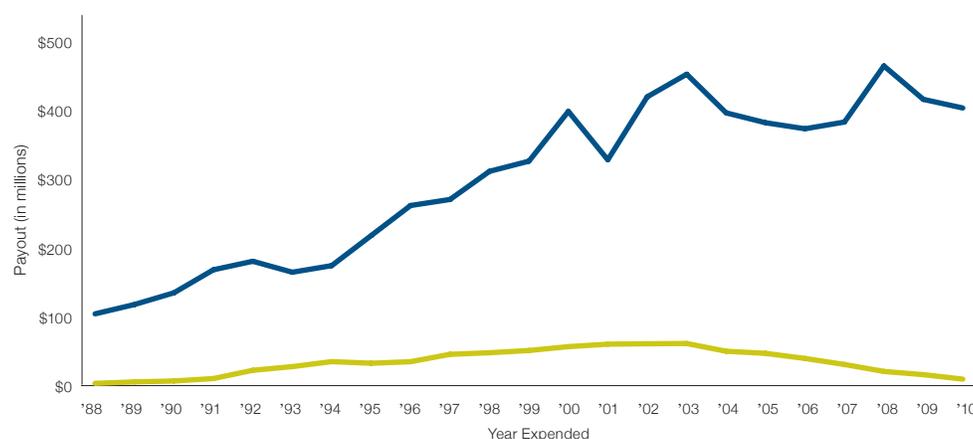
FINANCIAL ANALYSIS

Across its six eras of work, RWJF contributed more cumulative dollars toward addressing alcohol and drug use and their related problems than any other private funder in the United States. From 1988 to 2010, RWJF paid out an estimated \$692.6 million to the substance-use cause, allocated across 1,535 grants.* This represented 10 percent of the Foundation’s overall payout across all program areas (\$6.7 billion) during this time (total RWJF payout was estimated on a monthly basis for all of RWJF grants made beginning in 1987). Annual RWJF spending in substance-use prevention and treatment continued to grow until 2003 and declined rapidly after its decision to exit the field in 2006 (see [Figure 2](#)), although some funding (not shown on this chart) continued past 2010.

FIGURE 2

RWJF Payout for Substance Use by Focus Area, 1988–2010

- Overall RWJF Payout (\$6.7 billion)
- Substance Use Payout (\$692.6 million)



The Foundation spent more of its substance-use dollars on preventing substance-use and addiction problems than on treatment (see [Figure 3](#) on the next page). Within RWJF’s 33 major initiatives (indicated by the first three), \$349.9 million (6%) of grant funding paid out between 1988 and 2010 went toward prevention-focused initiatives, \$145.5 million (25%) was spent on treatment-focused initiatives, and \$83.2 million (14%) was spent on some combination of the

* *Methodology for financial analysis:* Data on RWJF grantmaking was collected from RWJF’s Office of Proposal Management, and Program Results Reporting in the Research & Evaluation Department. Grants related to substance (drug and alcohol) use that were authorized and/or received funding between 1987 and 2010 were included in the review. When possible, adjustments were made to exclude dollars spent toward tobacco programming within projects and programs that addressed drug, alcohol, and tobacco use. More information on spending for individual grants can be found in [Appendix C](#). Internal program costs, such as national program office’s administration of programs in the substance-use program area, are not included in the analysis. Dollars spent on individual grants were equally allocated across years from “start date” to “end date” (e.g., a grant totaling \$100,000 starting in 1998 and ending in 2001 has \$25,000 allocated for each of the four years).

two.* This calculation excludes grants of less than \$5 million (in gray) that did not fall within one of the 33 major initiatives (\$114.1 million or 16% of total spending). Major initiatives received funding for an average of 10 years.

FIGURE 3
RWJF Substance-Use Funding by Focus Area, Overall (in millions)

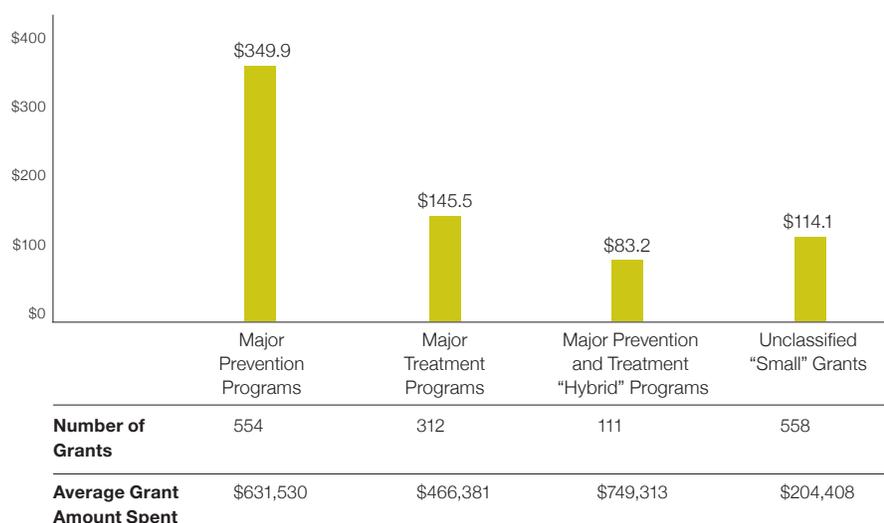


Figure 4 displays annual overall spending on substance use and the distribution of spending between prevention and treatment by year. Over time, RWJF moved from a *relative* funding emphasis on prevention towards a greater emphasis on treatment. Between 1988 and 2002, 72 percent of major program spending was dedicated toward prevention. Following a shift in strategic direction, treatment comprised the greatest share of the Foundation’s payout (46%) from 2003–2010. However, this shift in emphasis occurred alongside an overall drop in available Foundation resources, limiting the total dollars available for treatment investments.

From a tactical perspective, three *types* of work to address alcohol and other drug use also received particular emphasis: community-based interventions (\$192.1 million), communications and education (\$242.9 million), and research (\$169.8 million).** RWJF’s largest program, the

*RWJF invested in 33 “major initiatives” focused on preventing and/or treating alcohol and drug use, totaling \$578.6 million. Some 18 major initiatives were defined as “national programs” by the Foundation, and included a national administrative office. National initiatives included *Fighting Back*, *Free to Grow*, and *Advancing Recovery*, among others. Some 11 RWJF “ad hoc” funded initiatives receiving funding totaling \$5 million or more and were classified as major initiatives in this analysis, including the National Center on Addiction and Substance Abuse (CASA) at Columbia University, Join Together, Community Anti-Drug Coalitions and the Center on Alcohol Marketing and Youth. The final four major initiatives included in our analysis were identified by RWJF staff as having made a particularly noteworthy contribution to the field (National Quality Forum, Faces and Voices of Recovery, Leadership to Keep Kids Alcohol Free, and the *HBO ADDICTION* show and campaign), although spending on each totaled less than \$5 million. Spending totals exclude dollars spent on tobacco, when possible (see [Appendix B](#) for more information on which programs made an adjustment to account for tobacco spending).

**Foundation spending on community-based efforts in substance use was calculated using the subset of “major program” grants (See [Appendix C](#) for a full list of major programs). Note that this calculation includes some double counting (i.e., funding for one program could be counted in multiple categories).

community-based *Fighting Back* initiative, accounted for nearly 13 percent of RWJF’s total substance-use spending (\$88.8 million over 16 years).

FIGURE 4

RWJF Payout for Substance Use and Addiction by Focus Area, 1988–2010 (in millions)

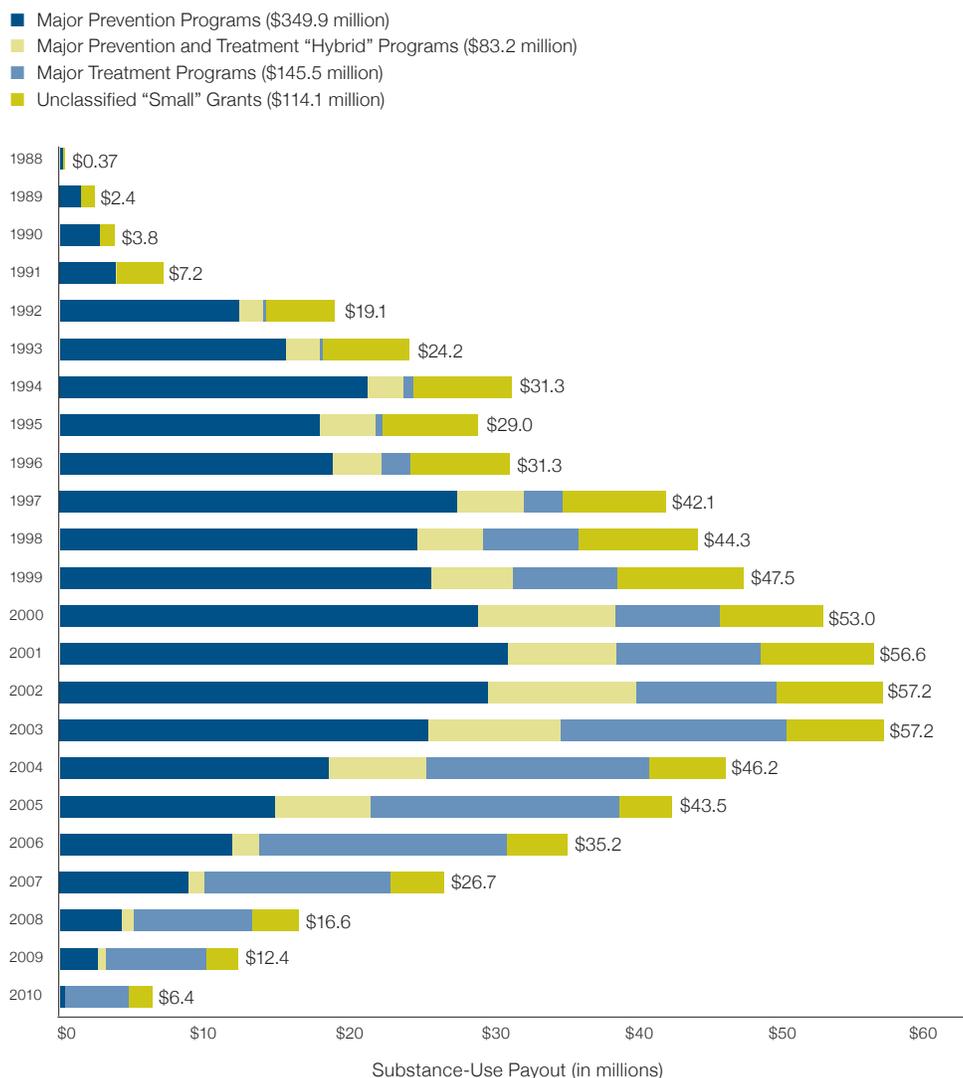


Table 4 displays RWJF’s top 10 programs by spending. Notably, 3 of RWJF’s 10 largest investments were not classified as national programs by the Foundation [National Center on Addiction and Substance Abuse at Columbia University (CASA), Partnership for a Drug-Free America (PDFA), and Join Together].

TABLE 4

Top 10 Largest Substance-Use Initiatives by Overall Spending (1988–2014)*

Initiative (Duration)	Investment	Description
Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (1988–2004)	\$88.8 million	The largest, U.S. foundation-funded initiative (by spending) to reduce and prevent substance use and its consequences by supporting community-based coalitions to identify and tackle substance-use problems
National Center on Addiction and Substance Abuse at Columbia University (CASA; 1991–2009)	\$60.4 million	A multidisciplinary center for research and communications regarding substance use and addiction; it publishes numerous reports on the state of the substance-use problem among youth and conducts studies on interventions to prevent and treat substance use among certain populations, such as women receiving welfare.
Partnership for a Drug-Free America (1989–2009)	\$59.0 million	A national, non-profit, private advertising campaign created to educate the public about the harms of drug use, promote access to treatment, change young peoples' attitudes about illegal drugs, and cut future demand (now known as <i>The Partnership at DrugFree.org</i>)
Substance Abuse Policy Research Program (1995–2011)	\$51.7 million*	A program that funded “investigator-initiated projects” that examined the consequences of substance use and related policies and communicated study findings in order to inform and enhance future policy efforts at the local, state, and federal levels
Join Together (1991–2010)	\$40.5 million	A national resource center for local substance-use initiatives, informing the way government agencies, the health care system and the public view and treat substance-use problems and advocating for changes in approach; <i>Join Together</i> resources are now part of <i>The Partnership at DrugFree.org</i>
Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol and Crime (2000–2014)**	\$39.5 million (includes grant dollars allocated through 2014)	A systems-change initiative funded by RWJF, the Substance Abuse and Mental Health Services Administration—Center for Substance Abuse Treatment (SAMHSA—CSAT), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) that promotes collaboration among judicial leadership, social service agencies, detention centers, treatment providers, and other community organizations to enhance the availability and quality of substance-use interventions for youth in the juvenile justice system
Reducing Underage Drinking Through Community and State Coalitions (1995–2008)	\$31.1 million	A program supporting 12 coalitions in 10 states to raise public awareness of the problem of underage drinking and to reduce alcohol-related problems among youth through environmental and policy change approaches
Free to Grow: Head Start Partnerships to Promote Substance-Free Communities (1992–2009)	\$25.5 million	A partnership between RWJF and Head Start agencies, initially in 5 pilot communities and then 14 demonstration sites, that supported collaboration between police, school systems, and others to implement family and neighborhood strengthening strategies to address substance use, child abuse, and other risky behaviors among low-income families
A Matter of Degree: Reducing High-Risk Drinking Among College Students (1995–2009)	\$25.5 million	An effort to reduce high-risk drinking among college students at 17 universities; utilized a coalition-based approach to change environmental factors that influence young people to drink excessively—such as easy access to inexpensive alcohol
Healthy Nations Reducing Substance Abuse Among Native Americans (1992–2004)	\$17.2 million	Supported 14 tribes and community organizations to raise awareness of and prevent substance use, especially among youth, and to promote early intervention and treatment activities to reduce the harm caused by substance use in American Indian communities
Bridging the Gap Research Informing Practice and Policy for Healthy Youth Behavior (1997–2015)***	\$16.0 million through 2004	A multidisciplinary research program that collected and shared information about health behaviors among middle and high school students, including substance use, and about the school, community, state, and national policies influencing youth behaviors

*Investment data reflects total dollars spent and allocated for all grants beginning in 1987–2010; dollars spent on programs may exceed the “payout” figures on pages 16 through 19. Our totals have been adjusted to *exclude* tobacco-related work (see [Appendix B](#) for more information). Program duration reflects the “start date” of the first substance-use grant (not authorization) and latest “end date” of any program-related grants, including grants for evaluation.

**Two additional grants total \$2,406,653 and run through November 2014.

***In 2004, Bridging the Gap began to shift its focus to childhood obesity; the program runs through January 2015.

ERAS OF SUBSTANCE-USE WORK

Early Community-Based Prevention (1986–1990)

In the late 1980s, when RWJF launched its first, exploratory investments in substance use, the nation was immersed in a dialogue about illegal drugs. Crack cocaine use was on the rise, driving public concerns about crime and safety. Nancy Reagan was spreading the “Just Say No” message throughout the country. The death of Maryland basketball player Len Bias from a cocaine overdose—just 48 hours after being chosen as the second overall pick in the NBA draft—had sparked a media frenzy around the drug issue.¹ One former program officer described the public mood at the time: The scariest thing about the drug epidemic was the reaction to it. Neighborhoods in Los Angeles had checkpoints to get in and out. Puerto Rico’s governor had declared martial law. Other people were pushing to legalize [cocaine], to take the profit motive out and stop the crime and violence.

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—A Former Program Officer

Heightened public concern fueled interest within RWJF to address the problem. In 1986, a staff committee formed to study the topic and, after surveillance of the field, recommended that the Foundation pursue investments in both prevention and treatment, citing the high “cost and mortality associated with alcohol and drug misuse.” While this recommendation was not immediately acted upon, “destructive behavior including drug and alcohol abuse, and mental illness” were included two years later on a list of RWJF interest areas, paving the way for initial grantmaking in this area.²

Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol

Approved by the board in 1988, *Fighting Back* (1988–2004) marked RWJF’s first major investment in the substance-use field and would largely define the Foundation’s efforts for years to come.* The initiative was founded on the idea that “if the right combination of leaders in a community worked together in a coalition to address [prevention of] drug and alcohol [use], the threat that these represented to neighborhoods could be significantly reduced, if not eradicated.”² First authorized at \$25 million, the program was a big bet. Fifteen communities received planning grants and 14 continued to receive funding for implementation. While many foundations in the 1980s supported community coalitions as a “bottom up” way to address social problems, little was known about how the approach could be applied to substance-use prevention.³ Additionally, RWJF program staff members were still acquiring expertise on the issues. *Fighting Back* was therefore an extraordinary investment in what could have been considered a pilot project.

The unprecedented scale of the program was driven by three factors: a strong sense of urgency to respond to the burgeoning drug problem affecting communities; a feeling of responsibility for addressing the problem; and advocacy by select board and staff members to make a “big splash” and demonstrate that something could be done. However, while the program had strong advocates, some staff members were also skeptical, unsure whether community coalitions alone could drive reductions in substance use.

*All references to program duration throughout the document reflects the “start date” of the first substance-use grant (not authorization) and latest “end date” of any program-related grants, including grants for evaluation.

There was no standard model for community-coalition work in *Fighting Back*. RWJF asked all participating communities to form both a citizens' coalition and a multisectoral community consortium, and each developed and implemented their own unique action plan.

There was no standard model for community-coalition work in *Fighting Back*. RWJF asked all participating communities to form both a citizens' coalition and a multisectoral community consortium, and each developed and implemented their own unique action plan.⁸ Beyond five broad “performance expectations” to guide strategy, such as reducing drug- and alcohol-related deaths, the Foundation provided limited direction for how communities should proceed.⁹ Coalitions had the freedom to choose which substances to focus on, which target populations to address, and what approaches to use (e.g., increasing law enforcement activities, expanding school-based curriculum, or restricting alcohol availability). The *Fighting Back* coalition in Gallup, N.M., aimed to reduce alcohol use and addiction specifically among the American Indian population. Meanwhile, the Vallejo, Calif., coalition launched school-based programs to educate youth about the harms of drug and alcohol use, trained teachers, and instituted addiction treatment in county jails, among other activities.⁹

Program staff members' expectations for the *Fighting Back* program varied and were not always explicit. Although the call for proposals laid out a clear set of long-term goals, they were at a high level and related mostly to measurable decreases in use of drugs and alcohol. Specific Foundation leaders “cited various less tangible goals as important,” such as “catalyzing a national movement” and “creating hope in communities” that the drug epidemic could be stopped.¹⁰

Partnership for a Drug-Free America

RWJF investment in the Partnership for a Drug-Free America (PDFA; later changed to Partnership for a Healthier America) (1989–2009) complemented the Foundation's emerging community-based strategy with a national media campaign to “unsell” drugs and to make illicit drug use unacceptable. At the time, PDFA was a nascent organization created to develop and disseminate anti-drug ads to prevent youth drug use. PDFA ran anti-drug messages for youth during prime time, by securing donated air time from networks and advertisers. While data is limited, a few studies suggest that two early PDFA efforts—“[This Is Your Brain on Drugs](#)” and a campaign targeting at-risk [inner-city youth](#)—may have deterred drug use.^{4,5} Other notable, early PDFA campaigns addressed specific drug problems, including [heroin](#) and [inhalants](#).

RWJF Board member, James Burke, a former CEO of Johnson & Johnson and also chairman of PDFA, was the program's strongest champion. Program officers believed in Burke's marketing instincts and in the premise of the organization, supporting RWJF's first \$3 million grant to PDFA in 1989.³ The initiative offered an alternative to the “Just Say No” public service announcements of the day. PDFA ran anti-drug messages for youth during prime time. In addition to its media efforts, PDFA conducted research on youth and parents' attitudes toward drugs and alcohol, and actual usage rates. PDFA also built relationships with local and state media, businesses, and public health organizations to disseminate messages more broadly. RWJF continued to fund PDFA throughout the years of the Foundation's substance-use work.

These early investments signaled what would be a significant departure for the Foundation, moving outside the sphere of interventions based primarily in health care settings to community-based work. According to a senior RWJF leader, “Investment in substance abuse was one of [the Foundation's] first forays into the work outside clinic doors. We built comfort and understanding about influences on health outside of medical treatment.”

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—A Senior RWJF Leader

In 1998, PDFA provided creative support to the White House Office of National Drug Control Policy (ONDCP), which developed a large social marketing campaign—“My Anti-Drug.” This campaign was found to be largely ineffective in increasing youth understanding about the harms of illegal drugs, and in some cases was linked with increases in youth drug use. Later campaigns developed or informed by PDFA (such as ONDCP’s new “Above the Influence” campaign) that shied away from scare tactics and instead employed tailored messages about youth empowerment have shown more promising results— increasing youths’ awareness about the risks of using drugs, and potentially curbing drug use among youth in some cases.^{6,7}

Over the years, PDFA established itself as a key player in developing and placing anti-drug ads targeted at youth and parents. It is currently a leading resource for parents on prevention of youth drug use. PDFA now operates as Partnership at DrugFree.org.

AT A GLANCE: RWJF’S SIX ERAS OF PREVENTION AND TREATMENT

Early Community-Based Prevention

(1986–1990): Though substance use was not yet an official goal of the Foundation, early investments in *Fighting Back* and the *Partnership for a Drug-Free America* laid the groundwork for programs that would drive a large share of spending over the next decade and beyond. These investments were spurred, in part, by growing public alarm about drug-related problems in communities nationwide.

Expansion of Prevention (1991–1994):

Following the arrival of President Steve Schroeder, MD, at the Foundation, reducing the harm caused by substance abuse was adopted as one of the RWJF’s three major goal areas. This represented a significant shift in the Foundation’s work, which had previously focused on access to health care and improving chronic care. Funding grew significantly for existing substance-use programs and several new investments in prevention that would run for over a decade (e.g., support for the Community Anti-Drug Coalitions of America and the *Free to Grow* program) were established. RWJF also provided core support to the new policy and research organization, the National Center on Addiction and Substance Abuse at Columbia University (CASA).

Greater Emphasis on Policy and

Environmental Approaches (1995–1999):

With rapidly growing assets, the Foundation continued the vast majority of its existing substance-use programs, and increased investments in policy research (e.g., the *Substance Abuse Policy Research Program*) and reducing underage drinking (e.g., *Reducing Underage Drinking through Community and State Coalitions*). The additional emphasis on policy and environmental approaches, informed in part by earlier efforts in tobacco control, would become a trademark of RWJF’s work in substance-use prevention and treatment.

Prevention and Treatment Rebalance

(1997–2001): The Foundation’s operations became more team-based in the late 1990s, ushering in a time of transition. RWJF began to explore its opportunities in addiction treatment, collaborating with federal partners to improve substance-use treatment for youth in the juvenile justice system through *Reclaiming Futures*. The vast majority of RWJF’s existing programs continued, and some existing prevention initiatives, such as *Join Together*, began incorporating treatment elements.

Heavy Emphasis on Treatment

(2001–2005): Policy, environmental, and systems change to improve treatment dominated RWJF’s stated strategy until its exit from the field. The strategy aimed to improve access to high-quality, evidence-based

treatment for substance-use disorders among all affected populations (not just youth) through support of standards development by the National Quality Forum, and two programs helping treatment providers use these standards: *Paths to Recovery: Changing the Process of Care for Substance Abuse Programs* and *Advancing Recovery: State/ Provider Partnerships for Quality Addiction Care*. Despite a strategic shift toward treatment, the Foundation continued to fund programs to prevent underage drinking and to support long-time prevention programs and grantees (e.g., Partnership for a Drug-Free America and CASA), leadership programs, and the research field through the *Substance Abuse Policy Research Program*.

Pullback From the Substance-Use Field

(2006–2009): RWJF announced a “pullback” from funding in the field of substance-use in 2006. For some grantees and staff, particularly within the treatment field, this announcement felt abrupt. To honor existing grant commitments, the Foundation continued making significant investments through 2009, along with some opportunistic investments (e.g., HBO ADDICTION series and accompanying campaign). Substance-use issues for vulnerable members of society (e.g., youth caught up in the juvenile justice system) continue to be addressed through the Foundation’s Vulnerable Populations portfolio.

Expansion of Prevention (1991–1994)

When Schroeder assumed the RWJF presidency in 1990, he brought a strong desire to address health issues related to the use of tobacco, alcohol, and other drugs, and a mandate from trustees to reconsider the Foundation’s priority goal areas (substance use was not yet among them). Other factors were also aligning to support an uptick in substance-use investments: staff experience was increasing, few other Foundations were investing in the area, government funding was restricted and largely focused on criminalizing drug use, and evidence of the health and social damage caused by alcohol, tobacco, and other drugs was mounting.² In the midst of a bull market, the Foundation’s assets were also growing at a fast clip (from \$2.6 billion in 1990 to \$6.7 billion in early 1998)*, increasing pressure to invest on a large scale.²

While the board of trustees had endorsed RWJF’s initial investments in *Fighting Back* and the Partnership for a Drug-Free America, discussion about whether to make addressing substance use an explicit Foundation goal was laden with controversy. Many trustees were particularly uncomfortable focusing on alcohol and tobacco—both legal substances for adults. Some feared being called “prohibitionists” and others hoped to avoid additional pressure from the powerful alcohol and tobacco industries, each of which already had an eye on the Foundation. The trustees’ own behaviors also fueled some hesitation. Noted one former program officer, “Hell, everybody drank. There was alcohol at board meetings.”

Among the staff, there were also mixed feelings. Program officers had been hired for their expertise and interest in clinical health care issues, not community-based prevention work, and new staff would be needed to pursue a formal substance-use goal. “Staff wasn’t all that interested,” noted one senior staff member. “We weren’t a substance abuse foundation.”

The board considered three goal proposals from program staff in February of 1991. Two of the goals were approved easily: assuring access to basic health care, and improving care for people with complex, chronic health conditions. The substance-use goal was a harder sell, though data on the relevance of the issue for addressing pressing health problems and personal appeals from individual trustees proved compelling, and ultimately helped sway the group.¹¹ A compromise was developed: tobacco, alcohol, and other drugs would all be addressed, with “initial programs aimed at tobacco and alcohol use directed only at children and young people, for whom these substances were illegal.”¹² The trustees approved the substance-use goal in a narrow vote. In an uncommon move, the board of trustees adopted a health (rather than health care) goal.

Less than a year later, Schroeder articulated five “issues for priority attention” for the Foundation’s substance-use work, providing some guidance to the 11 members of the newly-formed “substance abuse goal group.” (See box on next page.)¹² These priority areas were broad enough to include a wide range of program activities oriented around prevention, reducing harm caused by substance use, and community initiatives. This breadth may have reflected the field’s early state of knowledge around what worked in substance use, and the lack of clear winning strategies. “I would defend the strategy,” noted a former senior program staff member. “No one came to us and said, ‘The way to stop the problem is this...’ People weren’t offering up elegant solutions.” While some prevention programs, albeit not many, were showing promise in the late 1980s, RWJF decided to let its community partners and grantees experiment with various approaches to prevention.

“No one came to us and said, ‘The way to stop the problem is this...’ People weren’t offering up elegant solutions.” While some prevention programs, albeit not many, were showing promise in the late 1980s, RWJF decided to let its community partners and grantees experiment with various approaches to prevention.

—A Former Senior Program Officer

*Advisers note there was a drop in assets in the 1992–1993 period, but overall the Foundation’s assets were growing.

ISSUES FOR PRIORITY ATTENTION IN SUBSTANCE USE

1. Establishing substance abuse as the nation's leading health problem
2. Prevention and early intervention
3. Reducing demand through community initiatives
4. Reducing harm caused by tobacco
5. Understanding the causes of substance abuse

Source: RWJF Annual Report, 1992

RWJF's approach to strategy mirrored prevailing practices within the broader foundation community; at the time, conventions such as the use of logic models and strategic impact frameworks with measurable outcomes were not the norm. The Foundation's broad strategy allowed it to experiment with many approaches, at a time when the best path forward was murky.

This fairly broad strategic approach was coupled with what was described as a “wild west” culture, where individual and staff preferences drove many funding decisions. “This was in the days when RWJF was not as focused on strategies, impact, and synergy,” explained another former senior program staff member. “Not that the work wasn’t carried out well, but we were in a different era—a cowboy era. Just go out and do things.” Noted one RWJF program staff member, “There was a lovely sense that anybody could have a good idea. But, if you aren’t really focusing your investment and every man and woman is out for themselves, you don’t have a concentrated systematic focus on change.” RWJF’s approach to strategy mirrored prevailing practices within the broader foundation community; at the time, conventions such as the use of logic models and strategic impact frameworks with measurable outcomes were not the norm. The Foundation’s broad strategy allowed it to experiment with many approaches, at a time when the best path forward was murky. Not surprisingly, however, the approach also limited cohesion and focus within the substance-use portfolio.

Several new programs were launched during this “let 1,000 flowers bloom” era, and aligned particularly well with three of Schroeder’s recently identified issues for priority attention (though programs touched all five):

- Establishing substance use as the nation’s leading health problem (e.g., CASA and the College Alcohol Study)
- Reducing demand through community initiatives (e.g., Join Together and Community Anti-Drug Coalitions of America)
- Prevention and early intervention (e.g., *Free to Grow*)

National Center on Addiction and Substance Abuse and the Harvard School of Public Health College Alcohol Study

To bring greater attention to the harms of substance use, the Foundation began providing core support to establish a new research and advocacy organization, the National Center on Addiction and Substance Abuse at Columbia University (CASA; now called CASA Columbia™) in 1991, adding grants to support research, advocacy, and public education on the issue; funding continued to 2009.

Joseph Califano, a well-connected attorney and former Secretary of Health, Education, and Welfare under President Carter, founded CASA and is now its chairman emeritus. CASA became the second largest investment in RWJF’s substance-use portfolio. “[RWJF] believed it was important to have someone of Joe’s stature rattling the cage,” said one former program officer.

“It would legitimize substance abuse as something that policy-makers and establishment should take seriously as a medical condition.”

Califano is quoted in an *RWJF Anthology* chapter saying, “The concept was [to] get all different disciplines, not just medicine and law, but sociology, anthropology, statistics, communications, business, and labor to look at abuse of all substances, in all parts of society.”³ Among other activities, CASA launched a communications campaign focused on the “pervasiveness and costs” of substance use and addiction.

Over the years, CASA published reports on the costs of substance use and addiction to society and tested the effectiveness of several interventions, such as drug courts and case management for women on welfare, to reduce substance use. CASA research was cited by President George W. Bush when he enacted the Drug-Free Communities Act in 2001, and has influenced the views of other prominent officials, including former HHS secretary, Tommy Thompson.

Despite high visibility and sway within government circles, CASA’s work has evoked criticism from some researchers and practitioners in the field, including program staff at RWJF. Critics believe CASA’s research quality has been variable, and some report more frequently turning to data sources, such as *Monitoring the Future* for leading edge information on the state of the problem.

According to the *Chronicle of Education*, “CASA has been accused of playing fast and loose with statistics, skirting the academic peer-review process in favor of grandstanding, and acting as an non-skeptical cheerleader for the war on drugs.”³ The 2002 CASA report *Teen Tiplers: America’s Underage Drinking Epidemic* generated controversy in the field when it was revealed that the rate of underage drinking had been significantly overstated in the report due to an analytical error.

CASA was never funded as an official, national RWJF program, though it received RWJF funding for many years. “CASA funding was core funding,” said one former program officer. “Are we going to renew CASA? Of course. We weren’t paying a lot of attention to what they were doing. No one thought about them except the assigned program officer.” CASA, aided in part by a large endowment, continues its work to communicate the harms of substance use to the field.

As CASA was getting up and running, RWJF made a parallel (though smaller scale) investment in the Harvard School of Public Health’s National College Alcohol Study (1992–2004), the first national survey of college student alcohol use.¹³ Led by Harvard-based researcher, Henry Wechsler, PhD, the initial study (which led to three follow-ons in 1996, 1998 and 2000) was designed to quantify and describe the drinking behavior of college students and document harms from excessive alcohol use.

One controversial point was Wechsler’s focus on “binge drinking,” which he defined as the consumption of four drinks in a row for women, and five for men, on a single occasion.* Critics believed this threshold was too low, and thus overstated the problem of heavy drinking. However, Wechsler showed a correlation between drinking at this level and impacts on college students’ academic performance, social relationships, risk-taking behaviors, and health.¹³ RWJF heavily

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*Monitoring the Future first used the term “binge drinking” to describe “consuming five or more drinks in a row during the past two weeks.”⁵⁹ Wechsler and his team made the definition gender-specific (four or more drinks on one occasion for women, five for men).

“Our goal was to convey that [college drinking] was an important issue for Congress and the states.”

—A Former Program Officer

In the early 1990s, a growing body of research showed connections between young children’s early family and community conditions and substance-use disorders later in life. *Free to Grow* aimed to reduce children’s vulnerability to substance-use disorders by improving their academic preparedness, strengthening families and neighborhoods, and addressing other risk factors.

supported communication of findings from Wechsler’s work. “Our goal was to convey that [college drinking] was an important issue for Congress and the states,” said a former program officer.

Join Together and Community Anti-Drug Coalitions of America

At around the same time, two technical assistance initiatives—Join Together at Boston University (1991–2010) and CADCA (1992–2008)—were established to support local anti-drug coalitions which were proliferating rapidly across the country. While *Fighting Back* involved just 14 communities, strong interest in RWJF’s call for proposals led the federal Office of Substance Abuse Prevention [now Substance Abuse & Mental Health Services Administration (SAMHSA)] to support another 251 local partnerships.¹⁴ Other community groups were also taking on substance-use work, without central assistance or opportunities to learn from each other.

Within some coalitions, “Ideology initially trumped science in the understanding, treatment and prevention of addiction.”¹⁴ Join Together brought quality information to coalitions, hosting conferences, publishing resources, and providing individual technical assistance and leadership training. CADCA, a national membership organization of coalitions, complemented the efforts by promoting the spread of anti-drug coalitions, serving as a national resource on anti-drug public policy, and providing technical assistance to members.¹⁵

Free to Grow

In the midst of heavy investment in *Fighting Back* and its supporting organizations, RWJF also doubled down on community-based prevention work with the launch of *Free to Grow: Head Start Partnerships to Promote Substance-Free Communities* (1992–2009). In the early 1990s, a growing body of research showed connections between young children’s early family and community conditions and substance-use disorders later in life. *Free to Grow* aimed to reduce children’s vulnerability to substance-use disorders by improving their academic preparedness, strengthening families and neighborhoods, and addressing other risk factors.¹⁶ With RWJF funding, Head Start agencies partnered with police, schools, and other organizations to apply a mix of family and neighborhood-based environmental prevention strategies.

Similar to other early RWJF investments in substance use, the 14 *Free to Grow* sites had significant license in the strategies they could use to strengthen families and neighborhoods. One site provided outreach programs for mothers suffering from depression and training for parents of young children with attention deficit disorder. Several other sites offered general leadership training to residents.¹⁶ All sites were required to engage a group of cross-sector stakeholders, which often included schools, law enforcement, and youth-serving nonprofits. Foundation staff was polarized by the program; some were strong advocates while others doubted it would be effective, and believed the interventions were tangential to substance use or not fully developed. Recalled one staff member, “It was a critical time, when we could marshal Head Start funding, but our models weren’t worked out. [The program] really wasn’t ready for prime time.”

Greater Emphasis on Policy and Environmental Approaches (1995–1999)

Beginning in the mid-1990s, RWJF staff began investing more heavily in environmental and policy approaches to prevent harm from substance use. This application of a “social determinants of health” framework reflected a growing appreciation for drivers of alcohol and drug misuse at the community level, such as liquor licensing laws and school policies and norms. This environmental approach became a defining aspect of the Foundation’s tobacco control and

substance-use work, and continues to inform how RWJF approaches other issues, such as promoting physical activity and preventing childhood obesity. At the time, this philosophical shift was field-leading. Most research commissioned by federal players such as the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA) was focused on treatment, clinical trials, and the development of pharmacotherapies. The 1990s was dubbed the “Decade of the Brain” at the National Institutes of Health (NIH), reflecting the Institutes’ deep investment in understanding the neurobiological precursors and consequences of addiction during this era.¹⁷

At least two factors contributed to this shift from a behavior- or education-focused paradigm to an environmental one. First, RWJF’s early work in tobacco control raised staff awareness about the importance and effectiveness of an environmental and policy-based approach as a complement to other approaches. Second, some staff members were dissatisfied with the dominant educational/informational approach, which alone had not been shown to generate the wide-scale change RWJF sought.

RWJF’s increased investment in policy and environmental approaches was simultaneous with a period of rapid asset growth within the Foundation. From 1995 to 1999, RWJF’s annual payout in substance use rose 63 percent (\$29.0 million in 1995 to \$47.2 million in 1999), and overall Foundation spending also increased by nearly 50 percent.* The Foundation was therefore able to continue the vast majority of its existing programs, while also significantly expanding investments in research, much of it focused on policy. During this time, RWJF also pursued additional work in reducing underage drinking and for the first time authorized an explicit expansion of work targeting young adults, rather than just youth. This paved the way for further work with college students. Notably, the Foundation did not end any major programs, such as *Fighting Back*, during this era.

While RWJF did not withdraw funding from these “older” programs, some program refinements were made to address findings from interim evaluations and early implementation challenges. For example, recommendations from *Fighting Back* stakeholders to narrow and focus the program led to the renewal of grants for just seven of the 14 program sites in 1996.⁸ These renewals were “motivated by a belief that impacts had not been achieved because building coalitions was such a difficult task.”¹⁰ In addition, following the *Fighting Back* reauthorization in October 1996, the national program office was relocated to Boston University, under the direction of David Rosenbloom (who also led Join Together). Staff expected that co-locating *Fighting Back* and Join Together would better enable Join Together to strengthen its support for community coalitions.

The Foundation’s many and far-reaching activities in substance use continued to fit within the broad strategic priorities of the day. The strategy “was like a Christmas tree with lots of different types of ornaments on it,” said one former RWJF staff member. “It was a function of how the Foundation worked in those days, it was before you had to show how grants were related

The strategy “was like a Christmas tree with lots of different types of ornaments on it. It was a function of how the Foundation worked in those days, it was before you had to show how grants were related and linked to a more explicit set of outcomes.”

—Former RWJF Staff Member

*RWJF paid out an estimated \$318 million in 1999, compared to \$213 million in 1995 according to analysis by Jon Showstack (used in the *Chronic Care Retrospective* report). Other figures from RWJF’s Office of Proposal Management (OPM) indicate that the annual Foundation grantmaking more than doubled, with an outlay of awards totaling \$185 million in 1995, rising to \$421 million in 1999. Note that the OPM figures allocate all money authorized for several multiyear programs into the year that the spending was awarded, rather than allocating money across the years in which it was spent.

and linked to a more explicit set of outcomes.” At the same time, there was an increased recognition that programs to reduce tobacco use needed to be different than programs to prevent underage drinking or the use of illegal drugs. By the end of this era, there were several programs that were uniquely focused on reducing underage drinking, rather than a wide range of substances and populations.

While RWJF’s activities during this era were not all synergistic, major new investments generally fell into the following two priority areas:

- Identifying environmental and policy determinants of substance use (e.g., *Substance Abuse Policy Research Program, Bridging the Gap*)
- Combating underage drinking (e.g., *A Matter of Degree, Reducing Underage Drinking Through Community and State Coalitions*)

Substance Abuse Policy Research Program and Bridging the Gap

Launched through the \$11 million expansion of RWJF’s *Tobacco Policy Research and Evaluation Program*, the *Substance Abuse Policy Research Program* (SAPRP; 1995–2011) supported research to identify and assess policies to reduce harm caused by alcohol, tobacco, and other drug use. Through SAPRP, RWJF funded a broad range of research studies to identify and assess policies to reduce the harm caused by substance use. SAPRP’s 363 funded research projects (338 specific to alcohol and drugs) drew on a wide variety of disciplines, such as medicine, health economics, political science, public health, sociology, criminal justice, and law and racial/ethnic backgrounds.¹⁸ Studies included innovative, pilot-stage research that NIDA and NIAAA were not likely to support. In addition, SAPRP attracted a more diverse network of researchers, from a broad range of disciplines and racial/ethnic backgrounds.

By funding research on issues that mattered to policy-makers and communicating key messages from these studies in easily digested formats (e.g., two-page topical policy briefs), SAPRP brought research findings to the attention of policy-makers. For example, one SAPRP study included an analysis of substance-use provisions in the welfare reform re-authorization process; another focused on the link between state and local alcohol policies and fatality rates; another focused on the enactment of zero-tolerance drugged driving legislation in several states.¹⁸ SAPRP-funded studies led to dozens of government briefings, presentations, technical reports, and published articles.

One notable aspect of the program was its translation of research findings for policy-makers, in order to drive policy change. This included the creation of “Knowledge Assets” publications that synthesized the findings from SAPRP-funded research on particular topics. Less emphasis was placed on support of studies with traditional, experimental designs more commonly published in academic journals. “The purpose of SAPRP wasn’t just to influence researchers,” said one former RWJF staff member. “We wanted to influence policy-makers and provide fuel for advocates at the state and local levels.” Another unique aspect was its emphasis on state, municipal, and professional association policies that were rarely the focus of prior research.¹⁹

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—A Field Expert

When SAPRP was formed, it filled a key gap in the field. “SAPRP funded a lot of policy-focused research that couldn’t and wouldn’t have been funded by the government,” said one field expert. “RWJF was able to take it on.” Reflecting RWJF’s broad strategic priorities at the time, research topics were investigator-initiated, rather than pre-determined by the Foundation, bringing a “let 1,000 flowers bloom” flavor to the program. SAPRP’s emphasis on pre- and post-test comparisons to understand effects of policies and on secondary analyses of existing data generated results quickly to inform real-time policy debates. However, researchers’ limited use of experimental and “gold standard” quasi-experimental designs (in part, due to the small size of the grants and the nature of the research questions being addressed) evoked some critiques from a subset of researchers.¹⁹ This may have limited the traction of findings among some government and academic players, though SAPRP clearly filled a key gap in the field and, as will be discussed later, proved influential for policy change.

Evaluations of SAPRP showed that it was an important research funding source, especially for descriptive studies, studies that addressed the combined effects of multiple policies, legal/ethical analyses, and policy process studies, rarely supported by federal agencies or private foundations. SAPRP grantees also successfully leveraged their initial grants to secure dollars from other funders.

Through another major initiative during this time, *Bridging the Gap: Research Informing Practice and Policy for Healthy Youth Behavior* (1997–2015*), RWJF supported additional research on environmental and policy determinants of youth alcohol, tobacco, and drug use. The program goals were twofold:

1. Build a clear understanding of youth rates of alcohol, tobacco, and drug use over time, at the school, community, state, and national levels.
2. Assess how laws, policies, practices, programs and other environmental influences at each of these levels affect youth behaviors.

According to a senior RWJF staff member, “When we started *Bridging the Gap*, we had data showing how drug use among kids was changing. But no one was monitoring the drivers of changes, or the policies that might have prompted those changes.”²⁰ *Bridging the Gap* produced comprehensive databases of tobacco, alcohol and illicit drug policies in all 50 states, including an unprecedented inventory of policies at the school and community levels, based on annual surveys of school principals and neighborhood analyses.²⁰ One unique design aspect of the program was its use of NIDA’s existing Monitoring the Future (MTF) survey, administered annually to 8th-, 10th-, and 12th-graders, to track patterns of youth tobacco, alcohol, and other drug use. *Bridging the Gap* brought a new level of analysis to the survey data, exploring links between usage rates over time (historically captured through MTF) and school, community, and state-level policy changes. Many studies conducted through *Bridging the Gap* employed rigorous, quasi-experimental designs and included matched control and comparison communities to generate findings about policy effects.²¹ Over the years, *Bridging the Gap* studies assessed the effects of a wide variety of policy and environmental factors, such as school drug testing,

Over the years, *Bridging the Gap* studies assessed the effects of a wide variety of policy and environmental factors, such as school drug testing, zero tolerance drinking and driving policies, and marijuana prices on youth usage rates.

*In 2004, *Bridging the Gap* began to shift its focus to childhood obesity. RWJF funding continues through April 2015.

zero tolerance drinking and driving policies, and marijuana prices on youth usage rates. Communications support from RWJF ensured that results were shared with policy-makers and the field.

A Matter of Degree and Reducing Underage Drinking Through Coalitions

During this era, RWJF's heightened interest in environmental and policy strategies to address youth substance use was not restricted to research. In partnership with the American Medical Association (AMA), the Foundation also launched two community-based programs to support adoption and successful implementation of environmental and policy changes to reduce alcohol use. The first, *Reducing Underage Drinking Through Community and State Coalitions* (1995–2008) supported coalitions at the state level to drive environmental changes and reduce youth alcohol use (see [Figure 5](#) for locations of *Reducing Underage Drinking* and *A Matter of Degree* coalitions). Through the program, 12 coalitions in 10 states pursued efforts to educate the public and policy-makers about the harms of underage drinking and potential policy interventions (e.g., increasing taxes on beer, wine, and liquor), engaged local youth, and launched public awareness campaigns.²² Coalition members included state government agencies, nonprofit organizations, colleges and universities, and law enforcement, among others. Many coalitions faced strong opposition from the alcohol industry as they pursued policy change.

A Matter of Degree: Reducing High-Risk Drinking Among College Students (AMOD; 1995–2009), sought to change environmental factors linked to excessive college drinking, such as easy access to inexpensive alcohol.²³ This program followed the Wechsler studies on college binge drinking (and was evaluated by a research team he led). At the time, growing research suggested that educating college students about the risks of drinking was not enough to change behavior, and that policy and environmental changes on campuses and in surrounding communities could be a more promising path forward.

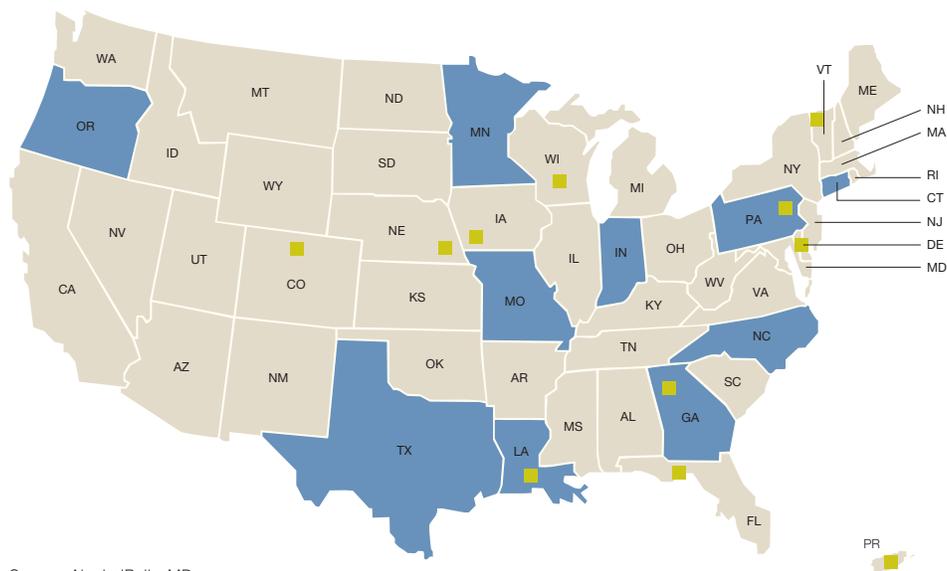
Through the program, RWJF funded 10 universities with high rates of student binge drinking (as identified through the 1993 College Alcohol Study) to test the effectiveness of an environmental approach. Each university established a campus-community coalition to pursue changes in student environments on and off campus, though the extent of changes implemented varied widely across coalitions.²³ The program also sponsored complementary media campaigns at the national level, driven by the AMA, to bring attention to issues, such as alcohol advertising at collegiate sports events and alcohol-focused spring break promotions.²³ The AMA also wrote and supported a series of alcohol control policies, including bans on alcohol industry advertising during college sporting events. Perhaps of greater significance, as a result of its management of AMOD, the AMA decided to include alcohol consumption as one of four key health behaviors addressed by its Healthier Life Steps™ Program.²³

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FIGURE 5

States With RWJF-Funded Coalitions Through Reducing Underage Drinking Through Coalitions or A Matter of Degree

- Reducing Underage Drinking Through Coalitions States
- A Matter of Degree Communities



Source: AlcoholPolicyMD.com

Prevention/Treatment “Rebalance” (1997–2001)

RWJF’s strategies to reduce harm from alcohol and drug use entered a time of transition in the late 1990s. After a decade of focusing primarily on substance-use prevention (with a few minimal investments in treatment), staff began considering opportunities to invest more substantively in the treatment of substance-use disorders and addiction. Previous small investments in treatment included a small program to study the effectiveness of early intervention in alcohol (Cutting Back, Screening and Brief Intervention for Risky Drinking; 1996–2002) and a multigrant project to reduce drug use and other risk behaviors and recidivism among former inmates at New York City’s Riker’s Island correctional complex and to evaluate the results (Health Link, 1992–2003).

The Foundation’s growing interest in substance-use treatment was fueled by nearly a decade of NIH research that furthered the field’s understanding of addiction as a chronic brain disease that could be treated. Connie Pechura, PhD, a senior program officer, presented major findings of this research to the board in 2000, through a presentation entitled “Treatment for Addiction: Pharmacology, Policy, and Promise.”²⁴ The presentation outlined the research on addiction as a neurobiological condition, the effectiveness of pharmacological treatment, the gaps in treatment availability, the continued stigma of the condition (including among health care providers), and the lack of insurance coverage for addiction treatment. The presentation encouraged board and staff to consider the role that RWJF could play in promoting access to high-quality, evidence-based treatment.

“Our movement into treatment was through the back door. If you want to deal with adolescent treatment, you have to deal with the justice system. That’s where the kids are.”

—A former RWJF Program Officer

The Foundation itself was also in a time of transition. Program staff members were increasingly asked to work together more collaboratively to develop and implement programs, in contrast to the “loose alliance of creative thinkers” structure that characterized the Foundation’s earlier days, according to a RWJF staff member. Staff views on the extent to which and how the Foundation should invest in treatment of substance-use disorders and addiction varied. “There were many different personal theories about appropriate interventions,” according to a RWJF staff member. One theme that resonated with several staff was a focus on youth with substance-use disorders in the juvenile justice system. At the time, research showed high rates of substance-use problems among youth in the juvenile justice system, increasing rates of drug-related incarcerations, and limited utilization of treatment services by adolescents in the system. According to a former RWJF program officer, “Our movement into treatment was through the back door. If you want to deal with adolescent treatment, you have to deal with the justice system. That’s where the kids are.”²⁵ In 1999, the Substance Abuse Working Group made “increasing the effectiveness of the juvenile justice system in treating its substance abusers” one of its five strategic objectives.²⁶

Later that same year, the Foundation split into two divisions: Health and Health Care. Within the Health Group, separate teams formed to address drug and alcohol use (the Alcohol and Illegal Drugs team) and tobacco.² The Alcohol and Illegal Drugs team was charged with “sustaining and learning from activities currently underway, as well as *growing the set of activities related to substance-abuse treatment*,” recalls a RWJF staff member.

RWJF STRATEGIC OBJECTIVES IN SUBSTANCE USE

1. Increasing the effectiveness of the **juvenile justice system in treating** its substance abusers.
2. Increasing the recognition, dissemination, and adoption of **effective** prevention and early intervention programs.
3. Building **capacity** and public support for **environmental** changes to reduce **youth alcohol** consumption.
4. Changing social norms about substance abuse through strategic communications.
5. Reducing youth smoking and building tobacco control leadership.

Source: RWJF Board Book, 1999

The vast majority of RWJF’s existing programs—most oriented around prevention—continued during this era. In some cases, organizations involved in RWJF’s early prevention efforts, such as Join Together and CASA, began incorporating treatment elements into their work. Join Together adopted “Demand Treatment!” as an additional component of its work in 2000, in response to both its own research and the *Fighting Back* evaluation findings, suggesting that communities needed more support to expand access to treatment.¹⁴

The wide range of ongoing prevention and treatment program investments created opportunities (seized and unrealized) to leverage connections between programs for greater impact.

“You could argue that [providing treatment for kids in the juvenile justice system] is not just a substance abuse treatment issue, but about caring for vulnerable children with multiple issues. How you make sure these children can be re-integrated into society and be productive adults continues to be a theme in the Foundation.”

—A Former RWJF Program Officer

In addition to providing core operating support for CASA, RWJF invested \$22 million in CASAWORKS (1997–2009)*, a multisite demonstration program to increase access to substance-use and addiction treatment services among hard-to-employ women on welfare.²⁷

The wide range of ongoing prevention and treatment program investments created opportunities (seized and unrealized) to leverage connections between programs for greater impact. Decisions to continue some longstanding programs generated debate within RWJF and led to program changes. For example, in 2000, an evaluation of *Free to Grow* showed considerable variation in sites abilities’ to design and implement effective models to prevent substance use. While some staff wanted to end the program based on these results, RWJF ultimately authorized an additional \$8 million to expand *Free to Grow* to 15 new sites, in partnership with the Doris Duke Charitable Foundation and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). RWJF also required sites to raise matching funds and revised the guidelines for participating sites to better standardize the approaches “in order to increase the ability of evaluators to detect significant differences between changes in outcomes among *Free to Grow* sites compared to non-intervention sites.”¹⁶

During this time, new areas of major investment fell into two major categories:

- Improving systems of care for substance-use treatment in the juvenile justice system (*Reclaiming Futures*)
- Developing leaders in the substance-use field (*Developing Leadership in Reducing Substance Abuse, Innovators Combating Substance Abuse*)

Reclaiming Futures

RWJF launched *Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol and Crime* (2000 through 2014) in response to increasing rates of drug-related incarcerations among youth and limited utilization of treatment services by adolescents with substance-use problems. Established in partnership with the Substance Abuse and Mental Health Services Center for Substance Abuse Treatment (SAMHSA–CSAT) in 10 communities, *Reclaiming Futures* was designed to alter the way that the juvenile justice and adolescent treatment systems interacted in order to improve the system of care for adolescents. According to one program officer, it was a “flagship program in getting us into the treatment world.” This first major investment in treatment put RWJF among a small minority of private foundations, including the MacArthur Foundation and Annie E. Casey Foundation that were addressing problems in the juvenile justice system.²⁷

RWJF and its partners recognized that systems change required coordination by multiple sectors (e.g., judges, court officials, health care providers, families) and attention to many aspects of adolescents’ lives. According to a former RWJF program officer, “You could argue that [providing treatment for kids in the juvenile justice system] is not just a substance abuse treatment issue, but about caring for vulnerable children with multiple issues. How you make sure these children can be re-integrated into society and be productive adults continues to be a theme in the Foundation.”

*CASA received programmatic funding for CASAWORKS from 1997 to 2007 and two related grants went to Treatment Research Institute to conduct program evaluations from 2002–2009.

Reclaiming Futures sites were given “broad discretion” in program implementation so long as they applied three primary components in their work: systems development, judicial leadership development, and substance-use treatment enhancement with evidence-based practices.²⁸ This was in keeping with *Reclaiming Futures*’ status as an experimental pilot program, the Foundation’s general “ground up” philosophy on community-based programs, and a recognition of local variability in the way juvenile justice systems perceive their work. New processes and mechanisms for collaboration across sectors instituted in *Reclaiming Futures* sites included monthly meetings between judges, probation officers, and treatment providers, and development of information systems to share assessment data among various partner organizations, in order to better coordinate care.²⁹

Participating agencies changed policies to facilitate interaction and new connections between the juvenile justice and treatment systems. Health care providers were trained to use age-appropriate, evidence-based care and helped youth develop individualized treatment plans. Grantees also developed a six-step approach for improving substance-use treatment in the juvenile justice system, which became known as the *Reclaiming Futures* model.

In addition to establishing screening and assessment protocols to identify adolescents with drug and/or alcohol problems, project teams in all sites developed individual care plans for adolescents that included components to promote positive youth development activities (e.g., learning leadership skills, preparing for a job) and to provide substance-use treatment. Sites also trained substance-use and mental health providers to use age-appropriate evidence-based practices for both assessment and treatment. Though the communities’ work differed from site to site, as the work progressed, all sites began utilizing a six-part model for identifying, assessing, and treating substance-use problems among youth in the juvenile justice system.

Evaluations of *Reclaiming Futures* have shown improvements in multisector collaboration and systems change. Limited data on individual youth outcomes exists at this point, though some initial studies show promise.

As RWJF’s initial seven-year investment was ending, federal agencies—SAMHSA—CSAT and OJJDP—expressed interest in expanding the program. With support from these agencies and a private funder, *Reclaiming Futures* has expanded to 16 new sites since 2007. RWJF continues to provide funding for technical assistance.

Developing Leadership in Substance Abuse and Innovators in Substance Abuse

In addition to investing more heavily in systems of care through *Reclaiming Futures*, RWJF also launched two complementary programs to develop leaders in the substance-use field during this time: *Developing Leadership in Reducing Substance Abuse (2000–2007)*, and *Innovators Combating Substance Abuse (2000–2008)*.^{*} *Developing Leadership* intended to grow a “new cadre of substance abuse prevention, treatment, and policy leaders,” awarding fellowships to 40 individuals to design and implement “projects aimed at enhancing the [substance-use field] and developing their leadership capacities.”²⁹ The program also aimed to bring greater diversity into the field, since a “large proportion of existing leaders were professionally trained Whites who did not reflect the overall population of people receiving substance-use services.”²⁹

^{*}Note that the end dates included here for the *Developing Leadership* and *Innovators* programs are significantly different than the dates featured in RWJF’s Program Results. End dates shown here reflect the last year when grant money was spent, rather than the authorization end date or the date when the program was officially closed.

“We modeled Innovators Combating Substance Abuse on the MacArthur Awards... It was a field that was hard to keep people in. We wanted to raise attention to the field.”

—Former RWJF senior program officer

Innovators Combating Substance Abuse targeted leaders already established in the substance-use field, granting awards to seasoned field experts to pursue innovative projects unlikely to be funded by others. Noted a senior program officer at the time, “We tried to model it on the MacArthur awards. [We liked] the award and recognition for innovation and individuals who have really driven significant changes in a particular area. We wanted to do that for substance abuse. It was a field that was hard to keep people in. We wanted to raise attention to the field and raise attention to individuals who were doing excellent work in it.”³⁰

Several recipients of *Innovators* awards acted as mentors for *Developing Leadership* fellows.* However, evaluation data showed wide variability in the strength and quality of mentor-mentee relationships.²⁹

Heavy Emphasis on Treatment (2001–2005)

In the early 2000s, following an era of prevention and treatment “rebalancing,” RWJF threw itself headlong into the treatment of substance-use disorders and addiction as a complement to existing prevention work. A 2001 *Report to the Board of Trustees* stated that RWJF’s “work will continue on preventing and reducing alcohol and illegal drug use by youth, and staff will increase its emphasis on improving treatment opportunities for alcohol and illegal drug addiction” (emphasis added).³¹ This new emphasis on treatment, expanding beyond work in the juvenile justice system, was driven by several factors: growing field knowledge about the biological basis for substance use and addiction (and the implication for treatment through medical interventions), new evidence about the effectiveness of treatment, deepening staff expertise on treatment, increased interest in addressing substance-use treatment among some Foundation trustees and program staff, and internal questions about the effectiveness of select RWJF prevention programs. According to a RWJF staff member, “Improving the quality of addiction care was seen as the place we could make the biggest difference in the field.”

RWJF began actively recruiting staff with more treatment expertise during this era, most notably hiring Victor Capoccia to lead the Foundation’s treatment programming. Capoccia had previously served as president and CEO of CAB Health and Recovery Services, where he played a key role in designing and implementing a pilot quality improvement initiative aimed at improving CAB’s treatment operations.³² “We were looking for someone with academic background, who had experience running and expanding a treatment program, and who knew treatment policy issues,” explained a program officer at the time.

While treatment had become a more explicit focus of the substance-use portfolio, not all staff agreed that this was the best strategic direction for the Foundation. “We had been funding prevention for a decade,” recalled a program officer, “so taking funding away from these organizations was not appealing.” Some staff believed the best way to address substance use was by focusing on prevention and reducing use; others saw greater opportunity in addressing gaps in treatment quality and access to care. “The rift between treatment and prevention existed not only in the Foundation, but also in the field at large,” explained a RWJF staff member. The shift in strategic direction also resulted in pushback from a number of organizations that believed RWJF should maintain prevention as its main focus. According to an RWJF staff member, “We had

“Improving the quality of addiction care was seen as the place we could make the biggest difference in the field.”

—A RWJF staff member

“The rift between treatment and prevention existed not only in the Foundation, but also in the field at large,

—A RWJF staff member

*This would have been facilitated if the two program offices were managed together, as initially planned. However, the death of the original director, John Slade, caused the programs to be managed by offices on opposite ends of the country—Baltimore, and Portland, Ore.

federal partners calling and saying you should continue to fund prevention projects.” At one point, the Foundation received a letter from 40 prevention grantees criticizing the RWJF’s shift to treatment.

As the Foundation solidified its move into treatment, long-time president, Steve Schroeder—a strong advocate of RWJF’s substance-use work—announced he would be stepping down. After a search, the Board of Trustees appointed Risa Lavizzo-Mourey, MD, MBA, then vice president of the Foundation’s Health Care Group, to take over as RWJF’s fourth president and CEO in 2003. In January of that year, President Lavizzo-Mourey presented a strategic impact framework to the trustees; it listed improving the quality of addiction treatment as one of eight strategic objectives.

At the same time, the recently renamed Addiction Prevention and Treatment team* articulated its first time limited, specific objective: “to increase the number of settings that employ evidence-based treatment interventions from an estimated 10 to 15 percent of settings.”³³

Between 2002 and 2004, RWJF payout for prevention-focused programs dropped 37 percent (from \$29.7 million to \$18.6 million),³⁴ while funding for treatment increased 59 percent (\$9.8 million to \$15.5 million).³⁴ This shift in focus came at a time when Foundation assets dipped significantly. As a result, treatment programs never reached the scale or attracted the same financial resources as prevention programs. The few ongoing prevention-focused initiatives (e.g., Partnership for a Drug-Free America, CASA)—some of which incorporated aspects of a treatment focus to better align with shifting RWJF priorities—also continued to receive support at high levels throughout this era. For example, RWJF funded a special Partnership for a Drug-Free America campaign called Hope, Help, and Healing in 2005, which “aimed to reduce the barriers that prevent or delay people from seeking help for alcohol and other drug problems.”³⁵

During this era, the Foundation began engaging more co-funders in its treatment-focused programs, solidifying partnerships with key federal organizations, particularly SAMHSA–CSAT. Partners enhanced RWJF’s treatment work by: providing additional financial resources to expand national programs (e.g., *Paths to Recovery*, *Advancing Recovery*, and *Reclaiming Futures*); integrating evidence-based practices into systems of care (e.g., *Reclaiming Futures*, *Advancing Recovery*); and disseminating evidence-based treatment practices to the field. RWJF also established itself as a critical convener of substance-use organizations (e.g., NIDA, SAMHSA), and of organizations more distal to the substance-use issue, but who had a role in increasing access to treatment (e.g., Child Welfare League of America).

With the repositioning of the Foundation’s substance-use priorities during this era, new program investments focused on increasing access to high-quality substance-use and addiction treatment in two major ways:

- Identifying evidence-based treatment for substance use and addiction [e.g., National Quality Forum (NQF)]
- Improving access to quality treatment (e.g., *Paths to Recovery*, *Resources for Recovery*, and *Advancing Recovery*)

*The team’s name change was deliberate and significant; it aimed to signal to the field a need to use terms like *substance use* and *addiction* in place of *substance abuse* and *illegal drugs*. According to a former program officer, “The change in language reinforced the view that addiction is a health condition and avoided the stigmatizing implications of words such as *abuse*, and *illicit*—terms better suited to a social problem addressed in the criminal justice system.”

RWJF funded a special Partnership for a Drug-Free America campaign called Hope, Help, and Healing in 2005, which “aimed to reduce the barriers that prevent or delay people from seeking help for alcohol and other drug problems.”

“NIATx’s overall efforts were consistent with what the Quality team was doing, which was funding the Institute for Health Care Improvement to reduce medical errors in hospitals.”

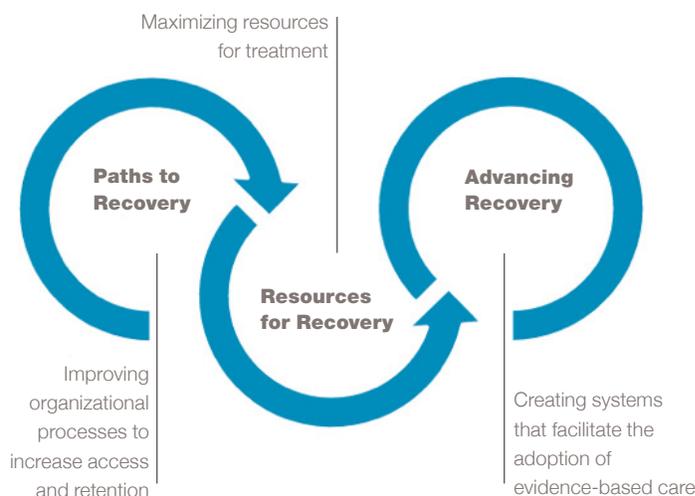
—A Former RWJF staff member

Paths to Recovery, Resources for Recovery, and Advancing Recovery

RWJF developed three complementary, flagship programs in treatment—*Paths to Recovery: Changing the Process of Care for Substance Abuse Programs* (2002–2008); *Resources for Recovery: State Practices That Expand Treatment Opportunities* (2002–2008); and *Advancing Recovery: State/Provider Partnerships for Quality Addiction Care* (2005–2011)—which applied organizational and systems approaches to address the inadequacies of treatment and recovery services (see Figure 6).

Paths to Recovery helped treatment organizations implement quality improvement processes that reduced organizational inefficiencies, in order to improve access to and retention in treatment. *Paths to Recovery* provided funding to 26 treatment agencies to test whether process improvement principles could reduce wait times and no-shows in treatment settings and increase treatment admissions and retention. In addition, *Paths to Recovery* aimed to “generate a deeper understanding and spread of process improvement throughout the addiction treatment field.”³² In 2003, SAMHSA–CSAT authorized \$10.3 million to fund a companion program, Strengthening Treatment Access and Retention (STAR), which expanded the program to 13 more sites and assisted participating sites in incorporating evidence-based clinical practices, rather than just business practices. That same year, David Gustafson, PhD, who led the *Paths to Recovery* national program office at the University of Wisconsin, created the Network for the Improvement of Addiction Treatment (NIATx), which became the umbrella organization for both *Paths to Recovery* and STAR³²—and later *Advancing Recovery*. *Paths to Recovery* aligned well with other quality improvement work under way within the Health Care Group at RWJF. According to one former staff member, “NIATx’s overall efforts were consistent with what the Quality team was doing, which was funding the Institute for Health Care Improvement to reduce medical errors in hospitals.”

FIGURE 6
RWJF’s Flagship Programs in Substance-Use Treatment



Because an estimated 75 percent of all addiction treatment services are funded by states, rather than private payers, focusing on state agencies made strategic sense.

RWJF staff also established a parallel effort in substance-use work—*Resources for Recovery: State Practices that Expand Treatment Opportunities*—to help states better finance their substance-use treatment systems through more efficient use of existing resources and funding streams, particularly by maximizing the use of federal Medicaid dollars. Managed by the Technical Assistance Collaborative, the program provided funding for 15 states to analyze how treatment was financed, administered, and delivered. Teams helped identify and (in five states) implement strategies to use current resources to purchase more and better services.

Advancing Recovery: State and Provider Partnerships for Quality Addiction Care, authorized in 2005, aimed to increase the use of evidence-based clinical practices (e.g., medication-assisted treatment and continuing care management) among publicly funded treatment providers through the development of state-provider partnerships in 10 states. The program drew on the NIATx process-improvement model to support implementation of evidence-based practices. This included incremental testing and piecemeal adaptation of process changes.

State-provider partnerships (led by various government agencies, nonprofit health care organizations, and addiction treatment providers) pursued policies to promote wider use of at least two NQF standards for evidence-based practice.³⁶ Because an estimated 75 percent of all addiction treatment services are funded by states, rather than private payers, focusing on state agencies made strategic sense.³ Partnerships were given “general principles” for approaching systems change, but not expected to follow a particular model. This provided flexibility to adjust to unique political and service delivery environments, as well as to changes in the system.³⁶

Advancing Recovery was an innovative approach to increase the demand for and spread of evidence-based practices. “It elevated the focus from working within addiction treatment programs, to working within systems of care,” described an external stakeholder. According to a grantee, “*Advancing Recovery* resulted in a closer relationship between providers and state agencies, which set the stage for a greater awareness of the need for evidence-based practices.”³⁶

Outcomes related to *Advancing Recovery* are mixed, in part because states’ readiness and capacity to implement the needed changes varied greatly. A recent evaluation found that several states increased the use of evidence-based practices, particularly medication-based treatment.³⁷ Some states also increased admissions to treatment and retention and decreased days between residential discharge and outpatient admissions. Others did not generate significant practice changes. *Advancing Recovery* efforts also informed activities that extended the NIATx model into other settings, such as community health centers and local public health departments.

For National Program Director David Gustafson, the significance of *Advancing Recovery* was its “transformation of the relationship—at least at the time—between some single state agencies and treatment providers. States and providers normally see themselves as the regulators and the regulated, as adversaries rather than partners. *Advancing Recovery* in some cases resulted in a closer relationship between providers and state agencies, which set the stage for a greater awareness of the need for evidence-based practices.”³⁶

National Quality Forum

Another important component of the Foundation’s efforts to improve the quality of substance-use treatment was its investment in developing nationally recognized standards for evidence-based treatment. In 2005, RWJF (in partnership with SAMHSA–CSAT and NIDA) convened an expert panel to review substance-use treatment research through the National Quality Forum (2004–2007), an organization that is well-known and recognized for developing standards in the health care field. This meeting formed the basis for the National Quality Forum’s publication of 11 voluntary consensus standards for substance-use treatment in 2007.³⁸ Previously, there was no commonly agreed upon list of practices that constituted evidence-based care. “There was always debate in the field about whether treatment worked,” explained a former program officer. “We knew treatment worked, but there was no source to say, ‘Here’s what works in treatment.’ NQF is the source for that information in the health care field, but they didn’t have information for addiction.”

PULLBACK FROM THE SUBSTANCE-USE FIELD (2006–2009)

In 2006, the Foundation announced that it would begin to pull back from substance use and absorb some addiction prevention and treatment work into the Vulnerable Populations Portfolio.³⁹ This change was driven primarily by three factors: internal desire to narrow the number of Foundation priorities; recognition that the Foundation would not stay in an area indefinitely; and staff uncertainty about the impact of RWJF’s substance-use work. Trustees, in particular, were pushing for greater impact through a more focused grantmaking approach. According to one senior staff member, the Foundation’s substance-use work had also reached a crossroads: “We were trying to become more focused than before. We had funded [treatment] for a few years and had some successes. We were at a point where we either had to really ramp it up or dial it down. If we continued at a low level, we wouldn’t generate large-scale change. We didn’t have the resources to ramp up, and it would have been inconsistent with our narrowing focus.”

As the largest private funder in the area, RWJF’s exit sent shockwaves through the field. “When the Foundation pulled out, there were no other national philanthropic investors of this scale in alcohol and substance abuse,” explained a RWJF program officer. “[RWJF’s] exit left a vacuum, and it was serious.” Indeed, the amount RWJF contributed toward prevention and treatment in 2006 was greater than the sum of all other major U.S. private funders combined (see Table 5).^{* 40}

At the time, several major substance-use organizations which RWJF helped grow depended on the Foundation for the lion’s share of their funding. In 2005, for example, 43 percent of the Partnership for a Drug-Free America’s operating budget came from RWJF.⁴¹ Though federal and state-level government funding for substance use did—and continues to—eclipse private foundation investment by a large margin, restrictions on the use of government funds (such as limits on policy research and early-stage pilot studies) meant that RWJF’s divestment would leave a perceptible hole.

“We knew treatment worked, but there was no source to say, ‘Here’s what works in treatment.’ NQF is the source for that information in the health care field, but they didn’t have information for addiction.”

—A Former RWJF Program Officer

*Robert Wood Johnson Foundation amount reflects spending on grants captured in the Foundation Center database when searching for grants in “2006” with the keywords *substance abusers or substance abuse, treatment or substance abuse, services or substance abuse, prevention or alcoholism research or alcoholism*. According to our funding calculations based on the database provided by the Office of Proposal Management at RWJF, the total payout for substance-use and addiction programs was \$35.8 million in 2006. We have included the Foundation Center for RWJF in this chart to allow for consistent comparisons with other funders, though we believe it is greatly underestimated.

TABLE 5

Private U.S. Foundation Funding in Substance-Use Prevention and Treatment, 2006

Foundation	Amount Spent to Address Substance Use, 2006
The Robert Wood Johnson Foundation	\$24, 251,152
Open Society Institute	\$5,162,300
The Annenberg Foundation	\$3,525,000
Conrad N. Hilton Foundation	\$3,520,000
The Pew Charitable Trusts	\$3,040,000
The Thomas and Stacey Siebel Foundation	\$2,671,696
Houston Endowment Inc.	\$1,517,500
Richard M. Fairbanks Foundation, Inc.	\$1,025,000
Skirball Foundation	\$1,000,000

Source: Foundation Center⁴⁰

“Many staff and grantees believe that RWJF’s exit from substance use—understandable though it was—was abrupt and precipitous. There was widespread panic because most people didn’t realize RWJF was exiting until it was well on its way to happening or had already occurred.”

—A Former RWJF Program Officer

Internally, Foundation leadership expressed high-level commitment to “a responsible transition” of the substance-use work and to protecting the sustainability of grantee organizations. RWJF’s intention was to “honor and complete current grant commitments over the next several years that were made to improve the quality of addiction treatment services.”⁴² However, many staff and grantees believe that RWJF’s exit from substance use—understandable though it was—was abrupt and precipitous. This feeling was particularly pronounced among treatment grantees, who thought the Foundation had not given investments enough time. Some were also anticipating several more years of funding to fully implement newly formed programs. Noted a former program officer, “There was widespread panic because most people didn’t realize RWJF was exiting until it was well on its way to happening or had already occurred.”

According to RWJF staff, the field’s confusion and surprise was driven, in part, by limited internal communications and exit planning. “I don’t remember a real, organized approach to an end game. In other areas, there had been more of a strategic exit plan,” observed one former senior leader. Without a clear road map to guide staff actions, grantees experienced the Foundation’s exit in highly variable ways. Some grantees such as *Substance Abuse Policy Research Program*, Partnership for a Drug-Free America, Join Together, and CASA, received sizeable transitional grants, and were more likely to believe they had fair warning about RWJF’s changing strategic priorities. “We didn’t have the runway run out and fall into the sea,” said a long-time RWJF grantee. “We were able to create more sustainability. So [our] legacy was stronger and the harvesting of knowledge more robust.” Other grantees believed they needed more transitional support from RWJF, including grants for business planning and board development.

“We still talk about substance use all the time. For example, if a grantee is working with a population of people with substance-use issues, we want to see that they have an intentional plan for how to help those people get treatment.”

—A Former RWJF Program Officer

RWJF did not have standardized, transparent criteria for deciding which grantees would receive transitional support—which fueled unease among some staff and grantees. “In some respects, the exit was done in an unfair manner,” noted one former program officer. “A lot of the big programs simply stopped, though a couple kept getting core funding for quite a long time.” In addition to transitional support grants, RWJF continued making some new, additional investments in substance use through 2009, though with a much smaller pool of money. A notable new investment in 2006 was the HBO ADDICTION series and campaign (\$1.6 million), a three-part television series and accompanying website (launched in 2007). The project, co-funded by NIDA and NIAAA, presented substance-use disorders and addiction as chronic health conditions and discussed their health and biological underpinnings.

Today, RWJF no longer maintains an explicit focus on reducing harm from substance use, though the Foundation continues to address some aspects of the issue. For example, *Reclaiming Futures*, now funded primarily by SAMHSA, OJJDP, and a private funder, receives RWJF support for technical assistance through November 2014. And many investments in RWJF’s Vulnerable Populations Portfolio, which address underlying social factors and structures that contribute to a range of health problems, require attention to substance-use prevention and treatment. These include investments in supportive housing for the chronically homeless; prisoner re-entry; prevention of intimate partner and teen dating violence; and family preservation. As an RWJF program officer noted, “We still talk about substance use all the time. For example, if a grantee is working with a population of people with substance-use issues, we want to see that they have an intentional plan for how to help those people get treatment.”

The Foundation’s influence in substance-use prevention and treatment continues. As will be profiled in the next section, some programs seeded by RWJF still operate and influence the field. And the fruits of some other discrete investments, such as RWJF-funded policy research studies, completed long ago, continue to shape national dialogue and policy decisions. While RWJF’s investments in substance-use prevention and treatment have tapered off, the full story of the Foundation’s work in this area has not yet been fully written.

What Did RWJF Achieve?

The face of the substance-use problem looks markedly different than it did when RWJF entered the field in the late 1980s.

During two decades of active investment, RWJF made a meaningful and lasting impact on the fields of drug and alcohol use prevention and treatment. However, this story is not a straightforward one to tell. Some of the Foundation's largest and most visible investments, such as *Fighting Back*, did not achieve stated goals of reducing usage rates, but still shaped the field in important (and sometimes unintended) ways. The results of other program investments, such as RWJF's longstanding support of policy research are compelling and still continuing to emerge. And still other investments simply did not bear fruit. As a result, the story of RWJF's impact is one of significant achievement and some notable failures. Taken as a whole, and based on strong, independent evidence of Foundation successes, we conclude that RWJF activities made a strong, enduring contribution to the field that is worth celebrating.

MOST NOTEWORTHY RWJF ACHIEVEMENTS IN SUBSTANCE-USE FIELD

The most compelling evidence of RWJF's impact and influence on the problem and field of substance use exists in the following areas:

- Promoting an increased emphasis on environmental and policy approaches for addressing substance use at the population level, by building the evidence base for effective interventions.
- Building greater awareness of the problem and incidence of youth binge drinking.
- Enhancing understanding of addiction as a treatable medical condition within the mainstream medical field and the justice system.
- Supporting the development of standards of care (e.g., NQF) that improve the quality of substance-use and addiction treatment services.

The face of the substance-use problem looks markedly different than it did when RWJF entered the field in the late 1980s. At that time, crack cocaine use was on the rise, drug addiction and alcoholism were most often equated with moral weakness, and available pharmacotherapies for the treatment of addiction could be counted on one hand. Today, while much work is still needed to address alcohol and other drug use, progress has been made in the fields of substance-use prevention and treatment (see [Table 6](#)).

TABLE 6

Key Changes in the Substance-Use Field

Substance use is a complex, multifaceted, and systemic problem with no “silver bullet” solutions. Expectations around “success” must be developed with this in mind.

In the late 1980s...

Drug use and alcoholism are often considered by the general public to be **social problems** that reflect poor individual choices or are a result of **moral failing**. Words promoting stigma such as “addict” and “abuser” are commonplace.

Treatment is expensive and fragmented from mainstream health care; most service providers are not licensed clinicians or health care professionals.

The **crack cocaine epidemic** is growing and communities are scared and unsure about how to deal with **increasingly visible drug use** and its related violence.

Much of the federal substance-use treatment structure has been dismantled, but scientific **research** activities, particularly around **development of new pharmacotherapies**, remains.

There are **no standards of evidence-based prevention or treatment** for drug or alcohol abuse or addiction.

The recently established ONDCP is more focused on **supply reduction** and **interdiction** to curb drug use than on prevention or treatment.

In 2012...

The field is more aware of substance use and addiction as **public health problems, health conditions** and **chronic brain diseases**, and better understands the environmental and policy factors that prevent and reduce substance use.

Effective prevention and treatment activities to reduce substance use have been identified, although there is not unanimous agreement in the field about what works.

The rise of prescription drug abuse drives a shift in strategies to prevent substance use and addiction.

Congress has passed laws for **parity** and health care reform that require **Medicaid and private insurers to cover treatment** for substance-use disorders.

National **drunk and drugged driving laws** are in place and regularly enforced, community anti-drug coalitions and school-based drug-free programming are common.

There is a more **established and well-resourced federal infrastructure** to advance substance-use research and practice and **integrate substance-use work** into efforts addressing related health issues.

Certainly, this evolution is due to the work of many actors, coupled with social and economic factors that shaped national substance-use behaviors in powerful ways. When considering the weight of RWJF’s *individual* contributions to the field, the following points of context are important to keep in mind:

- Substance use is a complex, multifaceted, and systemic problem with no “silver bullet” solutions. Expectations around “success” must be developed with this in mind.
- RWJF’s focus on alcohol and other drugs included dozens of substances with unique challenges and considerations. This contrasted with RWJF’s tobacco work, which focused on a single, legal substance harmful in any quantity.

OVERVIEW OF IMPACT AND INFLUENCE

The primary overarching goal of RWJF’s substance-use work was to reduce the harm caused by alcohol and other drugs, particularly among youth. Some programs were designed explicitly to reduce the use of these substances in specific communities (e.g., *Fighting Back*) and in specific populations (e.g., *Healthy Nations* targeting American Indian communities). Judgments on whether these programs were successful in reducing harm were therefore based, in part, on whether usage rates dropped over the duration of program funding. Other programs focused on outcomes that were considered reasonable precursors to reductions in substance use and its harms, such as policy change, improvements in field knowledge, and expanded access to high-quality treatment services.

Based on limitations of the data and evidence in some cases that programs did not work as intended, it’s difficult to make the case that RWJF’s investments led directly to reductions in drug and alcohol use on a broad scale. However, evidence is strong that RWJF *contributed* to progress on the substance-use problem, addressing precursors that could reasonably be expected to reduce harm from substance use over the longer term and raise awareness about the need for policy-focused and systems-based solutions. We have identified five major areas (see Figure 7) where we believe RWJF made meaningful contributions.

Evidence is strong that RWJF contributed to progress on the substance-use problem, addressing precursors that could reasonably be expected to reduce harm from substance use over the longer term and raise awareness about the need for policy-focused and systems-based solutions.

FIGURE 7

Major Areas of RWJF Impact in Reducing the Harm Caused by Alcohol and Other Drugs

WHAT DID RWJF ACHIEVE?				
Increased knowledge about the substance-use problem	Informed alcohol and drug policies	Informed and spread promising prevention programs	Improving systems of care for substance use disorders	Built up field infrastructure to strengthen substance-use research, policy, and practice
WHAT IMPACT DID IT HAVE ON THE FIELD?				
Contributed to the understanding of substance use as a treatable, chronic health condition	Increased knowledge about local, state, and national policy strategies to reduce substance use	Increased field knowledge about what works in community-based prevention	Increased the adoption and spread of evidence-based clinical practices	Grew and diversified the pool of substance-use researchers
Increased public knowledge about the prevalence and harms of substance use	Laid groundwork to expand insurance coverage for substance-use treatment	Expanded federal support for community-based anti-drug coalitions	Promoted improvements to business processes among treatment providers	Established technical assistance tools and institutions to promote high-quality work in substance-use prevention and treatment
	Supported the creation and mobilization of advocacy efforts to drive substance-use policy change		Fostered collaboration between traditionally fragmented systems	

“We’re talking about shifting a population’s behavior. You won’t see reductions overnight. What’s more likely is a slow downward shift in incidence and prevalence.”

—An External Stakeholder

Impact and Influence: Reductions in Alcohol and Drug Use

Given the complexity of the issue and the number of players involved, it would be impossible to establish a direct link between RWJF activities and changes in alcohol and drug use at the national level. In fact, even at the community level, using short-term changes in usage rates as a barometer of success has proved problematic for many funders. As one external stakeholder observed, “We’re talking about shifting a population’s behavior. You won’t see reductions overnight. What’s more likely is a slow downward shift in incidence and prevalence.” Noted another, “The effect size for any one intervention will always be moderate to small.” For these reasons, many funders have moved away from seeking to attribute changes in population-level health indicators to their efforts. However, examining trends in alcohol and drug use over time can give a directional sense of whether progress has been made that RWJF may have contributed toward. Indeed, all external advisers for this study, and many internal advisers, believe that RWJF *contributed* toward preventing and reducing the use of alcohol and other drugs among youth.

NATIONAL USAGE TRENDS OVER THE COURSE OF RWJF’S INVESTMENTS

- Steady declines in 8th–12th-grade alcohol use since the 1980s
- Relatively stable rates of college student binge drinking, with recent drop (last two years)
- Reductions in percentage of youth who report drinking and driving under the influence of alcohol
- Fluctuations in drug use among youth

National Youth Alcohol Use

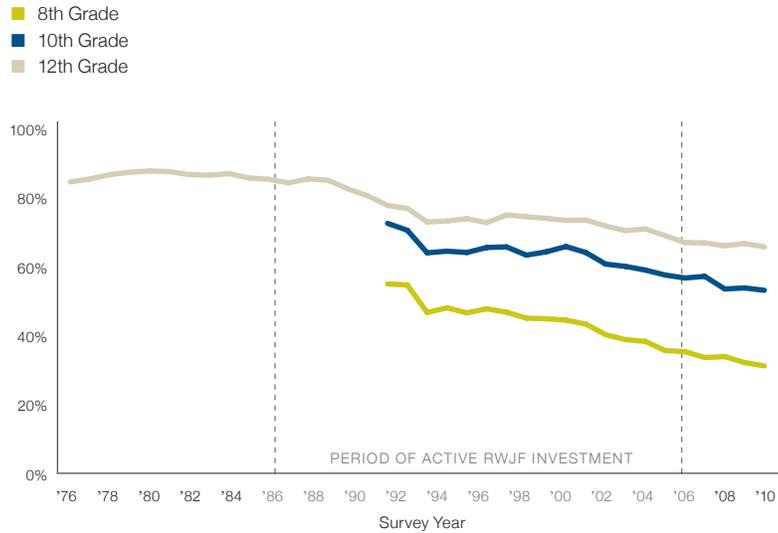
Declines in youth alcohol use suggest significant progress on the issue over the past several decades, which RWJF likely contributed toward. As an external stakeholder explained, “Drinking among teenagers has declined steadily since the 1980s, with one period of relapse in the early 1990s. We’ve seen a lot of progress and it has had many different fathers over a 30-year period.” NIDA’s Monitoring the Future (MTF) data shows declines among middle and high school students in annual prevalence of alcohol use (see [Figure 8](#)), past month prevalence of alcohol use, and prevalence of youth binge drinking in the past two weeks.⁴³

While usage among high school students has declined, the prevalence of binge drinking among young people of college age remained relatively stable during the period of active RWJF investment. [Figure 9](#) shows little change in the rate of binge drinking among young adults since the early 1990s.⁴⁴ In 1993, 44 percent of young people attending four-year colleges reported engaging in binge drinking; more recent studies have generated similar findings.*¹³

*The first RWJF-funded College Alcohol Study (CAS) in 1993 reported a prevalence of binge drinking among young people attending four-year colleges at 44 percent, which remained stable throughout the administration of rounds of the CAS (through 2001) and has been corroborated by several other national surveys, including the National College Health Risk Behavior Survey and National Survey on Drug Use and Health, among others.¹³ Monitoring the Future study data provides information on the prevalence of drinking “more than five drinks in a row” among college students, non-college young adults, and 12th-grade students;⁴⁴ this measure of binge drinking, similar to the one used in the CAS.

FIGURE 8: YOUTH ALCOHOL USE

Annual Prevalence of Alcohol Use Among 8th, 10th, and 12th-Grade Students

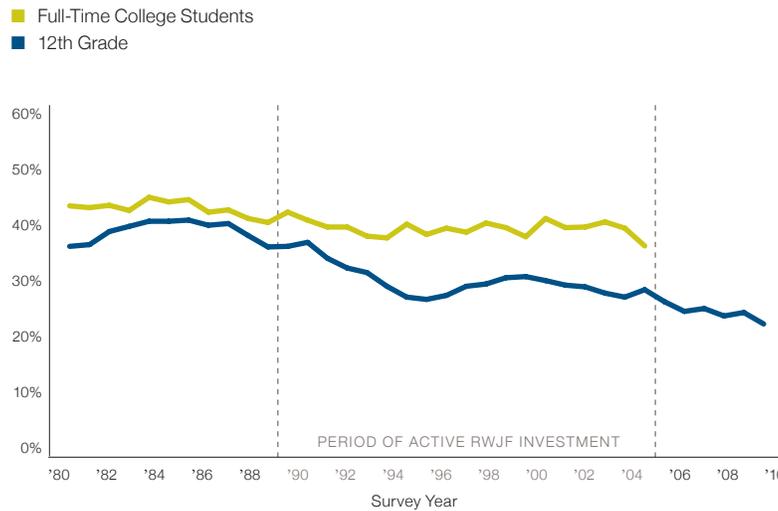


Note: In 1993, the question around alcohol use was revised to clarify that "drink" meant "more than a few sips."

Source: Monitoring The Future, University of Michigan

FIGURE 9: BINGE DRINKING

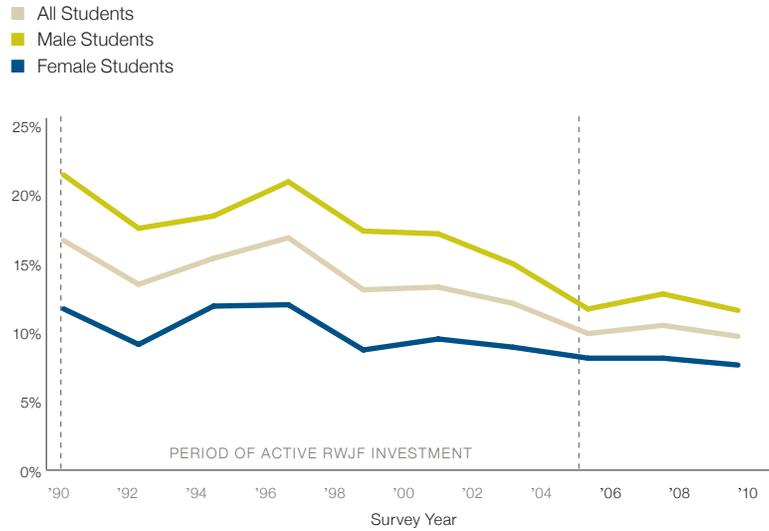
Two-Week Prevalence of Drinking More Than Five Drinks in a Row Among College Students, Other Young Adults, and 12th-Grade Students



Source: Monitoring The Future, University of Michigan

FIGURE 10: UNDERAGE DRINKING AND DRIVING

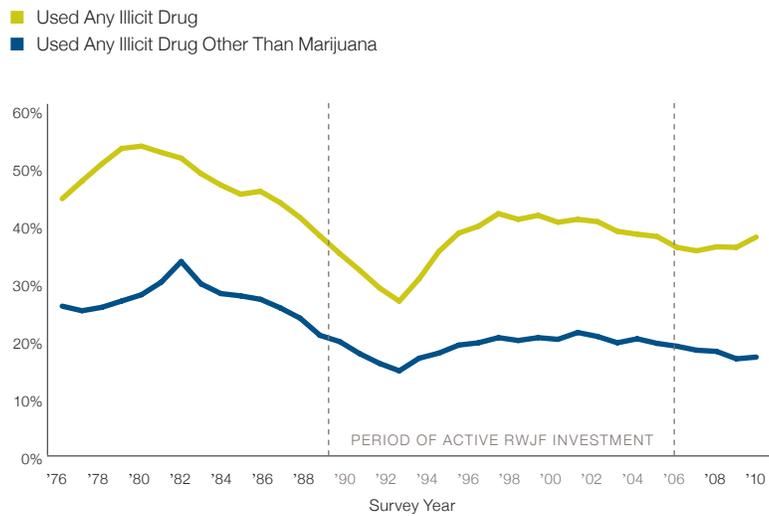
Drove When Drinking Alcohol One or More Times in the Past 30 Days, 9th Through 12th-Grade Students



Source: Youth Risk Behavior Surveillance Survey, CDC

FIGURE 11: YOUTH DRUG USE

Annual Prevalence of (Illicit) Drug Use Among 12th-Grade Students



Note: In 1992, the question about stimulant use was revised to exclude the inappropriate reporting of nonprescription stimulants. In 2001, questions on other hallucinogen and tranquilizer use was introduced.

Source: Monitoring The Future, University of Michigan

National Drinking and Driving

The percentage of youth in grades 9 through 12 reporting drinking when driving declined from 16.7 percent in 1991 to 9.7 percent in 2009 according to data from CDC's Youth Risk Behavior Surveillance Survey (YRBSS; see [Figure 10](#)).⁴⁵

National Youth Drug Use

While youth alcohol use declined steadily over the period of RWJF's investments, drug use among youth fluctuated. Drug use rates among youth have dropped nearly one-third since their peak in the late 1970s.⁴³ However, since the early 1990s, youth use of illegal drugs has fluctuated. Following a 12-year decline from 1980 to 1992, annual prevalence of marijuana use among 12th-graders increased 77 percent from 1992 to 1997, growing from 22 percent to 39 percent (see [Figure 11](#)). This growth overlapped with a time of significant investment by RWJF in prevention of drug use among youth. By 2007, annual prevalence had fallen gradually back down to 32 percent and then rose slightly (though not significantly) to 35 percent in 2010.⁴³ During this time, trends in youth use of illicit drugs *other than marijuana* largely mirrored trends in marijuana use. Rates of illicit drug use increased in the 1990s (though not as steeply as marijuana) and declined slightly since then (to 17% in 2010). Larger and more rapid fluctuations in the use of specific drugs other than marijuana (e.g., methamphetamines, prescription opioids, cocaine, ecstasy, LSD) have been seen over time.

This complicated national picture of drug use over time provides useful context for discussing RWJF's work, though it has limited utility for teasing out the Foundation's potential contribution to reducing usage rates. Moving to a discussion of usage trends *in specific RWJF project sites* provides more visibility into this question, though even at the community level, the multitude of factors affecting usage rates makes the task of quantifying RWJF's contribution difficult.

Youth and Adult Drug and Alcohol Use in Specific Communities

RWJF Initiatives That Contributed to Reductions in Substance Use in Specific Communities

In some communities, specific RWJF program investments likely contributed to modest, community-specific reductions in substance use, though these reductions were not widespread and sustainability of these changes is also unknown.

In some communities, specific RWJF program investments likely contributed to modest, community-specific reductions in substance use, though these reductions were not widespread and sustainability of these changes is also unknown. For example, colleges participating in *A Matter of Degree* (AMOD) showed modest reductions in alcohol consumption and reductions in driving after drinking on campuses and their communities where environmental and policy changes (such as restricting kegs and banning alcohol ads) were fully implemented.^{46, 47} These policies have endured on some participating campuses.²³ Alcohol use also significantly declined among adults who received brief screening and intervention for risky drinking at their physicians' offices, through the *Cutting Back* program; these reductions persisted for a 12-month period.^{48, 49} Limited quasi-experimental data on the ongoing *Reclaiming Futures* program also suggests that it may be effective in reducing alcohol and drug use among youth in the juvenile justice system.⁵⁰ On the whole, however, the majority of RWJF programs designed to reduce substance-use rates in the short- to medium-term do not have evidence of success on this measure.

At times, evaluation findings about the ability of RWJF-funded demonstration projects to visibly reduce substance-use rates in the short term at the community level were controversial within the Foundation. Some program staff members questioned the validity of certain evaluation methods and findings.

RWJF Initiatives Where Reductions in Usage Were Mixed or Unclear

Evaluations of most RWJF programs were either not designed to assess changes in usage rates over time, or showed that Foundation investments were not sufficient, on their own, for reducing alcohol and drug use in target communities. Incorrect program assumptions, implementation challenges, unrealistic program expectations, and difficulty evaluating the effect of RWJF investments on usage rates were all likely contributing factors. For example, according to its evaluators, *Fighting Back* did not on the whole achieve its goal of reducing substance use in target communities.⁵¹ The lack of a single programmatic “intervention” in *Fighting Back* made the initiative difficult to evaluate. Further, its goal to drive community-level changes in usage rates across many sites may not have been realistic, given the variability in coalitions’ activities, the evolution of the initiative over time, and the emphasis on development of coalitions and field capacity, rather than on implementation of a traditional prevention intervention.

That said, certain communities did see declines in substance use; a study out of the national program office at Boston University identified five *Fighting Back* sites that undertook numerous efforts to restrict access to alcohol and expand treatment and “experienced significant declines in alcohol-related fatal crashes” of 20 to 22 percent.⁵² One of these sites, Santa Barbara, also reported a decline in alcohol consumption and marijuana use among 9th- and 11th-graders between when the coalition began in 1990–1991 and 1999–2000.⁵³ Yet, the variation in outcomes across sites led evaluators and Foundation staff to conclude that “coalitions are not a sufficient solution” to reduce substance use in communities.⁸

Similarly, an evaluation of *Healthy Nations*, another community-based program focused on reducing substance use in American Indian and Alaska Native communities, showed that the program reduced tolerance for substance use among leaders of funded tribal communities, increased community collaboration, and contributed to greater community cohesion; however, it did not appear to significantly reduce use of alcohol or other drugs.⁵⁴ At times, evaluation findings about the ability of RWJF-funded demonstration projects to visibly reduce substance-use rates in the short term at the community level were controversial within the Foundation. Some program staff members questioned the validity of certain evaluation methods and findings.

We now turn to a discussion of RWJF’s impact on *precursors* to reductions in alcohol and drug use, and its related harms. In the five areas that follow, significant evidence links Foundation activities to progress in the field.

IMPACT AND INFLUENCE: INCREASING KNOWLEDGE ABOUT THE SUBSTANCE-USE PROBLEM

RWJF’s efforts to raise awareness about the harms of substance use, promote better understanding of the causes of substance use, and establish substance use as a leading health problem contributed to progress in several important ways:

- **Building understanding of substance use as a treatable, chronic health condition**, rather than purely a behavioral issue or moral failing, particularly within mainstream medicine.
- **Increasing public knowledge about the prevalence and harms of youth alcohol and drug use**, especially college binge drinking. While knowledge and attitude shifts have been more pronounced and long-lasting within the medical community than among policy-makers and the public at large, progress has been made among all three groups.

Building Understanding of Substance Use as a Treatable, Chronic Health Condition

When RWJF entered the field in 1988, public opinion and policy decisions largely reflected an understanding of substance use as a moral failing and sign of social deviance. Through the efforts of multiple organizations, including the National Institute on Drug Abuse (NIDA) and RWJF, the perception of substance use as a treatable, chronic health condition has substantially evolved.

Strongest Examples of Success

“RWJF had a profound, long-lasting impact on the way the country understands and frames addiction. This is still a pretty big problem, but it would have been worse if the Foundation hadn’t been engaged in it.”

—RWJF Grantee, Field Leader

RWJF-funded research studies played a key role in shifting perceptions around the nature of substance use. One seminal article by grantee, A. Thomas McLellan, PhD, published in the *Journal of the American Medical Association*, demonstrated that the effectiveness of addiction treatment is comparable to the effectiveness of treatment for other chronic conditions—diabetes, hypertension, and asthma.⁵⁵ This finding and many other research studies (supported by NIDA, RWJF, and others) helped increase the legitimacy of the addiction and substance-use fields within mainstream medicine. In addition, the development of National Quality Forum standards, recommending that screening and treatment for substance-use disorders be incorporated into primary care, further cemented philosophical shifts among medical providers. As one external stakeholder explained, “National Quality Forum is the leading body for developing health care quality measures. The medical community may not have thought of substance-use disorders as health conditions without RWJF’s intervention. Now substance use is part of the general mix of health issues, which is a huge change.”

Reclassification of substance-use disorders and addiction as health conditions paved the way for integration of screening and treatment into primary care, for insurance coverage of substance-use and addiction services, and for inclusion of screening and treatment in national health care quality improvement efforts (see discussion later in this chapter).

Beyond the medical community, RWJF media and public communications efforts may have also helped drive some limited change in how alcohol and drug use are perceived among the general public and policy-makers. The Emmy award-winning HBO ADDICTION Program and the outreach campaign around it (funded in partnership with NIDA and the NIAAA) broke new ground in depicting substance-use disorders as health conditions. The program’s nine documentary segments, aired on HBO and produced by highly accomplished documentary filmmakers, brought current information about treatment and recovery to American viewers and encouraged a public philosophical shift. As one external stakeholder observed, “It helped get us over another bump in reducing stigma around addiction. We still have stigma, but it’s not the same as it was 10–15 years ago.”

“The HBO ADDICTION series helped get us over another bump in reducing stigma around addiction. We still have stigma, but it’s not the same as it was 10–15 years ago.”

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As one reflection of the shift, the Office of National Drug Control Policy (ONDCP), while still focused primarily on supply reduction, has begun to adopt a broader understanding of the substance-use problem. For example, ONDCP has expanded its support for treatment and recovery programs and started including information encouraging youth with substance-use issues to seek treatment services in its anti-drug media campaign. “We are slowly seeing a change within ONDCP from regarding substance use as a criminal justice issue to [regarding it as] a public health and safety issue,” said one external stakeholder. Language in a recently released statement from ONDCP provides evidence of this change: “Drug addiction is not a moral failing on the part of the individual—but a disease of the brain that can be prevented and treated.”⁵⁶

Nonetheless, most of the proposed (FY2013) \$25.6 billion federal drug control budget will continue to fund supply reduction activities (\$15.1 billion, 59%), as opposed to treatment (\$9.2 billion, 36%) or prevention (\$1.4 billion, 6%).⁵⁷

Mixed/Unclear Results and Challenges in This Area

RWJF contributed, in part, to changing the way that policy-makers and others think about drug and alcohol problems. However, there is room for further progress to cultivate widespread acceptance and understanding of “recovery” and to further erode the stigma around drug and alcohol addiction. One of the most prominent RWJF-funded initiatives to support people in recovery, Faces and Voices of Recovery, continues to raise awareness about the need for new recovery programs and approaches. The group has achieved some success, though the term “recovery” is frequently used synonymously with “treatment” among the general public and policy-makers. SAMSHA-CSAP’s Access to Recovery program, which utilizes a voucher system to pay for an array of treatment and recovery services traditionally not covered by insurance, reflects a more nuanced understanding of the issue. However, this perspective is not widely shared.

Findings from the college alcohol studies were featured prominently by major TV networks (viewed by more than 150 million people) and generated articles in *Time* and *Newsweek*.⁶¹ Wide coverage fueled discussion among school administrators and the public around excessive alcohol use by college students.

Increasing Public Knowledge About the Prevalence and Harms of Substance Use

Strongest Examples of Success

Research studies funded by RWJF armed the field with data to support public education efforts and focus attention on substance-use issues. For example, through the Harvard School of Public Health College Alcohol Study grantee, Henry Wechsler, PhD, and his colleagues provided the first nationally representative picture of college-student alcohol use and described the drinking behavior of this high-risk group, and with repeated studies showed the long-term nature of the problem. Previously, little was known about the extent of excessive alcohol consumption on college campuses or its consequences—both for the drinkers and for other students whose lives were affected. The study launched a “decade of research and debate about college-student drinking behavior,” and quantified the extent of underage drinking on college campuses and its determinants.⁵⁸ While not the first study to use the term *binge drinking*, Wechsler’s team spread its use to help campus and community leaders better articulate the problem, and ensured the term was more widely used in alcohol research.*

Findings from the college alcohol studies were featured prominently by major TV networks (viewed by more than 150 million people) and generated articles in *Time* and *Newsweek*.⁶¹ Wide coverage fueled discussion among school administrators and the public around excessive alcohol use by college students. While the media spotlight has faded to some extent, Wechsler’s popularization of the term *binge drinking* provided lasting language to talk about, understand, and measure the problem. Uptake of *binge drinking* terminology likely spurred the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to re-think the way problem alcohol use is measured.

*Monitoring the Future first used the term “binge drinking” to describe consuming five or more drinks in a row during the past two weeks. Wechsler and his team made the definition gender-specific (four or more drinks on one occasion for women, five for men).^{59, 60}

In addition to research studies, some RWJF-sponsored media and communications efforts also played a role in building public appreciation for the consequences and harms of drug use. An external stakeholder and federal partner described the impact of the annual PRISM Awards (a joint RWJF/NIDA venture) saying, “[The PRISM awards have] influenced how the industry depicts drug use in the media. While there’s still a lot of drug abuse [shown] in the media, it’s presented in a more realistic manner. Also, there’s been more interest from the industry in being briefed by NIDA and ONDCP to get story ideas of people in recovery and the new issues that are emerging, and, if they decide do a story about drug use, to depict it accurately.”

A formal retrospective evaluation of the PRISM Awards was not completed by RWJF, though recent independent studies suggest that changes in the depiction of drug use may be more pronounced than changes in the depiction of alcohol use.^{62, 63}

Mixed/Unclear Results and Challenges in This Area

Other RWJF-supported media efforts, particularly those developed with the Partnership for a Drug-Free America (PDFA), met with mixed success in changing youth attitudes and behaviors around illegal drugs. Two early PDFA campaigns, *This Is Your Brain on Drugs* and a communication campaign targeting at-risk, inner-city youth, funded in part by the Foundation, were not consistently evaluated in terms of their effectiveness in curbing youth drug use, though findings from a couple early studies indicate that they may have deterred drug use.^{4,5} An ONDCP campaign beginning in 1998, *My Anti-Drug*, for which PDFA served as a creative adviser, was shown to be largely ineffective in increasing youth understanding about the harms of illegal drugs, and in some cases was linked with increases in youth drug use.^{64, 65} Later campaigns developed or informed by PDFA (such as ONDCP’s new *Above the Influence* initiative) that shied away from scare tactics and instead employed tailored messages about youth empowerment have shown more promising results—increasing youths’ awareness about the risks of using drugs, and potentially curbing youth drug use in some cases.^{66, 7}

The impact of the RWJF-funded *Hope, Help, and Healing* campaign, also developed by PDFA, has yet to be fully evaluated. One 2005 study linked the campaign to increases in awareness among teens and their families of the *InterveneNow.org* informational website, in places where media messages were coupled with on-the-ground support to help teens access treatment.³⁵ The campaign has not yet been adopted and scaled by federal agencies or other media players. However, it (along with other input from PDFA) may have influenced ONDCP to include treatment information in its national media campaigns.

Similar to PDFA, the story of another long-running RWJF grantee, the National Center on Addiction and Substance Abuse at Columbia University (CASA), is also one of mixed success in communicating the harms of substance use. One message that CASA played a role in spreading was that preventing initiation of substance use in adolescence drastically reduces the risk of substance-use disorders or addictions later in life. This conclusion was referenced by President Clinton and General McCaffrey, Director of ONDCP, when announcing the National Drug Control Strategy in 1997.⁶⁶ Later, President George W. Bush cited the importance of a CASA

*The Partnership Attitudes Tracking Study (2008) asks teens whether anti-drug messages have “made you more aware of the risks of using drugs?” The percentage of teens reporting greater awareness increased from 31 percent in 1998 to 42 percent in 2007. This change was statistically significant at the $p < 0.05$ level. In addition, the study showed that greater exposure to anti-drug advertisements among 8th-grade adolescent girls was associated with lower rates of past-month marijuana use and lifetime marijuana use, but not alcohol use.⁷

report on substance use, religion, and spirituality when re-authorizing the Drug-Free Communities Act in 2001.⁶⁷ Despite high visibility and sway within government circles, however, CASA's work evokes criticism from some researchers and practitioners in the field, who believe the research quality has been variable. Some report more frequently turning to data sources such as Monitoring the Future for leading edge information on the state of the problem. In addition, errors in reporting by CASA at times, stymied RWJF's broader communications efforts. As a RWJF staff member recalls, "There were inaccuracies in CASA's Teenage Tippers report that were reported by the *New York Times*. This put a freeze on things and made it hard to get the press to pick up our stories. RWJF was accused of being part of the neo-prohibitionist movement and using junk science. It took about 16 months for the scrutiny to die down and a lot of effort to rebuild relationships with the media."

The Chronicle of Higher Education once noted that "CASA has also been accused of playing fast and loose with statistics, skirting the academic peer-review process in favor of grandstanding, and acting as an unskeptical cheerleader for the war on drugs."⁶⁸

IMPACT AND INFLUENCE: INFORMING ALCOHOL AND DRUG POLICIES

RWJF laid the groundwork for development and passage of key substance-use legislation at the local, state, and national levels. More specifically, RWJF contributed to changing alcohol and drug policies by:

- **Increasing knowledge about local, state, and national policy strategies for reducing substance use**, through support of innovative policy research;
- **Laying groundwork to expand insurance coverage** for substance-use treatment;
- **Supporting the creation and mobilization of advocacy efforts** to drive substance-use policy change; and
- **Increasing knowledge** about local, state, and national policy strategies for reducing substance use.

Strongest Examples of Success

RWJF funding of innovative policy research built a knowledge base that informed the development of local, state, and national policies to reduce harm from alcohol and drug use. For example, Join Together's *Blueprint for the States* publication (2006) played a seminal role in shaping the way policy-makers in some states address the issue.⁶⁹ Noted one external stakeholder: "One of Join Together's reports—*Blueprint for the States*—was a challenge to states to re-examine their drug abuse legislation. The report laid out a plan for a 21st-century addiction treatment system. Oregon, for example, has changed a lot of its policies to reflect the *Blueprint* report." Other states have used the *Blueprint* report to validate legislative efforts currently under way to address alcohol and drug issues or to identify gaps.⁷⁰ In Maine, the *Blueprint* report provided the framework for a biennial report card "to provide a level of measurement and accountability that will allow for a consistent review of the system of substance-use prevention and treatment in Maine."⁷¹

Specific research studies from the *Substance Abuse Policy Research Program* (SAPRP) also proved influential in driving state policy change. For example, SAPRP-sponsored research in Colorado found that alcohol interlock devices installed in cars effectively reduced drunk driving

RWJF funding of innovative policy research built a knowledge base that informed the development of local, state, and national policies to reduce harm from alcohol and drug use.

and other alcohol-related offenses. Based on findings, the Colorado legislature in 2001 required repeat alcohol offenders to have an ignition interlock installed on their vehicles before driving privileges were re-instated.⁷² In 2011, for the first time, all 50 states had some form of an ignition interlock law; 14 states now also have mandatory ignition interlock provisions for all DUI offenses.^{73, 74}

In addition, increased interest and federal support for drugged driving legislation can be linked, in part, to RWJF's efforts to demonstrate the effectiveness of zero tolerance laws for underage drinking and driving (i.e., per se rule).^{*} Through research conducted within *Bridging the Gap* and the College Alcohol Study, RWJF was "really effective in showing that zero-tolerance policies were effective in addressing underage drinking," according to an external stakeholder.^{75, 76} SAPRP research also provided evidence that states with zero tolerance laws made it easier to prosecute motorists charged with driving under the influence or impairment of drugs, which built the body of knowledge in support for stronger drugged driving laws.^{72, 77} Recently, ONDCP has made drugged driving a priority for its National Drug Control Strategy, along with prescription drug abuse and prevention, in order to make preventing drugged driving a "national priority on par with preventing drunk driving."⁷⁸ Seventeen states have some variation of per se drugged driving laws; three passed laws in 2006 or 2007 (Delaware, 2007; Minnesota, 2006; Ohio, 2006), and per se legislation is being considered in several states.⁷⁹

Mixed/Unclear Results and Challenges in This Area

While "RWJF research helped policy-makers get the best information to draw upon to make their decisions," according to a federal official, not all RWJF research achieved the same level of prominence or influence.

While "RWJF research helped policy-makers get the best information to draw upon to make their decisions," according to a federal official, not all RWJF research achieved the same level of prominence or influence. For example, there is little indication that RWJF-funded research demonstrating the effectiveness of alcohol excise taxes that would reduce excess drinking (or complementary studies supported by NIDA) contributed to significant changes in states' pricing of alcohol.^{**75, 80} In contrast, much progress has been made in states' uptake of tobacco taxes, which were studied through programs like *Bridging the Gap*, Tobacco Policy Research and Evaluation, and *SmokeLess States*.²⁰

Also, since RWJF exited the substance-use field, those engaging in alcohol and drug policy research have reported a significant dip in funding for their work. There has been only modest support of alcohol and other drug policy research by the NIAAA and NIDA since 2006. While federally funded policy research continues at the national level, there is little federal funding available for evaluation of innovative state and local institutional and policy solutions.

^{*}By 1998, all states had adopted a zero-tolerance policy, due in large part to penalties for states that did not adopt such a law through the 1995 National Highway Systems Designation Act.⁷⁵

^{**}*The Tobacco Retrospective* covers the work of *SmokeLess States* as does a *Program Results*.

SPREAD AND INFLUENCE OF RWJF-FUNDED RESEARCH

Research supported by RWJF has had widespread influence on the substance-use field, particularly in affecting policy change and raising awareness about the prevalence and harms of alcohol use. RWJF-funded articles on drug and alcohol-related issues have appeared in numerous peer-reviewed journals, as well as grey matter literature (e.g., presentations, book chapters, dissertations, reports), suggesting influence within and beyond traditional academic settings. A citation analysis of RWJF-funded articles showed the following:

- Publications resulting from projects funded by SAPRP (381, excluding tobacco publications) were cited by others an average of 24 times (median = 13 citations/article)*
- Other RWJF-supported drug and alcohol-related publications on the Foundation's website (248 publications; excludes tobacco publications) were cited by others an average of 44 times
- Nearly 100 of these RWJF-supported articles have been cited 50 or more times since 1994 (46 or 12% of SAPRP articles; 52 or 21% of RWJF website publications). Articles related to alcohol use (particularly college drinking), policy advocacy, and health care needs had the most citations (see chart below for the top 10 most-cited articles). More than half of the articles with 50 or more citations (55 articles or 56% were published between 2002 and 2004).

Alcohol and Other Drug Article Citation "Greatest Hits"

Trends in College Binge Drinking During a Period of Increased Prevention Efforts, Henry Wechsler (2002):

733 Citations

Psychiatric Disorders in Youth in Juvenile Detention, Linda Teplin (2002): **657 Citations**

The Effects of Obesity, Smoking and Drinking on Medical Problems and Costs, Roland Sturm (2002):

558 Citations

Magnitude of Alcohol-Related Mortality and Morbidity Among U.S. College Students Ages 18–24,

Ralph Hingson (2002): **404 Citations**

Binge Drinking Among U.S. Adults, Timothy Naimi (2003): **367 Citations**

Ethnic Disparities in Unmet Need for Alcoholism, Drug Abuse and Mental Health Care, Kenneth Wells (2001):

282 Citations

Alcohol and Dependence Among U.S. College Students, John Wright (2002): **279 Citations**

Behavioral Counseling Interventions in Primary Care to Reduce Risky/Harmful Alcohol Use by Adults,

Evelyn Whitlock (2004): **274 Citations**

The Effects of Price on Alcohol Consumption and Alcohol-Related Problems, Frank Chaloupka (2002):

249 Citations

Effect of Alcohol Consumption on Diabetes Mellitus, Andrea Howard (2004): **194 Citations**

Note: Citation analysis was conducted using Google Scholar. See the Introduction for a full methodology description.

*This is significantly higher than the figure previously reported by SAPRP (3.3 average citations per article), although that study reviewed citations only in academic journals and was completed in 2006.

Laying Groundwork to Expand Insurance Coverage for Substance-Use Treatment

It is difficult to draw a definitive link between RWJF's investments to build the case for reimbursement and recent national payment reform legislation. However, through its policy research activities, the Foundation likely played a contributory role in laying the groundwork for insurance coverage of substance-use treatment services and mental health-substance-use parity requirements.

Strongest Examples of Success

Landmark provisions in the Mental Health Parity and Addiction Equity Act (2008) and the Patient Protection and Affordable Care Act (ACA, 2010) recently expanded insurance coverage for addiction treatment services. This progress reflects many years of advocacy and policy research by RWJF-funded grantees, including Join Together, an organization that has advocated for treatment parity for the past two decades.

The Mental Health Parity and Addiction Equity Act required insurance plans' mental health and substance-use benefits to be "no more restrictive than those placed on medical or surgical benefits." The ACA, when fully implemented in 2015, is also expected to increase funding for substance-use and addiction treatment and better integrate these services into mainstream, outpatient care. For example, the ACA will require insurance plans to include substance-use services in their packages of "essential benefits" and support the establishment of "health homes" that integrate and coordinate care for chronic conditions.⁸¹ While it will take time to fully understand how substance-use service provisions in the law will be implemented, stakeholders agree it is a sign of significant progress.

These dramatic changes in federal law are the result of decades of effort by individuals, groups, and organizations engaged in the substance-use issue. RWJF was one of many actors that supported the development and dissemination of knowledge promoting policies to increase access to health insurance coverage for substance-use treatment and recovery services. However, according to a former grantee, "The Parity Act and inclusion of mental health and addiction in the Affordable Care Act are concrete examples of RWJF influence. They didn't fund direct lobbying—but the background change, bringing people together, and broadening public understanding—all contributed to an environment that allowed those policy changes to be possible."

Another external stakeholder observed that, "Without RWJF's contribution for a decade, this parity transformation would not have happened. They are the ones that translated scientific findings into policy and public perception—that's necessary." Through its unique position as a private organization, and with a strong reputation for funding relevant, high-quality, policy research, RWJF increased policy-makers' understanding of the cost-effectiveness of treatment and the importance of providing access to it.

Research conducted through *Cutting Back: Managed Care Screening and Brief Intervention for Risky Drinking*, also helped lay the groundwork for changes in reimbursement policies. The *Cutting Back* pilot study found that screening, brief intervention, and referral to treatment (SBIRT) was as effective when delivered by non-physician specialists as physicians, while dramatically lowering SBIRT's cost.⁴⁹ Other field players, most notably SAMHSA-CSAT, were also developing and disseminating SBIRT at the same RWJF grantees were promoting its use

"The Parity Act and inclusion of mental health and addiction in the Affordable Care Act are concrete examples of RWJF influence. They didn't fund direct lobbying—but the background change, bringing people together—and broadening public understanding all contributed to an environment that allowed those policy changes to be possible."

—A Former Grantee

(e.g., Join Together) or testing it as a model of delivery (e.g., *Cutting Back*).⁷⁸ SBIRT is now covered by Medicaid, referenced in the 2011 National Drug Control Strategy.⁷⁸ These developments signal growing readiness to ensure reimbursement for these services at a national scale.

In addition, *Substance Abuse Police Research Program* (SAPRP) research informed changes in Medicaid reimbursement policy for addiction pharmacotherapy in certain states, and provisions for substance-abuse treatment in the welfare reform reauthorization process. As a grantee explained, “A SAPRP-funded study published in *Health Affairs* concluded that states should invest in Buprenorphine [an effective pharmacotherapy]. That study, along with other studies on financing of care had a tremendous impact on all the states.” SAPRP’s “Knowledge Assets,” which compiled and synthesized findings across multiple research studies (including one that examined the costs and benefits of high-quality treatment services) are also considered an important contribution to the substance-use field.⁸²

Mixed/Unclear Results and Challenges in This Area

At the state level, RWJF had more mixed success in changing reimbursement practices for substance-use treatment. Two of the Foundation’s treatment-focused programs, *Resources for Recovery* and *Advancing Recovery*, encountered political and state budgetary challenges that made it difficult to leverage additional funding for care. *Resources for Recovery* successfully brought an additional \$5.6 million in enhanced Medicaid funding for evidence-based substance-use treatment in Alabama, Florida, and Nebraska. (These were three of five states that received grants to implement improvement strategies in the program’s first year). However, it is unclear what the long-term sustainability of these changes has been.⁸³ States that received only technical assistance through the program, rather than grants and technical assistance, had uneven success; some projects realized reforms in treatment funding (e.g., Arizona), while other state projects were not implemented or did not result in changes in payment policies.⁸³ State budget constraints, organizational silos, and/or provider resistance proved to be more difficult to overcome than initially anticipated. As a result, the long-term contribution of *Resources for Recovery* has been muted.

Similar challenges affected the success of *Advancing Recovery*; there was high variability in state readiness to implement the program, leading to large differentials in implementation quality and results. Maine and Missouri had notable success in securing state funds and amending contracts to support medication-assisted treatment statewide (see later section).

RWJF supported many years of advocacy efforts by grantees that, in some cases, helped contribute to the passage of major legislation.

Informed Alcohol and Drug Policies

Strongest Examples of Success

RWJF supported many years of advocacy efforts by grantees that, in some cases, helped contribute to the passage of major legislation. In addition to the Parity Act and Affordable Care Act (previously mentioned), RWJF grantees, including the Center on Alcohol Marketing and Youth (CAMY) and CADCA, were influential in informing policy-makers about the STOP Act (Sober Truth on Preventing Underage Drinking), which was passed by Congress in 2006. According to a RWJF program officer, the STOP legislation was probably the most significant

^{**}For several years SAMHSA–CSAT referred only to screening and brief intervention (SBI) without referral to treatment. RWJF efforts, in part, emphasized the importance of including referral to treatment in the intervention. Now SBIRT is standard.

“The STOP legislation was probably the most significant policy change from our prevention work. It meant the federal government would take responsibility and be held accountable for continuing drug and alcohol prevention.”

— A RWJF Program Officer

“RWJF brought the AMA into the field. They hadn’t been active in alcohol policy until this time. AMA became a big player politically and helped RWJF reach other medical constituencies.”

—An External Stakeholder

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The legislation provides funding for communities (e.g., current and former federal Drug-Free Communities grantees) to implement activities and programs to prevent underage drinking, as well as funding for health care provider education on appropriate screening, brief intervention, and referral processes for adolescents.⁸⁴ In addition, the STOP Act provides ongoing funding to CAMY, a former RWJF and Pew Charitable Trusts grantee, through the Centers for Disease Control and Prevention.⁸⁵

CADCA’s presence and advocacy in the nation’s capital also contributed to the development and re-authorization of the Drug-Free Communities Support Program, first passed in 1997.⁸⁶ In FY 2011, 726 participating communities continue to receive support from SAMHSA, despite severe general budget cuts at the federal level. According to a federal official, “CADCA has become a trade association by being good advocates, not just doing technical assistance. CADCA is valued by those in the field because of its representation on Capitol Hill, which has helped pass major bills.”*

At the local level, three of the four coalitions engaged in the *A Matter of Degree: Reducing High-Risk Drinking Among College Students* (AMOD) advocacy initiative on binge drinking, which provided additional technical assistance and communications support around education and advocacy for selected sites, helped pass local ordinances to strengthen efforts to reduce underage drinking.⁸⁷ The AMOD coalition in Iowa City, was one of five AMOD sites to change a local ordinance to reduce underage drinking; the city banned drink specials and increased city authority “to revoke or suspend alcohol licenses.”⁸⁸ AMOD’s most notable contribution to the field, however, was likely its ability to “document a set of policy and environmental changes that could have an impact on student behavior,” according to a former RWJF program officer.

Mixed/Unclear Results and Challenges in This Area

A formal external evaluation concluded that advocacy activities supported through *Reducing Underage Drinking Through Community and State Coalitions* (RUDC) influenced the development of several new local-level policies, and changed policies at the state level in some cases (state experiences were highly variable). Some RUDC states created new or strengthened existing alcohol policies (e.g., alcohol pricing, merchant compliance checks). For example, Indiana’s Coalition to Reduce Underage Drinking successfully helped pass a statewide keg registration law in 2002.²² More progress was seen at the local level in some cases. Coalitions in North Carolina, Minnesota, and Texas passed several local laws to combat underage drinking.⁸⁷ According to an external stakeholder, “There could have been more of a focus on local activities feeding into the state level. There weren’t the resources or organizing in place to move statewide policy in most places. RWJF came in with this coalition model and convinced them that they should be working on policy, but did it at the wrong level.”

An indirect result of both the RUDC and AMOD programs was increased engagement of the American Medical Association (AMA) in issues related to alcohol policy, which lasted nearly a decade. According to an external stakeholder, “RWJF brought the AMA into the field. They hadn’t been active in alcohol policy until this time. AMA became a big player politically and helped RWJF reach other medical constituencies.” Today, AMA’s interest in reducing alcohol

*CADCA’s lobbying activities were supported with member dues, not RWJF funding.

misuse has waned, likely due to staff turnover and changes in priority issues in the medical and public health fields (e.g., obesity).

INFLUENCE AND IMPACT: INFORMING AND SPREADING PROMISING PREVENTION PROGRAMS

While RWJF's community-based prevention efforts did not reduce youth substance-use rates in most communities, they did contribute to knowledge in the field and helped to inform future efforts; some of which have now been linked to tangible reductions in youth substance use. RWJF helped improve and spread promising community-based prevention work in two major ways:

- **Increasing field knowledge about what works** in community-based prevention, including an increased emphasis on environmental and policy approaches;
- **Expanding federal support** for community-based anti-drug coalitions.

Increasing Field Knowledge About What Works in Community-Based Prevention

Strongest Examples of Success

While the *Fighting Back* program did not generally achieve its intended outcome of reducing rates of drug use in target communities, lessons from the program improved how the field approached community-based prevention work. Federal agencies applied lessons from the successes and challenges of *Fighting Back* and other community-based prevention efforts to improve the far-reaching Drug-Free Communities and Communities That Care programs. A national evaluation of communities participating in the Drug-Free Communities program suggests that the program may contribute to decreases in youth alcohol and marijuana use, although the strength of this assertion is limited by the study methods, which compared rates of substance use in participating communities to national trends using the Youth Risk Behavior Surveillance Survey; youth in some Communities That Care have also been shown to be less likely to start drinking or use marijuana.⁸⁹⁻⁹¹ “*Fighting Back* didn’t work, but it got the field thinking about what we had to do beyond coalition building to make coalitions effective,” said one external stakeholder. “The Foundation allowed others to take the next step and find more effective ways to work.” Certainly, RWJF was just one contributing actor; however, field stakeholders broadly agree that RWJF’s efforts to capture and share lessons were influential in shaping future community-based prevention work.

One particularly influential component of *Fighting Back* and several other programs was a focus on environmental and policy changes, as a means to influence health behaviors. According to a former RWJF staff member, “The tactic of addressing policy change through community coalitions was unique. Use of the coalition model was not new—it’s an old, tried-and-true model. But the use of policy and environmental change in that capacity was new.”

According to external stakeholders, RWJF was a “league leader” in taking an environmental lens to the issue of substance use, particularly around underage drinking and excessive alcohol use, such as through research supported by the College Alcohol Study and *Bridging the Gap*, as well as demonstration programs including *A Matter of Degree*. A federal partner described this change in the field, saying, “There has been a major shift in the multilevel influences on substance use, such as drunk driving laws; taxation and regulation; zoning laws, how law

According to external stakeholders, RWJF was a “league leader” in taking an environmental lens to the issue of substance use, particularly around underage drinking and excessive alcohol use.

“I would give RWJF a bright star for putting policy and environmental efforts on the roadmap. We realized that individually oriented health behavior change programs and mass media education campaigns weren’t enough. We needed to look higher upstream—towards changing policies and practices. RWJF was not solely responsible for this shift, but we led it.”

—A RWJF Staff Member

enforcement in the illicit drug use field interacts with treatment; how drug marketplace interacts with relapse; and the importance of long-term care. It’s not unique to the last two decades, but we’ve seen marked enhancement during that time.”

RWJF was not alone in suggesting that environmental change was needed to promote health on college campuses. The U.S. Department of Education established the Higher Education Center in 1996 to use an “environmental management” approach to address alcohol and drug use on college campuses; this effort also received some RWJF funding through grants to the Education Development Center in Newtown, Mass. *A Matter of Degree* brought additional field attention to the need for policy and environmental changes (both on campus and in the surrounding community) to address college drinking.⁹² The Foundation’s contributions in this arena, in particular, also resonate with staff. A RWJF staff member asserts, “I would give RWJF a bright star for putting policy and environmental efforts on the roadmap. We realized that individually oriented health behavior change programs and mass media education campaigns weren’t enough. We needed to look higher upstream—towards changing policies and practices. RWJF was not solely responsible for this shift, but we led it.”

RWJF investment in a \$16 million evaluation of a revised D.A.R.E. (Drug Abuse Resistance Education; 1999–2009) school curriculum, *Take Charge of Your Life*, also increased knowledge that this curriculum was ineffective in preventing substance use among middle and high school students. The evaluation highlighted two major findings: (1) youth participating in D.A.R.E. were significantly more likely to use alcohol or smoke cigarettes than non-participants, and (2) participating youth who previously used marijuana were less likely to use in grade 11 compared to non-participants.⁹³ As a result of the mixed findings on impact, D.A.R.E. began using a new curriculum based on evidence-based practices in 2009.⁹³

Mixed/Unclear Results and Challenges in This Area

While programs like *A Matter of Degree* successfully changed some campus and community practices in some specific places, over the long term, RWJF’s efforts to disseminate the environmental change model appears to have gained only limited traction on college campuses. For example, the Higher Education Center—the organization charged with disseminating the model broadly—did not establish the infrastructure needed for long-term sustainability and is no longer receiving RWJF support.⁹² Similarly, turnover among college presidents and staff has made achieving lasting change on college campuses difficult. As an external stakeholder explains, “At various points in time, individual colleges have had success with certain programs to reduce college drinking—but presidents and times change. It’s hard to say that schools are an example of standout success.” Yet, the theory behind *A Matter of Degree* and many other environmentally-focused programs has endured and continues to shape activities in the field.

Expanding Federal Support for Community-Based Anti-Drug Coalitions

Strongest Examples of Success

RWJF can also be credited with influencing unprecedented, large-scale investment in community-based substance-use work by government players, which continues to this day. Prior to RWJF’s decision to invest in *Fighting Back*, few community-based efforts to prevent and reduce substance use existed. RWJF’s investment in 15 communities—along with the remaining high need and demand in other communities—spurred the federal government to invest in 251 additional

community partnerships modeled after *Fighting Back* in 1990–1991.⁸ It was unclear whether coalitions would be an effective way to address communities’ substance-use problems. Yet, according to a RWJF grantee and field leader, “More than one billion federal dollars have been put into community anti-drug coalitions that built on [and adapted] the RWJF model. So in these terms, *Fighting Back* is a huge success.”

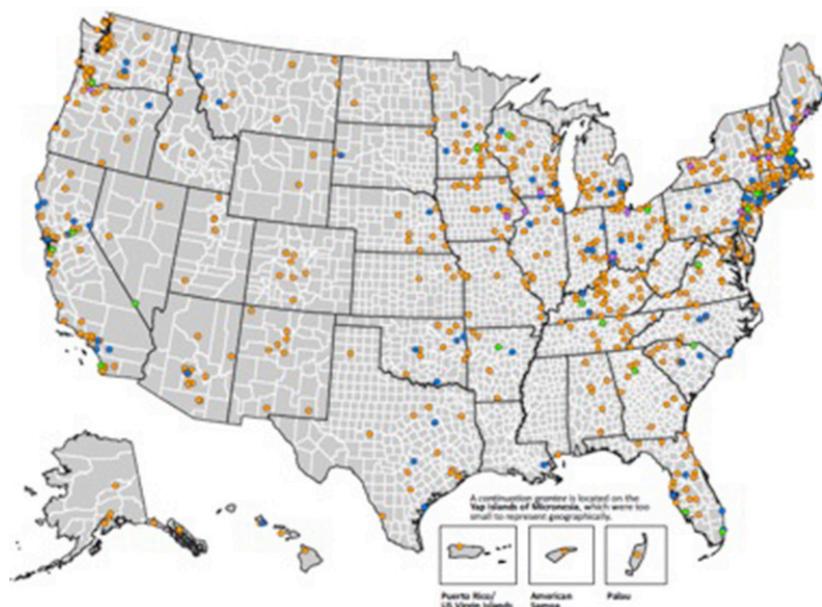
The initial federal funding for community-based anti-drug programs was further expanded through the Drug Free Communities Act in 1997; in 2011 the number of communities participating in the Drug-Free Communities Support Program reached 728 (see Figure 12). At that point, Community Anti-Drug Coalitions of America (CADCA) played a particularly vital role in advocating for greater support for community coalitions. Drug Free Communities has continued to fund community coalitions even during times of budget cuts and recession. As one RWJF program officer noted, “We talk about the problems with *Fighting Back*, but my observation is that program coalitions still live today. Every community we go to funds an alcohol and drug coalition in some way, though it may have another name. Are we responsible for that? I can’t attribute it to us. But, we were there when there was a groundswell.”

While community coalitions alone are not a sufficient solution for substance-use problems, they may be one important component of an overall strategy for change.

FIGURE 12

Map of Coalitions Involved in the National Drug-Free Communities Program, FY2011

- New Mentoring Coalition (20)
- Continuation Mentoring Coalition (12)
- New Coalition (87)
- Continuation Coalition (609)



Source: Office of National Drug Control Policy⁹⁴

“There’s now a national standard saying all providers should screen, provide brief interventions, use medications to treat in some circumstances, use evidence-based behavioral therapies, and focus on a continuing care and chronic care model for substance-use disorders. That policy framework is now important as the field tries to integrate addiction treatment more into primary care settings.”

—An External Stakeholder

INFLUENCE AND IMPACT: IMPROVING SYSTEMS OF CARE FOR SUBSTANCE-USE DISORDERS

RWJF achieved notable, lasting success in its efforts to improve quality of care for substance-use disorders and addiction in three major ways:

- **Increasing the adoption and spread of evidence-based clinical practices;**
- **Promoting improvements to business processes among treatment providers,** in order to increase access to care and patient retention;
- **Fostering collaboration between traditionally fragmented systems** (e.g., justice, primary care) to integrate and improve substance-use disorder and addiction treatment.

Increasing the adoption and spread of evidence-based clinical practices

Working in partnership with others, RWJF played a critical role in the creation, dissemination, and adoption of evidence-based standards of care for substance-use disorders and addiction.

Strongest Examples of Success

RWJF’s 2004 investment in the National Quality Forum (NQF) was particularly influential. The resulting 11 NQF-endorsed standard practices (e.g., use of screening and brief intervention, use of medication-assisted treatment for patients with opioid or alcohol dependence) are now widely referenced in the field, provide a rigorous benchmark for quality care, and serve to incentivize health care improvement (see [Figure 13](#) for a full list of NQF practices).⁹⁵ “It was pretty groundbreaking,” observed one RWJF program staff member. “It gave the field something to fall back on. When people say they’re implementing evidence-based practices, here’s what they’re using as the guide.”

The framework has been critical for building the case to integrate substance-use treatment into mainstream medicine, as an external stakeholder explains, “There’s now a national standard saying all providers should screen, provide brief interventions, use medications to treat in some circumstances, use evidence-based behavioral therapies, and focus on a continuing care and chronic care model for substance-use disorders. That policy framework is now important as the field tries to integrate addiction treatment more into primary care settings.”

RWJF was not the only or the first organization to emphasize the importance of evidence-based care for substance-use disorders and addiction, but it was an important contributing player and launched a highly visible effort that resonated with the field. A 2001 report from the Institute of Medicine had previously referenced the need to adopt evidence-based practices, such as the use of screening, brief intervention, and referral to treatment (SBIRT); these recommendations were also included in the NQF report.⁹⁶ Building on previous work, NQF may have been the tipping point for broader visibility and recognition of recommendations. For example, SBIRT has rapidly become a voluntary standard of care for most insurance companies, and has been recommended as a core benefit under the ACA.

Key funders of substance-use disorder treatment services (e.g., the Centers for Medicare & Medicaid Services) have specifically recognized and adopted NQF standards to guide reimbursement policy, increasing the likelihood that providers will offer evidence-based care. In addition,

FIGURE 13

National Quality Forum Standards for Substance-Use Treatment

National Voluntary Consensus Standards for the Treatment of Substance-Use Conditions:
Evidence-Based Treatment Practices

IDENTIFICATION OF SUBSTANCE-USE CONDITIONS

Screening and Case Findings

1. During new patient encounters and at least annually, patients in general and mental health care settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use.
2. Health care providers should employ a systematic method to identify patients who use drugs that considers epidemiologic and community factors and the potential health consequences of drug use for their specific population.

Diagnosis and Assessment

3. Patients who have a positive screen for—or an indication of—a substance use problem or illness should receive further assessment to confirm that a problem exists and determine a diagnosis. Patients diagnosed with a substance use illness should receive a multidimensional, biopsychosocial assessment to guide patient-centered treatment planning for substance use illness and any coexisting conditions.

INITIATIVE AND ENGAGEMENT IN TREATMENT

Brief Intervention

4. All patients identified with alcohol use in excess of National Institute on *Alcohol Abuse and Alcoholism* guidelines and/or any tobacco use, should receive a brief motivational counseling intervention by a health care worker trained in this technique.

Promoting Engagement in Treatment for Substance Use Illness

5. Health care providers should systematically promote patient initiation of care and engagement in ongoing treatment for substance use illness. Patients with substance use illness should receive supportive services to facilitate their participation in ongoing treatment.

Withdrawal Management

6. Supportive pharmacotherapy should be available and provided to manage the symptoms and adverse consequences based on a systematic assessment of the symptoms and risk of serious adverse consequences related to the withdrawal process. Withdrawal management alone does not constitute treatment for dependence and should be linked with ongoing treatment for substance use illness.

THERAPEUTIC INTERVENTIONS TO TREAT SUBSTANCE-USE ILLNESS

Psychosocial Interventions

7. Empirically validated psychosocial treatment interventions should be initiated for all patients with substance-use illnesses.

Pharmacotherapy

8. Pharmacotherapy should be recommended and available to all adult patients diagnosed with opioid dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.
9. Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.
10. Pharmacotherapy should be recommended and available to all adult patients diagnosed with nicotine dependence (including those with other substance use conditions) and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with brief motivational counseling.

CONTINUING CARE MANAGEMENT OF SUBSTANCE-USE ILLNESS

11. Patients with substance-use illness should be offered long-term, coordinated management of their care for substance-use illness and any coexisting conditions, and this care management should be adapted based on ongoing monitoring of their progress.

“There were a number of factors and a number of RWJF investments that influenced the long battle to get screening, brief intervention, and referral into the mainstream.”

—A RWJF Program Officer

several NQF recommendations are now recognized by the U.S. Preventive Services Task Force, and The Joint Commission* recommends the use of alcohol SBIRT for hospitalized patients.

At the local level, Join Together’s Demand Treatment! Initiative helped 17 communities incorporate SBIRT into a variety of patient care settings (e.g., emergency rooms, prenatal care, primary care) and more broadly, expanded the number and type of treatment options available, based on new awareness of need.¹⁴ However, as a RWJF program officer emphasizes, “There were a number of factors and a number of RWJF investments that influenced the long battle to get screening, brief intervention, and referral into the mainstream.”¹⁴

Mixed/Unclear Results and Challenges in This Area

While RWJF’s work to articulate clear evidence-based standards was a clear success, more work remains to ensure that these standards of care are more broadly adopted by treatment providers. While increasing the use of evidence-based practices is a challenge for many chronic conditions, an early RWJF-funded study demonstrated that patients with alcohol dependence were the least likely (11%) to receive evidence-based care out of a set of 25 health conditions. This included conditions such as breast cancer (75%), depression (58%), diabetes (45%), and hip fracture (23%).⁹⁷ Even across private-sector treatment programs with access to highly skilled medical professionals, it is estimated that less than half have adopted the use of medications, despite evidence of their effectiveness.⁹⁸ According to a RWJF partner and field leader, “One of the real disappointments over the last 20 years has been the wholesale lack of adoption of evidence-based practices by the treatment provider community. We have a number of evidence-based behavioral interventions; NIAAA has three FDA-approved medications for alcohol dependence, and yet you would be hard pressed to walk into a publicly-funded alcohol program and find them using those practices.”

Some limited headway in increasing the adoption of evidence-based practices was made through RWJF’s program, *Advancing Recovery: State/Provider Partnerships for Quality Addiction Care*, though as referenced above, there is still significant room for progress. *Advancing Recovery*’s 12 state-provider partnerships provided 10,000 publicly insured patients with access to evidence-based treatments and services, particularly medication-assisted treatment and continuing care. States that implemented medication-assisted treatment or continuing care reported steady increases in treatment admission and greater retention in treatment.³⁶ A recent evaluation also found that “most, but not all” participating treatment center sites reported increased adoption of evidence-based practices, but that the extent of adoption of these practices varied.³⁷ Alabama, Arkansas, Maine, Missouri, and West Virginia continued to spread evidence-based practices to improve addiction treatment after the close of the *Advancing Recovery* program, though ongoing changes in other states were limited, due in part to state technological and funding constraints.³⁶ NIDA is currently studying whether a systems-change model similar to *Advancing Recovery* could be used to increase adoption of some evidence-based practices in private settings.** “RWJF elevated the focus from working within addiction treatment programs to working within systems of care—focusing on contracting, financing, operations, interrelationships, and bringing resources together to facilitate the adoption of evidence-based practices,” says an RWJF grantee and field researcher.

“RWJF elevated the focus from working within addiction treatment programs to working within systems of care—focusing on contracting, financing, operations, interrelationships, and bringing resources together to facilitate the adoption of evidence-based practices.”

—RWJF Grantee and Field Researcher

*Formerly known as the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).

**NIDA Research Grant (R01 DA029716)

Promoting Improvements to Business Processes Among Treatment Providers

Strongest Examples of Success

RWJF efforts to improve the quality of care actually started with promoting improvements in the prevailing business practices in the treatment field and then moved to establishing evidence-based clinical treatment guidelines and promoting their adoption. Most notably, the Network for the Improvement of Addiction Treatment (NIATx; spurred by RWJF's *Paths to Recovery* program), has become an important source of technical assistance for treatment providers. According to an external stakeholder and field partner, "NIATx was one of RWJF's most important contributions to the field." Since its inception, NIATx has provided support to nearly 3,000 treatment agencies in the United States and internationally.⁹⁹

"NIATx changed how treatment programs did business; it was not about changing clinical treatment practices. Small drug treatment facilities are concerned about surviving health care reform, with the changes in reimbursement for drug treatment. NIATx can help the field deal with the looming changes in financing brought on by health care reform."

—External Stakeholder
and Field Partner

Organizations participating in NIATx showed reductions in waiting times and no-shows, and increases in admission and treatment continuation. Among the original 13 *Paths to Recovery* and SAMHSA–CSAT Strengthening Treatment Access and Retention (STAR) sites, these improvements persisted over a period of at least 20 months.^{100, 101} The changes have also led to increased revenue at several of these sites.¹⁰² The growth and continued work of NIATx in the substance-use field provides "evidence that the NIATx model was sustainable and had been institutionalized by agencies."³² Along with RWJF funding, NIATx concurrently and subsequently received grant support for its Resource Center from SAMHSA–CSAT, NIDA, and the state of Wisconsin.*

Moving forward, efficiency improvements supported through NIATx will be particularly crucial to enabling more agencies to thrive in an atmosphere of increased fiscal accountability and greater demand for substance-use treatment brought on by health reform. According to an external stakeholder, "NIATx changed how treatment programs did business; it was not about changing clinical treatment practices. Small drug treatment facilities are concerned about surviving health care reform, with the changes in reimbursement for drug treatment. NIATx can help the field deal with the looming changes in financing brought on by health care reform."

The impact of NIATx has also begun to spread beyond specialized treatment settings. "It is bigger than any one group; it has a life of its own at this point," said a field partner. The process improvement components and rapid-cycle change model of NIATx have since been adopted for use in justice settings, including a pilot program, Bringing NIATx to Corrections, which is supported by the Bureau of Justice Assistance and the Center for Health Enhancement Studies.¹⁰³

Fostering Collaboration Between Traditionally Fragmented Systems

Strongest Examples of Success

Another lasting contribution of several RWJF activities, and most notably *Reclaiming Futures*, was the creation of new connections between disparate players—at the community, state, and national levels—to better address the harms of substance use and other related social problems. Through *Reclaiming Futures*, RWJF helped establish new organizational linkages between the

*The program's director, David Gufstafson, writes, "The focus of the resource center is to assure no individual should have to suffer twice—once due to disease and another due to poorly designed treatment and recovery systems. To achieve this aim, the center's initiatives often focus simultaneously on three goals: to improve clinical care, service quality, and an organization's financial standing." The resource center's 2011 operating budget was approximately \$2.5 million with a diverse set of funders that included NIDA, Open Society Foundation, SAMHSA, Veteran Affairs Administration, several state governments, and hundreds of community-based organizations.

**“RWJF’s support of
Reclaiming Futures ‘heavily
influenced’ the creation of
other federally funded,
multisystem collaborative
initiatives to address
substance-use problems.”**

—An External Stakeholder

substance-use treatment, juvenile justice, and social welfare systems, and broadened the set of actors in the courtroom.

In the 10 original *Reclaiming Futures* sites, evaluators reported statistically significant improvements in several indicators related to greater coordination and collaboration between community organizations. These included leaders’ increased satisfaction with the use of substance-use disorder screening and assessment tools by courts, availability of pro-social activities for youth in the juvenile justice system, and effectiveness and quality of interventions to meet the substance-use and mental health needs of youth (i.e., treatment effectiveness).¹⁰⁴

One limitation of this evaluation was that findings were based on perceptions of community leaders, some of whom were directly or indirectly involved with local *Reclaiming Futures* projects.* Additional evaluation efforts are under way through the University of Arizona to better understand and quantify the systems changes supported by the program.

Reclaiming Futures also played a critical role in fostering collaboration among federal agencies, particularly between SAMHSA and OJJDP; SAMHSA–CSAT had been a funding and technical assistance partner since the program’s inception and OJJDP joined the partnership in 2007. According to an external stakeholder, *Reclaiming Futures* could not have happened if RWJF was not a player at the table. RWJF really helped increase the interest of federal agencies to work together and expanded the impact of the buck for us all. This work is one of the most significant examples of how federal agencies successfully engage in a public-private partnership.”

In addition, RWJF’s support of *Reclaiming Futures* “heavily influenced” (in the words of an external stakeholder) the creation of other federally funded, multisystem collaborative initiatives to address substance-use problems, such as SAMHSA’s Adolescent Substance Abuse Treatment Coordination (SAC) state grant program. The launch of this program signaled a significant move by SAMHSA toward funding state-level interventions, rather than community services, to strengthen infrastructure and support access to and availability of adolescent treatment services.

Mixed/Unclear Results and Challenges in This Area

Stakeholders generally agree that *Reclaiming Futures* has fostered additional collaboration between the juvenile justice and adolescent treatment systems (the program’s primary outcome), and that new relationships may have positive, long-term effects on intervention communities, even beyond the issue of substance-use treatment. However, there is less agreement that *Reclaiming Futures* has improved adolescent outcomes, in part due to limited data during the course of RWJF’s initial funding. As *Reclaiming Futures* evaluators have noted, “*Reclaiming Futures* was not designed to test the behavioral impact of any particular intervention or treatment technique.” Nonetheless, linking systems changes to individual level outcomes was important to RWJF. As one former program officer explained, “Ultimately people are going to ask, ‘Did the kids get better or not?’ They are not going to ask whether the systems worked better together.”²⁸

Local evaluations of four RWJF-supported sites showed a reduction in recidivism (a measure of a positive youth outcome) in one site, an increase in one site, and limited change in the other two.²⁸ These evaluations demonstrate variability in the degree of system change achieved, though they provide no evidence to support (or refute) claims that systems changes were associated with reduced use of alcohol or other drugs, or related problems.

*However, interviews with neutral field leaders also confirm these findings.

More evaluation data is needed to better understand the extent of the variability in outcomes across different *Reclaiming Futures*/drug court sites and the program's impact on youth outcomes.

There are also mixed opinions in the field about the impact of recent federal efforts to expand the *Reclaiming Futures* model to additional sites, with some technical assistance support from RWJF. Data from a recently funded University of Arizona study will help address these questions in the future. At the heart of the controversy is the decision to bundle community funding for *Reclaiming Futures* (to implement systems changes and support better collaboration across the juvenile justice system) with funding for drug courts in some cases. The implementation of drug courts can be highly variable, and as a consequence, may result in the negative outcomes for youth. An external stakeholder explains, “The *Reclaiming Futures* philosophy is that a justice system intervention should be proportionate to the severity of a youth’s illegal behavior. You wouldn’t escalate legal sanctions on a minor charge, just to deal with a drug and alcohol problem. But the juvenile drug court process is pretty intensive, with escalating sanctions for noncompliance. You could see kids with minor shoplifting offenses or typical marijuana usage issues drawn into intensive, harmful legal proceedings. Some kids need treatment, but a lot of kids in the juvenile justice system don’t—they’re not addicted and dependent, they’re just adolescents that use sometimes.”

Early in the program, implementation of *Reclaiming Future*’s six-step model varied across sites, diluting the quality of potential outcomes in some cases and highlighting the need for additional training and technical support. By the end of the first grant cycle, *Reclaiming Futures* had codified its six- (now seven-) step model, establishing a rigorous and structured process for providing assessment, treatment, and ongoing supportive services to youth. A recent observational study compared outcomes of youth in 17 typical juvenile drug courts with those in nine *Reclaiming Futures* drug courts. Both interventions were associated with reductions in drug/alcohol use, emotional problems, and crime among youth, though the *Reclaiming Futures* sites, which were serving youth with more clinically severe problems, had significantly greater reductions than typical juvenile drug courts.⁵⁰ Nonetheless, more evaluation data is needed to better understand the extent of the variability in outcomes across different *Reclaiming Futures*/drug court sites and the program’s impact on youth outcomes.

IMPACT AND INFLUENCE: BUILDING FIELD INFRASTRUCTURE TO STRENGTHEN SUBSTANCE-USE RESEARCH, POLICY, AND PRACTICE

While RWJF is no longer a major player in the substance-use field, select Foundation investments helped develop lasting infrastructure that continues to support progress on the issue. RWJF contributed to field building, in particular, by:

- **Growing and diversifying the pool of substance-use researchers**, and to a lesser extent community leaders;
- **Establishing technical assistance tools and institutions** to promote high-quality work in substance-use prevention and treatment.

Growing and Diversifying the Pool of Substance-Use Researchers and Community Leaders

Strongest Examples of Success

RWJF was a major player in growing and diversifying the field of substance-use researchers. For example, two independent evaluations by the Lewin Group concluded that the *Substance Abuse Policy Research Program* (SAPRP) brought new researchers into the field, increased the number of experienced investigators doing policy research, and expanded research into areas not

According to a recent program evaluation, “each dollar invested in an SAPRP investigator generated about \$1.60 of additional research funding from other sources.” Much of this funding came from government agencies.

previously studied.¹⁸ “SAPRP cut across a lot of different fields, bringing in economists, political scientists, sociologists, public health experts, legal researchers, and others,” said an external stakeholder. “SAPRP brought many new people into the field.” Researchers also reported leveraging \$62 million in SAPRP grants to secure \$105 million in additional funding from other sources.^{*72} “In other words,” according to a recent program evaluation, “each dollar invested in an investigator generated about \$1.60 of additional research funding from other sources.” Much of this funding came from government agencies.

Another RWJF program, *Bridging the Gap: Research Informing Practice and Policy for Healthy Youth Behavior*, also helped bring new researchers into the field, albeit in a more limited way than SAPRP. The program provided datasets for a broader swath of researchers to study substance-use issues than were able to do in the past. “Frank Chaloupka was one of only six economists in the substance-use field when he started doing research with RWJF, and was the only one focused on prevention,” recalls a field expert.

Following RWJF’s exit from the field, this new cadre of researchers has endured to some extent with some new funding sources for policy and translational research (such as NIAAA and, to a lesser extent, NIDA). However, stakeholders broadly acknowledge some attrition. Notably, after 2004, *Bridging the Gap* moved from a focus on adolescent smoking, drinking and illicit drug use to a focus on youth diet, physical activity, obesity, and tobacco use.²⁰

Mixed/Unclear Results and Challenges in This Area

Beyond work to develop a larger pool of researchers, RWJF efforts to build human capacity also focused on community leaders, with some success. The *Developing Leadership in Reducing Substance Abuse* fellowship program influenced the short-term career trajectories of several individual community advocates, health professionals, and academics, providing incentives for paying greater attention to substance-use issues. Nine years after the close of the program, at least 26 of 40 program fellows are still working to address substance use in some capacity, though not all in a traditional leadership role.** While a formal evaluation of the program was never completed, this finding suggests that the program helped support some individuals’ careers, despite variability in the quality of mentor relationships and satisfaction with the program.

Efforts to develop connections between local leaders in substance use through the Join Together fellows program were also “successful to a degree in San Francisco, Cleveland, Chicago, and San Antonio” (four of seven focus sites in later years), according to an external stakeholder.¹⁴ More information is needed to understand if these connections have been sustained.

*These figures include funding for research studies related to tobacco.

**FSG conducted a Google search of RWJF’s 40 Developing Leadership Fellows in November 2011 to determine their career trajectory after the program.

DEVELOPING LEADERSHIP FELLOWS: A DECADE LATER

At least 26 of 40 *Developing Leadership in Reducing Substance Abuse* Fellows went on to assume positions in the health and substance-use fields, suggesting that the program helped support careers at an individual level. Fellows who continued to substantively address alcohol and drug use through their work include:

Daniel Abrahamson. Directs the Office of Legal Affairs in Berkeley, Calif., which he founded in 1996. Abrahamson is an active litigator in state and federal courts across the country, including the United States Supreme Court, and is co-author of several state and local legislative initiatives, including California's treatment-instead-of-incarceration law, Proposition 36.¹

Evelyn Castro. Before her death in 2009, developed, directed, and replicated treatment programs for drug-addicted mothers of young children in Harlem and the Bronx, which became national models for family rehabilitation. Served for many years as Associate Director of Preventive Services at SCAN-New York.²

Michele Eliason. Applied researcher in the substance-use treatment field and an adjunct professor at the University of California, San Francisco. Author of *Improving Substance Abuse Treatment: An Introduction to the Evidence-Based Practice Movement*, based on her experience in implementing evidence-based practices in community-based treatment programs.³

Javier Sanchez. Motivational speaker for youth and founder of R.E.A.C.H. Communications. Drawing on his interests in comedy and hip hop, he writes, produces, and delivers youth empowerment speeches at conferences, churches, and community events across the United States and around the globe.⁴

¹"Daniel Abrahamson," *Huffington Post*, April 9, 2012.

²*New York Nonprofit Press*, "Obituary: Evelyn Castro," July 22, 2009.

³*Alibris*, "Author Profile: Dr. Michele J. Eliason."

⁴Reach Communications Inc., *About the Founder*.

A 2007 evaluation indicated that CADCA "played a significant role in helping coalitions become more effective agents of community change" by increasing their assessment and analytical capacities and increasing their use of comprehensive strategies to address substance-use problems.

Establishing Technical Assistance Tools and Institutions to Promote High-Quality Work

Strongest Examples of Success

RWJF helped establish several tools and institutions that have continued to support work to reduce harm from substance use beyond the Foundation's exit. In particular, NIATx (see previous section) and Community Anti-Drug Coalitions of America (CADCA), continue to provide valued technical assistance to the field. CADCA's online publications, regional and national forums, and workshops are a key training resource for leaders of community-based anti-drug coalitions across the country. A 2007 evaluation indicated that CADCA "played a significant role in helping coalitions become more effective agents of community change" by increasing their assessment and analytical capacities and increasing their use of comprehensive strategies to address substance-use problems.¹⁰⁵ CADCA continues to be a regular voice on Capitol Hill, recently advocating to preserve funding for the Drug Free Communities Support Program and building Congressional awareness about the prescription drug epidemic.¹⁰⁶ The Partnership for a Drug-Free America and the Center on Alcohol Marketing to Youth, among others, have also continued their operations beyond RWJF's exit from the field. While RWJF was not alone in

“Join Together was an incredible force in the field, and I think it still is. Over the past 20 years, they have created a knowledge management hub for the field that was a great contribution. It got people connected, working on the ground, and informed.”

—An External Stakeholder

funding these institutions, without RWJF support, these organizations may not have endured to the same degree in the field.

Elements of Join Together’s work also continue to support the field, though the organization itself has been absorbed by the Partnership for a Drug-Free America (now Partnership at Drug-Free.org). During its lifetime, Join Together found its primary niche not as a training or advocacy organization, but as a key source of substance-use prevention and treatment knowledge and information. According to an external stakeholder, Join Together was enormously valuable for a period of time. But it outlived its original role. Many other organizations besides Join Together—CADCA, NIDA, SAMHSA—were providing technical assistance to coalitions. Join Together then positioned itself as an information provider, an ‘interpreter’ for the field.

The Join Together Online website and electronic resources facilitated knowledge sharing among many organizations involved in substance-use prevention and treatment. By 2000, the website was receiving more than 2,500 visitors each day, and by 2010, the website was attracting more than two million unique visitors per year.¹⁴ In 2011, RWJF made a grant to the Partnership for a Drug-Free America that supported the integration of Join Together resources into its website, so that Join Together content could continue to inform the field.* As an external stakeholder observed, Join Together was an incredible force in the field, and I think it still is. Over the past 20 years, they have created a knowledge management hub for the field that was a great contribution. It got people connected, working on the ground, and informed.

Mixed/Unclear Results and Challenges in This Area

Other RWJF investments in field infrastructure have had more time-limited impact. *Bridging the Gap’s* ImpacTeen program component created several databases—on state alcohol policy, state drug policy, state tobacco policy, and community (i.e., community policies, norms, and characteristics related to alcohol, drugs, and tobacco)—with the hope that the tools would be picked up and funded by others in the field. The ImpacTeen Illicit Drug Database provided the field with valuable data that was examined in research studies funded by RWJF, NIDA and the National Institute of Justice, although it only includes laws in effect from 1999 to 2001, as it was never adopted by another institutional funder.²⁰ *Bridging the Gap’s* state alcohol policy database has provided critical information to researchers and policy analysts on statewide alcohol policy data and trends, and was integrated into NIAAA’s Alcohol Policy Information System (APIS).** New data on alcohol taxes and pricing at the state level was added in early 2012, though resources and funding to expand APIS have been limited. According to an external stakeholder, “NIAAA hasn’t had enough funding in recent years to expand the website. It’s operating at about 10 to 15 percent of its potential.” Despite these challenges, the APIS database continues to be a unique and important source of information on alcohol policy for researchers.

*The Greater Cincinnati Foundation provided an additional \$40,000 for integrating Join Together with PDFA.

**ImpacTeen stopped collecting data for APIS in 2003.

TABLE 7

Major Areas of RWJF Impact With Examples

Impact Areas	Specific Impact	Programs that Contributed to Impact (Sample)
Increased Knowledge about the Substance-Use Problem	Building understanding of substance use as a treatable, chronic health condition	<ul style="list-style-type: none"> • HBO ADDICTION Series and Campaign • National Quality Forum • RWJF-sponsored research studies
	Increasing public knowledge about the prevalence and harms of substance use	<ul style="list-style-type: none"> • College Alcohol Study • Partnership for a Drug-Free America • PRISM Awards
Informing Alcohol and Drug Policies	Increasing knowledge about local, state, and national policy strategies to reduce substance use	<ul style="list-style-type: none"> • Bridging the Gap • Join Together • Substance Abuse Policy Research Program
	Laying groundwork to expand insurance coverage for substance-use treatment	<ul style="list-style-type: none"> • Cutting Back • Substance Abuse Policy Research Program
	Supporting the creation and mobilization of advocacy efforts to drive substance-use policy change	<ul style="list-style-type: none"> • Community Anti-Drug Coalitions of America • Reducing Underage Drinking Through Coalitions
Informing and Spreading Promising Prevention Programs	Increasing field knowledge about what works in community-based prevention	<ul style="list-style-type: none"> • Fighting Back • Community Anti-Drug Coalitions of America • Join Together
	Expanding federal support for community-based anti-drug coalitions	<ul style="list-style-type: none"> • Community Anti-Drug Coalitions of America • Fighting Back
Improving Systems of Care for Substance-Use Disorders	Increasing the adoption and spread of evidence-based clinical practices	<ul style="list-style-type: none"> • Join Together • National Quality Forum • Advancing Recovery/NIATx
	Promoting improvements to business processes among treatment providers	<ul style="list-style-type: none"> • Paths to Recovery/NIATx
	Fostering collaboration between traditionally fragmented systems	<ul style="list-style-type: none"> • Reclaiming Futures
Building Field Infrastructure to Strengthen Substance-Use Research, Policy, and Practice	Growing and diversifying the field of substance-use researchers	<ul style="list-style-type: none"> • Substance Abuse Policy Research Program • Bridging the Gap
	Establishing technical assistance tools and institutions to promote high-quality work	<ul style="list-style-type: none"> • Community Anti-Drug Coalitions of America • Join Together • NIATx

What Are the Implications?

In this context, RWJF’s initial “1,000 flowers bloom” approach to strategy made sense. It enabled the Foundation to experiment with many different program models to identify the most effective ones. However, one consequence of this strategy was that the Foundation missed some opportunities to more rigorously narrow its activities as the portfolio evolved.

While RWJF has tapered off its investments in substance use, observations on how the Foundation developed its overarching and program-specific strategies, conducted ongoing evaluation and learning, and exited the field are highly relevant for future work. It’s wise to note the context at the time of the Foundation’s grantmaking in substance use. Although it can be tempting to judge the past by present standards, it’s important to remember that what is now normative in the philanthropic sector—such as an emphasis on strategy or the use of logic models to guide program planning—was less common when RWJF began its work in the substance-use field. In the spirit of informing future work, as the Trustees and staff consider the best approaches for tackling other complex public health issues, we offer several observations drawn from the Foundation’s substance-use and addiction experience.

STRATEGY DEVELOPMENT

RWJF was a front-runner in efforts to tackle the difficult, complex, and thorny issue of substance use. When the Foundation entered the field in the late 1980s, its challenge in establishing a clear strategy was two-fold: (1) there was little known about “what worked” in preventing and treating substance use, leaving a relatively open field of strategic options for RWJF to choose from; and (2) the shift to “strategic grantmaking” within philanthropy more broadly was just beginning, and there were few strategy best practices to draw on. In this context, RWJF’s initial “1,000 flowers bloom” approach to strategy made sense. It enabled the Foundation to experiment with many different program models to identify the most effective ones. As will be discussed later, however, one consequence of this strategy was that the Foundation missed some opportunities to more rigorously narrow its activities as the portfolio evolved. In theory, however, RWJF’s initial strategic approach positioned the Foundation to discover its strengths and affect many aspects of the substance-use issue.

Several Foundation strengths did indeed emerge. Most notably, many of RWJF’s successful efforts took a *systems approach* to change, linking together many players, addressing several aspects of an issue simultaneously, and focusing on previously under-recognized policy and environmental

determinants of substance-use behavior. This systems approach proved influential for others in the field as well. Examples included:

- Drawing on the talents of multidisciplinary players (i.e., by supporting the research of economists, legal scholars, and sociologists through the *Substance Abuse Policy Research Program*)
- Better connecting the work of traditionally “siloed” institutions to realize common goals (i.e., by linking the juvenile justice and adolescent treatment systems through *Reclaiming Futures*)
- Using several strategies at once to drive progress (i.e., supporting policy research, public communications, and grassroots advocacy to increase reimbursement rates for evidence-based substance-use disorder treatment)
- Complementing interventions designed to change individual behaviors with environmental interventions designed to change population-level behaviors (i.e., through *A Matter of Degree*)

TABLE 8

Summary of Key Findings

	Strengths	Missed Opportunities
Strategy Development	<p>In early years, RWJF’s “1,000 flowers bloom” approach to strategy fueled innovation in a field with few proven models.</p> <p>RWJF took a systems approach to change.</p> <p>RWJF applied several unique core strengths (beyond grantmaking) to influence and affect change:</p> <ul style="list-style-type: none"> • Serving as a credible issue spokesperson • Supporting pilots and policy research • Disseminating research findings • Blending environmental and behavioral approaches to change 	<p>RWJF could have further developed an explicit, overarching strategy to guide and focus program decisions and ensure connections between initiatives.</p> <p>RWJF could have engaged an even broader set of players for a more coordinated, resource-efficient response.</p> <p>RWJF could have piloted innovative program-level strategies at a smaller scale, to allow for learning and refinement and to use resources more effectively.</p> <p>RWJF could have better ensured that “ground up” community initiatives drew on available evidence about what works.</p>
Evaluation and Learning	<p>RWJF regularly funded evaluation as a core complement to program work.</p> <p>RWJF established robust structures and processes to document program outputs and activities.</p> <p>RWJF recorded and shared information about successes and failures with the field to further progress.</p>	<p>RWJF could have more effectively linked strategy development with evaluation, recognizing their interdependence.</p> <p>RWJF could have set more modest, realistic targets for some of its initiatives.</p> <p>RWJF could have better matched its evaluation approaches and methods to the types/stages of programs being evaluated.</p> <p>RWJF could have developed more effective policies, procedures, and practices to foster a learning culture and effective use of information at all levels.</p>

	Strengths	Missed Opportunities
Field Exit	<p>RWJF provided adequate transition support for <i>select</i> grantees to:</p> <ul style="list-style-type: none"> • Develop business plans and identify alternate sources of revenue • Capture and share knowledge 	<p>RWJF could have better engaged non-governmental co-funders to ensure greater sustainability of investments.</p> <p>RWJF could have developed a more comprehensive exit communication strategy for grantees and other funders.</p> <p>RWJF could have provided more consistent, effective transition support to grantees.</p>

Unlike smaller, lesser-known private foundations, RWJF was able to use its reputation to establish partnerships with key federal agencies and sustain major programs.

As one of the nation’s largest domestic health funders, RWJF had the unique ability to elevate the substance-use issue to the national stage. As one external stakeholder observed, “RWJF is like the Harvard of foundations—highly credible and respected. When RWJF got involved in substance use, it made Congress, NIH agencies, and the public pay attention.”

The Foundation’s high-standing and reputation also upped the odds for success in other ways. Unlike smaller, lesser-known private foundations, RWJF was able to use its reputation to establish partnerships with key federal agencies and sustain major programs. Key Foundation messages were incorporated into speeches by former President George W. Bush and others at the highest levels of government—a nearly impossible feat for a private funder without RWJF’s “gold seal” status. Moving forward, RWJF should continue to protect its credibility as a valuable asset. This lesson was painfully underscored when RWJF’s reputation and credibility with the media were briefly diminished, after errors were discovered in a widely reported, Foundation-sponsored study by the National Center on Addiction and Substance Abuse (CASA).

RWJF was also uniquely positioned to support innovative pilot work and policy research, critical activities that many federal and private funders cannot or will not take on. “RWJF was willing to take some risks, look at the big picture, and try out something innovative and new,” said one government stakeholder. “That is a key role for RWJF.” As observed by another field stakeholder: “[RWJF] walks the right line between being an advocate and a charitable foundation. They strike a sensible balance between asking for scientific rigor and looking for political and financial viability.”

Moving forward, stakeholders encouraged the Foundation to continue to strike an appropriate balance between supporting early-stage pilot research with later stage research, dissemination, and implementation. One external stakeholder counseled RWJF to “focus not just on creating or pushing forward the first stage of change, but thinking from the back end about how to disseminate it outward. Who will help and how will communities sustain their efforts?” Additionally, while support of policy research is a core strength of RWJF, field stakeholders also counseled RWJF not to rely too heavily on policy as a cure-all. “Some people think policy is the only important thing to do these days,” noted one. “They are going to learn that’s not the case.”

Finally, in addition to the skills mentioned above, RWJF demonstrated a unique ability to provide high-quality, in-house communications support to grantees, to spread findings about what worked and what didn’t work in the field. “The Foundation was very good at communicating with the field about its knowledge,” observed an external stakeholder. “They were also good at making sure the word got out about what didn’t work, so the field could continue its experiments.”

Several grantees encouraged the Foundation to continue offering this type of support in addition to grant funding.

As the Foundation crafts strategies for its work in other issue areas, such as obesity, it can leverage strategic approaches, roles, and skills that helped support impact and influence on substance use.

Missed Opportunities

As with any front-runner working on a difficult issue, RWJF missed some opportunities to more carefully craft and refine its strategies, both at the overarching and program-specific levels. Four key findings on RWJF's strategy emerged from our assessment:

1. RWJF could have further developed an explicit, overarching strategy to guide and focus programmatic decisions and ensure connections between individual initiatives, adjusting as needed.

RWJF's "let 1,000 flowers bloom" approach allowed the Foundation to experiment in early years. However, particularly within prevention, the Foundation could have moved further toward a comprehensive strategy to guide decisions and ensure that programs fit together in support of goals. Although several of RWJF's investments in substance use did share common threads, "RWJF didn't have a clear strategy or a consistent mission," noted one RWJF staff member. "The substance-abuse area was a mumbo jumbo, and activities waxed and waned as personalities came and went." Individual staff advocacy sometimes trumped data in making investment decisions, and core funding for large programs that began in early years felt "automatic" to some staff in later years, rather than being rigorously reconsidered. Rapid growth in Foundation funding between 1993 (\$148 million) and 1998 (\$358 million) also muted the pressure to withdraw funding for underperforming programs or those that no longer aligned clearly with current priorities.

The Foundation did undertake some efforts to create a more cohesive substance-use strategy, and did become more focused over time. In some instances, however, the processes used may actually have increased strategic disjointedness. A former RWJF staff member recounted one example from the 1990s: "At one point, this consultant came in to help us develop a 'strategy' in one day. We sat in a big circle—50 of us. He put up flip charts around the room, all with different things the Foundation could do, and gave us all five gold stars. We voted and the ideas with the most stars became our priorities. It wasn't a strategy—it was a 'hit parade' of things that didn't relate to each other."

This "majority rules" approach was straightforward to implement, but it left little room to examine potential connections between programs, whether and how individual efforts would build to something greater, and holes in the overall response. It's neither desirable nor possible for most foundations to align all of their investments against one narrow strategic approach. However, we believe that RWJF could have better defined the broader context and vision for work, particularly in its early years of substance-use investments. Over time, RWJF's approach to strategy has become more cohesive and integrated, as exemplified through its more recent childhood obesity, health insurance coverage, quality/equality, and public health work.

Although several of RWJF's investments in substance use did share common threads, "RWJF didn't have a clear strategy or a consistent mission. The substance-abuse area was a mumbo jumbo, and activities waxed and waned as personalities came and went."

—An RWJF Staff Member

It is important to note, however, that a clear strategy must evolve and change in response to new needs and information. As observed by former RWJF president Schroeder, “If the strategy is clear, the work becomes easier because is a roadmap to success. But the danger is that a strategy morphs into an orthodoxy that doesn’t keep up with changing environments and new information. One responsibility of foundations is to lay the groundwork that will permit strategies to emerge.”

“A lot of money gets wasted on categorical prevention programs like substance use, obesity, or teen pregnancy. The things that work are similar across them, but streams of money go into all these competing pots. Kids get a little of this and that—by the end, it doesn’t have any impact.”

—An External Stakeholder

- 2. RWJF could have engaged an even broader set of players to develop a more coordinated response to the problem and promote efficient use of resources.** RWJF can be commended for leveraging many sets of players, disciplines, and programs in its “systems” approach to the substance-use problem, as discussed above. RWJF could have also gone further in its efforts to develop strategy in coordination with the field. “Work together on a theory of change with real people in the field, not just researchers and policy-makers,” noted one RWJF staff member. “Otherwise you end up with a fragmented response.” Stakeholders also suggested that RWJF could have collaborated more with players addressing other related health issues. As one observed, “A lot of money gets wasted on categorical prevention programs like substance use, obesity, or teen pregnancy. The things that work are similar across them, but streams of money go into all these competing pots. Kids get a little of this and that—by the end, it doesn’t have any impact.”

RWJF’s focus within the current Vulnerable Populations Portfolio, addressing several related health issues within a defined population, is a move in this direction, and reflects the Foundation’s adoption of a strategic impact framework. The Foundation can continue to drive impact by identifying cross-issue collaboration opportunities, in addition to focusing on aspects of key issue areas that require an individual spotlight.

- 3. RWJF could have piloted innovative, untested program-level strategies at a smaller scale to allow for learning and refinement and to use resources more effectively.**

When experimenting with new, innovative programs, the Foundation could have benefitted from testing more program models, such as *Fighting Back*, in a smaller way. One external stakeholder offered the following advice: “Do things sequentially rather than something huge all at once. Start out with a few sites. Take a good look at them and roll out a larger effort once you’ve refined the model.”

Given the magnitude of the problem, there was an understandable desire for RWJF to “do something huge” in substance use. However, the Foundation could have better assessed and improved the quality of some programs with more modest starts and staggered growth plans. Additionally, as documented through this report, some of RWJF’s smallest financial investments had a disproportionately high impact on the field. Fighting the tendency to equate potential impact with dollars spent or to double down prematurely on experimental models, could have led to more efficient use of Foundation resources and greater program success in some cases.

“It’s important to encourage community empowerment and get buy-in, but we’ve learned a lot about what approaches will be more effective. Theory-based approaches yield better prevention.”

—An External Stakeholder

4. RWJF could have better ensured that “ground up” community initiatives drew on available evidence about what works.

RWJF could also have taken steps to ensure that its community-based prevention efforts, in particular, were shaped by best-available knowledge about what works. RWJF was navigating a strategic tension when it began investing heavily in community coalitions: providing enough flexibility for individual communities to tailor and “own” their efforts, while also ensuring that the efforts drew on existing research and valid theories. “It’s important to encourage community empowerment and get buy-in,” said one external stakeholder, “but we’ve learned a lot about what approaches will be more effective. Theory-based approaches yield better prevention.” When RWJF launched its coalition work, there were some proven prevention strategies (for other health issues) available for communities to draw on. Providing communities with a defined set of promising strategic options to choose from and adapt, along with early evidence about approaches that had worked when tackling other health problems, may have improved program strategy at the site level and increased standardization across sites. This is the approach other federal and private funders have taken in more recent place-based prevention work, such as Communities That Care and Healthy Communities.

EVALUATION AND LEARNING

Evaluation has always been a part of RWJF’s substance-use work, although the approaches used have evolved over time. These evolutions mirrored, and in some cases, preceded broader shifts in the philanthropy field, establishing RWJF as a front-runner in learning and evaluation. Best practices such as publication of the yearly *RWJF Anthology, To Improve Health and Health Care*, external evaluation of many key programs, and careful documentation of program results through Program Results Reports continue to be field-leading. We also identified four areas where RWJF could have improved its learning and evaluation practices within substance use:

1. RWJF could have more effectively linked strategy development with evaluation, recognizing their interdependence.

Throughout much of RWJF’s substance-use work, the interplay between strategy and evaluation could be described as a set of intermittent, data-driven conversations. RWJF regularly commissioned outcome-oriented impact evaluations designed to show whether programs were achieving intended effects, such as reduced rates of community drug use. They also complemented these efforts with “less formal,” qualitative, interview-based evaluations that drew on “reasoned conclusions of experts in the field” to understand how well programs were working and how they could be changed. For example, RWJF periodically surveyed academics and policy-makers to understand whether Foundation-supported research (through programs such as the *Substance Abuse Policy Research Program*) was perceived as “useful and rigorous.”¹⁰⁷

While these were field-leading practices, there were opportunities to go beyond the “act-and-react” model that historically defined the relationship between strategy and learning and evaluation to improve programs and generate higher-quality evaluation data. The implementation strategies for some programs—such as *Fighting Back* and *Free to Grow*—were initially developed without input from those who would later oversee their evaluations,

which led to situations where some strategies were difficult to evaluate in practice. As one stakeholder noted, “Evaluators were running behind the parade assessing the direction. It would have been very helpful to have people think about measurement and research issues before starting up in a way that wasn’t evaluable.”

One implication of the “act-and-react” model was that program officers lacked a continuous, ongoing stream of information about whether their strategies were working, and what needed to be changed in the short-term for greater impact. As an external stakeholder observed, “The Foundation’s mistake was not in its ambition, but partly in the decision they made to maintain a wall between evaluation and programs. They had different perspectives and approaches to the world—no warmth or communication between them.”

It would have been more realistic to expect that RWJF’s systems-change initiatives, often spanning across several states and communities with different contexts, would evolve through a trial and error process, succeed in some places and not others, and take a long time to spur progress in some cases.

2. RWJF could have set more modest, realistic targets for some of its initiatives.

Without strong interplay between strategy and evaluation, strategic targets were set without a clear sense of whether they were realistic or measurable. For example, the stated objective of *Fighting Back*—to drive community-level changes in usage rates across many sites—may not have been realistic, given the variability in coalitions’ activities, the evolution of the initiative over time, and the emphasis on development of coalitions and field capacity, rather than on implementation of a traditional, more comprehensive prevention intervention. According to one external stakeholder, “Most of what RWJF did in prevention couldn’t be called “prevention programs” in the true sense of the word. Oftentimes, what they referred to as “programs” were actually communication campaigns, technical assistance initiatives, or coalition-building work. To expect behavioral outcomes from these types of activities was unrealistic.”

Additionally, it would have been more realistic to expect that RWJF’s systems-change initiatives, often spanning across several states and communities with different contexts, would evolve through a trial and error process, succeed in some places and not others, and take a long time to spur progress in some cases. This is particularly true in the realm of policy change work. Meaningful and monumental changes in policy, such as substance-use treatment provisions in the Affordable Care Act, were realized with the support of RWJF. However, in some cases, the Foundation did not fully appreciate its role. As one external stakeholder observed, “Policy change happened in a big way after RWJF pulled out of the field, but they weren’t looking for the impact and didn’t appreciate it as much. It’s so important to take the long view when looking for impact.”

3. RWJF could have better matched its evaluation approaches and methods to the types of programs being evaluated and their stages of innovation.

RWJF heavily emphasized outcome-based, summative evaluations in the substance-use program area. This is a critical tool for assessing established program models, in order to refine them and judge their effectiveness, but is less appropriate when there is no one clearly articulated intervention model to test. In some instances, the Foundation would have been better served by increasing its emphasis on formative evaluation and incorporating additional approaches and methods such as developmental evaluation. In small pilot programs, in particular, this would have enabled the Foundation to better

“It’s important to keep evaluating the environment and how it’s changing as you implement a long-term strategy. We made assumptions about the environment and the problem changed. We adjusted the strategy in a piecemeal way and weren’t clear what we had at the end.”

—A RWJF Program Officer

understand and test assumptions early on. Program officers could then have adjusted programs with information about relationships, designs, organizational readiness, implementation roadblocks, the changing face of the problem, and needed innovations. Leonard Saxe and his colleagues came to a similar conclusion in their published 2006 evaluation of the *Fighting Back* initiative: “To deal more effectively with substance abuse, there is a need to move from ‘grading’ programs to understand *why and how interventions function* (emphasis added).”⁵¹ RWJF has already begun incorporating more developmental evaluation in its work, conducting evaluability assessments (such as those done on pilot childhood obesity projects in schools), including an evaluation officer on each program management team to think through the strategic objectives and how they can be evaluated; and conducting team-based, mid-course strategic reviews.

In addition to establishing stronger feedback loops to test assumptions about specific *program models*, we also believe that RWJF’s learning and evaluation efforts in substance use could have been enhanced by more regularly revisiting the data around the problem itself, to test assumptions about the delivery environment. Noted one program officer, “It’s important to keep evaluating the environment and how it’s changing as you implement a long-term strategy. We made assumptions about the environment and the problem changed. We adjusted the strategy in a piecemeal way and weren’t clear what we had at the end.”

4. RWJF could have developed more effective policies, procedures, and practices to foster a learning culture and effective use of information at all levels.

At times, the Foundation’s individualistic “wild west” environment, coupled with minimal infrastructure for cross-program learning, limited opportunities for open, group dialogue and reflection on what was working and not working. In this setting, Foundation staff and Trustees faced barriers to responding quickly and appropriately to program-specific evaluation data. Without the opportunity or incentive to consider the implications of available information for program improvement, they struggled to make hard decisions about when to end investments. “It was difficult for [RWJF] to accept new information,” observed one external stakeholder. “The folks involved were terrific, but they wouldn’t acknowledge the data.” The ability to discuss higher-order strategic questions (e.g., the interplay between programs, if and how the overall strategy was working) was also hampered by limitations in the learning culture.

FIELD EXIT

Without a clear successor, it would be unrealistic to suggest that any amount of planning, communication, and transitional support could have eliminated the shockwaves of RWJF’s exit from the substance-use field. However, high variability in grantee experiences suggests that the Foundation did some things well—which could have been applied more broadly. Our findings also show that RWJF could have taken additional steps to shrink the size of the hole left behind by its exit, to mitigate surprise and confusion among grantees, and to further position the field for future success. We identified three areas where RWJF could have improved its exit from the substance-use field:

BECOMING A LEARNING ORGANIZATION: THE JOURNEY NEVER ENDS

Many organizations aspire to become learning organizations—those that are “skilled at creating, acquiring, and transferring knowledge, and at modifying behavior to reflect new knowledge and skills.”¹ Yet being a true learning organization is far from easy. It requires an authentic and sustained commitment to the intentional use of processes that contribute to individual, group, and organizational learning, in ways that support the organization’s continual transformation.

Learning organizations are characterized by: (1) a **culture** of cooperation and collaboration; (2) an **environment** where mistakes are viewed as opportunities for learning; (3) **leaders** who model and champion learning and risk taking; (4) a **system** that rewards and recognizes individual and team learning; (5) a **communications** infrastructure that provides information in ways that are accessible and useful; and (6) a commitment to using **evaluation logic and findings** for decision-making and action.

Over the years, RWJF activities reflected some aspects of a learning organization. These included establishing systems to capture and store knowledge; embedding evaluation in everyday work; acknowledging mistakes and failures; and supporting experimentation and creativity. And, as is true in any organization, there is still room for improvement.

Organizations that learn ...

- Have the means for sharing individual and team learning
- Have systems for capturing and storing knowledge (lessons learned)
- Provide time for reflection (both individually and collectively)
- Seek to understand individuals’ values and beliefs through dialogue
- Develop a culture of asking questions (inquiry)
- Help individuals see connections between what they do and what others do
- Enable individuals to feel safe to state their opinions and beliefs (there is psychological safety)
- Have a high level of trust among individuals
- Have systems that reward and recognize individuals for new ideas and taking risks
- Establish clear rules of inclusion
- Seek out diverse perspectives
- Share information across boundaries
- Encourage collaboration
- Have leaders who model and support individual and team learning
- Have embedded evaluation systems
- Know when they need to unlearn something
- Translate data into information and knowledge
- Connect learning with the strategic goals of the organization
- Have little bureaucracy and red tape
- Transfer knowledge quickly and efficiently throughout the organization
- Continually ask, “What do we know and not know?” and, “How do we know it’s true?”
- Hold individuals accountable
- Support experimentation and creativity
- Promote constructive dissent
- Acknowledge and learn from mistakes and/or failures

During the era of RWJF’s substance-use investments, the Foundation could have worked to support more collaborative learning (across grants and program officers) and to more quickly translate data into information and knowledge for strategic decision-making. In other program areas, identifying the strengths and weaknesses of how RWJF currently engages in learning, especially in the context of evaluation, can help support the Foundation’s ability to embody learning at all levels within the organization.

Source: FSG

“RWJF really put a flag in the ground and went for it. It wasn’t their intention, but the net effect of [RWJF’s] investment, scaling, and spending, spending, spending was that substance abuse became known as their issue. That’s fine, but if others aren’t there with you, it’s hard to wind out of.”

—An External Stakeholder

1. RWJF could have better engaged nongovernmental co-funders in its substance-use work to ensure greater sustainability of investments.

The level of RWJF’s investment in substance use enabled the Foundation to “own” the issue among private funders, but may have limited investment by others. Noted one external stakeholder, “RWJF really put a flag in the ground and went for it. It wasn’t their intention, but the net effect of [RWJF’s] investment, scaling, and spending, spending, spending was that substance abuse became known as their issue. That’s fine, but if others aren’t there with you, it’s hard to wind out of.” The dangers of “ownership” were recognized by staff as well. “If we are the lion’s share of the funding,” observed one current staff member, “as we make changes, it can have dramatic impact on our grantees.”

RWJF partnered well with several government funders, which helped ensure the longevity of initiatives such as *Reclaiming Futures* (a program which also has received some support from other foundations). By seeking out more opportunities to co-invest with private funders, who face fewer funding restrictions and can fill some gaps that federal agencies cannot, RWJF may have been able to cushion the fall for grantees. By more fully assuming the role of an investment cheerleader—educating other foundations about opportunities in substance use, celebrating field achievements, and designing initiatives to engage and pique their interest—RWJF likely could have helped build a broader philanthropic safety net. As one grantee observed, “RWJF could have invited other funders in, let them know what had been accomplished and what areas weren’t resolved yet—where more things could happen going forward.”

2. RWJF could have developed a more comprehensive exit communication strategy to manage grantee surprise and confusion, and misperceptions in the field.

The Foundation’s exit from substance use—though somewhat “staged”—still felt abrupt and unexpected to many grantees and program staff. Noted one staff member, “There was widespread panic because most people didn’t realize RWJF was exiting until it was well on its way to happening or had already occurred.” The field’s confusion and surprise was driven, in part, by limited communications and exit planning from within the Foundation. “We needed to come up with a better communications strategy, execute well, and stick to it,” said another staff member.

Setting a clearer expectation for exit from the onset of substance-use work could have helped offset surprise and confusion within the field and among other potential funders. This was one major recommendation of RWJF’s internal “Roots and Wings” workgroup, organized to help guide RWJF in its current era of strategic, team-based grantmaking.

The Foundation also could have more clearly and explicitly communicated its rationale for exiting the field, to prevent the generation of any misperceptions among other funders that the work had not yielded some successes, and to preserve strong relationships with grantees. Said one external stakeholder: “Because RWJF made such a huge investment, but stopped so swiftly, they created the perception that their investment was a failure in the giving community. That really is the perception—RWJF pulled out, so why would we invest?”

“Because RWJF made such a huge investment, but stopped so swiftly, they created the perception that their investment was a failure in the giving community. That really is the perception—RWJF pulled out, so why would we invest?”

—An External Stakeholder

3. RWJF could have provided more consistent, effective transition support to grantees.

Some grantees received adequate transitional grants to document learning and build organizational sustainability, and had fair warning about RWJF’s changing strategic priorities. “We didn’t have the runway run out and fall into the sea,” said one former grantee. “We were able to create more sustainability. So [our] legacy was stronger and the harvesting of knowledge more robust.” Other grantees needed more transitional support from RWJF, including grants for business planning and board development.

While it may have been unrealistic for RWJF to provide substantial transition funding to all grantees, positive experiences from recipients suggest that it yielded high returns when provided. The Foundation also could have enhanced its efforts to define clear, transparent criteria for allocation of its transitional support dollars across grantees. “In some respects, the exit was done in an unfair manner,” said one staff member. “A lot of the big programs simply stopped, though a couple kept getting core funding for quite a long time.”

Communicating clearly about how decisions were made to provide longer-term transitional support to some grantees and not others may have reduced perceptions of preferential treatment and unfairness in the field, and driven more standardized internal decision-making.

Conclusion: Final Thoughts

As RWJF’s involvement in substance use grew, this “1,000 flowers bloom” strategy could have been replaced more quickly with a narrower, crisper strategy to guide the Foundation’s activities and inform rigorous decision-making.

Over two decades, RWJF made an unprecedented philanthropic investment in substance-use prevention and treatment. As could be expected with any \$700 million grant portfolio, not all of the Foundation’s investments achieved their desired effects. The Foundation certainly missed some opportunities for impact—sometimes very publicly. Yet, the substance-use field of today is markedly different than the one RWJF entered in the late 1980s. Our retrospective analysis shows that this is no accident. While progress can be attributed to many funders and organizations, RWJF and its grantees were strong contributing players—and in some cases leaders—in five major areas in particular:

- Increasing knowledge about the substance-use problem
- Influencing alcohol and drug policies
- Informing and spreading promising prevention programs
- Improving systems of care for substance-use disorders
- Building field infrastructure to strengthen substance-use research, policy, and practice.

The breadth of RWJF’s impact suggests that many of the Foundation’s “1,000 flowers” did indeed bloom. As RWJF’s involvement in substance use grew, this “1,000 flowers bloom” strategy could have been replaced more quickly with a narrower, crisper strategy to guide the Foundation’s activities and inform rigorous decision-making. RWJF could have also more effectively linked its strategy and evaluation efforts to ensure ongoing program improvements, and could have applied a broader range of evaluation tools to generate data for learning. Nevertheless, based on strong evidence of Foundation successes, we say—with confidence—that RWJF’s contribution to the field has had lasting positive impacts.

Appendix A

Key Players in the Substance-Use Field

The work of RWJF intersected with the efforts of several other key funders in the substance-use prevention and treatment field. (Note: this is not meant to be an exhaustive list.)

FEDERAL GOVERNMENT

- National Institutes of Health (NIH), U.S. Department of Health and Human Services
 - National Institute on Alcohol Abuse and Alcoholism (NIAAA)
 - National Institute on Drug Abuse (NIDA)
- Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services
 - Center for Substance Abuse Prevention (CSAP)
 - Center for Substance Abuse Treatment (CSAT)
- Office of National Drug Control Strategy (ONDCP), Executive Office of the President of the United States
- Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice
- Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services
- U.S. Department of Education

PROFESSIONAL ASSOCIATIONS

- American Medical Association (AMA)*
- National Association for Addiction Professionals (NAADAC)
- National Association of State Alcohol and Drug Abuse Directors (NESADAD)
- American Psychiatric Association
- American Psychological Association

NONPROFITS

- Mothers Against Drunk Driving*
- Community Anti-Drug Coalitions of America (CADCA)*
- Faces and Voices of Recovery*
- Partnership at DrugFree.org (formerly Partnership for a Drug-Free America and Join Together)*
- National Center on Addiction and Substance Abuse at Columbia University (CASA)*
- NIATx*

MEDIA

- FX
- Home Box Office (HBO)*
- Public Broadcasting Corporation (PBS)
- MTV

PRIVATE FOUNDATIONS

- The Annenberg Foundation
- The Conrad N. Hilton Foundation
- The Thomas and Stacey Siebel Foundation
- Pew Charitable Trust
- Open Society Institutes
- Katie B. Reynolds Memorial Trust
- Houston Endowment, Inc.
- Richard M. Fairbanks Foundation, Inc.
- Skirball Foundation

*These organizations received funding from RWJF.

Appendix B

Financial Analysis Methodology

FSG used financial data provided by RWJF's Program Results Reporting in the Research and Evaluation Department and by the Office of Proposal Management (OPM) to conduct an analysis of Foundation grant expenditures in substance use and develop annual spending totals (1987–2010). Note that FSG did not include overall administrative costs (i.e., indirect costs) in this analysis. As detailed below, two major adjustments were made to the source data to ensure the accuracy of FSG's analysis: (1) where possible, FSG excluded spending related specifically to tobacco initiatives that was intertwined with other substance-use spending (alcohol and other drugs); and (2) FSG allocated spending for multiyear grants across multiple years, rather than accounting for the entire expenditure in the year the grant was awarded (as was the case in raw source data).

Adjustments to exclude tobacco-specific funding: Individual grants that appeared to focus only on tobacco were excluded from this analysis. These grants were identified by searching for keywords such as “smoking,” “tobacco,” and “cigarettes” in the grant titles. Additionally, spending figures for major programs addressing both tobacco and alcohol/other drugs were adjusted, when possible, to exclude spending on tobacco. This was done by determining a percentage allocation for tobacco and for alcohol/drugs within each major program, based on discussions with OPM staff and information in Program Results reports. The percentage of total spending allocated to alcohol/other drugs (rather than tobacco) for the following major programs was as follows:

- *Substance Abuse Policy Research Program* (69%)
- *Bridging the Gap* (50%)
- *Developing Leadership in Reducing Substance Abuse* (84%)
- *Innovators Combating Substance Abuse* (66%)
- *After School: Connecting Children at Risk With Responsible Adults to Help Reduce Substance Abuse and Other Health-Compromising Behaviors* (50%)*

*Financial analysis included all programs and projects with some percentage of funding related to substance use in the RWJF taxonomy, even when that was not the major focus of the program.

FSG also adjusted spending totals for 19 additional “ad hoc” funded projects that addressed tobacco and alcohol and other drugs (e.g., PRISM Awards at 66%) (we included \$1.7 million of the total \$4 million spending in our analysis of alcohol and other drugs).

Adjustments to calculate substance-use payout per year: RWJF’s original spreadsheet allocated all expenditures for a given multiyear grant to the year in which it was awarded; to better estimate RWJF’s yearly substance use spending, FSG allocated the money spent on individual, multiyear substance use grants (excluding tobacco or other health issue funding as appropriate) equally across years from “start date” to “end date” (e.g., a grant totaling \$100,000 starting in 1998 and ending in 2001 had \$25,000 allocated across each of the years). Annual spending amounts for each grant were then added together by year to produce an estimated yearly Foundation payout in substance use across the period of RWJF investment.

Appendix C

RWJF Major Substance-Use Programs & Initiatives

Program Name (Duration)*	Investment	Description
Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (1988–2004)	\$88.8 million	The largest, U.S. foundation-funded initiative (by spending) to reduce and prevent substance use and its consequences by supporting community-based coalitions to identify and tackle substance-use problems.
National Center on Addiction and Substance Abuse at Columbia University (1991–2009)	\$60.4 million	A multidisciplinary center for research and communications regarding substance-use and addiction that publishes numerous reports on the state of the substance use problem among youth, and conducts studies on interventions to prevent and treat substance use among certain populations, such as women receiving welfare (now known as CASA).
Partnership for a Drug-Free America (1989–2009)	\$59 million	A national, non-profit, private advertising campaign created to educate the public about the harms of drug use, promote access to treatment, change young peoples' attitudes about illegal drugs, and cut future demand (now known as The Partnership at DrugFree.Org).
Substance Abuse Policy Research Program (1995–2011)	\$51.7 million*	A program that funded "investigator-initiated projects" that examine the consequences of substance use and related policies and communicated study findings in order to inform and enhance future policy efforts at the local, state, and federal levels.
Join Together (1991–2010)	\$40.5 million	A national resource center for local substance use initiatives, informing the way government agencies, the health care system and the public view and treat substance use problems and advocating for changes in approach; Join Together resources are now part of Partnership at DrugFree.org.
Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol and Crime (2000–2014)**	39.9 million (includes grant dollars allocated through 2014)	A systems-change initiative funded by RWJF, SAMHSA–CSAT, an OJJDP that promotes collaboration among judicial leadership, social service agencies, detention centers, treatment providers, and other community organizations to enhance the availability and quality of substance use interventions for youth in the juvenile justice system.

*Investment data reflects total dollars spent or allocated for all grants beginning in 1987–2010. These totals have been adjusted to exclude tobacco-related work and administrative costs. Program duration reflects the "start date" of the first substance use grant (not authorization) and latest "end date" of any program-related grants, including grants for evaluation. Note: All descriptions use language provided in or adapted from RWJF Program Results Reports.

**Two additional grants total \$2,406,653 and run through November 2014.

APPENDIX C

Program Name (Duration)*	Investment	Description
Reducing Underage Drinking Through Community and State Coalitions (1995–2008)	\$31.1 million	A program supporting 12 coalitions in 10 states to raise public awareness of the problem of underage drinking and to reduce alcohol-related problems among youth through environmental and policy change approaches.
Free to Grow: Head Start Partnerships to Promote Substance-Free Communities (1992–2009)	\$25.5 million	A partnership between RWJF and Head Start agencies, initially in 5 pilot communities and then 14 demonstration sites, that supported collaboration between police, school systems, and others to implement family and neighborhood strengthening strategies to address substance use, child abuse and other risky behaviors among low-income families.
A Matter of Degree: Reducing High-Risk Drinking Among College Students (1995–2009)	\$25.5 million	An effort to reduce high-risk drinking among college students at 17 universities; utilized a coalition-based approach to change environmental factors that influence young people to drink excessively, such as easy access to inexpensive alcohol.
Healthy Nations (1992–2004)	\$17.2 million	Supported 14 tribes and community organizations to raise awareness of and prevent substance use, especially among youth, and to promote early intervention and treatment activities to reduce the harm caused by substance use in American Indian communities.
Bridging the Gap: Research Informing Practice and Policy for Healthy Youth Behavior (1997–2004)	\$16.0 million*	A multidisciplinary research program that collects and shares information about health behaviors among middle and high school students, including substance use, and about the school, community, state, and national policies influencing youth behaviors.
D.A.R.E. Evaluation (1999–2009)	\$15.9 million	RWJF funded a multiyear evaluation of the DARE program to assess whether the new curriculum prevented or reduced substance use, determine whether the new curriculum was delivered with fidelity, and to examine the effect of aspects of the curriculum called “intervention mediators” on students’ intent to use drugs and on their actual drug use.
Health Link/Riker’s Island (1992–2003)	\$12.3 million	Health Link provided in-jail and post-release services to women and adolescent inmates ages 16 to 18 at New York City’s Riker’s Island correctional complex. Its primary goal was to reduce drug use, HIV risk behavior and criminal activity among adult women and adolescent inmates.
Community Anti-Drug Coalitions of America (1992–2008)	\$11.5 million	CADCA supports the strengthening and expansion of community anti-drug coalitions by providing technical assistance and training and “serves as a national resource for the development of anti-drug public policy.”
Paths to Recovery: Changing the Process of Care for Substance Abuse Programs (2002–2008)	\$9.8 million	Designed to increase access to substance-abuse treatment by improving the quality and efficiency of the delivery system at the provider level. Strived to make specific process improvements and also to “spread the culture of process improvement beyond the original group of agencies to treatment centers throughout the country.”
Advancing Recovery: State/ Provider Partnerships for Quality Addiction Care (2005–2011)	\$9.2 million	Advancing Recovery aimed to improve consumer access to treatment, retention, and outcomes through better delivery systems that utilize evidence-based practices. The program focused on systems change; sharing innovative solutions; building alliances between treatment providers, payers, and policy-makers; and, using a collaborative learning model that emphasizes peer networking and coaching.
After School: Connecting Children with Responsible Adults to Reduce Substance Abuse (1999–2007)	\$9.0 million*	After School sought to strengthen connections between vulnerable young people in urban neighborhoods and caring adults through after-school programs in order to reduce substance abuse and other behaviors that negatively impact health.

*Investment data reflects total dollars spent or allocated for all grants beginning in 1987–2010. These totals have been adjusted to exclude tobacco-related work and administrative costs. Program duration reflects the “start date” of the first substance use grant (not authorization) and latest “end date” of any program-related grants, including grants for evaluation. Note: All descriptions use language provided in or adapted from RWJF Program Results Reports.

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Program Name (Duration)*	Investment	Description
Increasing Understanding of Changes in Substance Abuse and Mental Health Care (1996–2006)	\$8.5 million	A series of four grants to the University of California, Los Angeles, to track and report on changes in the U.S. health care system specifically related to substance-use and mental health services.
Developing Leadership in Reducing Substance Abuse (1998–2007)	\$7.5 million*	Developing Leadership aimed at developing a “new cadre of substance-abuse prevention, treatment, and policy leaders.” The program gave three-year fellowships to 40 individuals to design and implement field-building projects that would also enhance fellows’ leadership capacities.
Innovators Combating Substance Abuse (2000–2008)	\$7.1 million*	To foster innovation in the substance-use and addiction field by granting awards to established leaders in substance-use prevention, treatment and policy to pursue work that might not otherwise be funded. The purpose of the program was to build prestige and foster innovation in the field by rewarding and nationally recognizing up to five senior innovators per year.
Higher Education Center for Alcohol and Other Drug Prevention (1996–2006)	\$6.7 million	The U.S. Department of Education’s Higher Education Center for Alcohol, Other Drug, and Violence Prevention helped colleges and universities promote evidence-based “environmental management” policies, such as reducing the availability of alcohol, promoting alcohol-free social options, and enforcing laws and regulations, to prevent alcohol and other drug abuse.
National College Alcohol Study (1992–2004)	\$6.5 million	Henry Wechsler, PhD, led a team of researchers at the Harvard School of Public Health to design and conduct this longitudinal national study of college drinking practices. Its surveys were used to describe drinking patterns and practices of U.S. college students, identify key factors related to heavy episodic “binge” drinking, and understand how institutional policies and programs may help to control alcohol use.
Center on Alcohol Marketing and Youth (2002–2008)	\$6.4 million	CAMY monitored the marketing practices of the alcohol industry to focus attention and action on industry practices that jeopardize the health and safety of America’s youth. The goal of CAMY was to reduce youth exposure to alcohol advertising.
PRISM Awards (1998–2005)	\$5.4 million*	An annual awards show to recognize and reward entertainment productions that accurately depict drug, alcohol, and tobacco use and addiction, in order to encourage and nurture creative, but accurate, treatment of these issues within the entertainment industry.
Leadership to Keep Children Alcohol Free (1999–2004)	\$3.9 million	RWJF partnered with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to increase public awareness and understanding of the problem of underage alcohol consumption by enlisting governors’ spouses as state and national spokespersons on the issue and preparing them to take on leadership roles in the effort to reduce underage drinking.
Cutting Back: Managed Care Screening and Brief Intervention for Risky Drinking (1996–2002)	\$3.8 million	Researchers at the Alcohol Research Center at the University of Connecticut Health Center conducted a study of practicality and effectiveness of a low-cost intervention (screening, brief intervention, and referral to treatment) to address risky drinking by patients attending managed care clinics.
Resources for Recovery: State Practices That Expand Treatment Opportunities (2002–2008)	\$3.1 million	Designed to help states expand their substance-abuse treatment systems through more efficient use of existing resources and funding streams. The program awarded grants to implement improvement strategies to five states, and supplied technical assistance to the remaining ten. Maximizing use of Medicaid—and federal Medicaid reimbursement dollars—to cover substance-abuse treatment was a key focus of the program.

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Program Name (Duration)*	Investment	Description
Improving the Health of Native Americans (1989–1996)	\$3.1 million	Designed to improve the health of American Indians, by allowing grantees to develop programs addressing any kind of health problem they chose. Programs were required to respect the beliefs and traditions of American Indians and be culturally sensitive.
Faces and Voices of Recovery (2001–2008)	\$1.8 million	RWJF provided funding to strengthen and sustain a coalition of individuals in recovery, in order to change public perceptions of addiction and recovery and expand research on recovery and access to treatment options through local, state, and national grassroots efforts.
HBO ADDICTION Series and Campaign (2006–2009)	\$1.8 million	RWJF co-funded a multi-platform HBO ADDICTION series and campaign along with NIDA and NIAAA to educate and inform the public about the nature and consequences of drug and alcohol addiction.
National Quality Forum (2004–2010)	\$1.2 million	RWJF co-sponsored a convening workshop of the National Quality Forum (NQF) on evidence-based practices for treating substance-use disorders. In 2007, NQF published a set of voluntary national consensus standards identifying 11 evidence-based practices for identifying and treating substance-use disorders and addiction.
Private-Sector Initiative on Health Promotion (1988–1992)	\$963,000	RWJF funds were specifically focused on substance-use prevention for preteens, as part of a 10-year Henry J. Kaiser Family Foundation effort, the National Health Promotion Program, to support community-based projects designed to implement specific interventions to reduce behaviors that lead to premature death and disabilities.
Pilot Program of Research to Integrate Substance Abuse Issues into Mainstream Medicine (2004–2006)	\$587,000	RWJF commissioned 10 systemic reviews of studies that analyzed the relationship between alcohol or drug use and chronic illnesses and conditions by researchers at Treatment Research Institute. The program sought to encourage physicians and health care researchers to address the effects of alcohol and drug abuse on serious chronic illnesses.

*Investment data reflects total dollars spent or allocated for all grants beginning in 1987–2010. These totals have been adjusted to exclude tobacco-related work and administrative costs. Program duration reflects the “start date” of the first substance use grant (not authorization) and latest “end date” of any program-related grants, including grants for evaluation. Note: All descriptions use language provided in or adapted from RWJF Program Results Reports.

Appendix D

Contractors and External Advisory Board Members*

TECHNICAL SUBCONTRACTOR

Michael Dennis, PhD

Michael Dennis is a Senior Research Psychologist in Chestnut Health System's research division and the Director of its Global Appraisal of Individual Needs (GAIN) Coordinating Center (GCC). As a researcher, he is the Primary Investigator (PI) of the Early Re-Intervention (ERI) experiments, Co-PI of the Recovery Management Checkups with Women Offenders (RMCWO) experiment, Co-PI of the Pathways to Recovery 20-year longitudinal study, the past Coordinating Center PI of the Cannabis Youth Treatment (CYT) experiments, and a past PI, Co-PI or co-investigator on over three dozen experimental, quasi-experimental and longitudinal studies. To date, he has authored over 250 peer-reviewed journal articles, chapters, manuals, or monographs, and other kinds of technical reports, as well as over 350 professional presentations. The GAIN is a continuum of measures ranging from 5-minute screeners to 20- to 30-minute quick measures to a 1- to 2-hour standardized biopsychosocial assessment. Each integrates research and clinical assessment to guide clinical decision-making and bridge the gap between assessment, evidence-based practice, and practice-based evidence. The GCC works with over 1,700 agencies in 48 states, 6 provinces of Canada and 6 other countries as a key piece of infrastructure for supporting clinical decision-making, program development and evaluation.

EXTERNAL ADVISORY BOARD MEMBERS

H. Westley Clark, MD, JD, MPH, CAS, FASAM

H. Westley Clark, Director of the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, leads the agency's national effort to provide effective and accessible treatment to all Americans with addictive disorders. Clark was the former chief of the Associated Substance Abuse Programs at

*Positions current as of the date of their participation.

the U.S. Department of Veterans Affairs Medical Center (DVAMC) in San Francisco, California and a former associate clinical professor, Department of Psychiatry, University of California at San Francisco (UCSF). In addition to his duties at the DVAMC, Clark served as a senior program consultant to the Robert Wood Johnson Foundation's *Substance Abuse Policy Research Program*, and was a co-investigator on a number of the National Institute on Drug Abuse-funded research grants in conjunction with UCSF.

Wilson Compton, MD, MPE

Wilson M. Compton is Director of the Division of Epidemiology, Services and Prevention Research at the National Institute on Drug Abuse (NIDA) of the National Institutes of Health. Prior to joining NIDA, Compton was Associate Professor of Psychiatry and Director of the Master in Psychiatric Epidemiology Program at the Washington University in Saint Louis as well as Medical Director of Addiction Services at the Barnes-Jewish Hospital in Saint Louis. Compton received his undergraduate education from Amherst College. He attended medical school and completed his residency training in psychiatry at Washington University. He is a member of the Alpha Omega Alpha honor society as well as number professional organizations. He has been the principal or co-principal investigator of multiple federally funded grants focusing on the epidemiology of drug abuse, HIV prevention and co-occurring mental and drug-use disorders. In these areas of research, Compton has authored over 100 articles and chapters, and several diagnostic interviews.

Brian R. Flay, DPhil

Brian R. Flay is Professor of Health Promotion and Health Behavior, in the College of Public Health and Human Sciences at Oregon State University. Prior to moving to OSU, he was Distinguished Professor of Community Health Sciences (Public Health) and Psychology at the University of Illinois at Chicago (UIC). He received his DPhil. in Social Psychology from Waikato University (New Zealand) in 1976. After receiving Postdoctoral training in evaluation research and social psychology at Northwestern University under a Fulbright/Hays Fellowship, he started research on health promotion and disease prevention at the University of Waterloo (Canada). He was then at the University of Southern California for eight years. He was at UIC from 1987 to 2005 where he started the Prevention Research Center, now the Institute for Health Research and Policy (IHRP), a cluster of university-wide centers focusing on health behavior, health promotion and disease prevention, health in the elderly, health services and health policy. Flay has conducted a series of experimental studies of programs for the prevention of cigarette smoking, substance use, AIDS and violence in Canada, California, and Chicago. He is currently conducting school-based randomized trials (in Chicago and Hawaii) of the Positive Action program, a K-12 character education program that appears to change school climates, improve class management skills and time-on-task by teachers, and increase learning and improve behavior of students. Flay is a Fellow of the Society for Behavioral Medicine, the Society for Community Research and Action, and the American Academy of Health Behavior. He received recognition for outstanding research from the Research Council of the American School Health Association (1993), the American Academy of Health Behavior (Research Laureate Award, 2001), and Current Contents ISI (recognized as a Highly Cited Researcher—in the top 1/2%—2003).

A. Thomas (Tom) McLellan, PhD

A. Thomas McLellan, PhD, is the CEO and Founder of the Treatment Research Institute (TRI) in Philadelphia, an independent nonprofit dedicated to science-driven transformation of treatment, other practice and policy in substance use and abuse. He is also an experienced substance-abuse researcher. From 2009 to 2010, he was Deputy Director of the White House Office of National Drug Control Policy (ONDCP), a Congressionally confirmed Presidential appointment to help shape the nation's public policy approach to illicit drug use. At ONDCP, McLellan worked on a broad range of drug issues, including formulation and implementation of the President's National Drug Control Strategy and promotion of drug treatment through the broader revamping of the national health care system. McLellan has more than 35 years of experience in addiction treatment research. In 1992, he co-founded and led TRI (until his ONDCP appointment) to transform the way research is employed in the treatment of and policy-making around substance use and abuse. In his career he has published over 400 articles and chapters on addiction research. From 2000–2009 he was Editor-in-Chief of the *Journal of Substance Abuse Treatment*, and he has also served on several other editorial boards of scientific journals. McLellan is the recipient of several distinguished awards, including the Life Achievement Awards of the American and British Societies of Addiction Medicine (2001 & 2003); the Robert Wood Johnson Foundation Innovator Award (2005); and awards for Distinguished Contribution to Addiction Medicine from the Swedish (2002) and Italian (2002) Medical Associations.

Randolph (Randy) D. Muck, MEd

Randy D. Muck is the founder and Senior Clinical Consultant of Advocates for Youth and Family Behavioral Health Treatment, LLC, and supports federal agencies and contractors; private foundations; state and local governments; and individual treatment programs to improve the quality and access to treatment for youth and families. He was the Chief of the Targeted Populations Branch at SAMHSA's Center for Substance Abuse Treatment (CSAT). As part of his duties, prior to his retirement after 33 years of federal service, he was responsible for the development, implementation and evaluation of national programs for the treatment of adolescent substance-use disorders. His portfolio has included numerous grant programs, such as the Adolescent Treatment Models study, the Adolescent Residential Treatment and Continuing Care program, Strengthening Communities for Youth, Effective Adolescent Treatment, State Adolescent Treatment Coordination, and Assertive Adolescent and Family Treatment. Randy came to SAMHSA from the Department of the Army, where he served as a clinician, clinical consultant and administrator for mental health and substance abuse treatment programs for soldiers, family members and civilians. During his 16 years with the Department of the Army, he developed the first overseas military outpatient treatment program to receive accreditation by The Joint Commission. During this time, he also assisted in the development and implementation of the first treatment program for adolescents who were accompanying their parents on overseas tours, mitigating the cost to the military and families by keeping the families intact during the treatment process. Randy has served as a faculty member at the 7th Army Training Command's school for counselors, clinical supervisors and administrators; as an instructor for the University of Maryland and Central Texas College; and as a practicum site supervisor for Boston University

and the American Association of Marriage and Family Therapy. His publications on substance abuse treatment systems and adolescent treatment have appeared in peer-reviewed journals and books. He earned his BA in Psychology and his MEd in Counseling with a focus on family therapy from Boston University.

Mary Ann Pentz, PhD

Mary Ann Pentz is a Professor of Preventive Medicine and the Director of the Institute for Prevention Policy Research at USC. For over a decade, Pentz's research has focused on community and policy approaches to tobacco, alcohol, and drug abuse prevention in youth. She has published widely in psychology, public health, and medical journals on the use of multi-component approaches to community-based prevention that include mass media. Her findings from longitudinal prevention trials contributed to the formulation of a U.S. Senate bill, and use of evidence-based criteria for appropriating funds for prevention under the Safe and Drug Free Schools Act. Pentz has chaired the NIDA Epidemiology and Prevention study section, and has served on the evaluation advisory boards for SAMHSA-CSAP's Community Partnership grants program and the Robert Wood Johnson Foundation's *Fighting Back* Initiative. She also served on the Office of National Drug Control Policy's Campaign Design Expert panel to design the new anti-drug abuse media campaign that Congress has recently approved. She received her baccalaureate in psychology from Hamilton College and her doctorate in psychology from Syracuse University in 1978.

Jack Stein, LCSW, PhD

Jack Stein is currently the Chief, Prevention Branch, Office of Demand Reduction, White House Office of National Drug Control Policy (ONDCP). He was the Director, Division of Services Improvement, Center for Substance Abuse Treatment (CSAT), SAMHSA. Prior to joining CSAT, he was Deputy Director for the Division of Epidemiology, Services, and Prevention Research at the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health. Previous positions at NIDA include Chief, Services Research Branch and Deputy Director, Office of Science Policy and Communications. A clinical social worker by training, Stein possesses over 20 years of experience in research and program evaluation, counseling, community health education, health care professional training, public policy analysis, health communications/social marketing, and program administration related to various public health problems, including substance abuse, HIV/AIDS and co-occurring conditions. He is the author of numerous text book chapters, professional training curricula, research-based publications and reports, and peer-reviewed journal articles, including the *Journal of Substance Abuse Treatment* and the *Journal of Social Work Practice in the Addictions*. He is an editorial advisory board member for several professional publications. Stein is the past chair of the HIV/AIDS Task Force for the National Association of Social Workers.

Appendix E

Internal and External Interviewees*

RWJF INTERVIEWEES

Current RWJF Staff

Risa Lavizzo-Mourey
President and CEO

Tracy Orleans
Distinguished Fellow / Sr. Scientist

David Colby
Vice President, Research and Evaluation

Dwayne Proctor
Team Director, Childhood Obesity

Kristin Schubert, Sr.
Program Officer

James Marks, Sr.
Vice President

Former RWJF Staff

Steven Schroeder
former President & CEO

J. Michael McGinnis
former Vice President, Health Group

Nancy Kaufman
former Sr. Vice President

Paul Jellinek
former Sr. Vice President

Victor Cappocia
former Sr. Program Officer

Elaine Cassidy
former Program Officer

Seth Emont
former Sr. Program Officer

Marjorie Gutman
former Evaluation Officer

James (Jim) Knickman
former Vice President, Research and Evaluation

Katherine Kraft
former Sr. Program Officer

Constance (Connie) Pechura
former Sr. Program Officer

EXTERNAL INTERVIEWEES

Grantees

David Altman
Executive Vice President, Research, Innovation, and Product Development at the Center for Creative Leadership

Jeffrey Butts
Director of the Research and Evaluation Center, John Jay College of Criminal Justice

*Positions current as of the date of their participation.

Joseph Califano
*Founder and Executive Director,
 The National Center on Addiction and Substance
 Abuse at Columbia University*

Ricardo Catalano
*Director of the Social Development
 Research Group and Professor, University of
 Washington, School of Social Work*

Frank Chaloupka
*Co-Director, Bridging the Gap,
 and Professor of Economics at the
 University of Illinois at Chicago*

Michael Dennis**
*Senior Research Psychologist in
 Chestnut Health System*

Brian Flay**
*Professor of Health Promotion and
 Health Behavior, Oregon State University*

David Gustafson
*National Program Director, NIATx,
 and Emeritus Research Professor,
 University of Wisconsin-Madison*

Lloyd Johnston
*Co-Director, Bridging the Gap, and
 Research Professor and Distinguished
 Research Scientist School for
 Social Research, University of Michigan*

Dennis McCarty
*Director, Substance Abuse Policy Center
 in the Oregon Health Policy Institute*

A. Thomas McLellan**
*CEO and Founder of the
 Treatment Research Institute*

James Mosher, Sr.
Policy Advisor, the CDM Group, Inc.

Stephen J. Pasierb
*Executive Director, Partnership
 at DrugFree.org*

David Rosenbloom
Executive Director, Join Together

Leonard Saxe
*Director, Coben Center for Modern Jewish
 Studies Director, Steinhardt Social Research
 Institute, Brandeis University*

Pat Taylor
Executive Director, Faces & Voices of Recovery

Henry Wechsler
Lecturer, Harvard School of Public Health

Partners

H. Westley Clark**
Director, SAMHSA-CSAT

Wilson Compton**
*Director of the Division of Epidemiology,
 Services and Prevention Research, NIDA*

Robert Huebner
*Deputy Director, Division of Treatment
 and Recovery, NIAAA*

Randolph D. Muck, Sr.**
*Senior Clinical Consultant,
 Advocates for Youth & Family Behavioral
 Health Treatment, LLC*

Mary Ann Pentz**
*Professor of Preventive Medicine and Director
 of the Institute for Prevention Policy Research,
 University of Southern California*

Jack Stein
*Chief, Prevention Branch,
 Office of Demand Reduction, ONDCP*

**External Advisory Board members

Appendix F

Interview Guide

Background

- In 2–3 sentences, how would you describe your work in the substance-use field?
- What major initiatives and/or focus areas in the substance-use and addiction field have you been involved with?
- In what capacity did you interface directly and/or indirectly with RWJF from 1991–2005?

Collaboration With RWJF

- What were you trying to achieve through your work with RWJF? How did your goals and objectives evolve over time?
- How would you assess the overall success of the programs and/or initiatives you were engaged in?
- How would you describe your relationship with RWJF and/or with individual program officers? How, if at all, did RWJF influence the trajectory of your work?

Field Context

- What have been the most significant successes, advances or accomplishments within the substance-use field over the past few decades? To what extent did RWJF contribute to these, if at all, and how?
- What key developments, if any, led to significant shifts in the way you or other key players approached or talked about your work? Can you identify any major “tipping points” in the field (positive or negative) regarding substance-use prevention, treatment and policy?

Overall Impact on Substance-Use Field/RWJF's Role

- When thinking about RWJF's substance-use work from 1991–2005 (both, work you were engaged in and work more broadly in the field), what do you believe were the greatest contributions RWJF made? To what extent have those contributions endured today?
- What niche did RWJF occupy in the substance-use field, when compared with other big players (e.g., NIDA, NIAAA, SAMHSA, ONDCP)?
- What should RWJF have done differently? What mistakes did the Foundation make, if any?

Conclusion

- While RWJF is not actively seeking new investment opportunities in substance use, it is hoping to surface lessons and insights from this assessment to inform its work in other program areas. What is important for the Foundation to understand to guide its work moving forward?
- Is there anyone we should speak with to better understand the influence and impact of RWJF's work in the substance-use field? Are there any key documents we should review?
- What else would you like to add?

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