

Upper Valley Misuse of Alcohol and Drugs – 2016-2019 Prevention Plan

I. ALL TOGETHER - THE UPPER VALLEY REGIONAL SUBSTANCE MISUSE PREVENTION NETWORK

The Upper Valley 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) provide 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 Upper Valley 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)

[ALL Together](#) is the Upper Valley Regional Substance Misuse Prevention Network which also partners with the regional Drug Free Communities Coalition. It is considered the substance misuse work group of the Public Health Council of the Upper Valley. ALL Together is co-coordinated by the Substance Misuse Prevention Coordinator, the Continuum of Care Facilitator and the Drug Free Communities Coordinator. Dartmouth-Hitchcock is the regional fiscal agent which provides additional financial and structural resources for sustainability. Regional community partners come together for monthly meetings with an average of 12 members. The majority of the attendees represent the community and family support sector although there is regular representation from the education, health and medical, and safety and enforcement sectors. There is irregular in-person representation from government and business sectors. Regional prevention efforts are initiated and sustained by ALL Together's regional partners and are supported by the Drug Free Communities local coalitions in the Dresden School District, Lebanon School District, Mascoma Valley School District, and Rivendell School District.

II. NETWORK ACHIEVEMENTS AND COMMUNITY ASSETS

PROGRESS MADE AND LESSONS LEARNED

In 2012, the Lower Grafton County included what is now known as the Upper Valley Region as well as many other towns. In 2013, the Lower Grafton County Region divided and the twelve towns of Canaan, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, and Plainfield formed into the Upper Valley Public Health Region. ALL Together, the Upper Valley substance misuse prevention partnership, is a multi-organization collaboration to support the development of healthy, safe, and resilient communities that take action to reduce the impact of alcohol and drug misuse. In the Upper Valley region, there is a wealth of resources and engaged providers, institutions, and community members. The biggest challenge is using fiscal and human resources in an efficient way that maximizes outcomes.

Many of the connections made to build the regional network began with a one-on-one meeting with the Substance Misuse Prevention Coordinator and a community member/organization. Many of the discussions centered on substance misuse concerns. Often individuals described isolation or a feeling of defeat as they were not aware of other efforts to combat substance misuse in the region. Building connections and sharing struggles opened the door for identifying solutions. To facilitate regional network system engagement, ALL Together coordinates the work of Circle Up! parent group in Hanover, NH. Circle Up! meets weekly, has organized three community forums (50 average attendees), distributed 5 parent newsletters, created a Facebook page, attended open houses, created two short parent social norm videos which aired on CATV, and collected a parent behavioral survey (n=50). These efforts were to support community engagement, especially among parents, and to change the community climate and culture of substance misuse.

As a strategy, the work on prescription drug misuse has done the most to expand regional partnerships outside the usual Education and Community/Family Supports. ALL Together partnered with the Upper Valley Lakes Regional Planning commission and Communities United for Sullivan County to apply for a USDA Grant in support of safe use, safe storage and safe disposal of unused medication. The Twin State

Safe Meds campaign involved distributing 4000 post cards, 400 posters, 1000 post-its, 500 stickers, 500 magnets, and 3000 information sheets to be attached to pharmacy prescription bags. Other advertisements included 6 transaction advertisements in a local newspaper and 19 radio public service announcements. The website created, TwinStateSafemeds.org, has had 1795 views as of September 25, 2015.

In addition to the above mentioned progress, there was a broader adoption of two additional evidence based programs: Screening, Brief Intervention and Referral to Treatment (SBIRT) and Connect Suicide Prevention and Postvention Training. As of June 2015, Dartmouth Hitchcock Pediatrics has screened over 1,000 youth ages 13-22 years old. There have been 11 Connect Suicide Prevention Trainings sponsored by ALL Together with over 150 attendees and one Connect Suicide Postvention Training with 30 attendees.

There is a regional desire to be more intentional about using evidence based practices. Most partners understand that collaboration for substance misuse prevention is beneficial for everyone. Regional leadership has been identified within institutions although community informal leaders have been more difficult to recruit. The goal is that ALL Together can create more involvement opportunities for community members without organizational affiliations.

REGIONAL ASSETS THAT SUPPORT SUBSTANCE MISUSE PREVENTION

Community and Family Support Assets	Headrest, HIV/HCV Resource Center, Mount Ascutney Prevention Partnership, NAMI NH- Upper Valley, Second Growth, Second Wind Foundation/Willow Grove, Upper Valley Turning Point, West Central Behavioral Health, WITS END for Parents, Child and Family Services, Clara Martin Center/Quitting Time, Family Services Division- VT, Lebanon Recreation Department, Mascoma Valley Recreation Department, Private Practice mental health providers, The Haven, The Junction Teen Center, WISE, Youth Mentoring Programs, Carter Community Building Association, Life of an Athlete, Next Step/Stepping Stone, Richard W. Black Community Center, The Family Place
Health and Medical Assets	Dartmouth College Health Service, Dartmouth-Hitchcock OB/GYN, Dartmouth-Hitchcock Perinatal Addiction Program, Dartmouth-Hitchcock primary Care, Dartmouth-Hitchcock Psychiatric Associates, Habit OPCO, Headrest, HIV/HCV Resource Center, Dartmouth-Hitchcock Employee Assistance Program, Dartmouth-Hitchcock Opioid Dependence Program, Dartmouth-Hitchcock Pharmacy, Green Mountain Family Medicine of White River Junction, Recover Together, Dartmouth College Employee Assistance Program, Dentists, Heath Care and Rehabilitative Services of Southeast Vermont, ROAD to a Better Life

Safety and Law Enforcement Assets	Valley Court Diversion, Dartmouth College Safety and Security, Hanover Police Department, Hartford Police Department, Vermont Parole System, Canaan Police Department, Department of Juvenile Probation Office, Enfield Police Department, Grafton County Drug Court, Grafton County Mental Health Court, Grantham Police Department, Lebanon Police Department, Lyme Police Department, Orford Police Department, Piermont Police Department, Plainfield Police Department, Town EMTs, Town Fire Departments
Education Assets	Hartford High School, Lebanon Student Assistance Provider, Hanover High School, Hanover High School Student Assistance Counselor, Indian River School, Lebanon School District, Mascoma Valley High School, Mascoma Valley School District, Mascoma Valley Student Assistance Provider, Rivendell Academy, Community College of Vermont, Crossroads Academy, Dartmouth College, Grantham School, Plainfield School, Richmond Middle School
Business Assets	Everything But Anchovies, Great Eastern Radio, Local bars, Local retailers, Pharmacies
Government Assets	Canaan Town Manager, Canaan Town Offices, Enfield Town Offices, Hanover Town Manager, Hanover Town Offices, Lebanon City Offices, State Legislators

III. REGIONAL PLAN DEVELOPMENT

PROCESS AND PARTICIPANTS

In the 2014 February, May, and June Public Health Council meetings, with an average of 23 members, the council selected and confirmed seven substance misuse indicators and one suicide indicator for the Upper Valley region. The eight indicators are listed in this Prevention Plan as goals and objectives. The strategies that are in this plan were identified in the 2015 May and June ALL Together Partner meetings. Thirteen partners representing all the sectors, excluding government but including alcohol and other drug recovery services, selected the strategies they would like the region to prioritize for the next 3 years.

IV. UPPER VALLEY GOALS, OBJECTIVES AND STRATEGIES

The Upper Valley Regional Public Health Network established goals and 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.

The Upper Valley 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
- The implementation of best practices by the six core sectors to reduce or prevent use

REGIONAL NETWORK GOALS AND OBJECTIVES

GOAL 1	STRENGTHEN THE CAPACITY OF THE UPPER VALLEY NETWORK TO ADDRESS SUBSTANCE MISUSE PREVENTION (Regional Stakeholder Survey 2015)
	Objectives: Leadership
	Increase Upper Valley Substance Misuse Prevention network membership by 20% for each sector.
	Increase the knowledge of the ALL Together members by reducing the percentage of stakeholders who responded that they learned nothing new about alcohol and other drug misuse problems in the community from 10% to 6% by 2017.
	Increase cross-agency resourcing and related coordination for collaborative initiatives. (Adapted from CA-CI page 31-36)
GOAL 2	INCREASE PUBLIC AWARENESS RELATIVE TO THE HARM AND CONSEQUENCES OF ALCOHOL AND DRUG MISUSE, TREATMENT AND RECOVERY SUPPORT SERVICES AVAILABLE, AND THE SUCCESS OF RECOVERY (Adapted from CA-CI page 38)
	Objectives: Public Education
	Produce and disseminate effective messages for a range of topics, public audiences and media channel regularly each year. (Adapted from CA-CI page 38)
GOAL 3	PROMOTE THE IMPLEMENTATION OF EFFECTIVE POLICIES, PRACTICES AND PROGRAMS ACROSS AND WITHIN THE REGION (Adapted from CA-CI page 43)
	Objectives: Training and Professional Development and Data Utilization
	Support implementation of effective policies, practices, and programs with sufficient on-going training and technical assistance. (Adapted from CA-CI page 43)
	Promote on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs. (Adapted from CA-CI page 43)

REGIONAL NETWORK STRATEGIES

The table below demonstrates the commitments of the Upper Valley 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, 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 to cultivate champions who have an understanding and knowledge of problems and solutions relative to alcohol and other drug misuse (Adapted from CA-CI page 35)	<ul style="list-style-type: none"> - Increase the knowledge and skills of the Upper Valley Public Health network members and Substance Misuse Prevention network members. - Increase cross-agency resourcing and related coordination for collaborative initiatives. 	<input checked="" type="checkbox"/>
Leadership	Meet or conduct an interview to personally invite community members from each sector to join the regional network.	<ul style="list-style-type: none"> - Increase Upper Valley Substance Misuse Prevention network membership by 20% for each sector. 	<input type="checkbox"/>
Public Education	Engage stakeholder groups in the dissemination of public education messages and material (Adapted from CA-CI page 38)	<ul style="list-style-type: none"> - Produce and disseminate effective messages for a range of topics, public audiences and media channel regularly each year. 	<input checked="" type="checkbox"/>
Effective Policy, Practice and Programs	Organize trainings and workshops to promote the use of evidence-based prevention practices and programs	<ul style="list-style-type: none"> - Support implementation with sufficient on-going training and technical assistance. 	<input type="checkbox"/>

Effective Policy, Practice and Programs	Provide TA to core sectors as needed	<ul style="list-style-type: none"> - Support implementation with sufficient on-going training and technical assistance. - Increase cross-agency resourcing and related coordination for collaborative initiatives. 	<input type="checkbox"/>
Effective Policy, Practice and Programs	Engage the core sectors by promoting expanded data collection, analysis and dissemination (Adapted from CA-CI page 41)	<ul style="list-style-type: none"> - Promote on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs. 	<input checked="" type="checkbox"/>

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 Upper Valley annual work plan can be accessed at: http://www.uvalltogether.org/wp-content/uploads/2015/06/NHCF_BDAS_Report_SF14-15_Upper_Valley.pdf

SUBSTANCE MISUSE PREVENTION GOALS AND OBJECTIVES

ALCOHOL AND OTHER DRUG PROBLEMS IN UPPER VALLEY REGION

Figure 1. Percentage of high school aged youth who report using alcohol in the past 30 days (Youth Risk Behavior Survey): Currently, between 37%-29% youth from regional high schools report having one or more drinks of alcohol in the past 30 days.

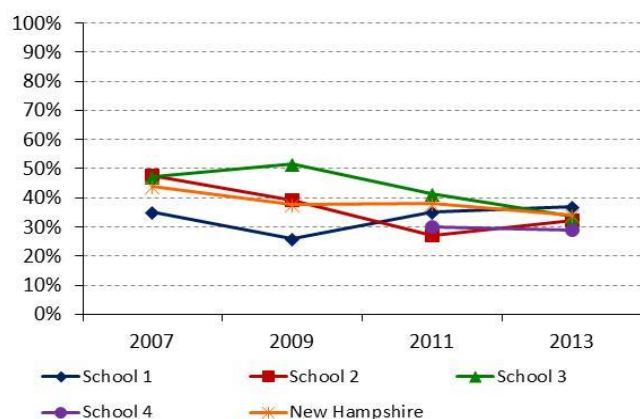


Figure 2. Percentage of adults who believe occasional use of alcohol is OK for young people as long as it does not interfere with schoolwork or other responsibilities (Upper Valley Drug Free Community Survey for adults, 2015):

Currently, 29% of adults are self-reporting that they believe it is okay for youth under 21 years old to use alcohol and 11% are responding that it is okay for youth under 18 years old to use.

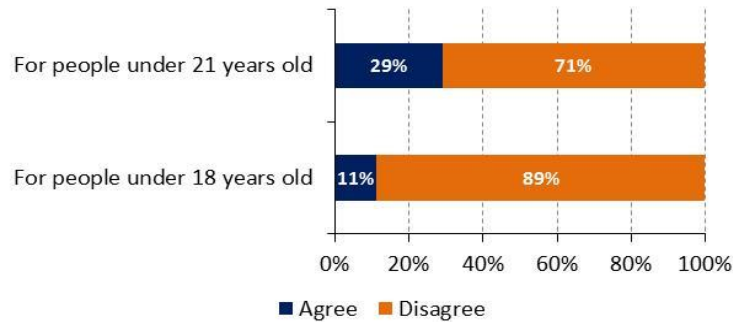


Figure 3. Percentage of high school aged youth that think it is wrong or very wrong for youth to drink alcohol regularly.

(Youth Risk Behavior Survey): Currently, between 45%-57% of youth from regional high schools report that they think it is wrong or very wrong for youth to drink alcohol regularly.

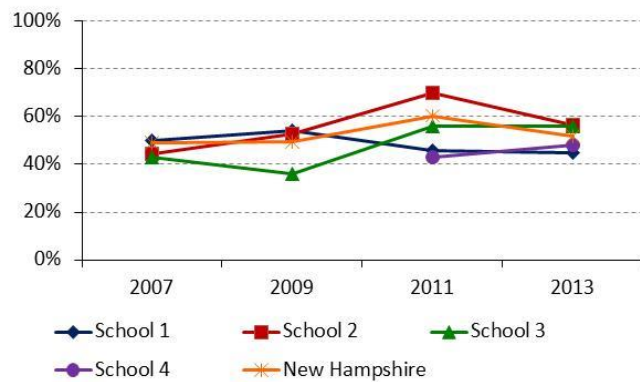


Figure 4. Percentage of high school aged youth who report bingeing on alcohol in the past 30 days (Youth Risk Behavior Survey):

Currently, between 23%-16% of youth from regional high schools report bingeing on alcohol in the past 30 days.

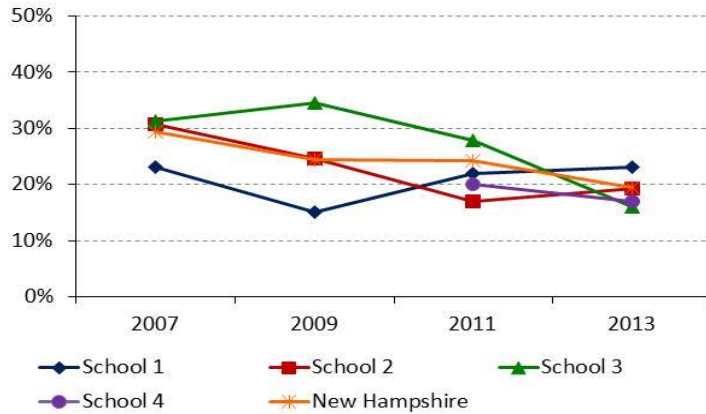


Figure 5. Percentage of high school aged youth that think it is easy or very easy to get alcohol (Youth Risk Behavior Survey): Currently, between

37%-78% of youth from regional high schools report they believe it is easy or very easy to access alcohol.

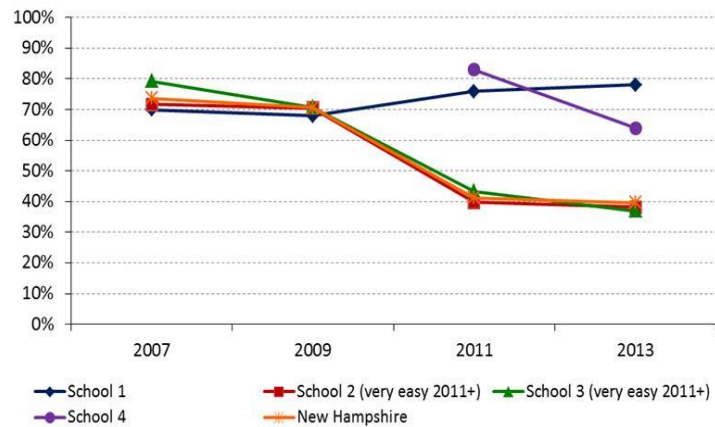


Figure 6. Percentage of high school aged youth who believe that individuals who binge drink alcohol each weekend put themselves at risk of harm. (Youth Risk Behavior Survey): Currently, between 35%-45% of youth from regional high schools report they believe people who binge drink alcohol each weekend put themselves at great risk of harm.

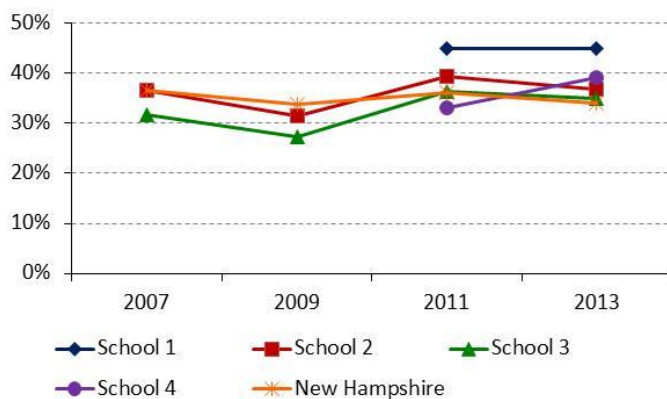


Figure 7. Percentage of adults who report bingeing on alcohol in the past 30 days (Behavioral Risk Factor Surveillance System): Currently, 17% of Upper Valley adults report bingeing on alcohol in the past 30 days.

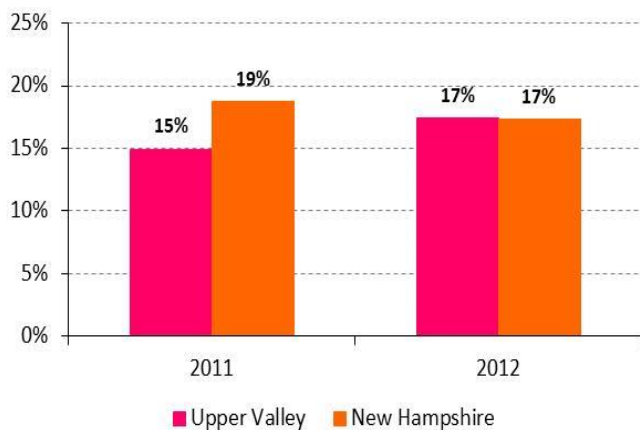


Figure 8. Percentage of adults that believe individuals who binge drink alcohol put themselves at great risk of harm (Upper Valley Drug Free Community Survey for adults, 2015): Currently, 58% of Upper Valley adults believe people are at great risk of harming themselves if they take five or more drinks of alcohol in a row once or twice each weekend.

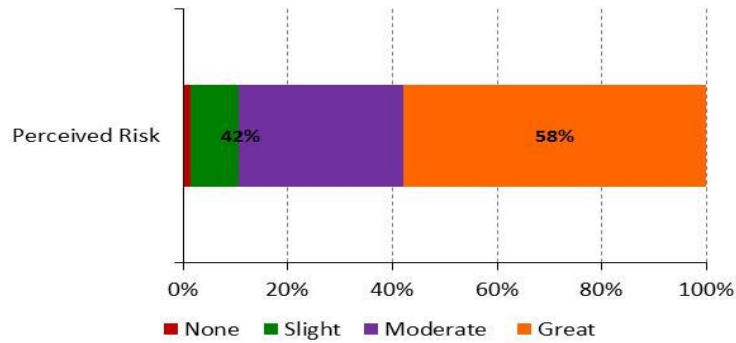


Figure 9. Percentage of high school aged youth who report using marijuana in the past 30 days (Youth Risk Behavior Survey): Currently, between 10%-25% of youth from regional high schools report using marijuana in the past 30 days.

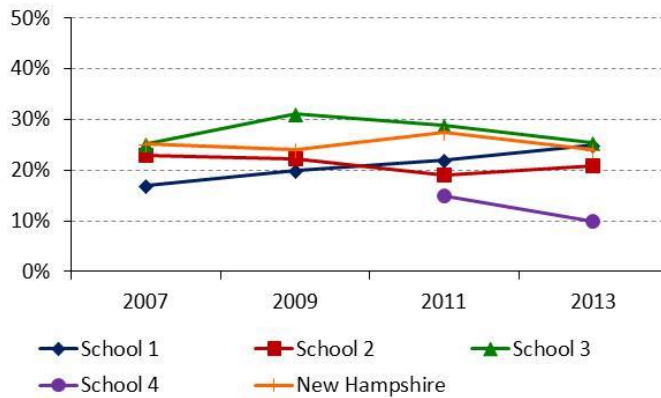


Figure 10. Percentage of high school aged youth who report that their guardians have clear rules and standards for their behavior (Youth Risk Behavior Survey): Currently, 79%-80% of youth report that their guardians have clear rules and standards for their behavior.

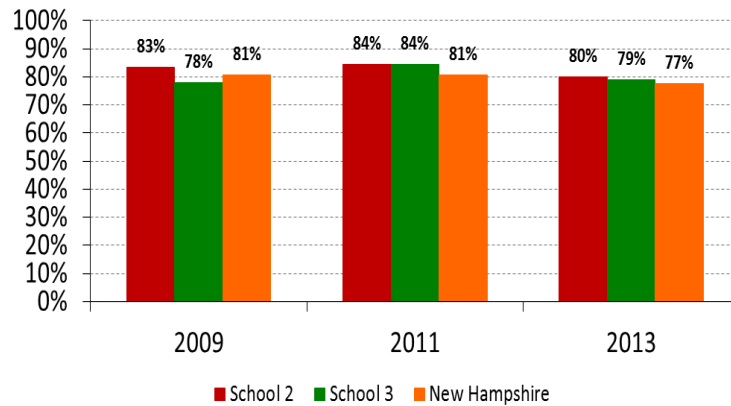


Figure 11. Percentage of high school aged youth that believe it is easy or very easy to get marijuana (Youth Risk Behavior Survey): Currently, between 34%-61% of youth from regional high schools report they believe it is easy or very easy to access marijuana.

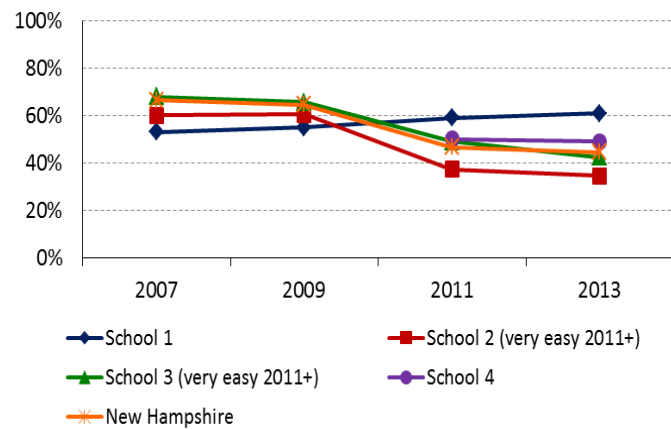


Figure 12. Percentage of high school aged youth that think individuals who use marijuana regularly put themselves at great risk for harm (Youth Risk Behavior Survey): Currently, between 25%-37% of youth from regional high schools report that they think individuals who use marijuana regularly put themselves at great risk for harm.

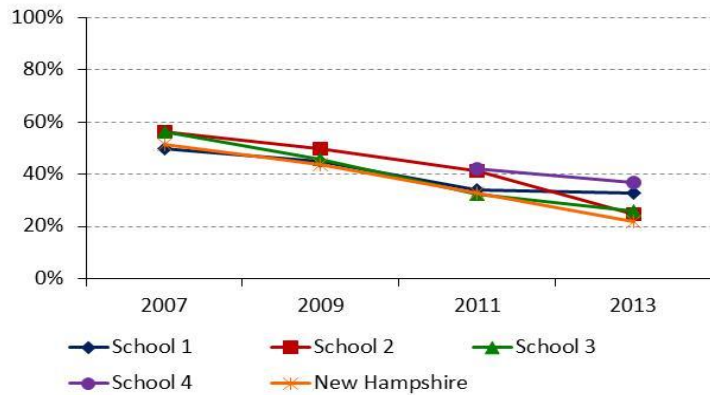


Figure 13. Percentage of high school aged youth who report misusing prescription drugs in the past 30 days (Youth Risk Behavior Survey): Currently, between 4%-9% of youth from regional high schools report misusing prescription drugs in the past 30 days.

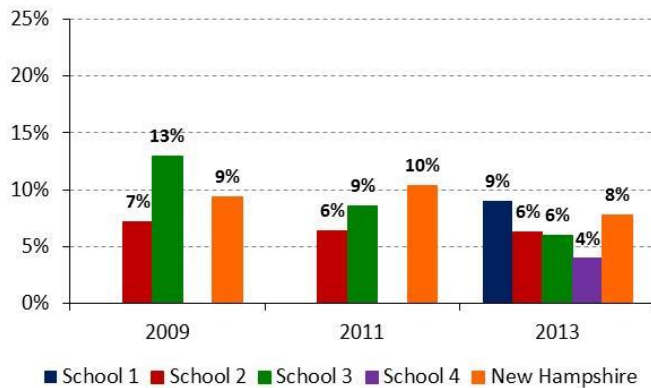


Figure 14. Percentage of high school aged youth that believe individuals who misuse prescription drugs put themselves at great risk of harm (Youth Risk Behavior Survey): Currently, between 61%-69% of youth from regional high schools believe individuals who misuse prescription drugs put themselves at great risk of harm.

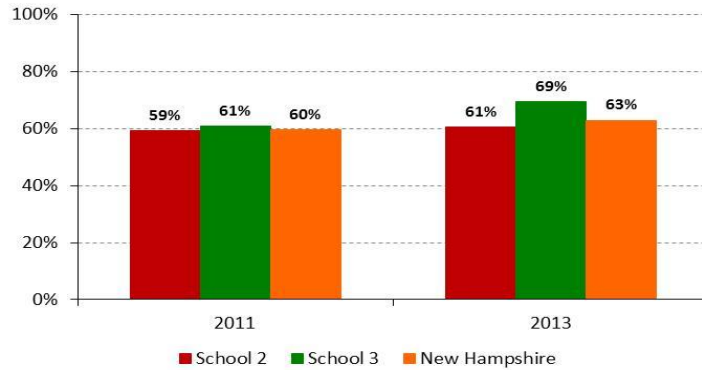


Figure 15. Percentage of high school aged youth that believe it is easy or very easy to access prescription drugs (Youth Risk Behavioral Survey): Currently, 13%-14% of youth from regional high schools believe it is easy or very easy to get prescription drugs.

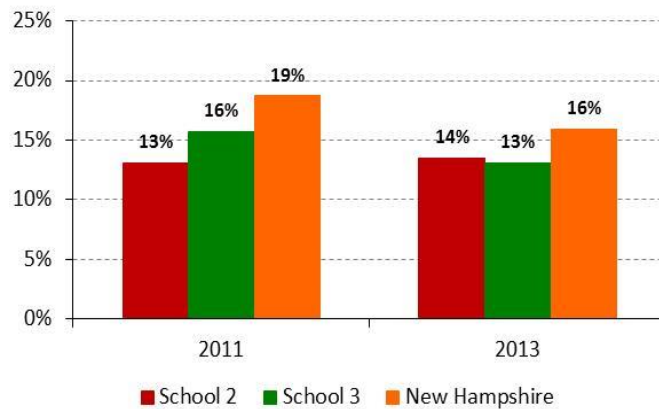


Figure 16. Percentage of high school aged youth that believe their friends think it is wrong or very wrong for youth to misuse prescription drugs (Youth Risk Behavior Survey): Currently, 81%-94% of youth report that they believe their friends think it is wrong or very wrong for youth to misuse prescription drugs.

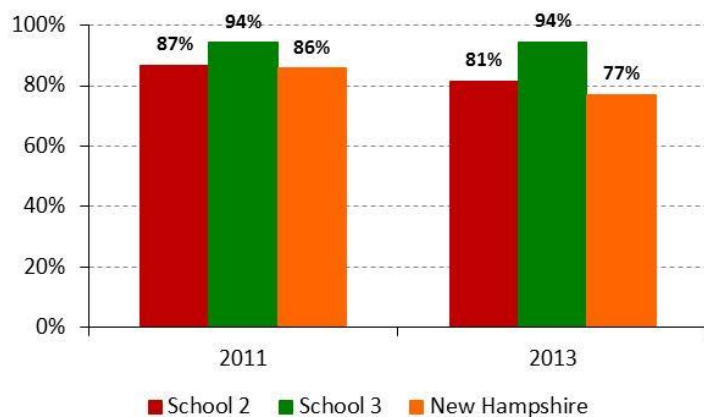


Figure 17. Percentage of high school aged youth that report smoking cigarettes in the past 30 days (Youth Risk Behavior Survey): Currently, between 7%-14% of youth from regional high schools report smoking one or more cigarettes in the past 30 days.

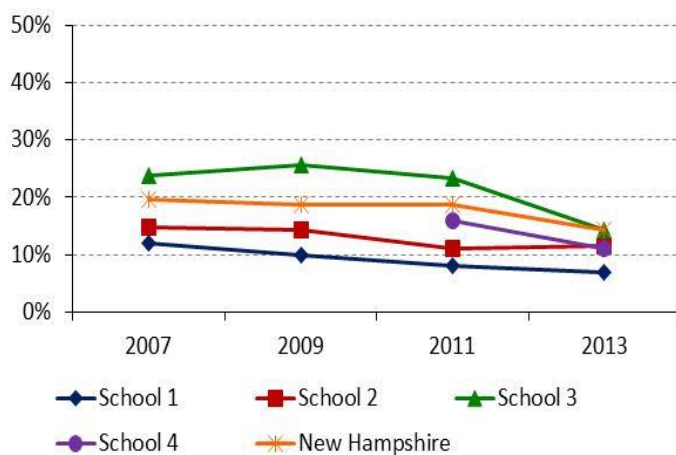


Figure 18. Percentage of high school aged youth that believe their friends think it is wrong or very wrong for youth to smoke tobacco (Youth Risk Behavior Survey): Currently, between 55%-83% of youth from regional high schools believe their friends think it is wrong or very wrong for youth to smoke tobacco.

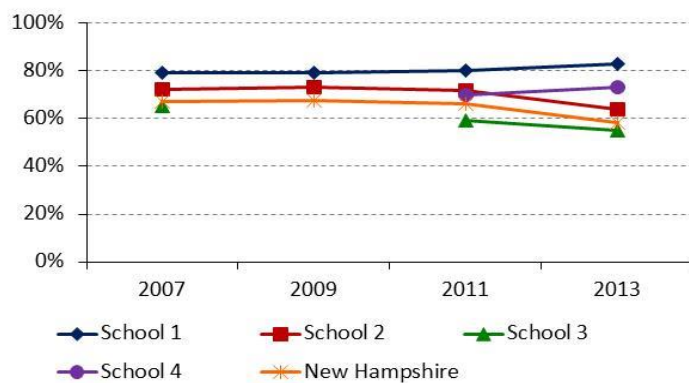


Figure 19. Percentage of adults who report currently smoking tobacco (Behavioral Risk Factor Surveillance Survey): Currently, 15% of adults in the Upper Valley region report smoking tobacco.

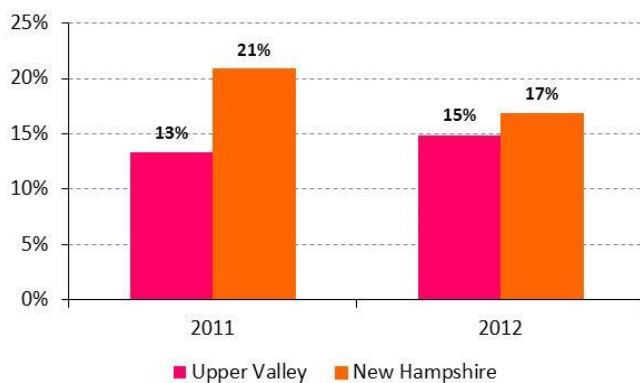


Figure 20. Percentage of high school aged youth who seriously considered attempting suicide in the last 12 months (Youth Risk Behavior Survey): Currently, between 11%-18% of youth from regional high schools seriously considered attempting suicide in the last 12 months.

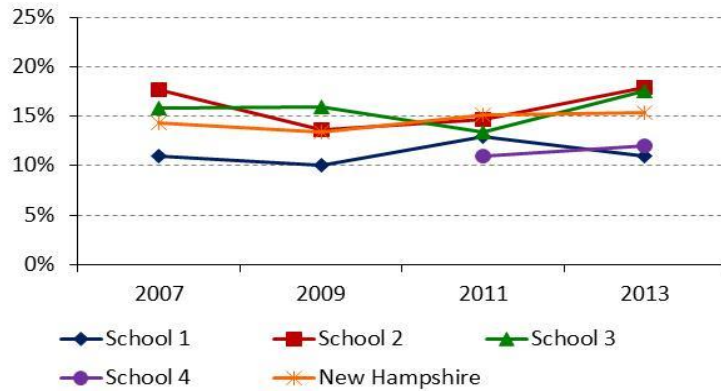


Figure 21. Percentage of high school aged youth in the past month felt so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities (Youth Risk Behavior Survey): Currently, between 14%-26% of youth from regional high schools report feeling sad or hopeless for two or more weeks in a row in the past month.

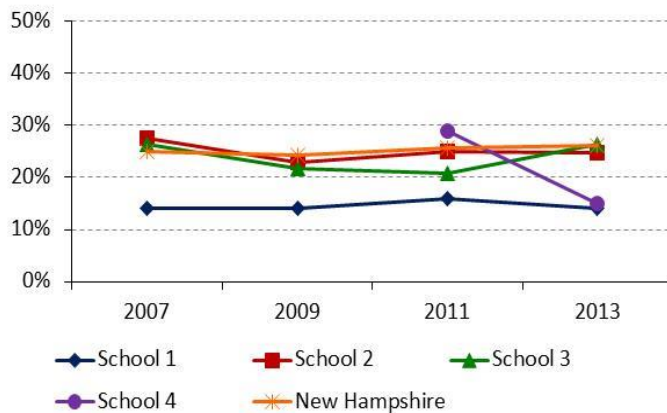


Figure 22. The annual number of opioid related overdose deaths in Grafton county (NH Medical Examiner): In 2014, 17 people in Grafton county died due to an opioid related death which is a 70% increase over 2013.

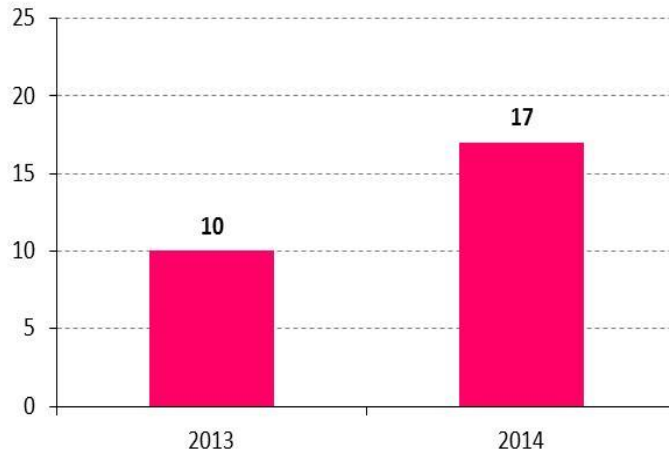


Figure 23. The annual number of opioid related emergency room visits in Grafton County (Emergency room ICD-9 codes): In 2014, 28 people were seen in emergency rooms due to opioid related causes a 17% increase over 2013. This is 3.1 people per 10,000 in the county population.

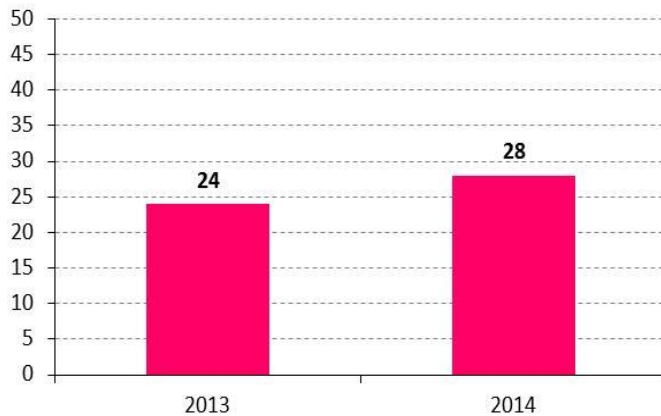
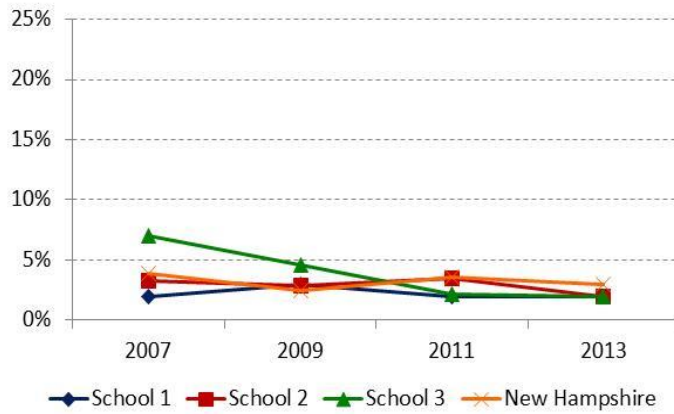


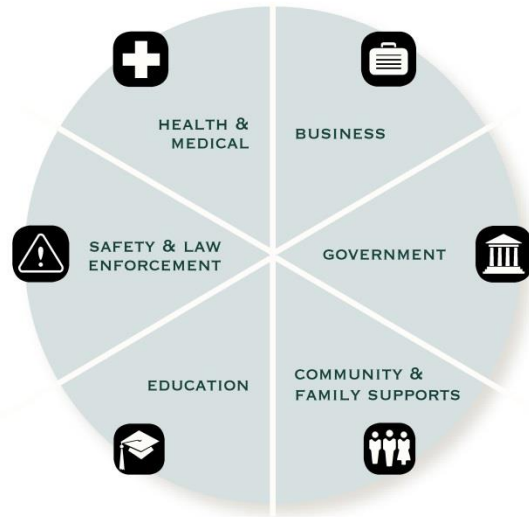
Figure 24. Percentage of high school aged youth who used heroin one or more times during their life (Youth Risk Behavior Survey): Currently, 2% of regional high school youth report using heroin one or more times in their lifetime.



GOAL 1	DECREASE THE PERCENTAGE OF HIGH SCHOOL AGED YOUTH WHO REPORT USING ALCOHOL IN THE PAST 30 DAYS FROM 33% TO 29% BY 2019
Objectives:	
Decrease adult attitudes favorable toward youth alcohol use from 29% to 20%.	
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 52% to 57%.	
GOAL 2	DECREASE THE PERCENTAGE OF HIGH SCHOOL AGED YOUTH WHO REPORT BINGING ON ALCOHOL IN THE PAST 30 DAYS FROM 19% TO 16% BY 2019
Objectives:	
Decrease the perception among high school aged youth that it is easy or very easy to access alcohol from 54% to 47%.	
Increase the perception among high school aged youth that individuals who binge drink alcohol put themselves at risk of harm from 39% to 45%.	
GOAL 3	DECREASE THE PERCENTAGE OF ADULTS WHO REPORT BINGING ON ALCOHOL IN THE PAST 30 DAYS FROM 17% TO 15% BY 2019
Objectives:	
Increase the perception among adults that individuals who binge drink alcohol put themselves at great risk of harm from 58% to 65%.	

GOAL 4	DECREASE THE PERCENTAGE OF HIGH SCHOOL AGED YOUTH WHO REPORT USING MARIJUANA IN THE PAST 30 DAYS FROM 20% TO 18% BY 2019
Objectives:	
Increase the percent of high school aged youth who report that their guardians have clear rules and standards for their behavior from 79% to 83%.	
Decrease the perception among high school aged youth that it is easy or very easy to access marijuana from 47% to 42%.	
Increase the perception among high school aged youth that individuals who use marijuana regularly put themselves at great risk for harm from 30% to 33%.	
Goal 5	DECREASE THE PERCENTAGE OF HIGH SCHOOL AGED YOUTH WHO REPORT MISUSING PRESCRIPTION DRUGS IN THE PAST 30 DAYS FROM 6% TO 4% BY 2019
Objectives:	
Increase the perception among high school aged youth that individuals who misuse prescription drugs put themselves at great risk of harm from 65% to 69%.	
Decrease the perception among high school aged youth that it is easy or very easy to access prescription drugs from 14% to 10%.	
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 88% to 94%.	

GOAL 6	DECREASE THE PERCENTAGE OF HIGH SCHOOL AGED YOUTH WHO REPORT SMOKING CIGARETTES IN THE PAST 30 DAYS FROM 11% TO 9% IN 2019
Objectives:	
Increase the perception among high school aged youth that their friends think it is wrong or very wrong for youth to smoke tobacco from 69% to 73%.	
Decrease the percentage of adults who report currently smoking tobacco from 15% to 13%.	
GOAL 7	DECREASE THE PERCENTAGE OF HIGH SCHOOL AGED YOUTH WHO SERIOUSLY CONSIDERED ATTEMPTING SUICIDE IN THE LAST 12 MONTHS FROM 15% TO 11% BY 2019
Objectives:	
Decrease the percentage of students who in the past month felt so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities from 20% to 15%.	
GOAL 8	DECREASE THE NUMBER OF OPIOID RELATED DEATHS IN GRAFTON COUNTY FROM 17 (2014) TO ≤10
Objectives:	
Decrease the number of opioid related ER visits in Grafton County from 28 (2014) to ≤24.	
Decrease the percentage of among high school aged youth who report using heroin one or more times during their life from 2% to 1%.	



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

The state of New Hampshire and the Upper Valley 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 Upper Valley 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

<i>CSAP Strategy</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Substance Misuse Prevention Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Environmental	Increased law enforcement patrols and surveillance on high risk weekends (Adapted from CA-CI page 56)	Hanover Police Department, Lebanon Police Department, Enfield Police Department, ALL Together	<ul style="list-style-type: none"> - Increase the perception among high school aged youth that individuals who binge drink alcohol put themselves at risk of harm from 39% to 45%. - Decrease the perception among high school aged youth that it is easy or very easy to access alcohol from 54% to 47%. - Increase the perception among adults that individuals who binge drink alcohol put themselves at great risk of harm from 58% to 65%. 	<input checked="" type="checkbox"/>
Education and Information Dissemination	Promote the use of and data collection, analysis and reporting relative to medication drop boxes	Hanover Police Department, Lebanon Police Department, Enfield Police Department, Plainfield Police Department, Canaan Police Department, Health & Medical, ALL Together	<ul style="list-style-type: none"> - Decrease the perception among high school aged youth that it is easy or very easy to access prescription drugs from 14% to 10%. 	<input type="checkbox"/>

Community-based process	Increase collaboration between safety and law enforcement and other community partners (Adapted from CA-CI page 55)	Local Law Enforcement, Education, Media, Health and Medical, Business, ALL Together	Increase the percent of high school aged youth who report that their guardians have clear rules and standards for their behavior from 79% to 83%.	<input checked="" type="checkbox"/>
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Health & Medical

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

<i>CSAP Strategy</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
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 (Adapted from CA-CI page 47)	Community and Family Supports, Health and Medical, Education, Business, ALL Together	<ul style="list-style-type: none"> - Increase cross-agency resourcing and related coordination for collaborative initiatives. - Support implementation with sufficient on-going training and technical assistance. 	<input checked="" type="checkbox"/>
Information Dissemination and Education	Promote data collection, analysis and reporting relative to substance misuse among young adults and women (Adapted from CA-CI page 48)	Community and Family Supports, Health and Medical, Education, Business, ALL Together	<ul style="list-style-type: none"> - Promote on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs. 	<input checked="" type="checkbox"/>
Community based process and Problem ID and Referral	Increase collaboration between schools and mental health, safety, and treatment services	ALL Together, Education, Health and Medical, Safety and Law Enforcement	<ul style="list-style-type: none"> - Decrease the percentage of among high school aged youth who report using heroin one or more times during their life from 2% to 1%. 	<input type="checkbox"/>

			<ul style="list-style-type: none">- Decrease the percentage of students who in the past month felt so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities from 20% to 15%.	
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Education

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

<i>CSAP Prevention Category</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Education and Information Dissemination	Promote the expansion of evidence-based education of school-aged youth in alcohol and other drug risks and consequences (Adapted from CA-CI page 65)	ALL Together, Education, Community and Family Supports	<ul style="list-style-type: none"> - Increase the perception among high school aged youth that individuals who misuse prescription drugs put themselves at great risk of harm from 65% to 69%. - Increase the perception among high school aged youth that individuals who use marijuana regularly put themselves at great risk for harm from 30% to 33%. 	☒
Effective Policy, Practice and Programs	Support Student Assistance Providers and schools in adopting and sustaining evidence based policy, practice, and programs	ALL Together, Health and Medical, Education, Safety and Law Enforcement	<ul style="list-style-type: none"> - 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 52% to 57%. - Decrease the perception among high school aged youth that it is easy or very easy to access marijuana from 47% to 42%. 	☒

	(Adapted from CA-CI page 65)		- 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 88% to 94%.	
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Government

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

<i>CSAP Prevention Strategy</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Community-based process and Education	Cultivate expanded local government leadership relative to understanding and addressing the impact of substance misuse (Adapted from CA-CI page 75)	ALL Together, Government, Education, Community and Family Supports, Business	<ul style="list-style-type: none"> - Increase Upper Valley Substance Misuse Prevention network membership by 20% for each sector. - Decrease adult attitudes favorable toward youth alcohol use from 29% to 20%. 	☒
Environmental	Support local alcohol and tobacco free ordinances (Adapted from CA-CI page 77)	Government, Business, ALL Together	<ul style="list-style-type: none"> - Increase cross-agency resourcing and related coordination for collaborative initiatives. - Increase the perception among high school aged youth that their friends think it is wrong or very wrong for youth to smoke tobacco from 69% to 73%. 	☒

Business

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

<i>CSAP Prevention Category</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Education	Provide workplace education and training programs (Adapted from CA-CI page 72)	ALL Together, Business, Community and Family Supports	<ul style="list-style-type: none"> - Decrease the percentage of adults who report currently smoking tobacco from 15% to 13%. - Decrease the number of opioid related ER visits in Grafton County from 28 (2014) to ≤24. (Figure 23) 	☒
Environmental	Develop and/or promote and adopt best practice work place alcohol and drug policies (Adapted from CA-CI page 73)	ALL Together, Business, Community and Family Supports	<ul style="list-style-type: none"> - Increase the perception among adults that individuals who binge drink alcohol put themselves at great risk of harm from 58% to 65%. - Decrease the percentage of adults who report currently smoking tobacco from 15% to 13%. 	☒

Community and Family Supports

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

<i>CSAP Prevention Category</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Education and Environmental	Increase training, technical assistance and professional development to develop and expand knowledge and skills relative to addressing alcohol and drug misuse (Adapted from CA-CI page 76)	ALL Together, Community and Family Supports	<ul style="list-style-type: none"> - Decrease the percentage of students who in the past month felt so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities from 20% to 15%. - Support implementation with sufficient on-going training and technical assistance. - Decrease adult attitudes favorable toward youth alcohol use from 29% to 20%. - Increase the percent of high school aged youth who report that their guardians have clear rules and standards for their behavior from 79% to 83%. - 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 88% to 94%.	
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V. Monitoring and Evaluation

Monitoring and evaluation are fundamental to understanding the progress Upper Valley 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#	<p>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 an annual basis. The RNSS measures the following:</p> <ul style="list-style-type: none"> • 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
Behavioral Risk Factor Surveillance System (BRFSS) http://www.cdc.gov/brfss/	The BRFSS measures substance use among adults in New Hampshire.
County Health Rankings http://www.countyhealthrankings.org/	The annual <i>County Health Rankings</i> 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.
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.
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.

OTHER DATA COLLECTION

Tool	Definition of tool and measurement
Drug Free Communities Grant Survey www.UVALLTogether.org	The Drug Free Communities Grant Survey measures community perception of harm and social norms around drug misuse. This survey is administered annually to community members and includes a high representation of the Upper Valley parent population.
Qualitative Interviews	Qualitative interviews and appreciative inquiries measure positive factors in the community and help to identify opportunities to make further change to reduce and prevent substance use. Qualitative interviews and appreciative inquiries are administered to community members, including students on a regular basis.

Medication Take Back Weights	Medication Take Back Weights are recorded regularly by police stations that offer Medication Drop Boxes across the Upper Valley.
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QUALITY ASSURANCE AND OVERSIGHT

ALL Together relies on regular monitoring and evaluation data to continuously assess implementation in an effort to ensure high quality and effective prevention work. Most of the short term outcomes are collected by the regional partners and aggregated for use and dissemination by ALL Together’s coordinators. The partnership with regional high schools provides access to Youth Risk Behavior Survey data and local police departments share medication drop box take back weights and the number of arrests on high risk weekends. There are a number of resources available to ALL Together and the partners that provide an abundance of data.

Gaps in data are identified by the leadership team and ALL Together’s coordinators. Often local surveys, targeted interviews, and secondary data provide enough additional information to supplement regional data collection. For example in Hanover, there was an identified gap in knowledge about communication preferences among parents, so Circle Up! Parent Group designed and disseminated a seven question survey to 50 parents to identify communication variations. The various forms of data allow ALL Together to regularly evaluate the impact of regional efforts and make adjustments necessary to planned strategies.

VI. Conclusion

ALL Together benefits from its dual role as the Upper Valley Regional Substance Misuse Prevention Network and regional Drug Free Communities Coalition. The coordination and resource sharing amplifies the impact of the regional work. ALL Together coordinators actively involve substance misuse providers, institutions, and community members in developing the foundation of the regional network.

ALL Together’s partners continue to recruit and inspire others to get involved in ALL Together sponsored activities and initiatives. There is an emphasis placed on sharing data and opportunities during partner meetings and via email. Although ALL Together’s community partners may not be directly involved in every strategy, they are aware of the work being done and support those completing this work. Community ownership is woven into each strategy involving highly invested individuals from multiple sectors making sustainability possible.

This strategic plan as well as the goals and objectives will be communicated to key stakeholders and the regional community through ALL Together partner meetings, [website](#), [social media](#), electronic communications, community forums, and local community coalitions.