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Join Together—A National Resource Center

Providing technical assistance to local substance abuse initiatives

SUMMARY

From 1991 to 2010, Join Together served as a national resource center for local substance abuse initiatives, informing the way government agencies, the health care system and the public view and treat substance abuse, and promoting changes in approach. From the outset, Join Together targeted alcohol and tobacco as well as other abused drugs.

In its first decade, the project, based at the Boston University School of Public Health, provided assistance to communities trying to tackle substance abuse. In its second decade, the project worked with more than two dozen cities and counties to remove the stigma of substance abuse; show that health care can take on the job of diagnosis, referral, and treatment; and increase the demand for and supply of treatment options.

"We viewed it as one of our central tasks to put useful information into the hands of people at the community level," said David Rosenbloom, PhD, Join Together's director.

In 2011, The Partnership at Drugfree.org, formerly the Partnership for a Drug-Free America—a New York City-based nonprofit that fights teen addiction—incorporated Join Together's resources into a new interactive portal on its website, and began adding new content.

The Partnership at Drugfree.org also sustained the Join Together e-mail news service, which remains the "newsletter of the substance abuse field," according to Sean Clarkin, MBA, the organization's executive vice president.

Patrizi Associates, of Wyncote, Pa., evaluated the project in 1998 and 2006.

Key Results

From its launch to 2010, as reported by project staff and evaluators, Join Together:

- Developed extensive electronic and print resources on substance abuse both for information dissemination and to provide help with quitting tobacco and other substances, including a daily and weekly e-mail news service and a website that received 2 million distinct site visitors annually by 2010.

- Provided technical assistance to community groups focused on substance abuse, and leadership training for 220 fellows drawn from a broad array of professions.
- Organized national public policy panels and conferences to explore key challenges in the substance abuse field, recommend public policy changes, including policy positions on the use of evidence-based treatment, and provided opportunities for communities to exchange information.
- Created the Demand Treatment! initiative, awarding grants of $60,000 apiece to coalitions in 29 cities and counties, and providing extensive support and networking opportunities. The Demand Treatment! sites:
  - Expanded screening for substance abuse and brief interventions in clinical settings
  - Launched public awareness campaigns, engaged community leaders and public officials, and increased available treatment options
  - Generated or redirected more than $125 million in public and philanthropic funds for expanding treatment
- Launched www.QuitNet.com, which became the world's largest smoking cessation program before being spun off as a private company in 2000.

Funding

The Robert Wood Johnson Foundation (RWJF) provided 14 grants totaling $41 million from 1991 to 2010 for Join Together.

CONTEXT

As the nation's substance abuse problem intensified during the 1980s, hundreds of coalitions of concerned citizens began to form all over the country. To stimulate and encourage these coalitions, RWJF created *Fighting Back*, a national program that ran from 1988 to 1993. *Fighting Back* coalitions enlisted businesses, the health care system, public school systems, local government, the criminal justice system, community groups, and others in addressing local drug problems.

Fighting Back originally focused on 14 communities (later reduced to eight) with populations under 300,000. The strong interest in RWJF's call for proposals—320 communities responded—led the federal Office of Substance Abuse Prevention to develop the $375 million Community Partnership Demonstration Grant program, which funded 251 local partnerships. See Program Results for more information on the program.

The community groups not affiliated with these initiatives lacked a central source of assistance and opportunities to connect with one another. After meeting with leaders of the Office of Substance Abuse Prevention, RWJF staff concluded that it might be

valuable to develop a national technical assistance resource for these local initiatives. RWJF approached Rosenbloom, a member of the *Fighting Back* national advisory committee (and later the program's director), to research and plan such a project.[1]

"My observations in 1991 were that community groups were operating in isolation from each other, and that in the absence of good information their leaders often burned out and failed to get any recognition, and that they worked in a policy environment that hindered their success," said Rosenbloom. A further barrier, he added, was that "ideology trumped science in the understanding, treatment, and prevention of addiction."

After consulting with local, state, and national organizations and authorities in the field, Rosenbloom proposed a technical assistance project that became Join Together.

RWJF also made a series of grants totaling more than $19.5 million to Community Anti-Drug Coalitions of America (CADCA) to provide technical assistance to community efforts to fight drugs. See Program Results for more information.

The two different approaches of Join Together and CADCA are described in a chapter of RWJF's *Anthology*, Volume VII (2004).

For a broader view of the Foundation's work in the field of substance abuse, see "RWJF's Efforts to Combat Drug Addiction" in the *Anthology*, Volume XIII (2009).

THE PROJECT

Over two decades, Join Together served as a national resource center for local substance abuse initiatives and sought to alter the way government agencies, the health care system, and the public view and treat substance abuse. Join Together included alcohol and tobacco as well as other abused drugs in its purview from the outset.

Under a $44,809 RWJF planning grant in 1991,[2] Join Together staff developed a detailed design and workplan to support community-based initiatives around the country. Seven additional RWJF grants totaling $19.2 million[3] from 1991 to 2000 allowed Join Together to strengthen the capacity of local communities to address substance abuse.

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[1] Join Together served as the national program office for *Fighting Back* from 1997 until its end in September 2003. Rosenbloom was the program director.

[2] ID# 18312

[3] ID#s 18713, 19307, 22578, 26942, 27954, 29585, and 30686

In 2000, Join Together began focusing on driving up demand for substance abuse treatment and lowering barriers to expanding and improving treatment.[4] To pursue that strategy, RWJF awarded $15 million for Demand Treatment!, a five-year initiative that supported partnerships in 29 cities and counties. Each community received extensive technical assistance to leverage local leadership, financial resources, and innovative strategies to increase the number of substance users receiving treatment.

Join Together used both Demand Treatment! funds and two additional RWJF grants totaling $6.1 million to develop electronic and hard copy resources, as well as to support other activities.[5] Two RWJF grants totaling $1.3 million in 2009 and 2010 supported continued development of those resources.[6] A $250,000 RWJF grant in 2011 allowed The Partnership at Drugfree.org to move Join Together resources to a portal on The Partnership's website.[7]

A national advisory committee helped guide the project until September 2001. See Appendix 1 for members.

Other Funding

RWJF provided about 95 percent of Join Together's funds until 2004. That percentage dropped to about 60 percent by 2007, and to 40 percent by 2010. For the array of government, foundation, and corporate funders who contributed to the initiative, see Appendix 2.

ACTIVITIES, RESULTS, AND EVALUATION FINDINGS

The First Decade

From 1991 to 2000, Join Together staff and evaluators reported that the initiative had:

- **Fielded four national surveys that found communities in every state and of every size were mobilizing to fight substance abuse, and that over time they felt less isolated and had better access to information.**
- **Provided technical assistance through a community exchange program, and in response to individual requests.** From 1991 to 1996, experts in substance abuse and

[4] By this time, Join Together was acting as the national program office for *Fighting Back*. Findings from the evaluation of that program—specifically, that it mainly increased awareness of treatment—helped drive Join Together in this new direction.

[5] ID#s 052024 and 058660

[6] ID#s 067455 and 066272 (transferred to 067455)

[7] ID# 68598

coalition-building offered strategic planning and advice to local leaders through 35 "exchanges." *National Substance Abuse Technical Assistance Organizations: Technical Assistance Guide* summarized the knowledge gathered in the exchanges and was distributed to 25,000 people.

- **Provided training in leadership and strategic approaches to tackling substance abuse to more than 220 Join Together fellows in 40 states.** The fellows represented a broad array of professions, including education, health care, law enforcement, and local government.

  "The fellows program was explicitly designed to recognize local leaders and help break the isolation in which they worked by giving them peers from around the country," said Project Director Rosenbloom. "At fellows meetings, a neighborhood organizer would be sitting next to a minister, a police chief, a union person, a teacher, and a professional treatment person."

  Beginning in 1997, staff decided to accept multiple applicants from Baltimore, Detroit, Chicago, Cleveland, New York, San Antonio, and San Francisco, to develop a cadre of people who might continue to work together once Join Together ended. "This was successful to a degree in San Francisco, Cleveland, Chicago, and San Antonio," said Rosenbloom.

- **Organized six national public policy panels to review key challenges in the substance abuse field and recommend changes in public policy and practice.** The topics were:

  — Underage access to alcohol

  — Financing substance abuse services

  — Preventing substance abuse and violence

  — The justice system and substance abuse

  — Substance abuse prevention

  — Substance abuse treatment and recovery, including evidence-based practices

  Each panel presented its findings to the public and issued a report, distributed to people on Join Together's mailing list.

- **Convened four national conferences, held in Washington and Cleveland, to train community groups in how to collect local information on substance abuse and assess challenges, and to share lessons learned.**

- **Developed print and electronic resources on challenges, trends, and findings in drug and alcohol policy, prevention, and treatment.** Some of these products also addressed gun violence and other harms associated with substance abuse.

— JT Online, the Join Together website, created in 1995,[8] offered daily news updates, information on funding and grant opportunities, key facts and trend data, a search engine that scanned more than 20,000 archived articles, and reports and links to other websites. By 2000, the site averaged 2,500 visits per day.[9]

— The quarterly newsletter *Strategies*, published from 1992 to 1997, reached 20,000 to 60,000 people per issue. In 1998 it was replaced by another quarterly newsletter, *Join Together*, mailed to 85,000 people.

— Forty monthly action kits, designed to help community groups obtain media coverage of substance abuse challenges, were distributed to 2,500 to 20,000 people.

- **Promoted awareness of substance abuse and treatment through outreach activities.** Join Together staff:

  — In conjunction with the Home Box Office series *Faces of Addiction*, which aired in 1997 with partial support from RWJF, worked with community coalitions to organize events such as guided discussions, rallies, resource fairs, and youth speak-out events[10]

  — In conjunction with the 1998 launch of a PBS special, *Moyers on Addiction: Close to Home*, recruited leaders in 45 state capitals to organize state-level partnerships among substance abuse groups, public television stations, and legislators

  — Fostered alliances with governors and the U.S. Conference of Mayors to encourage them to become more involved in tackling substance abuse

- **Launched *www.QuitNet.com*, which became the world's largest smoking cessation program before being spun off as a private company in 2000.[11]**

Evaluating the First Decade

After the first decade of its support, RWJF contracted with Patricia Patrizi to assess Join Together under a separate contract.[12] To gather information, Patrizi's staff interviewed

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[8] Join Together's online services actually started in 1991, before the Internet explosion, with a system called Handsnet. "At the time, you could only get a research paper in the university library and our community leaders weren't on their way to libraries," said Rosenbloom. "Project staff literally went around the country connecting computers at local agencies to IBM mainframe computers through telephone modems. Sometimes, the big challenge was to get an agency to install a second telephone line."

[9] As noted elsewhere in this report, the website was receiving 2 million distinct site visitors annually by 2010. Many of its resources are now on The Partnership at Drugfree.org website.

[10] In addition to Join Together, the Faces & Voices of Recovery and the Community Anti-Drug Coalitions of America conducted the mobilization effort to promote the series. See Program Results.

[11] As of this report, Quitnet.com remained in operation, with almost 1 million users a year (2011).

[12] ID# 035347

hundreds of experts in substance abuse, communications and media professionals, and Join Together leaders and participants.

The evaluators concluded that the program had developed impressive capacity in three key areas—information dissemination, leadership development, and networking—and that communities and the substance abuse field valued its technical assistance highly.

However, the assessment also revealed that Join Together's strategies were strained by the frequent and varied demands of the communities it served, and called for greater clarity of purpose, strategy, and structure.

Based on those findings, Join Together pursued a more proactive approach focused on three key objectives:

- Encourage more substance users to seek treatment
- Enhance the availability of treatment at the community level
- Improve the policy environment for substance use treatment

The Demand Treatment! Initiative

Demand Treatment!, Join Together's five-year initiative launched in 2000, worked in cities and counties to increase the number of substance users asking for and receiving treatment. "We let individual communities figure out what they would do to try to raise the demand," said Rosenbloom.

Demand Treatment! was based on the recognition that only about 10 percent of people with substance use addictions ever receive treatment, and built on three assumptions:

- The health care system fails to understand addiction as a chronic health care condition. As a result, it minimizes the problem, provides scant and often poor-quality treatment, and fails to provide adequate insurance reimbursement.
- Widespread discrimination against people suffering from addiction extends to the workplace and the criminal justice system, and reinforces the reluctance of people needing treatment to seek help.
- Substance abuse is stigmatized and viewed as a personal behavior problem, not a public health issue.

Or, as Rosenbloom summarized it, "People who had the disease often denied they had the disease, many families had given up on these people, the medical care system had long since rid itself of dealing with addiction, the political system was perfectly happy to throw people into jail, and employers could solve the problem by firing people."

Promoting a New Strategy

Demand Treatment! therefore sought to address employment bias and lack of insurance parity, bring diagnosis and treatment into the mainstream, and advance a model of substance abuse as a chronic disease. According to the 2006 evaluation (see below), "This was an opportunistic strategy focused on changing the entire discussion of substance abuse treatment."

In early talks with public officials and other community leaders, Join Together staff realized that many of the principles behind Demand Treatment! were unfamiliar to its audience, or had not won widespread support. To explain the concepts to a national audience, Join Together:

- Mailed a detailed announcement to more than 100,000 local leaders across the country
- Held four regional conferences in fall 2000 to introduce scientific thinking on substance abuse, including treatment breakthroughs, the efficacy of brief interventions, and the value of targeted social marketing. More than 800 people representing more than 300 communities in 42 states attended these events.

These activities were designed to help communities apply for partnership awards through Join Together, and also aimed to advance public discussion of substance abuse, stigma, injustice, and the need for improved and expanded treatment options for all who need them.

Demand Treatment! Results

As reported in the 2006 evaluation of Demand Treatment! by Patrizi Associates (see the next section for the findings) and project reports to RWJF:

- **Join Together gave two-year, $60,000 awards to coalitions in 29 cities and counties—15 in 2000, and 14 in 2002—to develop local strategies for raising awareness of substance abuse and expanding treatment options.** Coalitions typically included a mix of participants from the public and nonprofit sectors, including health departments, hospitals, and other health care providers and the criminal justice system. (See Appendix 3 for the lead organization in each coalition.)
- **Join Together gave each lead organization extensive technical assistance in building coalitions and responding to the treatment needs of substance users, including.**
  - ***Access to JT Online*** **(**the Join Together website) and other electronic resources, including:
    - A section of JT Online that helped the communities plan and implement their own strategies

- A password-protected data-management tool that allowed communities to track local information, such as the number of people screened or treated
- A weekly e-newsletter focusing on Demand Treatment! partners, with more than 3,000 subscribers

— ***A moderated listserv*** that provided updates, success stories, and opportunities for communities to exchange information

— ***Conference calls, site visits, and e-mail exchanges*** that provided access to a network of expert researchers, practitioners, innovators, and policy-makers, and discussion of strategies and obstacles with Join Together staff

— ***Demand Treatment! institutes***, where coalition partners received technical training, shared best practices and challenges, heard presentations from experts, and engaged in strategic planning. Join Together paid expenses for three to five people from each community to attend three institutes, and many communities brought more people at their own expense.

— ***Incentives and supports to sustain leadership***, including coaching and national recognition of local leaders

— ***Promotion of the use of social marketing*** to reduce the stigma of substance abuse, foster the perception that treatment works, and build support for high-quality treatment options

- **The Demand Treatment! communities took many different approaches to expanding the screening of individuals for substance abuse, and demand for and access to high-quality treatment.** Among the results:

— ***Greater use of a screening, brief intervention, and referral tool in clinical settings***.[13] Seventeen Demand Treatment! communities incorporated the tool into routine practice in hospital emergency rooms, trauma centers, and primary health care sites, including prenatal clinics.

Participating communities also showed that trained lay people could do screenings, brief interventions, and referrals.

— ***Expanded treatment options.*** For example, Demand Treatment! coalitions in:

- Des Moines, Iowa, implemented a "light-touch" education program, which people can attend or participate in by telephone, as they wait to get into formal treatment programs.

[13] This comprehensive, integrated, public health tool can be readily used in primary care, hospital emergency room, and community settings. It allows providers to quickly assess the severity of substance use and identify the appropriate level of treatment, administer a brief intervention focused on increasing awareness of the need for behavioral change, and make referrals to treatment as appropriate.

- Louisville, Ky., and Pittsburgh developed treatment programs at local correctional facilities.
- Pittsburgh and Lincoln, Neb., expanded services for individuals who become intoxicated in public.
- San Francisco developed a treatment-on-demand strategy for homeless people.
- Manchester, N.H., launched a statewide hotline for people seeking treatment.

— ***Campaigns to bolster public awareness of addiction, treatment, recovery, and support services, including local events, advertising, educational tools, and other activities.*** For example:

- Manchester, N.H., launched a social marketing campaign targeted at men in their late 20s to mid-30s.
- A team in Mobile, Ala., distributed 130,000 copies of a newspaper supplement, "Drugs Shatter Lives: What You Need to Know Now."
- In San Antonio, a public education campaign in English and Spanish aimed to reduce discrimination and stigma stemming from drug abuse and publicize local treatment services.
- *SHARE: Songs of Hope, Awareness and Recovery for Everyone*, a CD created with the Nashville music industry, celebrated recovery from drug and alcohol addiction. It won the inaugural PRISM President's Award in 2004, which "recognizes an entertainment industry project, whether a production, campaign or outreach effort, that not only raises awareness but leaves behind a legacy."

— ***Engagement of local leaders and public officials.*** For example:

- Project staff in Knoxville, Tenn., worked with the state Department of Health and Human Services to create a statewide prescription drug task force.
- The mayor's office in Mobile, Ala., became involved with the underage drinking task force.
- Pittsburgh created a clergy task force to address substance use.
- Events in Everett, Mass., and Gallatin County, Mont., recognized public officials for their dedication to addressing substance abuse.
- The coalition in Genesee County, Mich., involved public and private insurers in its work.

- **Partner communities generated or redirected more than $125 million in public and philanthropic funds for expanding substance abuse treatment.**

— ***The largest source of new funding came from federal sources***, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Substance Abuse Treatment, the National Institute on Drug Abuse, and the Drug Free Communities Support Program. For example:

- Four of the seven awards under SAMHSA's 2003 $150 million demonstration program to increase screening, brief intervention, and referral in hospital emergency rooms went to Demand Treatment! communities, where coalition leaders led the federally funded programs.
- Genesee County, Mich., received $6 million from the National Institute on Drug Abuse for a research project on drug screening.
- Boise, Idaho, received a three-year, $1.47 million SAMHSA grant to develop an intensive outpatient methamphetamine treatment program.
- Recipients of grants of $75,000 to $300,000 from the Drug Free Communities Support Program included these Demand Treatment! participants: Denver; Everett, Mass.; Gallatin County, Mont.; Houston; Indianapolis; Knoxville, Tenn.; Lincoln, Neb.; Milwaukee County, Wis.; Sarasota County, Fla.; Tucson, Ariz.; and Washoe County, Nev.

— ***Demand Treatment! communities leveraged state funding.*** Funding included:

- $10 million from the New Jersey Department of Human Services to treat women and children
- $785,000 from California's Department of Alcohol and Drug Programs for efforts to deter binge drinking
- $3.7 million for a long-term treatment facility in Maryland (the state donated land, and Carroll County is providing funds to build and manage the facility)

Join Together concluded funding for the Demand Treatment! communities in 2004, but project staff reported that most coalitions continued their work to expand access to high-quality treatment.

Findings From the Demand Treatment! Evaluation

In 2003, Patricia Patrizi received a second RWJF contract to evaluate Demand Treatment![14] The evaluators interviewed 52 experts in substance and alcohol abuse about the theory of change underlying the initiative.

[14] ID# 047009

The evaluators also interviewed Join Together staff about the challenges and progress in partner communities; conducted telephone interviews with local leaders; examined their key plans and other documents; and attended several Demand Treatment! institutes.

Among the evaluators' findings, issued in a 2006 report:

- "**The experts with whom we spoke consistently agreed with both the assumptions and approaches advanced by Join Together in Demand Treatment!"** For example, the experts noted that intensive treatment is highly inappropriate for the vast majority of substance users. "Better individualized assessment—and services that correspond to that assessment—is the only way to configure a better system of care."

  See Appendix 4 for more on how experts viewed the Demand Treatment! principles.

- "**The Demand Treatment! strategy was built on the best science available, reflected a proven strategy for destigmatizing a social problem, and appropriately used communities to develop replicable models."**

- **The Join Together approach was based on the assertion that high-quality treatment matched to the particular needs of substance abuse patients consistently yields positive results.** This contradicts the commonly held belief that most treatment does not work.

- **Join Together sought to reduce the capricious distinction between prevention and treatment.** Much of the field saw prevention as the preferred approach to addressing substance abuse, but Join Together showed that ongoing substance abuse threatens the fabric of families, communities, and even the economy, underscoring the importance of making treatment an equal priority.

- **Join Together worked "diligently and deliberately" to include alcohol abuse as a core component of the substance abuse landscape.** That framing helped the initiative bring substance abuse into public consciousness as a mainstream problem that demands a community response.

- **Join Together added its voice to the call for treating substance abuse as a chronic illness that deserves the full resources of the medical profession and health system.** The evaluators applauded Join Together's promotion of the screening, brief intervention, and referral (SBIR) tool as a strategy for galvanizing action, noting, "Join Together in large part can be credited if SBIR becomes a more or less universal practice in this country."

Education and Advocacy

During its second decade, Join Together also expanded its educational, dissemination, and advocacy activities. As reported to RWJF, project staff:

- **Strengthened the Join Together website and e-mail news service.** By 2010, the website was receiving 2 million distinct site visitors annually.

More than 52,000 subscribers had registered on the website, including direct service providers, government agencies, educational institutions, and social service or mental health agencies. Most requested the daily or weekly e-mail news service, which summarized research; local, state, and national news; federal and state policies; and funding opportunities.

Join Together staff redesigned the site several times in response to user feedback highlighting the value of expanded coverage of research and state-specific information.

- **Gave other websites access to its online content through free links.** For example, Join Together:
  - ***Shared its news feeds with 250 partner websites***, including the Campaign for Tobacco-Free Kids, the PRISM Awards (which highlight accurate depictions of substance abuse and mental illness), and numerous community-based alcohol and drug programs.
  - ***Distributed a searchable national database of 11,000 treatment programs to 80 websites,*** including those of local treatment and prevention programs and two maintained by The Partnership at Drugfree.org.
- **Launched sites on Facebook (no longer active) and Twitter (no longer active) and created a blog (no longer active) to disseminate news and research, and provide interactive opportunities for subscribers.** Since Join Together's work was taken over by the Partnership at Drugfree.org, its news has been shared on the Partnership at Drugfree.org Facebook page (12,767 Likes as of 10/24/12) and Twitter pages (6,070 Followers for @drugnews as of 10/24/12; 977 Followers for @MedicineAbuse as of 10/24/12).
- **Promoted activism by web users.** For example, in 2006 Join Together:
  - ***Launched an electronic petition campaign to urge state and national leaders to support Institute of Medicine recommendations on underage drinking.***[15] Almost 9,000 people signed the petition, and the publicity attracted 3,750 new enrollees on the Join Together website.
  - ***Led a campaign calling on large national retailers to stop selling drinking games.*** After receiving thousands of e-mails and telephone calls, the presidents of major retail chains withdrew most of the games from their stores.
- **Developed self-screening tools and websites devoted to them.** Join Together launched an alcohol screening site (*www.alcoholscreening.org*) in April 2000, to coincide with National Alcohol Screening Day, and revised the site completely in

[15] The 2003 IOM report with these recommendations is available online.

April 2010. By the end of the grant period, more than 1 million people had completed a self-assessment.

Join Together launched an online drug screening tool (*www.drugscreening.org*) in 2007, which averaged about 2,000 monthly users in June 2011.

- **Convened national policy panels that heard testimony from experts, clients, providers, public officials, and community representatives, and issued reports on their findings and recommendations.**
  - ***Ending Discrimination Against People with Alcohol and Drug Problems,*** convened in 2002, examined public policies that discriminate against people with addictions (report available online).
  - ***Rewarding Results: Improving the Quality of Treatment for People with Alcohol and Drug Problems***, convened in 2003, to address the quality of treatment for substance use disorders (report available online).
  - ***Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment***, convened in 2006, examined the structure payment and provision of prevention and treatment services in the states.
- **Developed and disseminated other print and online educational resources, including:**
  - ***How Do We Know We Are Making a Difference? A Community Alcohol, Tobacco and Drug Indicators Handbook*** (available online). First released in 1995 and revised in 2005, the handbook helps community leaders identify local substance use problems, focus prevention and treatment strategies, and measure their impact.
  - ***Continuing education programs to help addiction counselors incorporate evidence-based practices into their clinical care.*** In 2010 alone, 1,250 counselors completed a course on medication-assisted treatment.
  - ***Treatment Providers Research Bulletin,*** developed with non-RWJF funding, had 18,000 subscribers in 2010. Continuing education credits were available to providers who complete a test included in each issue.

See the Bibliography for details.

Sustaining Join Together

By the mid-2000s, RWJF and Join Together began exploring opportunities to sustain the organization beyond RWJF funding. An attempted merger with the National Center on

Addiction and Substance Abuse (CASA) at Columbia University[16] in 2009 did not work out, and by the end of the year, Join Together and Rosenbloom had returned to Boston University School of Public Health. RWJF funding for the program ended in 2010.

In 2011, The Partnership at Drugfree.org—to which RWJF had provided 10 grants totaling more than $59 million from 1989 to 2007[17]—agreed to assume responsibility for Join Together's informational resources, with some continued input from Boston University School of Public Health.

With a one-year RWJF grant, "We successfully integrated Join Together into The Partnership, and we have sustained and managed it to retain its subscriber base," said Partnership Executive Vice President Clarkin. "The next step for us is to begin growing it."

Specifically, project staff:

- **Archived most Join Together content (omitting some out-of-date material) on a new interactive portal on The Partnership's website.**
- **Maintained the *www.alcoholscreening.org* and *www.drugscreening.org* websites, and integrated the tools into The Partnership's programs and online resources.**
- **Posted relevant news pulled from other websites and news outlets.**
- **Published original feature stories and commentary twice weekly, based partly on readers' comments on the partnership's social media sites.** Topics have included compensation for addiction professionals, medical marijuana, smoke-free workplaces, and prescription drug abuse.

  Leaders from key federal agencies, such as SAMHSA; the nonprofit sector, such as the American Legacy Foundation and *Reclaiming Futures;*[18] and academia provide some of the original content. "The website is a great tool for convening these kinds of leading voices in the field and giving them a platform on which to share their views and help others in the field," said Clarkin.
- **Distributed daily and weekly news via e-mail to 52,000 subscribers summarizing new posts on the Join Together portal.**

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[16] CASA, founded in 1992 by former U.S. Secretary of Health, Education and Welfare Joseph A. Califano Jr., is a science-based, multidisciplinary organization focused on transforming society's responses to substance use and the disease of addiction. For more details, see the CASA website. RWJF provided core support to CASA from 1929 to 2002. See Program Results.

[17] See Program Results.

[18] *Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol & Crime* is an RWJF national program launched in 1999 and authorized until 2013. For more information see www.reclaimingfutures.org and Program Results.

See Afterward for more on these activities.

SIGNIFICANCE OF THE PROJECT

Join Together was a model for the federal Center for Substance Abuse Prevention, according to Project Director Rosenbloom. That initiative promotes a structured, community-based approach to substance use prevention.

The use of screening, brief intervention, and referral for drug abuse is now widely accepted. For example, federal policies call for integrating that approach into federally supported health centers, and the Joint Commission has included it in its health care accreditation standards.

Rosenbloom believes Join Together influenced the shift. However, RWJF Program Officer Kristin Schubert, MPH, 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."

LESSONS LEARNED

1. **To tackle substance abuse, create a platform that encourages people to collaborate.** "The first and fundamental lesson for the whole field is they get more done by joining together," said Rosenbloom. "There is more willingness now by individuals to work with people who *almost* agree with them, but don't always agree."

   He noted that the coalitions formed by people working in drug, alcohol, tobacco, and mental health issues carried over to health care reform, and that the 2010 Affordable Care Act requires coverage of treatment for addiction.

2. **Introducing new concepts in substance abuse requires a broad-based educational effort.** "When we started, almost no one knew what we were talking about," Join Together staff reported to RWJF. "Now, there is considerable understanding of the need and opportunity to drive up the demand for treatment."

   By conducting national outreach while launching Demand Treatment!, Join Together staff sparked interest in treatment even in communities that did not participate in the initiative. (Project report to RWJF)

3. **Established substance abuse treatment and health care providers need to be won over to unfamiliar approaches.** Initially, some resisted the initiative, especially because it involved new partners and focused on integrating treatment into mainstream health care. However, over time, traditional providers became part of the Demand Treatment! effort in most communities. (Project report to RWJF)

4. **Effective Demand Treatment! communities shared several attributes: strong, consistent individual and team leadership, administrative and strategic**

flexibility, outside assistance, and patience that allowed change to happen. Join Together staff concluded that leadership may matter more than money, and that strong leaders need strong institutions and well-functioning governments and sponsoring organizations.

Join Together staff also highlighted these characteristics of successful coalitions:

- Partnerships should include individuals and groups that do not traditionally participate in drug or alcohol work.
- Personal relationships matter. Most communities had a connector—someone who knew people inside and outside the substance abuse field, and could pull together diverse teams and coordinate efforts.
- The lead agency should have a flexible budget process and the capacity to pool resources with partners.
- Access to sound local information is crucial. The partners with the clearest plans and the best knowledge of local conditions made the most progress.
- A broad and adaptable strategy helps communities think about overall impact and develop sustained responses.
- The flexibility to spend grant funds as appropriate allows groups to respond to changes and opportunities. Strict timetables can hamper results.
- The weekly e-newsletters, listservs, and institute trainings helped create a national learning community where lessons could be shared and direct consultation encouraged.
- Being part of a national effort affiliated with a well-known university and funded by a highly regarded health care foundation lent credibility to the efforts of Demand Treatment! communities and helped move local agendas forward.
- The more productive communities made full use of technical assistance and other nonfinancial resources to reach for higher goals.

5. **Framing substance use as a civil rights issue is a potent strategy.** Referring to "discrimination" rather than "stigma" is a tool for spurring activism and alliances, said Project Director Rosenbloom. "Connecting drugs to civil rights is an interesting approach, given that we have as a matter of public policy decided to throw all of these people away." Recasting the issue can help change that.

6. **Respect the power of a good story.** Join Together decided early to share not only research but also appealing anecdotes on effective community practices. "We chose our stories of what was going on in communities based on whether they expressed something that the research literature said was good practice," said Rosenbloom.

7. **Strategic alliances, acquisitions, and mergers can strengthen nonprofits.** Nonprofits should "think entrepreneurially," seeking opportunities to adapt, integrate, or continue the work of other organizations whose grant support is ending or that are closing down. The Partnership at Drugfree.org recognized that Join Together's intellectual property and diverse subscriber database could help it advance its mission and reach new audiences. (Report to RWJF)

AFTERWARD

With Join Together now integrated into The Partnership at Drugfree.org, its staff is seeking to expand its subscriber base and its impact. "The opportunity is to reach out to health care professionals, educators, clergy, and other folks who are touched on a daily basis by substance abuse, but who do not necessarily consider themselves in that field," said Clarkin. "We want to reach out to large national organizations that represent those professions and offer them content that we know can be relevant to them."

Join Together can also serve as a resource for advocates, Clarkin noted. "We think Join Together is an important platform for other organizations to draw on as they advocate for systems change in the substance abuse area."

One example is a $45,000 grant in 2012 to The Partnership at Drugfree.org from the Health Foundation of Greater Cincinnati to create and disseminate information on state-level implementation of the Affordable Care Act, especially in Ohio, Indiana, and Kentucky. Join Together's earlier advocacy work around adolescent addiction treatment and the health reform legislation was the gateway to securing this grant, according to project staff.

The Partnership also received a $15,000 grant from the state of Massachusetts in 2012 for the use of *www.alcoholscreening.org*. Staff members are talking to other states about obtaining funding for the use of Join Together web-based screening tools. They also hope to revive the continuing education components of Join Together if funding can be found.

Also in 2012, the American Legacy Foundation gave The Partnership an operating grant of $25,000.

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Program Area: Vulnerable Populations

Grant ID#s: 18312, 18713, 19307, 22578, 26942, 27954, 29585, 30686, 37337, 39125, 52024, 58660, 66272, 67455, 68598

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APPENDIX 1

National Advisory Committee for Join Together

Affiliations are current as of the committee's last meeting in Washington on September 11, 2001. Given the intense distress associated with that day, the project director did not convene the group again.

Calvin Hill, Chair
Great Falls, Va.

William R. Celester
Director
Police Department
Newark, N.J.

James E. Copple
Executive Director
Community Anti-Drug Coalition of America
Alexandria, Va.

Richard K. Donahue
Donahue & Donahue
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Andrew M. Mecca, PhD
Director
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Cheryl L. Perry, PhD
Professor
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Minneapolis, Minn.

Katherine P. Prescott
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Sue Rusche
Executive Director
National Families in Action
Atlanta, Ga.

Anderson Spickard, MD
Director
Fighting Back
Nashville, Tenn.

Josè Szapocznik, PhD
University of Miami School of Medicine
Miami, Fla.

J. Michael Walsh, PhD
The Walsh Group
Bethesda, Md.

APPENDIX 2

Other Funders

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

From 1991 to 2000, eight public and private funders supplemented RWJF's $19 million in funding during that period with grants of about $1 million. The largest federal funders

were the Center for Substance Abuse Prevention ($250,000) and the National Institute on Drug Abuse ($100,000). The Joyce Foundation provided $237,000, while the John D. and Catherine T. MacArthur Foundation provided $166,000.

The National Institute of Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism continued to provide funding from 2000 to 2004, including $100,000 for a training institute and $25,000 for an action kit on improving local treatment. The Joyce Foundation and the David Bohnett Foundation were among other funders.

By 2007, public and private sources accounted for about 40 percent of Join Together funding. These sources included the National Highway Traffic Safety Administration, Gifts of the Magi Foundation, the Charles Evans Hughes Memorial Foundation, and Cephalon Pharmaceuticals. Corporate funding from SciMed, Cephalon, and Reckitt-Benckiser supported some specialized website content. Google provided a $10,000 grant to enhance keyword advertising.

Join Together attracted significant new resources in 2009 and 2010, including funds from Boston University School of Public Health ($175,000, some of it in-kind), the Tower Foundation ($100,000), the Open Society Institute ($150,000), and Alkermes ($100,000).

APPENDIX 3

Lead Organizations in Demand Treatment! Communities

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

First cohort, selected in 2000

City of Boise Housing & Community Development
Boise, Idaho

Chicago City Partners
Chicago/Cook County, Ill.

City of Denver/Drug Strategies
Denver, Colo.

Employee & Family Resources
Des Moines/Polk County, Iowa

Office of the Mayor
Houston/Harris County, Texas

Drug Free Marion County
Indianapolis/Marion County, Ind.

Knox County Demand Treatment! Team
Knoxville/Knox County, Tenn.

Friends of Recovery
Manchester, N.H.

Drug Education Council, Inc.
Mobile/Mobile County, Ala.

Nashville Prevention Partnership
Nashville, Tenn.

CLEAR
Pittsburgh/Allegheny County, Pa.

University of Texas Health Science Center at San Antonio
San Antonio/Bear County, Texas

Community Substance Abuse Service
San Francisco/San Francisco County, Calif.

City of Trenton Department of Health and Human Services
Trenton, N.J.

Pima Prevention Coalition
Tucson/Pima County, Ariz.

Second cohort, selected in 2002

Adolescent Resource Center/Alcohol & Drug Services of Gallatin County
Bozeman/Gallatin County, Mont.

Coalition for a Drug-Free Carroll County
Carroll County, Md.

Cambridge Health Alliance
Everett, Mass.

Greater Flint Health Coalition
Genesee County, Mich.

Lincoln Council on Alcoholism & Drugs
Lincoln/Lancaster County, Neb.

The Healing Place
Louisville, Ky.

IMPACT
Milwaukee County, Wis.

Westfall Associates
Rochester, N.Y.

Project Help
Sacramento County, Calif.

A New PATH
San Diego County, Calif.

Substance Abuse Coalition of Sarasota County
Sarasota County, Fla.

Bucks County Council on Alcoholism and Drug Dependence
Southeast Pennsylvania

Join Together Northern Nevada
Washoe County (Reno), Nev.

Historic Triangle Substance Abuse Coalition
Williamsburg, Va.

APPENDIX 4

How Experts View Demand Treatment!'s Guiding Principles

Experts interviewed as part of the Demand Treatment! evaluation generally agreed with eight of its framing principles, ranked here from those with the greatest to the least consensus:

- Substance abuse needs more attention in health care training.
- Parity laws concerning substance abuse are absent or under-enforced.
- Fear of discrimination in the workplace keeps addiction hidden.
- Addiction is a chronic disease.

- Reductions in health insurance benefits discriminate against people with substance abuse disorders.
- Demand Treatment! policy panels bring attention to the inadequacy of treatment availability.
- Current treatment does not meet best-practice quality standards.
- Inadequate attention is paid to the patient's length of treatment.

Four other principles won significant support from the experts, but opinions were less uniform:

- Targeted media campaigns can reduce discrimination.
- Targeted media campaigns can increase access to treatment.
- Increased demand for treatment will improve capacity.
- There is a shortage of effective local leadership.

Two Demand Treatment! principles garnered relatively little support:

- Substance abuse without addiction is a chronic disease.
- Increased demand for treatment will increase treatment quality.

APPENDIX 5

Project List

The Partnership at Drugfree.org.

Supporting The Partnership at Drugfree.org's Acquisition of Join Together's Assets and Constituencies

ID# 68598 (February 2011–January 2012) $250,000

Project Director

Sean Clarkin, MBA

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Boston University School of Public Health (Boston, Mass.)

Join Together: A National Technical Assistance Project for Substance Abuse Initiatives

ID# 67455 (April 2010–September 2010) $339,258

ID# 66272 (May 2009–April 2010) $954,212

ID# 58660 (May 2007–April 2009) $2,505,524

ID# 52024 (August 2005–April 2007) $3,604,306

ID# 39125 (May 2002–April 2005) $9,000,000
ID# 37337 (May 2000–June 2003) $5,999,997
ID# 35347 (September 1998–July 1999) $269,868
ID #30686 (December 1996–October 1997) $138,404
ID #27954 (May 1999–May 2000) $2,378,958
ID# 29585 (August 1996–August 1998) $383,122
ID# 26942 (June 1996–May 1999) $5,499,212
ID# 22578 (August 1993–February 1995) $102,346
ID# 19307 (March 1993–October 1996) $8,782,509
ID# 18713 (September 1991–April 1993) $1,931,002

Project Director
David L. Rosenbloom, PhD
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Community Medical Alliance (Boston, Mass.)
Planning for Program to Aid Community Substance Abuse Initiatives
ID# 18312 (April 1991–September 1991) $44,809

Project Director
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BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Products created by Join Together are now available through a portal on The Partnership at Drugfree.org's website. See details below.

Communication or Promotion

www.drugfree.org/join-together. A portal on The Partnership at Drugfree.org website includes most of the resources created by Join Together, as well as new articles and other content updated daily. To find this information, archived by subject and date, use the Search box on the upper right.

www.alcoholscreening.org. Created to help individuals assess and respond to a potential alcohol problem. Relaunched April 2010. Boston: Join Together.

www.drugscreening.org. Created in 2007 to help individuals assess and respond to a potential drug problem. Boston: Join Together.

Facebook page: *https://www.facebook.com/partnershipdrugfree*. Created January 2010.

Twitter page: *https://twitter.com/drugnews*. Created January 2010.

Twitter Page: *https://twitter.com/MedicineAbuse*. Created July 2012.

Books

How Do We Know We Are Making A Difference? A Community Alcohol, Tobacco, and Drug Indicators Handbook. Boston: Join Together, 2005. Available online.

Reports

Ambrogi R, Downing R, and Rosenbloom D. *Fixing a Failing System: How the Criminal Justice System Should Work With Communities to Reduce Substance Abuse*. Recommendations from a National Policy Panel. Boston: Join Together, 1996. Abstract available online.

Ambrogi R, Downing R, and Rosenbloom D. *Treatment for Addiction: Advancing the Common Good*. Boston: Join Together, 1998.

Ambrogi R, Rosenbloom D, and Downing R. *Take Action on Five Policies America Must Adopt to Reduce and Prevent Substance Abuse*. Boston: Join Together, 1996. Abstract available online.

Brownsberger WN and Aromaa S. *An Empirical Study of the School Zone Law in Three Cities in Massachusetts*. Boston: Join Together, 2001. (Funded by the Shaw and Harpel Foundations.) Abstract available online.

Harwood H, Downing R, and Rosenbloom D. *Health Reform for Communities: Financing Substance Abuse Services. Recommendations From a Join Together Policy Panel*. Boston: Join Together, 1994. Abstract available online.

Hingson R and Rosenbloom D. *Save Lives: Report and Recommendations of the Join Together Public Policy Panel on Underage Access to Alcohol*. Boston: Join Together, 1993 (updated in 1995 and 1998). Abstract available online.

Join Together. *How Community Efforts to Reduce Substance Abuse Have Influenced Race Relations*. Boston, 1998.

Join Together. *How Efforts to Fight Substance Abuse Have Strengthened Civic Infrastructure*. Boston, 1998.

Join Together. *Ending Discrimination Against People With Alcohol and Drug Problems: Recommendations From a National Policy Panel*. Boston, 2003.

Join Together. *Rewarding Results: Improving the Quality of Treatment for People With Alcohol and Drug Problems*. Recommendations From a National Policy Panel. Boston, 2003.

Join Together. *Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment*. Briefing paper for a national policy panel. Boston, 2006. Available online.

Join Together. *Ten Drug and Alcohol Policies That Will Save Lives*. Boston, October 2004. Available online.

Join Together. *Lessons Learned: Affecting Health Care*. Boston, 1998. Abstract available online.

Patrizi Associates. *Assessment of Join Together*. Wyncote, PA, 1999.

Patrizi Associates. *Evaluation of the Demand Treatment! Initiatives of the Join Together Organization*. Wyncote, PA, 2006.

Physicians Leadership on National Drug Policy and Join Together. *A Physician's Guide on How to Advocate for More Effective National and State Drug Policies*, 2001. Available online.

Rosenbloom D, Dawkins C, and Hingson R. *Leading From the Ground Up: The Third National Survey of the Community Movement Against Substance Abuse*. Boston: Join Together, 1996. Abstract available online.

Smith S, Rosenbloom D, Dretler A, Hingson R, Paine K, and Bell N. *Promising Strategies: Results of the Fourth National Survey on Community Efforts to Reduce Substance Abuse and Gun Violence*. Boston: Join Together, 1999.

Toolkits

National Substance Abuse Technical Assistance Organizations (technical assistance guide). Boston: Join Together, 1998.