

Capital Area Public Health Network

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



ABOUT

<i>WHO WE ARE</i>	The Capital Area Public Health Network is an initiative of Granite United Way and part of the regional public health network system in the state of New Hampshire, serving 24 towns including Concord.
<i>CONTACT INFORMATION</i>	Annika Stanley-Smith, Director of Substance Misuse Prevention annika.stanley-smith@graniteuw.org, 603-224-2595 x 224 www.capitalareaphn.org
<i>LEADERSHIP TEAM MEMBERS</i>	Kim Hayley, Co-Chair, Second Start; Jay Bachelder, Co-Chair, Pembroke Academy; Ryan Howe, Concord Police; Gail Parker, Drug Enforcement Agency; Peter Burke, Farnum Center, Cassandra Mason, New Hampshire State Council on the Arts; Chris Remillard, Dunbarton Police Department; Aly McKnight, New Futures; Aimee Tucker, Concord School District; Jennifer Brechtel, Concord VNA; Teresa Georges; Kearsarge High School

CAPHN PURPOSE STATEMENT

<i>VISION</i>	Create a healthier Capital Area.
<i>MISSION</i>	The mission of the Capital Area Public Health Network (CAPHN) is to promote, protect, and improve the health and well-being of communities within the Capital Area of New Hampshire through the proactive, coordinated, and comprehensive delivery of essential public health services.
<i>CORE FUNCTIONS</i>	CAPHN uses the Strategic Prevention Framework as our core functions. The Strategic Prevention Framework (SPF) focuses on all our activities including assessment, capacity building, planning, implementation, and evaluation. Each step of the SPF also continuously includes a focus on sustainability and cultural competency.
<i>VALUES</i>	The Capital Area follows the Governor’s Commission on Alcohol and Other Drugs values by supporting alcohol and other drug use related policies, programs and services that honor the complex biopsychosocial nature of alcohol and other drug misuse, unique to each individual; respect the human rights, cultural values, beliefs, and dignity of all people; are evidence informed, pragmatic, non-coercive, and nondiscriminatory; are continuously improved with timely and available data; are trauma informed; are resilience and recovery oriented; are informed by the wisdom of lived experience; and are equally accessible to all.

CAPITAL AREA PUBLIC HEALTH NETWORK

SNAPSHOT OF CURRENT ALCOHOL AND OTHER DRUG MISUSE IN YOUR REGION

The Capital Area footprint closely resembles Merrimack County. In the Capital Area there are nearly 150,000 residents, of which about 19% are below the age of 18. Our public health network focuses on reducing youth use and adult misuse in the following substances: Alcohol, Marijuana, Prescription drugs and other illicit substances. We accomplish significant decreases in youth use by reducing the risk factors that lead to substance use and building up the protective factors in individuals and communities to support healthy behaviors.

Alcohol:

According to the 2017 Youth Risk Behavior Survey 11% of youth report having alcohol before the age of fifteen. 29.4% of Capital Area Youth report using alcohol in the past thirty days. Only 67.2% of Capital Area Youth report having seen a public message about avoiding alcohol use. 16% of Capital Area Youth report binge drinking (five or more drinks in 2 hours) in the past 30 days. 664 Students or 40.2% obtained the alcohol they drank by someone giving it to them.

Marijuana:

According to the 2017 Youth Risk Behavior 23.6% or 1,427 Capital Area Youth report using Marijuana in the past 30 days. 63.1% of Capital Area Youth Report it would be easy to obtain Marijuana. Only 54.4% of Capital Area Youth Report peer disapproval of Marijuana use and only 16.3% think there is a risk of harm associated with weekly Marijuana use.

Prescription Drugs:

According to the 2017 Youth Risk Behavior 26.2% of Capital Area Youth report having easy access to prescription drugs. 706 (11.7%) Capital Area students report taking a prescription drug without a doctor's prescription in their lifetime and 5.1% are currently misusing prescription drugs. Only 63.3% of Capital Area Youth think there is a great risk of harm from misusing prescription drugs.

Other Substance Use:

According to the 2017 Youth Risk Behavior Survey 1.7% of Capital Area Youth have ever used heroin. 1.5% of Capital Area Youth, or about 91 students, have used methamphetamines in their lifetime. 4.3% of Capital Area Youth report having ever used synthetic marijuana. 18.8% of Capital Area Youth report using an electronic vape product at least once a day during the past 30 days and 34.8% report having used in their lifetime.

GOAL 1: Increase the Substance Misuse Prevention protective factors in the Capital Area for ages 0-12.

<p>Objective 1: Increase capacity in the region through grant funding and increased sector engagement.</p>	<p>Objective 2: Promote effective policies, practices and programs.</p>
<p>Baseline: Current grant funding at \$38,000. Current number of engaged community members at 80.</p> <p>Year 1: Increase grant funding to \$40,000 and increase community members to 90.</p> <p>Year 2: Increase grant funding to \$45,000 and increase community members to 100.</p> <p>Year 3: Increase grant funding by \$50,000 and increase community members to 120.</p>	<p>Baseline: 1 school using Multi-Tiered Systems of Support for Behavior (MTSSB). 0 schools screening for Adverse Childhood Experiences (ACEs).</p> <p>Year 1: 4 schools using MTSSB. 2 schools screening for ACEs.</p> <p>Year 2: 6 schools using MTSSB and 4 schools screening for ACEs.</p> <p>Year 3: 8 schools using MTSSB and 6 schools screening for ACEs.</p>
<p>Objective 3: Increase parent & family supports.</p>	<p>Objective 4: Promptly respond to emerging drug threats.</p>
<p>Baseline: Unknown baseline data for number of families receiving evidence-based home visiting or a similar support.</p> <p>Year 1: 25 families receiving evidence-based home visiting.</p> <p>Year 2: 50 families receiving evidence-based home visiting.</p> <p>Year 3: 75 families receiving evidence-based home visiting.</p>	<p>Baseline: 2 SMP Leadership Team meetings focused on emerging threats and addressing them.</p> <p>Year 1: 3 Meetings focused on emerging threats.</p> <p>Year 2: 4 meetings focused on emerging threats.</p> <p>Year 3: 5 meetings focused on emerging threats.</p>

GOAL 2: Reduce youth and young adult substance use of Marijuana, Alcohol, Rx Drugs, Methamphetamine, Opioids, Vaping and other substance use in the ages 12-34.

<p>Objective 1: Increase capacity in the region through grant funding and increased sector engagement.</p>	<p>Objective 2: Promote effective policies, practices and programs.</p>
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<p>Baseline: Current grant funding at \$38,000. Current number of engaged community members at 80.</p> <p>Year 1: Increase grant funding to \$40,000 and increase community members to 90.</p> <p>Year 2: Increase grant funding to \$45,000 and increase community members to 100.</p> <p>Year 3: Increase grant funding by \$50,000 and increase community members to 120.</p>	<p>Baseline: 1 College participating in and evidence-based prevention program. 8 Businesses participating in the Governor’s Recovery Friendly Workplace.</p> <p>Year 1: 2 Colleges participating in an evidence-based prevention program. 12 businesses participating the in the Governor’s Recovery Friendly Workplace.</p> <p>Year 2: 3 Colleges participating in an evidence-based prevention program. 15 businesses participating the in the Governor’s Recovery Friendly Workplace.</p> <p>Year 3: 3 Colleges participating in an evidence-based prevention program. 20 businesses participating the in the Governor’s Recovery Friendly Workplace.</p>
<p>Objective 3: Increase education and awareness campaigns for youth and young adults.</p>	
<p>Baseline: 1 Media campaign annually. Year 1: 3 Media campaigns annually. Year 2: 5 Media campaigns annually. Year 3: 7 Media campaigns annually.</p>	

GOAL 3: Reduce the negative or unintended health consequences of substance use in all ages.

<p>Objective 1: Increase capacity in the region through grant funding and more sector engagement.</p>	<p>Objective 2: Promote effective policies, practices and programs.</p>
<p>Baseline: Current grant funding at \$38,000. Current number of engaged community members at 80.</p> <p>Year 1: Increase grant funding to \$40,000 and increase community members to 90.</p> <p>Year 2: Increase grant funding to \$45,000 and increase community members to 100.</p> <p>Year 3: Increase grant funding by \$50,000 and increase community members to 120.</p>	<p>Baseline: Promote 2 negative health consequences polices, practices and programs annually.</p> <p>Year 1: Promote 3 polices, practices and programs.</p> <p>Year 2: Promote 4 polices, practices and programs.</p> <p>Year 3: Promote 5 polices, practices and programs.</p>
<p>Objective 3: Increase access to Narcan distribution and education.</p>	<p>Objective 4: Decrease opioid overdoses and other substance related deaths.</p>
<p>Baseline: 440 Narcan kits distributed and 500 people educated in 2019.</p> <p>Year 1: 500 Narcan kits distributed and 700 people educated.</p> <p>Year 2: 600 Narcan kits distributed and 900 people educated.</p> <p>Year 3: 700 Narcan kits distributed</p>	<p>Baseline: Unknown deaths due to alcohol and other drugs.</p> <p>Year 1: 70 drug related deaths.</p> <p>Year 2: 50 drug related deaths.</p> <p>Year 3: 30 drug related deaths.</p>

STRATEGIES

CSAP STRATEGY	ACTIVITIES	SECTOR	GOALS/OBJECTIVES ADDRESSED BY THIS STRATEGY	RISK/PROTECTIVE FACTOR TARGETED
INFORMATION DISSEMINATION	Clearinghouse/information resource center(s); Resource directories; Media campaigns; Brochures; Radio/TV public service announcements; Speaking engagements; Health fairs/health promotion; and Information line.	HEALTH, EDUCATION, COMMUNITY SUPPORTS, SAFETY, GOVERNMENT, BUSINESS	Goal 1: Objectives 2 and 3; Goal 2: Objectives 2 and 3; Goal 3: Objectives 1,2,3 and 4	Lack of knowledge, lack of awareness, and access to resources, social norms,
EDUCATION STRATEGIES	Classroom and/or small group sessions (all ages); Parenting and family management classes; Peer leader/helper programs; Education programs for youth groups; and Children of substance use disorders groups.	HEALTH, EDUCATION, COMMUNITY SUPPORTS, SAFETY, GOVERNMENT, BUSINESS	Goal 1: Objectives 1, 2 and 3; Goal 2: Objectives 1, 2 and 3; Goal 3: Objectives 1, 2, 3, and 4	Access to resources, access to services, social norms
ALTERNATIVE ACTIVITIES	Drug free dances and parties; Youth/adult leadership activities; community drop-in centers; and community service activities.	HEALTH, EDUCATION, COMMUNITY SUPPORTS, SAFETY, GOVERNMENT, BUSINESS	Goal 1: Objectives 2 and 3; Goal 2: Objectives 2 and 3	Access to services, increased awareness, social norms,
PROBLEM IDENTIFICATION	Employee assistance programs; Student assistance programs; and Driving while under the influence/driving	HEALTH, EDUCATION, COMMUNITY SUPPORTS, SAFETY, GOVERNMENT	Goal 1: Objectives 1, 2 and 3; Goal 2: Objectives 1, 2 and 3; Goal 3: Objectives 1, 2, 3, and 4	Click or tap here to enter text.

	while intoxicated education programs.	NT, BUSINESS		
ENVIRONMENTAL STRATEGIES	Promoting the establishment or review of alcohol, tobacco and drug use policies in schools; technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco, and other drug use; Modifying alcohol and tobacco advertising practices; and Product pricing strategies.	HEALTH, EDUCATION, COMMUNITY SUPPORTS, SAFETY, GOVERNMENT, BUSINESS	Goal 1: Objectives 1 and 2; Goal 2: Objectives 1, 2, and 3; Goal 3: Objectives 1, 2, and 3	Increasing access to services, increase awareness
COMMUNITY BASED PROCESS	Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff/officials training; systematic planning; multi-agency coordination and collaboration; accessing services and funding; and community teambuilding.	HEALTH, EDUCATION, COMMUNITY SUPPORTS, SAFETY, GOVERNMENT, BUSINESS	Goal 1: Objectives 1, 2 and 3; Goal 2: Objectives 1, 2 and 3; Goal 3: Objectives 1, 2, 3 and 4	Increasing access to services, alternative events