CENTRAL REGION Misuse of Alcohol and Drugs

2016-2019 Prevention Plan

I. THE CENTRAL REGIONAL SUBSTANCE MISUSE PREVENTION NETWORK

The Central NH Regional Public Health Network is one of 13 Regional Public Health Networks (RPHN) in the state of New Hampshire. The function of the RPHN is to deliver public health services within the region. Each region has a Public Health Advisory Council (PHAC) which represents communities, organizations and sectors interested or involved in public health activities within the region. The role of the PHAC in each region is to assess needs, guide decision-making, and encourage shared resources and investments in positive health outcomes.

New Hampshire's Regional Public Health Networks (RPHN) provides the infrastructure for a regional substance misuse prevention network. The role of the prevention network is to conduct three core prevention functions: 1) Align regional prevention efforts with the goals of the state plan and the New Hampshire State Health Improvement Plan (SHIP), 2) Build, maintain and sustain a regional network of professionals and community members who are concerned about substance misuse in the region, and 3) Leverage resources and providing technical assistance to promote best practices within six core sectors (Safety and Law Enforcement, Health & Medical, Education, Government, Business, and Community and Family Supports) in the community.

The Central NH Region along with the other thirteen Regional Public Health Networks, work in concert with other state agencies to address the goals and objectives outlined in the state plan, *Collective Action – Collective Impact (CA-CI): New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery*, which was released in February 2013. During the planning process, the New Hampshire Governor's Commission on Alcohol and Drug Abuse established two over-arching goals for the state: 1) To reduce the number of residents misusing alcohol and other drugs and 2) To increase the number of residents with a substance use disorder accessing treatment and recovery support services. Within the first goal, the reduction of alcohol abuse, marijuana use and non-medical use of pain relievers and prescription drugs were specific areas identified for prevention efforts. The Commission has also identified the use of heroin and synthetic drugs as priority areas for prevention efforts since its state plan was released.

The Commission's substance misuse goals are broad and provide an opportunity within which public health regions and local communities may determine more specific goals and objectives that align with factors that contribute to the problem of substance misuse identified by those living and working in the community. The Commission also identified goals and objectives within strategy areas; leadership, financial resourcing,

public education training & professional development, data utilization and effective policy, practice & programs. Commission, task force and stakeholder activities are described for each strategy area. (See *Collective Action-Collective Impact,* pages 35-43)

As a result of the state public health alignment initiative, The Central NH Public Health Network was formed in 2013 operating under the auspices of the Central NH Health Partnership (CNHHP) with Mid-State Health Center serving as the fiscal agent and oversight agency. The region which previously included the upper valley and spanned three counties is now comprised of 18 towns (Alexandria, Bridgewater, Bristol, Campton, Ellsworth, Groton, Hebron, Holderness, Lincoln, Livermore, Plymouth, Rumney, Thornton, Warren, Waterville Valley, Wentworth, and Woodstock in three sub-regions of Pemi-Baker; Newfound; and Lin-Wood regions with three school administrative units and 18 schools located in one county: Grafton County.

The Central Region has significant economic disparities within our service area spanning the professionals working for Plymouth State University and wealthy second-home owners on Newfound and Squam lakes to two major ski areas, Loon Mountain and Waterville Valley. As a contrast the Central Region is home to year-round blue-collar workers in Bristol and the greater Plymouth region (which serves as a hub for many social service agencies), Speare Memorial Hospital and community providers, Mid-State Health Center and Genesis Behavioral Health. The presence of a college community in a traditionally rural area has contributed to cultural divides—both educationally and economically. The towns in the Central region, with the exception of Hebron, Holderness, and Waterville Valley all have median household incomes are significantly below the statewide average. Rural environments can be excellent for youth development, but they also present a unique polarization of risk and protective factors that can both threaten and isolate local youth. While there are inherent benefits to our Central NH region, there are significant challenges to positive youth development. Among other factors, increased working hours of commuting parents leads to more unsupervised time during high-risk hours for children and youth. The transient and unstable nature of our tourist-based seasonal economies of Lincoln-Woodstock and Newfound regions and the absence of protective factors stemming from the demands associated with low-income populations can compromise the health and well-being of children, youth, and adult residents. Recreational offerings are limited unless youth are involved in school clubs or sports. In spite of non-profit attempts to install transportation to outlying communities to decrease isolation, our rural communities lack positive youth activities and programming available to urban areas of NH. Having a college town in the Central Region provides many positives and benefits. However the presence of high education also poses a serious risk factor that translates into increased social access of alcohol and drugs through off-campus parties.

In 2013, Communities for Alcohol- and Drug-free Youth (CADY) was sub-contracted by Mid-State Health Center to serve as the Central NH Prevention Network.

CADY is a 501(c)3 nonprofit organization and thriving prevention coalition serving the same 18 towns in central New Hampshire that are located within the Central NH Regional Network. Established in 1999, CADY was a recipient of the State Incentive Grant and then, and in 2003, went on to become a 10-year federal Drug Free Communities (DFC) grantee. CADY has an outstanding success story that includes exemplary coalition-building, evidence-based programming, and numerous local, state, and national awards based on coalition building and measurable outcomes. CADY is dedicated to preventing and reducing youth substance use and improving the lives of children, youth, and young adults through the implementation of environmental prevention strategies and evidence-based programs utilizing the Strategic Prevention Framework. CADY's mission is to work with schools and communities to prevent and reduce youth substance use and to promote healthy environments and promising futures. CADY engages a broad, diverse, rich pool of community stakeholders and resources, and receives public and private funds and over $100,000 of in-kind donations yearly.

II. NETWORK ACHIEVEMENTS AND COMMUNITY ASSETS

PROGRESS MADE AND LESSONS LEARNED

In the past three years, the Central Regional Network focused on several key strategies that directly targeted identified goals and objectives in the 2012-2015 Lower Grafton County Regional Network Strategic Plan for Prevention. According to substance misuse trends from the 2014 Teen Assessment Project Survey, significant progress has been made on the following indicators in the youth population from the Pemi-Baker School District with all indicators significantly below statewide averages (see table 1 below). Gains reported by CHI on the 2014 TAP assessment include: 30-Day Alcohol decreased 36%; Tobacco use decreased 68%; 30-Day Marijuana is down 31%; 30-Day Binge Drinking is down 48%; Rx lifetime is down 57% with Heroin (lifetime) at .50% as compared to statewide average of 3% and Synthetics lifetime use at 5.4% compared to 14.1% statewide. We primarily focused on high-school aged youth population during this timeframe and worked with Plymouth State University on several initiatives as well. Other progress and lessons learned can be viewed in the Central Region Substance Misuse Annual Report found at the following link: www.cadyinc.org. Moving forward, as a result of the 2016-2019 strategic planning process, based on state-level NSDUH data and regional data, we will begin a more strategic focus on our region's young adult population, as rates of use are alarmingly high in this demographic.

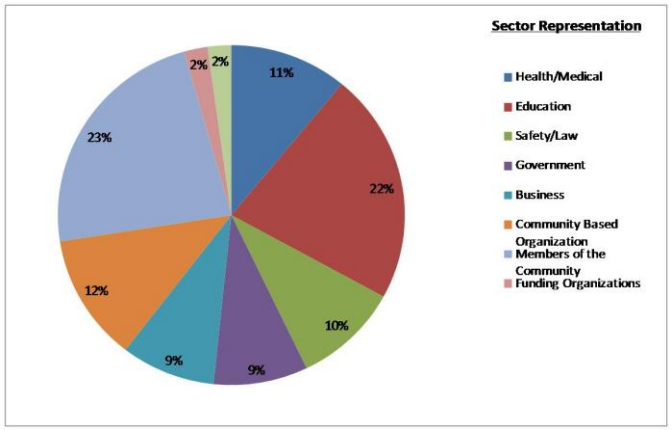
REGIONAL ASSETS THAT SUPPORT SUBSTANCE MISUSE PREVENTION

Local Coalitions: Coalitions can be a very powerful strategy to (1) harness local resources and (2) implement the kinds of multidimensional solutions that match the level of complexity of substance misuse issues in local communities. Running a successful coalition is a complex task. As with organizations, coalitions have missions and goals for their work. However, unlike singular organizations, coalitions distribute their resources and activities across multiple stakeholder groups—each with its own agenda, priorities, constraints and way of doing business. The coalition represents a nexus of these different organizations around a particular issue or focus. The stronger this nexus, the more impact a coalition can have in the community. (*CADCA Capacity Primer, 2010*). The Central NH Region has had three local coalitions that are each working at the community-level to bring stakeholders together to develop a change in local contributing factors, including perception of risk, perception of peer and parent disapproval, and access to substances. The Lin-Wood Coalition for a Healthy Community and CADY are well established entities with very active membership, including youth leadership and positive youth development programs, strong relationships, and stellar outcomes in their respective communities. The Plymouth Police Department in collaboration with CADY (Communities for Alcohol- and Drug-Free Youth) and Speare Memorial Hospital hosts the sole medication drop box in the region. In the last few months, a newly emerging grassroots coalition, Stand Up Newfound (S.U.N.), is forming in response to community concern over the opioid epidemic. The Central Region Prevention Network will continue to provide technical assistance and support to build the capacity of each of these coalitions.

High Levels of Readiness and Partnerships: As evidenced over the past 15 years by the extensive collaborations and underwriting of CADY initiatives and local youth programs by community partners, it is clear that the Pemi-Baker and Lincoln-Woodstock communities are at a high level of prevention readiness. One example is the engagement of over 200 stakeholders in the CADY Regional Prevention Summit with full costs of this annual event, exceeding $7,000, covered by community sponsorships. However, the Newfound region communities' readiness level and support for youth prevention programming is low. However, in 2015 significant momentum began building with the emergence of the Stand Up Newfound Coalition. S.U.N .has a continuum of care mission and is beginning to make strides in building awareness of the need for elevated prevention, intervention, treatment, and recovery services. S.U.N. has identified the need for positive youth development youth programming as an implementation goal for 2016. Prior to 2009, CADY had in-school prevention programming in place in Newfound Regional High School and Newfound Memorial Middle School with transportation to Plymouth provided for youth enrolled in the LAUNCH Youth Entrepreneurship Program. The majority of youth prevention programming was cut in 2009 following state elimination of funding for direct-service prevention programs. Currently, the Newfound region lacks direct-service prevention youth programs with both the Pemi-Baker and Lincoln-Woodstock regions providing several opportunities for youth engagement and empowerment.

Sector Engagement : In May/June 2015 a Stakeholder Survey was conducted in the Central Region. The aim was to provide a snapshot of our network's sector representation as well as to identify perceived levels of engagement among the network's stakeholders. Data collected from this survey helps to inform strategies for sector recruitment and engagement.

Community engagement is a dynamic and ongoing process. The Central Region Public Health Advisory Council (CPHAC) is a work in progress—it is still norming and forming towards a fully operational council. The CPHAC has provided the region with a vehicle to meaningfully engage leaders from sectors that have been traditional partners.



Results of the Spring, 2015 Central Region Stakeholder Survey affirm a highly engaged base exists. It has, however, been recognized by our PHAC that continued outreach and development is needed to ensure ongoing sector level representation on the PHAC. PHAC membership recruitment has been identified as a key priority of PHAC leadership.

The CPHAC has approximately 20 members representing leadership from the six core community sectors and we will work to ensure the geography of our new region is reflected in membership. The CPHAC meets bi-monthly and has an established Executive Committee. Every spring, CADY spotlights three local "champions," at our regional prevention summit to raise awareness of the importance of community partners in prevention and to encourage emerging leadership. We understand that prevention leadership development is critical to our region's success. Community stakeholders who are actively involved and committed to prevention serve as the backbone for regional SMP efforts. Our regional network believes it is necessary to recognize accomplishments, acknowledge contributions and thank all community partners to sustain the coalition with futures leaders and financial support.

III. REGIONAL PLAN DEVELOPMENT

PROCESS AND PARTICIPANTS

The state of New Hampshire endorses and promotes the Strategic Prevention Framework (SPF) as the model for conducting evidence-based prevention planning and implementation throughout the state. The SPF is designed to engage community partners within a certain defined

population in five continuous spheres: Assessment, Capacity Building, Planning, Implementation and Evaluation (ACPIE). Cultural competence and sustainability are always considered in every step to ensure relevant and effective prevention practice.

To develop this strategic plan, the Central NH Region utilized elements of the SPF Framework to engage in a two-step process over the course of one year:

Step 1: During the period of March through July, 2014, an assessment of community health needs in the communities of Central NH region was conducted by the Central NH Health Partnership. The purpose of the assessment was to identify community health concerns, priorities and opportunities for community health care delivery systems improvement. Methods employed in the assessment included a series of community discussion groups convened and moderated by members of the Central NH Health Partnership.

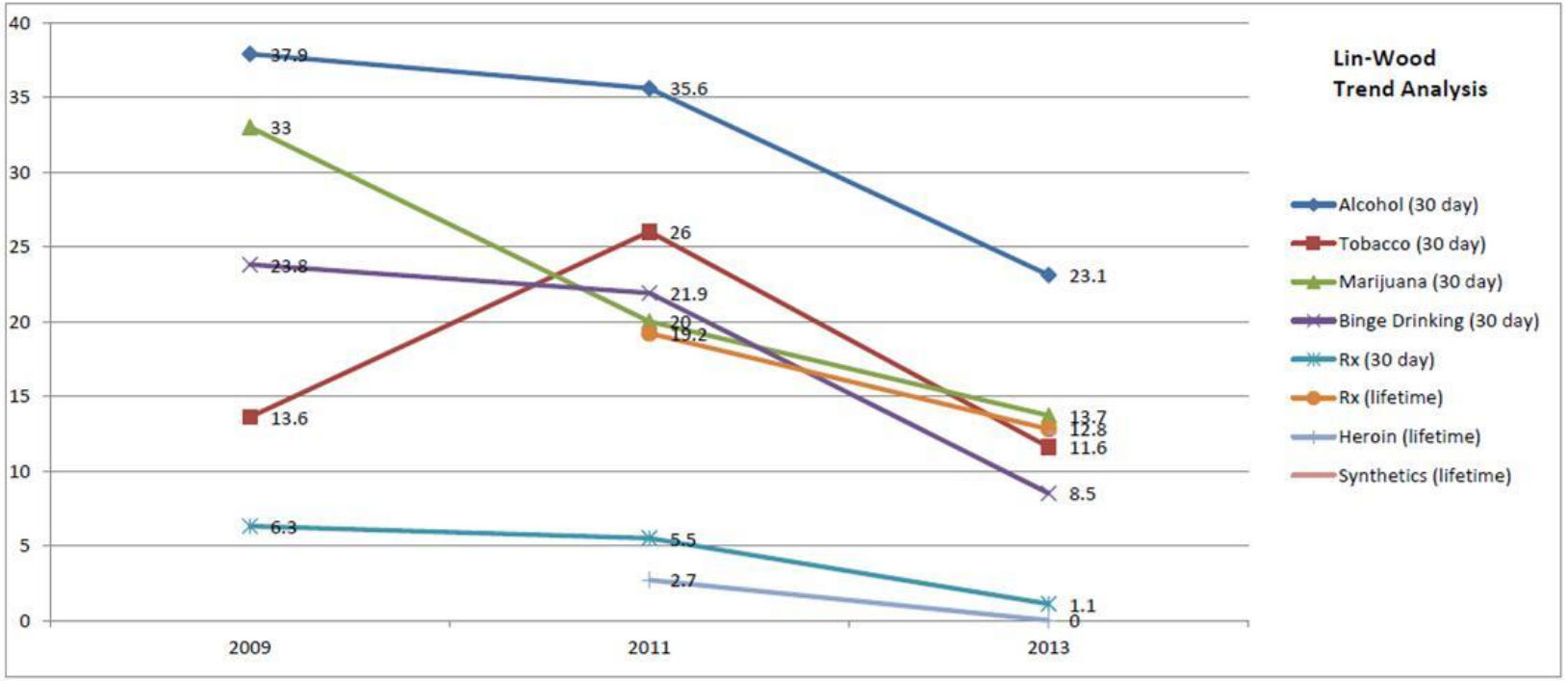
Step 2: In June of this year, Substance Misuse Prevention Coordinator, Deb Naro, led a discussion of the strategic planning process with members of the Central Region's Public Health Advisory Council (PHAC) and CADY Board of Directors. The discussion was followed with the completion of a Survey Monkey to collect input and insights on local incidence, contributing factors, and key strategies to address identified issues.

Participants engaged in the strategic planning process were representative of the regional geography, prevention, treatment and recovery systems of care, as well as the six core community sectors.

ALCOHOL AND OTHER DRUG PROBLEMS IN THE CENTRAL REGION

In comparing the last three YRBS iterations for one of our three districts, the Lincoln-Woodstock Region, our smallest sub-region, Table 1 below notes a significant decrease in self-reported use for high-school aged youth, with 2013 results significantly below state-wide trends.

TABLE 1. LIN-WOOD REGIONAL HIGH SCHOOL AGED YOUTH TREND ANALYSIS



				Lin-Wood Region						
	Substance Misuse Trends									
		TAP (grades 7-12)				**YRBS (HS only)**			**State-wide**	
		2000	**2003**	**2005**	**2007**	**2009**	**2011 (73)**	**2013 (95)**	**2013**	
	Alcohol (30 day)	30	33	35	44	37.9	35.6	23.1	34	
	Tobacco (30 day)	27	14	24	21	13.6	26	11.6	14.4	
	Marijuana (30 day)	25	25	26	29	33	20	13.7	24.2	
	Binge Drinking (30 day)	28	38	32	24	23.8	21.9	8.5	19.4	
	Rx (30 day)					6.3	5.5	1.1	7.8	
	Rx (lifetime)						19.2	12.8	16.6	
	Heroin (lifetime)						2.7	0	3	
	Synthetics (lifetime)							12.6	14.1	

TABLE 2. PARENTAL CONSEQUENCES: RESEARCH HAS SHOWN THAT STRONG, CLEARLY ESTABLISHED BOUNDARIES CAN BE A PROTECTIVE FACTOR AGAINST SUBSTANCE USE AMONG YOUTH.

An adolescent's formal or informal membership in a group of peers also influences risk-taking behaviors. Research findings have shown that peer networks have a significant influence on alcohol and drug use. In a recent study it was found that adolescents with fewer than four friends who use alcohol or drugs are more likely to abstain from alcohol or drug use than other adolescents and are more likely to continue in a peer network with few alcohol or drug users (Ramirez, et. al., 2012). In 2013 there was a reduction of 5.9% of youth in the Lin-Wood Region who agreed their guardians have clear rules and standards for their behavior.

Lin-Wood Region Question: "Do you agree or disagree that your guardians have clear rules and consequences for your behavior?"	YRBS	YRBS	State-wide
Percentage of Students who agree or strongly agree their guardians	2011	2013	2013
have clear rules and standards for their behavior.	83.3	77.4	77.0

TABLE 3. PERCEPTION OF PEER DISAPPROVAL. WHEN YOUTH PERCEIVE THEIR PEERS DISAPPROVE THEY ARE LESS LIKELY TO ENGAGE IN THE BEHAVIOR. Perception of peer disapproval for Lincoln-Woodstock area youth is higher than the statewide average on all indicators.

Lin-Wood Region Peer Disapproval "Wrong and Very Wrong"			
	YRBS 2011	YRBS 2013	State-wide 2013
Beer, wine and liquor (early 1 or 2 every day)	73.6	63.2	51.9
Marijuana	56.9	56.8	41.5
Rx not prescribed to you	88.7	80	72.5

TABLE 4. LIN-WOOD ACCESS TO SUBSTANCES

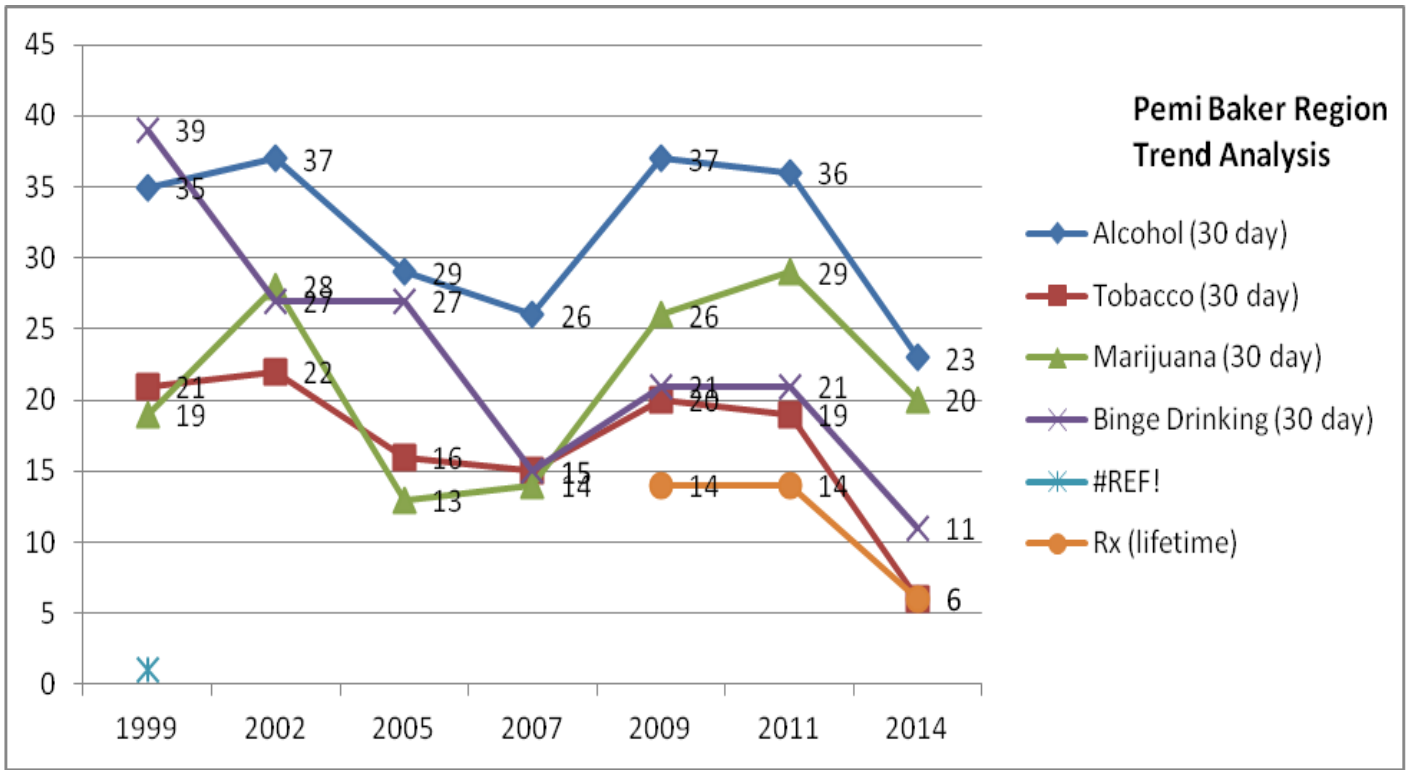
LINCOLN-WOODSTOCK REGION YRBS RESULTS

Access "Very Easy"

	YRBS		State-wide
	2011	2013	2013
Beer, wine and liquor	28.2	30.9	39.6
Marijuana	23.9	22.3	44.5
Rx not prescribed to you	7	9.6	15.6

In comparing the last three TAP iterations for the Pemi-Baker region, our largest sub-region, similar declines to the Lincoln-Woodstock region, as measured by the TAP Survey, are noted with across the board declines outlined in table 4 below. While significant progress has been made on all risk indicators, with the anticipated opening of an Alternative Treatment Center in Plymouth in January, 2016, will require additional technical assistance and support for local municipalities, schools, coalitions, and youth-serving organizations will be required as they plan and implement proactive approaches towards the recently enacted Therapeutic Cannabis Program (RSA 126-x), which establishes Alternative Treatment Centers (ATCs), or marijuana dispensaries, throughout the state and in our immediate region.

TABLE 5. PEMI-BAKER REGIONAL HIGH SCHOOL AGED YOUTH TREND ANALYSIS

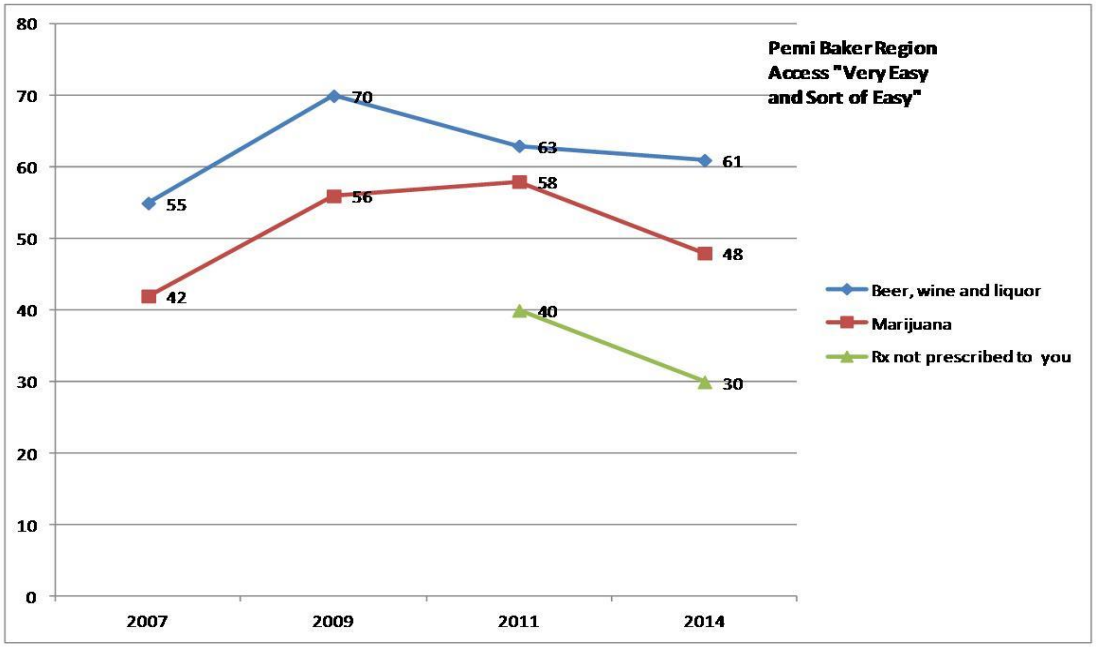


Pemi Baker Region

Substance Misuse Trends

	TAP							State-wide
	1999	2002	2005	2007	2009	2011	2014	2013
Alcohol (30 day)	35	37	29	26	37	36	23	34
Tobacco (30 day)	21	22	16	15	20	19	6	14.4
Marijuana (30 day)	19	28	13	14	26	29	20	24.2
Binge Drinking (30 day)	39	27	27	15	21	21	11	19.4
Rx (30 day)								7.8
Rx (lifetime)					14	14	6.1	16.6
Heroin (lifetime)							0.5	3
Synthetics (lifetime)							5.4	14.1

TABLE 6. PEMI-BAKER ACCESS TO SUBSTANCES: Availability of drugs and alcohol, and the perceived availability of drugs and alcohol have been found to be correlated with substance use rates (Johnson, et al, 1985). The TAP survey asked teens to rate how easily they could get certain substances. Table 6 shows the perceived ease of obtaining alcohol, marijuana, and prescription drugs not prescribed to them.



PEMI-BAKER REGION TAP RESULTS

Access

	TAP "Very Easy and Sort of Easy"				"EASY" TAP	"EASY" State-wide
	2007	2009	2011	2014	2014	2013
Beer, wine and liquor	55	70	63	61	28.7	39.6
Marijuana	42	56	58	48	26.3	44.5
Rx not prescribed to you			40	30	13.9	15.6

TABLE 7. PEMI-BAKER PARENTAL CONSEQUENCES: RESEARCH HAS SHOWN THAT STRONG, CLEARLY ESTABLISHED BOUNDARIES CAN BE A PROTECTIVE FACTOR AGAINST SUBSTANCE USE AMONG YOUTH.

Pemi-Baker Region Question: "If you were drinking beer, wine or liquor and your parent(s) found out, do you think you would get in trouble at home?"	TAP	TAP	State-wide
Percentage of Students who agree or strongly agree their guardians have clear fules and standards for their behavior.	2011	2014	2013
	81.0	80.3	77.0

TABLE 8. PEMI-BAKER PERCEPTION OF PEER DISAPPROVAL. WHEN YOUTH PERCEIVE THEIR PEERS DISAPPROVE THEY ARE LESS LIKELY TO ENGAGE IN THE BEHAVIOR.

Pemi-Baker Region Question: "How wrong do you think it is for someone your age to?" Peer Disapproval "Wrong and Very Wrong"		TAP	State-wide
		2014	2013
Drink beer, wine and liquor regulary		66.3	51.9
Smoke marijuana		60.9	41.5
Rx not prescribed to you		NA	72.5

While two of our sub-regions, Pemi-Baker and Lin-Wood, have experienced significant improvement in core risk indicators, the Newfound Region has moved in the direction of increased use on most indicators with prescription drugs, heroin, and synthetic misuse indicated at alarmingly high levels. Table 9 below outlines the trend analysis with all indicators significantly above statewide averages.

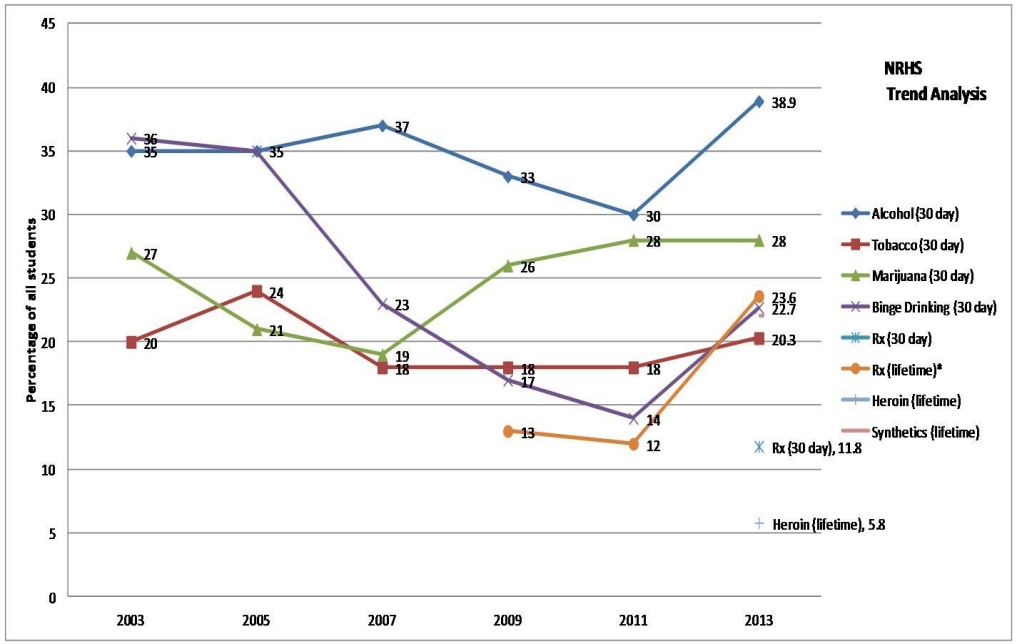


TABLE 9. Newfound Region Youth Substance Use Trend Analysis

Newfound Region							
Substance Misuse Trends							
	TAP (HS only)					**YRBS (HS only)**	**State-wide**
	2003	**2005**	**2007**	**2009**	**2011**	**2013**	**2013**
Alcohol (30 day)	35	35	37	33	30	38.9	34
Tobacco (30 day)	20	24	18	18	18	20.3	14.4
Marijuana (30 day)	27	21	19	26	28	28	24.2
Binge Drinking (30 day)	36	35	23	17	14	22.7	19.4
Rx (30 day)						11.8	7.8
Rx (lifetime)				13*	12*	23.6	16.6
Heroin (lifetime)						5.8	3
Synthetics (lifetime)						22.1	14.1

TABLE 10. ACCESS TO SUBSTANCES: Availability of drugs and alcohol, and the perceived availability of drugs and alcohol have been found to be correlated with substance use rates (Johnson, et al, 1985). The TAP survey asked teens to rate how easily they could get certain substances. Table 10 shows the perceived ease of obtaining alcohol, marijuana, and prescription drugs not prescribed to them.

NEWFOUND REGION YRBS RESULTS

Access "Very Easy"

		YRBS	State-wide
		2013	2013
Beer, wine and liquor		46.3	39.6
Marijuana		57.1	44.5
Rx not prescribed to you		22.6	15.6

Easy access to a substance can increase the likelihood of use. For example, in 2013, high school students in the Newfound region reported substance misuse was significantly higher among those who reported it being very easy to get compared to students in Pemi-Baker Region (Table 6) and Lin-Wood Region (Table 4).

There are varying levels of readiness evidenced in the three sub-regions with the Pemi-Baker and Lincoln-Woodstock regions at advanced levels of readiness with active engagement and commitment to youth prevention and resiliency building programming over the past decade. The Newfound Region has a newly emerging coalition, Stand Up Newfound (S.U.N), in the early stages of development. The S.U.N. Coalition emerged as a local think tank from concerns associated with the high incidence of heroin overdoses and related crime wave experienced in the last year. Youth prevention programming has been identified as a priority of this grassroots coalition for implementation in 2016.

TABLE 11. NEWFOUND REGION PARENTAL CONSEQUENCES: RESEARCH HAS SHOWN THAT STRONG, CLEARLY ESTABLISHED BOUNDARIES CAN BE A PROTECTIVE FACTOR AGAINST SUBSTANCE USE AMONG YOUTH.

Newfound Region Question: "Do you agree or disagree that your guardians have clear rules and consequences for your behavior?"	YRBS	State-wide
Percentage of Students who agree or strongly agree their guardians have clear rules and standards for their behavior.	2013 77.0	2013 77.4

TABLE 12. NEWFOUND REGION PERCEPTION OF PEER DISAPPROVAL. WHEN YOUTH PERCEIVE THEIR PEERS DISAPPROVE THEY ARE LESS LIKELY TO ENGAGE IN THE BEHAVIOR.

Newfound Region Question: "How wrong do your friends feel it would be wrong for you to" Peer Disapproval "Wrong and Very Wrong"	YRBS 2013	State-wide 2013
Drink beer, wine and liquor (nearly 1 or 2 every day)	46.1	51.9
Smoke marijuana	34.2	41.5
Take a prescription drug not prescribed to you	72.5	77

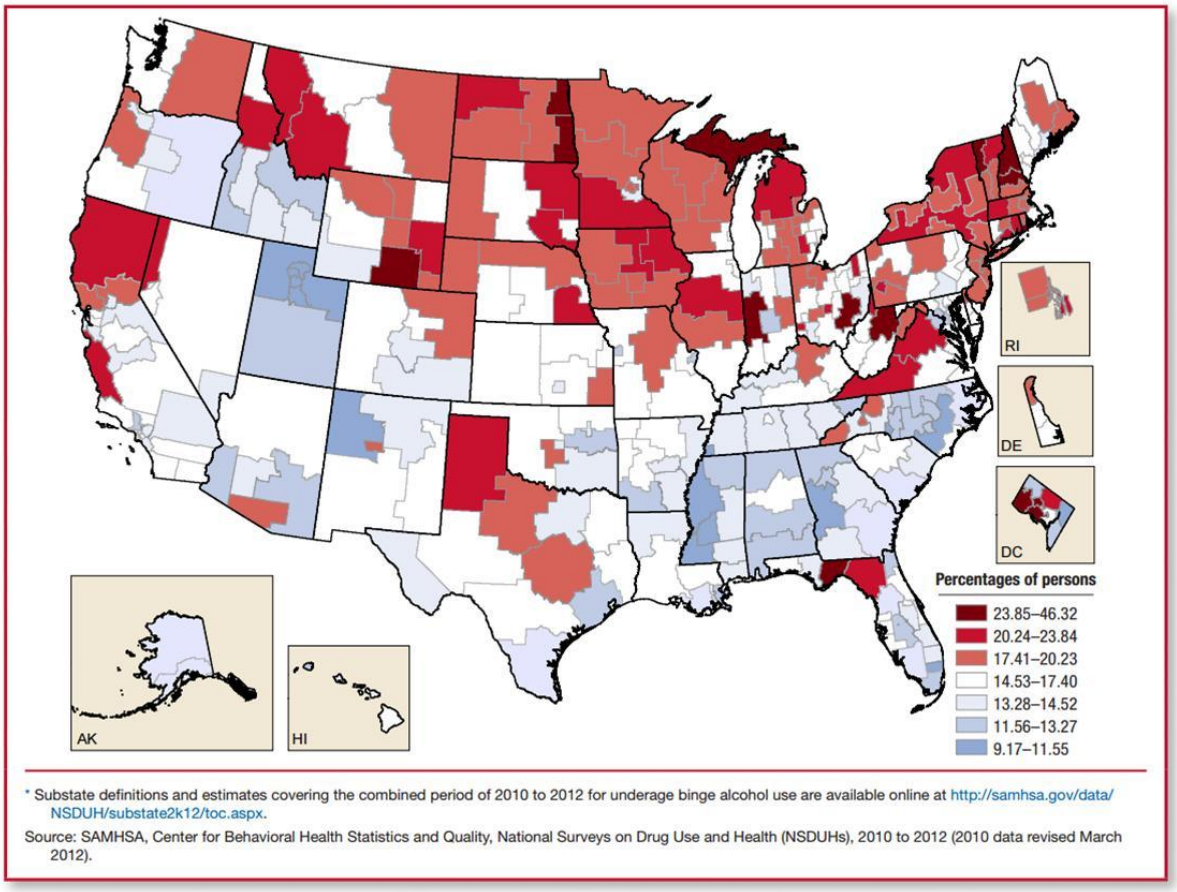
ALCOHOL: BINGE DRINKING

The Center for Disease Control [CDC] (2010) reports that Binge Drinking is the most common pattern of excessive alcohol use in the United States. New Hampshire has the highest rate of young adult binge drinking reported in the past 30 days than any other state in the country (2011 National Survey on Drug Use and Health (NSDUH).

Each year, thousands of adolescents and young adults engage in underage drinking, which negatively impacts their health and can lead to emergency department visits for alcohol-related illnesses, injuries, and other problems. For many youths excessive drinking results in premature mortality, with traffic crashes accounting for 36 percent of the alcohol-attributable deaths for those younger than 21. This NSDUH Report showed that the prevalence of underage binge alcohol use varies within state regions. The maps identify sub-state underage binge drinking levels for those aged 12 to 20 to help state policymakers and prevention specialists quickly see if there are locations in their state where this behavior is more common. The reduction of binge drinking by both youths and adults is an ongoing challenge for both the nation as a whole and for the states individually. Communities can confront underage drinking problems by considering proven approaches such as policies and practices restricting youths' access to alcohol, local media campaigns, and school-based curricula. It is critical to raise awareness about the dangers of underage drinking and to dispel cultural attitudes that support underage drinking as a "rite of passage."

Figure 1 depicts New Hampshire as one of 8 states with the highest incidence of binge drinking. NH rankings among the 50 states and territories, according to the 2013 MSDUH, indicates 5th highest state at 49.32% for past month binge drinking for the 18-25 year age range and 3rd highest for the 12-20 age range (p. 18; CA, CI 2013-2017).

FIGURE 1. Underage binge alcohol use in the past month among persons aged 12 to 20, by substate region*: percentages, annual averages based on 2010 to 2012 NSDUHs



* Substate definitions and estimates covering the combined period of 2010 to 2012 for underage binge alcohol use are available online at http://samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2010 to 2012 (2010 data revised March 2012).

Excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking can lead to increased risk of health problems such as liver disease or unintentional injuries. In the 2014 Central NH Health Partnership Community Health Assessment adults were queried on their binge drinking behavior. The results in Table 13 below indicate behavior above the state-wide average.

TABLE 13. CENTRAL REGION ADULT REPORTED BINGE DRINKING

Engaged in Binge Drinking in Past 30 days, Percent of Adults	
Area	All Ages
CNH Public Health Region	20.7%
New Hampshire	18.0%

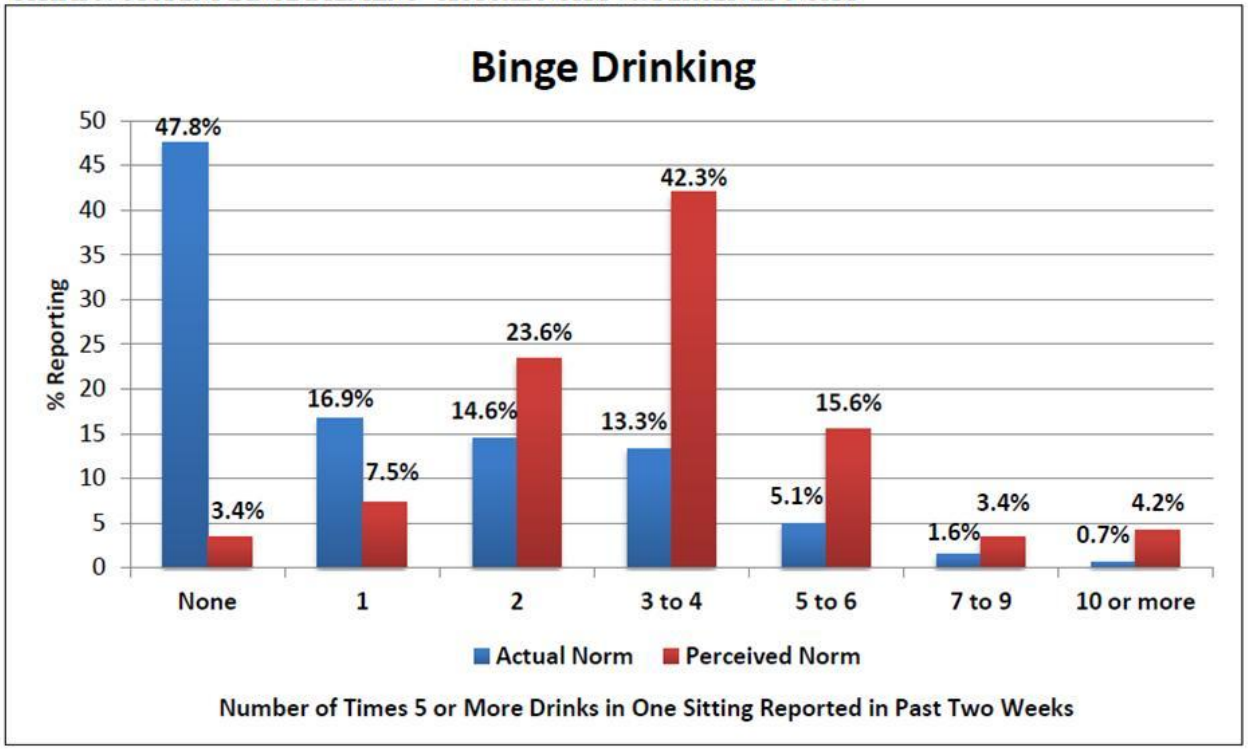
Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2011-2012.
Regional rate is not significantly different than the overall NH rates.

In the spring of 2013, the New Hampshire Higher Education Alcohol, Tobacco and Other Drug Survey was administered to 15,907 students at seven higher education institutions in the state, including Plymouth State University. The total number of students responding to the survey was 3,542. Graph #5 illustrates the data regarding perceived norm of binge drinking behavior among college students with the actual norm.

TABLE 14. N.H. COLLEGE STUDENT BINGE DRINKING. (Data Source: New Hampshire Higher Education, Alcohol, Tobacco and Other Drug Survey, NHHEATOD 2013). According to referenced survey, Graph 5 illustrates that NH college students are perceiving binge drinking behavior of their peers to be higher than actual use. It is a concern, however, that 52% of NH college students are binge drinking 1-10 times bi-weekly.

HOW MANY TIMES IN THE LAST TWO WEEKS HAVE YOU HAD FIVE OR MORE ALCOHOLIC DRINKS IN ONE SITTING? … TYPICAL STUDENT AT YOUR SCHOOL HAS HAD FIVE OR MORE ALCOHOLIC DRINKS IN ONE SITTING?

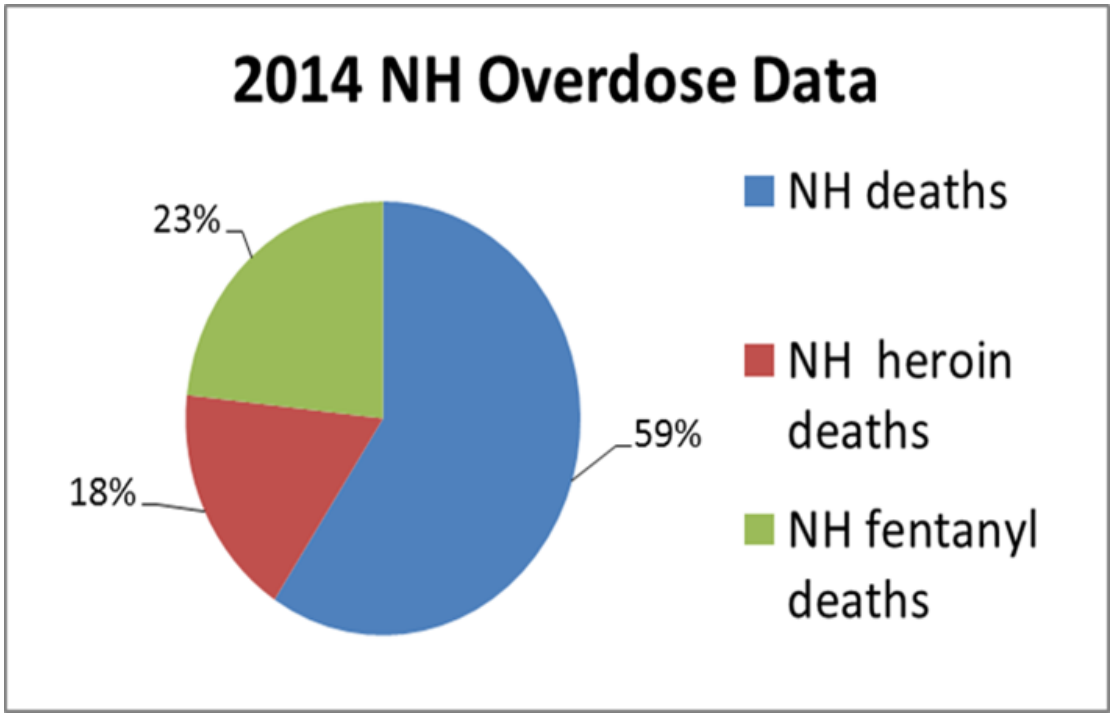
GRAPH 5: STUDENT BINGE DRINKING - ACTUAL NORM VS. PERCEIVED NORM



OPIOIDS

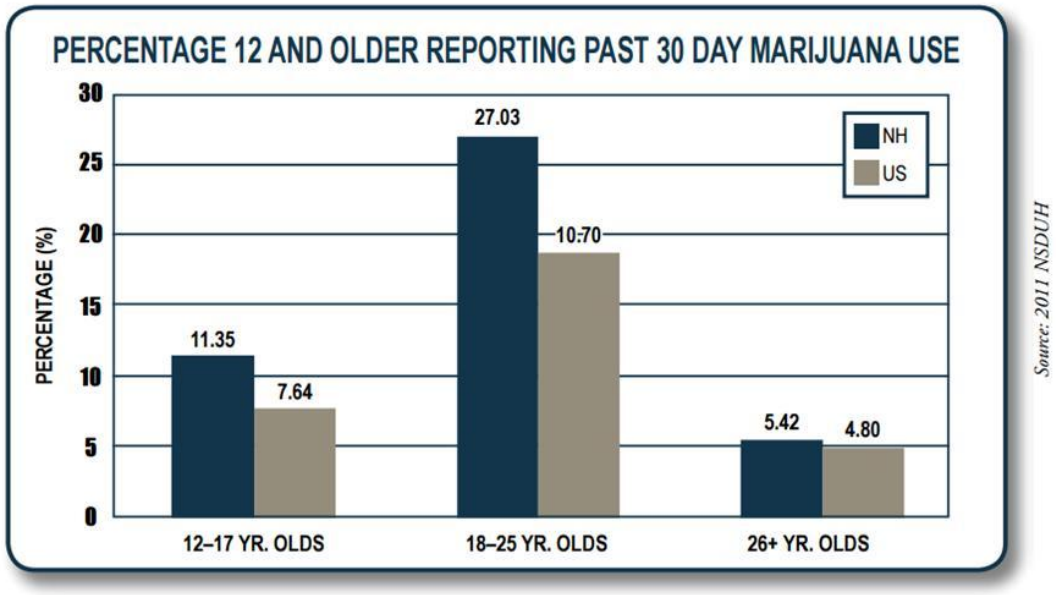
As illustrated in Table 15 below, in 2014, there were 326 overdose deaths in New Hampshire. Of those deaths, 17 were Grafton County drug-related deaths (NH Medical Examiner's Office). This represents a 70% increase in deaths from 2013 to 2014. By identifying and implementing strategies to address illicit Opioid use prevention, addiction and treatment, the Central Region SMP network will work to prevent and reduce deaths in our region and Grafton County.

TABLE 15. NH Overdose Data



YOUNG ADULT MARIJUANA USE. NH ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 NSDUH, the prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The graph below depicts 30-day marijuana use of three categories with young adults, age 18-25 years old use at significantly higher rates. According to the NHHEAOD Summary Report, in 2015 Plymouth State University students reported 30-day marijuana use at 39%.

TABLE 16. PERCENTAGE 12 AND OLDER REPORTING PAST 30 DAY MARIJUANA USE (Source: 2011 NSDUH). Marijuana's negative effects on attention, motivation, memory, and learning can last for days and sometimes weeks—especially in chronic users (NIDA). Marijuana smokers experience the same health problems as tobacco smokers: bronchitis, emphysema, and bronchial asthma. Extended use is associated with anti-motivational syndrome, lung damage, and risk to reproductive systems (DEA).



Source: 2011 NSDUH

IV. CENTRAL NH REGION GOALS, OBJECTIVES AND STRATEGIES

Based on input from local stakeholders and regional surveys (Youth Risk Behavior Survey—YRBS; Teen Assessment Project Survey—TAP; and the Central NH Health Partnership 2014 Community Health Assessment, the Central NH Regional Public Health Network has prioritized four substances to focus prevention efforts: Alcohol; Marijuana; Prescription Drugs (non-medical use) and Opioids. We have identified high-school aged youth and young adults (including college students) as target populations. We have six goals with objectives that will strengthen the ability of the network to build and sustain the leadership, capacity, knowledge, coordination and collaboration necessary to promote effective practices, programs and policies and to address substance misuse within six core community sectors and the community at large.

The Central NH Regional Network is working to achieve the following over-arching goals and objectives:

I. System-level goals and objectives that align with the goals and objectives of the state plan
II. System-level goals and objectives necessary to create, maintain and sustain the regional network
III. Goals and objectives indicating the substance use behaviors and risk or protective factors that the region is striving to impact through the implementation of best practices among the core sectors

To meet the goals and objectives outlined above, the regional network will oversee best practices on three levels:

- The adoption of stakeholder activities recommended by and aligned with *Collective Action-Collective Impact (CA-CI)* (pages 35-43)
- The implementation of community organizing best practices to create, maintain and sustain the regional network infrastructure for prevention

CENTRAL NH REGIONAL NETWORK GOALS AND OBJECTIVES

GOAL 1	INCREASE REGIONAL CAPACITY TO PREVENT SUBSTANCE MISUSE ACROSS SECTORS IN THE CENTRAL REGION BY ADVANCING THE LEVELS OF COMMUNITY ENGAGEMENT BY 5% IN EACH CATEGORY (STAKEHOLDER SURVEY).
Objectives:	
Increase the knowledge and skills of local coalition members by 10% (Stakeholder Survey).	
Increase the level of participation in coalition activities by 5% from 55 to 58, (Stakeholder Survey).	

SUBSTANCE MISUSE GOALS AND OBJECTIVES OF THE CENTRAL REGION

GOAL 1	DECREASE THE PERCENTAGE OF HIGH-SCHOOL AGED YOUTH WHO REPORT USING ALCOHOL IN THE PAST 30 DAYS FROM 38.9% to 34% by 2019
Objectives:	
Decrease the perception among high-school aged youth that it is easy or very easy to access alcohol from 46% to 39%. (YRBS,TAP)	
Increase the perception among high-school aged youth that their parents think it is wrong or very wrong for youth to drink alcohol regularly from 78% to 86%. (YRBS,TAP)	
Increase perception of peer disapproval of alcohol use from 46.1% to 51.9%. (YRBS,TAP)	

GOAL 2	DECREASE THE PERCENTAGE OF HIGH-SCHOOL AGED YOUTH WHO REPORT USING MARIJUANA IN THE PAST 30 DAYS FROM 28% to 24% by 2019.
Objectives:	
Decrease the perception among high school aged youth that it is easy or very easy to access marijuana from 57% to 44%. (YRBS,TAP)	
Increase the perception among high school aged youth that individuals who use marijuana regularly put themselves at great risk of harm from 18.5% to 22%. (YRBS,TAP)	
Increase the percent of high school aged youth who report that guardians have clear rules and standards for their behavior from 77% to 80%. (YRBS,TAP)	

REGIONAL NETWORK GOALS AND OBJECTIVES

GOAL 3	DECREASE THE PERCENTAGE OF HIGH SCHOOL AGED YOUTH WHO REPORT MISUSING PRESCRIPTION DRUGS IN THE PAST 30 DAYS FROM 12% TO 8% BY 2019.
Objectives:	
Decrease the perception among high school aged youth that it is easy or very easy to access prescription drugs from 22% to 15%. (YRBS,TAP)	
Increase the perception among high school aged youth that individuals who misuse prescription drugs put themselves at great risk of harm from 69% to 71%. (YRBS,TAP)	
Increase the perception among high school aged youth that their friends think it is wrong or very wrong for youth to misuse prescription drugs from 72.5% to 80%. (YRBS,TAP)	

GOAL 4	DECREASE THE PERCENTAGE OF HIGH SCHOOL AGED YOUTH WHO REPORT BINGING ON ALCOHOL IN THE PAST 30 DAYS FROM 22.7% (2013) TO 18% (2019):
Objectives:	
Decrease the perception among high school aged youth that it is easy or very easy to access alcohol from 46% to 39%. (YRBS,TAP)	
Increase the perception among high school aged youth that individuals who binge drink put themselves at great risk of harm from 30% to 40%. (YRBS,TAP)	
GOAL 5	DECREASE THE PERCENTAGE OF YOUNG ADULT COLLEGE STUDENTS WHO REPORT BINGING ON ALCOHOL IN THE PAST 30 DAYS FROM 53% (2015) TO 49% (2019):
Objectives:	
Increase the perception among college students that individuals who binge drink put themselves at great risk of harm.	
GOAL 6	DECREASE THE PERCENTAGE OF ADULTS WHO REPORT BINGING ON ALCOHOL IN THE PAST 30 DAYS FROM 20.7% (2014) TO 18% (2019):
Objectives:	
Increase the perception among adults that individuals who binge drink alcohol put themselves at great risk of harm.	

GOAL 7	DECREASE THE NUMBER OF OPIOID-RELATED DEATHS IN GRAFTON COUNTY FROM 17 (2014) TO LESS THAN 10 BY (2019). (NHME REPORT)
Objectives:	
Decrease the number of Opioid-related ER visits in Grafton County from 28 (2014) to less than 24 in (2019). (NHME report)	
Decrease the percentage of high school aged youth who report using heroin one or more times during their life from 5.8% to 3%. (YRBS,TAP)	

REGIONAL NETWORK STRATEGIES

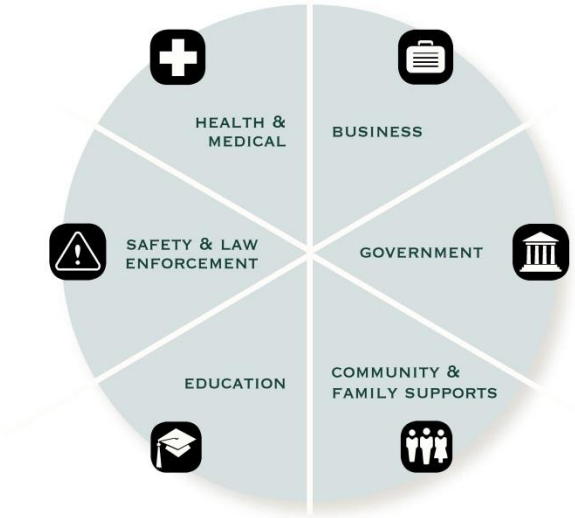
The table below demonstrates the commitments of the Central Regional Network over the next three years to meet the goals and objectives identified by the region to support the state plan and to create, maintain, and sustain the regional prevention infrastructure. The strategies below focus primarily on information dissemination, education, the facilitation of community-based process and environmental prevention strategies.

Strategy Area (s)	Activity	Regional Objectives Addressed by this strategy	*Alignment to SHIP and CA-CI*
Leadership	Leverage existing or emerging relationships, including state policymakers and lawmakers, to cultivate champions who have an understanding and knowledge of problems and solutions relative to alcohol and other drug misuse	Increase the knowledge and skills of the Central Region Public Health Network members and SMP Prevention Network partners and members. Increase cross-agency resourcing and related coordination for collaborative initiatives. Educate lawmakers and policymakers annually to increase their awareness of alcohol and other drug	Yes ☒

	(Adapted from CA-CI, p. 35)	costs, impacts, savings realized from preventing the high costs associated with substance misuse, and the successful health outcomes of individuals served.	
Leadership	Coordinate annual activities to train and develop community leaders to serve as prevention champions	Increase the knowledge and skills of local coalition members by 10% (as measured by Stakeholder Survey)	
Leadership	Meet or conduct an interview to personally invite community members from each sector to join the regional network.	Increase Central Region Prevention Network membership by 20% for each sector.	☐
Public Education	Engage stakeholder groups in the dissemination of public education messages and material (Adapted from CA-CI, p. 38)	Produce and disseminate effective messages for a range of topics, public audiences and media channel regularly each month.	☐X
Effective Policy, Practice, and Programs	Organize trainings and workshops to promote the use of evidence-based and research-based prevention practices and programs.	Support implementation with sufficient on-going training and technical assistance.	
Effective Policy, Practice and Programs	Provide TA to core sectors as needed	Support implementation with sufficient on-going training and technical assistance. Increase cross-agency resourcing and related coordination for collaborative initiatives.	

Effective Policy, Practice and Programs	Coalition Development	Increase the number of operational local community coalitions. Increase the level of collaboration between local community coalitions and youth-serving organizations. Increase perception of risk of harm of substance misuse for Elementary through High School-aged youth and the community-at-large.	
Effective Policy, Practice and Programs	Engage the core sectors by promoting expanded data collection, analysis and dissemination (Adapted by CA-CI, p. 41)	Promote on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs.	X
Environmental	Support local alcohol ordinances	Increase the perception among high school aged that their friends think it is wrong or very wrong to engage in underage drinking from 46% to 55%.	
Information Dissemination	Region wide media campaign on all substance	Provide awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families, and communities.	
Financial Resourcing	Continue to mobilize advocates for increased state funding and regional resourcing to support regional strategies implementation	Broader and deeper network capacity to educate, engage, and empower healthy decision making through increased knowledge and skills.	

Regional work plans are created annually based on the above commitments. Annual work plans are derived from the three-year strategic plan and are designed to serve as a roadmap for the regional network for a one year period. Annual work plans include detailed annual activities, the responsible party for each activity, targets and milestones, and timeline for completion. The Central Region's annual work plan can be accessed at: www.cadyinc.org.



EFFECTIVE SUBSTANCE MISUSE PREVENTION PRACTICE, PROGRAMS AND POLICIES WITHIN THE CORE SECTORS

The state of New Hampshire and the Central NH Region utilize a six-sector model for state and community prevention that serves as the foundation for building readiness, promoting best practices, and leveraging resources in a comprehensive and collective manner. The six sectors represent community institutions that are present in most towns and cities. The six sectors are impacted by and have the ability to positively impact substance misuse. The six core sectors are: Safety and Law Enforcement; Health & Medical, Education, Government, Business, and Community and Family Supports.

The tables below demonstrate the anticipated commitments that will be made by each sector in the Central Regional Network over the next three years to meet the goals and objectives identified by the region to prevent and reduce substance misuse. The strategies chosen address the various categories of prevention, as defined by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP). A comprehensive plan is essential to impact the substance misuse goals and objectives identified by the region.

Safety and Law Enforcement

LOCAL LAW ENFORCEMENT • DRUG TASK FORCES • JUDICIAL SYSTEMS • FIRST RESPONDERS • EMERGENCY MEDICAL TECHNICIANS • DRUG DIVERSION INVESTIGATORS • NATIONAL GUARD

CSAP Strategy	*Activity*	*Lead Organization(s)*	*Regional Substance Misuse Prevention Objectives Addressed by this Strategy*	*Alignment to SHIP and CA-CI*
Environmental	Increased law enforcement patrols and surveillance on high-risk weekends	Local Police Departments	Decrease the perception among high-school aged youth that it is easy or very easy to access alcohol from 46% to 39%	*X*
Education and Information Dissemination	Promote the use of and data collection, analysis and reporting relative to medication drop boxes.	CADY; Local Police Departments	Decrease the perception among high school aged youth that it is easy or very easy to access prescription drugs from 22% to 15%	*X*
Environmental	Increase medication collection boxes	Bristol Police Department	Decrease Rx diversion	*X*
Environmental	Increase law enforcement participation in DEA Drug Take Back events	CADY; local police departments	Decrease Rx diversion	*X*
Problem Identification and Referral	Juvenile Court Diversion	Restorative Justice Court Diversion Program	Increase capacity in the region to address substance misuse with a prevention and intervention model	

Health & Medical

ADDICTION TREATMENT • BEHAVIORAL HEALTH • EMERGENCY CARE • HEALTH EDUCATORS INSTITUTIONAL CARE • PEDIATRICS • PRESCRIBERS • PRIMARY CARE

CSAP Strategy	*Activity*	*Lead Organization(s)*	*Regional Goals and Objectives Addressed by this Strategy*	*Alignment to SHIP and CA-CI*
Community-based process and Education	Promote the integration of mental health and alcohol and other drug misuse prevention efforts, including professional development and service delivery	CADY; CNHHP Health and Medical members	Increase cross-agency resourcing and related coordination for collaborative initiatives. Support implementation with sufficient on-going training and technical assistance.	*X*
Information Dissemination and Education	Promote data collection, analysis and reporting relative to substance misuse among youth and young adults.	CADY; CNHHP Health and Medical members	Decrease the percentage of high school aged youth who report using heroin one or more times during their life from 5.8% to .5%	*X*

Education

SCHOOL SAFETY OFFICERS • CAMPUS HEALTH SERVICES • SCHOOL NURSES • CAMPUS POLICE • STUDENT ASSISTANCE COUNSELORS • COLLEGE COUNSELING DEPARTMENTS • COACHES & CO-CURRICULAR ADVISORS • TEACHING STAFF & ADMINISTRATION

CSAP Prevention Category	*Activity*	*Lead Organization(s)*	*Regional Goals and Objectives Addressed by this Strategy*	*Alignment to SHIP and CA-CI*
Effective Policy, Practice and Programs	Support Student Assistance Providers and schools in adopting and sustaining evidence-based policy, practice, and programs	Newfound Regional High School and Lin-Wood High School; CADY	Increase the perception among high school aged youth that their friends think it is wrong or very wrong for youth to drink alcohol regularly from 46% to 52%. Increase perception among high school aged youth that individuals who misuse prescription drugs put themselves at great risk of harm from 62% to 71.5%	*X*
Effective Policy, Practice, and Programs	Provide assistance in the adoption and sustaining of Life of an Athlete	Plymouth Regional High School; CADY	Increase the perception of great risk of marijuana use among high school aged students from 32.5% to 40%. Increase perception among high school aged youth that individuals who misuse prescription drugs put themselves at great risk of harm from 71.5% to 75%.	*X*

Government

COUNTY OFFICIALS • FEDERAL GOVERNMENT • MUNICIPAL GOVERNMENT • LOCAL GOVERNING BOARDS • STATE REPRESENTATIVES • OTHER ELECTED OFFICIALS • CITY AND TOWN OFFICERS

CSAP Prevention Strategy	*Activity*	*Lead Organization(s)*	*Regional Goals and Objectives Addressed by this Strategy*	*Alignment to SHIP and CA-CI*
Community-based process and Education	Cultivate expanded local government leadership relative to understanding and addressing the impact of substance misuse.	CADY; local municipalities	Increase Central region Substance Misuse Prevention network membership by 20% for each sector.	*X*

Business

BUSINESS OWNERS AND OPERATORS • EMPLOYEE ASSISTANCE PROGRAMS • HEALTH EDUCATORS • HUMAN RESOURCE DEPARTMENTS • RISK MANAGEMENT • SAFETY COMPLIANCE OFFICERS • SENIOR MANAGEMENT

CSAP Prevention Category	*Activity*	*Lead Organization(s)*	*Regional Goals and Objectives Addressed by this Strategy*	*Alignment to SHIP and CA-CI*
Education	Provide workplace education and training programs	CADY; Chamber of Commerce	Decrease the percentage of adults who report binge drinking from 20.7% to 18%.	*X*
Environmental	Develop and/or promote the adoption of best practice workplace alcohol and drug policies	CADY; Chamber of Commerce	Increase the perception among adults that individuals who binge drink alcohol and misuse drugs put themselves at great risk of harm.	*X*

Community and Family Supports

VOLUNTEER ORGANIZATIONS • COMMUNITY PROGRAMS • RECOVERY SUPPORTS • YOUTH-SERVING ORGANIZATIONS • FAITH-BASED ORGANIZATIONS SENIOR/ELDER SERVICES • FAMILY RESOURCE CENTERS

CSAP Prevention Category	*Activity*	*Lead Organization(s)*	*Regional Goals and Objectives Addressed by this Strategy*	*Alignment to SHIP and CA-CI*
Education and Environmental	Increase training, technical assistance and professional development to develop and expand knowledge and skills relative to addressing alcohol and drug misuse	CADY and Whole Village Family Resource Center	Increase parent disapproval Increase the percent of high school aged youth who report that their parents guardians have clear rules and standards (consequences) for their behavior from 77% to 80%	*X*
Education	Support local positive development youth programs and youth trainings.	Build protective factors, reduce risk factors, and increase perception of risk of harm.		

V. Monitoring and Evaluation

Monitoring and evaluation are fundamental to understanding the progress the Central NH region is making towards reaching its goals and objectives. The table below describes the tools that are available and will be used to measure the progress and outcomes related to the implementation of systems-level strategies that align to the *Collective Action-Collective Impact* plan and support the regional network.

Tool	Description of Tool and Measurement
PWITS	PWITS is a database that is used to monitor and track the process of all regional network activities.
PARTNER Survey https://nh.same-page.com/studio/v7/files/index.cfm?FID=55377&PID=398576#	PARTNER is an evidence-based, web-based survey tool used to measure collaboration, trust, and partner contributions within networks.
Regional Network Stakeholder Survey (RNSS) https://nh.same-page.com/studio/v7/files/index.cfm?FID=65389&PID=398577#	The RNSS is a survey developed to measure the impact of the regional network on the members. This survey is administered to regional partners on a bi-annual basis. The RNSS measures the following: • The community participation in substance use prevention • Increase in knowledge of alcohol and other drug misuse • Increase in knowledge of effective strategies to prevent or deter misuse • Readiness to adopt or change policies or practices to prevent • Adoption of new policies or practices • Challenges and successes related to community involvement • Perception of changes in risk factors in the community (access, perception of risk, perception of wrongness, community norms)

The table below describes the data that will be collected to measure the impact of the prevention policies, practices and programs implemented by the core sectors on substance misuse and related risk factors.

Tool	Definition of tool and measurement
Youth Risk Behavior Survey (YRBS) http://www.cdc.gov/HealthyYouth/yrbs/index.htm	The YRBS measures substance use risk factors and behaviors among high school youth locally, statewide and nationally. It is administered every other year.
Teen Assessment Project Survey (TAP)	The TAP measures substance use risk factors, protective factors, attitudes and behaviors among high school youth in the Pemi-Baker region. It is administered on a bi-annual basis.
Central NH Health Partnership Community Health Assessment	The CNHHP Assessment identifies community health concerns, priorities, and opportunities for community health and health care delivery systems improvement.
National Survey on Drug Use and Health (NSDUH) https://nsduhweb.rti.org/respweb/homepage.cfm	The NSDUH measures substance use nationally and statewide among all ages.
Behavioral Risk Factor Surveillance System (BRFSS) http://www.cdc.gov/brfss/	The BRFFSS measures substance use among adults in New Hampshire.
County Health Rankings http://www.countyhealthrankings.org/	The annual *County Health Rankings* measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America.
New Hampshire Higher Education Alcohol, Tobacco and Other Drug Survey	

VI. Conclusion

Research shows that multi-sector, multi-strategy approaches to substance abuse prevention (that include the entire spectrum of Center for Substance Abuse Prevention Categories) that are implemented by communities, with local solutions for local problems, reduce alcohol and other drug use significantly. Based on the socio-ecological framework, environmental prevention strategies, such as public information, policy development, and enforcement, are most effective for impacting population-level change. We, however, in the Central Region have made a strong commitment to environmental and direct-service youth programming in the Pemi-Baker, funded by local entities and Lincoln-Woodstock region, funded by the Tillotson Foundation. We believe direct service to be a critical variable that has reduced both of these two regions risk indicators significantly below state averages.

As the Central Regional Network celebrates the accomplishments of engaging the communities in the region in the development of a data-driven, community-based strategic plan, much commitment will be needed to ensure the strategies outlined will be implemented in a timely manner with fidelity to reach the three-year goals and objectives.

Several of the strategies outlined have already begun or will be implemented within several months after the publication of this plan, whereas others will require the acquisition of funding prior to implementation. This strategic plan as well as the goals and objectives will be shared with key stakeholders and the regional community through partner meetings, website, www.cadyinc.org, social media, electronic communications, community forums, and local community coalitions.

The Central Regional Network will continue efforts to acquire additional funding and recruit, educate, and mobilize the region for community action to sustain the network membership including the six core sectors identified by New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery: Collective Action, Collective Impact.

Polly Morris
Communities for Alcohol- and Drug-free Youth
Substance Misuse Prevention Coordinator
94 Highland Street
Plymouth, NH 03264
Tel. (603)536-9793
Fax. (603)536-9799

www.cadyinc.org
NH Prevention Provider of the Year - 2014