

# COLLECTIVE ACTION ➔ COLLECTIVE IMPACT

New Hampshire's Strategy for Reducing the Misuse  
of Alcohol and Other Drugs and Promoting Recovery

2013-2017



# Table of Contents



Letter from The Commission .....	2
Dedication .....	3
Executive Summary .....	4
Endorsers .....	11
Contributors .....	12
Introduction .....	14
Alcohol and Other Drug Misuse Nationally .....	16
Alcohol and Other Drug Misuse in New Hampshire .....	18
Strategic Planning Process .....	26
Goals and Focus Areas .....	27
Strategy Areas .....	30
Implementing the Plan .....	32
State-Level Commitments .....	33
State-Level Activities by Strategy .....	35
Community Recommendations .....	44
Health & Medical .....	45
Safety & Law Enforcement .....	54
Education .....	62
Business .....	69
Government .....	75
Community & Family Supports .....	80
Conclusion .....	85
Appendices	
Appendix A: Governor’s Commission Operational Recommendations	
Appendix B: Governor’s Commission Leadership Expansion Recommended Topics and Audiences	
Appendix C: Recommended Policies, Practices & Programs “At-A-Glance”	
Appendix D: New Hampshire Regional Network Structure and Goals	
Appendix E: Commitments by Commission, Task Force & Stakeholder	
Appendix F: Stakeholder and Partner Contact List	
Appendix G: New Hampshire Drug-Free Community Coalitions	
Appendix H: New Hampshire Regional Resource Kiosks	
Appendix I: Contextual Information Regarding State Funding for Alcohol Abuse Prevention and Treatment	



## Letter from the Commission



The Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment (hereafter referred to as "the Commission") was established by the state legislature in 2000, with its membership and duties articulated in RSA 12-J:4, including the duty to develop and revise as necessary "a statewide plan for effective prevention of alcohol and drug abuse, particularly among youth; and a comprehensive system of intervention and treatment for individuals and families affected by alcohol and drug abuse."<sup>1</sup>

In service to this duty and in concert with the duty to "promote collaboration between state government agencies and communities to foster the development of effective community-based alcohol and drug abuse prevention and treatment programs"<sup>2</sup>, the Commission launched a strategic planning process in 2012 to assess the scope and severity of alcohol and other drug misuse in the state and its current efforts to mitigate misuse and consequences. Planning included a review of federal, state and community best practice recommendations for a wide range of activity to better address the public health and safety issues facing the state and communities.

The state strategy resulting from this process, *Collective Action – Collective Impact*, New Hampshire's strategy to prevent and reduce alcohol and other drug misuse and promote recovery,<sup>3</sup> is a reflection of the contributions of many stakeholders and partners, including communities themselves, who can help change the culture and practice relative to alcohol and drug use, a health and safety issue that continues to have devastating impacts because of the stigma and complexities associated with it. Although past efforts have been mindful and impactful, we recognize the need to improve our collective action through expanded leadership, resourcing, best practices, training, monitoring, and other strategic activities.

The Commission thanks the many local, state, and federal stakeholders who contributed to the effort to gather data and develop this strategy document. Particular thanks goes to the New Hampshire Center for Excellence in Substance Abuse Prevention and Treatment, a co-funded initiative of the New Hampshire Bureau of Drug and Alcohol Services, the Commission and the New Hampshire Charitable Foundation, for their leadership in facilitating the strategy development process and producing this document for dissemination to the public.

The Commission looks forward to working with stakeholders, the Legislature and the Governor's Office to ensure effective implementation of the recommendations contained herein. We are fortunate as a state to have seen local communities and others already begin implementation of a number of initiatives and policy efforts that are recommended; however, there remains much work to be done to improve our efforts and further reduce the negative health, economic and social impacts that alcohol and other drug misuse have on our state.

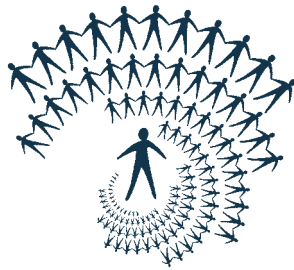
We hope you will join us in *Collective Action* to impact alcohol and drug misuse in New Hampshire.

Timothy R. Rourke, Chairman

Joseph P. Harding, Executive Director

<sup>1</sup> <http://statutes.laws.com/new-hampshire/TITLEI/CHAPTER12-J/12-J-4>

<sup>2</sup> *Ibid.*



## Dedication



The Commission wishes to dedicate this state plan to two individuals whose contributions to the field of substance abuse prevention, treatment and recovery serve as a shining example for all who aspire to make a difference in the lives of individuals and communities. Each lived lives of constant commitment to substance abuse issues and in their passing leave us a legacy of what it means to truly give of ourselves personally and professionally to this effort. It is our collective hope that the vision set forth in this plan speaks to their passion – that prevention works, and recovery is possible.



**Hiller “Mac” McCartin, Jr.**

Hiller “Mac” McCartin, Jr. was a tireless advocate for those suffering from substance abuse and mental illness, serving as Chairman of the Derry Friendship Center. In 2010, he helped to form the Avery Center of Londonderry which hosts AA, Al-anon, and NAMI family support meetings. In 2012, NAMI awarded Mac the Community Organizer of the Year. As a retired military officer, veterans were dear to his heart. In 2011, he started the Vet-to-Vet Program which is a peer driven support group where veterans can help one another. Over the years, Mac’s contributions to the community were nothing less than stellar. He set a powerful example of character, integrity, and the importance of helping others in need. In every way that Mac’s own life had been touched, he tried to give back and the bridge “from the need, to the solution.”



**Jennie Stewart-Boldin**

Jennie Stewart-Boldin dedicated her career to making the world a better place for children, with a career in social and youth services spanning 30 years. Most recently she served as the Community Outreach Coordinator for the Concord Substance Abuse Coalition and staff for the Capital Regional Prevention Network. Prior to that, her tenure included time with the New Hampshire Teen Institute, as well as Director of Ohio’s Statewide Violence Prevention Project and a Youth Counselor at McKinley Hall in Springfield, Ohio. Jennie was also a sought-after speaker and trainer, widely known for her deep passion for preventing youth substance abuse. Jennie was a true community leader and dedicated parent who served as a role model for many in the field and in her community.







Although New Hampshire is often ranked as one of the healthiest states in the nation, its rates of alcohol and other drug misuse by youth, young adults, and adults are some of the highest. According to the most recent National Survey on Drug Use and Health (2011 NSDUH), New Hampshire has some of the highest rates of alcohol use, marijuana use and non-medical use of pain relievers among youth, young adults, and adults. These high rates of misuse have a significant impact on the health, safety, and social and economic well-being of New Hampshire residents, families and communities.

The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment, established in 2000, recognizes the risk and harm that these impacts pose and initiated a strategic planning process early in 2012 to identify key priorities, strategy areas, and activities for the Commission's member agencies, other state level stakeholders, and community sectors to increase their efforts to address alcohol and other drug misuse.

**"...New Hampshire has some of the highest rates of alcohol use, marijuana use and non-medical use of pain relievers among youth, young adults, and adults."**

The Commission reviewed federal, state and local recommendations; considered state level data; gathered community input; and held a leadership summit to inform a strategy for the next five years to impact alcohol and other drug misuse more effectively.

These planning efforts led to two core goals, four problems of focus, six strategy areas, and a range of activities for the state and its communities to engage in to have a collective impact on this significant public health and safety problem. The two core goals over the next five years are 1) *to reduce the percentage of New Hampshire residents misusing alcohol and other drugs* and 2) *to increase the percentage of individuals with substance use disorders receiving treatment and recovery support services*. These goals apply to four problems of focus: *alcohol misuse, marijuana use, prescription drug misuse, and the incidence of persons with substance use or co-occurring substance use and mental health disorders seeking and not receiving treatment or recovery support services*.

In recognition of the necessity of collective action to realize measurable impact, the following strategy areas are recommended for state and community level action: 1) *Leadership*; 2) *Financial Resourcing*; 3) *Public Education*; 4) *Training and Professional Development*; 5) *Data Utilization*; and 6) *Effective Policies, Practices and Programs*.

The Commission invites its members, stakeholders, and community counterparts to engage in a range of activities within these strategy areas and to serve as the foundation for collective action and collective impact.





# State-Level Activity Summary



## I LEADERSHIP

Cultivate expanded leadership, particularly among state lawmakers and policy makers, to improve understanding of the impact of alcohol and other drug misuse in the state, to improve understanding of effective policies, programs and practices to address misuse, and to develop champions for such efforts

	ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
I a	<i>Make presentation(s) at least annually to key state leaders and leadership committees</i>	<i>Commission</i>
I b	<i>Regularly underscore the impact of alcohol and drug misuse on their agency or stakeholders in formal and informal communications with state leaders and lawmakers</i>	<i>Commission</i>
I c	<i>Support Commission and Stakeholders as requested for presentations to state leadership</i>	<i>All Task Forces</i>
I d	<i>Include leadership expansion as a standing agenda item</i>	<i>All Task Forces</i>
I e	<i>Lead annual activities to train and develop community leaders to serve as advocates in policy and legislative initiatives</i>	<i>New Futures</i>
I f	<i>Continue to cultivate champions among state policymakers and lawmakers through on-going outreach, education and collaboration</i>	<i>All Stakeholders</i>

## II FINANCIAL RESOURCING

Ensure adequate, sustained financial resourcing of alcohol and drug prevention, intervention, treatment and recovery supports

	ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
II a	<i>Share resource opportunities to expand coordinated activities and collaborative planning to sustain programs and practices fostered by external funding sources</i>	<i>Commission</i>
II b	<i>Participate in shared resourcing to carry out coordinated activities and integrated services</i>	<i>Commission</i>

ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
<p><b>II c</b> <i>Review current state funding contributions through state agencies and special budget line items, determine financial resource needs for adequate and effective services and activities, and develop an annual financial resource plan to meet needs</i></p>	Commission
<p><b>II d</b> <i>Make available letters of support or other endorsements from the Commission for community and regional stakeholders to support their proposals to funders for local response to alcohol and other drug misuse</i></p>	Commission
<p><b>II e</b> <i>Support the work of the Commission's System Reform Task Force working toward expanded coverage for substance abuse services within Medicaid and the state's managed care organizations. This work group is encouraged to work with DHHS, NH Medicaid, private insurers in the state, and the NH Department of Insurance as appropriate to determine and carry out a means to articulate costs and benefits to expanded coverage and to recommend and advocate for such coverage</i></p>	Commission
<p><b>II f</b> <i>Convene a wide range of stakeholders, including insurers, the NH Medicaid office, NH-based managed care organizations, and other stakeholders</i></p>	Systems Reform Task Force
<p><b>II g</b> <i>Determine comprehensive and effective services not currently covered by private, state, and federal insurance programs</i></p>	Systems Reform Task Force
<p><b>II h</b> <i>Educate lawmakers and policy makers about financial resources needs for comprehensive, effective care</i></p>	Systems Reform Task Force
<p><b>II i</b> <i>Advocate for expanded coverage and parity compliance for a comprehensive and effective array of services covered to support acute care as well as long-term chronic care and relapse prevention</i></p>	Systems Reform Task Force
<p><b>II j</b> <i>Continue to seek and secure public and private funding for initiatives, including the Prescription Drug Monitoring Program and other on-going efforts</i></p>	Attorney General's Office All Stakeholders
<p><b>II k</b> <i>Continue to advocate and mobilize advocates for increased state and other financial resourcing to support state plan goals and activities</i></p>	New Futures
<p><b>II l</b> <i>Continue to seek and secure federal and private funding for alcohol and drug services and systems reform</i></p>	All Commission Member Agencies

**III**

**PUBLIC EDUCATION**

Increase public awareness relative to the harm and consequences of alcohol and other drug misuse, treatment and recovery supports available, and the success of recovery

ACTIVITIES		ANTICIPATED LEAD ENTITY(IES)
III a	<i>Provide information to public education planning efforts as requested</i>	All Commission Member Agencies
III b	<i>Assist in the dissemination of public education messages and materials as appropriate</i>	All Commission Member Agencies
III c	<i>Contribute resources, including but not limited to technical expertise and funding, for coordinated public education campaigns</i>	All Commission Member Agencies
III d	<i>Support public education campaign development and dissemination to the extent possible</i>	All Task Forces
III e	<i>Continue to expand the capacity of the Partnership for a Drug Free New Hampshire (PDFNH) through private and public contributions</i>	Partnership for a Drug Free New Hampshire (PDFNH)

**IV**

**TRAINING & PROFESSIONAL DEVELOPMENT**

Increase training and professional development resources and availability to develop and expand knowledge and skills relative to addressing alcohol and other drug misuse

ACTIVITIES		ANTICIPATED LEAD ENTITY(IES)
IV a	<i>Continue to provide training and professional development to military personnel on the impacts of alcohol and other drug use on military services, family relationships, mental health, and other topics</i>	Adjutant General
IV b	<i>In partnership with Policy Standards and Training Unit (PTSU) and other training organizations, support expanded training and professional development opportunities available to and accessed by law enforcement &amp; other safety personnel relative to topics including enforcing modified DWI laws, investigating prescription drug diversion, and responding to new issues relative to synthetic drugs</i>	Attorney General's Office
IV c	<i>Promote and support cross-training of mental health and substance abuse treatment practitioners, incorporating information about alcohol and drug misuse and mental health correlations into existing training programs</i>	NH-DHHS

	ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
IV d	<i>Through its professional staff and subcontractors, expand capacity to deliver highly accessible (including web-accessible) training, professional development, and technical assistance for substance abuse service providers to support the delivery of high quality, effective programs recommended in this plan across prevention, intervention, treatment and recovery</i>	DHHS - Bureau of Drug and Alcohol Services
IV e	<i>Through its professional staff and subcontractors, expand capacity to deliver highly accessible (including web-accessible) training, professional development, and technical assistance for other sectors and professionals to support awareness, knowledge, policies and practices to improve responses to alcohol and other drug misuse and its consequences</i>	DHHS - Bureau of Drug and Alcohol Services
IV f	<i>Continue to provide training to corrections staff for evidence-based screening, assessment, treatment planning, and care coordination</i>	NH Department of Corrections
IV g	<i>Continue to provide access to professional development for corrections staff to increase their understanding of substance use disorders and co-occurring substance use and mental health disorders</i>	NH Department of Corrections
IV h	<i>Continue to encourage community agencies working with re-entry population to be trained in culturally competent and sensitive care for re-entry populations</i>	NH Department of Corrections
IV i	<i>Conduct an assessment of existing on-line training and professional development relative to alcohol and other drug misuse, impacts and effective responses</i>	Prevention Task Force
IV j	<i>Identify gaps in content and audience</i>	Prevention Task Force
IV k	<i>Develop and implement a means to meet training and professional development needs</i>	Prevention Task Force
IV l	<i>Work with BDAS and its contractors to ensure that RROSC training and technical assistance are available regularly for practitioners and administrators in specialty addiction services and related care systems, including primary care, mental health, and re-entry services</i>	Treatment Task Force
IV m	<i>Promote and support cross-training of mental health and substance abuse treatment practice</i>	NHTIAD NAMI-NH NH-DHHS
IV n	<i>Incorporate alcohol and drug misuse and mental health correlations into existing training programs</i>	NHTIAD NAMI-NH NH-DHHS Other Stakeholders

	ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
IV o	<i>Continue to provide training and professional development relative to advocacy for improved or expanded alcohol and other drug programs and resources</i>	New Futures
IV p	<i>Align training, professional development, and technical assistance with state plan priorities and strategies</i>	All Stakeholders

**V DATA UTILIZATION**  
**Improve data analysis and dissemination to support strategic action**

	ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
V a	<i>Designate a task force or work group to develop and disseminate data products using consistent, straightforward data indicators and narrative for a range of audiences, including state lawmakers and policy makers, key constituencies, proposals and the general public</i>	Commission
V b	<i>Pursue or develop data sources relative to identify special populations</i>	All Task Forces
V c	<i>Identify the means by which the Commission will analyze and utilize data</i>	Designated Task Force TBD
V d	<i>Continue to conduct analyses and report on data relative to alcohol and other drug misuse, including but not limited to supporting the administration of the Youth Risk Behavior Survey</i>	NH Department of Education NH-DHHS
V e	<i>Continue to conduct performance reviews and report outcome data for state-funded prevention, intervention, treatment and recovery support programs</i>	DHHS – Bureau of Drug and Alcohol Services
V f	<i>Support data analysis and dissemination relative to the financial burden of alcohol and other drug misuse and savings realized from programs and activities</i>	All Member Agencies
V g	<i>Continue to conduct and report on recidivism rates for alcohol and drug-related parole violations</i>	NH Department of Corrections
V h	<i>Conduct program evaluation and report outcome data on community corrections program</i>	NH Department of Corrections

## VI

## EFFECTIVE POLICY, PRACTICE &amp; PROGRAMS

Promote the implementation of effective policies, practices and programs across and within state systems

The Commission and its member agencies will support communities in their efforts toward the policies, practices and programs recommended in this plan.

**GOVERNMENT**

- Support local alcohol- and drug-free ordinances
- Support state-level legislation to address alcohol and other drug misuse
- Support relevant local and county data collection
- Support financial resourcing of local and county programs, policies and practices to address alcohol and other drug use

**EDUCATION**

- Model alcohol and drug policies
- Effective alcohol and drug prevention education over multiple years and transitions
- Increased, regular parent education
- Data collection and dissemination
- Student Assistance Programs (SAPs)
- Increased collaboration with community health and safety
- Model athletic and extra-curricular policies

**SAFETY & LAW ENFORCEMENT**

- Drugged Driving Law Enforcement
- Increased patrols and surveillance
- Court Diversion
- Alternative sentencing/graduated license suspension
- Standard implementation and evaluation of drug/mental health courts
- Certain and Swift sanctions for parole or probation violations

**HEALTH & MEDICAL**

- Prescription Drug Monitoring
- Reimbursable Screening Brief Intervention and Referral to Treatment (SBIRT)
- Integrate primary care, mental health care, and substance abuse prevention, treatment and recovery support, including integrated data collection, training, and services
- Improve access to treatment
- Improve data collection on fetal alcohol syndrome disorders

**COMMUNITY & FAMILY SUPPORTS**

- Youth Leadership Programs
- Rx Drug Take Back programs

**BUSINESS**

- Data collection and dissemination on alcohol and drug impacts in work place
- Model workplace policies
- Work place prevention education
- Screening, brief intervention, and referral to treatment or recovery support services

**ALL SECTORS**

Implement recommendations from the Commission's 2012 "Call to Action: Responding to NH's Prescription Drug Epidemic"

Please see Appendix C: Recommended Policies, Practices & Programs "At-A-Glance" for more information.



## Endorsers



This document is endorsed by the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment whose mission by statutory obligation and professional commitment is to significantly reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor regarding policy, funding and the delivery of effective, efficient, coordinated alcohol and drug abuse prevention, intervention, treatment, and recovery services.

Through the development, endorsement, dissemination and implementation of the enclosed plan to prevent and reduce alcohol and other drug misuse and its consequences, we serve our collective mission and the well-being of New Hampshire citizens.

- ▶ **Virginia Barry**, Commissioner, *New Hampshire Department of Education*
- ▶ **John J. Barthelmes**, Commissioner, *New Hampshire Department of Safety*
- ▶ **Michael A. Delaney**, Attorney General, *New Hampshire Department of Justice*
- ▶ **Rebecca Ewing**, Physician, *Public Member*
- ▶ **Jeannie Forrester**, District #2 Senator, *New Hampshire Senate*
- ▶ **June Frazer**, District #13 Representative, *New Hampshire House of Representatives*
- ▶ **Amelie Gooding**, Director, *Phoenix House Keene*
- ▶ **Joseph P. Harding**, Commission Executive Director  
*New Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services*
- ▶ **Betsy Houde**, Executive Director, *The Youth Council*
- ▶ **Honorable Edwin W. Kelly**, Administrative Justice, *New Hampshire Administrative Office of the Courts*
- ▶ **Molly Kelly**, District #10 Senator, *New Hampshire Senate*
- ▶ **James MacKay**, District #14 Representative, *New Hampshire House of Representatives*
- ▶ **Joseph Mollica**, Chairman, *New Hampshire Liquor Commission*
- ▶ **Chris Placey**, Business owner, *Public Member*
- ▶ **Major General William N. Reddel, III**, Adjutant General, *New Hampshire National Guard*
- ▶ **Timothy Rourke**, Commission Chair, *New Hampshire Charitable Foundation*
- ▶ **Stephanie Savard**, Executive Director, *Families in Transition*
- ▶ **Nicholas A. Toumpas**, Commissioner, *New Hampshire Department of Health and Human Services*
- ▶ **William L. Wrenn**, Commissioner, *New Hampshire Department of Corrections*



## Contributors



In addition to Commission members, the following individuals provided significant time, expertise, consultation and contribution in the development and design of New Hampshire's response to prescription drug misuse and abuse. The Commission extends its deepest appreciation for their contributions.

- ▶ **Abby Bourgeois**, Executive Director, *New Hampshire Alcohol and Other Drug Service Providers Association*
- ▶ **Kathryn Bradley**, Executive Director, *New Hampshire Board of Medicine*
- ▶ **Mary Bubnis**, HIV/YRBS Coordinator, *New Hampshire Department of Education*
- ▶ **Celeste Clark**, Executive Director, *Raymond Coalition for Youth*
- ▶ **Ann Duckless**, Community Educator & Prevention Specialist, *National Alliance on Mental Illness*
- ▶ **Karin Eckel**, Assistant Attorney General, *New Hampshire Department of Justice*
- ▶ **Monica Edgar**, Director, Substance Use Services, *Concord Hospital*
- ▶ **Eddie Edwards**, Director, *New Hampshire Division of Liquor Enforcement*
- ▶ **Honorable Edward Gordon**, District Court Justice, *Franklin District Court*
- ▶ **Warren Groen**, District #1 (Strafford) Representative, *New Hampshire House of Representatives*
- ▶ **Kelley Hobbs**, Executive Director (Former), *New Hampshire Alcohol and Other Drug Service Providers Association*
- ▶ **Betsy Houde**, Executive Director, *The Youth Council*
- ▶ **Johanna Hومان**, Enforcement of Underage Drinking Laws Coordinator, *New Hampshire Department of Justice*
- ▶ **Catey Iacuzzi**, President, *New Hampshire Alcohol and Drug Abuse Counselors Association*
- ▶ **Joyce Jorgenson**, Executive Director, *National Organization on Fetal Alcohol Syndrome NH*
- ▶ **Lindy Keller**, Administrator, *Resource and Development Unit, New Hampshire Bureau of Drug and Alcohol Services*
- ▶ **Susan Latham**, Program Director, *Merrimack River Medical Services*
- ▶ **Chip Maltais**, Coordinator, Adult & Forensic Service, *New Hampshire Bureau of Behavioral Health*
- ▶ **Jeff Metzger**, Senior Management Analyst, *New Hampshire Bureau of Drug and Alcohol Services*
- ▶ **Valerie Morgan**, Administrator, Prevention Services Unit, *New Hampshire Bureau of Drug and Alcohol Services*
- ▶ **Lisa Mure**, Director, *NH Center for Excellence, Community Health Institute/JSI*
- ▶ **Edward Parker**, Director, Access To Recovery, *New Hampshire Bureau of Drug and Alcohol Services*

- ▶ **Amy Pepin**, Director of Policy, *New Futures*
- ▶ **Dianne Pepin**, Executive Director, *New Hampshire Alcohol and Drug Abuse Counselors Association*
- ▶ **SGT Brittany Philibert**, Prevention, Treatment and Outreach Coordinator, *New Hampshire National Guard Counter Drug Task Force*
- ▶ **Ann Rice**, Deputy Attorney General, *New Hampshire Department of Justice*
- ▶ **Michael Rogers**, Deputy Director, *New Hampshire Bureau of Drug and Alcohol Services*
- ▶ **Sandi Rubchinuk**, Coordinator, *Greater Rockingham County Regional Network*
- ▶ **Sarah Sadowski**, Director of Leadership Development, *New Futures*
- ▶ **Seddon Savage**, Director of Dartmouth CARE, *Dartmouth Medical School*
- ▶ **Rosemary Shannon**, Administrator, Treatment Services Unit, *New Hampshire Bureau of Drug and Alcohol Services*
- ▶ **Katy Shea**, Project Manager for Prevention, *NH Center for Excellence, Community Health Institute/JSI*
- ▶ **Major Michael Terry**, Commander, *New Hampshire National Guard Counterdrug Task Force*
- ▶ **Bob Thompson**, Coordinator, *North Country Regional Network*
- ▶ **Rona Zlokower**, Executive Director, *Media Power Youth*

The Commission extends its gratitude to following individuals who comprised the design team that advised and edited the strategic planning process and the publication of this document: Abby Bourgeois, Joseph P. Harding, Catey Iacuzzi, Lindy Keller, Valerie Morgan, Amy Pepin, Dianne Pepin, and Tym Rourke. The Commission also extends its gratitude to authors and editors at the Community Health Institute, including Amy Cullum, Patricia Dipadova, Anna Ghosh, Debbie Love, Lisa Mure, Katy Shea, and Rekha Sreedhara and graphic designer Sally Grand of MeDesign.

## Introduction



The misuse of alcohol and other drugs is among the most pervasive, disruptive and costly health issues in today's society. The impacts of misuse touch every facet of private and public life, from emergency rooms to courtrooms to living rooms. The misuse and abuse of alcohol and other drugs strains state systems and budgets; compromises safety in communities; and erodes the well-being of individuals, families, and communities. Furthermore, efforts to adequately and effectively address such a health concern are challenged not simply by strained budgets and limited services but also by the stigma and other complexities of substance abuse, a behavior and its resulting consequences, including addiction, that can be devastating and far-reaching.

In recognition of the range and magnitude of impacts from alcohol and drug misuse and the collective and collaborative leadership and action needed to effectively address such a pervasive and costly problem, the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment (hereafter referred to as "the Commission") was established by the state legislature in 2000, with its membership and duties articulated in RSA 12-J:4. The Commission's membership (See page 12) represents a majority of the systems and individuals impacted by the misuse of alcohol and other drugs and those most able to contribute to measurable improvement on strategies to improve outcomes relative to the safety and well-being of New Hampshire's communities, families, and citizens.

*The mission of the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment is to significantly reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of NH by advising the Governor regarding policy, funding and the delivery of effective, efficient, coordinated alcohol and drug abuse prevention and treatment services.*

This mission was developed to realize the Commission's vision of a state in which:

- ▶ Alcohol and drug problems are recognized as a public health issue that is both preventable and treatable;
- ▶ High-quality services for prevention and treatment of alcohol and drug problems are widely available and where prevention and treatment are recognized as specialized fields of expertise;
- ▶ People with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity; and
- ▶ Stigma, prejudice, discrimination, and other barriers to prevention and recovery are eliminated.

In service to this mission, and in fulfillment of its statutory duties, the Commission initiated a strategic planning process in February of 2012 to review, update and expand upon the state's 2007 strategic plan, "Overcoming the Impact of Alcohol and Other Drug Problems: A Plan for New Hampshire"<sup>i</sup>.

The ten-month planning process, detailed later in this document, led to strategic areas of focus with corresponding goals, objectives and activities to improve the state's efforts to reduce the misuse of alcohol and other drugs and to promote recovery. These will be implemented, supported and/or promoted by the Commission, its member agencies, and other state level stakeholders and partners. Recommendations are also provided for community sectors that are often impacted by and can influence problems of misuse.

By encouraging action at the state and community level across the focus areas of leadership; financial resourcing; public education; training and professional development; data utilization; and effective policy, practice and programs; that emerged during strategic planning, this plan ensures collective action and collective impact on the problem of alcohol and other drug misuse for the safety and well-being of individuals, families, and communities in New Hampshire

---

<sup>i</sup> <http://www.nhcenterforexcellence.org/pdfs/OvercomingImpactNH.pdf>

# Alcohol and Other Drug Misuse Nationally



According to the most recent National Survey on Drug Use and Health (NSDUH) Report (reflecting data collected in 2010 and 2011 and referred to hereafter as the 2011 NSDUH), 8.82% of U.S. residents 12 years old or older used an illicit drug in the past month, 11.55% used marijuana in the past year, 6.94% used marijuana in the past month, and 3.33% used illicit drugs other than marijuana in the past month<sup>i</sup>. Relative to prescription drug misuse, 4.57% of US residents age 12 and older reported nonmedical use of pain relievers in the past year<sup>i</sup>.

Rates of substance use are typically highest in the young adult age range (18 to 25 years old). Data from the 2011 NSDUH show rates of current marijuana use more than double between adolescence and young adulthood. Specifically, 7.64 percent of 12 to 17 year olds in the U.S. report marijuana in the past month compared to 18.78 percent of 18 to 25 year olds. Rates of past year non-medical use of pain relievers also peak in the 18 to 25 year old range, with 10.43% reporting misuse<sup>ii</sup>.



**“...for every dollar that federal and state governments spend on prevention and treatment, they spend \$59.83 on ‘shoveling up the wreckage’ of substance abuse and addiction.”**

Alcohol remains the number one substance of abuse in the U.S., with nearly one quarter (22.86%) of those 12 and older reporting binge drinking in the past month. Additionally, 25.61% of 12 to 20 year olds (those under the legal drinking age) reported drinking in the past month, and 16.34% reported binge drinking in the past month<sup>iii</sup>.

Dependence on alcohol or other drugs is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as “a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one (or more)” of four conditions within a 12-month period, including failure to fulfill major obligations at work, school or home; being in physically hazardous situations (e.g. driving a car while impaired by substance use); recurring substance-use related legal problems; or continued substance use in spite of persistent or recurring social or interpersonal problems due to the substance use.

In the U.S., 8.38% of people aged 12 and older meet the criteria for alcohol or drug use dependence, and one in five (19.26%) of 18 to 25 year olds meet the criteria. Among those indicating a need for treatment for illicit drug dependence, 4.34% of 12 to 17 year olds and 7.05% of 18 to 25 year olds did not receive treatment<sup>iv</sup>.

Often the misuse of alcohol or other drugs co-occurs with mental health conditions such as depression, anxiety, suicidal tendencies, or other mood disorders. In the U.S., 20.03% of adults 18 years and older and 30.14% of young adults (18 to 25 years old) reported experiencing mental illness in the past year, and those age ranges reported serious thoughts of suicide at a rate of 3.78% and 6.36% respectively<sup>v</sup>. SAMHSA estimates that 8.9 million persons have co-occurring disorders – that is, they have both a mental and substance use disorder. Only 7.4 percent of individuals receive treatment for both conditions, with 55.8 percent receiving no treatment at all. Thirty percent of adults with any mental illness report binge alcohol use, compared to 24 percent of adults with no mental illness. Thirty-seven percent report current cigarette use, compared to 22 percent of adults with no mental illness<sup>vi</sup>.

In addition to the health and social burden of abuse and addiction, the economic impact is also staggering. According to Columbia University's National Center on Addiction and Substance Abuse publication, "Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets,"<sup>vii</sup> ten percent of the federal budget is spent on the impact of substance abuse on law enforcement response, corrections, child protective services, emergency services, and other response services. The report also indicated that for every dollar that federal and state governments spend on prevention and treatment, they spend \$59.83 on "shoveling up the wreckage" of substance abuse and addiction. These and other data only begin to tell the story of the significant impact that alcohol and drug misuse has on individuals, families, communities, and systems of care in the U.S.

---

<sup>i</sup> SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 and 2011 retrieved from <http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsaeTables2011.pdf>

<sup>ii</sup> Ibid

<sup>iii</sup> Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days, retrieved from <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#3.2>

<sup>iv</sup> SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 and 2011 retrieved from <http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsaeTables2011.pdf>

<sup>v</sup> Ibid

<sup>vi</sup> <http://www.samhsa.gov/co-occurring/topics/data/disorders.aspx>

<sup>vii</sup> "Shoveling Up II: The Impact of Substance Abuse on Federal, State, and Local Budgets," National Center on Addiction and Substance Abuse at Columbia University, May 2009.



# Alcohol and Other Drug Misuse in New Hampshire



New Hampshire has access to a number of data sources to determine and prioritize substance abuse related indicators in the state. These data sources include the 2011 NSDUH, the state's participation in the biannual Youth Risk Behavior Survey (YRBS) of high schoolers out of the U.S. Centers for Disease Control and Prevention (CDC), the national Fatal Accident Reporting System (FARS) for traffic fatality data, local arrest data, hospital emergency room and discharge data, and the annual reports from the NH Medical Examiner's Office. These and other data sources were reviewed by the State Epidemiological Outcome Workgroup (SEOW) of state, university, and community data specialists to recommend substance abuse priorities and indicators for the Commission's strategic planning effort. This section provides a brief sampling of data reviewed by the SEOW and Commission in its planning efforts.

According to the 2011 NSDUH, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month).

The most common substances of abuse in New Hampshire, as derived from 2011 NSDUH state estimates, are presented below by NSDUH age categories with the state's ranking among all states and territories also noted.

NEW HAMPSHIRE'S RANKING AMONG THE 50 STATES AND TERRITORIES*					
According to 2011 NSDUH					
AGE RANGE	PAST MONTH ALCOHOL USE	PAST MONTH BINGE DRINKING	PAST MONTH MARIJUANA USE	PAST YEAR NON-MEDICAL USE OF PAIN RELIEVERS	PAST YEAR ALCOHOL OR DRUG DEPENDENCE
12-17	3 <sup>rd</sup> HIGHEST 17.04%	4 <sup>th</sup> HIGHEST 9.87%	2 <sup>nd</sup> HIGHEST 11.35%	28 <sup>th</sup> HIGHEST 6.11%	4 <sup>th</sup> HIGHEST 8.94%
18-25	3 <sup>rd</sup> HIGHEST 73.22%	5 <sup>th</sup> HIGHEST 49.32%	5 <sup>th</sup> HIGHEST 27.03%	10 <sup>th</sup> HIGHEST 12.31%	9 <sup>th</sup> HIGHEST 21.26%
12-20	1 <sup>st</sup> HIGHEST 33.52%	3 <sup>rd</sup> HIGHEST 21.56%			

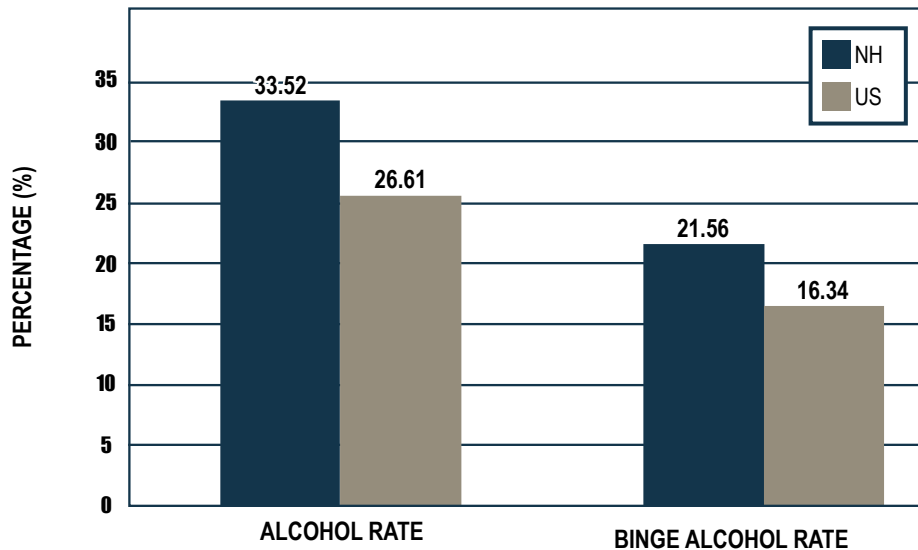
\*These rankings and other NSDUH data referenced in this report were updated with the most recent NSDUH data publication released by SAMHSA January 8, 2013, and vary slightly from the NSDUH data used in this document's December 2012 draft that had been closely circulated.



# ALCOHOL

As the most misused substance by youth and adults, alcohol causes the most significant safety and health burdens, including car crashes, alcohol poisoning, domestic violence, fetal alcohol exposure and other consequences. In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

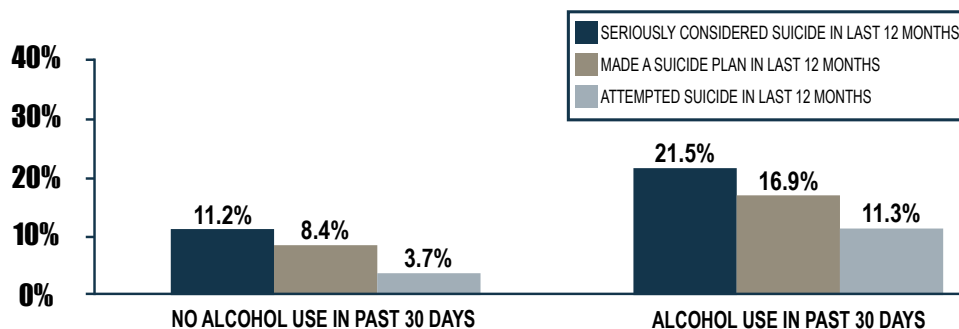
## PERCENTAGE OF PERSONS AGES 12-20 REPORTING ALCOHOL USE OR BINGE DRINKING IN THE PAST MONTH



Source: 2011 NSDUH

Another concern of alcohol misuse, particularly among youth and young adults, is the association between alcohol use and suicide. Data from the 2011 administration of the New Hampshire Youth Risk Behavior Survey (YRBS), administered biannually in New Hampshire high schools, indicate that high school aged youth who did not use alcohol in the last 30 days were less likely to seriously consider suicide, make a suicide plan or attempt suicide in the last 12 months compared to those who did use alcohol in the last 30 days.

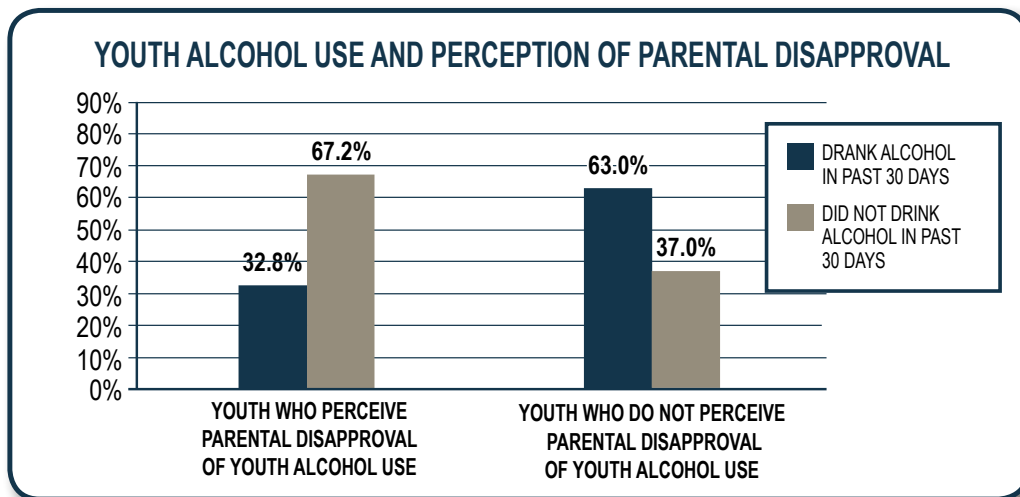
## ALCOHOL USE AND SUICIDE



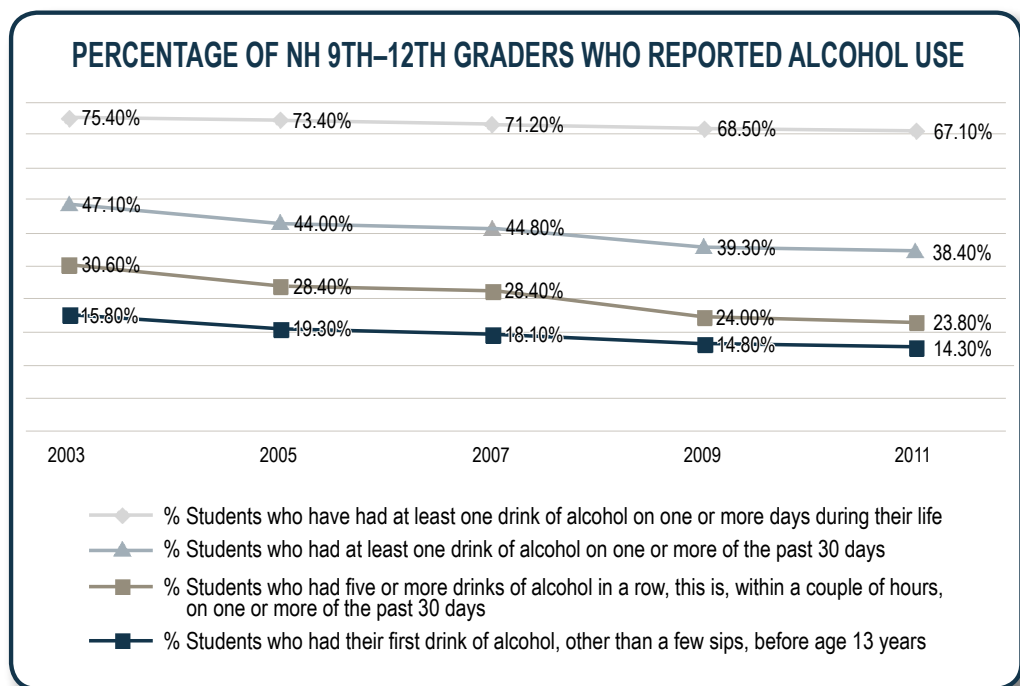
Source: NH YRBS, 2011

The NH Bureau of Drug and Alcohol Services (BDAS) has analyzed YRBS data to understand some of the factors that underlie alcohol use among youth to assist communities in their response to underage drinking and binge drinking. Two factors strongly influencing youth alcohol use that are provided here as context for strategic planning are the degree to which young people think alcohol use poses physical or other risk to them and the degree to which they think their parents think it is wrong for them to drink alcohol.

The 2011 YRBS data show that youth who perceive that their parents disapprove of youth alcohol use are half as likely to report past 30 day alcohol use compared to those who do not think their parents would disapprove (32.8% v 63.0% reporting past 30 day alcohol use). A similar relationship between perception of risk of harm and regular alcohol use, with youth who think drinking poses risk of harm reporting rates of alcohol use that are substantially lower than those youth who do not report thinking drinking poses risks.



As the Commission continues to prioritize the problem of alcohol use among youth, they also recognize the achievements that have been made over the last ten years. As the graph below depicts, alcohol use among high schoolers use has declined steadily since 2003, a time period during which state agencies and community partners and organizations stepped up underage drinking prevention efforts and embraced federal recommendations to implement evidence-based strategies. This time period was also characterized by a significantly higher level of state and federal resources than are currently available.

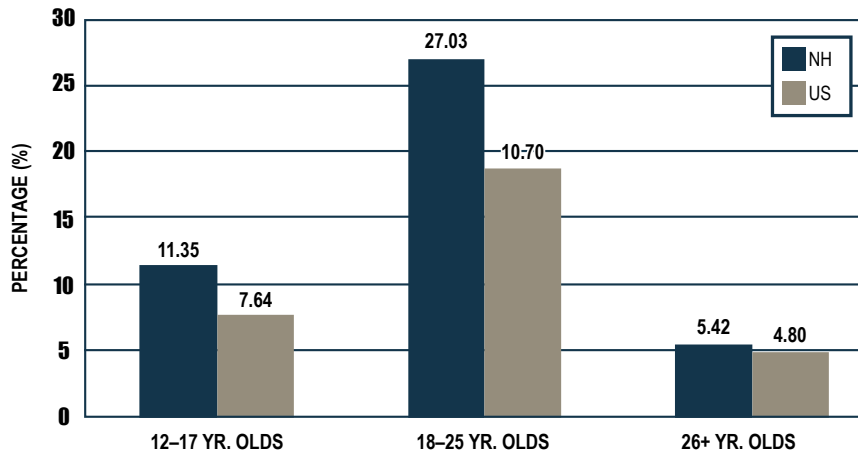




# MARIJUANA

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 NSDUH, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

### PERCENTAGE 12 AND OLDER REPORTING PAST 30 DAY MARIJUANA USE

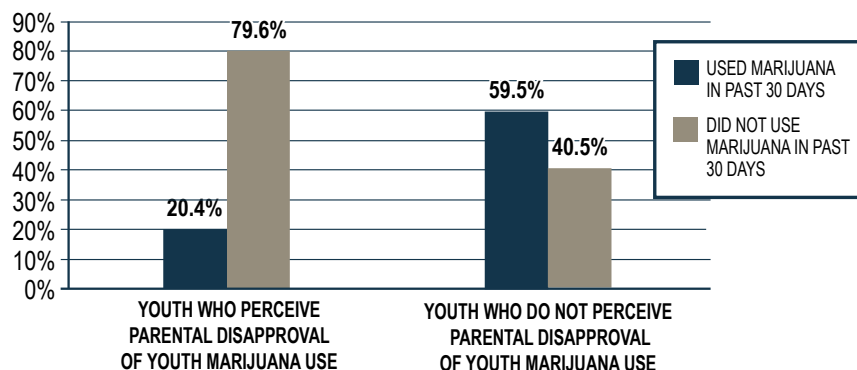


Source: 2011 NSDUH

Similar to alcohol, data reflect a possible relationship between marijuana use and suicide. According to 2011 NH YRBS data, high school aged youth who used marijuana in the last 30 days were twice as likely to seriously consider suicide, make a suicide plan or attempt suicide in the last 12 months compared to those who did not use marijuana in the last 30 days.

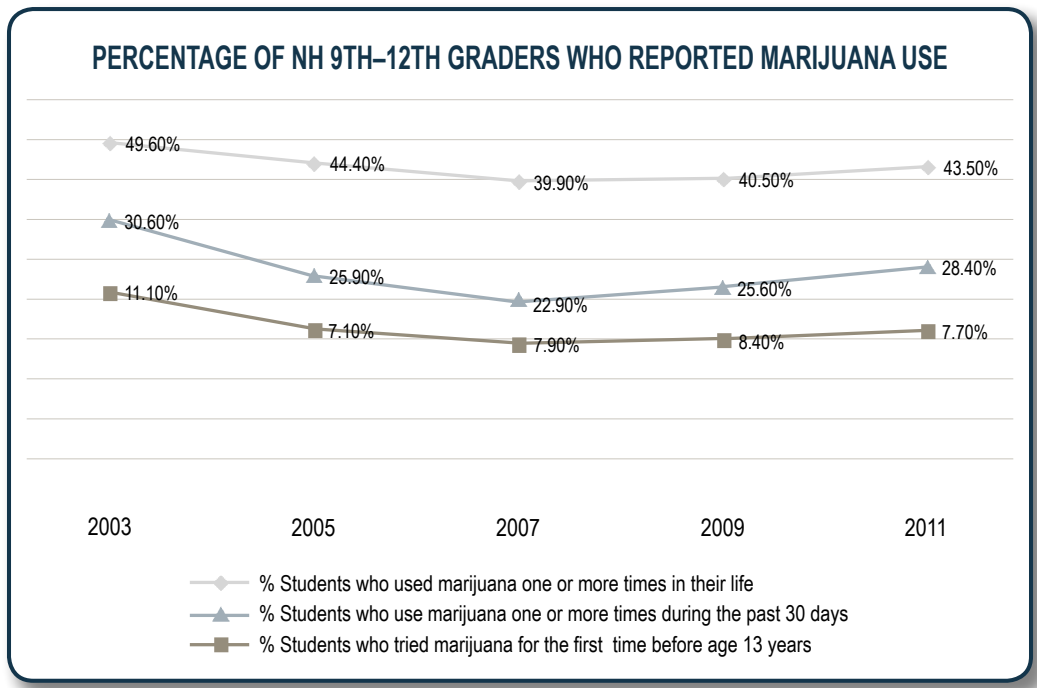
As with alcohol, youth marijuana use may be associated with a young person's perception of his/her parent's disapproval of use and with a young person's perception of the risk associated with marijuana use. The 2011 NH YRBS data show that high schoolers who perceive that their parents think it is wrong for young people to use marijuana are three times less likely to report regular marijuana use than those who do not think their parents would think it wrong (20.4% v 59.5% reporting marijuana use in the past 30 days). A similar relationship between use and perception of risk is also apparent.

### YOUTH MARIJUANA USE AND PERCEPTION OF PARENTAL DISAPPROVAL



Source: NHYRBS, 2011

Although the percentage of high school aged youth reporting marijuana use decreased between 2003 and 2007 and the percentage of high schoolers using before the age of 13 has held steady since 2005, the rate of one-time and regular marijuana use by high schoolers is on the rise again. These recent increases mirror a decrease in the percentage of high school students who report perceiving risks associated with regular use.

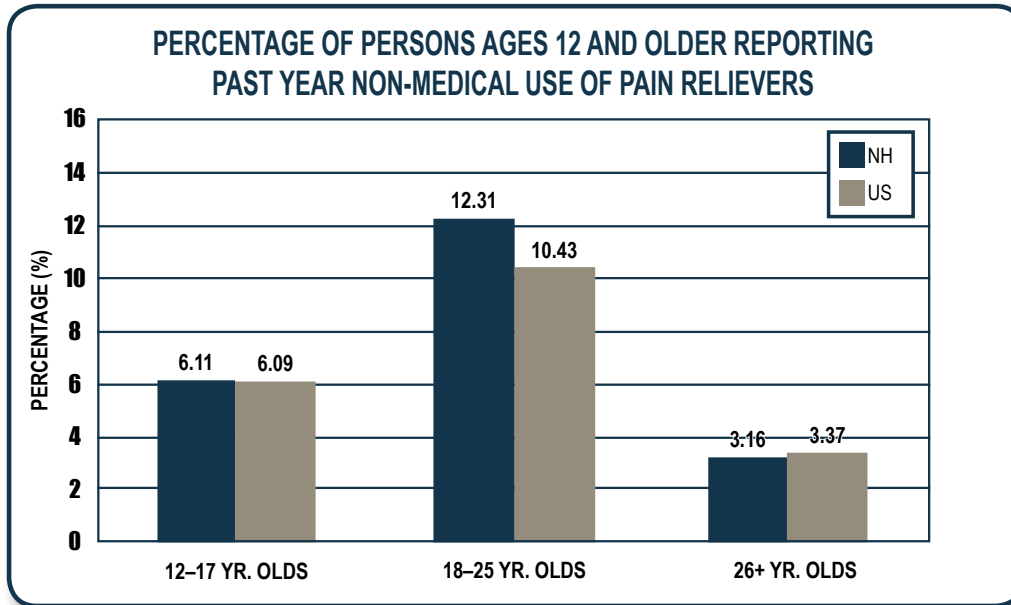


**“...the percentage of [New Hampshire] young people between the ages of 12 and 17 who report marijuana use in the past month is the second highest in comparison to all of the other U.S. states and territories.”**

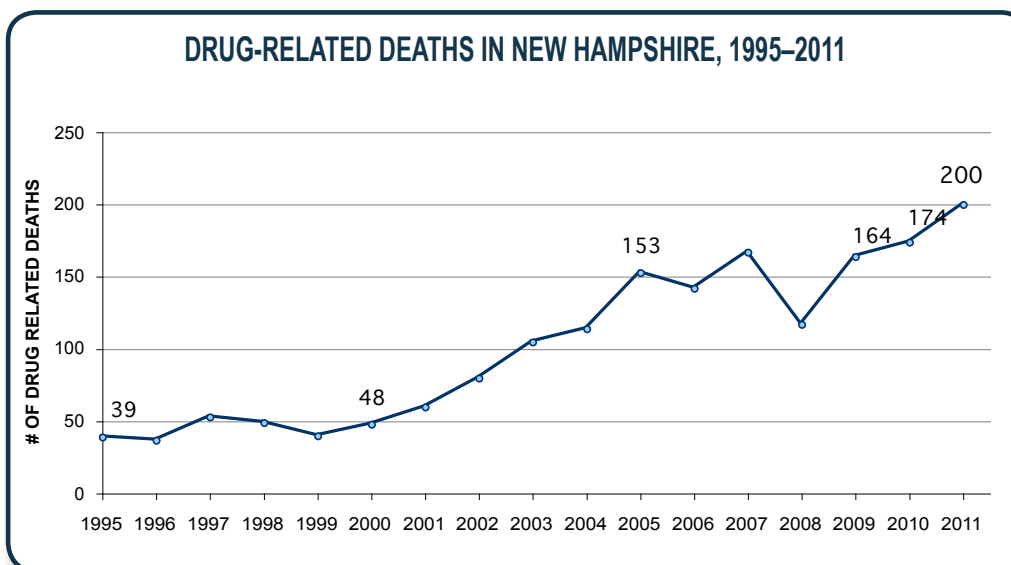


## PRESCRIPTION DRUGS

Prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year)<sup>1</sup>. The issue of non-medical prescription drug use has been addressed by the Commission in a separate state strategy plan published in January of 2012. Strategies related to addressing this issue are currently being implemented by the State Prescription Drug Implementation Task Force chaired by addiction and pain management specialist, Dr. Seddon Savage. Prescription drug misuse and the state's response are referenced within this plan; however, for more information about state and community efforts specific to prescription drug misuse, readers are encouraged to review *"Call to Action: Responding to New Hampshire's Prescription Drug Abuse Epidemic"*<sup>2</sup>.



Furthermore, deaths attributable to prescription drug overdose have increased, helping to push the number of all drug-related deaths to 200 in 2011, a more than 400% increase since 2000. Of the 200 deaths in 2011, 164 (82%) were related to prescription drugs.

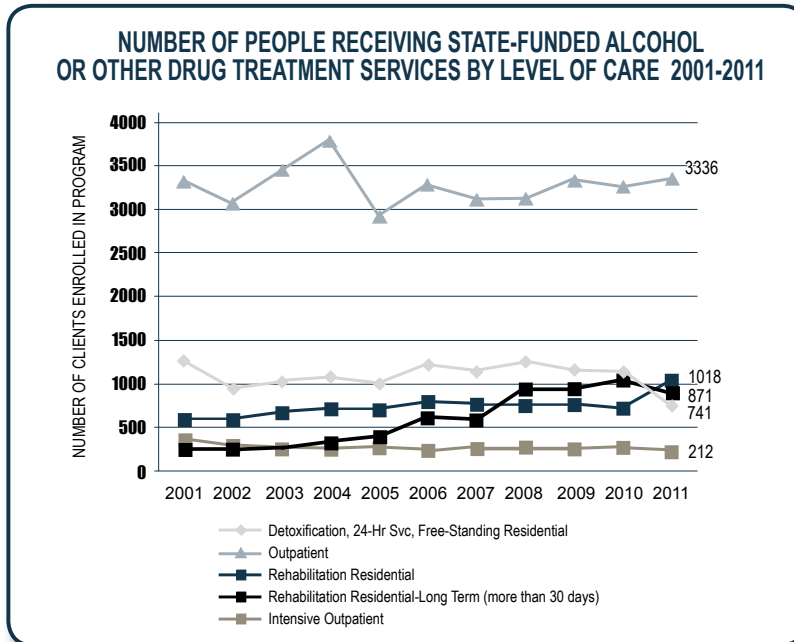




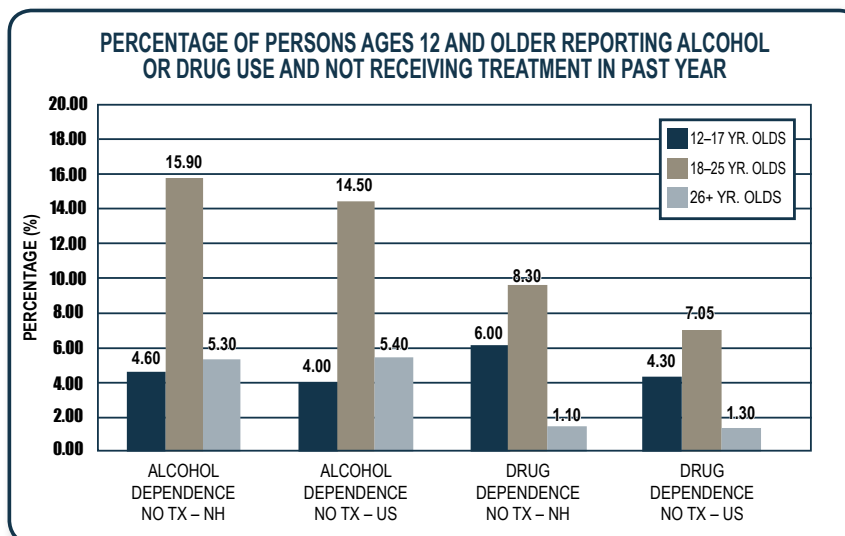
# NEEDING BUT NOT RECEIVING TREATMENT

An important indicator in ensuring a comprehensive and effective response to alcohol and drug misuse is the rate of individuals indicating a need for treatment for a substance use disorder but who are not accessing treatment or recovery support services. According to the 2011 NSDUH, this rate is most notable for 18 to 25 year olds in New Hampshire, a population that is also misusing substances at a high rate compared to other states.

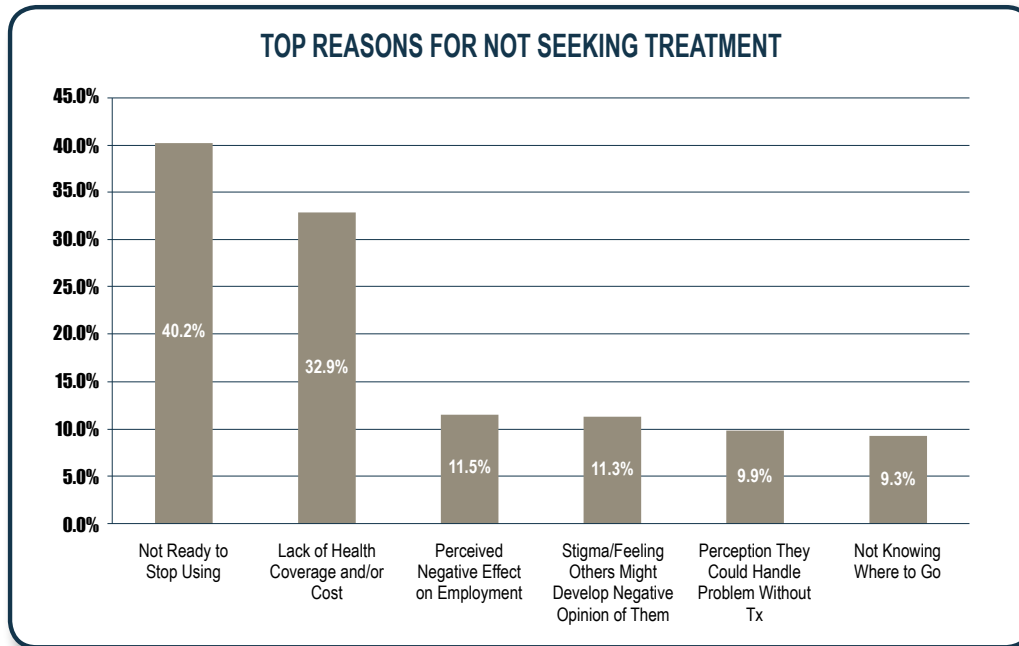
As the following graph indicates, the number of individuals receiving treatment in state-funded treatment agencies or facilities has decreased for some levels of care and increased for others. It is important to note that these changes do not necessarily indicate a change in the number of individuals needing treatment and may be reflecting changes to state funding allocations or policies that affect treatment capacity and accessibility.



Although effective treatment and recovery services are available in New Hampshire, many who meet the criteria for a substance abuse disorder are not receiving treatment services. In New Hampshire, the percentage of 12 to 25 year olds indicating a need for treatment but not receiving treatment is higher than the national rate for both alcohol and illicit drug use.



The NSDUH also collects information from those indicating that they have not received treatment for substance abuse disorders on their reasons for not seeking treatment. Aside from a lack of readiness to stop using, those with a substance use disorder indicate the lack of insurance coverage for and/or the cost of treatment as a top reason for not seeking treatment.



These and other data sources and indicators were reviewed by the Commission and the State Epidemiological Outcome Workgroup for focus area and population determinations.

**“In New Hampshire, the percentage of individuals indicating a need for treatment but not receiving treatment is higher than the national rate for both alcohol and illicit drug use.”**

<sup>1</sup> SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH), 2008 and 2009 retrieved from <https://nsduhweb.rti.org/>

<sup>2</sup> “Call To Action: Responding to New Hampshire’s Prescription Drug Epidemic”, available at [www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf](http://www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf)

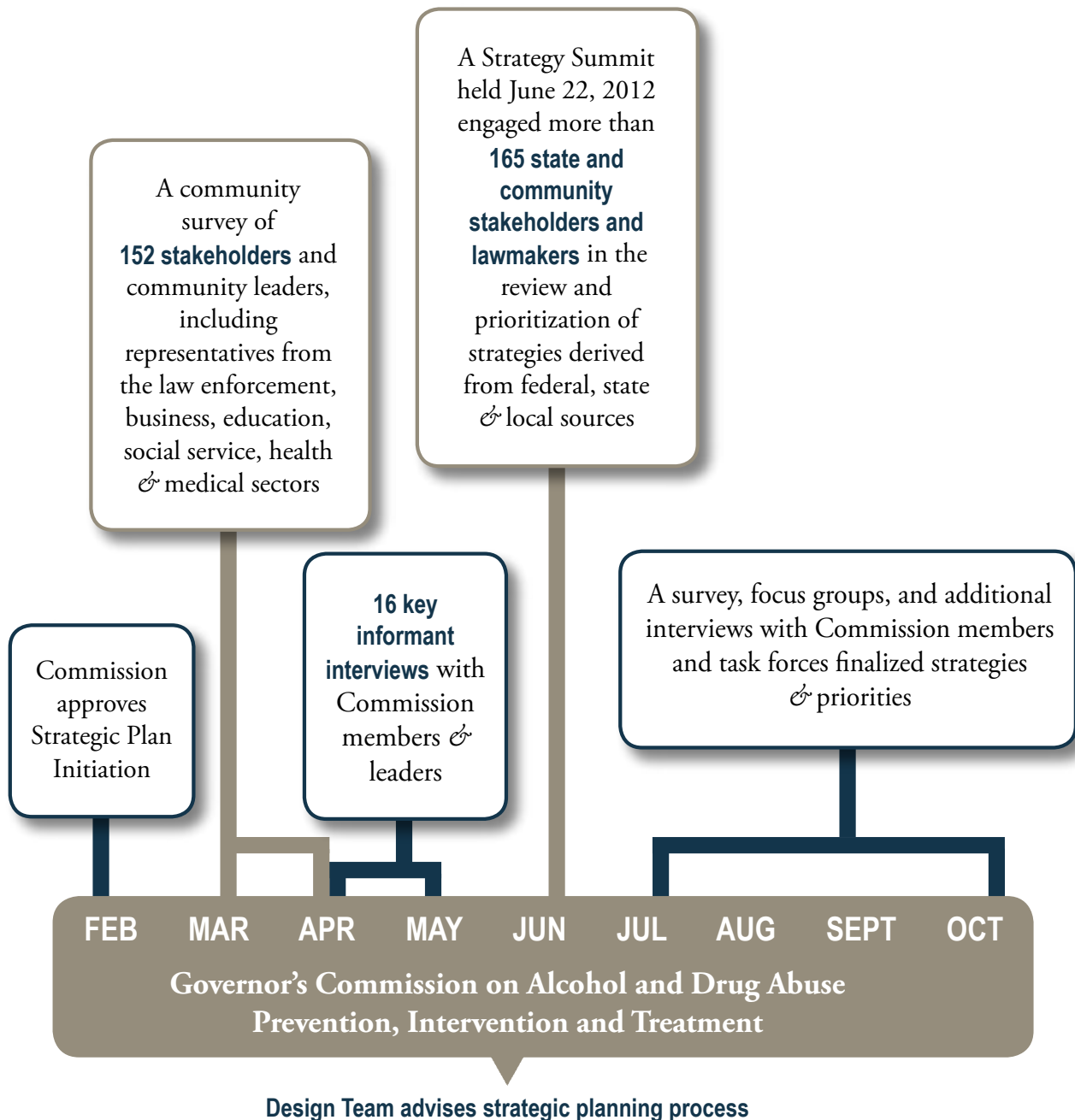
<sup>3</sup> U.S. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 and 2010 (Revised March 2012).



# Strategic Planning Process



The Commission's strategic planning process included a range of assessment and planning activities that sought input from communities, professionals, and individual citizens impacted by the misuse of alcohol and other drugs to ensure the road map to improved and effective response was feasible and reflective of the unique conditions in the state that exacerbate alcohol and other drug use as well as reflective of the state's assets that could be brought to bear on the issue.







## PLAN GOALS

Priorities established by means of the assessment and planning process carried out in 2012 prioritize two overarching goals, four problems of focus, six populations of focus, and six core strategy areas.

The two overarching goals of the five-year state plan to address alcohol and drug problems in New Hampshire through collection action are:



**TO REDUCE THE PERCENTAGE OF NEW HAMPSHIRE RESIDENTS MISUSING ALCOHOL OR OTHER DRUGS**



**TO INCREASE THE PERCENTAGE OF INDIVIDUALS WITH SUBSTANCE USE DISORDERS RECEIVING TREATMENT AND RECOVERY SUPPORT SERVICES**

## PROBLEMS OF FOCUS

Within the two core goal areas are several substance abuse problems that have been prioritized based on several advisory board reviews of epidemiological data, other school and community data, a community level survey relative to local contributing factors, a survey of Commission members, and key informant interviews with state leaders and stakeholders. During the development of the five-year plan, it was noted that the plan should focus on the priorities below while being flexible and responsive to emerging drug behaviors such as synthetic marijuana that may demand attention during the plan's implementation phase.



Alcohol Misuse



Marijuana Use



Prescription Drug Misuse



Incidence of persons with substance use or co-occurring substance abuse and mental health disorders seeking/needing and not receiving treatment or recovery supports

## POPULATIONS OF FOCUS

Although recommended strategies and activities presented later in this plan do not specify focus populations directly corresponding to specific strategies and activities, the assessment and planning efforts in 2012 did seek to identify populations of heightened vulnerability. They are presented below in recognition of their heightened vulnerability and of current efforts the state is making to support them.






- ▶ Youth (12-17 year olds)
- ▶ Young adults (18-25 year olds, college and non-college)
- ▶ Pregnant and parenting women with dependent children
- ▶ Military personnel and their families
- ▶ Persons re-entering communities from correctional facilities
- ▶ Persons with co-occurring substance use and mental health disorders

These populations are also recognized as needing unique attention, sensitivity and culturally competent services and messaging to address their heightened risk for alcohol and other drug problems.

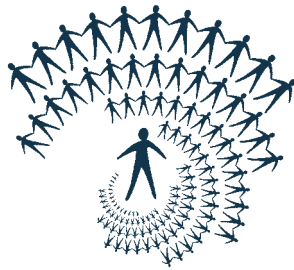
The Commission noted the potential development of a sixth priority population over the next five years. Based on national data and in-state dialogue, Commission members discussed the prevalence and impact of the misuse of alcohol and other drugs by adults in trades and professions that may carry higher risk, including health and medical professions whose stressful work environments and whose potential access to prescription drugs may lead to harmful alcohol and other drug use. Discussion in the state has also involved construction trades and the hospitality industry that may also carry higher risk because of the stress of long hours of physical labor and easy access to alcohol. National data underscore anecdotal dialogue within the Commission relative to professions and trades that may pose higher risk for young adult and adult alcohol and other drug abuse, and the Commission is committed to looking into possible data sources to consider this a population of focus for greater prevention, intervention, treatment and recovery efforts over the next five years.

# INDICATORS

State level indicators under consideration to measure five-year outcomes are presented below. The New Hampshire State Epidemiological Outcome Workgroup (SEOW) chaired by the New Hampshire Bureau of Drug and Alcohol Services has recommended five-year targets for each indicator for the Commission to consider. Although these are aggressive targets, they are provided to reinforce that they will require a true commitment and shared responsibility by the Commission and a wide range of partners and stakeholders to have an impact, but that such impacts are achievable.

INDICATORS	AGE RANGE	CURRENT RATES		2017 TARGETS <sup>1</sup>
		NH	US	NH
 Decrease the Percentage of Persons Ages 12 to 20 reporting Alcohol Use or Binge Alcohol Use in the Past Month	12-20 year olds – Alcohol	33.52%	25.61%	28.16%
	12-20 year olds – Binge Alcohol	21.56%	16.34%	17.22%
 Decrease the Percentage of Persons Ages 12 and Older Reporting Past 30 day Marijuana Use	12-17 year olds	11.35%	7.64%	7.64%
	18-25 year olds	27.03%	18.78%	20.45%
	26 years and older	5.42%	4.80%	4.80%
 Decrease the Percentage of Persons Ages 12 and Older Reporting Past Year Non-Medical Use of Pain Relievers	12-17 year olds	6.11%	6.09%	6.09%
	18-25 year olds	12.31%	10.43%	10.43%
	26 years and older	3.16%	3.37%	3.16%
 Decrease the Percentage of Persons Ages 12 and Older Reporting Alcohol Use and Not Receiving Treatment in Past Year	12-17 year olds	4.63%	4.03%	4.03%
	18-25 year olds	15.91%	14.46%	14.46%
	26 years and older	5.25%	5.36%	5.25%
 Decrease the Percentage of Persons Ages 12 and Older Reporting Drug Use and Not Receiving Treatment in Past Year	12-17 year olds	6.00%	4.34%	4.34%
	18-25 year olds	8.29%	7.05%	7.05%
	26 years and older	1.11%	1.34%	1.11%

<sup>1</sup>The state anticipates indicator change commensurate with a level of coordinated, strategic action that will either result in statistically significant change on NSDUH measures or bring NH's rates on NSDUH measures in line with national averages. Therefore, in the table above, anticipated change on the selected NSDUH measures is either a statistically significant change based on a calculation that subtracts the difference in the current rate and the lower confidence interval from the lower confidence interval (noted with an \*) or that brings the state rate equivalent to the national average (no notation). These are only estimations of potential measurable.





With priority goals, behaviors and populations of focus determined, Commission members and stakeholders reviewed strategies recommended by the Office of National Drug Control Policy<sup>1</sup>, the Commission's 2011 Annual Report, the Commission's Community Level Strategic Plan Survey, and current efforts in the state to determine priorities for the next five years. This review and prioritization during the June 22 Strategy Summit and in subsequent interviews and focus groups with Commission members and key stakeholders, including the Commission's three task forces, led to six strategy areas emerging as essential to achieving the state's five year goals.

## LEADERSHIP

Cultivate expanded leadership, particularly among state lawmakers and policy makers, to improve understanding of the impact of alcohol and other drug misuse in the state; to improve understanding of effective policies, programs and practices to address misuse; and to develop champions for such efforts

## FINANCIAL RESOURCING

Support adequate, sustained financial resourcing of alcohol and drug prevention, intervention, treatment and recovery supports

## PUBLIC EDUCATION

Increase public awareness relative to the harm and consequences of alcohol and drug misuse, treatment and recovery support services available, and that recovery is achievable

## TRAINING & PROFESSIONAL DEVELOPMENT

Increase training availability and access relative to alcohol and other drug topics for a wide range of professionals and practitioners within community sectors and state systems including, but not limited to, professional development on the physiology of addiction and training in effective policies, practices and practices included in this plan

## DATA UTILIZATION

Improve data analysis and dissemination to support strategic action, including but not limited to analysis of costs of alcohol and other drug misuse; savings attributable to prevention, intervention, treatment and recovery support efforts; and analysis of prevalence of alcohol and other drug behaviors and perceptions of populations and sub-populations in New Hampshire

## EFFECTIVE POLICY, PRACTICE & PROGRAMS

Promote the implementation of effective policies, practices and programs across and within state systems

That these strategy categories emerged naturally from this plan's assessment and planning phases is a credit to the state's attention and direction over the last twenty years that has underscored the value of best practices, leadership and resource development, and data collection; however, the categories also underscore gaps that exist in public education; training and professional development, particularly of non-substance abuse professionals; and data dissemination that demand greater attention and direction over the next five years. These categories drive the specific objectives and activities of the Commission, its task forces, member agencies and key stakeholders committed to strategic action to reduce substance abuse and increase treatment and recovery support service utilization.

---

<sup>1</sup> <http://www.whitehouse.gov/ondcp/2012-national-drug-control-strategy>





To realize the goals set forth by the Commission, the 2013-2017 State Plan frames the issue in two levels of implementation. The first reflects the Commission's function as a central leadership council for alcohol and drug efforts within and across state systems and articulates the Commission's commitments to action over the next five years. The second reflects the integral role of communities and the efforts that are and can be made within core community sectors to change the culture of alcohol and other drug misuse in support of prevention, early intervention, treatment and recovery support.



### STATE-LEVEL COMMITMENTS



### COMMUNITY RECOMMENDATIONS

This two-tiered plan will ensure a wide range of opportunities for and commitments to actionable strategies that comprise the state's comprehensive response to the on-going challenges of high rates of alcohol and drug misuse in the state. Strategies included in this document were reviewed and prioritized as either an immediate or intermediate priority during the 2012 State Strategy Summit for Addressing Substance Use Disorders and/or in review by the task forces of the Governor's Commission.

Specific objectives and activities for each strategy are presented here and throughout the plan in expanded detail as recommendations and commitments are presented.





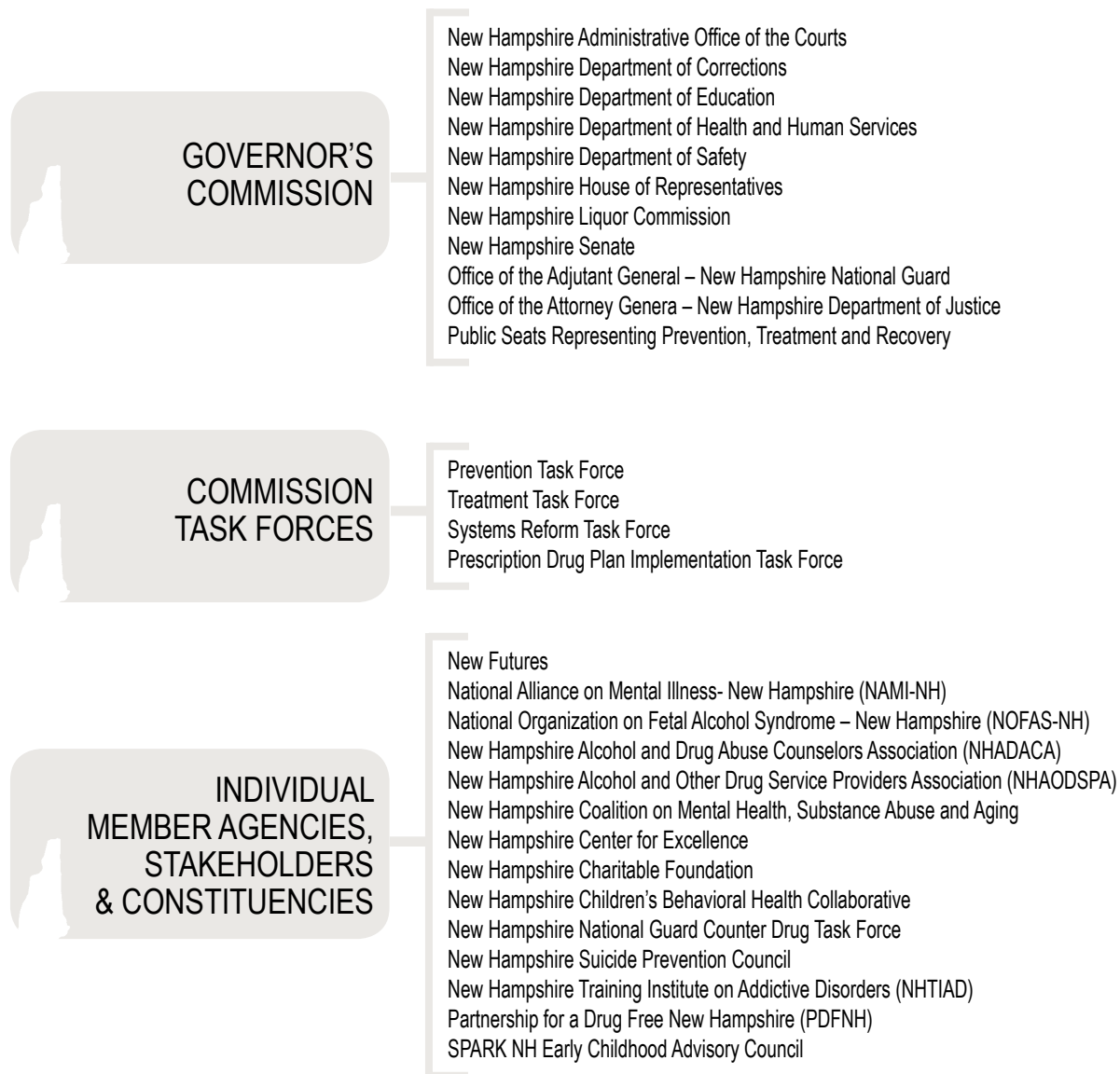
## State-Level Commitments



This section of the state plan articulates the specific intentions of the Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment through 2017 to realize the plan’s goals of reducing rates of alcohol and drug misuse and increasing the access of treatment and recovery supports by individuals with substance use or co-occurring substance use and mental health disorders.

These intentions, in the form of commitments to specific strategies and activities, are presented for the different layers of the Commission: 1) the Commission as a collective leadership body, 2) the Commission Task Forces that carry out specific activities, 3) and the agencies or constituencies represented on the Commission.

Below are the member agencies and key constituencies involved in each level of the Commission who will be implementing recommended strategies and activities.



Working on strategies within this plan in a coordinated and well-communicated manner will tap the existing capacities and assets of a wide range of stakeholders. Furthermore, from the strategic planning process emerged specific recommendations for the Commission to enhance its structure and functions in order to maximize its role as a catalyst for action and impact. These recommendations for the Commission's structure and functions are provided in Appendix A: Governor's Commission Operational Recommendations.



## LEADERSHIP

The importance of expanded leadership among those individuals who sponsor and vote on laws and policies and who have the power to bring visibility, attention, action, and resources to the devastation of alcohol and other drug misuse and addiction cannot be understated. Without individual and collective voices and champions to speak out about the issue, the stigma of abuse and addiction will not be overcome and resources will not be raised to have an impact.

Therefore, leadership at the state level, particularly among lawmakers, was a top priority during strategic planning. Specifically, Commission members and stakeholders noted the importance of educating law makers at least each year as the two-year terms of elected officials lead to high turnover, demanding consistent attention to maintaining state leadership's knowledge and awareness of alcohol and other drug use impacts and responses.

### GOAL

Cultivate expanded leadership, particularly among state lawmakers and policy makers, to improve understanding of the impact of alcohol and other drug misuse in the state, to improve understanding of effective policies, programs and practices to address misuse, and to develop champions for such efforts

### OBJECTIVES

- ✓ Educate lawmakers and policy makers annually or more often to increase their awareness of alcohol and other drug costs, impacts, the savings realized from efforts and services, and the successful health outcomes of individuals being served
- ✓ Leverage existing or emerging relationships with House and Senate members and other state leaders to cultivate champions who have an understanding and knowledge of problems and solutions relative to alcohol and other drug misuse and who are willing to act in support of legislative or policy needs

#### COMMISSION ACTIVITIES

Presentation(s) will be made to key state leaders and leadership committees. More information about suggested audiences and recommended presentation topics is available in Appendix B

Commission members will highlight the impacts of alcohol and other drug misuse in on-going education and collaboration with state policymakers and law makers

#### TASK FORCE ACTIVITIES

Support Commission and Stakeholders as requested for presentations to state leadership (All Task Forces)

Include leadership expansion as a standing agenda item (All Task Forces)

#### OTHER STAKEHOLDER ACTIVITIES

Lead annual activities to train and develop community leaders to serve as advocates in policy and legislative initiatives (New Futures)

Continue to cultivate champions among state policymakers and lawmakers through on-going outreach, education and collaboration (New Futures; All Stakeholders)

# FINANCIAL RESOURCING

Adequate financial resources for effective efforts to reduce alcohol and other drug misuse and its consequences is critical to realizing the goals of the state plan. Strategic planning dialogue underscored the recognition that the misuse of alcohol and other drugs is too pervasive and too costly to simply maintain services and efforts. Resources must increase to offset the impact and burden of such a significant public health and safety problem.

## GOAL

Ensure adequate, sustained financial resourcing of alcohol and drug prevention, intervention, treatment and recovery supports

## OBJECTIVES

- ✓ Support Commission members in seeking and securing federal and private funding to improve the state's response to alcohol and other drug misuse, for both collaborative or individual agency proposals
- ✓ Increase cross-agency resourcing and related coordination for collaborative initiatives
- ✓ Increase state funding to support services and activities recommended within this plan
- ✓ Support sub-state level funding proposals for community and regional activities and programs as appropriate
- ✓ Support efforts to expand third-party payor coverage for comprehensive treatment and recovery support services for individuals with substance use disorders or co-occurring substance use and mental health disorders

### COMMISSION ACTIVITIES

Commission members will share resource opportunities to expand coordinated activities and collaborative planning to sustain programs and practices fostered by external funding sources

Commission members will participate in shared resourcing to carry out coordinated activities and integrated services

### TASK FORCE ACTIVITIES

Convene a wide range of stakeholders, including insurers, the NH Medicaid office, NH-based managed care organizations, and other stakeholders (Systems Reform Task Force)

Determine critical and effective services not currently covered by private, state and federal insurance programs (Systems Reform Task Force)

### OTHER STAKEHOLDER ACTIVITIES

Continue to seek and secure public and private funding for initiatives, including the Prescription Drug Monitoring Program and other on-going efforts (Attorney General's Office)

Continue to advocate and mobilize advocates for increased state and other financial resourcing to support state plan goals and activities (New Futures')

## COMMISSION ACTIVITIES

Commission will review current state funding contributions through state agencies and special budget line items, determine financial resource needs for adequate and effective services and activities, and develop an annual financial resource plan to meet needs (*Please see Appendix I for information relative to the history of the state's institution of an alcohol abuse prevention and treatment fund*)

Letters of support or other endorsements from the Commission will be available to community and regional stakeholders to help increase financial resourcing for local response to alcohol and other drug misuse

The Commission will continue to support the work of the Commission's System Reform Task Force that is working toward expanded coverage for substance abuse services within Medicaid and the state's managed care organizations

This task force is encouraged to work with DHHS, NH Medicaid, private insurers in the state, and the NH Department of Insurance as appropriate to determine and carry out a means to articulate costs and benefits for expanded coverage and to recommend and advocate for such coverage

## TASK FORCE ACTIVITIES

Educate lawmakers and policymakers (Systems Reform Task Force)

Advocate for expanded coverage and parity compliance for a critical and effective array of services covered to support acute care as well as long-term chronic care and relapse prevention\* (Systems Reform Task Force)

## OTHER STAKEHOLDER ACTIVITIES

Continue to seek and secure federal, state and private funding for alcohol and drug services and systems reform (All Commission Member Agencies; All Stakeholders)

---

\*To carry out this objective, the Systems Reform Task Force will leverage existing and new partnerships to review research, to recommend health benefits to be covered by insurers in New Hampshire, and to promote on-going monitoring of compliance with federal parity laws.

As summarized by the National Conference of State Legislatures, "parity, as it relates to mental health and substance abuse, prohibits insurers or health care service plans from discriminating between coverage offered for mental illness, serious mental illness, substance abuse, and other physical disorders and diseases. In short, parity requires insurers to provide the same level of benefits for mental illness, serious mental illness or substance abuse as for other physical disorders and diseases. These benefits include visit limits, deductibles, copayments, and lifetime and annual limits."<sup>2</sup>

The federal parity law in tandem with federal health care reform provides the state an unprecedented opportunity not only to increase insurance coverage for addiction treatment and recovery support but in so doing significantly increase access to such services and therefore to improved health outcomes for individuals suffering from the devastating chronic illness of addiction.

<sup>1</sup> [www.new-futures.org](http://www.new-futures.org)

<sup>2</sup> <http://www.ncsl.org/issues-research/health/mental-health-benefits-state-laws-mandating-or-re.aspx>

# PUBLIC EDUCATION

One of the single most prominent gaps in prevention noted during strategic planning is the lack of a consistent, effective, widespread public education campaign in New Hampshire. During the strategic planning process, this strategy area received significant attention, and partners are already mobilizing to leverage existing and new resources to raise the resources necessary to establish a full-fledged media campaign in the state.

## GOAL

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

## OBJECTIVES

- ✓ Leverage resources for a coordinated, comprehensive public education strategy for the state each year
- ✓ Produce and disseminate effective messages for a range of topics, public audiences and media channels regularly each year

### COMMISSION ACTIVITIES

Provide information to public education planning efforts as requested  
(All Commission members)

Assist in the dissemination of public education messages and materials as appropriate  
(All Commission members)

Contribute resources, including but not limited to the technical expertise and funding for coordinated public education campaigns  
(All Commission members)

### TASK FORCE ACTIVITIES

Support public education campaign development and dissemination  
(All Task Forces)

### OTHER STAKEHOLDER ACTIVITIES

Continue to expand the capacity of the Partnership for a Drug Free New Hampshire (PDFNH) through private and public contributions

Engage other stakeholder groups in the dissemination of public education messages and material  
(All Stakeholders)



### **Public Education Topics and Audiences that Emerged During State Planning**

New Drugged Driving Laws • Fetal Alcohol Exposure • Underage Drinking • Synthetic Marijuana Dangers  
Alco-Pop Beverages • Marijuana Risks • Parent Monitoring and Communication • Prescription Drug Abuse  
Addictive Qualities of Opioid Pain Relievers/Alternatives to Opioid Pain Treatment  
Binge Drinking and Other Risk Behavior • Drinking and Driving • Community Connection and Norms  
Co-Occurring Disorders • Prescription Drug Dangers for Older Adults • Disposing of Prescription Drugs  
Treatment and Recovery Services Available • Recovery Works • Prevention Works  
The Role of Community in Prevention • Physiology of Addiction  
Alcohol and Drug Use and the Adolescent Brain • Social Host Law and Consequences



# TRAINING AND PROFESSIONAL DEVELOPMENT

Training and professional development emerged as a key strategy area because of the significant knowledge gaps that have been identified both within and across state and community systems. For example, physicians often talk about the lack of training they receive in medical school regarding addiction in spite of the pervasiveness of the disease and its short- and long-term health implications. Similarly, there are many professions that deal with alcohol and other drug misuse who react only to specific outcomes of misuse, such as social workers in child neglect cases whose work may be enhanced by training in addictive disorders or a staff person for a housing project who could help tenants if she were trained in problem identification and referral. The importance of training and professional development was also noted in relation to the state's Regional Network System that convenes a wide range of stakeholders from safety, business, local government, schools, and health care settings to engage in effective prevention and early intervention. Increasing the availability and accessibility of training and professional development, as well as longer-term technical assistance in responding to alcohol and drug misuse in community settings, will lead to significant strides in meeting the state's goals.

## GOAL

Increase training, technical assistance and professional development resources and availability to develop and expand knowledge and skills relative to addressing alcohol and drug misuse

## OBJECTIVES

- ✓ Determine means by which training and professional development curricula will be developed
- ✓ Ensure that on-going training and technical assistance is available to support policy, program and practice implementation
- ✓ Promote alcohol and other drug-related training within higher education for a wide range of majors and of study areas

### COMMISSION ACTIVITIES

Continue to provide training and professional development to military personnel on the impacts of alcohol and other drug use on military service, family relationships, mental health, and other topics  
(Adjutant General)

### TASK FORCE ACTIVITIES

Conduct an assessment of existing on-line training and professional development relative to alcohol and other drug misuse, impacts and effective responses  
(Prevention Task Force)

Identify gaps in content and audience  
(Prevention Task Force)

### OTHER STAKEHOLDER ACTIVITIES

Promote and support cross-training of mental health and substance abuse treatment practice  
(NH Training Institute on Addictive Disorders; National Alliance on Mental illness-NH; NH Bureau of Drug and Alcohol Services; and all Stakeholders)

## COMMISSION ACTIVITIES

In partnership with Policy Standards and Training Unit and other training organizations, support expanded training and professional development opportunities available to and accessed by law enforcement and other safety personnel relative to topics including enforcing modified DWI laws, investigating prescription drug diversion, and responding to new issues such as synthetic drugs  
(Attorney General's Office)

Promote and support cross-training of mental health and substance abuse treatment practitioners, incorporating information about alcohol and drug misuse and mental health correlations into existing training programs  
(DHHS – Bureau of Behavioral Health, Bureau of Drug and Alcohol Services)

Through its professional staff and subcontractors, expand capacity to deliver highly accessible (including web-accessible) training, professional development, and technical assistance for *substance abuse service providers* to support the delivery of high quality, effective programs recommended in this plan across prevention, intervention, treatment and recovery  
(DHHS – Bureau of Drug and Alcohol Services )

Through its professional staff and subcontractors, expand capacity to deliver highly accessible (including web-accessible) training, professional development, and technical assistance for *other sectors and professionals* to support awareness, knowledge, policies and practices to improve responses to alcohol and other drug misuse and its consequences  
(DHHS – Bureau of Drug and Alcohol Services )

Continue to provide training to corrections staff for evidence-based screening, assessment, treatment planning, and care coordination  
(Department of Corrections)

## TASK FORCE ACTIVITIES

Develop and implement a means to meet training and professional development needs, working with BDAS and its contractors to ensure that Resiliency- and Recovery-Oriented Systems of Care (RROSC) training and technical assistance are available regularly for practitioners and administrators in specialty addiction services and related care systems, including primary care, mental health, and re-entry services  
(Treatment Task Force)

## OTHER STAKEHOLDER ACTIVITIES

Incorporate alcohol and drug misuse and mental health correlations into existing training programs  
(NH Training Institute on Addictive Disorders; National Alliance on Mental illness–NH; NH Bureau of Drug and Alcohol Services; and all Stakeholders)

Continue to provide training and professional development relative to advocacy for improved or expanded alcohol and other drug programs and resources  
(New Futures)

Align training, professional development and technical assistance with state plan priorities and strategies  
(All Stakeholders)

## DATA UTILIZATION

Although data sources relative to alcohol and other drug misuse have expanded, gaps remain in what data are collected and how they are analyzed and disseminated to inform public policy, resource allocation, and practice improvement. The strategic planning process noted gaps in the impact of alcohol and other drug misuse on businesses, the prevalence of fetal alcohol syndrome disorder, and analyses of alcohol and other drug misuse within special populations in the state. Specific data gaps prioritized during strategic planning included the following:

- *Relevant data from third party insurers*
- *Data on incidence of fetal alcohol syndrome disorders*
- *Data on alcohol and other drug misuse in the workplace*
- *Data on alcohol and other drug misuse by people in particular trades and professions*
- *Costs of alcohol and other drug misuse to business and insurers*
- *More data relative to special populations, including minority or refugee populations, specific to sexual orientation, college v non-college young adults, older adults*

These and other data will serve the needs of state plan strategies, including leadership expansion; financial resourcing activities, including grant applications; training and professional development activities; task force and ad hoc work group activities; Commission updates; and annual State Plan progress reports.

### GOAL

Improve data analysis and dissemination to support strategic action, including but not limited to analyses of costs of alcohol and other drug misuse; savings attributable to prevention, intervention, treatment and recovery support efforts; on-going analyses of the prevalence of alcohol and other drug misuse impacts, behaviors, and perceptions of populations and sub-populations; and outcomes of the state strategic plan.

## OBJECTIVES

- ✓ Leverage existing state agency capacities to improve data collection, analysis and reporting relative to problems and effective responses to alcohol and other drug misuse
- ✓ Utilize improved data products to support and inform state plan goals
- ✓ Promote expanded data analysis and dissemination by stakeholders not currently represented on the Commission

### COMMISSION ACTIVITIES

Designate a task force or work group to develop and disseminate data products using consistent, straightforward data indicators and narrative for a range of audiences, including state law makers and policy makers, key constituencies, proposals and the general public

### TASK FORCE ACTIVITIES

The designated task force will recommend the means by which it will analyze and utilize data

Pursue or develop data sources relative to identified special populations of higher risk (All Task Forces)

### OTHER STAKEHOLDER ACTIVITIES

Continue to collect and share data about the impact of alcohol and drug misuse in individuals, families, communities, and community sectors and about successful efforts to reduce misuse and promote recovery (All Stakeholders)

## COMMISSION ACTIVITIES

Continue to conduct analyses and report on data relative to alcohol and other drug misuse, including but not limited to supporting the administration of the Youth Risk Behavior Survey (NH Department of Health and Human Services)

Continue to conduct performance reviews and report outcome data for Bureau-funded prevention, intervention, treatment and recovery support programs (Bureau of Drug and Alcohol Services)

Support data analysis and dissemination relative to the financial burden of alcohol and other drug misuse and savings realized from programs and activities (All member agencies)

Continue to conduct and report on recidivism rates for alcohol and other drug-related parole violations (Department of Corrections)

Conduct program evaluation and report outcome data on community corrections program (Department of Corrections)

## TASK FORCE ACTIVITIES

## OTHER STAKEHOLDER ACTIVITIES

Support the pursuit or development of data sources relative to identified populations of higher risk (All Stakeholders)

# EFFECTIVE POLICY, PRACTICE & PROGRAMS

The Commission and its member agencies will support communities in their efforts toward the policies, practices and programs recommended in this plan.

## GOAL

Promote the implementation of effective policies, practices and programs across and within state systems

## OBJECTIVES

- ✓ Use research on evidence of effectiveness to further prioritize policies, practices and programs for implementation
- ✓ Ensure sufficient capacity and readiness to implement new or expanded policies, practices and programs recommended for community sectors
- ✓ Support implementation with sufficient on-going training and technical assistance
- ✓ Promote on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs

### COMMUNITY & FAMILY SUPPORTS

Youth Leadership  
Rx Drug Take Back Programs

### BUSINESS

Data collection and dissemination on alcohol and drug impacts in work place  
Model workplace policies  
Work place prevention education  
Screening, brief intervention, and referral to treatment or recovery support services

### SAFETY & LAW ENFORCEMENT

Drugged Driving Law Enforcement  
Increased patrols and surveillance  
Court Diversion  
Alternative sentencing/graduated license suspension  
Standard implementation and evaluation of drug/mental health courts  
Certain and Swift sanctions for parole or probation violations

### EDUCATION

Model Alcohol and Drug Policies  
Effective Alcohol and Drug Prevention Education over Multiple Years and Transitions  
Increased, regular parent education  
Data collection and dissemination  
Student Assistance Programs  
Increased collaboration with community health and safety  
Model athletic and extra-curricular policies

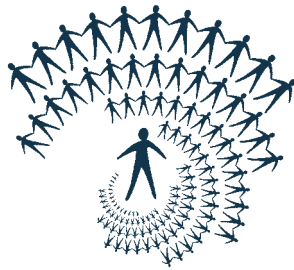
### HEALTH & MEDICAL

Prescription Drug Monitoring  
Reimbursable Screening Brief Intervention and Referral to Treatment (SBIRT)  
Integrate primary care, mental health care, and substance abuse prevention, treatment and recovery support, including integrated data collection, training, and services  
Improve access to treatment  
Improve data collection on fetal alcohol syndrome disorders

### MULTIPLE SECTORS

Implement recommendations from the Commission's 2012 "Call to Action: Responding to NH's Prescription Drug Epidemic"

Please see Appendix C: Recommended Policies, Practices & Programs "At-A-Glance" for more information.





# Community Recommendations





# Community Recommendations



The next section presents strategies and activities that community sectors may engage in at the community and individual organizational level to complement state-level efforts to achieve the goals of reducing alcohol and other drug misuse and increasing treatment and recovery support access.

Recommendations and opportunities for action are presented by key stakeholder sectors that exist within communities. For each key sector, recommendations are provided that have been derived from a cross-section of national,<sup>1,2</sup> state<sup>3</sup> and local<sup>4</sup> sources.

These sectors, as mentioned earlier, are the core community institutions that are impacted by alcohol and other drug misuse and that have capacities to respond actively to the problem at a local level. The sectors, reflective of the state's Regional Network System design, are:

-  **HEALTH & MEDICAL**
-  **SAFETY & LAW ENFORCEMENT**
-  **EDUCATION**
-  **BUSINESS**
-  **GOVERNMENT**
-  **COMMUNITY & FAMILY SUPPORTS**

For each sector, the state plan provides a compendium of activities that individuals and organizations within a community sector can participate in to support key strategy areas. Additionally, for the strategy area of promoting effective policies, practices and programs, a list of such activities that were prioritized during the June 22, 2012 summit are presented along with other activities suggested by research. At the end of each sector's recommendations, a list of helpful resources is provided so that communities can take action based on local conditions and best practice research.

Also, please see Appendix D: New Hampshire's Regional Network System for a summary of the geography, strategic plans, and activities of the state's substance abuse prevention system. The ten regional prevention networks funded by state contracts and private grants have identified local conditions that increase risk within families and communities for alcohol and other drug misuse and have prioritized strategies for local action to prevent and intervene early in alcohol and other drug misuse.

<sup>1</sup>"National Prescription Drug Abuse Strategy 2010." Center for Lawful Access and Abuse Deterrence (CLAAD), 2010.

<sup>2</sup>"Epidemic: Responding to America's Prescription Drug Abuse Crisis" White House Office of National Drug Control Policy, 2011. Accessed at: [http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/rx\\_abuse\\_plan.pdf](http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/rx_abuse_plan.pdf)

<sup>3</sup>Findings from an assessment of state agencies led by New Hampshire Governor's Commission on Alcohol and Drug Abuse, Spring 2011.

<sup>4</sup>Findings from an assessment of community stakeholders led by The Prevention Task Force of the NH Governor's Commission on Alcohol and Drug Abuse, Spring 2011.





### HEALTH & MEDICAL

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

Facilities and practitioners within the health and medical sector are called to support a culture change relative to how alcohol and drug use is viewed and effectively addressed. Alcohol and other drug use remains a highly stigmatized and culturally-ensconced behavior, yet it is one of the behaviors most detrimental to a patient or client's health and well-being.

For example, health and medical professionals often have unique opportunities to talk with patients or clients about the danger of alcohol and other drug misuse and addiction, including prescription drug abuse, and in leveraging these opportunities, they can have a significant impact on preventing and intervening early in alcohol and other drug misuse. This influence has been researched in effective practices such as short screening and motivational interviewing during primary care visits.

Recommended activities for the Health and Medical sector are offered below, with links to resources and research articles provided at the end of the section to encourage practitioners to learn more about their potential role in preventing, intervening in, treating and supporting recovery from alcohol and other drug misuse.

#### LEADERSHIP

- ✓ **Speak or communicate publicly within community sectors about the risks and harm associated with alcohol and other drug misuse**

Health and medical professionals, including physicians, nurses, hospital social workers, school- and community-based health educators and other practitioners within the health and medical fields can lead communities in eliminating stigma associated with alcohol and drug problems and champion awareness, resource development, policy and practice change, and other activities in communities. Speaking or other communications to lead dialogue and action within a community may include serving on community panels, writing letters to the editor, writing and/or signing open letters in local or regional newsletters or newspapers about alcohol and other drug misuse, being featured in radio or television/cable public service announcements, co-sign collaborative commitments, join local speakers' bureau, and other leadership activities<sup>[1]</sup>.

- ✓ **Serve on local community coalitions working to determine and implement local responses to alcohol and other drug risk factors in communities**

Local community coalitions are a powerful approach to changing norms and practices relative to alcohol and other drug misuse. Health and medical professionals can serve as members of such coalitions promoting collaborative and cooperative prevention, intervention, treatment and recovery support efforts in local communities. Such connections between health and medical professionals and local networks and coalitions working on alcohol and other drug misuse have been successful in many New Hampshire communities, leading to evidence-based practices such as Screening Brief Intervention and Referral to Treatment (SBIRT).



✓ **Support increased financial resources to address alcohol and other drug misuse in the health sector**

Health and medical practices and practitioners can advocate for public, private, municipal, or agency funding for programs and activities specifically addressing alcohol and other drug misuse. Support may take the form of letters of support or memorandum of agreements for collaboration on funding requests or applications with partner organizations, participation in local fund raisers, speaking on behalf of school or town/city budget allocations for programs and activities, asking businesses to sponsor related public education or community events, or other opportunities to increase financial resources for response efforts.

✓ **Increase visibility and attention given to alcohol and drug misuse in health and medical settings**

Health and medical settings are an ideal place for increasing the visibility and attention given to alcohol and drug misuse because it has such devastating short- and long-term effects on individual and public health. Such visibility and attention can take the form of general exposure to prevention or treatment messages such as posters with prevention messages and informational brochures about 12 step meetings and treatment services in the area. Visibility and attention can also be heightened through brief conversations with patients and clients about short- and long-term impacts of alcohol and other drug misuse, or a formal evidence-based practice discussed later in this section known as Screening Brief Intervention and Referral to Treatment (SBIRT) which involves asking patients about their use and responding with either a brief motivational interview to encourage lower risk alcohol use or, when appropriate, a referral to treatment services.

✓ **Educate local elected officials on the impact of alcohol and other drug use on health and medical care**

Health and medical practitioners can speak or write to elected officials regularly to increase their awareness and knowledge of alcohol and other drug misuse impacts and responses. Regular communication with elected officials grows their understanding of the issue and cultivates a relationship between policy drivers and policy makers, increasing opportunities for cooperative work that may positively impact financing, policy, and program availability over time.

## FINANCIAL RESOURCING

✓ **Seek, leverage, and/or secure financial and other resources to expand the efforts of the health and medical sector to prevent, intervene in, treat, and support recovery from alcohol and other drug misuse**

Health and medical practitioners and agencies can raise financial resources to address alcohol and other drug misuse through grant-seeking for seed funding of training and professional development to adopt new policies or practices for alcohol and other drug screening and early intervention; advocating for insurance coverage for intervention, treatment and recovery support services; or seeking private donors to fund special activities within health practice. Health and medical practitioners can also collaborate with other community sectors such as local family support organizations, the justice system, and businesses to build and secure funding for integrated approaches to prevention, intervention, treatment and recovery support services.

✓ **Advocate for and support insurance coverage for best practices for alcohol and other drug problems and disorders, including insurance coverage for screening, brief intervention and referral to treatment within primary care and/or urgent care practice and for comprehensive, coordinated treatment and recovery support**



Advocacy, also noted in the section on Leadership Expansion, is critical to leveraging the financial resources to adequately implement best practices such as SBIRT and treatment and recovery supports that coordinate care between primary health clinics, behavioral health agencies, and specialty addiction treatment providers. In particular, health and medical professionals can talk to policy makers who have influence over health insurance coverage to expand coverage to early intervention, such as SBIRT, effective treatment, and long-term recovery support.

## PUBLIC EDUCATION

- ✓ **Provide education to all patients and clients regarding the risks and warning signs of alcohol and other drug misuse and treatment and recovery support services available in the community**

Professionals in the health and medical sector can be powerful messengers for prevention and early intervention during regular office visits and interactions with patients and clients. Educating patients and clients can be as brief as sharing a favorite informative web site address with them to learn more about alcohol and other drug topics, talking about a resource center in the area that provides information, or talking through the tips on a population-specific brochure, such as one for senior citizens that clarifies the dangers of combining prescription medications and alcohol and the heightened risk of falls and injuries with alcohol, or one that articulates the harm alcohol can cause on a developing fetus. Relative to this example, it was noted during assessment dialogue that pregnant women may make regular prenatal visits with her doctor without any mention of past or current drug use or only cursory questions about alcohol use. Health and medical practitioners have many teachable moments caring for patients through many decades of their lives, and giving proactive attention and education relative to alcohol and other drug misuse is a simple and straightforward activity that can have a significant impact on minimizing risk and harm.

- ✓ **Support and disseminate public service announcements and other communications developed to educate patients and the general public on the impacts of alcohol and other drug misuse**

Professionals in the health and medical sector can help distribute public education messages in a variety of ways. Clinics and other medical settings can hang posters and provide brochures and other materials, while practices may also sponsor television or radio spots for public service announcements. Clinics can also feature public education messages in their regular mailings or e-newsletters.

## TRAINING & PROFESSIONAL DEVELOPMENT

- ✓ **Access training resources to develop knowledge and skills relative to alcohol and drug topics, physiology of addiction, screening and assessment, brief motivational interviewing, special populations, integrating addiction services, and other recommendations of the state plan**

Training and professional development are necessary to support the many recommendations for health and medical professionals to improve services and outcomes for patients and clients experiencing problems with alcohol and other drug misuse. Training and professional development can be sought within and outside of a professional's field of practice. For example, primary care nurses may seek training from within the addiction treatment field to increase their understanding of the physiology of addiction. Health professionals working with young women may receive training in fetal alcohol syndrome disorders to support better education and awareness within the health practice setting to



prevent fetal exposure to alcohol. Training for health settings preparing to implement SBIRT or other recommended policies, practices or programs is critical to effective implementation to ensure an adequate knowledge base is acquired throughout the clinic or practice setting.

✓ **Promote alcohol and other drug related training within higher education for health and medical degrees and careers**

During planning activities, a consistent need that was identified, particularly for the health and medical field, was the need for better training and education about addiction, its precursors and the progression and treatment of the chronic, relapsing disease. In the Commission's work on prescription drug abuse and early intervention, doctors, nurses, and other medical professionals have talked about the dearth of training and education about substance use disorders that is given in medical and nursing school programs. Similarly, the lack of specialty tracks within higher education that could grow a larger and more knowledgeable work force across multiple professions and sectors has been a noted gap in New Hampshire and in the U.S. for many years. Although addressing this gap requires a long-term, concentrated commitment, health and medical professionals are encouraged to advocate for and participate in opportunities to leverage higher education programs to expand the work force able to effectively prevent, intervene in, treat, and support recovery from alcohol and other drug misuse and disorders.

## DATA UTILIZATION

✓ **Support data analysis and dissemination relative to alcohol and other drug misuse**

A critical foundation for the strategy areas of leadership expansion and financial resourcing is having accurate and compelling data to support activities. Health and medical practitioners can promote a culture of sharing un- or de-identified data to raise awareness and increase attention for alcohol and other drug misuse and its harm. For example, a local hospital, in addition to complying with mandatory reporting of emergency room visits and discharges due to a range of alcohol or other drug diagnoses that are often not available to the public for several years, may choose to share this information in a more timely manner with community groups hoping to bring awareness to the rise in prescription overdose deaths in the hospital's catchment area.

✓ **Support data analysis and reporting relative to evidence-based policies, programs and practices presented in this plan for monitoring and quality improvement**

Health and medical agencies or clinics may also analyze and disseminate data internally to increase the percentage of practitioners who are following a new practice such as SBIRT. When doctors, nurse practitioners and health educators are given data on the prevalence of positive screening for alcohol or other drug misuse among clinic patients, they may be more receptive to changing their practice patterns to implement SBIRT more widely or to follow up proactively with patients who have screened positively in previous years.

## EFFECTIVE POLICY, PRACTICE & PROGRAMS

✓ **Adopt practices and policies to integrate primary care, addiction services, and mental health care for individuals at risk for or with a substance use disorder or co-occurring mental health and substance use condition**

A first step in changing standard practice in any clinical setting is to assess how someone interacts with the setting. How does s/he learn of a clinic and its services? When s/he first visits a clinic, how is s/he assessed for care needs? How is



his/her condition monitored for improvement? Establishing who, how, when, where, and why individuals come to receive primary care, addiction services or mental health care is the first step in understanding how these three services can be integrated and/or coordinated to improve health outcomes. For example, following the principles of recovery-oriented care, some addiction treatment providers now ensure that clients leaving residential treatment or those receiving outpatient services make an initial contact with a primary care clinic to set up a “medical home” type of relationship to begin to build a support system for an individual early in his/her recovery. Mental health and addiction treatment agencies can establish standard screening methods to ensure both systems screen for both substance abuse and mental health conditions and establish care plans that provide both services. Many resources exist to help practitioners and clinics begin to detail plans to improve health outcomes through integrated care for individuals with substance use or co-occurring substance use and mental health disorders. These resources are presented at the end of the Health and Medical section.

✓ **Utilize the state’s prescription drug monitoring program, once instituted, and/or electronic health records to monitor appropriate prescription use and to deter misuse, abuse and/or dependence**

Although New Hampshire was one of the last states to pass legislation permitting the establishment of a central database repository accessible to prescribers and dispensers that allows them to search a patient’s recent prescribing history, the state has not yet constructed such a system and may still have significant challenges to overcome before such a database is accessible. However, the state’s prescription drug plan underscores the critical importance of this tool to assist prescribers in ensuring that patients are not seeking or diverting prescription drugs for illicit use, such as selling or abusing the drugs as result of a substance use disorder. While continuing to advocate for the state’s establishment of such a system, prescribers can search electronic health records or call other medical clinics and pharmacies to help determine whether or not a patient is seeking prescription medications for reasons other than valid health or pain conditions.

✓ **Implement or support the implementation of evidence-based screening, brief intervention and referral to treatment (SBIRT) in a wide range of appropriate health care settings, including primary care and emergency or urgent care**

As mentioned earlier, SBIRT is an evidence-based practice that has been shown to have a measurable impact on reducing high risk alcohol and other drug misuse and on increasing utilization of treatment and recovery programs<sup>1</sup>. SBIRT is endorsed by the National Registry of Evidence-based Programs and Practices (NREPP). As noted in the state’s prescription drug plan, the SBIRT model encourages a brief screening for alcohol or other drug abuse in primary practice, emergency rooms, or other settings. A screening indicating potential alcohol or drug abuse leads to an additional set of questions that determine if a practitioner should provide a brief intervention, such as motivational interviewing, or if referral to more intensive intervention or treatment is necessary. Although some service delivery systems, such as the state’s community mental health system, does conduct brief alcohol and drug screenings of all clients, universal screening is not yet a widespread practice. Attention should be given within other care systems, such as the community health center system and hospital emergency rooms, to implement screening and appropriate interventions more broadly.

✓ **Follow prescribing practices that promote patient well-being and that treat medical conditions and manage pain while deterring prescription drug misuse and dependence, including asking about a patient’s alcohol and drug use history before prescribing controlled substances**

During the development of the state’s prescription drug abuse prevention plan, it was noted that health and medical professionals can help deter the misuse and abuse of prescription drugs with several straightforward steps, including asking a patient’s alcohol and drug use history to understand its potential impact on the patient’s health or conditions and to make more informed decisions about medications to prescribe that will not exacerbate a substance use disorder



or recovery. In addition, as noted in the state’s prescription drug abuse prevention plan , in light of the prevalence of substance use disorders and the growing epidemic of prescription drug misuse and abuse, it is recommended that prescribers consider a means to effectively monitor patients who have been prescribed abusable drugs, particularly opioid pain relievers. One method that some New Hampshire clinics have adopted are patient contracts that allow for ongoing testing and monitoring of patients to ensure opioids are taken as prescribed. A sample patient contract currently being used in New Hampshire to monitor patients who may be at risk for misuse or abuse is included in the attachments section of this document.

✓ **Promote and support local “Take-Back” events to encourage safe and regular disposal of unused prescription medications**

The success of state and local Take-Back events hosted by partnerships between law enforcement agencies, community anti-drug coalitions, pharmacies, and other organizations have underscored the abundance of unused medications in homes that may be accessed by drug seekers or that may pose a risk as a result of accidental or inappropriate use or abuse. Support for these initiatives by health and medical professionals will help send a consistent message to individuals and communities about the risks of prescription medication misuse, abuse and misdirection.

✓ **Educate youth, young adults, adults, and high risk populations about the harm associated with alcohol and other drug misuse and about effective strategies to prevent and reduce misuse**

As mentioned earlier, health and medical practitioners are in a unique position to influence an individual’s behavior because they are in a role that is typically respected by youth, young adults, and adults and because the health clinic setting is a neutral one, without the stigma often associated with alcohol and drug problems, particularly when the interaction with a health professional may be routine or unassociated with the patient’s alcohol or drug use. Therefore, health and medical professionals are encouraged to educate patients about the risks of alcohol or other drug misuse at every opportunity. Providing pamphlets or other reading materials about risks is one approach, such as brochures explaining to older adults the complications of using alcohol with prescription medications, but speaking directly to patients about the risks will often have more significant impact . Please see the resources listed at the end of this section for more information about educational materials and strategies.

✓ **Improve treatment services and access to services by reducing or eliminating wait times, increasing availability of treatment services for adolescents, providing affordable treatment, and providing a comprehensive array of services to general and special populations**

This recommendation encourages the health and medical sector, including but not limited to addiction treatment providers, to study and address a wide range of barriers to effective treatment in New Hampshire. Planning efforts identified several of the most significant barriers to getting individuals who are experiencing a substance use disorder to the appropriate level of service and care. In particular, treatment availability, including residential treatment, for adolescents who have unique treatment needs due to their developmental stage is a noted gap in New Hampshire. Other barriers are affordability of treatment, particularly for the under- and un-insured, deeply ingrained stigma that may prevent people who need it from seeking treatment, and a lack of care coordination for the varying care and service needs throughout an individual’s path to long-term recovery. These varying needs, such as detoxification, residential or intensive outpatient treatment, relapse prevention, sobriety maintenance, peer recovery coaching, life skill development, and other services are rarely offered or coordinated by any single provider, exacerbating barriers to appropriate services. With such barriers to overcome, health and medical professionals, including addiction specialty services, are encouraged to form partnerships within their community of practice to develop strategies at the local level to improve care and reduce barriers to access. Health and medical professionals may form ad hoc work groups to consider how the “medical home” model to health care may be tailored for patients with a substance use disorder to reduce such barriers and how training and professional development may be directed toward care coordinators within the medical home who specialize in coordinating care for these patients.





✓ **Ensure culturally competent care for special populations including military, justice/corrections-involved, pregnant/parenting young women, dually diagnosed, elders, young adults, and adolescents**

During the strategic planning process, the need for culturally competent care was underscored by those who work with special populations. For example, the cultural context of military service often prevents those experiencing problems with alcohol and other drug misuse from seeking help, individuals returning to communities from correctional facilities often have unique risk factors that heighten their risk of relapse, elders may respond to very different treatment approaches than youth or young adults, and the language and cultural of minority and/or refugee populations may compromise quality care. Health and medical professionals are encouraged to seek out training and professional development opportunities to improve culturally competent care and to improve outcomes for special populations.



The **AMERICAN ACADEMY OF PEDIATRICS' COMMITTEE ON SUBSTANCE ABUSE** recommends that adolescents receive appropriate guidance regarding substance use during routine clinical care. In an October 2011 policy publication, the Academy recognized that alcohol and other drug misuse is a leading cause of morbidity and mortality for young people and that even the first use of alcohol or other drugs can result in unintentional injury or death. Therefore, the Academy stipulates, the health risks for young people that may occur long before addiction call for consistent attention and clear messages from pediatricians and pediatric nurses. The Academy also recognized the body of research that has established that first use early in adolescence is strongly correlated with later dependence and addiction. The Academy's policy statement underscores the important professional and societal role that pediatricians play in the prevention, detection and management of all pediatric health risks and disorders, including alcohol and other drug use. The Academy recommends the evidence-based Screening, Brief Intervention and Referral to Treatment (SBIRT) approach during routine adolescent visits and a clear, consistent non-use message for patients, parents, and other family members. See <http://pediatrics.aappublications.org/content/early/2011/10/26/peds.2011-1754> or check out Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd edition (Hagan J, Shaw J, Duncan P, eds.) at [http://brightfutures.aap.org/pdfs/Guidelines\\_PDF/1-BF-Introduction.pdf](http://brightfutures.aap.org/pdfs/Guidelines_PDF/1-BF-Introduction.pdf)



**GOODWIN COMMUNITY HEALTH** is one of the first community health centers in New Hampshire to adopt the evidence-based Screening, Brief Intervention and Referral to Treatment (SBIRT) approach for all adolescent and adult patients. Goodwin Community Health, a Federally Qualified Health Center, initiated SBIRT adoption in the spring of 2012 and is currently embedding screening tools into their electronic medical record and training clinicians and medical staff this fall. Their intention is to utilize medical assistants and care coordination teams who will initiate screening of patients 13 and older for alcohol or substance abuse risk.

When a patient is screened and identified to have a high risk use threshold, they are provided an opportunity to have their primary care provider discuss their screening outcome within the patient visit and brief counsel on the health implications of high risk use is then provided as well as motivational interviewing to help the patient identify barriers to reducing or ceasing use. If a patient's use history indicates a high level of use, behavioral health staff are integrated into the primary care setting and are able to provide ongoing brief treatment.

Janet Atkins, Executive Director at Goodwin Community Health, notes, "The significant value of implementing universal screening and SBIRT into primary care is that the patient is often willing to discuss very personal behaviors with their doctor so they are more receptive to finding solutions to overcome their substance abuse issue. The screening tools allow for a continued dialogue between the patient and provider because it is documented in their medical record." SBIRT integration into practice is anticipated to be fully adopted by July of 2013.

<sup>1</sup> [www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf](http://www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf)

<sup>2</sup> [www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf](http://www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf)

<sup>3</sup> <http://www.health.harvard.edu/blog/pediatricians-should-ask-teens-about-drug-alcohol-use-at-every-visit-201111013725>



## HEALTH & MEDICAL RESOURCES

The following resources are provided to encourage individuals, agencies, and communities to expand their knowledge, skills, and ability in support of Collective Action and Collective Impact:

### RESOURCE

### ADDITIONAL INFORMATION

### WEB ACCESS

*National Institute on Drug Abuse's Center of Excellence for Physician Information*

Provides curriculum resources specific to substance abuse and addiction for medical schools and residency programs

<http://www.drugabuse.gov/nidamed/centers-excellence/curriculum-resources-overview>

*SBIRT Core Training Program*

Helps practitioners enhance clinical skills in screening, brief interventions, and referral to treatment for substance use problems

<http://www.sbirtraining.com/>

*Center for Substance Abuse Treatment, TIP, No. 24, A Guide to Substance Abuse Services for Primary Care Clinicians*

Provides guidance to practitioners on screening, assessment, and treatment of substance use disorders

<http://www.ncbi.nlm.nih.gov/books/NBK64827/>

*New Hampshire Medical Society*

Provides up-to-date state health and medical information and education

<http://www.nhms.org/>

*Harvard Medical School's Harvard Health Publications Blog*

Encourages health professionals to use routine primary care visits as an opportunity to talk to adolescents about alcohol and drug use

<http://www.health.harvard.edu/blog/pediatricians-should-ask-teens-about-drug-alcohol-use-at-every-visit-201111013725>

*New Hampshire Board of Nursing*

Provides continuing education opportunities for nurses

<http://www.nh.gov/nursing/education/index.html>

*National Association for Addiction Professionals*

Provides education and information specific for enhancing the health and recovery of those affected by substance use disorders

<http://www.naadac.org/>

*Responsible Opioid Prescribing: A Physician's Guide*

A resource from the Federation of State Medical Boards (FSMB)

<http://www.fsmb.org/pain-overview.html>

*FSMB Model Policy for the Use of Controlled Substances for the Treatment of Pain*

A publication to support model policy development

[http://www.fsmb.org/pdf/2004\\_grpol\\_Controlled\\_Substances.pdf](http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf)

*NH Drug Diversion Unit*

Provides trainings for health and medical professional to prevent unlawful diversion of prescription medications

<http://www.nh.gov/safety/divisions/nhsp/isb/narcotics/index.html>

*American Society of Addiction Medicine's Physician Clinical Support System for Primary Care*

A free, nationwide service to help primary care providers seeking to identify and advise their patients regarding alcohol and drug abuse before they evolve into life-threatening conditions

<http://www.nida.nih.gov/nidamed/pcss.php>



RESOURCE	ADDITIONAL INFORMATION	WEB ACCESS
<i>Injury Prevention Center at Dartmouth</i>	Promotes education legislation and effective strategies to prevent death and disability	<a href="http://chad.dartmouth-hitchcock.org/pc/health_care_services/injury_prevents.html">http://chad.dartmouth-hitchcock.org/pc/health_care_services/injury_prevents.html</a>
<i>Northern New England Poison Control Program</i>	Provides 24-hour information line on poison control, including alcohol or other drug overdoses	<a href="http://www.mmc.org/mmc_body.cfm?id=3090">http://www.mmc.org/mmc_body.cfm?id=3090</a>
<i>National Alliance for the Mentally Ill - New Hampshire</i>	Provides information on co-occurring disorders and suicide prevention training	<a href="http://www.naminh.org/education/suicide-prevention">http://www.naminh.org/education/suicide-prevention</a>
<i>New Hampshire Training Institute on Addictive Disorders</i>	Provides monthly in-person and on-line trainings on treating addiction and supporting recovery	<a href="http://www.nhadaca.org">http://www.nhadaca.org</a>
<i>New England Institute of Addiction Studies</i>	Provides annual training and professional development school each year	<a href="http://www.neias.org/SATneias.html">http://www.neias.org/SATneias.html</a>
<i>New England Addiction Technology Transfer Center Training Calendar</i>	Provides trainings in evidence-based addiction treatment	<a href="http://www.nattc.org/regcenters/trainingevents.asp?rcid=8&amp;ViewType=">http://www.nattc.org/regcenters/trainingevents.asp?rcid=8&amp;ViewType=</a>
<i>New Futures</i>	Provides regular in-person and on-line advocacy training	<a href="http://www.new-futures.org/">http://www.new-futures.org/</a>
<i>drugfreenh.org</i>	Web site of resources and links to support substance abuse prevention and treatment access for a wide range of settings and environments	<a href="http://www.drugfreenh.org">www.drugfreenh.org</a>
<i>New Hampshire Regional Networks</i>	Regional networks throughout New Hampshire engage the health sector in effective prevention and early intervention	<a href="http://drugfreenh.org/get-involved/reach-out-to-your-community">http://drugfreenh.org/get-involved/reach-out-to-your-community</a>
<i>NH Regional Resource Kiosks</i>	Locations where alcohol and other drug prevention and treatment information is available to the public	<a href="http://www.drugfreenh.org/resources/community-kiosks">http://www.drugfreenh.org/resources/community-kiosks</a>
<i>New Hampshire Center for Excellence</i>	Provides technical assistance to organizations and communities addressing substance abuse concerns	<a href="http://www.nhcenterforexcellence.org">www.nhcenterforexcellence.org</a>
<i>Partnership for a Drug Free NH</i>	A media collaborative focused on raising public awareness of the risk and harm associated with alcohol and drug use	<a href="http://www.drugfreenh.org">www.drugfreenh.org</a>
<i>Compendium of Prevention Best Practices in Five Sectors (PIRE, 2012)</i>	Provides research and information on effective prevention practice in community sectors and was developed specifically for New Hampshire	<a href="http://www.nhcenterforexcellence.org">www.nhcenterforexcellence.org</a>

<sup>1</sup>Willer, WR and PL Willbourne, “ Mesa Grande: a methodological analysis of clinical trials of treatments for alcohol use disorders.” *Addiction*. 2002 Mar;97(3):265-77.





## SAFETY & LAW ENFORCEMENT

LOCAL LAW ENFORCEMENT • DRUG TASK FORCES • JUDICIAL SYSTEMS • FIRST RESPONDERS  
EMERGENCY MEDICAL TECHNICIANS • DRUG DIVERSION INVESTIGATORS NATIONAL GUARD  
POLICE STANDARDS AND TRAINING • PROBATION AND PAROLE

The state's approach to addressing alcohol and other drug misuse and its consequences emphasizes the recognition that the misuse of these substances can lead the chronic yet treatable disease of addiction. This approach also recognizes the collateral impact that misuse can have on communities. Aside from the most prevalent safety concern—impaired driving as a result of alcohol and other drug use which claims many lives on our roads and highways—other safety impacts to communities include non-motor vehicle accidents and injuries, assault, drownings, domestic violence, child abuse and neglect, theft, drug trafficking, and other problems.

Those working to ensure individual and community safety know well the devastating impact of alcohol and other drug misuse and can play a role in prevention and early intervention. In addition to the broad strategies of leadership expansion and improved public education, this section provides a range of policy, practice, and program improvements that agencies and organizations in the safety sector may consider implementing over the next five year to support the state's and Commission's commitment to reducing the devastating safety impacts of alcohol and other drug misuse. Recommendations for action within the safety sector are provided in the section, as well as resources to learn more.

### LEADERSHIP

#### ✓ **Maintain consistent leadership to address alcohol and other drug use within the safety sector**

Community values and norms are often shaped by the culture of leadership from the safety sector. Professionals working in law enforcement, courts, and other positions that carry the responsibility of safeguarding the public can help communities understand the impact of alcohol and other drug use on individual and community safety and well-being as well as the costs associated with safety consequences of misuse. Leadership opportunities may include speaking at community forums, addressing town councils, serving on local coalitions, or participating in public education messages. Consistent leadership from within the safety sector can help shape attitudes and responses toward alcohol and other drug misuse, reinforcing the significant impact the issue has on families and communities and also bringing attention and resources to effective strategies to reduce the problem and increase support systems for people experiencing problems with misuse.

### FINANCIAL RESOURCING

#### ✓ **Support increased resource allocations to address alcohol and other drug misuse in the workplace at the local, state or regional level**

Professionals and agencies working in the safety sector can direct attention and commitment to cultivating resources, including financial resources, that can be applied to effective policies, practices and programs to reduce alcohol and other drug misuse and its consequences. As noted in the State Strategy Summit on Substance Use Disorders held in June of 2012, the state and communities can no longer “do more with less.” It has become clear that with the impact of economic stressors and resulting budget reductions in the safety sector and other sectors, communities and systems are doing “less with less.” Advocating for public funding or other financial resourcing through effective messaging of the



societal and budgetary costs of alcohol and drug misuse, in tandem with communicating the benefits and saving realized by effective policies, practices and programs, is one means to increase resourcing of prevention, early intervention, treatment and recovery supports. Those in the safety sector may also seek federal, state, private, and industry grants or other funding to seed new approaches to addressing alcohol and other drug misuse and its consequence to achieve safer and healthier communities.

## PUBLIC EDUCATION

### ✓ Provide public education relative to safety impacts of alcohol and drug misuse, including the growing prevalence of drugged driving and consequences for violating the state's new drugged driving law

State and local law enforcement and safety organizations can support community and public education campaigns by providing data and information to craft public messages, by appearing in public service radio, web, or television announcements, or by helping disseminate public education materials to communities. Special attention should be given to educating the public regarding New Hampshire's new law, RSA 265-A:2 Driving or Operating Under Influence of Drugs or Liquor. The new law amends the former driving or operating under the influence of alcohol or drugs to include non-controlled substances such as over-the-counter sleep aids. The new law becomes effective on January 1, 2013. An effective public education campaign to increase public awareness of drugged driving and its consequences, as well as the expansion of RSA 265-A:2 to include non-controlled substances, is critical to addressing the safety impacts of alcohol and other drug misuse.

### ✓ Increase training opportunities for detecting drugged driving, drug recognition, and prescription drug diversion

Two core training programs in the state support effective enforcement of alcohol and drug laws. Drug Recognition Experts/Evaluators (DRE) and Advanced Roadside Impaired Driving Enforcement (ARIDE) are offered through the NH Division of Liquor Enforcement and Police Standards and Training. As of early 2012, only 18 of 300 troopers were trained in DRE, but the Department of Safety and the Division of Liquor Enforcement are committed to increasing the number of troopers and other law enforcement trained to address the growing prevalence of drugged driving through these and other training programs. State law enforcement encourages local police departments and safety personnel to be trained in these two core programs and to participate in other relevant trainings that will expand knowledge of alcohol and other drug misuse, effective prevention, effective enforcement, community resources, the physiology of addiction, and other topics to broaden awareness and to increase expertise and skills in this area.

## EFFECTIVE POLICY, PRACTICE & PROGRAMS

### ✓ Increase law enforcement participation in school and community outreach and prevention messaging

Effective prevention practice, as recommended by the U.S. Substance Abuse and Mental Health Services Association (SAMHSA)<sup>1</sup>, requires significant collaboration between schools, communities, law enforcement, justice systems, health systems, and other community sectors. This collaborative approach to prevention, a keystone to New Hampshire's substance abuse prevention system and to the design of this strategic plan document, capitalizes on public health theory that by working together, partners can bring different perspectives and resources to bear on an identified problem as a catalyst for change. Therefore, professionals and agencies working in the safety sector can join local coalitions or one of the state's Regional Networks serving the substance abuse prevention efforts of local communities. As detailed



in Appendix D: New Hampshire’s Regional Network System, there are ten geographic regions, each with a funded coordinator, who carry the responsibility of fostering collaboration and synergy between and within community sectors to increase substance abuse prevention efforts locally. The Regional Networks, along with the state’s Drug Free Community Coalitions (See Appendix D: New Hampshire’s Drug Free Coalitions), need the support of local law enforcement, courts, and other safety organizations to convene leaders and key stakeholders, engage the general public, and support communities in determining the assets that organizations and individuals can contribute to substance abuse prevention efforts. These networks and coalitions build success with clear, shared visions, committed partnerships, and active participation from various community sectors, and utilize a broad menu of prevention strategies (Brounstein, Zweig, and Gardner, 1998).<sup>2,3</sup>

✓ **Enforce RSA 265-A:2 Driving or Operating Under Influence of Drugs or Liquor; Driving or Operating With Excess Alcohol Concentration**

As noted in the training and professional development section above, DRE and ARIDE are effective strategies for law enforcement to detect alcohol and other drug misuse that may be impairing driving ability and posing a threat to individual and public safety. Enforcement of RSA 265-A:2, the state’s new drugged driving law, is an important tool in deterring alcohol and other drug misuse. Combined with an effective public education campaign, enforcement of drunk and drugged driving laws can serve as a powerful deterrent to alcohol and other drug misuse.

✓ **Increase law enforcement patrols and surveillance, such as sobriety checkpoints and party patrols**

This community-recommended practice was prioritized as a long-term recommendation during the June 2012 State Strategy Summit in recognition of the limited resources of many law enforcement agencies in recent years due to budget constraints associated with the economic downturn. Sobriety checkpoints, however, have been established as effective in preventing alcohol-related traffic crashes, including fatal crashes<sup>4</sup>. Sobriety checkpoints are a widely implemented law enforcement strategy involving checkpoints set up along well traveled routes during anticipated periods of high impaired driving, such as holidays or special events. According to the systematic review of the Community Preventive Services Task Force<sup>5</sup>, strong evidence was found for the effectiveness of use of sobriety checkpoints on reducing alcohol-related motor vehicle crashes and an evaluation of a checkpoint program in Virginia, researchers found that even small-scale sobriety checkpoints were as effective in rates of arrest as standard enforcement practice<sup>6</sup>.

✓ **Expand court diversion, including an educational or service component, as an alternative to fines or incarceration**

The expansion of court diversion, particularly with juvenile offenders, is a recommendation of the 2012 National Drug Control Strategy and provides low-level criminal offenders with an alternative means to make amends for their crime, providing an opportunity to restore a young person’s place in the community through restitution, youth and family education in alcohol and other drug risks, and community service. Court diversion and similar programs such as the Restorative Justice model have been implemented in many communities in New Hampshire with positive outcomes. Court diversion was prioritized as an immediate priority during strategic planning, although stakeholders acknowledge the constraints of implementing a relatively high-cost program.

**“...strong evidence was found for the effectiveness of use of sobriety checkpoints on reducing alcohol-related motor vehicle crashes and an evaluation of a checkpoint program in Virginia; researchers found that even small-scale sobriety checkpoints were as effective in rates of arrest as standard enforcement practice.”<sup>7</sup>**



✓ **Support the effective implementation of problem-solving courts such as drug courts and mental health courts**

During strategic planning activities in 2012, key stakeholders celebrated the expansion of problem-solving courts in New Hampshire (See list below). Recommendations in support of this effective practice included the standardization of training, implementation, and evaluation of problem-solving courts in the state to collect data on standard practice and outcomes over the next five years to establish their efficacy and cost savings in order to build the case for expanding problem-solving courts. District and county courts are encouraged to form a collaborative effort to establish and implement training and implementation standards as well as common evaluation indicators and data analysis to aggregate outcomes and cost-savings for long-term systems change. The implementation of drug and other problem-solving courts is a recommended strategy in the White House Office of National Drug Control Policy’s 2012 National Drug Control Strategy.<sup>7</sup>



**PROBLEM-SOLVING COURTS IN NEW HAMPSHIRE**

**CONCORD:** Drug Court (juvenile offenders only), Mental Health Court

**NASHUA:** Drug Court (juvenile offenders), Mental Health Court

**EXETER:** Mental Health Court

**PORTSMOUTH:** Mental Health Court

**GRAFTON COUNTY:** Adult Felony Drug Court

**LACONIA:** Adult Recovery Court, Juvenile Drug Court

**LEBANON:** Mental Health Court

**LITTLETON:** Mental Health Court

**MANCHESTER:** Mental Health Court

**KEENE:** Mental Health Court

**ROCHESTER:** Mental Health Court

**ROCKINGHAM COUNTY:** Adult Felony Drug Court

**COUNTY STRAFFORD:** Adult Felony Drug Court



✓ **Increase the use of alternative sentencing such as graduated license suspension with a judge’s discretion**

This recommendation from the 2012 National Drug Control Strategy and from key Commission stakeholders was ranked as a long-term priority during the State Strategy Summit in recognition of the possible need for legislation to support it. During key informant interviews during the 2012 planning year it was noted that New Hampshire law used to allow for judge’s discretion in suspending motor vehicle licenses for alcohol or drug infractions. Judges were able





to build incentives in to license revocation and reduce the likelihood of recidivism by doling out the number of days of suspension in small increments in exchange for participating in educational programs about alcohol and other drug risks. Conversely, additional days of revocation could be used to encourage good behavior. However, in 2008 legislation was passed that restricted a judge’s discretion, eliminating the opportunity to leverage license revocation as an incentive for educational programming and good behavior. Under the current law, according to stakeholders, most alcohol and drug cases are now plead with only a fine and no license revocation. The Commission has discussed revisiting legislation to restore judges’ discretion in the next biennium. If passed, local courts may be encouraged to use discretion to create alternative sentencing as incentives for increased education and early intervention for individuals involved in alcohol and other drug crime.

✓ **Require drug and alcohol testing with probation and parole (e.g. urine screens) with certain and swift sanctions for failing drug tests**

New Hampshire has shown progress toward the recommendation made by the White House Office of National Drug Control Policy (ONDCP) to impose what is known as “certain and swift sanctions” for individuals on probation and parole through Senate Bill 500 passed in 2010. The bill indicated it was making “probation and parole supervision tough and smart by creating tools for probation and parole officers to use in reducing recidivism such as short, swift, and certain jail sanctions for supervising probationers and intermediate sanction programs for parolees in lieu of revocation to prison.” For violations of parole and probation, the bill also requires that individuals leaving prison receive at least nine months of supervision after their release. The bill also committed the state to reinvesting a portion of savings from prisoner release and supervision with certain and swift sanctions to “the expansion of effective addiction and mental health treatment programs to ensure that probationers and parolees can have access to treatment that can reduce their likelihood to reoffend.” Although several state leaders indicated that the reinvestment of corrections savings into community mental health and addiction treatment and recovery has been sidelined, the state was able to open the Division of Community Corrections in 2011 to begin to build a safety net for the re-entry population. Professionals and agencies in the safety sector, including probation and parole, can continue to implement “certain and



According to the U.S. Office of Justice, **HAWAII’S OPPORTUNITY PROBATION WITH ENFORCEMENT (HOPE)** is an experimental probation program that emphasizes the delivery of “swift and certain” punishment when a probationer violates conditions of probation. Researchers evaluating HOPE used a risk assessment tool to select 493 men and women who had an elevated risk of violating the terms of their probation through drug use, missed appointments or reoffending. Two-thirds of these were randomly assigned to be HOPE probationers and the remainder (the control group) were placed on probation as usual. The researchers then compared how the two groups were doing at three months, six months, and 12 months. Using a randomized controlled trial probationers in a control group, the following results were reported after one year:

- Fifty-five percent less likely to be arrested for a new crime.
- Seventy-two percent less likely to use drugs.
- Sixty-one percent less likely to skip appointments with their supervisory officer.
- Fifty-three percent less likely to have their probation revoked.

As a result, HOPE probationers served or were sentenced to 48 percent fewer days, on average, than the control group.”

For more information or the full evaluation report of HOPE, visit <https://www.ncjrs.gov/pdffiles1/nij/grants/229023.pdf>



swift sanctions”<sup>8</sup>, such as immediate ten days’ incarceration for positive urine screens, as a best practice for the safety sector. The NH Department of Corrections continues its commitment to seeking funds and delivering training to community-based organizations working with probation and parole officers and their charges to meet the unique and pressing needs of individuals re-entering communities from correctional facilities.

Furthermore, some county corrections programs are researching certain and swift sanctions for their re-entry population, with Merrimack County House of Corrections implementing the HOPE program, a certain and swift sanction model piloted in Hawaii. HOPE is a high-intensity supervision program where probationers receive swift, predictable, and immediate sanctions, such as several days in jail, for a violation such as detected drug use or missed appointments with a probation officer. During the state plan development, it was noted that county corrections implementing the certain and swift sanctions model with rapid drug testing should ensure adequate data collection, analysis and reporting relative to the outcomes of HOPE to lay the foundation for further investment in this best practice should benefits to budgets, communities, and to the re-entry population be realized.

✓ **Expand community correction programming to better support re-entry for corrections population and reduce probation and parole caseloads**

This stakeholder-recommended program was rated a long-term priority during the State Strategy Summit. Stakeholders noted that current caseloads for Probation and Parole Officers (PPOs) are high and that adequately staffing and resourcing an expansion of the recently formed Division of Community Corrections would be challenging. Current PPOs are encouraged to get parolees and probationers connected with a wide array of community support services, particularly addiction treatment for those with a substance use disorder, to help reduce recidivism and increase treatment adherence and recovery support.

## **ADDITIONAL POLICIES, PRACTICES AND PROGRAMS FOR CONSIDERATION**

The Pacific Institute on Research and Evaluation (PIRE) developed a compendium of best practices for core community sectors in New Hampshire that are recommended based on substantive literature reviews of peer-reviewed research and evaluation. Although these recommendations were not vetted through the state’s strategic planning process in 2012, PIRE recommendations are presented below for the safety sector’s consideration:

✓ **Enhanced enforcement of laws prohibiting sales to minors**

Enhanced enforcement programs include either initiating or increasing the frequency of retail compliance checks to enhance enforcement of laws against selling alcohol to minors. Often these programs are part of multicomponent community-based efforts to reduce underage drinking. The NH Division of Liquor Enforcement currently facilitates retailer compliance across the state and often works with local community coalitions to do so.

Additional recommendations from PIRE for New Hampshire’s Safety Sector are referred to in Appendix I: Compendium of Best Practices by Sector. The Compendium will be available at [www.nhcenterforexcellence.org](http://www.nhcenterforexcellence.org) in January 2013.



According to the **NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK**, diversion programs in the state deal primarily with the first-time low-risk offender and are based on the assumption that some offenses are more effectively dealt with sanctions rather than prosecution. Diversion is an alternative to traditional court processing, a procedure that refers a youthful offender to an alternative community-based program. The Network lists over twenty current court diversion programs in the state. For more information, visit [www.nhcourtdiversion.org](http://www.nhcourtdiversion.org).



<sup>1</sup> <http://captus.samhsa.gov/prevention-practice/prevention-approaches/strong-collaboration>

<sup>2</sup> As cited in *Marijuana Webinar Series, Strategies/Interventions for Reducing Marijuana Use*. NECAPT. (2012). Retrieved from: [http://www.nhcenterforexcellence.org/pdfs/Marijuana\\_Strategies\\_Interventions.pdf](http://www.nhcenterforexcellence.org/pdfs/Marijuana_Strategies_Interventions.pdf)

<sup>3</sup> As cited in *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series - Strategies/Interventions for Reducing NMUPD Use*. NECAPT. (2012). Retrieved from: [http://www.nhcenterforexcellence.org/pdfs/Strategies\\_NMUPD.pdf](http://www.nhcenterforexcellence.org/pdfs/Strategies_NMUPD.pdf)

<sup>4</sup> Shults, R. A., Elder, R. W., Sleet, D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V., & ... Thompson, R. S. (2001). Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine*, 21(4 Suppl), 66-88 as cited in Collins, D, Abadi, M and Atwood, K. "Compendium of Best Practices in Five Sectors" Pacific Institute on Research and Evaluation, June 2012.

<sup>5</sup> <http://www.thecommunityguide.org/mvoi/AID/sobrietyckpts.html>

<sup>6</sup> Voas, R. B. (2008). A new look at NHTSA's evaluation of the 1984 Charlottesville Sobriety Checkpoint Program: Implications for current checkpoint issues. *Traffic Injury Prevention*, 9(1), 22-30 as cited in Collins, D, Abadi, M and Atwood, K. "Compendium of Best Practices in Five Sectors" Pacific Institute on Research and Evaluation, June 2011

<sup>7</sup> Shults, R. A., Elder, R. W., Sleet, D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V., & ... Thompson, R. S. (2001). Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine*, 21(4 Suppl), 66-88 as cited in Collins, D, Abadi, M and Atwood, K. "Compendium of Best Practices in Five Sectors" Pacific Institute on Research and Evaluation, June 2012.

<sup>8</sup> [http://www.whitehouse.gov/sites/default/files/ondcp/list\\_of\\_actions.pdf](http://www.whitehouse.gov/sites/default/files/ondcp/list_of_actions.pdf)



# SAFETY & LAW ENFORCEMENT RESOURCES

## RESOURCE

## ADDITIONAL INFORMATION

## WEB ACCESS

*New Hampshire  
Department of Justice  
Office of the Attorney General*

Provides information about the State's chief legal officer and chief law enforcement officer

<http://doj.nh.gov/about-us/index.htm>

*International Drug Evaluation and  
Classification Program*

Provides information about Drug Recognition Expert/Evaluator (DRE) and Advanced Roadside Impaired Driving Enforcement (ARIDE) program trainings

<http://www.decp.org/experts/>

*New Hampshire Department of  
Health and Human Services*

Provides information about state diversion and probation and parole services

Diversion Programs  
<http://www.dhhs.nh.gov/djjs/probation/diversion.htm>

Probation and Parole  
<http://www.dhhs.nh.gov/djjs/probation/index.htm>

*U.S. Office of Juvenile Justice and  
Delinquency Prevention*

Supports state and local jurisdictions' efforts to prohibit alcohol sales to minors

<http://www.ojjdp.gov/programs/ProgSummary.asp?pi=17>

*U.S. Office of National Drug Control  
Policy*

Provides strategies, programs, resources, and tools which may be utilized by law enforcement professionals to further support drug prevention

<http://www.whitehouse.gov/ondcp/law-enforcement-resource-portal>

*Adult Drug Court Research  
to Practice Initiative*

Provides up-to-date research on addiction science, substance abuse treatment, and adult drug court programs via webinars, webcasts, and through other products

[https://www.bja.gov/Topic.aspx?Topic\\_ID=8](https://www.bja.gov/Topic.aspx?Topic_ID=8)

*Clinical Guidelines for  
Prescribing Opioids for  
Treatment of Chronic Pain*

NH Department of Corrections Guidance

<http://www.nh.gov/nhdcc/documents/6-41.pdf>

*New Futures*

Provides regular in-person and on-line advocacy training

<http://www.new-futures.org/>

*drugfreenh.org*

Web site of resources and links to support substance abuse prevention and treatment access for a wide range of settings and environments

[www.drugfreenh.org](http://www.drugfreenh.org)

*New Hampshire Regional  
Networks*

Regional networks throughout New Hampshire engage the safety sector in effective prevention and early intervention

<http://drugfreenh.org/get-involved/reach-out-to-your-community>

*New Hampshire Center  
for Excellence*

Provides technical assistance to organizations and communities addressing substance abuse concerns

[www.nhcenterforexcellence.org](http://www.nhcenterforexcellence.org)

*Partnership for a Drug Free  
NH*

A media collaborative focused on raising public awareness of the risk and harm associated with alcohol and drug use

[www.drugfreenh.org](http://www.drugfreenh.org)

*Compendium of Prevention  
Best Practices in Five Sectors  
(PIRE, 2012)*

Provides research and information on effective prevention practice in community sectors and was developed specifically for New Hampshire

[www.nhcenterforexcellence.org](http://www.nhcenterforexcellence.org)



## EDUCATION

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

Schools and colleges are the core institutions that serve a majority of youth and young adults year-round. As they meet the educational needs and goals of youth and young adults, it is imperative that they serve as key partners in educating youth and young adults about the risks and consequences of alcohol and other drug misuse and in helping to identify and refer to services those youth and young adults who may be experiencing problems with alcohol or other drug use. Such efforts cannot reside exclusively in short-term units within health education. Efforts to protect young people must be on-going, consistent, developmentally appropriate, and extend to expanding awareness and knowledge among parents and adults who work with youth, such as coaches, teachers, school nurses, administrators and all members of a school or campus community. Below are strategies recommended and prioritized during the state’s Strategic Planning process followed by on-line resources that schools and colleges use to consider and implement these activities in support of the state’s goals.

### LEADERSHIP

- ✓ **Cultivate expanded leadership within educational systems relative to understanding and addressing the impact of the misuse of alcohol and other drugs**

Schools and colleges are encouraged to speak often about the impact of alcohol and other drugs on academic performance, safety, and well-being to counter the many messages that young people see and hear in television, movies, and on-line glorifying alcohol and other drug misuse. Clear, consistent messages from individuals in leadership roles – the coach everyone loves, the drama teacher that students look up to, the principal or dean that parents respect – can have an important impact on establishing a culture and expectation of no-use for young people.

School and college leaders can also communicate no-use values and expectations for students, student-athletes, and co-curricular participants in the broader community to extend the message and impact the broader community culture with respect to alcohol and other drug misuse and youth.

Communications may take the form of open letters to parents or college communities, broad emails before special events or to recognize an anniversary of an alcohol- or drug-related tragedy, newsletters, webcasts or cable access video spots, or any delivery method that reaches a wide audience consistently.

### FINANCIAL RESOURCING

- ✓ **Contribute resources to local, state or regional prevention and early intervention efforts**

Although ranked as an intermediate priority during the State Strategy Summit in recognition of the challenges that school and campus budgets have faced in recent years, this strategy encourages schools and colleges to dedicate or raise funds for effective prevention and early intervention efforts. Our youth need our collective commitment to build the resources that are necessary for effective, consistent, and clear messages, policies, leadership, and programs to prevent, intervene in, treat, and support recovery from alcohol and other drug misuse and its consequences.



## PUBLIC EDUCATION

- ✓ **Support and disseminate public and community messaging and other materials developed to educate youth, young adults, and parents about the risks and impacts of alcohol and other drug misuse**

Schools and colleges can help disseminate public and community messages about the risks and impacts of alcohol and other drug misuse that are designed for youth, young adult and parent audiences. Using school or campus email lists, newsletters, web sites, social media and other communication channels, schools and colleges can help disseminate messages developed by other stakeholders. Schools and colleges may also tap student leaders to help develop local messaging for dissemination.

## TRAINING & PROFESSIONAL DEVELOPMENT

- ✓ **Increase training and professional development opportunities for school and college staff, including social workers, guidance counselors, school nurses, school administrators, teachers, coaches and other staff to increase awareness of substance abuse impacts and effective prevention and early intervention efforts**

Ranked as an immediate priority during the Summit, this strategy underscores the need for training and professional development to support the many best practices included in this plan and the importance of staying current with emerging drug trends, data collected from local youth and young adults, and new strategies demonstrating effectiveness in prevention and responding to misuse, abuse, and dependence. One outcome of this plan is an expanded array of training and professional opportunities to build on current resources from the New Hampshire Department of Education, the New Hampshire Training Institute on Addictive Disorders, the New Hampshire Center for Excellence in Substance Abuse Services, and other state partners, licensing boards and departments. Please see the resource list at the end of this section for more information.

## DATA UTILIZATION

- ✓ **Collect and disseminate data on alcohol and other drug misuse among school-aged and college populations**

The value of local data on the impact of alcohol and drug abuse cannot be understated, and New Hampshire schools have been very supportive of collecting and sharing such information. For example, local high school participation in the New Hampshire Youth Risk Behavior Survey (YRBS) has increased from 32 schools in 2001 to 61 schools in 2011. Continuing this growth of local data collection and dissemination is critical to continue the use of valid, local data as a foundation for community conversation, messaging, and program development. These data have been and continue to be used to educate parents, to secure funding for responsive programming, and to increase community awareness of the impact of alcohol and other drug misuse and how school communities can help address the problem. This strategy was ranked as an immediate priority during the State Strategy Summit in recognition of the value that local data has brought to prevention and early intervention efforts over the last ten years and the continuing value it will have in carrying out the many recommendations of this state strategy. Schools are also encouraged to use data to inform their own programs and services.

**“Efforts to protect young people must be on-going, consistent, developmentally appropriate, and extend to expanding awareness and knowledge among parents and adults who work with youth, such as coaches, teachers, school nurses, administrators and all members of a school or campus community.”**



### ✓ **Develop and/or promote and adopt best practice alcohol and drug policies for schools and colleges**

Developing and promoting model policies was rated an immediate priority during the State Strategy Summit. Model policies are advantageous to prevention and early intervention as they establish expectations and standards for behavior and outline procedures and practices to maintain those expectations and standards. Model policies may also articulate how a student may seek help without disciplinary action to encourage young people to access treatment and recovery support services. Model policies can articulate the risks and consequences of alcohol and drug misuse but also articulate a school's commitment to educating youth and families as well as staff about the risks and what steps can be taken if someone is worried about their own or someone else's use. Currently, the Commission's Prevention Task Force has completed a model school policy guide for New Hampshire schools and will be disseminating the guide along with webinars and technical assistance for schools working to modify and improve their policies. These resources will be posted on [www.nhcenterforexcellence.org](http://www.nhcenterforexcellence.org) in early 2013.

Guidance for colleges and universities in improving, and possibly even standardizing, their policies should be a priority during the next five years. The New Hampshire Higher Education Alcohol and Other Drug Committee that administers the bi-annual Higher Education Alcohol, Tobacco and Other Drug Survey is a consortium of representatives from nine New Hampshire colleges and universities who share resources and best practices to improve their response to alcohol and other drug misuse<sup>1</sup>. This committee may be able to lead an effort to assess existing campus policies, to determine improvement areas for policies, and to establish and disseminate recommendations for common policy elements.

### ✓ **Promote the expansion of evidence-based education of school-aged youth in alcohol and other drug risks and consequences, with specific attention to education that takes place over multiple years and at key transition periods**

Schools are often tasked with addressing far more than basic academics, and educating youth and families about alcohol and other drug risks is a critical non-academic area for schools to invest in because of the impact alcohol and drugs have on a student's academic progress. Prevention practice has long underscored the need for the right amount of knowledge for children at the right developmental age, and several evidence-based curricula exist to ensure this information reaches young people. Evidence-based curricula that are delivered over multiple years, during key transitions, and with parent involvement and education have been effective in preventing or delaying use, particularly when coupled with broader prevention strategies such as effective school policies, positive school climate, academic support and success, complementary bullying and suicide prevention activities, and community-wide norms that reinforce a clear and consistent message that alcohol and other drug use is not acceptable for youth. The National Registry for Evidence-based Policies and Programs (NREPP)<sup>2</sup> provides detailed information on curricula that schools may consider in enhancing alcohol and drug education across multiple grades, such as Project Alert or Prime For Life. Transition periods such as preparing for middle school, high school, or college are important times for prevention education to prepare young people with accurate information and age-appropriate dialogue and skills for understanding the risks at different ages and (e.g. driving licenses and financial aid eligibility during the college application process present opportunities for youth to revisit the potential impact of alcohol and drug use). Key transitions also allow for discussion about how to avoid alcohol and other drug use in different social settings.

In addition to elementary, middle and high schools, colleges and universities may also consider this recommendation when making decisions about required coursework focusing on self-awareness, personal safety, and well-being. Young adults will reap lifelong benefits from an early understanding of the physiology and psychology of addiction as they make decisions about alcohol and drug use during their young adulthood. Evidence-based curricula such as On Campus Talking About Alcohol/Prime For Life can improve awareness of alcohol and other drug misuse as posing risk in the



short-term (e.g. missing classes and resulting academic challenges) and the long-term (e.g. increasing the risk of addiction).

Schools and colleges may reach out to local drug-free coalitions or to the state's Regional Network in their area (See Appendix I for contact information) for technical assistance and support in reviewing and identifying evidence-based curricula to implement consistently and during key transitions to support the prevention of alcohol and other drug misuse among youth and young adults.

✓ **Increase education of parents of school-aged children and youth relative to alcohol and other drug use risks, consequences, and effective prevention and early intervention strategies**

In conjunction with model alcohol and drug policies and effective prevention education, schools can also support the education of parents in the risks and consequences their children may face if they use alcohol or other drugs. School-level data in New Hampshire have consistently shown a correlation between a child's perception of whether or not their parents would condone their use of alcohol or other drugs and the prevalence of use. In other words, as noted in the state data section of this document, youth are far less likely to use alcohol or drugs if they perceive that their parents would not approve. Educational programs or forums for parents can help share this type of data with parents as well as proven strategies to consider when talking with their children. Some New Hampshire schools have used mandatory parent activities such as athletic sign up or freshmen orientation to talk with parents about the importance of sending consistent messages to their children and about the prevalence and consequences of alcohol and drug misuse in the school community. As with other strategies recommended here, schools may review the resource links provided at the end of this section and/or may consider reaching out to local community coalitions or the state's Regional Network in their area (See appendices for contact information) to design activities to educate and engage parents in prevention.

✓ **Increase collaboration between schools and colleges and health, mental health, safety and treatment services**

Ranked as an intermediate priority during the State Strategy Summit, collaboration between schools and colleges and service organizations in the community can help build a safety network for young people who may be experiencing problems with alcohol and other drug use. Through such collaborations, schools and mental health centers, law enforcement, and treatment service agencies can establish screening and referral practices that increase early identification and access to intervention and treatment. This synergy can be woven in to policies and standard practices to promote health, protect safety, and promote access to screening and treatment. For example, school policies can be written to include law enforcement collaboratively in making decisions about consequences for alcohol or drug policy infractions that may or may not also be violations of the law so that alternatives to traditional consequences can be considered first, such as requiring an assessment for a substance use disorder and crafting a response plan that includes treatment access. State strategy planning dialogue regarding this recommendation also called for a focus on supporting parents and families of students when a problem arises so that they too increase their understanding of the larger issues that may be at play when a young person's alcohol or other drug use surfaces in whatever manner, be it a self-referral or a policy violation. This strategy of increasing collaboration between educational institutions, public safety, and mental health and treatment services is recommended for K-12 schools as well as colleges and universities.

✓ **Institute or expand evidence-based Student Assistance Programs (SAPs) in middle/high schools**

Student Assistance Programs have a relatively long history in some New Hampshire high schools. Unfortunately, although there are SAP models with strong research of their effectiveness, such as Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)<sup>3</sup>, those schools who have been able to implement an SAP program have been challenged by inconsistent funding, insufficient funding for full fidelity to research-based models, and inconsistent leadership and commitment. In recognition of the need to develop consistent commitment and sustainable funding approaches for full





SAP implementation, this strategy was ranked as intermediate during the State Strategy Summit. Summit dialogue indicated that many schools have a very high readiness and commitment to adopt this best practice and that prioritizing the adoption of SAPs in middle schools when initiation of alcohol and other drug misuse is most prevalent may be more beneficial than in high schools if district and community resources are limited.

✓ **Improve athletic and co-curricular policies in schools and colleges relative to alcohol and other drug misuse**

This recommended strategy recognizes the significant progress that community coalitions and the New Hampshire Regional Networks have achieved in helping schools and communities determine the root causes of youth alcohol and other drug misuse. Through a year-long process in 2011 and 2012, Regional Networks engaged local schools and communities in reviewing local YRBS data and other information and asking a series of questions of the data designed to discover root causes of risk behavior. Most regions in the state identified a potential link between athletic participation, depending on the sport, and higher alcohol or drug use. Community discussions also brought forth a concern that policies may be applied differently for athletes or other extracurricular participants or may be perceived to be applied differently. The discussions led community coordinators to research best practices for athletic and co-curricular activities, with model policies being identified as holding potential to improve awareness of the impact of alcohol and drug use on athletic and co-curricular performance and eligibility and to address perceived or actual preferential treatment of athletes and co-curricular participants. Regional Networks are now engaging the New Hampshire Inter-scholastic Athletic Association (NHIAA) in reviewing possible approaches to improving and standardizing co-curricular policies, including Life of an Athlete that has been championed through state athletic associations in New York, New Mexico, Wisconsin, and other states<sup>4</sup>.

The Commission encourages school and colleges to review these recommended strategies in supporting a state-wide commitment to changing practices and norms to support the healthy development and promise of children, youth and young adults in New Hampshire.

---

<sup>1</sup> <http://www.nhhead.org/>

<sup>2</sup> [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

<sup>3</sup> <http://www.promoteprevent.org/publications/ebi-factsheets/project-success>

<sup>4</sup> <http://www.lifeofanathlete.com/>



# EDUCATION RESOURCES

## RESOURCE

## ADDITIONAL INFORMATION

## WEB ACCESS

*Drug Abuse Prevention - A School and Community Partnership*

A resource for students and practitioners on drug abuse prevention

<http://healtheducation.jbpub.com/drugabuse/index.cfm>

*U.S. Department of Education Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention*

Provides strategies and programs specific for college campuses

<http://www.higheredcenter.org/>

*New Hampshire Department of Education*

Provides data and information about state programs and initiatives

<http://www.education.nh.gov/>

*Center for Health and Learning*

Provides professional development in school climate, alcohol and drug prevention education, community response to substance use, extra-curricular school policies, and offers continuing education credit for school staff and community-based organizations

<http://www.healthandlearning.org/act51/profdev.html>

*Life of an Athlete*

A prevention approach that schools can adopt that provides athletic policy templates, training for coaches, and an educational program for athletes and their parents

<http://www.lifeofanathlete.com/courses.aspx>

*National Registry of Evidence-based Practice and Programs (NREPP)*

A searchable data base of evidence-based programs, including prevention and early intervention programs for schools and colleges

<http://www.nrepp.samhsa.gov/>

*Screening, Brief Intervention and Referral to Treatment (SBIRT) Initiative*

Policy briefs, and training to encourage the implementation of SBIRT in a wide range of settings from emergency rooms to schools

<http://www.sbirtraining.com/>

*White House Office of National Drug Control Policy's "Parents – the Anti-Drug" and other education and awareness campaigns*

Web links, print materials and other resources to support school- and community-based awareness and outreach

<http://www.theantidrug.com/drug-information/>

*New Hampshire Training Institute on Addictive Disorders*

Provides monthly trainings relative to alcohol and other drug misuse prevention, intervention, treatment, and recovery support

[www.nhtiad.org](http://www.nhtiad.org)



RESOURCE	ADDITIONAL INFORMATION	WEB ACCESS
<i>New Hampshire Board of Nursing</i>	Provides continuing education opportunities for nurses, including school and campus nurses	<a href="http://www.nh.gov/nursing/education/index.html">http://www.nh.gov/nursing/education/index.html</a>
<i>Compendium of Best Practices for New Hampshire</i>	A PIRE publication providing research on the effectiveness of policies, practices and programs across five core community sectors, including government	<a href="http://www.nhcenterforexcellence.org">www.nhcenterforexcellence.org</a>
<i>New Hampshire Regional Networks</i>	Regional networks throughout New Hampshire engaging businesses in effective workplace policy development and prevention investment	<a href="http://drugfreenh.org/get-involved/reach-out-to-your-community">http://drugfreenh.org/get-involved/reach-out-to-your-community</a>
<i>drugfreenh.org</i>	Web site of resources and links to support substance abuse prevention and treatment access for a wide range of settings and environments	<a href="http://www.drugfreenh.org/resources/community-kiosks">http://www.drugfreenh.org/resources/community-kiosks</a>
<i>NH Regional Resource Kiosks</i>	Locations where alcohol and other drug prevention and treatment information is available to the public	<a href="http://www.drugfreenh.org/resources/community-kiosks">http://www.drugfreenh.org/resources/community-kiosks</a>
<i>New Hampshire Center for Excellence</i>	Provides technical assistance to organizations and communities addressing substance abuse concerns	<a href="http://www.nhcenterforexcellence.org">www.nhcenterforexcellence.org</a>
<i>Partnership for a Drug Free NH</i>	A media collaborative focused on raising public awareness of the risk and harm associated with alcohol and drug use	<a href="http://www.drugfreenh.org">www.drugfreenh.org</a>
<i>Compendium of Prevention Best Practices in Five Sectors (PIRE, 2012)</i>	Provides research and information on effective prevention practice in community sectors and was developed specifically for New Hampshire	<a href="http://www.nhcenterforexcellence.org">www.nhcenterforexcellence.org</a>



## BUSINESS

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

Employers are often as affected by the substance use of their employees as the employees' families and friends. Of the estimated 19.3 million current illicit drug users aged 18 or older in 2009, 12.9 million (66.6%) were employed either full- or part-time.<sup>1</sup> The effects of workers who abuse alcohol, prescription medications or illicit drugs can range from lost work time to unsafe work conditions.

The U.S. Department of Labor reports that 8.2% of the adult workforce indicate current monthly illicit drug use, and for those employed by businesses with fewer than 10 employees, the rate is 9.9%. When only 18 to 25 year olds are considered, the rate of current drug use is 19%—almost two and a half times the rate of all adult age categories combined. About 15.9 percent of workers in the construction industry and 13.6 percent of workers in the arts, entertainment and recreation industry reported heavy alcohol use in the past month. In contrast, 4.0 percent of workers in the educational services industry and 4.3 percent of workers in the health care and social assistance industry reported heavy alcohol use.<sup>2</sup>

For New Hampshire, the two highest rates of alcohol abuse are in the construction industry (14.0% of workers) and the category of entertainment, sports and media (13.4%).<sup>3</sup>

According to a report, “The High Cost of Excessive Alcohol Consumption in New Hampshire” commissioned by New Futures, a non-profit, non-partisan advocacy organization advocating for improved alcohol and drug policy, data from New Hampshire businesses suggest a high cost of alcohol misuse to employers and businesses. The report reviewed data on the cost of excessive alcohol consumption in five broad areas: the productivity of individuals and businesses, crime, justice and corrections, health care, motor vehicle accidents, and alcohol treatment.

The report states that excessive alcohol consumption costs New Hampshire over \$1.15 billion dollars annually and that government's share of that cost, both state and local, is over \$256 million annually.<sup>4</sup>

Furthermore, the report summarizes key findings relative to the impact of alcohol-related absenteeism on business:

- ▶ More than 54,000 workers with an alcohol dependency or abuse problem are employed by NH businesses
- ▶ Over \$27 million in alcohol-attributed absenteeism costs are incurred by NH businesses because of excessive alcohol use, and the implied loss of output by NH businesses resulting from this absenteeism is over \$71 million
- ▶ Industries that employ a high percentage of younger and/or male workers, such as retail and construction, have the highest rates of excessive alcohol use in their workforces.<sup>5</sup>

Please visit [www.new-futures.org](http://www.new-futures.org) for more information on the cost of substance abuse in the work place.



Despite these negative impacts, leaders and advocates of substance abuse efforts have been slow to engage businesses in understanding and responding to the problem. Only in recent years, prompted by federal and state directives to engage businesses in prevention, have prevention advocates begun to reach out to this sector to grow its awareness of the issue and the potential role of employers and businesses in responding to the problem within communities.

Increasing the awareness and engagement of the business and industry community over the next five years will slowly grow leadership and investment in addressing alcohol and other drug misuse, as employers hold powerful tools and incentives to prevent and deter substance use through workplace policies, employee assistance programs (EAPs), and other strategies.

As businesses are engaged over the next five years, the following activities aligned with Commission priorities are recommended for consideration in support of the state’s commitment to prevent and reduce alcohol and other drug misuse and abuse and its harmful consequences.

## LEADERSHIP

Cultivating expanded leadership within the business sector may eventually lead to comprehensive assessments of the impact of alcohol and drug misuse on New Hampshire economic vitality, the dissemination of such data, and the eventual policy change and best practices to prevent and reduce its burden and impact on local industries.

Employers and business professionals often belong to business and trade associations that can set the stage for leadership opportunities to grow awareness and cultivate champions to help prevent and reduce alcohol and other drug problems. Leadership may take many forms, from public speaking to serving on a community panel. These activities and more will provide an opportunity to cultivate leaders within business over time to support leadership expansion:

- ✓ **Speak or communicate publicly within communities about the risks and harm associated with alcohol and other drug misuse, including its impact on business**

Speaking at community forums, in public service announcements, or in informal conversations in the community can bring much-needed visibility and attention to alcohol and other drug misuse, increasing opportunities for other employers, human resource professionals, and other business and industry professionals to become involved in reducing the impact of alcohol and other drug misuse on New Hampshire businesses and industries.

- ✓ **Serve on local community coalitions working to determine and implement local responses to alcohol and other drug risk factors in communities**

Coalitions and networks rely heavily on active community members who bring unique perspectives and resources to shared missions. Business leaders who serve on local coalitions can share information on how alcohol and other drug misuse affects local business, can help sponsor prevention activities, and can help promote the mission of prevention and early intervention both within the workplace and in the community at large.

**“...8.2% of the adult workforce indicate current monthly illicit drug use...  
When only 18 to 25 year olds are considered, the rate of current drug use is 19%  
—almost two and a half times the rate of all adult age categories combined.”**



## FINANCIAL RESOURCING

As mentioned throughout the strategic planning process, alcohol and other drug misuse is a severely under-resourced public health and safety issue historically, and the resources available for prevention, intervention, treatment and recovery support in New Hampshire have been further undercut by state and community budget reductions. Therefore, commitment and action from all community sectors to expand financial resources for addressing alcohol and other drug misuse is essential to expanding the implementation of many effective strategies, including those prioritized in this plan.

The business sector is encouraged to invest in changing the culture of alcohol and drug misuse and responding effectively within their respective sector, particularly for policies, practices and programs presented later in this section, but employers and businesses may also consider contributing financial or in-kind resources as noted below:

✓ **Contribute resources to local, state or regional efforts**

Businesses and industries or associations can support efforts to address alcohol and other drug impacts through direct contributions to local activities, such as sponsorships for local media messages or youth prevention programming. This contribution was noted as a long-term priority during the State Strategy Summit due to the awareness that the business sector has not been actively engaged in addressing alcohol and other drug misuse historically. As this sector expands its awareness, opportunities for them to contribute resources, including meeting space or prevention messaging through their own communication channels (e.g. Rotary newsletters and event calendars), will grow. As an example, New Hampshire businesses have begun to help communities address substance use by assisting with community Take-Back events which collect unused prescription drugs for safe disposal and even contribute resources for their successful implementation. For example, a local Rotary Club in the Keene, NH area provided funding to support a permanent drop-box at a local police department for Take-Back opportunities outside of special events.

✓ **Provide adequate employee insurance coverage for prevention, early intervention, treatment and recovery services**

Noted as an intermediate priority during strategic planning, businesses can serve as effective allies in advocating for insurance companies to expand coverage for a broader array of early intervention, treatment and recovery support services, to include detoxification, early problem identification, screening and assessment, varying levels and durations of treatment and recovery support for a complex and chronic disease. Recognizing that approximately one in 10 adults have a diagnosable substance use disorder, large employers who contract with insurance companies for employee health insurance plans may leverage contract renewal negotiations to advocate for expanded coverage for alcohol and other drug services for the benefit of their employees and their families, and results in lower health care costs overall.

## PUBLIC EDUCATION

✓ **Support and disseminate public service announcements and other communications or messaging developed to educate the general public on the impacts of alcohol and other drug misuse, legal consequences, and availability of treatment and recovery support services**

Businesses can support public education and awareness by dissemination materials and messages through regular employee education programs that focus on worksite wellness and safety. For example, the New Hampshire Small Business Association's SCORE newsletter could be tapped to help communicate within the small businesses community



about the impact of alcohol and other drug misuse on employees and employers. Company websites and health and wellness initiatives offered by employers can also be a means to communicate information about the health and safety risks of alcohol and drug misuse. Businesses may also sponsor public service messages to positively impact community norms and behaviors in the broader community.

## TRAINING & PROFESSIONAL DEVELOPMENT

- ✓ **Increase the number of trainings and professional development opportunities available to and accessed by the workforce and employers**

Professional development and training provide knowledge and skills to ensure workers are aware of the risks of alcohol and other drug misuse and implications of misuse for the workplace. Professional development and training of risk managers, supervisors, and human resource departments can encourage appropriate enforcement of workplace standards and policies. State strategy planning discussions recommended that substance use prevention and early intervention professionals work with businesses to establish collaborative relationships and communications to grow capacity and readiness to expand training and professional development in the business sector. Expanded training and professional development within the business sector was recommended as an immediate priority for state and community action.

## DATA UTILIZATION

- ✓ **Support data analysis and dissemination relative to the impact of alcohol and other drug misuse in the workplace**

During strategic planning activities for the state plan, the lack of data on the impact of alcohol and other drugs on New Hampshire employers and businesses was identified as a significant gap in state and community prevention and early intervention. Working within trade groups or business and industry associations to begin to collect data on the prevalence of alcohol and other misuse and its impacts on business profits, worker place safety, and employee wellness is one of the most critical steps for businesses to take to understand and respond to the problem. Businesses are encouraged to develop or improve means to collect, analyze and share such data so that policies and practices can be improved to better address the problem.

## EFFECTIVE POLICY, PRACTICE & PROGRAMS

The following policies, practices and programs have been recommended and prioritized through the state’s strategic planning process. New Hampshire businesses are encouraged to learn more about their potential role in prevention and early intervention using resources noted at the end of this section as well as others to work toward implementing the following activities to support the state plan.

- ✓ **Collect and disseminate data on the impact of alcohol and drug abuse on the work place, including profit-loss, worker compensation costs, safety and risk management**

Ranked as an immediate priority during the State Strategy Summit, this activity, also noted in the Data Analysis and Dissemination section above, recognizes that gathering, interpreting and sharing information about the impacts of alcohol and drug misuse in New Hampshire work places is an important first step for the sector to understand the issue and to begin to consider changes to policies and practices to address what assessment data uncovers. Large and small businesses alike can learn from such assessments and begin to study and implement changes to reduce the impact of substance abuse on business profits, work place safety, and employee well being.



### ✓ **Develop and/or promote and adopt best practice work place alcohol and drug policies**

Although this strategy was not prioritized during the State Strategy Summit, the adoption of model work place policies is a nationally recognized best practice that businesses can begin to study based on what they learn from studying the influence that alcohol and other drug misuse may be having. Policies have the ability to establishing effective practices such as employee assistance programs, random drug testing, or other efforts a business may be interested in implementing. Policies may also be a means to set standards and communicate a culture of non-use in the workplace and low risk alcohol use outside of work for the benefit of overall safety and well being. The U.S. Department of Labor has an excellent on-line resource to study existing work place policies and take steps to modify policies to improve safety, productivity, and wellness outcomes. The resource list at the end of this section provides a link to this resource, and Appendix D provides contact information for regional networks who can provide technical assistance to local businesses for policy review. The state's Business and Industry Association or trade organizations may also have support for human resource departments or small business owners to further support this recommendation.

### ✓ **Provide work place prevention education programs**

Employers who provide on-site educational programs such as lunch-and-learns can include topics on alcohol and other drug misuse and let employees know where and how to seek help if they are experiencing a problem with misuse. Community agencies and coalitions are often available to come to work sites to talk informally, and larger employers can set up longer-term educational programs for workers. Businesses may also create incentives for employees to learn more about the issue.

### ✓ **Institute screening for alcohol or other drug problems and links to education, brief intervention, and/or referral to support treatment and recovery support services**

This strategy was ranked as intermediate during the State Strategy Summit and recognizes both the prevalence of substance use disorders (up to 1.5 of every 10 employees in some trades) and the importance of identifying problems early to connect people with treatment and recovery support. Although this strategy may be more realistic for larger employers with human resource departments and employee assistance programs, even small businesses can take steps to communicate that alcohol and drug use can take a toll and that there are community resources that can help.

Articulated during strategic planning activities was the significant capacity, resource, and even business culture differences between small and large employers in the state. With much of New Hampshire's business in cottage industries and self-employed construction and trades, addressing work place policies with small businesses will likely be very different from policy change with large employers with their own human resource departments. Attention must be given to all sizes and types of businesses to adequately address alcohol and other drug misuse in the work place.

<sup>1</sup>“Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings.” *Substance Abuse and Mental Health Services Administration, 2010*. (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586 Findings). Rockville, MD. Accessed at: <http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>

<sup>2</sup>[http://www.sapaa.com/page/wp\\_stats\\_workplace](http://www.sapaa.com/page/wp_stats_workplace)

<sup>3</sup>“The High Cost of Excessive Alcohol Consumption in New Hampshire” Polecon Research, December 2012.

<sup>4</sup>Ibid.

<sup>5</sup>Ibid.



# BUSINESS RESOURCES



RESOURCE	ADDITIONAL INFORMATION	WEB ACCESS
<i>U.S. Department of Labor “Policy Builder”</i>	Provides guidance in developing and maintaining an effective workplace policy; samples included	<a href="http://www.dol.gov/elaws/asp/drugfree/drugs">http://www.dol.gov/elaws/asp/drugfree/drugs</a>
<i>U.S. Department of Labor Employee Education Curriculum</i>	Provides employee education modules on drugs and alcohol in the workplace, including business impact and safety.; download educational programs for use in the workplace	<a href="http://www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/employee/impact.htm">http://www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/employee/impact.htm</a>
<i>Prescription Drug Abuse in the Workplace</i>	A publication of the U.S. Substance Abuse and Mental Health Services Administration	<a href="http://workplace.samhsa.gov/pdf/Prescription%20Drug%20Abuse%20Fact%20Sheet.pdf">http://workplace.samhsa.gov/pdf/Prescription%20Drug%20Abuse%20Fact%20Sheet.pdf</a>
<i>The United States Department of Labor Drug-free Workplace Advisor Program Builder</i>	An easy to use online program which helps businesses develop drug-free workplace programs	<a href="http://www.dol.gov/elaws/asp/drugfree/drugs/screen1.asp">http://www.dol.gov/elaws/asp/drugfree/drugs/screen1.asp</a>
<i>Working Partners for an Alcohol- and Drug-Free Workplace</i>	Provides information and resources to help improve workplace safety	<a href="http://www.sapaa.com/page/wphome">http://www.sapaa.com/page/wphome</a>
<i>Ensuring Solutions to Alcohol Problems</i>	A cost calculator which allows businesses and other stakeholders to calculate the human and economic consequences of alcohol abuse to better improve the workplace	<a href="http://www.alcoholcostcalculator.org/business/about/">http://www.alcoholcostcalculator.org/business/about/</a>
<i>An Employer’s Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations</i>	A guide which offers employers practical solutions for addressing substance use and abuse	<a href="http://www.businessgrouphealth.org/pub/f3151957-2354-d714-5191-c11a80a07294">http://www.businessgrouphealth.org/pub/f3151957-2354-d714-5191-c11a80a07294</a>
<i>drugfreenh.org</i>	We site of resources and links to support substance abuse prevention and treatment access for a wide range of settings and environments	<a href="http://www.drugfreenh.org">www.drugfreenh.org</a>
<i>Partnership for a Drug Free NH</i>	A media collaborative focused on raising public awareness of the risk and harm associated with alcohol and drug use	<a href="http://www.drugfreenh.org">www.drugfreenh.org</a>
<i>Compendium of Prevention Best Practices in Five Sectors (PIRE, 2012)</i>	Provides research and information on effective prevention practice in community secotrs and was developed specifically for New Hampshire	<a href="http://www.nhcenterforexcellence.org">www.nhcenterforexcellence.org</a>



## GOVERNMENT

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

Local, county and state governments play a critical role in addressing alcohol and other drug misuse in that they are able to develop effective population-level laws and regulations and to direct resources to meet identified needs. In spite of the difficult economic pressures at all levels of government, law makers and elected officials can also bring much needed visibility, leadership, legislation, and collective commitment to combat the on-going impacts of alcohol and other drug misuse in New Hampshire. Resources in service to local, regional and state government actions are provided at the end of this section.

### LEADERSHIP

- ✓ **Cultivate expanded legislative and local and county government leadership relative to understanding and addressing the impact of the misuse of alcohol and other drugs**

This strategy was ranked an immediate priority during the State Strategy Summit and encourages local and county government representatives and elected officials within communities to become community leaders for prevention. Becoming knowledgeable and vocal about the impact of alcohol and other drug misuse on town and county budgets and on the quality of life of New Hampshire families and communities, government representatives can help shape state and community-level norms and begin to change the paradigm of substance use from condoning and/or continuing to stigmatize the problem to one that responds aggressively, compassionately, and effectively. Leadership may take the form of annual public forums, widespread community messaging, and resource commitments to address alcohol and other drug misuse and its impacts.

### FINANCIAL RESOURCING

- ✓ **Provide adequate insurance coverage for prevention, early intervention, treatment and recovery services**

Although insurance coverage is not a core area of influence for local and county government, this strategy recognizes that without long-term sustainable resourcing for early intervention, treatment and recovery support, many New Hampshire citizens will continue to suffer from addiction and other substance abuse problems. Insofar as they are able, local and county government officials can serve as important advocates for expanded insurance coverage, including coverage through state programs such as Medicaid, managed care and insurance exchanges provide increased access to a comprehensive array of services to treat and support recovery from addiction. This strategy was ranked as intermediate during the State Strategy Summit in recognition of the timing of health care reform and the opportunity that reform provides in realizing this goal.

- ✓ **Contribute a portion of profits from the state's alcohol sales to evidence-based prevention, early intervention, treatment and recovery support services in NH communities**

Although this is a state-level activity for the government sector, local and county government officials can advocate for this policy that recognizes the responsibility the state carries in being not only a seller and distributor of alcohol but also a marketer of alcohol within communities. As the state's profits from alcohol continue to climb each year, while



tstate resources committed to addressing problems caused by alcohol, this strategy was ranked as an immediate priority during the State Strategy Summit. Local and county government can advocate with their state representatives in Concord by educating them on the negative impact alcohol misuse has and ask for conscionable state level policy to build resources to mitigate that impact.

✓ **Design or seek funding opportunities for alcohol and other drug misuse prevention, intervention, treatment and recovery support**

This strategy recognizes the range of opportunities that exist for local and county government to increase financial resourcing of substance abuse services. These opportunities can range from local and county government applications for federal support for programs to locally dedicated funds. For example, the town of Moultonboro dedicates a portion of the money it receives from fines imposed for alcohol violations to prevention programming for youth each year. County incentive funds had long been accessed for prevention and early intervention programs, primarily for youth, before budget cuts forced most of this funding to be eliminated. Yet the problem of alcohol and other drug misuse continues to be costly to communities. Local and county government representatives are urged to recommit to creative approaches to ensuring adequate financial resourcing for community-based prevention, intervention, treatment and recovery support services.

**PUBLIC EDUCATION**

✓ **Increase public awareness relative to alcohol and other drug misuse impacts and responses**

Local and county government can serve as key partners in helping increase public awareness of the risks and impacts of alcohol and other drug misuse. Contributing funding and/or in-kind resources to locally developed campaign materials or supporting state or nationally produced media messages through government communications channels such as local cable access stations can help deliver consistent, effective messages. Such messaging can help to change perceptions at a population level and begin to challenge and change community norms.

**TRAINING & PROFESSIONAL DEVELOPMENT**

✓ **Increase training, technical assistance and professional development resources and availability to develop and expand knowledge and skills relative to addressing alcohol and drug misuse**

Local and county government can take the lead in requiring government workers to become more knowledgeable about the prevalence and impact of alcohol and other drug misuse. Town welfare officers, county corrections officers and administrators, town select boards, public transportation workers, public safety officers and others will benefit from learning about recent trends in alcohol and other drug use and best practices to respond to the problem. Government policy can help realize this goal by requiring a minimum number of hours of training or professional development each year for local or county government employees to expand their awareness and knowledge.

**“In spite of the difficult economic pressures at all levels of government, lawmakers and elected officials can also bring much needed visibility, leadership, legislation, and collective commitment to combat the on-going impacts of alcohol and other drug misuse in New Hampshire.”**



## DATA UTILIZATION

- ✓ **Improve data analysis and reporting to support county and community resourcing, leadership, public education, training, and other efforts**

Improved data analysis and reporting was ranked as an immediate priority during the State Strategy Summit because of the value of data in other strategy areas. The government sector often has access to primary data sources, such as the prevalence of substance abuse among county inmates, and these data can help expand leadership, acquire resources, inform public education, and help design effective policies and practices in response to local data. Elected officials and town and county government are encouraged to seek and share available data to support alcohol and drug prevention, intervention, treatment and recovery in New Hampshire communities.

## EFFECTIVE POLICY, PRACTICE & PROGRAMS

- ✓ **Through necessary policies and practices, local and county government and elected officials can support communities in the prevention, intervention, treatment and recovery support activities that they select to respond to local alcohol and other drug problems**

Local and county government can develop ordinances such as alcohol-free outdoor spaces and community events, landlord notification of underage drinking arrests on their property and fines to the landlord for recurring instances of underage drinking problems, or local restrictions on outside advertising of drink specials or outlet density. Local and county governments are encouraged to research policy and ordinances that may address the unique factors that exacerbate alcohol and other drug misuse in their communities.

- ✓ **Elected officials can also support state government policy and practice that requires legislative support, including but not limited to a Prescription Drug Monitoring Program**

The Governor signed prescription drug monitoring legislation in June of 2012, but with a three-year sunset clause if the yet to be launched program does not produce results, elected officials and other government officials can advocate for removing or extending the sunset clause to allow sufficient time for the state's prescribers and dispensers of prescription drugs to help design the monitoring program, complete training, and improve use of the system.



### MOULTONBORO INVESTS IN PREVENTION

The town of Moultonboro established a dedicated fund from the town's collection of fines related to alcohol violations, committing a portion of the revenue generated to prevention activities for local youth. Local governments can explore this or other creative strategies to financially support local prevention and early intervention efforts.

# GOVERNMENT RESOURCES



RESOURCE	ADDITIONAL INFORMATION	WEB ACCESS
<i>Addiction Studies Program</i>	Offers policymakers with information about drug abuse and addiction in an effort to create policies which are well informed and effective	<a href="http://addictionstudies.org/">http://addictionstudies.org/</a>
<i>New Futures</i>	Provides in-person and on-line advocacy training to support policy and legislative activities	<a href="http://www.new-futures.org/">http://www.new-futures.org/</a>
<i>NH Governor's Commission on Alcohol &amp; Drug Abuse Prevention, Intervention &amp; Treatment</i>	State government commission that informs state policy relative to alcohol and other drug abuse issues	<a href="http://www.dhhs.nh.gov/dcbcs/bdas/commission.htm">http://www.dhhs.nh.gov/dcbcs/bdas/commission.htm</a>
<i>Call to Action: Responding to New Hampshire's Prescription Drug Epidemic</i>	Provides guidance to local and county government relative to addressing prescription drug abuse in New Hampshire	<a href="http://www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf">http://www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf</a>
<i>Controlled drug prescription health and safety program</i>	NH's Prescription Drug Monitoring Program legislation (Senate Bill 286)	<a href="http://www.gencourt.state.nh.us/legislation/2012/SB0286.html">http://www.gencourt.state.nh.us/legislation/2012/SB0286.html</a>
<i>HealthCare.gov</i>	A federal government website managed by the U.S. Department of Health & Human Services to access health care resources	<a href="http://www.healthcare.gov/law/full/index.html">http://www.healthcare.gov/law/full/index.html</a>
<i>Guide to Community Preventive Services</i>	A free resource to help select programs and policies to improve health and prevent disease in your community	<a href="http://www.thecommunityguide.org/mvoi/aid/sobrietyckpts.html">http://www.thecommunityguide.org/mvoi/aid/sobrietyckpts.html</a>
<i>Compendium of Best Practices for New Hampshire</i>	A PIRE publication providing research on the effectiveness of policies, practices and programs across five core community sectors, including government	<a href="http://www.nhcenterforexcellence.org">www.nhcenterforexcellence.org</a>
<i>New Hampshire Regional Networks</i>	Regional networks throughout New Hampshire engaging local and county government in effective work place policy development and prevention investment	<a href="http://drugfreenh.org/get-involved/reach-out-to-your-community">http://drugfreenh.org/get-involved/reach-out-to-your-community</a>
<i>drugfreenh.org</i>	Web site of resources and links to support substance abuse prevention and treatment access for a wide range of settings and environments	<a href="http://www.drugfreenh.org">www.drugfreenh.org</a>
<i>NH Regional Resource Kiosks</i>	Locations where alcohol and other drug prevention and treatment information is available to the public	<a href="http://www.drugfreenh.org/resources/community-kiosks">http://www.drugfreenh.org/resources/community-kiosks</a>



## RESOURCE

## ADDITIONAL INFORMATION

## WEB ACCESS

*New Hampshire Center for Excellence*

Provides technical assistance to organizations and communities addressing substance abuse concerns

[www.nhcenterforexcellence.org](http://www.nhcenterforexcellence.org)

*Partnership for a Drug Free NH*

A media collaborative focused on raising public awareness of the risk and harm associated with alcohol and drug use

[www.drugfreenh.org](http://www.drugfreenh.org)

*Compendium of Prevention Best Practices in Five Sectors (PIRE, 2012)*

Provides research and information on effective prevention practice in community sectors and was developed specifically for New Hampshire

[www.nhcenterforexcellence.org](http://www.nhcenterforexcellence.org)



## COMMUNITY & FAMILY SUPPORTS

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

Community-based organizations that serve youth, families, and adults in our communities are one of the most critical sectors for state and local efforts to address alcohol and other drug misuse. Such organizations are on the front line of the impact that alcohol and other drug misuse have in families and communities. From family resource centers to mental health agencies to home visiting for older adults, community and family support organizations serve the most vulnerable populations in our communities with the most essential services. They provide the basics such as fuel assistance and housing for the homeless to parent education and family literacy. Serving the under-served, community-based organizations often have the most access to special populations, including refugees and immigrants, elders, the developmentally disabled, veterans and military families, individuals and families living at or below the poverty level, victims of abuse and neglect, the educationally disadvantaged, the severely and persistently mentally ill, and many other members of our communities who need special attention and assistance. They also do their work with the least resources, their already strained budgets decimated over the last decade. In spite of the many challenges they and their clients face, community and family support organizations are also among the most committed to serving vulnerable populations. With their unique role in the lives of those they serve, community and family support organizations can help promote prevention, early intervention, treatment and recovery support with clients and their families, helping to address a problem that often exacerbates the challenges these individuals and families face. Resources for community and family support organizations to consider in becoming more involved in addressing alcohol and other drug misuse are provided at the end of this section for more information.

### LEADERSHIP

- ✓ **Cultivate expanded leadership within communities relative to understanding and addressing the impact of alcohol and drug misuse using best practice approaches**

Staff and administrators of community and family support organizations are trusted within communities and can become leaders in changing the conversation and culture of alcohol and other drug misuse. By joining community coalitions, speaking at public forums, joining community education campaigns, and in on-going community collaborations, community-based organizations can help change community norms, policies, practices, and even resourcing to improve community response to alcohol and other drug misuse.

### FINANCIAL RESOURCING

- ✓ **Expand resource development in communities to bring visibility, attention, and resources to local prevention and early intervention efforts**

Community and family support organizations know well the diligence required of sustaining funding for services. Although these organizations have little or no resources to divert from their core missions they can collaborate with local and regional efforts to secure resources for shared missions. For example, community-based organizations and substance abuse-specific initiatives can submit collaborative proposals for private and public funding to serve mutual goals of addressing alcohol and other drug misuse among vulnerable populations. They may also engage in coordinated advocacy for increased public funding for services that may benefit their clientele, such as the recommended state level strategy of dedicating a portion of the state's alcohol sales to prevention, intervention, treatment and recovery support services.



## PUBLIC EDUCATION

- ✓ **Leverage the capacity of the state's Regional Network System, the Media Work Group of the Bureau of Drug and Alcohol Services, and other resources to increase public education on the risks and consequences of alcohol and other drug misuse in communities, targeting specific behaviors and populations**

Community and family support organizations can serve as key partners in helping increase public awareness of the risks and impacts of alcohol and other drug misuse. Contributing in-kind resources to locally developed campaign materials or helping to disseminate media messages and educational materials through existing communications channels such as newsletters and information kiosks can help deliver consistent, effective messages. Community-based organizations may also disseminate materials and messages about alcohol and other drug misuse during client meetings or home visits. For example, agencies that visit elders in their homes can share information materials with them about the risks of mixing alcohol and prescription drugs. Court appointed advocates for children in abuse and neglect cases can share information about the risks of early alcohol or other drug use. Such messaging can help to change perceptions at a population level and begin to challenge and change community norms.

## TRAINING & PROFESSIONAL DEVELOPMENT

- ✓ **Increase training, technical assistance and professional development to develop and expand knowledge and skills relative to addressing alcohol and drug misuse**

Community and family organizations can promote training and professional development for their staff to become more knowledgeable about the prevalence and impact of alcohol and other drug misuse. Staff of community-based organizations can benefit from learning about recent trends in alcohol and other drug use and best practices to respond to the problem, including best practices for the populations and challenges of those the organization serves. Agency policies can help realize this goal by requiring a minimum number of hours of training or professional development each year for staff to expand their awareness and knowledge.

## DATA UTILIZATION

- ✓ **Improve data analysis and reporting to support community response**

Community and family organizations often already collect data from clients that can be used in community or organization planning. For example, if not done so already, organizations can include questions about alcohol and other drug use as a part of standard intake or enrollment and begin to use that data to understand the prevalence of the problem within the population they serve. This level of organizational data can be analyzed and used to tailor programming to address risky behaviors or used to secure new funds to expand services to include early intervention or treatment referral services. De-identified data may also be shared within the community to support collaborative proposals or strategic planning to address substance use more broadly.

**“From family resource centers to mental health agencies to home visiting for older adults, community and family support organizations serve the most vulnerable populations in our communities with the most essential services.”**



## EFFECTIVE POLICY, PRACTICE & PROGRAMS



### ✓ Increase prescription drug return/take-back/disposal programs

The misuse of prescription drugs has become an epidemic in New Hampshire, with the number of deaths attributable to prescription drug abuse rising each year and outpacing the number of deaths from traffic accidents each year. In response, federal and state law enforcement agencies in collaboration with community-based organizations have sponsored semi-annual prescription drug take-back events to allow residents to turn in for safe disposal any unused medication to prevent access to powerful narcotics and other medications. Community and family organizations can help promote these events with their clientele and encourage clients to safeguard medications and dispose of unused portions safely. Some communities even have permanent drop boxes at local police departments that community and family organizations can also help promote the use of with their clients.

### ✓ In addition to the policies, practices, and programs noted within other sectors noted in this plan, community and family organizations are encouraged to research and implement programming with their specific clientele that can serve the state's goals of preventing and reducing alcohol and other drug misuse and increasing access to treatment and recovery services

Community and family support organizations are encouraged to connect with the state's Regional Network for substance abuse prevention in their area (Please see Appendix D) to discuss possible policies, practices and programs for implementation. Other resources for action are included at the end of this section.

*The Commission extends its gratitude for the work and commitment that community and family organizations already give to special and vulnerable populations in the state and any additional efforts they can give in support of this plan and its commitment to changing practices and norms to support the healthy development and promise of individuals, youth and families in New Hampshire.*



**THE REFERRAL EDUCATION ASSISTANCE & PREVENTION (REAP) PROGRAM** seeks to improve the quality of life for older adults in the entire state of New Hampshire through free preventative home and community-based counseling and education services. Founded in 1992 through a unique collaboration between the NH Finance Housing Authority, the NH Bureau of Behavioral Health, and the NH Bureau of Drug and Alcohol Services, REAP is the only program of its kind in the state working towards helping elders who have problems with alcohol, drugs, mental health problems, or other life changes.

Initially offered to people living in low-income senior housing, REAP services were expanded in 2002 to include people over the age of 60 living in their own homes and in 2007 to caregivers of "at risk" elders to educate them on how to intervene if an elder becomes unable or unwilling to accept help.



# COMMUNITY & FAMILY SUPPORTS RESOURCES

## RESOURCE

## ADDITIONAL INFORMATION

## WEB ACCESS

*New Hampshire's Clearinghouse and Lending Library*

Houses a large inventory of informational resources on alcohol, tobacco and other drugs, such as brochures, fact sheets, teaching and audio/visual tools

<http://www.dhhs.nh.gov/dcbcs/bdas/library.htm>

*New Futures*

Offers several Community Leadership trainings each year in effective advocacy

[www.new-futures.org](http://www.new-futures.org)

*SAMHSA's National Registry for Evidence-based Programs and Practices (NPREPP)*

Provides a range of effective community-based programs and practices for alcohol and drug prevention and intervention with special populations

[www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

*SAMHSA's Behavioral Health Treatment Services Locator*

Provides a comprehensive list of available alcohol and drug abuse or mental health facilities and programs organized by state

<http://findtreatment.samhsa.gov/>

*Faces & Voices of Recovery*

A national education and advocacy organization with a satellite organization in NH serving individuals recovering from addiction, their families, friends, and allies

<http://www.facesandvoicesofrecovery.org>

*Northern New England Poison Control Program*

Provides 24-hour information line on poison control, including alcohol or other drug overdoses

[http://www.mmc.org/mmc\\_body.cfm?id=3090](http://www.mmc.org/mmc_body.cfm?id=3090)

*National Alliance for the Mentally Ill - New Hampshire*

Provides information on co-occurring disorders and suicide prevention training

<http://www.naminh.org/education/suicide-prevention>

*New Hampshire Training Institute on Addictive Disorders*

Provides monthly in-person and on-line trainings on preventing and treating addiction and supporting recovery

<http://www.nhadaca.org/training.html>

*Guide to Community Preventive Services*

A free resource to help select programs and policies to improve health and prevent disease in your community

<http://www.thecommunityguide.org/mvoi/aid/sobrietyckpts.html>

*drugfreenh.org*

Web site of resources and links to support substance abuse prevention and treatment access for a wide range of settings and environments

[www.drugfreenh.org](http://www.drugfreenh.org)



RESOURCE	ADDITIONAL INFORMATION	WEB ACCESS
<i>New Hampshire Regional Networks</i>	Regional networks throughout New Hampshire engage communities in effective prevention and early intervention	<a href="http://drugfreenh.org/get-involved/reach-out-to-your-community">http://drugfreenh.org/get-involved/reach-out-to-your-community</a>
<i>NH Regional Resource Kiosks</i>	Locations where alcohol and other drug prevention and treatment information is available to the public	<a href="http://www.drugfreenh.org/resources/community-kiosks">http://www.drugfreenh.org/resources/community-kiosks</a>
<i>New Hampshire Center for Excellence</i>	Provides technical assistance to organizations and communities addressing substance abuse concerns	<a href="http://www.nhcenterforexcellence.org">www.nhcenterforexcellence.org</a>
<i>Partnership for a Drug Free NH</i>	A media collaborative focused on raising public awareness of the risk and harm associated with alcohol and drug use	<a href="http://www.drugfreenh.org">www.drugfreenh.org</a>
<i>Compendium of Prevention Best Practices in Five Sectors (PIRE, 2012)</i>	Provides research and information on effective prevention practice in community sectors and was developed specifically for New Hampshire	<a href="http://www.nhcenterforexcellence.org">www.nhcenterforexcellence.org</a>



## Conclusion



The Governor's Commission on Alcohol and Other Drug Prevention, Intervention and Treatment has experienced many accomplishments since its inception in 2000, including distributing millions of dollars each year to community-based prevention and treatment services, moving forward critical legislation to address the prescription drug epidemic in the state, and collaborating to improve addiction-related re-entry services for corrections populations. These accomplishments and many others that take months and even years of development to move from concept to actual service provision or improvement demonstrate the long-term commitment of Commission members to the health, safety and well-being of New Hampshire residents.

The strategic planning process that resulted in *Collective Action – Collective Impact* further demonstrates the individual and collective commitment of the Commission to serving the state and its citizens with a dedication to expanding leadership, financial resourcing, public education, training and professional development, data utilization, and effective approaches. The state plan ensures that the state and communities will not rest on their past accomplishments but will continue to press for more action to bring New Hampshire's high rates of alcohol and other drug misuse down, to fight stigma, to support vulnerable populations, and to have a positive, measurable impact on such a far-reaching, costly public health and safety issue.

The problem of alcohol and other drug misuse harms so many and costs so much that it demands that we not continue to do the same with the same resources. We must lead more strongly, raise more resources, educate and train more people, study data more, and implement more effective approaches to make a difference. It is our collective duty.

The Commission extends its gratitude to its members, task forces, stakeholders, and to regional and community networks and efforts who have committed to serving as stewards of this plan and its recommendations and *who will make a difference* and have a collective impact *together*.



## Appendix A: Governor's Commission Operational Recommendations

During the planning activities of 2012, several themes emerged relative to how the Commission operates and how it may make adjustments to its structure and operations to expand constituency representation, to enhance its role, and to engage in specific actions more extensively.

Below are the changes the Commission will consider and adopt as appropriate to improve its effectiveness in its efforts to implement the state plan. It is noted that some changes may require amendments to the statute that established the Commission, or, if such changes are not feasible, an alternate means to change the operations of the Commission will be sought.

### REVIEW MEMBERSHIP TO CONSIDER BROADER AND MORE EFFECTIVE REPRESENTATION

The Commission will consider a broader and more effective membership such as the recommended inclusion of higher education, primary care, insurers, business and industry and other representation either on the Commission, which would require legislation, or on task forces or special ad hoc work groups to cultivate expanded leadership and partnerships needed to carry out the recommendations within this plan.

### ARTICULATE AND COMMUNICATE AT LEAST ANNUALLY THE RESPONSIBILITIES OF MEMBERS

The Commission will develop and communicate written statements relative to the role of the Commission and the specific responsibilities of its members and officers, including attendance, designees, and the role and responsibilities of task forces and ad hoc work groups. Roles and responsibilities may be communicated at least annually, with consideration given to establishing a formal orientation process and mentoring for new members.

### REVIEW AND MODIFY AS NECESSARY THE COMMISSION'S TASK FORCE STRUCTURE

The Commission will consider modifications to its task force structure and make revisions as necessary to support successful implementation of the state plan. Three Commission task forces meet bi-monthly, one focusing on prevention efforts, the second on treatment and recovery support, and one on systems reform to support third-party payor coverage and parity for a wider array of substance abuse services than is currently covered.

Two non-active task forces that exist in the Commission's legislation but that are currently dormant are the public awareness and education task force and the data and evaluation task force.

The Commission may consider including coordinating task force activities to reflect the strategic areas of this plan and/or designate existing work groups with implementation and monitoring tasks as appropriate (e.g. Partnership for a Drug Free New Hampshire may be tasked with leading the public education goals of the plan; the State Epidemiological Outcome Work Group may be tasked with overseeing data analysis and reporting goals).

The Commission may also consider the establishment of ad hoc work groups for discrete activities with a clear focus and term of service to engage sectors and organizations to cultivate new collaborations and areas of influence while also driving time-specific achievements. It was specifically noted that such work groups may have Commission member designees represented to parallel the representation of the Commission with staff positions attuned to the issue and directly connected to agency efforts and resources.

### DEVELOP AN IMPROVED REPORTING PLAN WITHIN THE COMMISSION

The Commission will consider improved reporting standards to monitor its progress toward state plan goals. Consideration will be given to standing agenda items to reflect the strategy areas of the state plan as well as standard reporting items for task forces and work groups to improve communication and outcomes.

As the Commission improves its structure and operations, it will monitor and advise all strategy domains prioritized for the next five years. Furthermore, of the strategy domains presented in this plan, the Commission as a collaborative and coordinated leadership body will focus on and lead the three domains of leadership expansion, increased financial resourcing, and improved data analysis and dissemination to realize the state's overarching goals.

### ESTABLISH AND MONITOR AN ANNUAL ACTION PLAN FOR THE COMMISSION

The Commission will develop and communicate an action plan each year articulating the intended activities of the Commission, its task forces and member agencies. Commission activities detailed later in this section will include but not be limited to:

- ✓ Educating law makers and policymakers regarding alcohol and other drug challenges and successes
- ✓ Setting legislative priorities when appropriate
- ✓ Determining and disseminating relevant data
- ✓ Collaborative planning relative to new program, policy or program initiatives (e.g. Methamphetamine Task Force, State Prescription Drug Plan effort, and Project Recovering Lives from prior years)
- ✓ Committing individual agency resource allocation for annual action plans in service to five-year goals
- ✓ Allocating annual funding from the state's Alcohol Sales for annual action plans in service to five-year goals
- ✓ Developing coordinated grant applications
- ✓ Other activities in response to stakeholder presentations and public comment

The activities of task forces, member agencies, and ad hoc groups established each year as necessary will be coordinated to support collective goals each year.



## Appendix B: Governor's Commission Leadership Expansion Recommended Topics and Audiences

The following audiences and presentation topics emerged throughout the strategic planning process and are provided for Commission consideration in meeting their leadership expansion objectives.

### Health and Human Services Committee

- ▶ Individual and population health impacts
- ▶ Costs and impacts to state systems of care
- ▶ Savings realized from prevention, early intervention, treatment and recovery support services
- ▶ Efficacy and outcomes of services
- ▶ Policy or legislative support as appropriate

### Judicial Committee

- ▶ Safety impacts
- ▶ Efficacy and outcomes of alternative sentencing and drug/mental health courts
- ▶ Costs to courts, corrections, probation/parole
- ▶ Savings realized from prevention, early intervention, treatment and recovery support services
- ▶ Recidivism rates for traditional corrections, community corrections, alternatives to traditional sentencing, care coordination for re-entry population
- ▶ Policy or legislative support as appropriate

### Finance Committee

- ▶ Financial implications of NH's high rates of alcohol and other drug misuse
- ▶ Cost-benefit analyses of increased investment in prevention, intervention, treatment and recovery supports
- ▶ Savings realized from prevention, early intervention, treatment and recovery support services
- ▶ Proposed policy change or legislation as necessary and appropriate

### Governor's Office and Governor & Council

- ▶ Financial, safety, and health implications of NH's high rates of alcohol and other drug misuse
- ▶ Cost-benefit analyses of increased investment in prevention, intervention, treatment and recovery supports
- ▶ Savings realized from prevention, early intervention, treatment and recovery support services

It is recognized that Commission members and their respective agencies may not have the data or resources to inform some of these topics but they are provided to recognize the aspirations of those who participated in strategic planning, including the Commission members themselves.



# Appendix C: Recommended Policies, Practices & Programs “At-A-Glance”

## POLICY, PRACTICE OR PROGRAM<sup>1</sup>

## ANTICIPATED LEAD OR CHAMPION ORGANIZATION(S)

## 2017 ANTICIPATED OUTCOME



### BUSINESS

Collect and disseminate data on the impact of alcohol and drug abuse on the work place

TBD

New data sources identified or developed collecting and reporting data on alcohol and drug misuse affecting the work place and business

Develop and/or promote and adopt best practice work place alcohol and drug policies

**NH Regional Network System**

Increased awareness within business sector of the impacts of alcohol and other drug misuse

Provide workplace prevention education programs

**NH Center for Excellence**

Increased number of businesses with new or improved workplace alcohol and drug policies

Institute screening for alcohol or drug problems and link to education, brief intervention, and/or referral to support services

TBD

Increased number of businesses providing prevention education

TBD

Increased number of businesses that screen for alcohol and drug problems and who provide brief interventions or referral to treatment



### EDUCATION

Develop and/or promote and adopt best practice alcohol and drug policies for school /college settings and students

**Prevention Task Force**

Increased number of schools or colleges with new or improved alcohol and drug policies

Promote the expansion of evidence-based education of school-aged youth in alcohol and other drug risks and consequences, with specific attention to education that takes place over multiple years and at key transition periods  
*(NH Regional Network Strategic Planning)*

**NH Regional Network System**  
(schools)

Increased number of school-aged youth and college students exposed to evidence-based prevention education across an increased number of years

TBD  
(Colleges)

Increase education of parents of school-aged children and youth relative to alcohol and other drug use risks, consequences, and effective prevention and early intervention strategies  
*(NH Regional Network Strategic Planning)*

**NH Regional Network System**  
(may occur in conjunction with school and athletic policy efforts)

Increased number of parents of school-aged youth exposed to evidence-based prevention education

Collect and disseminate data on alcohol and other drug misuse among school-aged and college populations, the impact of alcohol and drug abuse on educational attainment, school attachment, and education costs

**NH Department of Education**  
**NH-DHHS**  
(YRBS)

Increased number of schools and colleges participating in bi-annual surveys (e.g. YRBS; NH Higher Ed AOD survey)

TBD  
(Other data collection and analysis)

Increased number of schools and colleges using data for school/campus/ community messaging and action planning

Continued on next page



**POLICY, PRACTICE OR PROGRAM**

**ANTICIPATED LEAD OR CHAMPION ORGANIZATION(S)**

**2017 ANTICIPATED OUTCOME**

**EDUCATION** *continued*

Increase collaboration between schools and colleges and health, mental health, safety and treatment services

**Treatment Task Force**

Increased number of schools reporting collaboration and referral mechanisms with community, law enforcement, and health services

**NH Regional Network System**

Institute or expand evidence-based Student Assistance Programs (SAPs) in middle/high schools

**TBD**

Increased number of schools with an evidence-based Student Assistance Program

Improve athletic and co-curricular policies in schools and colleges relative to alcohol and other drug misuse (*NH Regional Network Strategic Planning*)

**NH Regional Network System**

Increased number of schools and colleges with revised and improved athletic and co-curricular policies



**HEALTH & MEDICAL**

Institute and utilize a prescription drug monitoring program (PMP) and expand to cross-state systems (*NH Governor's Commission "Call To Action"*)

**PMP Advisory Council**  
(NH Board of Pharmacy)

PMP operational

Evidence of effectiveness established to avoid sunset clause

Implement reimbursable evidence-based Screening, Brief Intervention and Referral to Treatment (SBIRT) model of early identification in a wide range of health and medical settings, including community health centers

**NH Community Health Centers**  
(implementation)

SBIRT is reimbursed by all state and private insurers

**Systems Reform Task Force**  
(reimbursement)

Training, materials and other resources are widely available to agencies implementing SBIRT

**TBD**  
(Other implementation settings; training/technical assistance)

SBIRT is being implemented in a wide range and high percentage of health and medical settings

Adopt policies and practices to integrate primary care, behavioral health and substance abuse prevention, intervention and treatment

**Commission Treatment Task Force**  
(determining and promoting best practices)

Increased number of primary care (including community health centers), behavioral health, and substance abuse service agencies reporting integrated services, bi-directional referrals, and/or care coordination

**TBD**  
(policy and practice adoption)

**NH Center for Excellence**  
(technical assistance)

Improve treatment services and access to services by reducing or eliminating wait times, increasing availability of treatment services for adolescents, providing affordable treatment, and providing a comprehensive array of services to general and special populations

**Treatment Task Force**  
(quality improvement goals and time line)

Improved average wait times; number of those from identified special populations served by treatment providers; array of services being provided by treatment agencies; number of treatment providers implementing evidence-based treatment approaches appropriate for special populations

**NH Center for Excellence**  
(technical assistance)

Continued on next page

**POLICY, PRACTICE OR PROGRAM**

**ANTICIPATED LEAD OR CHAMPION ORGANIZATION(S)**

**2017 ANTICIPATED OUTCOME**



**HEALTH & MEDICAL** *continued*

Increase data analysis and reporting, integrated community action, and cross-disciplinary training relative to the co-occurrence of alcohol and other drug misuse and mental health and suicidality  
*(NH Suicide Prevention Council)*

**NH Suicide Prevention Council**

Increased awareness within community sectors of correlation between alcohol and other drug misuse and mental health and suicide

Promote data collection, analysis and reporting relative to the incidence of fetal alcohol syndrome disorders  
*(National Organization on Fetal Alcohol Syndrome— New Hampshire)*

**National Organization on Fetal Alcohol Syndrome New Hampshire**

Increased availability and utilization of state level data relative to fetal alcohol syndrome disorders

Promote the integration of mental health promotion and alcohol and other drug misuse prevention efforts, including professional development and service delivery

**NH Children’s Behavioral Health Collaborative**

Increased availability of integrated mental health promotion and substance abuse prevention professional development and services



**SAFETY & LAW ENFORCEMENT**

Establish and enforce DWID law (illegal to drive while impaired by any drug such as over-the-counter medications, not only controlled drugs)

**NH Department of Safety**

Number of arrests, prosecutions, pleas/convictions

Increase law enforcement patrols and surveillance (e.g. patrols, sobriety checkpoints)

**TBD**

Increased resources for expanded patrols and surveillance

Expand court diversion to require an educational or service component (e.g. treatment services) to sanctions rather than fines or incarceration

**TBD**

Increased number of courts providing court diversion programs

Increase the use of other alternative sentencing and graduated license suspension with judge’s discretion

**TBD**

Legislation or other policy changes to encourage alternative sentencing and graduated license suspension

Consistent use of graduated license suspension

Enhance the implementation of problem-solving courts such as drug courts and mental health courts through common standards and data collection

**TBD**

Existence of common standards, operations, data collection and reporting to establish evidence of effectiveness for future policy and resourcing efforts

Require drug and alcohol testing with probation and parole (e.g. urine screens) with certain and swift sanctions for failing drug tests

**NH Department of Corrections**

Establishment of standard practices for “certain and swift” sanctions; data collection and reporting of effectiveness of practice

Provide critical substance abuse and re-entry services for justice-involved, including support services such as housing and employment assistance

**NH Department of Corrections**

Increased number of individuals re-entering communities from correctional facilities with effective support plan (e.g. connected with primary care, recovery coach, employment services org, etc.)



**COMMUNITY & FAMILY SUPPORTS**

POLICY, PRACTICE OR PROGRAM	ANTICIPATED LEAD OR CHAMPION ORGANIZATION(S)	2017 ANTICIPATED OUTCOME
Increase prescription drug return/take back/disposal programs <i>(NH Governor’s Commission “Call To Action”<sup>13</sup>)</i>	<b>NH Regional Network System</b>	Number of arrests, prosecutions, pleas/Increased or sustained number of take-back events per year and number of permanent drop-off/disposal sites established
Increase youth leadership in preventing alcohol and other drug misuse <i>(NH Regional Network Strategic Planning)</i>	<b>NH Regional Network System</b>	Increased number of youth and youth leadership groups participating in prevention

**MULTIPLE SECTORS**

Implement the Commission’s 2012 state strategy to address prescription drug abuse <i>(NH Governor’s Commission “Call To Action”<sup>14</sup>)</i>	<b>NH Prescription Drug Plan Implementation Task Force</b>	Decreased deaths attributable to prescription drug overdose; decreased prevalence of prescription drug misuse
--	--	---

<sup>1</sup>Source of intervention noted in parentheses if it was not vetted during the Commission’s strategic planning process

<sup>2</sup>Ibid.

<sup>3</sup>Ibid.

# Appendix D: New Hampshire Regional Network Structure and Goals

## Regional Networks SFY 2012 & 2013

### CAPITAL AREA REGIONAL NETWORK

Capital Region Community Prevention Coalition (CRCPC)  
Phone: 603-224-3840 Ext. 228  
Coordinator: Shannon Swett Bresaw  
Email: shannon@capitalprevention.org  
www.capitalprevention.org

### GREATER MANCHESTER REGIONAL NETWORK

Makin\_It Happen Coalition/ESNH  
Phone: 603-206-6661  
Coordinator: Mary Forsythe-Taber  
Email: mft@MIH4U.org  
www.mih4u.org

### GREATER NASHUA REGIONAL NETWORK

Beyond Influence  
Phone: 603-882-4011  
Coordinator: Donna Arias  
Email: Donna@beyondinfluence.org  
www.beyondinfluence.org

### GREATER ROCKINGHAM COUNTY REGIONAL NETWORK

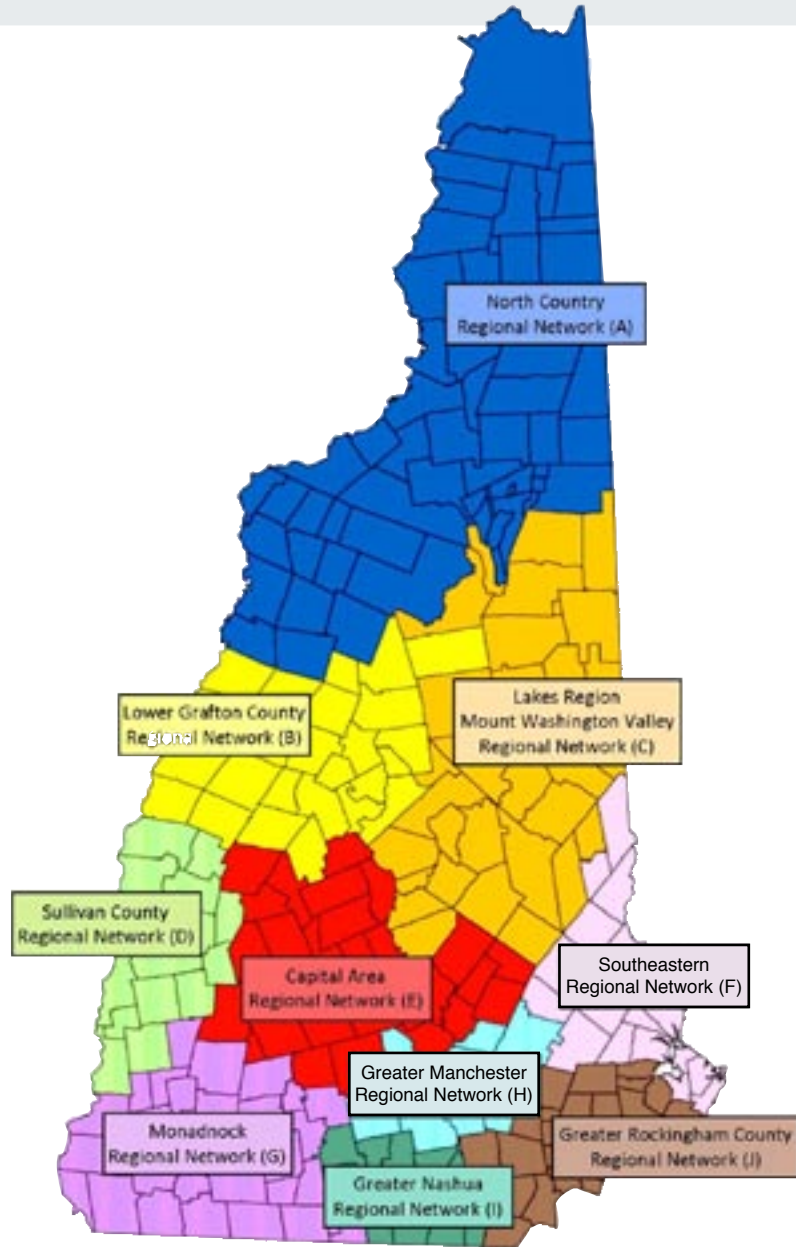
Allies in Substance Abuse Prevention (ASAP)  
Phone: 603-373-9116  
Coordinator: Sandi Rubchinuk  
Email: srubchinuk@uwgs.org  
www.asapnh.org

### LAKES REGION MOUNT WASHINGTON VALLEY REGIONAL NETWORK

Partners in Prevention (PIP)  
Phone: 603-528-2145 Ext. 1800  
Coordinator: Traci Fowler  
Email: Tfowler@lrpph.org  
www.lrpph.org

### LOWER GRAFTON COUNTY REGIONAL NETWORK

Bridges To Prevention (B2P)  
Phone: 603-536-3720 Ext. 111  
Coordinator: Sarah Sutherland  
Email: bridgestoprevention@gmail.com  
www.bridges2prevention.org



### MONADNOCK REGIONAL NETWORK

Monadnock Voices for Prevention (MVP)  
Phone: 603-357-1922 Ext. 125  
Coordinator: To Be Filled  
Email: mfeola-mahar@pilothealth.org  
www.monadnockvoices.org

### NORTH COUNTRY REGIONAL NETWORK

North Country Prevention Network  
Phone: 603-259-3700- Ext. 244  
Coordinator: Bob Thompson  
Email: Bthompson@nchnh.org  
www.nchin.org

### SOUTHEASTERN REGIONAL NETWORK

One Voice for Southeastern NH (OVSNH)  
Goodwin Community Health  
Phone: 603-516-2562  
Coordinator: Melissa Silvey  
Email: info@onevoicenh.org  
www.onevoicenh.org

### SULLIVAN COUNTY REGIONAL NETWORK

Communities United Regional Network (CURN)  
Phone: 603-477-5565  
Coordinator: Liz Hennig  
Email: lhennig@sullivancountynh.gov  
www.preventionworkshh.org

# REGIONAL NETWORK SYSTEM GOALS AND STRATEGIES 2013-2015<sup>1</sup>

## North Country Region

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease alcohol use	HS youth	Alcohol	To increase the perception among North Country Region high school aged youth that their parents think it is wrong for someone their age to use alcohol	Low Perception of Parental Disapproval of Substance Use
Decrease alcohol use	HS youth	Alcohol	To increase the perception among high school aged youth in the North Country Region that people who drink 5 or more drinks of alcohol every weekend put themselves at risk of harm	Low Perception of Risk of Harm of Substance Use
Decrease alcohol use	HS youth	Alcohol	To increase the perception of wrongness among North Country Region high school aged youth for people their age to drink alcohol	Low Perception of Wrongness of Substance Use
Decrease marijuana use	HS youth	Marijuana	To increase the perception among North Country Region high school aged youth that people who use marijuana put themselves at risk of harm	Low Perception of Risk of Harm of Substance Use
Decrease marijuana use	HS youth	Marijuana	To increase the perception of wrongness among North Country Region high school aged youth	Low Perception of Wrongness of Substance Use
Decrease marijuana use	HS youth	Marijuana	To increase the perception among North Country Region high school aged youth that they matter to the people in their community	Lack of Community Belonging
Decrease non-medical prescription drug use	HS youth	Non-medical prescription drug	To increase the perception among North Country Region high school aged youth that people who use non-medical prescription drugs put themselves at risk of harm	Low Perception of Risk of Harm of Substance Use
Decrease non-medical prescription drug use	HS youth	Non-medical prescription drug	To reduce access to non-medically used prescription drugs among North Country Region high school aged youth	Easy access and availability
Decrease non-medical prescription drug use	HS youth	Non-medical prescription drug	To increase the perception of wrongness among North Country Region high school aged youth for people their age to use non-medical prescription drugs	Low Perception of Wrongness of Substance Use



### North Country Region Strategies

- *Teen Institute Leaders in Prevention Model Kids In Prevention (KIP) Elementary School Retreat*
- *Community Action Team Coordinators*
- *Prevention Youth Council Enhancement*
- *Profile School/NH Teen Institute Model: School Climate/Prevention Project*



# Lower Grafton County Region

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease first use alcohol and marijuana before age 13	Before 13	Alcohol Marijuana	To increase the perception among middle and high school aged youth that their parents think it is wrong for youth to use alcohol and marijuana	Low Perception of Parental Disapproval of Substance Use
Decrease first use alcohol and marijuana before age 13	Before 13	Alcohol Marijuana	To increase the perception among middle school aged youth that people who use alcohol and marijuana put themselves at risk of harm	Low Perception of Risk of Harm of Substance Use
Decrease alcohol use	HS youth	Alcohol	To increase the perception among 9th graders that people who use alcohol put themselves at risk of harm	Low Perception of Risk of Harm of Substance Use
Decrease alcohol use	HS youth	Alcohol	To increase the perception among high school aged youth that people who use alcohol put themselves at risk of harm	Low Perception of Risk of Harm of Substance Use
Decrease alcohol use	HS youth	Alcohol	To decrease social access to alcohol among high school aged youth in the Lower Grafton County Region	Easy access and availability: Social Access
Decrease binge drinking	HS youth	Alcohol-binge	To increase the perception among high school aged youth that people who binge drink put themselves at risk of harm in the Lower Grafton County Region	Low Perception of Risk of Harm of Substance Use
Decrease binge drinking	HS youth	Alcohol-binge	To decrease social access to alcohol among high school aged youth	Easy access and availability: Social Access
Decrease marijuana use	HS youth	Marijuana	To increase the perception among high school aged youth that people who use marijuana put themselves at risk	Low Perception of Risk of Harm of Substance Use
Decrease marijuana use	HS youth	Marijuana	To decrease social access to marijuana among high school aged youth	Easy access and availability
Decrease non-medical prescription drug use	HS youth	Non-medical prescription drug	To increase the perception among high school aged youth that people who use prescription drugs without a doctor's prescription put themselves at great risk of harm	Low Perception of Risk of Harm of Substance Use
Decrease non-medical prescription drug use	HS youth	Non-medical prescription drug	To decrease social access to non-medical prescription drugs among high school aged youth	Easy access and availability: Social Access
Decrease the percentage of college students who binge drink	College	Alcohol-binge	To increase the perception among high school aged youth that people who binge drink put themselves at risk of harm	Low Perception of Risk of Harm of Substance Use
Decrease the percentage of college students who binge drink	College	Alcohol-binge	To decrease social access to alcohol among Plymouth State University students	Easy access and availability: Social Access
Decrease the percentage of college students who binge drink	College	Alcohol-binge	To increase implementation of programs and activities to address alcohol use at Plymouth State University	Lack of Substance Abuse Prevention Strategies



## Lower Grafton County Region Strategies

- *Bridges To Prevention Youth Empowerment Model based on Youth to Youth, Dover Youth Empowerment Model*
- *LifeSkills Training*
- *NH Teen Institute Training Services*
- *Media Power Youth*
- *Social Norms Campaign*
- *Alcohol Wise*
- *Prescription Drug Take-Back Events*
- *Permanent Prescription Drug Disposal Locations*
- *Problem-Oriented Policing*

## Lakes Region- Mount Washington Valley Region

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease marijuana use	HS youth	Marijuana	To increase the perception of risk of harm of regular marijuana use	Low Perception of Risk of Harm of Substance Use
Decrease marijuana use	HS youth	Marijuana	To decrease the perception among youth and their parents that marijuana use is a rite of passage	Low Perception of Parental Disapproval of Substance, Community Norms Favorable Towards Use
Decrease marijuana use	HS youth	Marijuana	To decrease community norms favorable toward drug use	Community Norms Favorable Towards Use
Decrease marijuana use	HS youth	Marijuana	To decrease social access to marijuana	Easy access and availability: Social Access
Decrease marijuana use	HS youth	Marijuana	To increase community readiness to address marijuana use prevention	Low community readiness and lack of capacity to address substance use
Decrease marijuana use	HS youth	Marijuana	To increase the efficient use and collaboration of resources, organizations, services, events and best practices	Lack of Coordination of Resources and Services
Decrease marijuana use	HS youth	Marijuana	To build a system of substance use data collection and monitoring	Insufficient Substance Use Data for Decision-Making
Decrease alcohol use	HS youth	Alcohol	To increase the perception of risk of harm of regular alcohol use	Low Perception of Risk of Harm of Substance Use
Decrease alcohol use	HS youth	Alcohol	To decrease the perception among youth and their parents that alcohol use is a rite of passage	Low Perception of Parental Disapproval of Substance, Community Norms Favorable Towards Use
Decrease alcohol use	HS youth	Alcohol	To decrease community norms favorable toward drug use	Community Norms Favorable Towards Use
Decrease alcohol use	HS youth	Alcohol	To decrease social access to alcohol	Easy access and availability: Social Access
Decrease alcohol use	HS youth	Alcohol	To increase community readiness to address alcohol use prevention	Low community readiness and lack of capacity to address substance use
Decrease alcohol use	HS youth	Alcohol	To increase the efficient use and collaboration of resources, organizations, services, events and best practices	Lack of Coordination of Resources and Services
Decrease alcohol use	HS youth	Alcohol	To build a system of substance use data collection and monitoring	Insufficient Substance Use Data for Decision-Making
Decrease non-medical prescription (Rx) drug use	HS youth Young Adults	Non-medical prescription drug	To increase the perception of risk of harm of regular non-medical prescription drug use	Low Perception of Risk of Harm of Substance Use
Decrease non-medical prescription (Rx) drug use	Young Adults HS youth	Non-medical prescription drug	To increase the perception of wrongness of non-medical prescription drug use	Low Perception of Wrongness
Decrease non-medical prescription (Rx) drug use	Young Adults HS youth	Non-medical prescription drug	To decrease community norms favorable toward drug use	Community Norms Favorable Towards Use

Continued on next page

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease non-medical prescription (Rx) drug use	Young Adults HS youth	Non-medical prescription drug	To decrease access to prescription drugs among residents	Easy access and availability
Decrease non-medical prescription (Rx) drug use	Young Adults HS youth	Non-medical prescription drug	To increase community readiness to address non-medical prescription drug use	Low Community Readiness to Address Substance Use
Decrease non-medical prescription (Rx) drug use	Young Adults HS youth	Non-medical prescription drug	To increase the efficient use and collaboration of resources, organizations, services, events and best practices	Lack of Coordination of Resources and Services
Decrease non-medical prescription (Rx) drug use	Young Adults HS youth	Non-medical prescription drug	To build a system of substance use data collection and monitoring	Insufficient Substance Use Data for Decision-Making



### Lakes Region- Mount Washington Valley Region Strategies

- *Networking and Outreach*
- *Assessment (YRBS & Community Surveys)*
- *Increasing Community Readiness*
- *Parental Monitoring (Guiding Good Choices, Staying Connected to Your Teen, Alcohol EDU for High School)*
- *Full-Service Community Schools Program*
- *Youth Leadership Programs*
- *Permanent Prescription Drug Disposal Locations*
- *Coalition-Building*
- *Mass Media/Social Marketing Campaign*
- *Screening, Brief Intervention, and Referral to Treatment (SBIRT)*
- *Evidence-Based Educational Curriculum (Project Alert, Project SUCCESS, Alcohol EDU for High School, D.A.R.E., Life of an Athlete, Good Behavior Game, LifeSkills Training)*
- *Peer Assistance and Leadership (PAL)*
- *Prenatal Screening for Substance Use*

# Sullivan County Region

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease underage alcohol use	10-20 year olds	Alcohol	To increase perception of risk of harm of underage drinking among adults	Low Perception of Risk of Harm of Substance Use
Decrease underage alcohol use	10-20 year olds	Alcohol	To decrease the multigenerational cycle of addiction	Multi-generational Cycle of Addiction
Decrease underage alcohol use	10-20 year olds	Alcohol	To increase resiliency to substance use	Low Resiliency to Substance Use
Decrease underage alcohol use	10-20 year olds	Alcohol	To increase the community norm that underage drinking is not acceptable	Community Norms Favorable Towards Use
Decrease underage alcohol use	10-20 year olds	Alcohol	To increase policy changes that affect alcohol use	Lack of Substance Abuse Prevention Strategies (Policy)
Decrease binge drinking	10-24 year olds	Alcohol-binge	To decrease the number of 10 to 24 year-olds who drink to get drunk	Community Norms Favorable Towards Use
Decrease binge drinking	10-24 year olds	Alcohol-binge	To increase the community norm that binge drinking is not acceptable	Community Norms Favorable Towards Use
Decrease tobacco use	10-24 year olds	Tobacco	To increase the perception of risk of harm of tobacco use	Low Perception of Risk of Harm of Substance Use
Decrease tobacco use	10-24 year olds	Tobacco	To increase the community norm that tobacco use is not acceptable	Community Norms Favorable Towards Use
Decrease tobacco use	10-24 year olds	Tobacco	To increase resiliency to substance use	Low Resiliency to Substance Use
Decrease non-medical prescription and over-the-counter drug use	10-24 year olds	Non-medical prescription drug	To decrease the perception of risk of harm of non-medical prescription drug use	Low Perception of Risk of Harm of Substance Use
Decrease non-medical prescription and over-the-counter drug use	10-24 year olds	Non-medical prescription drug	To decrease access to prescription and over-the-counter drugs for non-medical use	Easy access and availability
Decrease non-medical prescription and over-the-counter drug use	10-24 year olds	Non-medical prescription drug	To increase resiliency to substance use	Low Resiliency to Substance Use
Decrease non-medical prescription and over-the-counter drug use	10-24 year olds	Non-medical prescription drug	To decrease the multigenerational cycle of addiction	Multi-generational Cycle of Addiction
Decrease non-medical prescription and over-the-counter drug use	10-24 year olds	Non-medical prescription drug	To increase policy changes that affect non-medical prescription drug use	Lack of Substance Abuse Prevention Strategies (Policy)
Identify 3-4 community sector-based groups committed to addressing marijuana use	all populations	Marijuana	To increase perception of risk of harm of marijuana use among community members; To increase the community norm that marijuana use is not acceptable; To increase resiliency among parents (parenting skills)	Low Perception of Risk of Harm of Substance Use; Community Norms Favorable Towards Use; Low Parental Monitoring Skills



## Sullivan County Region Strategies

• *Communities That Care*

## Capital Area Region

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease alcohol use	Middle School Youth and High School Youth	Alcohol	To decrease the discrepancy that exists between perceptions of peer use and actual use	Social norms favorable towards use
Decrease alcohol use	Middle School Youth and High School Youth	Alcohol	To increase the number of middle and high school aged youth who talked with at least one of their parents or guardians about the dangers of tobacco, alcohol, or drug use	Low parental monitoring (and communication) skills
Decrease alcohol use	Middle School Youth and High School Youth	Alcohol	To increase the number of middle and high school aged youth who report that their parents or other adults in their family have clear rules and standards for their behavior	Low parental monitoring (and communication) skills
Decrease alcohol use	Middle School Youth and High School Youth	Alcohol	To decrease number of middle and high school aged youth who think it would be very easy to access alcohol	Easy access and availability
Decrease alcohol use	Middle School Youth and High School Youth	Alcohol	To increase implementation of data-driven, research-based prevention strategies	Low community readiness and lack of capacity to address substance use
Decrease alcohol use	Middle School Youth and High School Youth	Alcohol	To increase the number of active local coalitions and cross-sector members that address substance use	Low community readiness and lack of capacity to address substance use
Decrease marijuana use	Middle School Youth and High School Youth	Marijuana	To increase the percentage of middle and high school aged youth who think people are at risk of harming themselves (physically or in other ways) if they smoke marijuana regularly	Low perception of risk
Decrease marijuana use	Middle School Youth and High School Youth	Marijuana	To decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana	Social norms favorable towards use
Decrease marijuana use	Middle School Youth and High School Youth	Marijuana	To increase implementation of data-driven, research-based prevention strategies	Low community readiness and lack of capacity to address substance use concerns
Decrease marijuana use	Middle School Youth and High School Youth	Marijuana	To increase the number of active local coalitions and cross-sector members that address substance use	Low community readiness and lack of capacity to address substance use
Decrease non-medical prescription drug use	Middle School Youth and High School Youth	Non-medical prescription drug	To decrease the percentage of middle and high school aged youth who think it would be very easy for them to get a prescription drug without a doctor's prescription if they wanted to	Easy access and availability
Decrease non-medical prescription drug use	Middle School Youth and High School Youth	Non-medical prescription drug	To increase implementation of data-driven, research-based prevention strategies	Lack of substance abuse prevention strategies
Decrease non-medical prescription drug use	Middle School Youth and High School Youth	Non-medical prescription drug	To increase the number of active local coalitions and cross-sector members that address substance use	Low community readiness and lack of capacity to address substance use



## Capital Area Region Strategies

- *Life of an Athlete*
- *All Stars (Junior Community)*
- *Guiding Good Choices*
- *Social Norms Campaign*
- *Project SUCCESS*
- *Youth Leadership Program – Youth Leadership Institute (YLI) Model*
- *Mass Media/Social Marketing Campaign*
- *Guiding Good Choices*
- *Community Organizing*
- *Prescription Drug Take-Back Events*
- *Permanent Prescription Drug Disposal Locations*



## Southeastern Region

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease first use of alcohol before age 13	Before age 13	Alcohol	To increase the perception of risk of alcohol use among youth in 3rd to 8th grade	Low perception of risk of substance use
Decrease first use of alcohol before age 13	Before age 13	Alcohol	To increase the perception of parental disapproval of alcohol use among youth in 3rd to 8th grade	Low Perception of Parental Disapproval of Substance Use
Decrease first use of alcohol before age 13	Before age 13	Alcohol	To increase the perception of risk of alcohol use among parents in the work place	Low perception of risk of substance use
Decrease first use of alcohol before age 13	Before age 13	Alcohol	To increase the perception of disapproval of alcohol use among parents in the work place	Low Perception of Wrongness of Substance Use
Decrease first use of alcohol before age 13	Before age 13	Alcohol	To revise and implement a comprehensive health and wellness curriculum for grades K-12 that integrates the perception of alcohol and other drug use with healthy behaviors	Lack of Substance Abuse Prevention Strategies (comprehensive health and wellness curriculum for grades K-12)
Decrease first use of marijuana before age 13	Before age 13	Marijuana	To increase the perception of risk of marijuana use among youth in 3rd to 8th grade	Low perception of risk of substance use
Decrease first use of marijuana before age 13	Before age 13	Marijuana	To increase the perception of parental disapproval of marijuana use among youth in 3rd to 8th grade	Low Perception of Parental Disapproval of Substance Use
Decrease first use of marijuana before age 13	Before age 13	Marijuana	To increase the perception of risk of marijuana use among parents in the work place	Low perception of risk of substance use
Decrease first use of marijuana before age 13	Before age 13	Marijuana	To increase the perception of disapproval of marijuana use among parents in the work place	Low Perception of Wrongness of Substance Use
Decrease first use of marijuana before age 13	Before age 13	Marijuana	To revise and implement a comprehensive health and wellness curriculum for grades K-12 that integrates the perception of alcohol and other drug use with healthy behaviors	Lack of Substance Abuse Prevention Strategies (comprehensive health and wellness curriculum for grades K-12)
Decrease prescription drug use, misuse and diversion	HS youth Adults	Non-medical prescription drug	To form a multi-sector taskforce to develop education, resources and outreach around the dangers of prescription drug use, misuse and diversion	Low community readiness and lack of capacity to address substance use
Decrease prescription drug use, misuse and diversion	HS youth Adults	Non-medical prescription drug	To decrease social access to prescription drugs for use, misuse and diversion	Easy access and availability
Decrease prescription drug use, misuse and diversion	HS youth Adults	Non-medical prescription drug	To increase knowledge of proper prescribing practices of prescription drugs among doctors	Easy access and availability
Decrease prescription drug use, misuse and diversion	HS youth Adults	Non-medical prescription drug	To increase knowledge of how to respond to prescription drug diversion for non-medical use among law enforcement personnel	Low community readiness and lack of capacity to address substance use (enforcement)
Decrease prescription drug use, misuse and diversion	HS youth Adults	Non-medical prescription drug	To increase perception of risk of harm of prescription drug use and misuse among elementary, middle and high school aged youth	Low perception of risk of substance use

Continued next page

## Southeastern Region *continued*

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease alcohol use	HS youth	Alcohol	To increase perception of risk of harm of alcohol use and binge drinking among middle and high school aged youth	Low perception of risk of Low perception of risk of substance use
Decrease alcohol use	HS youth	Alcohol	To decrease retail access to alcohol among middle and high school aged youth	Easy access and availability: retail access to alcohol
Decrease alcohol use	HS youth	Alcohol	To increase perception of risk of harm of alcohol use to youth and adolescents among parents	Low perception of risk of substance use
Decrease marijuana use	HS youth	Marijuana	To increase realistic perception of peer use of marijuana among high school aged youth	Social norms favorable to use
Decrease marijuana use	K to 8 Grade youth	Marijuana	To increase perception of risk of harm of marijuana use among youth in grades K through 8	Low perception of risk of substance use
Decrease marijuana use	HS youth	Marijuana	To increase perception of risk of marijuana use by youth among parents and other adults	Low perception of risk of substance use
Decrease non-medical over-the-counter drug use	HS youth	Non-medical over the counter drugs	To decrease retail access to over-the-counter medications for non-medical use among high school aged youth	Easy access and availability: retail access
Decrease non-medical over-the-counter drug use	HS youth	Non-medical over the counter drugs	To increase knowledge of potential risk of harm of retail access of over-the-counter medications among youth and parents	Low perception of risk of substance use
Increase the ONE Voice community's capacity to create, maintain and sustain the Southeastern Regional Network's membership	All populations	All substances	To improve substance use data collection and dissemination in middle and high schools	Insufficient Substance Use Data for Decision-Making
Increase the ONE Voice community's capacity to create, maintain and sustain the Southeastern Regional Network's membership	All populations	All substances	To increase collaborations, shared resources and cross-sector partnerships to address substance use	Lack of Coordination of Resources and Services
Decrease binge drinking among University of New Hampshire students	College aged	Alcohol-binge	To increase realistic perception of peer use of alcohol and binge drinking among University of New Hampshire students	Social norms favorable to use
Decrease binge drinking among University of New Hampshire students	College aged	Alcohol-binge	To increase safe and healthy behaviors among University of New Hampshire students	Low Resiliency to Substance Use
Increase the number of employers providing employee health and wellness initiatives	Adult	All substances	To increase employers' perception of risk of binge drinking among adult employees in high-risk jobs such as hospitality, construction, labor	Low perception of risk of substance use
Increase the number of employers providing employee health and wellness initiatives	Adult	All substances	To increase knowledge of the risks associated with employee substance abuse among employers with emphasis on high-risk industries such as hospitality, construction, and labor	Low perception of risk of substance use
Increase the number of employers providing employee health and wellness initiatives	Adult	All substances	To increase employer implementation of Drug-Free Workplace Policies	Lack of Substance Abuse Prevention Strategies (comprehensive health and wellness curriculum for grades K-12)



## Southeastern Region Strategies

- *Coordinated School Health Program*
- *Project Safety*
- *Project SUCCESS*
- *Youth to Youth*
- *Communities Mobilizing for Change on Alcohol*
- *Team Awareness*
- *Healthy Families America*
- *Rx Drug Task Force*
- *Alcohol EDU*
- *Life of an Athlete*
- *AlcoholEDU for High School*
- *Screening Brief Intervention & Referral to Treatment (SBIRT)*
- *Coordinated School Health and Wellness Program (CSHP)*
- *Regional Prescription Drug Taskforce*
- *Challenging College Alcohol Abuse (CCAA)*

## Monadnock Region

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease misuse or abuse of prescription drugs	All populations	Non-medical prescription drug	To increase the community readiness, capacity and ownership to prevent prescription drug abuse across agencies and communities in the Monadnock Region	Low community readiness and lack of capacity to address substance use
Decrease misuse or abuse of prescription drugs	All populations	Non-medical prescription drug	To increase the connections and relationships across the five core sectors in relation to prescription drug misuse and abuse	Lack of Coordination of Resources and Services
Decrease misuse or abuse of prescription drugs	All populations	Non-medical prescription drug	To increase the perception of risk of misusing or abusing prescription drugs among the age groups of 12 year-olds to seniors	Low Perception of Risk of Harm of Substance Use
Decrease misuse or abuse of prescription drugs	All populations	Non-medical prescription drug	To decrease social and retail diversion of prescription drugs for misuse or abuse	Easy access and availability
Decrease misuse or abuse of prescription drugs	All populations	Non-medical prescription drug	To increase delivery of environmental strategies, curriculum, educational, advocacy, screening, referral and evaluation programs or services that address prescription drug misuse or abuse	Lack of Substance Abuse Prevention Strategies
Decrease binge drinking among youth, young adults and adults	All populations	Alcohol-binge	To increase the community readiness, capacity and ownership to prevent binge drinking among youth, young adults and adults across agencies and communities	Low community readiness and lack of capacity to address substance use
Decrease binge drinking among youth, young adults and adults	All populations	Alcohol-binge	To increase the connections and relationships across the five core sectors in relation to binge drinking	Lack of Coordination of Resources and Services
Decrease binge drinking among youth, young adults and adults	All populations	Alcohol-binge	To increase the perception of risk of binge drinking among youth, young adults and adults	Low Perception of Risk of Harm of Substance Use
Decrease binge drinking among youth, young adults and adults	All populations	Alcohol-binge	To increase collaboration in implementing enforcement strategies across the five sectors and across local, county, and state agencies to address binge drinking among youth, young adults, and adults	Lack of Coordination of Resources and Services
Decrease binge drinking among youth, young adults and adults	All populations	Alcohol-binge	To increase delivery of environmental strategies, curriculum, education, advocacy, screening, referral, evaluation mentoring, recovery coaching programs or services, that address binge drinking and its associated risks (forced sexual activity, suicide, depression, sick days, loss of wages, fetal spectrum disorders and/or poisonings associated with binge drinking	Lack of Substance Abuse Prevention Strategies



## **Monadnock Region Strategies**

- *Community Mobilization through Appreciative Inquiry*
- *Communities That Care*
- *Social Norms and Media/Social Marketing Campaign*
- *Life of an Athlete*
- *Get Connected*
- *Support Prescription Monitoring Program Regionally*
- *Enhance Enforcement*
- *Ensure Safe Storage and Disposal of Prescription Drugs*
- *Screening, Brief Intervention, & Referral to Treatment (SBIRT)*
- *Parental Monitoring*
- *All Stars Junior-Core-Boosters*
- *Good Behavior Game*
- *Healthy Alternative for Little Ones (HALO)*
- *New England Poison Control Curriculum (NEPC)*
- *Get Connected*

# Greater Manchester Region

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease non-medical prescription drug use	All populations	Non-medical prescription drug	To increase the perception of risk of harm of non-medical prescription drugs	Low Perception of Risk of Harm of Substance Use
Decrease non-medical prescription drug use	HS youth Adults	Non-medical prescription drug	To decrease access to prescription drugs for non-medical use among high school aged youth and adults	Easy access and availability
Decrease non-medical prescription drug use	HS youth Adults	Non-medical prescription drug	To increase the collaboration of resources and services among multiple systems and providers of health to address Whole Health	Lack of Coordination of Resources and Services
Decrease non-medical prescription drug use	HS youth Adults	Non-medical prescription drug	To increase awareness of mental health as a part of holistic wellbeing	Lack of awareness of relationship between mental health and wellbeing
Decrease non-medical prescription drug use	HS youth Adults	Non-medical prescription drug	To build and expand upon the capacity of the Greater Manchester Region to sustain long-term prevention efforts	Low community readiness and lack of capacity to address substance use
Decrease non-medical prescription drug use	All populations	Non-medical prescription drug	To integrate and share data among prevention services and resource providers	Lack of Coordination of Resources and Services
Decrease alcohol use	All populations	Alcohol	To decrease social access to alcohol among high school aged youth	Easy access and availability
Decrease alcohol use	All populations	Alcohol	To increase enforcement capacity to address underage drinking	Low community readiness and lack of capacity to address substance use
Decrease alcohol use	HS youth Adults	Alcohol	To increase the collaboration of resources and services among multiple systems and providers of health to address Whole Health	Lack of Coordination of Resources and Services
Decrease alcohol use	HS youth Adults	Alcohol	To increase awareness of mental health as a part of holistic wellbeing	Lack of awareness of relationship between mental health and wellbeing
Decrease alcohol use	HS youth Adults	Alcohol	To build and expand upon the capacity of the Greater Manchester Region to sustain long-term prevention efforts	Low community readiness and lack of capacity to address substance use
Decrease binge drinking	11th-12th grade youth Young adults	Alcohol-binge	To decrease social access to alcohol among high school aged youth	Easy access and availability: social
Decrease binge drinking among	11th-12th grade youth Young adults	Alcohol-binge	To decrease retail access to alcohol among high school aged youth	Easy access and availability: retail
Decrease binge drinking	11th-12th grade youth Young adults	Alcohol-binge	To increase capacity of law enforcement to address underage drinking	Low community readiness and lack of capacity to address substance use
Decrease binge drinking	11th-12th grade youth Young adults	Alcohol-binge	To increase the collaboration of resources and services among multiple systems and providers of health to address Whole Health	Lack of Coordination of Resources and Services
Decrease binge drinking	11th-12th grade youth Young adults	Alcohol-binge	To increase awareness of mental health as a part of holistic wellbeing	Lack of awareness of relationship between mental health and wellbeing

## Greater Manchester Region *continued*

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease binge drinking	11th-12th grade youth Young adults	Alcohol-binge	To build and expand upon the capacity of in the Greater Manchester Region to sustain long-term prevention efforts	Low community readiness and lack of capacity to address substance use
Decrease marijuana use	HS youth	Marijuana	To increase the perception of risk of harm of marijuana use among high school aged youth	Low Perception of Risk of Harm of Substance Use
Decrease marijuana use	HS youth	Marijuana	To decrease social access to marijuana use among high school aged youth	Easy access and availability
Decrease marijuana use	HS youth	Marijuana	To increase the collaboration of resources and services among multiple systems and providers of health to address Whole Health	Lack of Coordination of Resources and Services
Decrease marijuana use	HS youth	Marijuana	To increase awareness of mental health as a part of holistic wellbeing	Lack of awareness of relationship between mental health and wellbeing
Decrease marijuana use	HS youth	Marijuana	To build and expand upon the capacity of in the Greater Manchester Region to sustain long-term prevention efforts	Low community readiness and lack of capacity to address substance use



### Greater Manchester Region Strategies

- *Media Power Youth: Elementary & Middle School Curricula Training*
- *Screening and Brief Intervention and Treatment (SBIRT) and Brief Alcohol Screening and Intervention for College Students (BASICS)*
- *Teen Institute Summer Leadership Program (for high school students)*
- *Teen Institute Training for Youth: Leaders in Prevention (for middle school students)*
- *William S. Green Program Manchester Youth Leadership Program*
- *Center for Alcohol Marketing and Youth (CAMY) Consulting from Dr. David Jernigan*
- *DrinkStory.com*
- *Permanent Prescription Drug Disposal Locations*
- *Life of an Athlete*
- *Change Prescriber Practices - Trainings for Providers*
- *Strengthening Families Program, Celebrating Families!, Strengthening Families Program for Parents & Youth 10-14*
- *Making Change*
- *Operation: Military Kids (OMK)*
- *Project SUCCESS*
- *Media/Social Marketing Campaign - Regional PSA Messaging*
- *Saturday Teen Night Program*
- *Communities Mobilizing for Change on Alcohol (CMCA) at Crispin's House*



## Greater Manchester Region Strategies

- *Capacity Building for Quantitative Data Collection*
- *Youth to Youth (Y2Y), Dover Youth Empowerment Model*
- *Buyers Beware*
- *Alternative Activities for High-Risk Youth*
- *Refugee and Immigrant Women Support Program*
- *Suicide Prevention Initiative*
- *Capacity Building for Mental Health Providers to Increase Access for Diverse Populations*
- *Media Power Youth: Elementary & Middle School Curricula Training*
- *Data Collection: Youth Risk Behavior Survey (YRBS)*
- *Screening and Brief Intervention and Treatment (SBIRT) and Brief Alcohol Screening and Intervention for College Students (BASICS)*



# Greater Nashua Region

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease underage drinking	HS youth	Alcohol	To decrease access to alcohol among high school aged youth	Easy access and availability
Decrease underage drinking	HS youth	Alcohol	To increase the perception of great risk of harm of regular alcohol use among high school aged youth	Low Perception of Risk of Harm of Substance Use
Decrease underage drinking	HS youth	Alcohol	To increase the perception of wrongness of regular alcohol use among high school aged youth	Low Perception of Wrongness of Substance Use
Decrease underage drinking	HS youth	Alcohol	To increase collection, dissemination and use of substance use data	Insufficient Substance Use Data for Decision-Making
Decrease underage drinking	HS youth	Alcohol	To increase representation of local substance use coalitions to 100% of towns	Low community readiness and lack of capacity to address substance use
Decrease underage drinking	HS youth	Alcohol	To increase capacity for substance use prevention in the five core sectors	Low community readiness and lack of capacity to address substance use
Decrease marijuana use	HS youth	Marijuana	To increase knowledge of the medical consequences of marijuana use among youth, parents and older adults	Low Perception of Risk of Harm of Substance Use
Decrease marijuana use	HS youth	Marijuana	To increase perception of great risk of harm of regular marijuana use among high school aged youth	Low Perception of Risk of Harm of Substance Use
Decrease marijuana use	HS youth	Marijuana	To increase perception of wrongness of regular marijuana use among high school aged youth	Low Perception of Wrongness of Substance Use
Decrease marijuana use	HS youth	Marijuana	To increase collection, dissemination and use of substance use data	Insufficient Substance Use Data for Decision-Making
Decrease marijuana use	HS youth	Marijuana	To increase representation of local substance use coalitions to 100% of towns	Low community readiness and lack of capacity to address substance use
Decrease marijuana use	HS youth	Marijuana	To increase capacity for substance use prevention in the five core sectors	Low community readiness and lack of capacity to address substance use
Decrease non-medical use of prescription drugs	HS youth	Non-medical prescription drug	To decrease access to prescription drugs among youth and adults	Easy access and availability
Decrease non-medical use of prescription drugs	HS youth	Non-medical prescription drug	To increase perception of great risk of harm of non-medical prescription drug use among high school aged youth	Low Perception of Risk of Harm of Substance Use
Decrease non-medical use of prescription drugs	HS youth	Non-medical prescription drug	To increase perception of wrongness of non-medical prescription drug use among high school aged youth	Low Perception of Wrongness of Substance Use
Decrease non-medical use of prescription drugs	HS youth	Non-medical prescription drug	To increase collection, dissemination and use of substance use data	Insufficient Substance Use Data for Decision-Making
Decrease non-medical use of prescription drugs	HS youth	Non-medical prescription drug	To increase representation of local substance use coalitions to 100% of towns	Low community readiness and lack of capacity to address substance use
Decrease non-medical use of prescription drugs	HS youth	Non-medical prescription drug	To increase capacity for substance use prevention in the five core sectors	Low community readiness and lack of capacity to address substance use



## Greater Nashua Region Strategies

- *Buyers Beware*
- *Big Brothers Big Sisters Mentoring Program (2 Levels)*
- *Life of an Athlete*
- *Active Parenting (Active Parenting NOW and Active Parenting of Teens)*
- *Media/Social Marketing Campaign*
- *Fostering Healthy Choices through Juvenile Court/Diversion*
- *Media Power Youth Crew*
- *Photovoice Project*
- *Teen Institute Training for Youth*
- *DrinkStory.com*
- *Media Power and You in Action*
- *Media Power Youth: Elementary & Middle School Curricula Training*
- *Assessment*
- *Coalition-Building and Communities Mobilizing for Change on Alcohol (CMCA) Model for Community Organizing*
- *Regional Network Capacity Building*
- *Change Prescriber Practices - Trainings for Providers*
- *Permanent Prescription Drug Disposal Locations*
- *Friendly PEERsuasion*

## Greater Rockingham County Region

GOAL	TARGET POPULATION	FOCUS SUBSTANCE	OBJECTIVE	RISK FACTOR
Decrease use of non-medical prescription drugs	HS youth Young Adults	Non-medical prescription drug	To increase the perception of risk of harm of non-medical prescription use among high school aged youth	Low Perception of Risk of Harm of Substance Use
Decrease use of non-medical prescription drugs	HS youth Young Adults	Non-medical prescription drug	To decrease access to non-medical prescription drugs among youth and young adults	Easy access and availability
Decrease use of non-medical prescription drugs	HS youth Young Adults	Non-medical prescription drug	To increase the perception of wrongness of someone their age to use non-medical prescription drugs	Low Perception of Wrongness of Substance Use
Decrease use of non-medical prescription drugs	HS youth Young Adults	Non-medical prescription drug	To provide law enforcement with adequate resources for enforcement of consequences for misuse and abuse of prescription drugs	Lack of resources
Decrease use of non-medical prescription drugs	HS youth Young Adults	Non-medical prescription drug	To decrease bullying among high school aged youth	High rates of bullying
Decrease use of non-medical prescription drugs	HS youth Young Adults	Non-medical prescription drug	To increase implementation of the Youth Risk Behavior Survey (entire local sample) among high schools	Insufficient Substance Use Data for Decision-Making
Decrease use of marijuana	HS Youth	Marijuana	To increase the perception of risk of harm of smoking marijuana regularly among high school aged youth	Low Perception of Risk of Harm of Substance Use
Decrease use of marijuana	HS Youth	Marijuana	To provide law enforcement and communities with adequate resources to enforce consequences for marijuana use	Lack of resources
Decrease use of marijuana	HS Youth	Marijuana	To increase the perception of wrongness for someone their age to smoke marijuana regularly among high school aged youth	Low Perception of Wrongness of Substance Use
Decrease use of marijuana	HS Youth	Marijuana	To decrease bullying among high school aged youth	High rates of bullying
Decrease use of marijuana	HS Youth	Marijuana	To increase implementation of the Youth Risk Behavior Survey (entire local sample) among high schools	Insufficient Substance Use Data for Decision-Making
Decrease use of alcohol	HS Youth	Alcohol	To increase the perception of wrongness for someone their age to drink alcohol regularly among high school aged youth	Low Perception of Wrongness of Substance Use
Decrease use of alcohol	HS Youth	Alcohol	To decrease ease of access to alcohol among high school aged youth	Easy access and availability
Decrease use of alcohol	HS Youth	Alcohol	To increase the perception of risk of harm of regular alcohol use among high school aged youth	Low Perception of Risk of Harm of Substance Use
Decrease use of alcohol	HS Youth	Alcohol	To decrease bullying among high school aged youth	High Rates of Bullying
Decrease use of alcohol	HS Youth	Alcohol	To increase implementation of the Youth Risk Behavior Survey (entire local sample) among high schools	Insufficient Substance Use Data for Decision-Making



## **Greater Rockingham County Region Strategies**

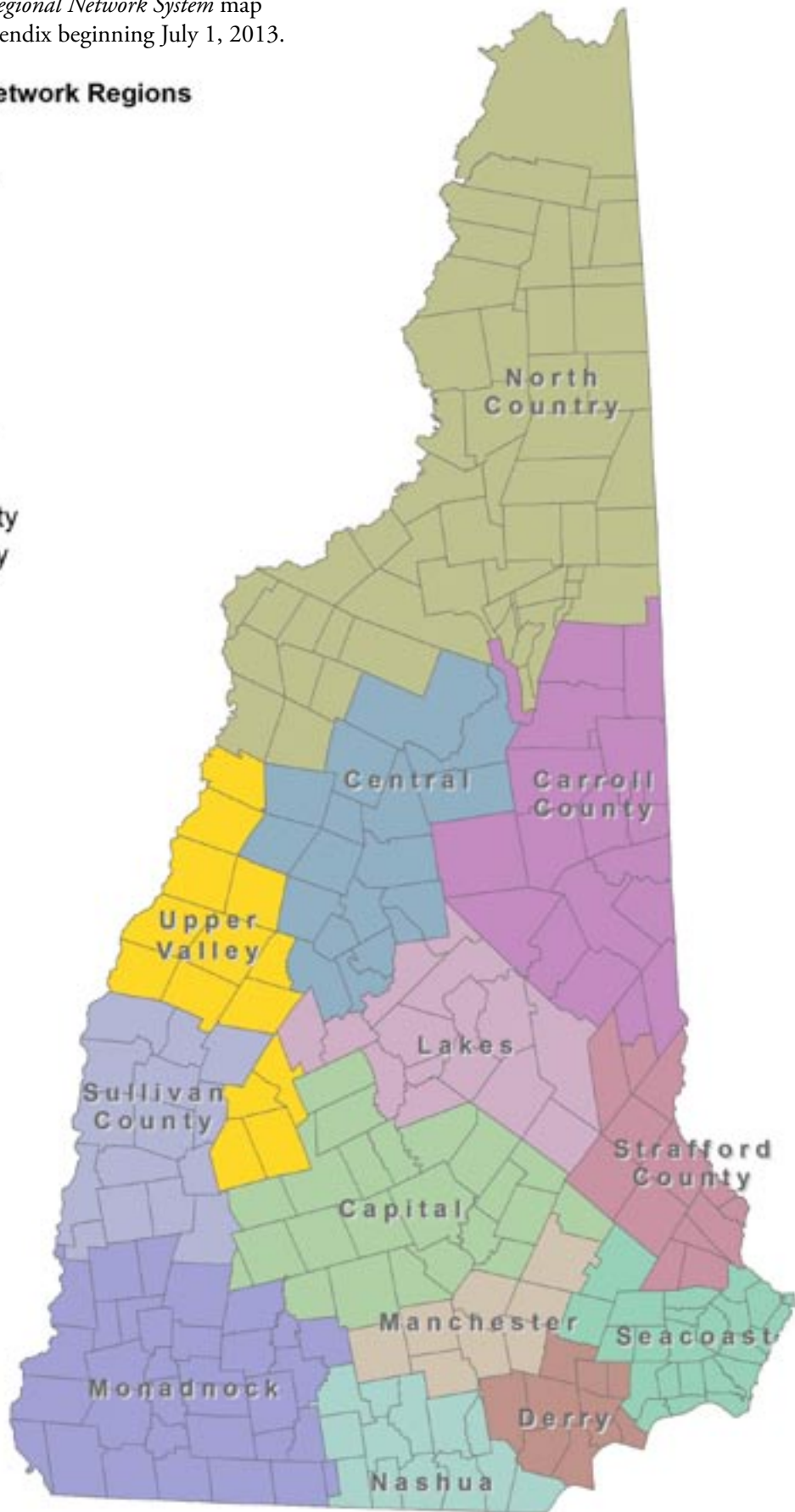
- *Drug Free Workplace Initiative: Healthy Workplace and Wellness Outreach at Work*
- *Regional Prescription Drug Task Force*
- *Social Norms Campaign*
- *Screening, Brief Intervention & Referral to Treatment*
- *Student Assistance Program/Project SUCCESS*
- *Communities Mobilizing for Change on Alcohol (CMCA)*
- *Life of an Athlete*
- *Youth Leadership Institute (YLI) Model*
- *Community Diversion Program*
- *Olweus Bullying Prevention Program (OBPP)*
- *Buyers Beware*

## 2013 Map of NH Regional Public Health Networks

This map will replace the *Regional Network System* map on the first page of this appendix beginning July 1, 2013.

### NH Public Health Network Regions

- Capital
- Carroll County
- Central
- Derry
- Lakes
- Manchester
- Monadnock
- Nashua
- North Country
- Seacoast
- Strafford County
- Sullivan County
- Upper Valley





## Appendix E: Commitments by Commission, Task Force and Stakeholders

The Commission's greatest asset is its membership and the key stakeholders who contribute leadership, resources, and action to help mitigate the harm to New Hampshire citizens and communities affected by alcohol and other drug misuse.

A summary of the contributions and commitments of member agencies and stakeholders in service to these two critical sub-goals is presented below. Sub-populations who are served by these agencies and stakeholders and who were identified as needing special focus over the next five years are also noted.

The following Commission member agencies, constituencies, and key stakeholders are committed to the noted strategy areas and corresponding activities in service to state plan goals:

### Adjutant General of the New Hampshire National Guard\*

The Adjutant General's Office of the New Hampshire National Guard supports the prevention of alcohol and other drug misuse within New Hampshire communities through its Counter Drug Task Force that works closely with the NH Bureau of Drug and Alcohol Services and with local and regional drug prevention coalitions and networks. It also supports the prevention of alcohol and other drug misuse within its membership. Activities relative to both that the Guard commits to in service to the state plan include the following:

#### PUBLIC EDUCATION

- Provide information to public education planning efforts as requested
- Assist in the dissemination of public education messages and materials as appropriate
- Contribute resources, including but not limited to the technical expertise provided to the Partnership for a Drug Free New Hampshire by the NH Counter Drug Task Force of the NH National Guard, to public education messages and dissemination as they are available

#### TRAINING & PROFESSIONAL DEVELOPMENT

- Continue to provide training and professional development to military personnel on the impacts of alcohol and other drug use on military service, family relationships, mental health, and other topics

#### EFFECTIVE POLICY, PRACTICE & PROGRAMS

- Continue to support local community coalitions in alcohol and other drug misuse prevention, including prescription drug take-back events and community mobilization
- Continue to participate and facilitate random drug testing and referral to early intervention, treatment and recovery supports with members of the military and to provide support services for family members

*\*Governor's Commission Member*

## Administrative Office of the Courts\*

The Administrative Office of the Courts provides high quality centralized and specialized support services to the state's 78 courts.

### DATA UTILIZATION

- Support the analysis and reporting of immediate and intermediate outcomes of individuals in the state's drug and mental health courts

*\*Governor's Commission Member*

## Attorney General's Office\*

### FINANCIAL RESOURCING

- Continue to seek and secure public and private funding for initiatives, including the Prescription Drug Monitoring Program and other on-going efforts

### PUBLIC EDUCATION

- Provide information to public education planning efforts as requested
- Assist in the dissemination of public education messages and materials as appropriate
- Contribute resources to public education messages and dissemination as they are available

### TRAINING & PROFESSIONAL DEVELOPMENT

- In partnership with Policy Standards and Training Unit (PTSU) and other training organizations, support expanded training and professional development opportunities available to and accessed by law enforcement & other safety personnel relative to topics including enforcing modified DWI laws, investigating prescription drug diversion, and responding to new issues relative to synthetic drugs

*The Office of the Attorney General will also continue to proactively support legislative initiatives in support of state plan activities as appropriate.*

*\*Governor's Commission Member*





## National Alliance for the Mentally Ill – New Hampshire (NAMI-NH)

The NAMI-NH is committed to improved coordination of mental health and substance abuse treatment to improve health outcomes and is committed to the following activities in service to five-year plan goals.

### PUBLIC EDUCATION

- Provide information to public education planning efforts to ensure a portion of messages and materials reflect the correlation between alcohol and other drug misuse and mental health
- Assist in the dissemination of public education messages and materials

### TRAINING & PROFESSIONAL DEVELOPMENT

- Promote and support cross-training of mental health and substance abuse treatment practice
- Incorporate alcohol and drug misuse and mental health correlations into existing training programs

## New Futures

New Futures is a non-partisan, nonprofit organization that advocates, educates and collaborates to prevent and reduce alcohol and other drug problems in New Hampshire. The organization cultivates political will for legislation that will have a substantial, positive impact on alcohol and other drug problems in the state. New Futures is committed to the following activities in service to plan goals and will continue to proactively support legislative initiatives in support of state plan activities as appropriate.

### LEADERSHIP

- Continue annual activities to train and develop community leaders to serve as advocates in policy and legislative initiatives

### FINANCIAL RESOURCING

- Continue to advocate and mobilize advocates for increased state and other financial resourcing to support state plan goals and activities

### PUBLIC EDUCATION

- Provide information to public education planning efforts as requested
- Assist in the dissemination of public education messages and materials as appropriate

### TRAINING & PROFESSIONAL DEVELOPMENT

- Continue to provide training and professional development relative to advocacy for improved or expanded alcohol and other drug programs and resources

### DATA UTILIZATION

- Continue to develop and disseminate data-driven policy briefs, including data on the financial burden of alcohol and other drug misuse on the state and communities

## NH Alcohol & Drug Abuse Counselors Association (NHADACA)/ NH Training Institute on Addictive Disorders (NHTIAD)

NHADACA/NHTIAD is committed to the continuance and expansion of the following activities in service to the plan goals.

### LEADERSHIP

- Promote the growth of a knowledgeable professional workforce skilled in advocating for its needs and the needs of its clients
- Promote leadership development through mentoring addiction professionals in advocacy efforts on the state and local levels
- Provide information and education relative to current public policy issues to law and policy makers and key stakeholders on behalf of the profession and clients
- Continue established relationships with legislators and policymakers
- Identify potential supporters and detractors and foster dialogue through education and advocacy

### FINANCIAL RESOURCING

- Collaborate with other stakeholders and policymakers on developing financial resources and sustainability strategies to support alcohol and other drug misuse prevention, intervention, treatment and recovery systems of care

### PUBLIC EDUCATION

- Provide information regarding access to services and resource availability to consumers and potential consumers of alcohol and other drug prevention, intervention, treatment and recovery services
- Provide education about the patterns of use, harmful effects and consequences of alcohol and other drug misuse to key stakeholders and sectors

### TRAINING & PROFESSIONAL DEVELOPMENT

- Through the NHTIAD, continue to provide and expand alcohol and drug-related training for a range of professionals including law enforcement, medical, education, and other community sectors on alcohol and other drug prevention, intervention, treatment and recovery issues
- Advance the education, knowledge, and skills of substance use professionals and their associates throughout the state by continuing to offer in-person and online training, public information and resources
- Continue to provide cross-training and professional development opportunities that meet credentialing needs for substance use professionals, nurses, therapists, forensics counselors, social workers and other treatment providers, in evidence-informed and evidenced-based practices, policies and programs

### DATA UTILIZATION

- Through various NHADACA programs, committees and activities disseminate information relative to alcohol and other drug misuse as needed to inform effective policies, practices and programs across the spectrum of community sectors

*continued*

## NHADACA/NHTIAD *continued*

### EFFECTIVE POLICY, PRACTICE & PROGRAMS

- Examine, endorse, and encourage competent and comprehensive programs for the education of addiction professionals and allied professions and systems impacting the lives of people experiencing addiction
- Offer professional development opportunities that address substance misuse and co-occurring mental health, medical and public health issues grounded in evidence-informed and evidenced-based practices spanning the scope of prevention, intervention, treatment and recovery

## New Hampshire Bureau of Behavioral Health

The Bureau of Behavioral Health seeks to promote respect, recovery, and full community inclusion for adults, including older adults, who experience a mental illness and children with an emotional disturbance. The Bureau recognizes the pervasive co-occurrence of mental health disorders and substance use disorders and commits to the following in service to the state plan goals:

### PUBLIC EDUCATION

- Assist in the dissemination of public education messages to individuals and families receiving mental health services

### TRAINING & PROFESSIONAL DEVELOPMENT

- Promote and support cross-training of mental health and substance abuse treatment practitioners
- Incorporate information about alcohol and drug misuse and mental health correlations into existing training programs

### EFFECTIVE POLICY, PRACTICE & PROGRAMS

- Promote and provide technical support and leadership to the integration of mental health and substance abuse services
- Promote the use of evidence-based treatment protocols that improve outcomes for individuals with co-occurring disorders



## New Hampshire Bureau of Drug and Alcohol Services (BDAS)\*

As the federally recognized Single State Authority for Substance Abuse Services for New Hampshire, the Bureau of Drug and Alcohol Services maintains an integral foundation for prevention, intervention, treatment and recovery support services. The Bureau manages contracts for state-wide prevention networks, a training institute for addictive disorders, a technical assistance center for substance abuse services, a clearinghouse and lending library, a care coordination contract for recovery support services, detoxification services, residential and outpatient treatment services, the state's educational program for multiple offenders of driving while under the influence (DWI) laws, and other programs. The Bureau also supports the licensing and certification of the substance abuse work force, including the Certified Prevention Specialist, the Licensed Alcohol and Drug Counselor (LADC) and Master's LADC, and Recovery Support Worker programs.

As the Single State Authority, the Bureau is also committed both to ensuring the provision of quality, effective services across the continuum of services (prevention, intervention, treatment and recovery) and supporting the expansion of quality, effective service in broader systems and sectors, such as primary care, mental health services, local law enforcement, employee assistance, school policy, and community supports. In service to this mission and to the state plan, BDAS commits to the following activities:

### PUBLIC EDUCATION

- Continue to disseminate educational materials through the state Clearinghouse and Lending Library
- Continue to support the efforts of the Partnership for a Drug Free New Hampshire
- Continue participation in the media efforts of the state Implementation Task Force for the state's prescription drug plan
- Assist in the dissemination of public education messages and materials to schools, children, youth, and parents

### TRAINING & PROFESSIONAL DEVELOPMENT

- Through its professional staff and subcontractors, expand capacity to deliver highly accessible (including web-accessible) training, professional development, and technical assistance for *substance abuse service* providers to support the delivery of high quality, effective programs recommended in this plan across prevention, intervention, treatment and recovery
- Through its professional staff and subcontractors, expand capacity to deliver highly accessible (including web-accessible) training, professional development, and technical assistance for other sectors and professionals to support awareness, knowledge, policies and practices to improve responses to alcohol and other drug misuse and its consequences
- Lead and/or support a collaborative effort to expand alcohol and other drug training and education within a wider range of higher education major and minor areas of study

*\*Governor's Commission Member*

continued

## New Hampshire Bureau of Drug and Alcohol Services *continued*

### DATA UTILIZATION

- Continue to conduct analyses and report on data relative to alcohol and other drug misuse, including but not limited to supporting the NH Department of Education's administration of the Youth Risk Behavior Survey
- Continue to conduct performance reviews and report outcome data for Bureau-funded prevention, intervention, treatment and recovery support programs
- Support data analysis and dissemination relative to the financial burden of alcohol and other drug misuse and savings realized from programs and activities

### EFFECTIVE POLICY, PRACTICE & PROGRAMS

- Support the adoption of model school policies to effectively address alcohol and other drug misuse
- Support the adoption of model workplace policies to effectively address alcohol and other drug misuse
- Support the adoption of effective student assistance programs in middle and high schools
- Support other policies, programs and practices per community priority, based on local substance abuse data as reflected in the ten strategic plans of the Bureau's Regional Network System (See Appendices for more information)
- Support the improvement of treatment practice relative to wait times, adolescent treatment availability, recovery support services, and reduced barriers (e.g. child care, transportation, life skills, etc)
- Support the understanding and adoption of resiliency- and recovery-oriented systems of care principles within and across state and community systems of care

## New Hampshire Charitable Foundation

The mission of the New Hampshire Charitable Foundation is to strengthen communities and inspire greater giving by:

- Investing charitable assets for today and tomorrow
- Funding effective organizations, ideas and students
- Leading and collaborating on important public issues

Since 1993, the Foundation has supported substance use disorders work across the state through its Substance Use Disorders Portfolio, making over \$2.5 million dollars in grants annually to reduce the burden caused to the citizens of New Hampshire by alcohol, tobacco and other drugs. Through stewardship of our donors' intent, the foundation is committed to leveraging philanthropic resources towards the focus areas identified in the State Plan. This includes:

- Consistent, long-term commitment to policy and advocacy efforts around alcohol and other drugs – through both philanthropic investments and direct civic engagement
- Financial investment in training, technical assistance and evaluative capacity to improve the quality of substance use disorders services.
- A 10-year focus on prevention, with \$1.2 million per year invested into the state's substance use prevention system (2013-2023)

## New Hampshire Department of Corrections\*

The New Hampshire Department of Corrections includes in its core mission the provision of a continuum of services that promote successful re-entry of individuals from correctional facilities into society for the safety of New Hampshire citizens and in support of crime victims. The Department of Corrections is committed to the following in support of the state plan goals:

### TRAINING & PROFESSIONAL DEVELOPMENT

- Continue to provide training to corrections staff for evidence-based screening, assessment, treatment planning, and care coordination
- Continue to provide access to professional development for corrections staff to increase their understanding of substance use disorders and co-occurring substance use and mental health disorders
- Continue to encourage community agencies working with re-entry population to be trained in culturally competent and sensitive care for re-entry populations

### DATA UTILIZATION

- Continue to conduct and report on recidivism rates for alcohol and other drug parole violations
- Conduct program evaluation and report outcome data on community corrections program
- Support data analysis and dissemination relative to financial burden of alcohol and other drug misuse and savings realized from programs and activities

### EFFECTIVE POLICY, PRACTICE & PROGRAMS

- Explore and build capacity for rapid drug testing and certain and swift sanctions for individuals on probation or parole
- Provide critical substance abuse and re-entry services for justice-involved, including support services such as housing and employment assistance

*\*Governor's Commission Member*



### **PUBLIC EDUCATION**

- Assist in the dissemination of public education messages and materials to schools, children, youth, and parents

### **TRAINING & PROFESSIONAL DEVELOPMENT**

- Provide the opportunity for DOE on-line training system to include training modules on alcohol and other drug prevention policy, program and practice topics
- Assist with communicating training and professional development opportunities relative to alcohol and drug misuse to schools

### **DATA UTILIZATION**

- Continue to administer the Youth Risk Behavior Survey (YRBS) biannually in New Hampshire high schools to monitor risk behavior, mental health indicators, and perceptions and attitudes related to risky behavior
- Continue to offer schools the opportunity to survey their whole school populations at a low cost to interested schools and communities
- Continue to coordinate with the Bureau of Drug and Alcohol Services the analysis and reporting of YRBS data for school and community prevention efforts
- Support data analysis and dissemination relative to financial burden of alcohol and other drug misuse and savings realized from programs and activities

### **EFFECTIVE POLICY, PRACTICE & PROGRAMS**

- Promote the adoption of model school policies to effectively address alcohol and other drug misuse
- Promote evidence-based student assistance programs in middle and high schools
- Promote a comprehensive service array in schools, including peer support services, prevention
- Promote annual education of parents, staff and students relative to the harm and risks associated with alcohol and other drug misuse and effective prevention and intervention strategies
- Promote the teaching of evidence-based alcohol and other drug prevention curriculum to students each year of public school, with particular attention to education in key transition years (e.g. entering middle school, entering ninth grade, transitioning to post-secondary)

*\*Governor's Commission Member*



## New Hampshire Division of Public Health Services

### PUBLIC EDUCATION

- Assist in the dissemination of public education materials and messages to children, youth, families, and individuals served by DHHS programs and systems

### TRAINING & PROFESSIONAL DEVELOPMENT

- Continue to promote training and professional development to support the implementation of SBIRT in community health centers

### DATA UTILIZATION

- Continue development of the WISDOM data portal to increase data access and products pertaining to alcohol and other drug misuse, substance use disorders, and treatment and recovery support utilization
- Support data analysis and dissemination of substance use related health outcomes of those served by the department's managed care contractors
- Support data analysis and dissemination relative to financial burden of alcohol and other drug misuse and savings realized from programs and activities

### EFFECTIVE POLICY, PRACTICE & PROGRAMS

- Continue to promote universal evidence-based screening for alcohol and other drug misuse in community health centers and referral to specialty services when appropriate

## New Hampshire Department of Safety\*

### PUBLIC EDUCATION

- Develop and disseminate public education messages and materials relative to new drugged driving law and prescription drug diversion

### DATA UTILIZATION

- Continue to analyze and report safety-related data in service to the state plan

### EFFECTIVE POLICY, PRACTICE & PROGRAMS

- Continue to support local prescription drug Take Back/Disposal programs to collect unused prescription medications
- Continue to conduct special patrols and surveillance to enforce safe driving laws

*\*Governor's Commission Member*



## New Hampshire Liquor Commission\*

### PUBLIC EDUCATION

- Continue and expand the development and dissemination of public education messages and materials relative to alcohol misuse, including messages regarding the danger and legal consequences of underage drinking, binge drinking, over-serving, hosting underage alcohol or drug parties (Social Host Law), and high risk drinking risks for adults
- Seek and secure funding to increase prevention messages
- Consider ways to allocate internal resources and/or external resources from the alcohol industry or other organizations to achieve an adequate ratio of messages (e.g. for every \$10 or ten messages the state spends or disseminates to market alcohol, \$1 or one message markets the prevention of underage drinking and/or low risk alcohol use by young adults and adults)

### TRAINING & PROFESSIONAL DEVELOPMENT

- Continue to provide training for law enforcement and other safety personnel in Drug Recognition Expert (DRE) certification and Advanced Roadside Impairment Detection Enforcement (ARIDE) to help deter motor vehicle impairment due to alcohol or other drug misuse

### DATA UTILIZATION

- Provide Commission and state plan partners with “Last Drink” data being collected by the Division of Liquor Enforcement that is collected from individuals stopped at sobriety checkpoints in the state about where they consumed their last alcoholic beverage

### EFFECTIVE POLICY, PRACTICE & PROGRAMS

- Continue to assist in sobriety checkpoints and the surveillance and monitoring of liquor laws

The Division of Liquor Enforcement noted that their public education budget for prevention and enforcement messages has decreased from approximately \$60,000 to \$10,000 for state fiscal year 2013 due to the reduction or elimination of grant programs that had previously provided public education funding. The Division is committed to exploring new and creative investment in these important public service messages.

*\*Governor's Commission Member*



## Other Partners and Initiatives

There are many councils and task forces in New Hampshire that address either directly or indirectly the misuse of alcohol and other drugs and access to services and whose work, by its nature, will support the state plan. Although the list below is not exhaustive, it provides snapshot of professional and community organizations who contribute resources, leadership, expertise, and connectivity to populations and efforts and that may serve key roles during the plan's implementation.

### New Hampshire Alcohol and Other Drug Service Providers Association

The New Hampshire Alcohol and Other Drug Service Providers Association works with colleagues on the state and national level to ensure that infrastructure development, policies and funding systems function in the best interests of clients and consumers. The association represents the provider field with one voice, ensuring that concerns, ideas and messages are delivered to those stakeholders who provide funding and other support for effective service delivery.

[www.thenhproviders.org](http://www.thenhproviders.org)

### New Hampshire Children's Behavioral Health Collaborative

In 2010, a Children's Behavioral Health Collaborative was convened with the goal of improving the behavioral health of New Hampshire's children and youth with mental health and substance use disorders and their families by developing a statewide, comprehensive strategic plan to create a unified system of care. The plan will include actionable recommendations for improving and expanding services provided within systems of care and will include a population focus on children and youth from birth to age 21 and their families. The Collaborative has presented its planning efforts thus far with the Commission and has expressed its desire to coordinate implementation of the respective state plans and take advantage of natural synergies.

[www.NH4Youth.org](http://www.NH4Youth.org)

### New Hampshire Coalition on Substance Abuse, Mental Health, and Aging

The mission of the NH Coalition on Mental Health, Substance Abuse and Aging is to help people meet the challenges they face as they age with respect to the use of alcohol and the management of medications, and with regard to maintaining good mental health. The coalition's goals center around education, development and/or distribution of resource materials and advocacy. The Coalition includes consumers and representatives from a number of state and community organizations that serve elders. The Coalition also serves as the advisory council for a state-wide program, REAP, that educates older adults on the risks of alcohol abuse and prescription drug misuse or interactions with alcohol. Education also includes increasing awareness of the co-occurrence of depression and/or anxiety with alcohol and prescription drug misuse.

<http://www.dhhs.nh.gov/dcbcs/beas/>

## New Hampshire Suicide Prevention Council

The mission of the State Suicide Prevention Council (SPC) is to reduce the incidence of suicide in New Hampshire by accomplishing the goals of the Suicide Prevention Plan which are to raise public and professional awareness of suicide prevention; address the mental health and substance abuse needs of all residents; address the needs of those affected by suicide; and promote policy change.

<http://www.dhhs.nh.gov/dphs/suicide/council.htm>

## NOFASNH

A group of New Hampshire residents joined together to become an affiliate of the National Organization on Fetal Alcohol Syndrome (NOFAS). NOFAS is the leading voice of FASD advocates nationwide. NOFAS educates practitioners, policymakers, and the public about Fetal Alcohol Spectrum Disorders and the harmful effects of alcohol use during pregnancy.

The ultimate goals of this collaboration are to build and maintain a strong system of supports and services to prevent FASD and to meet the needs of people and families in New Hampshire who are affected by this life-long disability.

[www.nofas.org](http://www.nofas.org)

## Partnership for a Drug Free New Hampshire

The Partnership for a Drug Free NH coordinates media efforts to convey consistent, universal, effective messaging to help prevent the misuse of alcohol and other drugs in New Hampshire and increase awareness that treatment can work and recovery is possible through a collaboration of coalitions, networks, groups, organizations, and agencies.

[www.drugfreenh.org](http://www.drugfreenh.org)

## SPARK NH

Spark NH is an Early Childhood Advisory Council appointed by the Governor. It is a private-public partnership that works to create a comprehensive coordinated system of programs and supports for young children and their families.

[www.sparknh.org](http://www.sparknh.org)





## Appendix F: Stakeholder and Partner Contact List

### ▶ NEW FUTURES

603.225.9540 • [info@new-futures.org](mailto:info@new-futures.org) • [www.new-futures.org](http://www.new-futures.org)

### ▶ NEW HAMPSHIRE ALCOHOL AND DRUG COUNSELORS ASSOCIATION

603.528.6800 • [nhtiad@gmail.com](mailto:nhtiad@gmail.com) • [www.nhadaca.org](http://www.nhadaca.org)

### ▶ NEW HAMPSHIRE ALCOHOL AND OTHER DRUG ABUSE SERVICE PROVIDERS ASSOCIATION

603.225.9540 Ext 113 • [abby@thenhproviders.org](mailto:abby@thenhproviders.org) • <http://thenhproviders.org/>

### ▶ NEW HAMPSHIRE CENTER FOR EXCELLENCE

603.573.3300 • [nhcenterforexcellence@jsi.com](mailto:nhcenterforexcellence@jsi.com) • [www.nhcenterforexcellence.org](http://www.nhcenterforexcellence.org)

### ▶ NEW HAMPSHIRE CHILDREN'S BEHAVIORAL HEALTH COLLABORATIVE

603.228.2084 • [melissa.mandrell@unh.edu](mailto:melissa.mandrell@unh.edu) • [www.iod.unh.edu/behavioral\\_health\\_summit](http://www.iod.unh.edu/behavioral_health_summit)

### ▶ NEW HAMPSHIRE COALITION ON MENTAL HEALTH, SUBSTANCE ABUSE AND AGING

603.271.9203 • [info@naminh.org](mailto:info@naminh.org) • <http://www.naminh.org/node/178>

### ▶ NEW HAMPSHIRE SUICIDE PREVENTION COUNCIL

603.225.5359 • [rsiegel@dhhs.state.nh.us](mailto:rsiegel@dhhs.state.nh.us) • <http://www.dhhs.nh.gov/dphs/suicide/council.htm>

### ▶ NEW HAMPSHIRE TRAINING INSTITUTE ON ADDICTIVE DISORDERS

603.528.6800 • [nhtiad@myfairpoint.com](mailto:nhtiad@myfairpoint.com) • <http://www.nhadaca.org/>

### ▶ NOFAS NH

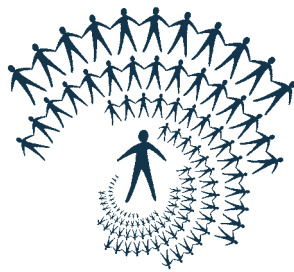
[joyce.jorgenson@wivalley.net](mailto:joyce.jorgenson@wivalley.net) • <http://www.nofas.org/affiliates-partners/>

### ▶ PARTNERSHIP FOR A DRUG FREE NEW HAMPSHIRE

603-271-4972 • [njackson-reno@dhhs.state.nh.us](mailto:njackson-reno@dhhs.state.nh.us) • [www.drugfreenh.org](http://www.drugfreenh.org)  
603-496-7481 • [jennifercusato@drugfreenh.org](mailto:jennifercusato@drugfreenh.org)

### ▶ SPARK NH

603-226-7900 • [info@sparknh.org](mailto:info@sparknh.org) • [www.sparknh.org](http://www.sparknh.org)



## Appendix G: New Hampshire Drug-Free Coalitions

► **BRIDGING THE GAPS- ROCHESTER COMMUNITY**

603-330-7160 • [www.bridgingthegapsnh.org](http://www.bridgingthegapsnh.org)

► **CADY, INC. (COMMUNITIES FOR ALCOHOL- AND DRUG-FREE YOUTH)- PLYMOUTH**

[info@cadyinc.org](mailto:info@cadyinc.org) • [www.cadyinc.com](http://www.cadyinc.com)

► **COMMUNITIES UNITED FOR SUBSTANCE ABUSE PREVENTION**

[lhennig@sullivancountrynh.gov](mailto:lhennig@sullivancountrynh.gov) • [www.PreventionWorksNH.com](http://www.PreventionWorksNH.com)

► **COMMUNITY ACTION FOR SAFE TEENS (CAST)**

[cast@svbgc.org](mailto:cast@svbgc.org) • [www.castnh.org](http://www.castnh.org)

► **COMMUNITY ALLIANCE FOR TEEN SAFETY- DERRY**

[info@catsnh.org](mailto:info@catsnh.org) • [www.catsnh.org](http://www.catsnh.org)

► **CONCORD SUBSTANCE ABUSE COALITION**

(603) 223-2023 • [www.concordprevention.org](http://www.concordprevention.org)

► **COOS COUNTY COALITION FOR SUBSTANCE ABUSE PREVENTION- LITTLETON**

[bthompson@nchcnh.org](mailto:bthompson@nchcnh.org) • [www.nchcnh.org/CSAP\\_coalition.php](http://www.nchcnh.org/CSAP_coalition.php)

► **DOVER COALITION FOR YOUTH**

[v.hebert@dover.nh.gov](mailto:v.hebert@dover.nh.gov) • [www.dovercoalition.org](http://www.dovercoalition.org)

► **FRANKLIN MAYOR'S DRUG AND ALCOHOL ABUSE TASK FORCE**

[tfowler@franklinnh.org](mailto:tfowler@franklinnh.org)

► **HINSDALE PREVENTION COALITION**

[hpc.coordinator@gmail.com](mailto:hpc.coordinator@gmail.com) • [www.hpcnh.org](http://www.hpcnh.org)

► **MERRIMACK SAFEGUARD**

603-889-1090 • [bhoude@theyouthcouncil.org](mailto:bhoude@theyouthcouncil.org)

► **MONADNOCK ALCOHOL AND DRUG ABUSE COALITION**

[mdrew@scshelps.org](mailto:mdrew@scshelps.org) • [www.madacnh.org](http://www.madacnh.org)

► **NASHUA PREVENTION COALITION (NPC)**

[janvaluk@gmail.com](mailto:janvaluk@gmail.com)

► **RAYMOND COALITION FOR YOUTH**

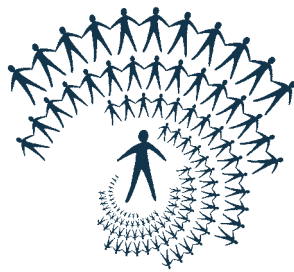
[cclark@rcyf.org](mailto:cclark@rcyf.org) • [www.RCYF.org](http://www.RCYF.org)

► **SANBORN/TIMBERLANE SAFE AND DRUG FREE COMMUNITY COALITION**

(603) 382-6541 x227 • [www.stcoalition.org](http://www.stcoalition.org)

► **WINCHESTER WE'VE GOT YOUR BACK**

[WGYBinfo@gmail.com](mailto:WGYBinfo@gmail.com) • [www.wgybwinnh.com](http://www.wgybwinnh.com)





## Appendix H: New Hampshire Regional Resource Kiosks

### New Hampshire Regional Resource Kiosks for Substance Abuse Related Information

These Alcohol, Tobacco, and Other Drug Resource Kiosks are an initiative of the NH DHHS' Bureau of Drug and Alcohol Services, and are intended to provide educational material to the general public around alcohol, tobacco, and other drug use, prevention, and treatment.

They have been located strategically around New Hampshire to reach the most number of people in each geographic area. Please feel free to visit at the following locations:

#### ▶ AMMONOOSUC COMMUNITY HEALTH SERVICES

25 Mount Eustis Road, Littleton, NH 03561

#### ▶ CARTER COMMUNITY BUILDING ASSOCIATION, (CCBA)

Carter Community Building Association, 1 Taylor Street, Lebanon, NH 03766

#### ▶ HEALTH FIRST FAMILY CARE CENTER

841 Central Street, Franklin, NH 03235

#### ▶ MANCHESTER PUBLIC LIBRARY

405 Pine Street, Manchester, NH 03104

#### ▶ MEMORIAL HOSPITAL

3073 White Mountain Highway, North Conway, NH 03860

#### ▶ MERRIMACK YMCA

6 Henry Clay Drive, Merrimack, NH 03054

#### ▶ NEWPORT HEALTH CENTER

11 John Stark Highway, Newport, NH 03773

#### ▶ SEABROOK LIBRARY

25 Liberty Lane, Seabrook, NH 03874

#### ▶ SOUTHEASTERN REGIONAL NETWORK

311 Route 108, Somersworth, NH 03878



## Appendix I: Contextual Information Regarding State Funding for Alcohol Abuse Prevention and Treatment

The following information is provided as context for on-going dialogue and action relative to the state plan's financial resourcing strategy area.

In 2000, RSA 176:A-1 was signed into law establishing an alcohol abuse prevention and treatment fund to fund alcohol education and abuse prevention and treatment programs. The full text of the RSA is provided below:

I. There is hereby established an alcohol abuse prevention and treatment fund to fund alcohol education and abuse prevention and treatment programs.

II. The fund shall be non-lapsing and continually appropriated for the purposes of funding alcohol education and abuse prevention and treatment programs. The state treasurer shall invest the moneys deposited in the fund as provided by law. Interest earned on moneys deposited in the fund shall be deposited into the fund.

III. Moneys shall be disbursed from the fund upon the authorization of the governor's commission on alcohol and drug abuse prevention, intervention, and treatment established pursuant to RSA 12-J:1. Funds disbursed shall be used for alcohol and other drug abuse prevention, intervention, and treatment services, and other purposes related to the duties of the commission under RSA 12-J:3.

Source. 2000, 328:3, eff. July 1, 2001. 2004, 126:1, eff. July 18, 2004; 126:2, eff. July 1, 2005. 2005, 77:1, eff. July 1, 2005 at 12:01 a.m.<sup>1</sup>

Furthermore, RSA 176-A:1 established a formula for the fund stipulating that 50% of the amount by which current year gross profits exceed the prior year's profits from state liquor sales and other revenues would constitute the state's contribution to this fund, with the amount not allowed to exceed 5% of gross profits for any one year<sup>2</sup>. To date, this formula has been suspended each year, and annual allocations to the fund have fluctuated significantly and below the formula amount, ranging from a high of \$5.9M in SFY2009 to lows of \$1.65M in SFY 2005 and \$1.73M in SFY.<sup>3</sup>

---

<sup>1</sup> <http://www.gencourt.state.nh.us/rsa/html/XIII/176-A/176-A-1.htm>

<sup>2</sup> <http://nhrsa.org/law/176>

<sup>3</sup> Chapter 223 of the Public Laws of 2011







*This publication was compiled by the New Hampshire Center for Excellence, a public-private partnership of the New Hampshire Charitable Foundation and the New Hampshire Bureau of Drug and Alcohol Services and is supported by the New Hampshire Charitable Foundation, the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment and the U.S. Substance Abuse and Mental Health Services Administration.*

