

Strafford County Public Health Network



Substance Misuse
3- Year Strategic Plan
July 1, 2019 – June 30, 2022

ABOUT

WHO WE ARE	With the mission of improving the health, wellness, and quality of life for all individuals in Strafford County, the Strafford County Public Health Network works to build one integrated system of community members, businesses, and health organizations working together to address public health needs. The Strafford County Public Health Network is representative of the following municipalities: Dover, Rochester, Durham, Somersworth, Barrington, Farmington, Milton, Lee, Strafford, New Durham, Rollinsford, Middleton, Madbury, and the University of New Hampshire and is based out of Goodwin Community Health.
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LEADERSHIP TEAM MEMBERS	Cora Long, Ashley Wright, Ashley Desrochers, Vicki Hebert, Nicole Rodler, Nicole Dale, Kaitlin Calculator, Stephen Pappajohn, Pete Fifield

RPHN PURPOSE STATEMENT

VISION	The Strafford County Public health network envisions a vibrant, healthy and productive community that values health and wellness and as a result our citizens thrive and prosper.
MISSION	Our mission is to improve the health, wellness, and quality of life for all individuals in Strafford County, and to strengthen coordination and communication among community health partners to support Substance Misuse Prevention, Treatment, and Recovery initiatives.
CORE FUNCTIONS	The Strafford County Public Health Network's core function is to align multiple public health priorities into one integrated system. Integrate multiple public health initiatives and services into a common network of community stakeholders, and coordinate the development and implementation of a range of community and public health improvement activities. New Hampshire's Regional Public Health Network System for the prevention and reduction of substance misuse is a coordinated system made up of regional substance misuse coordinators and networks of community stakeholders who lead, plan, support, monitor, and carry out prevention efforts in their region's communities. These networks serve their communities' needs in addressing the occurrence of substance misuse and its negative impacts. The networks also embrace the responsibility and opportunity to influence choices and behaviors that promote healthy lives, safe neighborhoods and thriving economies. The system was developed in order to create a collaborative, diversely resourced, community-based, data-driven infrastructure to affect population-level change.

Strafford County Public Health Network

SNAPSHOT OF CURRENT ALCOHOL AND OTHER DRUG MISUSE IN YOUR REGION	<p>Strafford County consists of thirteen cities and towns in Southeastern NH. Of these thirteen cities and towns, Greater Dover, Greater Durham and Greater Rochester have unique public health needs and priorities. The northern tier of Strafford County boasts some of the lowest income and educational attainment levels in the State of New Hampshire, while the greater Durham and Dover areas boast some of the highest income and educational attainment levels. The northern tier is home to many summer homes, and has less tax base representation from year round residents. Many of the northern tier communities are defined as ‘bedroom communities’, commuting more than 20 minutes to their place of employment. The Dover and Durham regions are home to robust development over the past 20 years and UNH, the State’s largest University, which also plays a role in culture and access to alcohol among young adults.</p> <p>The consequences of substance misuse on our region are substantial, as is its toll on emotional, mental, physical, and economic wellbeing of individual residents. Of particular concern is the rate by which young adults across New Hampshire are dying as a result of overdosing on heroin and the prescription narcotic Fentanyl, which is fifteen to twenty times more potent than heroin. Fentanyl is being used to ‘cut’ individual batches of heroin for sale. From 2010 to 2013, heroin use among NH residents surged dramatically and the number of heroin-related overdose deaths increased from 14 to 45 deaths. The total confirmed number of opioid overdoses resulting in death in 2014 was 326, with 128 of them involving Fentanyl. In 2017, 433 overdose deaths were reported to have been caused by opiates/opioids, with 372 of these deaths involving Fentanyl. More recently, as of Late July 2019, there have been and as many as 156 overdose deaths with 143 of them involving Fentanyl. ¹</p> <p>In addition to public health impacts, the economic toll sustained in our state resulting from substance misuse and addiction is grave. In 2012, costs associated with substance misuse in NH for workplace productivity (impaired productivity and absenteeism) was \$1.15 billion. The economic burden for healthcare services, including substance misuse treatment, medical care, and insurance administration totaled nearly \$266 million.² Costs associated with the criminal justice system, including police protection, corrections, cost to crime victims, and victim productivity loss reached \$284 million. ³</p> <p>In September 2014 through August 2015, five focus groups were conducted locally to ascertain among select populations in Strafford County their experience or perceptions about Substance Misuse. Findings implicate environmental, emotional, and mental health factors as having the greatest influence on individual behavior, including family dynamics, lack of supports, genetics, and other stressors and conditions. There was consensus among participants within each focus group that more school-based education is needed with a focus on the negative impacts of substance misuse. There was a perceived inadequacy of substance misuse education in schools; a need to begin educating</p>
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youth about substance misuse earlier on in the lower grades was endorsed by most. Some participants suggested that substance misuse education should be taught to children as early as kindergarten.

Though our focus group participants noted comprehensive school-age drug and alcohol education as a primary concern, current regional data suggests that the message about harm associated with substance misuse is being heard and not heeded. Despite the perceived harm and social pressure to not misuse substances among middle-schoolers, the rate of substance misuse among high school students in Strafford County surpassed the State in all areas except using a prescription drug without a doctor's prescription. Most focus group participants agreed that a person's home environment played a significant role in whether or not youth will misuse substances. Several participants acknowledged that children model after their parents' behavior.

During Strafford County Public Health Network's Bi-Annual PHAC Networking Meeting in 2019, focus groups were conducted with partners across sectors and the continuum of care. Participants reported some the following gaps for preventing substance misuse in our county: culturally competent evidence-based curriculums in K-12 schools, wide-spread knowledge regarding safe disposal resources of unused prescription drugs, peer-to-peer programs and increased access to a variety of alternative activities involving youth and trusted adults. Additionally, participants also reported a need for services for youth of substance-using parents. Finally, participants reported a need for community education that focused on community approaches to prevention.

In July 2019, Strafford County Public Health Network launched a survey developed by the Addiction Taskforce. This survey was developed to learn what community members living and/or working in Strafford County consider as priorities in regards to substance misuse prevention, treatment and recovery. There were 164 completed responses. 46.43% of respondents lived and worked in Strafford County, 30.61% of respondents only lived in Strafford County and 19.90% of respondents only worked in Strafford County. The two largest professional groups represented were Education/School system (40.28%) and Mental and behavioral health (22.22%). Farmington was the community most largely represented with 40.38% of responses. Rochester and Dover followed, each with roughly 27%.

We used this survey to gauge the community's perception of substance misuse in Strafford County. 54.88% of respondents believed there to be "a lot" of substance use in Strafford County. 76% believed there to be a "good deal" of substance use in Strafford County and 4.88% believed there was "some" substance use in Strafford County. 68.71% of respondents reported addiction had personally affected them. Of those who had been personally affected by addiction, co-occurring mental health and Substance Use Disorders ranked as the number one priority with 50% of responses and housing was viewed as the second most

important topic with 40.18% of responses.

When asked what priority areas our community would like more focused efforts in, the top responses were: trauma-informed systems of care, Adverse Childhood Experiences (ACEs), resiliency, co-occurring mental health and Substance Use Disorder, housing, alternative activities for youth and adults, expanding efforts in substance use prevention, employment, transportation and increasing capacity of professionals working across the Continuum of Care . Other suggestions made were: “easier access to treatment programs”, “more treatment facilities”, and more “residential treatment programs for people with co-occurring disorders”.

The primary substances focused on by the Strafford County Public Health Network and its partners are alcohol, marijuana and prescription drugs. According to the National Survey on Drug Use and Health (NSDUH), in 2016 an estimated 28.6 million Americans aged 12 or older used illicit drugs in the past month and nearly 137 million people reported being current drinkers of alcohol.⁴ Approximately 105,000 individuals (9% of the population over 12 years of age) in New Hampshire meet the American Psychiatric Association (APA) diagnostic criteria for substance use disorders (SUD). Approximately 5,000 people receive SUD services through contracts administered by the Department of Health and Human Services (DHHS) Bureau of Drug and Alcohol Services (BDAS).

New Hampshire is consistently ranked highest in the nation for alcohol consumption among adults and young people per capita, and among the highest for illicit drug use, while access to treatment for resident’s remains among the lowest in the U.S.⁵ In comparison to national figures, New Hampshire’s substance misuse rates are statistically higher for a number of population groups. Self-reported use of alcohol and marijuana in the past 30 days is higher for many age groups in New Hampshire, as seen in the 2015 Youth Risk Behavior Surveillance Survey. New Hampshire’s 12 to 17 year-olds are one-and-one-half times more likely than 12 to 17 year-olds nationwide to smoke marijuana. In 2015, 76.2% of youth in Strafford County reported that they had not used Marijuana within the past 30 days. However, in 2017, only 73.3% reported abstinence from marijuana use. This means there was a 3.1% increase in 30 day marijuana use among youth in Strafford County. Among youth aged 12-17, New Hampshire’s rates of binge drinking are significantly higher than the U.S. as well. Binge drinking with Strafford County youth also increased between 2015 and 2017, by 1.5%. 2017 YRBS results also revealed that 61.5 % of Strafford County youth feel it would be easy to very easy to access alcohol. Even more alarming, 66% of High school students report that it would be sort of easy to very easy to obtain Marijuana. Heroin usage among youth is higher in Strafford County at 3.2% than NH at 2.7%.⁶

Strafford County’s youth do seem to perceive harm from drinking and using drugs. Nearly 95 percent reported they are at risk if they take a prescription drug without a prescription (up from 90 percent in 2015), according to the

Strafford County Youth Risk Behavior Survey collected Spring 2017. In a decline, 89 percent of Strafford County middle schoolers believe the same risk in this same behavior. Very few surveyed believe their parents condone drinking daily or using any drugs at all, and 84 percent believe their friends frown upon regular alcohol use.⁶ Perception of harm concerning Marijuana use also decreased according to YRBS, as 40.4% perceived moderate to great risk in use in 2015, and only 35.5% reported similarly in 2017. Perception of harm concerning binge drinking also decreased between these years from 76.9% to 74%, as well as smoking at least one pack per day (which decreased from 89.1% to 87.6%). Students reporting parental disapproval of marijuana use (either wrong or very wrong) also decreased according to results, from 81.4% in 2015, to 75.3% in 2017. Electronic Vapor devices have also been an ongoing concern for youth our region, with 69.8% of Strafford County youth reporting to have used an electronic vapor device in the past thirty days in 2015. This percentage increased to 75.9% in 2017.⁶

¹ NH Medical Examiner's Office Drug Death Data Report (Multiple Years)

² New Futures 2014

³ New Futures 2014

⁴ National Survey on Drug Use and Health (NSDUH)

⁵ NH DHHS, 2015

⁶ New Hampshire Youth Risk Behavior Surveillance Survey (Multiple Years)

GOAL #1: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan.

Objective 1: Increase sustainable evidence based curricula in schools and programs	Objective 2: Increased community-based supports derived from restorative practices
Baseline: # of EB curricula implemented within the region	Baseline: # of community orgs currently providing supports
Year 1: Assess: Conversation with each school	Year 1: Increased awareness of existing programs with network partners
Year 2: Identify appropriate programs	Year 2: Identify & implement programs that are found to be missing in each community
Year 3: Increase capacity within school	Year 3: Increase utilization of existing programs
Objective 3: Increase youth empowerment programs within the region	
Baseline: # youth empowerment programs	
Year 1: Increased awareness of programs within each district	
Year 2: Implement youth empowerment model where needed	
Year 3: Build capacity of youth empowerment programs within each district	

GOAL #2: Increase capacity, competence and sustainability of SCPHN and partners to address substance misuse across all sectors.

Objective 1: Promote & provide workforce development opportunities for professionals
Baseline: # of individuals that are CPS certified
Year 1: Assess existing opportunities educational opportunities within the region
Year 2: Identify & implement missing educational opportunities
Year 3: Increase # of CPS trained individuals

GOAL #3: Increase the # of community partners and institutions that have integrated prevention into their practices.

Objective 1: Support data collection	Objective 2: Increase participation in prevention related working groups
<p>Baseline: # of region-specific data sources</p> <p>Year 1: Establishing # of regional data sources</p> <p>Year 2: Increasing # of surveys completed</p> <p>Year 3: Identify sustainable funding sources for data collection</p>	<p>Baseline: # of individuals attending prevention-related working groups</p> <p>Year 1: Increase awareness of prevention-related working groups</p> <p>Year 2: Increase engagement of new partners</p> <p>Year 3: Ensure that each sector is represented at prevention-related working groups</p>
Objective 3: Increase perception of harm by 2% for the following substances: marijuana, nonmedical rx use, binge drinking and smoking 1 ppd	Objective 4: Decrease # reporting “very easy” access to substances by 2% for the following substances: Rx, Cigarettes, Alcohol and Marijuana
<p>Baseline: Marijuana 15% to 17%, nonmedical Rx use from 64.5% to 66.5%, Binge Drinking from 35.2% to 37.2%, Smoking 1 ppd from 69.2% to 71.2% as reported by YRBS</p> <p>Year 1: Identify existing resources that address prevention education</p> <p>Year 2: Increase capacity to share and re-inforce prevention messaging</p> <p>Year 3: Increase county-wide participation of prevention campaigns</p>	<p>Baseline: Cigarettes from 36.3% to 34.3%, Alcohol from 39% to 37%, Marijuana from 45.8% to 43.8%, Rx from 14.3% to 12.3%. as reported by YRBS</p> <p>Year 1: Increase awareness of access points</p> <p>Year 2: Increase awareness of programs and practices that decrease access to substances</p> <p>Year 3: Increase participation of programs/practices that decrease access to substances</p>

CSAP STRATEGY	ACTIVITIES	SECTOR	GOALS/OBJECTIVES ADDRESSED	RISK FACTORS	PROTECTIVE FACTORS
Information Dissemination	Provide workplace education and training	business, community and family supports	GOAL: Increase capacity, competence and sustainability of SCPHN and partners to address substance misuse across all sectors. OBJECTIVE: Promote and provide workforce development opportunities.	Early substance use	Opportunities for skill building, Integration of family, school and community efforts
	Host CPS trainings within the region	business, education, health, safety, government, community and family supports		Time in emotionally responsive interactions with children	Opportunities for skill building
	Share and disseminate information among partners re: upcoming education events	business, education, health, safety, government, community and family supports			Opportunities for skill building, Positive Social Norms, Integration of family, school and community efforts
	Host community education opportunities			Substance use among parents, Family conflict, Poor Parenting, Favorable attitude towards substance use	Opportunities for skill building, Positive Social Norms
	Coordinate county-wide campaigns	business, education, health, safety, government, community and family supports	GOAL: Increase the # of community partners and institutions that have integrated prevention into their practices. OBJECTIVE: Increase perception of harm re: substance misuse.	Early substance use, Access to substances	Community Connectedness, Perception of harm, Integration of family, school and community efforts
	Creating and Utilizing educational materials and messaging			Early substance use, Access to substances	Integration of family, school and community efforts
	Safe storage education	business, education, health, safety, government, community and family supports	GOAL: Increase the # of community partners and institutions that have integrated prevention into their practices Objective: Decrease access to substances.	Early substance use, Access to substances	Opportunities for skill building, Positive Social Norms, Integration of family, school and community efforts

	YRBS	education	GOAL: Increase the # of community partners and institutions that have integrated prevention into their practices. OBJECTIVE: Support data collection, analysis and reporting to sustain programs, policies and practices.		Integration of family, school and community efforts
EDUCATION	TA for identification/implementation of evidence based curriculums and programs re: ACES/TIC	business, education, health, safety, government, community and family supports	GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase evidence based curriculums in schools and programs.		Opportunities for skill building
	Provide workplace education and training	business, community and family supports	GOAL: Increase capacity, competence and sustainability of SCPHN and partners to address substance misuse across all sectors. OBJECTIVE: Promote and provide workforce development opportunities .	Low perception of harm, Favorable attitude towards substance use	Opportunities for skill building
	Host CPS trainings within the region	business, education, health, safety, government, community and family supports			Opportunities for skill building
	Host community education opportunities	education		Access to substances, low perception of harm	Opportunities for skill building, Perception of harm
	Work with schools across Strafford County to impliment evidence based curriculums		GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase evidence based curriculums in schools and programs.	Community level stressful/traumatic events, Early substance use, Peer rejection	Opportunities for skill building, Positive Social Norms
	Coordinate county-wide campaigns	business, education, health, safety, government,	GOAL: Increase the # of community partners and institutions that have integrated prevention	Low perception of harm, Permissive Parenting, Negative events, Favorable attitude	Integration of family, school and community efforts

	Coordination and implementation of existing parenting programs within the region	community and family supports community and family supports	into their practices. OBJECTIVE: Increase perception of harm re: substance misuse.	towards substance use Parental modeling of drug/alcohol use, Aversive Family environment, Early substance use	Reliable support and discipline from caregivers, Responsiveness, Opportunities to resolve conflict Integration of family, school and community efforts
	Creating and Utilizing educational materials and messaging	business, education, health, safety, government, community and family supports			
	Liquor commission education	business, education, health, safety, government, community and family supports	GOAL: Increase the # of community partners and institutions that have integrated prevention into their practices Objective: Decrease access to substances.	Access to substances, Early substance use	
ALTERNATIVES	Coordinate positive youth development practices and activities	community and family supports	GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase youth empowerment programs within the region.	Aversive family environment, Early substance use, Associating with drug using peers Associating with drug using peers, Low perception of harm	Opportunities for skill building, Positive Social Norms,
	Increase # of Y2Y within the region	education, community and family supports			Community Connectedness
	Coordinate county-wide campaigns	business, education, health, safety, government, community and family supports	GOAL: Increase the # of community partners and institutions that have integrated prevention into their practices. OBJECTIVE: Increase perception of harm re: substance misuse.	Associating with drug using peers, Low perception of harm	Community Connectedness, Opportunities to belong, Culturally relevant pedagogy
	Increase awareness and attendance of alternative activity programs available across the lifespan	community and family supports	GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy	Associating with drug using peers,	Opportunities for skill building, Positive Social Norms, Opportunities to

			decision making across the lifespan. OBJECTIVE: Increase community based supports derived from restorative practices.		belong
PROBLEM IDENTIFICATION	Support SAP programming within schools	education	GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase evidence based curriculums in schools and programs.	Early substance use, Low perception of harm	Opportunities for skill building, perceived teacher support
	Support coordinated community responses to crisis	health, safety, community and family supports	GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase community based supports derived from restorative practices.	Stressful Community Events, Early substance use,	Integration of family, school and community efforts
	Increase utilization of diversion practices within region	health, government, safety, community and family supports	GOAL: Increase the # of community partners and institutions that have integrated prevention into their practices. OBJECTIVE: Support data collection, analysis and reporting to sustain programs, policies and practices.	Lack of social support, lack of adult supervision	Integration of family, school and community efforts
	Recovery Friendly Workplace	business, education, health, safety, government, community and family supports		Substance use among parents, Low perception of harm	Opportunities for skill building, Low perception of harm
	Annual Stakeholder Survey	business, education, health, safety, government, community and family supports			Culturally relevant pedagogy
	YRBS	education			Culturally relevant pedagogy
COMMUNITY BASED PROCESS	Increase school partnerships with community behavioral/mental health	education, health, safety	GOAL: Investment in sustainable programs, policies and practices		Integration of family, school and community

	agencies		that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase evidence based curriculums in schools and programs.	efforts, Parental resources
	Support coordinated community responses to crisis	health, safety, community and family supports	GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase community based supports derived from restorative practices.	Positive Social Norms, Integration of family, school and community efforts
	Provide workplace education and training	business, community and family supports	GOAL: Increase capacity, competence and sustainability of SCPHN and partners to address substance misuse across all sectors. OBJECTIVE: Promote and provide workforce development opportunities.	Integration of family, school and community efforts
	Host community education opportunities	business, education, health, safety, government, community and family supports	GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase youth empowerment programs within the region.	Opportunities for skill building, Positive Social Norms
	Increase # of Y2Y within the region	education, community and family supports	GOAL: Increase the # of community partners and institutions that have integrated prevention into their practices. OBJECTIVE: Increase participation in	Integration of family, school and community efforts
	Host PLG workgroups	business, education, health, safety, government, community and family supports		Integration of family, school and community efforts
	Attend COP Meetings			Integration of family, school and community efforts

	Participate in ATF Meetings		prevention related working groups.		Integration of family, school and community efforts
	Engage and cultivate partnerships with members in local government leadership roles				Integration of family, school and community efforts
	Increase collaboration between safety and law enforcement with community partners				Integration of family, school and community efforts
ENVIRONMENTAL	Model School Policy	education	GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase evidence based curriculums in schools and programs.	poor quality peer relationships, substance using peers	
	TA for identification/implementation of evidence based curriculums and programs re: ACES/TIC	business, education, health, safety, government, community and family supports	GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase evidence based supports derived from restorative practices.		Integration of family, school and community efforts
	Recovery Friendly Workplace		GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase community based supports derived from restorative practices.	Family Conflict, Parental drug use, Stressful community events	Opportunities for skill building, Positive Social Norms, Integration of family, school and community efforts
	Coordinate positive youth development practices and activities	community and family supports	GOAL: Investment in sustainable programs, policies and practices that improve well-being and healthy decision making across the lifespan. OBJECTIVE: Increase youth empowerment programs within the region.	Peer rejection, poor quality peer relationships, substance using peers	Opportunities for skill building, Positive Social Norms
	Increase # of Y2Y within the region	education, community and family supports	GOAL: Increase the # of community partners and institutions that have integrated prevention	Early substance use	Opportunities for skill building, Positive Social Norms
	Coordinate county-wide campaigns	business, education, health, safety, government,		Early substance use	Opportunities for skill building, Positive Social Norms, Perception of

		community and family supports	into their practices. OBJECTIVE: Increase perception of harm re: substance misuse. GOAL: Increase the # of community partners and institutions that have integrated prevention into their practices Objective: Decrease access to substances.	Access to substances Access to substances Access to substances, Early substance use	harm Opportunities for skill building, Positive Social Norms, Positive Social Norms, Perception of harm
	Safe storage education				
	Takeback Day				
	Compliance Checks				

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