

Attendees: Lyndsay Porreca, Bob Sherman, Claudia Merieb, Kim Knowlton-Young, Ariel Cahn-Flores, Tom Howard, Wayne Miller, Jacqui Baker, Angie Leduc

Discussion

Strategic Priorities: Jacqui passed out “Seven Strategies for Community Change” and SAMHSA “Risk and Protective Factors for Marijuana” to all in attendance. (Forms can be found at the end of these notes). The group decided to spend meeting time focusing strategies to decrease Marijuana use in high school students.

Angie used a Logic Model to walk the group through community level risk factors and data associated with marijuana use. See logic model below. The group discussed additional Root Causes of marijuana to add to the logic model. These additional root causes will be added to the logic model:

- Poverty: lack of stability in housing, changes in relationships, and perceived toxic-levels of stress. While brainstorming Lindsay suggested that the root cause of “poverty” be changed to Environmental Stress, which would encompass most of the other causes such as academic achievement, while not focusing primarily on poverty as the identifier.
- Mixed messages throughout culture: family, peers (peer pressure), media, chosen language (marijuana vs cannabis).
- Isolation/boredom: lack of activities for youths to engage in. Topics discussed included transportation, raising awareness around the resources that are currently available in the Upper Valley (Aquatic center, gyms, Junction Teen center, etc.) How do we advertise the events and resources that are available? Advertise at the Hartford Community Coalition Block Party?

Angie reminded members to keep in mind that local coalitions can tackle the “nitty gritty” issues focused in on specific towns. Claudia shared that in VT they discuss broader/overarching themes and then individual groups take care of more targeted issues.

What can we do regionally?

- Kim shared that Hypertherm drug tests, but lots of employers don’t. Could work with employers to offer drug test and then offer connecting support and treatment if there is a positive test. Incentives for local business to adapt a policy/protocol? Save money on insurance for adapting policies- premiums will go down. Research will go down. Start with public schools? Possible union pushback on drug testing
- Bridges out of Poverty model: provides services to employees and family members (because stress of family members also adds stress to the employee who then does not do as good of a job at work).
- Social norms campaign around miseducation/misinformation. How should you be talking to your kids? Look at Tobacco success: TV campaigns, taxes, data to support that tobacco is unhealthy, smoke free places- the norms and attitudes changed.

Angie will add new root causes and strategies to our logic model and follow up next meeting.

We will have a Marijuana work group and a suicide work group that will split up to work on these topics.

Our meetings will now be 2 hours- 45 minutes for general topics, 1 hour to split into group work. Members can choose which parts of the meeting to go to and can invite new members to a work group, the general meeting, or both. Open to ideas on how to balance it out- so send suggestions!

Updates/Announcements:

Bob received a call from Windsor county- working on graduation/prom safety. Angie can potentially help with resources.

Kim making progress at VA as far as membership, people to join our meeting.

Angie:

- Need to work more on Public Relations- website, brochure, how we can point people to our information, making sure that the information is accurate- if you are interested, email Angie. PR could be a way to involve others to the PR workgroup- students, etc. focusing on the special interest. Bob suggested Linkded In to find young professionals looking to help.
- By the end of May, 2016 UV community survey will be out- this time it will include heroin and a new parent question. Skip logic included as well. Angie will be tabling at Farmer's Markets. All welcome to join her. Please let Angie know if there are other events she should be at.
- Angie and Emily Musty going to training in Vegas in July. Would like a parent/2 youth to join.
- Working with Bob on PSA regarding Narcan.
- Hartford Community Coalition Block Party Wednesday 6/15.

Jacqui:

- Temescal Wellness (Therapeutic Cannabis Dispensary in Lebanon) is opening on Sunday. She helped purchase lock boxes that Temescal Wellness will offer for free to clients. Also putting resources in their lobby.
- Creating You Matter flyers for businesses that have resources on them for employees- lists SA Use and MH resources in Upper Valley. Lebanon PD and Lebanon FD also getting cards to hand out when they interact with people.

Next meeting: June 7th 10a-12p

Seven strategies to affect community change

1. Provide information—Educational presentations, workshops or seminars and data or media presentations (e.g., public service announcements, brochures, billboard campaigns, community meetings, town halls, forums, Web-based communication).
2. Enhance skills—Workshops, seminars or activities designed to increase the skills of participants, members and staff (e.g., training, technical assistance, distance learning, strategic planning retreats, parenting classes, model programs in schools).
3. Provide support—Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals for services, support groups, youth clubs, parenting groups, Alcoholics or Narcotics Anonymous).
4. Enhance access/reduce barriers**—Improving systems and processes to increase the ease, ability and opportunity to utilize systems and services (e.g., access to treatment, childcare, transportation, housing, education, special needs, cultural and language sensitivity).
5. Change consequences (incentives/disincentives)—Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. Change physical design—Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. Modify/change policies—Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

** Note: This strategy also can be utilized when it is turned around to reducing access/enhancing barriers. When community coalitions establish barriers to underage drinking or other illegal drug use, they decrease its accessibility. Prevention science tells us that when more resources (money, time, etc.) are required to obtain illegal substances, use declines. When many states began to mandate the placement of pseudoephedrine-based products behind the pharmacy counter, communities experienced a significant decrease in local clandestine methamphetamine labs. Barriers were put into place that led to a decrease in the accessibility of the precursor materials for meth production.

The list of strategies was distilled by the University of Kansas Work Group on Health Promotion and Community Development—a World Health Organization Collaborating Centre. Research cited in selection of the strategies is documented on CADCA's website, www.cadca.org. The Institute

Risk & Protective Factors Associated w/ Marijuana ^{USE}

Summary/Overview of Findings

Global Domain	Risk or Protective Factor	Evidence Level
Community Level	Availability/Opportunities to use	STRONG
School Level	Academic failure/Academic Achievement	STRONG
Family Level	Family marijuana use/Family history of marijuana use	STRONG
Family Level	Parental monitoring/Clear standards/consistent enforcement of discipline	STRONG
Peer Level	Peer attitudes toward drug use/Peer marijuana use/Perceptions of peer use	STRONG
Individual Level	Intention to use marijuana	STRONG
Individual Level	Personal attitudes toward use/expectancies/perceived risk	STRONG
Individual Level	Prior use of alcohol/tobacco/marijuana	STRONG
Individual Level	Antisocial behavior /Rebelliousness/gang involvement	STRONG
Individual Level	Age/Early initiation of use	STRONG
Individual Level	Religiosity, belief in the moral order, and Pro-social Behavior (As a Protective Factor)	STRONG/ INSUFFICIENT RESEARCH
Community Level	Community Norms Favorable Toward Drug Use	MODERATE/ INSUFFICIENT RESEARCH
Community Level	Neighborhood quality, community disorganization, low neighborhood functioning, high level of transitions and mobility, low community attachment	MODERATE/ INSUFFICIENT RESEARCH
School Level	School environment/school level use	MODERATE/SUB-POPULATION
School Level	Lack of commitment/Low bonding to school/opportunities for positive school environment	MODERATE
Family Level	Family conflict/Poor family management/ Low parental attachment/few opportunities for positive family involvement	MODERATE
Individual Level	Sensation seeking/Impulsivity/Risk Taking	WEAK
Family Level	Family attitudes favorable toward use and delinquency	INSUFFICIENT RESEARCH
Peer Level	Peer Delinquency/Perceptions of peer delinquency	INSUFFICIENT RESEARCH
Individual Level	Psychiatric disorder	INSUFFICIENT RESEARCH
Individual Level	Refusal Skills	INSUFFICIENT RESEARCH
Individual Level	General Communication Skills	INSUFFICIENT RESEARCH

Coalition: ALL Together

Problem

Root Causes

**Local Conditions & Data
(Specific, identifiable, actionable)**

