

2016-2019 Substance Misuse Prevention Plan for the Winnipesaukee Public Health Region

I. BACKGROUND

ALCOHOL AND OTHER DRUG PROBLEMS IN NEW HAMPSHIRE

According to the 2012-2013 NSDUH, the most recent NSDUH available, 49% of NH’s 18-25 year olds reported binge drinking in the past 30 days. This rate is the third highest in the country and much higher than the national average of 38.7%. For pain reliever abuse, 10.5% of NH young adults reported this behavior in the past year, and 10% of young adults reported illicit drug use other than marijuana. This last prevalence indicator is important for several reasons. First, it is the most accessible data point relative to young adult opioid use because the illicit drug use indicator includes opioids. Secondly, NH’s rate of 10% for 18-25 year olds reporting regular illicit drug use is *the highest in the country* and is 1.5 percentage points higher than the next closest state (Rhode Island, 8.6%) and higher than the national average of 6.9%. Furthermore, there were five times greater the number of heroin-related deaths in NH in 2014 than there were in 2008. Heroin-related Emergency Department (ED) visits and administrations of naloxone to prevent death from an overdose have also multiplied exponentially in the last two years. Consequently, alcohol and drug misuse cost NH more than \$1.84 billion in 2012 in lost productivity and earnings, increased expenditures for healthcare, and public safety costs.¹ In addition to economic costs, substance misuse impacts and is influenced by poor mental health. From 2007 to 2011, suicide among those aged 10-24 was the second leading cause of death for NH compared to the third leading cause nationally.²

In NH, youth have rates of substance use significantly higher than the national average and the other northeast (NE) states as demonstrated in Table 2.

18-25 year olds	NH	NE	US	Significant differences
Binge Drinking	49.0%	43%	38.7%	NH Higher than NE and US
Marijuana Use	27.8%	21.0%	18.9%	NH Higher than NE and US
Nonmedical use of pain relievers	10.5%	8.6%	9.5%	No sig difference
Dependent/abusing alcohol or illicit drugs	23.7%	19.1%	18.1%	NH Higher than NE and US

Youth and families across NH describe having little access to services and supports for SUDs in NH. In fact, according to the National Survey on Drug Use and Health, NH ranks worst among the states in percentage of 18-25 year olds “needing but not receiving treatment” for alcohol or illicit drug use and is also among the bottom states for 12-17 year olds as shown in Table 3. Additionally, among 12-20 year olds, NH ranks highest and above the overall national average in both underage alcohol use in past

¹ Source: http://www.new-futures.org/sites/default/files/Summary%20Report_0.pdf

²Source: <http://www.dhhs.nh.gov/dphs/suicide/documents/annual-report-2013.pdf>

month (NH: 35.72%, US: 23.52%) and underage binge alcohol use in past month (NH: 23.21%, US: 14.75%).

	NH		US	
	12-17	18-25	12-17	18-25
Illicit Drug use past month	11.77% 7 th highest	29.84% 4 th highest	9.18%	21.44%
Illicit Drug use not including marijuana past month	3.0% 35 th highest	10.04% Highest	3.36%	6.88%
Illicit Drug Dependence or Abuse in the Past Year	4.38% 6 th highest	9.39%	3.76%	7.59%
Dependence or abuse of illicit drugs or alcohol in past year	6.82% 3 rd highest	23.66% Highest	5.66%	18.09%
Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year	3.9% 10th highest	8.61% Highest	3.49%	6.94%
Needing But Not Receiving Treatment for Alcohol Use in the Past Year	4.32% 2nd highest	18.66% Highest	2.96%	13.34%
Binge Alcohol past month	8.06% 3 rd highest	48.96% 3 rd highest	6.73%	38.7%

To further understand the challenges that youth face in NH, it is important to also discuss co-occurring mental illness and SUD. One in five 18-25 year olds in this country had mental illness and 6.4 percent of young adults had co-occurring mental illness and SUD in the past year³. Nationally, among older adolescents who had co-occurring substance use and major depressive disorders only 5.5 percent received both treatment for depression and substance use treatment⁴.

In NH, about 11,000 adolescents (10.6% of all adolescents) per year in 2009–2013⁵ had at least one Major Depressive Episode within the year prior to being surveyed. The percentage of adolescents reporting improved functioning from treatment received through the public mental health system was lower in New Hampshire than in the nation as a whole. Further, in the US, young adults have higher rates of co-occurring mental illness and SUD than adults aged 26 or older.⁶

Finally, and tragically, in 2013, the NH Medical Examiner reported 161 opioid-related deaths in the state, including 24 deaths among individuals aged 19-25 and from 2007-2011. Suicide among those aged 10-24 was the second leading cause of death for NH compared to the third leading cause nationally.⁷ NH must create an accessible system for screening, assessment, treatment and recovery services and supports for

³ <http://archive.samhsa.gov/data/2k14/CBHSQ173/sr173-mh-challenges-young-adults-2014.htm>

⁴ <http://archive.samhsa.gov/data/2k14/CBHSQ173/sr173-mh-challenges-young-adults-2014.htm>

⁵ http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NH.pdf

⁶ <http://archive.samhsa.gov/data/2k14/CBHSQ173/sr173-mh-challenges-young-adults-2014.htm>

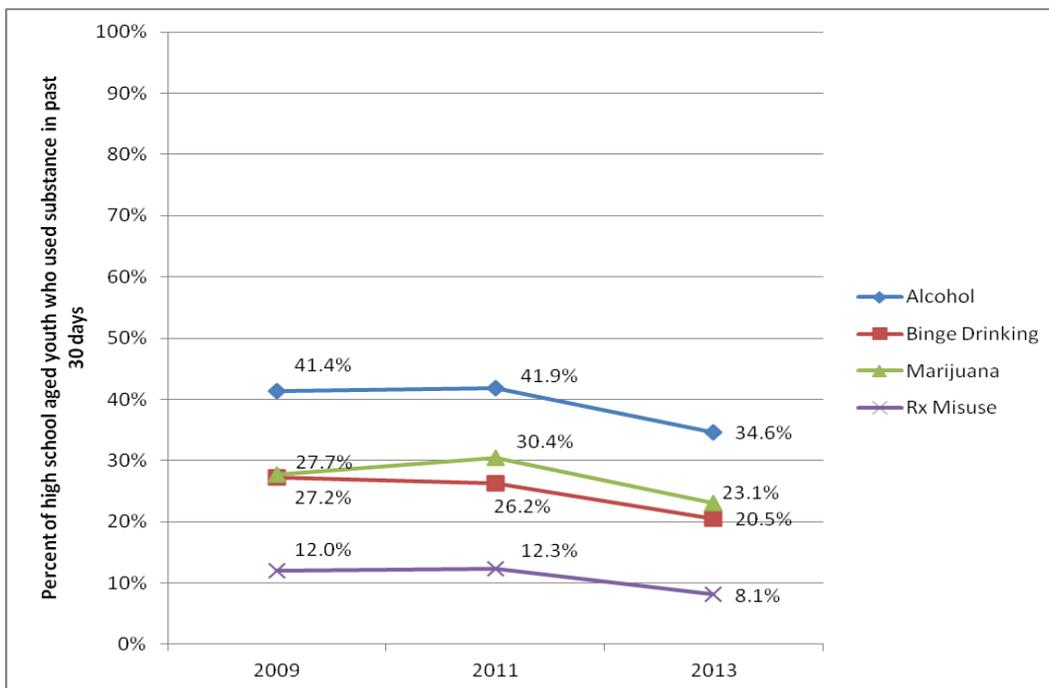
⁷ <http://www.dhhs.nh.gov/dphs/suicide/documents/annual-report-2013.pdf>

adolescents and transition age youth with substance use disorders and/or co-occurring substance use and mental health disorders.

ALCOHOL AND OTHER DRUG PROBLEMS IN THE WINNIPESAUKEE REGION

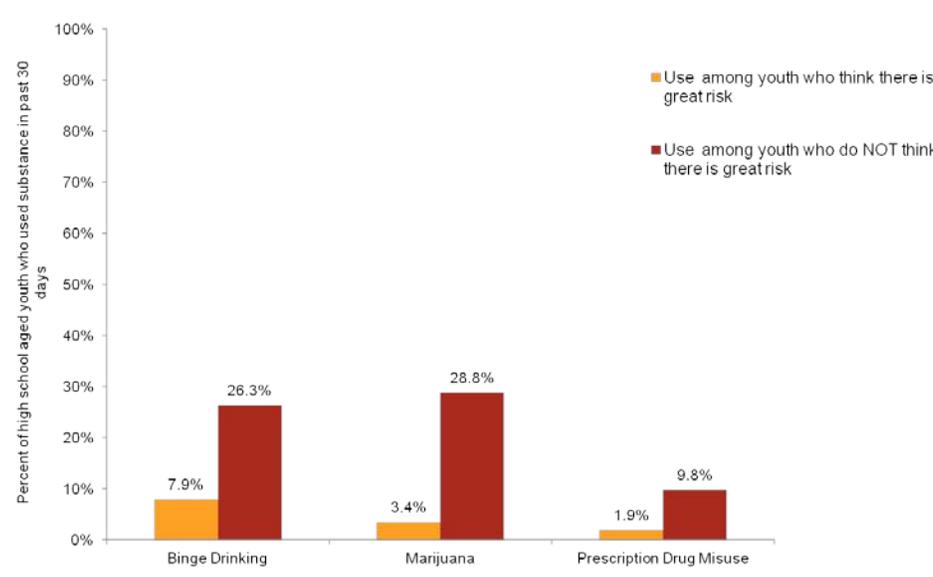
Based on Youth Risk Behavior Survey (YRBS) Data and input collected during a community-based strategic planning process, the Partners in Prevention (PIP) Leadership Team has prioritized three substances on which to focus prevention efforts: Alcohol, Marijuana and Opioids (Prescription Drugs; Heroin). We have identified high school aged youth and young adults as target populations.

TRENDS IN HIGH SCHOOL YOUTH USE: In comparing the last three YRBS cycles from 2009-2013 of high schools in our region, we notice a decrease in self-reported use of alcohol, binge drinking, marijuana and prescription drug misuse among our high school aged youth, which is in alignment with state trends.



While we are pleased with this downward trend in reported past 30-day use, when we look at additional YRBS indicators from our region, we see that our work in prevention is far from finished. Perception of risk of harm from use, perception of peer disapproval, perception of parent disapproval and ease of access are all risk factors that contribute to use, as demonstrated in the following tables:

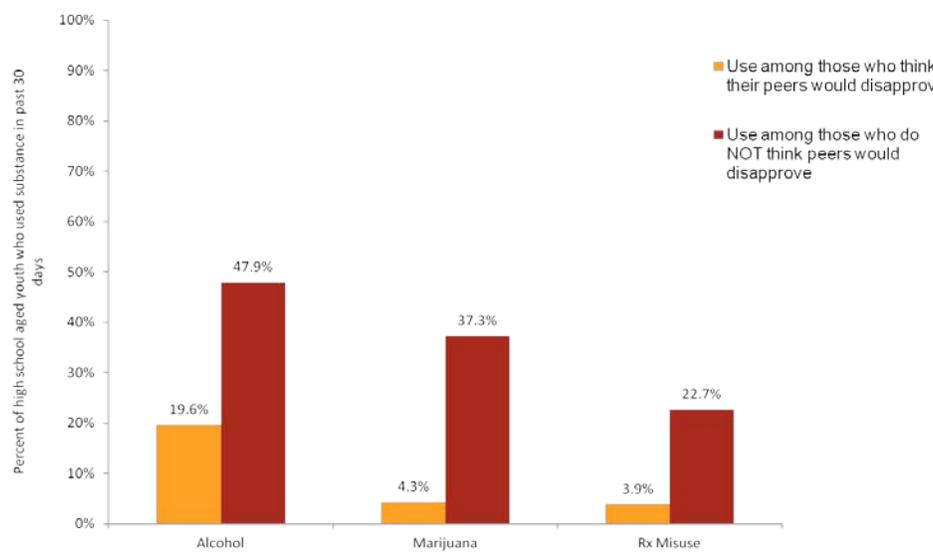
Perception of Risk of Harm from Use, 2013 Winnepesaukee Region YRBS



When youth perceive high risk, they are less likely to engage in the behavior that poses that risk.

Example: In 2013, Marijuana use was significantly higher among youth who **did not** think there was a great risk of harm from using it (28.8%), compared to those who **did** think there was a great risk of harm (3.4%).

Perception of Peer Disapproval, 2013 Winnepesaukee Region YRBS



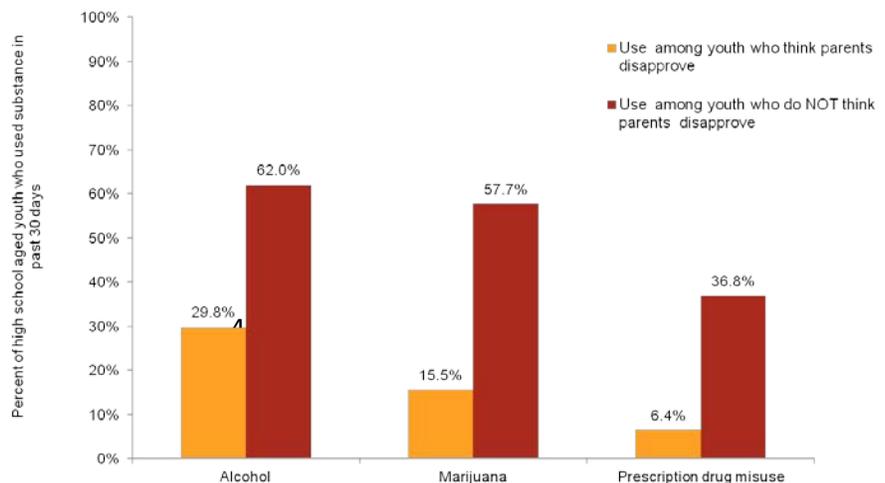
When youth perceive their peers disapprove they are less likely to engage in the behavior.

Example: In 2013, alcohol use was significantly higher among youth who **did not** think their peers would disapprove of their use (47.9%) compared to those who **did** think their peers would disapprove (19.6%).

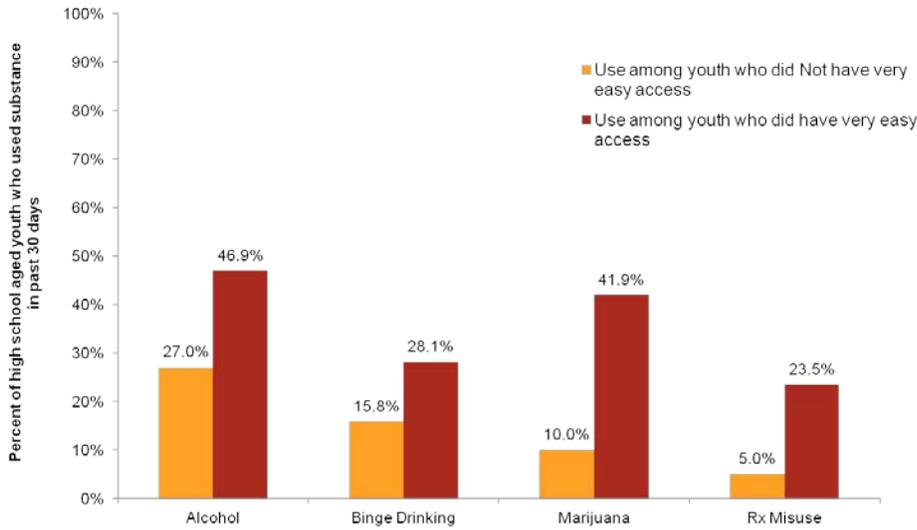
Perception of Parent Disapproval, 2013 Winnepesaukee Region YRBS

Research has shown that strong, established boundaries can be a protective factor against substance use among youth.

Example: In 2013, prescription drug misuse was significantly higher among youth who thought their parents would not disapprove (36.8%) compared to those who thought their parents would disapprove (6.4%).



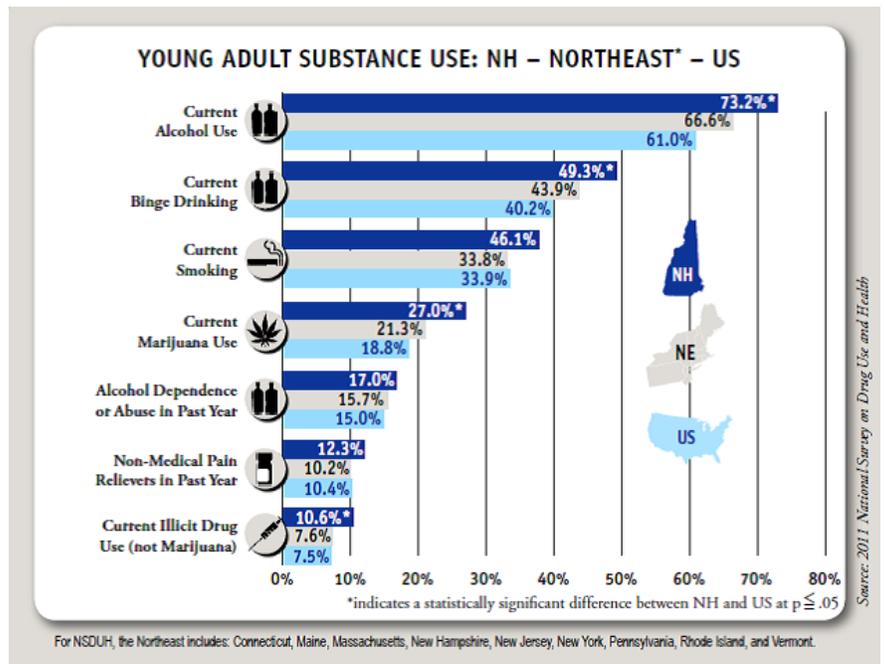
Ease of Access of Substances, 2013 Winnepesaukee Region YRBS



Easy access to a substance can increase the likelihood of its use

Example: In 2013, prescription drug misuse was significantly **higher** among youth who reported it being very easy to get (23.5%) compared to those who did not have easy access (5%).

As illustrated in the charts above, all of the factors referenced contribute to youth use, and thus, are known as “**risk factors**”. Knowledge of these risk factors is critical when planning and implementing prevention strategies. While these data show use and factors associated with high school aged youth, research suggests that the risk factors of access, perception of risk, and perception of peer and parent disapproval can also have an impact on young adult (18-25 year old) use, to which PIP is now also turning its attention. Young adults in New Hampshire between the ages of 18 and 25 have some of the highest rates of alcohol and drug misuse when compared to young adults nationally. Below is how young adult substance use rates in New Hampshire compare to national averages⁸.



II. State and Regional Infrastructure to Address Substance Misuse

GOVERNOR'S COMMISSION ON ALCOHOL AND DRUG ABUSE PREVENTION, TREATMENT, AND RECOVERY

“The mission of the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery 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 the delivery of effective and coordinated alcohol and drug abuse prevention, treatment and recovery services throughout the state.”⁹

In 2012, the Governor's Commission convened state-level partners in a planning process which resulted in a five-year plan for the state. The state plan, *Collective Action – Collective Impact (CA-CI): New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery*, was released in February 2013. During the planning process, the New Hampshire Governor's Commission on Alcohol and Drug Abuse established two over-arching goals for the state: 1) To reduce the number of residents misusing alcohol and other drugs and 2) To increase the number of residents with a substance use disorder accessing treatment and recovery support services. Within the first goal, the reduction of alcohol abuse, marijuana use and non-medical use of pain relievers and prescription drugs were specific areas identified for prevention efforts. The Commission has also identified the use of heroin and synthetic drugs as priority areas for prevention efforts since its state plan was released.

The Commission's substance misuse goals are broad and provide an opportunity within which public health regions and local communities may determine more specific goals and objectives that align with factors that contribute to the problem of substance misuse identified by those living and working in the community. The Commission also identified goals and objectives within strategy areas; leadership, financial resourcing, public education training & professional development, data utilization and effective policy, practice & programs. Commission, task force and stakeholder activities are described for each strategy area. (See *Collective Action-Collective Impact*, pages 35-43)

NEW HAMPSHIRE'S REGIONAL PUBLIC HEALTH NETWORK SYSTEM

There are 13 Regional Public Health Networks (RPHN) in the state of New Hampshire. The function of the RPHN is to deliver public health services within the region. Each region has a Public Health Advisory Council (PHAC) which represents communities, organizations and sectors interested or involved in public

⁸ NH Center for Excellence, Retrieved from Collective Action Issue Brief #1 *Young Adult Substance Abuse in NH* http://www.nhcenterforexcellence.org/images/IssueBriefYoungAdults_9-2013.pdf

⁹ New Hampshire Department of Health and Human Services. Retrieved from <http://www.dhhs.nh.gov/dcbcs/bdas/commission.htm> on October 9, 2014.

health activities within the region. The role of the PHAC in each region is to assess needs, guide decision-making, and encourage shared resources and investments in positive health outcomes.

New Hampshire's Regional Public Health Networks (RPHN) provide the infrastructure for a regional substance misuse prevention network. The role of the prevention network is to conduct three core prevention functions: 1) Alignment of regional prevention efforts with the goals of the state plan and the New Hampshire State Health Improvement Plan (SHIP), 2) Building, maintaining and sustaining a regional network of professionals and community members who are concerned about substance misuse in the region, and 3) Leveraging resources and providing technical assistance to promote best practices within six core sectors (Safety and Law Enforcement, Health & Medical, Education, Government, Business, and Community and Family Supports) in the community.

THEORY OF CHANGE

The system for the prevention of substance misuse in New Hampshire is based on a theory of change which states that the provision of inputs leads to system level changes, which lead to sector level changes, which lead to desired population level changes.

*The provision of inputs at the state level leads to regional network **SYSTEM LEVEL** changes.*

*Regional network system level changes lead to **SECTOR LEVEL** changes.*

*Sector level changes lead to desired **POPULATION LEVEL** changes.*

SYSTEM LEVEL The state regional network system provides inputs statewide and to each region to support an evidence-based approach to substance use prevention. These inputs include federal funding, technical assistance, training opportunities and monitoring of fidelity to the Strategic Prevention Framework approach.

Given these inputs, it is expected that regional networks will engage in a set of activities. These include the following: carrying out the elements of the Strategic Prevention Framework developing a regional strategic plan that will be promoted, monitored, reviewed and kept up to date; conducting appreciative inquiry interviews in the community; defining and maintaining workgroups; defining and maintaining leadership teams; providing technical assistance to core community sectors; and leveraging financial and in-kind resources.

The outcome of these activities across the network will include: an engaged and diverse membership, increased resources, and increased trust and collaboration among stakeholders in the community sectors.

SECTOR LEVEL The outcomes of the system level changes will lead to changes in the six sectors that make up the community (business, education, health, safety, government, and community and family supports.) These sectors will have increased knowledge and skills relative to substance misuse and an increased level of readiness to implement evidence-based practices, programs and policies. Individuals

and organizations from the sectors taking an active role in local prevention activities will increase. More evidence-based efforts will be implemented within the six sectors. The number of people reached by prevention programs, policies and practices will increase.

POPULATION LEVEL If community sectors implement more evidence-based efforts that are directly linked to local conditions, then local conditions that contribute to substance misuse will change and, ultimately, there will be measurable change in the risk and protective factors related to substance misuse as well as substance misuse behaviors.

WINNIPESAUKEE REGIONAL PREVENTION NETWORK

The Partners in Prevention (PIP) Regional Network (www.pipnh.org) has been in existence since 2007. The PIP Regional Network is an initiative of the Partnership for Public Health (PPH). PPH focuses on improving the health of individuals, families and the community through disease prevention, health promotion and inter-organizational and community collaboration. PIP's service area is the Winnepesaukee Public Health Region, which is made up of 15 communities including all of Belknap County, plus the Merrimack County communities of Franklin, Hill, Danbury and Northfield.

Partners in Prevention has an established Leadership Team, which is comprised of both substance misuse and mental health content experts and individuals with lived experience. The Partners in Prevention (PIP) Leadership Team serves as the regional "implementation team" for our substance misuse and suicide prevention initiatives, which include assessment, capacity-building, planning, implementation and evaluation. We currently have four Winnepesaukee Public Health Council (WPHC) Members on our Leadership Team, as well as the Partnership for Public Health Executive Director who also serves as the WPHC Co-Chair. As mentioned above, the PIP Leadership Team is comprised of content experts and members with lived experience in both substance misuse and mental health and includes membership from Genesis Behavioral Health, the Partnership for Public Health, Horizons Counseling Center, P-FLAG NH (Parents, Friends and Family of Lesbians and Gays), Central NH VNA & Hospice, Granite United Way, HealthFirst Family Care Center (local federally qualified health center), Laconia Police Department, New Beginnings Women's Crisis Center, Appalachian Mountain Teen Project, Hope for NH Recovery, Northfield-Tilton Congregational Church, Winnisquam High School, and Laconia Fire Department. The Partners in Prevention Leadership Team meets monthly as a full team. There are currently two subcommittees: a Substance Misuse Subcommittee and a Suicide Prevention Subcommittee. Our subcommittees, or work groups, communicate regularly and meet in between our full team meetings to move specific projects forward.

In the Fall of 2013, our Leadership Team unanimously decided to broaden our focus to also include suicide prevention, specifically for at-risk youth and young adults. This is a natural fit for the PIP network and along with substance misuse prevention, is a priority in the region. The PIP Leadership Team recognizes that there is a strong relationship between substance misuse and suicidal behavior, as well as high rates of both in our region's communities. Suicide Prevention has been included as a regional health priority in the Winnepesaukee Community Health Improvement Plan (CHIP).

Thus, the vision of the Leadership Team is as follows: we envision communities that understand substance use disorders and suicide as public health issues that require a community-based approach of consistent and widespread prevention, early identification and connection to treatment and recovery support services.

IV. REGIONAL STRATEGIC PLAN DEVELOPMENT

PROGRESS MADE AND LESSONS LEARNED

The first step in our planning process was to reflect on the progress we have made since 2012. In the past three years, the PIP Regional Network has focused on several key strategies that directly target our identified contributing factors, including Coalition-Building and installation of permanent Prescription Drug Drop Boxes. Progress highlights include:

Strategy: Coalition-Building

The training, technical assistance and support provided by the PIP Regional Network has resulted in positive changes in our region’s three local coalitions. While these changes are significant, our work is not “done”. Coalition work is very dynamic and requires ongoing technical assistance and support. To this end, the PIP Regional Network has worked collaboratively with the NH National Guard Counterdrug Task Force to make sure that ongoing technical assistance is available.

Coalitions can be a very powerful strategy to (1) harness local resources and (2) implement the kinds of multidimensional solutions that match the level of complexity of substance abuse issues in local communities. Running a successful coalition is a complex task. Like organizations, coalitions have missions and goals for their work. However, unlike singular organizations, coalitions distribute their directions, resources and activities across multiple stakeholder groups—each with its own agendas, priorities, constraints and way of doing business. The coalition represents a nexus of these different organizations around a particular issue or focus. The stronger this nexus, the more impact a coalition can have in the community. (*CADCA Capacity Primer, 2010*).

Community Coalition	Progress Made
Stand Up Laconia	Fully engaged coalition with regular attendance of 25+ at monthly meetings; active Steering Committee that meets weekly; multiple community sectors engaged and supporting prevention activities including local TV “talk show” and regular radio spots providing information about relevant prevention topics, annual youth-led Sticker Shock Campaign, Red Ribbon Week activities, and a Chem-Free After Prom event; actively working with NH National Guard Counterdrug Task Force to build capacity and finalize action plan.
Franklin Mayor’s Drug Task Force	Expanded youth involvement to include both a middle and high school youth council; active Leadership Team with established Chair and Co-Chair; regular meeting attendance of 25+; coalition working with local high school on Life of an Athlete implementation and Model School Alcohol, Tobacco and Other Drug

Policies; collaboration with district’s Project AWARE grant to better serve the behavioral health needs of all Franklin/Hill youth; successfully submitted and received Years 6-10 of Drug-Free Community (DFC) Grant.

Gilford Drug & Alcohol Task Force

Coalition has organized the following activities: a community needs assessment, a YRBS presentation to local school board, and a community forum; the coalition collaborated with local Rotary Club to purchase & install a permanent medication drop box at Police Dept ; worked with Police Depart and town officials to pass a local ordinance banning synthetic marijuana; helped develop resource cards for local police officers; actively working with NH National Guard Counterdrug Task Force to continue to build capacity and develop an action plan.

Strategy: Installation of permanent Prescription Drop Boxes and Semi-Annual Take Back Days

Description: Permanent drop boxes provide a safe, easy and ongoing (24/7) disposal method for unwanted or expired medication. Semi-annual Take Back Days serve to raise awareness of safe disposal and also provide a safe and easy way for disposal of medication. Both of these strategies successfully remove medication, both controlled and non-controlled substances, off of the streets and provide a vehicle for opening communication about safe medication use, proper storage and disposal.

Baseline	Progress Made
<i>Regional Total:</i> 1 Permanent Prescription Drop Box, Franklin PD	<i>Regional Total:</i> 4 Permanent Prescription Drop Boxes Franklin PD, Laconia PD, Gilford PD, Belmont PD

In addition to the above-mentioned strategies, our region has a commitment to responding to **emerging trends**. Recent emerging trends include synthetic drugs (marijuana, bath salts), heroin and therapeutic cannabis. As emerging trends present themselves, the region must be ready to respond appropriately. As an example, in the case of therapeutic cannabis, the PIP Regional Coordinator provided technical assistance and support for local municipalities and coalitions as they planned and implemented some initial proactive approaches toward the recently enacted NH Therapeutic Cannabis Program (RSA 126-x), which establishes Alternative Treatment Centers (ATCs), or marijuana dispensaries, throughout the state. One local municipality moved forward with proactive zoning strategies while the other passed a local ordinance to restrict location of a potential ATC to an industrial park. As the Alternative Treatment Centers become operational, the technical assistance around this issue will continue and will undoubtedly increase to meet the need of communities.

Other progress and lessons learned can be viewed in the Partners in Prevention Annual Report found at the following link: www.pipnh.org. Moving forward, as a result of the 2016-2019 strategic planning process, based on state-level NSDUH (*National Survey on Drug Use & Health*) data and regional data, we will begin a more strategic focus on our region’s young adult population, as rates of use are alarmingly high in this demographic.

PROCESS AND PARTICIPANTS

The state of New Hampshire endorses and promotes the Strategic Prevention Framework (SPF) as the model for conducting evidence-based prevention planning and implementation throughout the state. The SPF is designed to engage community partners within a certain defined population in five continuous stages: Assessment, Capacity-Building, Planning, Implementation and Evaluation (ACPIE). Cultural competence and sustainability are always considered in every step to ensure relevant and effective prevention.

To develop this strategic plan, the Winnepesaukee Public Health Region utilized elements of the SPF Framework to engage in a three-step process over the course of several months:

- **Step 1:** In November 2014, Partners in Prevention hosted a **Continuum of Care Roundtable Discussion**. Approximately 32 key stakeholders came together for a ½ day session. The goal of this Roundtable Discussion was twofold: 1) to educate and engage key community leaders in the work of the Regional Network and to solidify champions, and 2) to engage key community leaders in a resource and gap analysis of our region’s continuum of substance misuse services and supports.
- **Step 2:** In March 2015, the Winnepesaukee Public Health Council and Granite United Way’s Financial Stability Partnership (FSP) collaborated to bring the Tamarack Institute to our region to facilitate a ½ day **Collective Impact Training** and a ½ day Planning Session. Approximately 75 community leaders from our core sectors were trained in how to move from collaboration to integration.
- **Step 3:** In June 2015, the culminating event in our strategic planning process was the region’s first ever **Summit on Substance Misuse and Addiction** which brought together over 100 stakeholders from across our region to focus on solutions. The goals of the Summit were:
 - to provide an overview of data to raise awareness of the impact of substance misuse and addiction on multiple community sectors
 - to provide “real life” local examples of solutions across the continuum of care and across multiple community sectors via a panel discussion with local champions
 - to engage participants in creative visioning around solutions and strategies for our collective work moving forward; and
 - to raise awareness of the Winnepesaukee Public Health Council and Partners in Prevention Regional Network’s leadership role in guiding this work in the region.

Participants in the Regional Summit were representative of the regional geography, prevention, intervention, treatment and recovery systems of care, as well as the six core community sectors.

REGIONAL ASSETS THAT SUPPORT SUBSTANCE MISUSE PREVENTION

Increased collaboration between Substance Misuse and Mental Health: In addition to the development of our WPHC, and based on the needs of our region, the PIP Leadership Team underwent some changes. As referenced earlier in this report, our PIP Leadership Team expanded both our focus and our membership to include a broader focus on *behavioral health*. Although this strategic plan is dedicated to our work around substance misuse, it is important to reference the needs that brought us to the decision to include suicide prevention as part of our regional focus, as it has broadened and strengthened our partner relationships.

When looking specifically at youth suicide data for the Winnepesaukee Public Health Region, the numbers are especially troubling. Of high-school aged students in the region, 16.4% reported that they had seriously considered attempting suicide during the past 12 months (NH YRBS, 2013). 7.9% of high-school aged students reported actually attempting suicide one or more times during the past 12 months, and 3.1% of high-school aged students reported that their suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months, which are the highest percentages per Public Health Region in the state (NH YRBS, 2013).

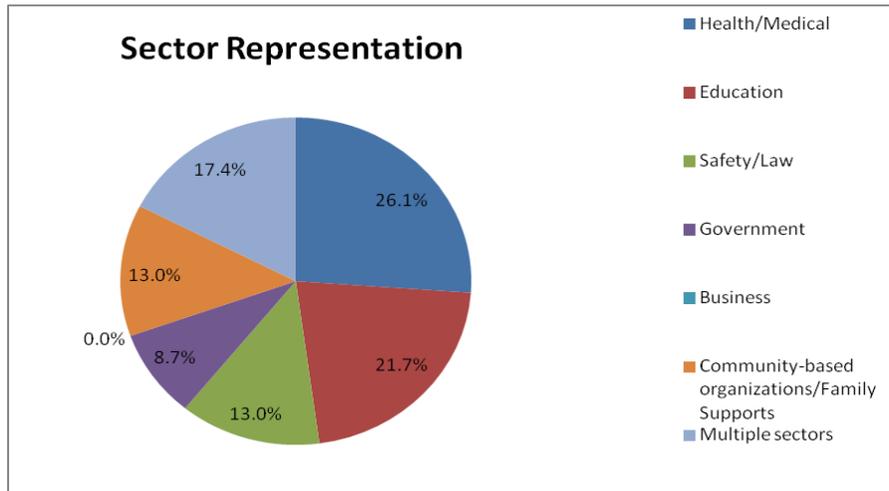
Substance use and mental health issues often occur together. According to the National Alliance on Mental Illness (NAMI) there are several reasons that substance use and mental health issues may occur together: Drugs and alcohol can be a form of *self-medication* for underlying mental illness symptoms; drugs and alcohol can worsen underlying mental illnesses; and drugs and alcohol can cause a person without mental illness to experience the onset of symptoms for the first time.

Thus, in regard to systems development, our regional focus on behavioral health has been an important shift and will be ongoing as we continue to break down silos and establish cross-communication and collaboration between substance misuse and mental health services.

Local Coalitions: The Winnepesaukee Public Health Region currently has three local coalitions (Franklin Mayor's Drug Task Force, Gilford Drug & Alcohol Task Force, Stand Up Laconia) that are each working at the community-level to bring stakeholders together to develop a change in local contributing factors, including perception of risk, perception of peer and parent disapproval, and access to substances.

High Levels of Readiness: Readiness is the degree to which a community is prepared to take action on an issue. As evidenced by the collaboration between the Public Health Council and the Financial Stability Partnership, the engagement in our regional Summit, the momentum building with local coalitions, and increased interest in joining our regional leadership team, our region is demonstrating a high level of readiness to create change across multiple sectors.

Increased Sector Engagement : In May/June 2014 a Stakeholder Survey was conducted in the Partners in Prevention Region. The aim was to provide a snapshot of our network's sector representation as well as to identify perceived levels of engagement among the network's stakeholders. Data collected from this survey helps to inform strategies for sector recruitment and engagement.



Results of the Spring 2014 stakeholder survey highlighted that our highest priorities for targeted sector engagement are the Business sector (0% representation, Spring 2014), followed by the Government sector (8.7% representation).

Community engagement is dynamic and ongoing. Since the stakeholder survey was conducted in Spring 2014, the Winnepesaukee Public Health Council (WPHC) has formed and become operational. The WPHC has provided the region with a vehicle to meaningfully engage leaders from sectors that have been traditional partners, and also, sectors where partnerships need to be established, namely business and local government. The WPHC has approximately 30 members representing leadership from the six core community sectors and the geography of the new region, meets monthly and has an established Executive Committee. The WPHC currently provides a link to local business and government sectors, with current membership including the Executive Director of the Belknap Economic Development Council, Executive Director of the Lakes Region Planning Commission, two municipal employees and one elected official.

V. REGIONAL STRATEGIC PLAN, 2016-2019

GOALS AND OBJECTIVES

The Winnepesaukee Regional Public Health Network established goals and objectives that will strengthen the ability of the network to build and sustain the leadership, capacity, knowledge, coordination and collaboration necessary to promote effective practices, programs and policies and to address substance misuse within six core community sectors.

The Partners in Prevention Regional Network is working to achieve the following over-arching goals and objectives:

- I. System-level goals and objectives that align with the goals and objectives of the state plan *Collective Action-Collective Impact (CA-CI)*
- II. System-level goals and objectives necessary to enhance and sustain the regional network
- III. Goals and objectives indicating the substance use behaviors and risk or protective factors that the region is striving to impact through the implementation of best practices among the core sectors

-PARTNERS IN PREVENTION REGIONAL NETWORK: **GOALS FOR BUILDING CAPACITY WITHIN THE REGION**

GOAL 1	INCREASE LOCAL CAPACITY TO ADDRESS SUBSTANCE MISUSE AND REDUCE USE ACROSS THE REGION
Objectives: Effective Policy, Practice and Programs	
Increase the number of operational local community coalitions from 3 to 4.	
Increase the knowledge and skills of local coalition members to apply the Strategic Prevention Framework (SPF) so that they are implementing all steps of the SPF consistently by 2019.	
Increase collaboration between local community coalitions from cooperative to coordinated by 2019.	
GOAL 2	CULTIVATE EXPANDED LEADERSHIP TO IMPROVE UNDERSTANDING OF THE IMPACT OF ALCOHOL AND OTHER DRUG MISUSE AND ADDICTION IN THE REGION
Objectives: Leadership	
Offer educational opportunities to lawmakers and policymakers annually to increase their awareness of alcohol and other drug costs, impacts, the savings realized from efforts and services and the health outcomes of individuals being served.	
Engage at least 3 employers as regular participants in Winnepesaukee Public Health Council workgroups addressing substance misuse and addiction.	

GOAL 3	PROMOTE THE IMPLEMENTATION OF STANDARDIZED, EFFECTIVE POLICIES, PRACTICES AND PROGRAMS ACROSS MULTIPLE SECTORS WITHIN THE REGION INCLUDING EDUCATION, BUSINESS, LOCAL GOVERNMENT, COMMUNITY SUPPORTS AND LAW ENFORCEMENT/CRIMINAL JUSTICE.
Objectives: Effective Policy, Practice and Programs	
Provide 3 trainings per year on effective policies, practices and programs across multiple sectors.	
Expand best practice prevention efforts to elementary and middle school youth including determination of key data sources and tools that may better identify youth at high-risk for substance misuse.	
Provide relevant substance disorder training in higher education for at least 3 majors and study areas.	
Support implementation of effective policy, practice and programs with sufficient, on-going technical assistance.	

PARTNERS IN PREVENTION REGIONAL NETWORK: **GOALS FOR SUBSTANCE MISUSE PREVENTION IN THE REGION**

GOAL 1	<p>PREVENT AND REDUCE PAST 30-DAY SUBSTANCE MISUSE AMONG HIGH SCHOOL AGED YOUTH IN THE REGION</p> <p>ALCOHOL: FROM 34.6% (2013) TO <20% (2019)</p> <p>TOBACCO: FROM 17.6% (2013) TO <10% (2019)</p> <p>MARIJUANA: FROM 23.1% TO <15% (2019)</p> <p>NON-MEDICAL USE OF PRESCRIPTION DRUGS: FROM 8.1% (2013) TO <5% (2019)</p> <p>HEROIN (LIFETIME USE): FROM 3.5% (2013) TO <1% (2019)</p>
Objectives: Effective Policy, Practice and Programs	
Increase access to services for families that meet their physical health, behavioral health, economic and related needs by 10% by	

2019.	
Increase perception of risk of harm of substance misuse: Binge Drinking: From 31.5% (2013) to >40% (2019), Tobacco: From 65% (2013) to >73%, Marijuana: From 22.1% to >30% (2019), Non-medical use of prescription drugs: From 63.7% (2013) to >70% (2019)	
Decrease ease of access to substances: Alcohol: From 39.1% (2013) to <28% (2019), Tobacco: From 44.1% (2013) to <35% (2019), Marijuana: From 41.3% to >32% (2019), Non-medical use of prescription drugs: From 16.5% (2013) to >10% (2019)	
Increase perception of parent disapproval: Alcohol: From 84.5% (2013) to >90% (2019), Tobacco: From 88.1% (2013) to >97% (2019), Marijuana: From 81.9% to >90% (2019), Non-medical use of prescription drugs: From 94.4% (2013) to >98% (2019)	
Increase perception of peer disapproval : Alcohol: From 46.5% (2013) to >55% (2019), Tobacco: From 53.9% (2013) to >63% (2019), Marijuana: From 42.7% to >50% (2019), Non-medical use of prescription drugs: From 77.8% (2013) to >87% (2019)	
GOAL 2	PREVENT AND REDUCE SUBSTANCE MISUSE YOUNG ADULTS (18-25, COLLEGE AND NON-COLLEGE)
Objectives: Data Utilization	
Increase community understanding of the root causes contributing to substance misuse among 18-25 year olds by conducting at least 4 young adult Focus Groups.	
Based on root causes identified, identify and apply 2 relevant research-based strategies to address substance misuse among young adults	
GOAL 3	INCREASE PUBLIC AWARENESS RELATIVE TO THE HARM AND CONSEQUENCES OF ALCOHOL AND DRUG MISUSE, TREATMENT AND RECOVERY SUPPORTS SERVICES AVAILABLE
Objectives: Public Education	
Engage 2 media entities as collaborative partners to produce and disseminate effective messages for a range of topics, public audiences and media channels.	

THE FOUNDATION FOR CHOOSING BEST PRACTICES

To meet the goals and objectives outlined above, the regional network will oversee best practices on three levels:

- The adoption of stakeholder activities recommended by and aligned with *Collective Action-Collective Impact (CA-CI)* (pages 35-43)
- The implementation of community organizing best practices to create, maintain and sustain the regional network infrastructure for prevention
- The implementation of best practices by the six core sectors to reduce or prevent use

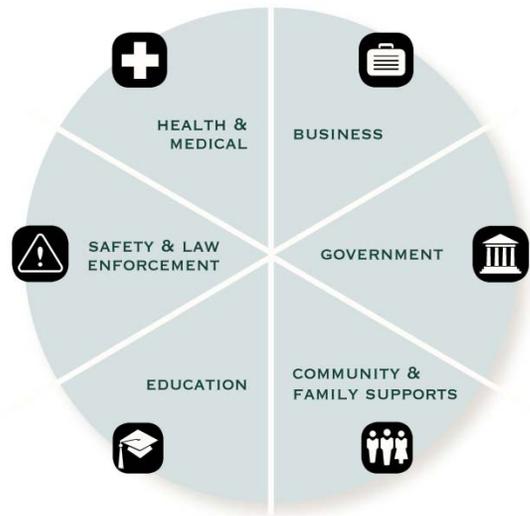
REGIONAL NETWORK STRATEGIES

The table below demonstrates the commitments of the Partners in Prevention Regional Network over the next three years to meet the goals and objectives identified by the region to support the state plan and to create, maintain and sustain the regional prevention infrastructure. The strategies below focus primarily on information dissemination, the facilitation of community-based process and environmental prevention strategies.

Strategy Area (s)	Activity	Regional Objectives Addressed by this strategy	Alignment to SHIP and CA-CI
Leadership	Cultivate champions among state lawmakers and policymakers through outreach, education and collaboration.	Offer educational opportunities to lawmakers and policymakers annually to increase their awareness of alcohol and other drug costs, impacts, the savings realized from efforts and services and the health outcomes of individuals being served.	X
Public Education	Engage stakeholder groups in the dissemination of public education messages and material.	Engage 2 media entities as collaborative partners to produce and disseminate effective messages for a range of topics, public audiences and media channels.	X
Data Utilization	Continue to collect and share data about the impact of	Increase community understanding of the root causes contributing to substance misuse among 18-25 year	X

	alcohol and drug misuse, and about successful efforts to reduce misuse and promote recovery.	olds by conducting at least 4 young adult Focus Groups. Based on root causes identified, identify and apply 2 relevant research-based strategies to address substance misuse among young adults	
Training and Professional Development	Incorporate alcohol and drug misuse and mental health correlations into existing training programs.	Provide relevant substance disorder training in higher education for at least 3 majors and study areas.	X
Effective Policy, Practice and Programs	Ensure sufficient capacity and readiness to implement new or expanded policies, practices and programs	Provide 3 trainings per year on effective policies, practices and programs across multiple sectors. Increase the number of operational local community coalitions from 3 to 4. Increase the knowledge and skills of local coalition members to apply the Strategic Prevention Framework (SPF) so that they are implementing all steps of the SPF consistently by 2019.	X

Regional work plans are created annually based on the above commitments. Annual work plans are derived from the three-year strategic plan and are designed to serve as a roadmap for the regional network for a one year period. Annual work plans include detailed annual activities, the responsible party for each activity, targets and milestones, and timeline for completion. The Partners in Prevention annual work plan can be accessed at: www.pipnh.org



EFFECTIVE PRACTICE, PROGRAMS AND POLICIES WITHIN THE CORE SECTORS

The state of New Hampshire and the Winnepesaukee Public Health Region utilize a six-sector model for state and community prevention that serves as the foundation for building readiness, promoting best practices, and leveraging resources in a comprehensive and collective manner. The six sectors represent community institutions that are present in most towns and cities. The six sectors are impacted by and have the ability to positively impact substance misuse. The six core sectors are: Safety and Law Enforcement; Health & Medical, Education, Government, Business, and Community and Family Supports.

The tables below demonstrate the anticipated commitments that will be made by each sector in the Partners in Prevention- Regional Network over the next three years to meet the goals and objectives identified by the region to prevent and reduce substance misuse. The strategies chosen address the various categories of prevention, as defined by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention (CSAP). A comprehensive plan is essential to impact the substance misuse goals and objectives identified by the Winnepesaukee Public Health Region.

Safety and Law Enforcement

LOCAL LAW ENFORCEMENT • DRUG TASK FORCES • JUDICIAL SYSTEMS • FIRST RESPONDERS • EMERGENCY MEDICAL TECHNICIANS • DRUG DIVERSION INVESTIGATORS • NATIONAL GUARD

<i>CSAP Strategy</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Substance Misuse Prevention Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Problem Identification and Referral	Drugged Driving law enforcement	Police Departments in region	Increase perception of risk of harm of substance misuse	X
Environmental	Increase targeted patrols and surveillance	Police Departments in region	Decrease ease of access to substances	X
Information Dissemination	Promotion of anonymous tiplines	Police Departments in Region, Partners in Prevention Leadership Team	Engage media entities as collaborative partners to produce and disseminate effective messages for a range of topics, public audiences and media channels Decrease ease of access to substances	X
Environmental	Compliance Checks	Police Departments in region; local coalitions	Decrease ease of access to substances	X

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Environmental	Prescription Medication Drop Boxes	Police Departments in region; local coalitions, Partners in Prevention Leadership Team, local pharmacies and healthcare providers	Increase perception of risk of harm of substance misuse Decrease ease of access to substances	X
Community-Based Process	Pilot implementation of evidence-based program "In the Presence of Children" <i>(with intention to expand practice to other PDs in region)</i>	Laconia PD, Laconia SAU, Partners in Prevention Leadership Team	Increase access to and diversity of services for families that meet their physical health, behavioral health, economic and related needs.	X
Community-Based Process	Pilot implementation of Prevention, Enforcement, Treatment (PET) Program <i>(with intention to expand practice to other PDs in region)</i>	Laconia PD, Partners in Prevention Leadership Team	Increase access to and diversity of services for families that meet their physical health, behavioral health, economic and related needs.	X

Health & Medical

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

<i>CSAP Strategy</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Community-Based Process	Improve access to behavioral health services	Community Health Services Network team, Winnepesaukee Public Health Council	Increase access to and diversity of services for families that meet their physical health, behavioral health, economic and related needs	X
Problem Identification and Referral	SBIRT Implementation (young adult & adult population)	HealthFirst Family Care Center	Increase access to and diversity of services for families that meet their physical health, behavioral health, economic and related needs Apply relevant research-based strategies to address substance misuse among young adults	X
Problem Identification and Referral	Build readiness for SBIRT Implementation (adolescent & young adult population)	HealthFirst Family Care Center, Winnepesaukee Public Health Council, Partners in Prevention Leadership Team	Increase perception of risk of harm of substance misuse Apply relevant research-based strategies to address substance misuse among young	X

			adults	
Community-Based Process	Increase training and professional development	Winnepesaukee Public Health Council, Partners in Prevention Leadership Team	Provide relevant substance disorder training in higher education	X

Education

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

<i>CSAP Prevention Category</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Problem Identification & Referral	Institute or expand evidence-based Student Assistance Programs (SAPs) in middle/high schools	School Administration in the region, local coalitions	Increase access to and diversity of services for families that meet their physical health, behavioral health, economic and related needs Increase perception of risk of harm of substance misuse	X
Environmental	Ensure effective K-12 alcohol and drug prevention education over multiple years and transitions	School Administration in the region, local coalitions , Partners in Prevention Leadership Team	Increase perception of risk of harm of substance misuse Increase perception of peer disapproval	X

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Environmental	Model School Policy education and implementation	School Administration in the region, local coalitions, Partners in Prevention Leadership Team	<p>Increase perception of risk of harm of substance misuse</p> <p>Increase access to and diversity of services for families that meet their physical health, behavioral health, economic and related needs</p>	X
Environmental	Life of an Athlete implementation	NHIAA, local coalitions, Partners in Prevention Regional Network partners	<p>Increase perception of risk of harm of substance misuse</p> <p>Increase perception of peer disapproval</p> <p>Increase perception of parent disapproval</p>	X

Government

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

<i>CSAP Prevention Strategy</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Environmental	Support local alcohol and drug free ordinances	All municipalities in region	Increase perception of risk of harm of substance misuse Decrease ease of access to substances	X
Community-Based Process	Increase awareness of the role of local government in substance misuse prevention	City of Franklin, Franklin Mayor's Drug Task Force	Provide trainings on effective policies, practices and programs across multiple sectors Increase the number of operational local community coalitions	X

<h1>Business</h1> <p>BUSINESS OWNERS AND OPERATORS • EMPLOYEE ASSISTANCE PROGRAMS • HEALTH EDUCATORS • HUMAN RESOURCE DEPARTMENTS • RISK MANAGEMENT • SAFETY COMPLIANCE OFFICERS • SENIOR MANAGEMENT</p>				
<i>CSAP Prevention Category</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Education	Provide workplace prevention education programs	Partners in Prevention Regional Network partners, local coalitions, Financial Stability Partnership	<p>Increase access to and diversity of services for families that meet their physical health, behavioral health, economic and related needs</p> <p>Apply relevant research-based strategies to address substance misuse among young adults</p>	X
Environmental	Promote and/or develop and adopt best practice work place alcohol and drug policies	Partners in Prevention Regional Network partners, local coalitions, Financial Stability Partnership	<p>Provide trainings on effective policies, practices and programs across multiple sectors</p> <p>Increase access to and diversity of services for families that meet their physical health, behavioral health, economic and related needs</p> <p>Apply relevant research-based strategies to address substance misuse among young adults</p>	X

Community and Family Supports

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

<i>CSAP Prevention Category</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Environmental	Increase youth leadership in preventing alcohol and other drug misuse	Lakes Region Youth Consortium, local coalitions	Increase perception of risk of harm of substance misuse Increase perception of peer disapproval	X
Community-Based Process	Explore best practices around supporting truant youth and families in grades K-5	Partners in Prevention Regional Leadership Team, local coalitions	Increase access to and diversity of services for families that meet their physical health, behavioral health, economic and related needs	X

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Information Dissemination	Widespread, consistent prevention messaging	Local coalitions, Partners in Prevention Regional Network partners	Increase perception of risk of harm of substance misuse Engage media entities as collaborative partners to produce and disseminate effective messages for a range of topics, public audiences and media channels	X
Education	Explore options for establishing Alanon at local highschools	Alanon, Partners in Prevention Leadership Team, local coalitions	Increase access to and diversity of services for families that meet their physical health, behavioral health, economic and related needs	X

MONITORING AND EVALUATION

Monitoring and evaluation are fundamental to understanding the progress the Winnepesaukee Region is making towards reaching its goals and objectives. The table below describes the tools that are available and will be used to measure the progress and outcomes related to the implementation of systems-level strategies that align to the *Collective Action-Collective Impact* plan and support the regional network.

Tool	Description of Tool and Measurement
PWITS	PWITS is a database that is used to monitor and track the process of all regional network activities.
PARTNER Survey https://nh.same-page.com/studio/v7/files/index.cfm?FID=55377&PID=398576#	PARTNER is an evidence-based, web-based survey tool used to measure collaboration, trust, and partner contributions within networks.
Regional Network Stakeholder Survey (RNSS) https://nh.same-page.com/studio/v7/files/index.cfm?FID=65389&PID=398577#	<p>The RNSS is a survey developed to measure the impact of the regional network on the members. This survey is administered to regional partners on an annual basis. The RNSS measures the following:</p> <ul style="list-style-type: none"> • The community participation in substance use prevention • Increase in knowledge of alcohol and other drug misuse • Increase in knowledge of effective strategies to prevent or deter misuse • Readiness to adopt or change policies or practices to prevent • Adoption of new policies or practices • Challenges and successes

	<p>related to community involvement</p> <ul style="list-style-type: none"> • Perception of changes in risk factors in the community (access, perception of risk, perception of wrongness, community norms)
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The table below describes the data that will be collected to measure the impact of the prevention policies, practices and programs implemented by the core sectors on substance misuse and related risk factors.

Tool	Definition of tool and measurement
Youth Risk Behavior Survey (YRBS) http://www.cdc.gov/HealthyYouth/yrbs/index.htm	The YRBS measures substance use risk factors and behaviors among high school youth locally, statewide and nationally. It is administered every other year.
National Survey on Drug Use and Health (NSDUH) https://nsduhweb.rti.org/respweb/homepage.cfm	The NSDUH measures substance use nationally and statewide among all ages.
Behavioral Risk Factor Surveillance System (BRFSS) http://www.cdc.gov/brfss/	The BRFSS measures substance use among adults in New Hampshire.
County Health Rankings http://www.countyhealthrankings.org/	The annual <i>County Health Rankings</i> measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America.

OTHER DATA COLLECTION

New Hampshire relies on the National Survey on Drug Use and Health to understand and monitor young adult (18-25) substance use prevalence rates. While this is a valuable resource, the sampling size is often too small for sub-state estimates due to the fact that this age cohort is difficult to reach. None the less, according to the 2012-2013 NSDUH the prevalence rates for binge drinking, prescription drug misuse and illicit drug use among New Hampshire’s 18-25 years is higher than national averages. NH had the highest rate of illicit drug use in the country for this population. In light of this data it is increasingly

apparent that NH must do a deeper dive into understanding the root causes and prevailing factors for substance related issues for 18-25 year old. To this end, the Winnepesaukee Regional Public Health Network will work closely with the Bureau of Drug and Alcohol Services and the Center for Excellence to conduct focus groups for this population and help recruit young adults to participate in the Young Adult online survey. Based on the data resulting from these initiatives we hope to direct strategies and best practices to help prevent and reduce substance related issues among 18-25 year olds.

QUALITY ASSURANCE AND OVERSIGHT

The Winnepesaukee Region continues to utilize the Strategic Prevention Framework (SPF) to develop the infrastructure needed for community-based, public health approaches that can lead to effective and sustainable reductions in substance misuse and addiction. The steps of the SPF are:

- Assessment. Collect data to define problems, resources and readiness within a geographic area to address needs and gaps.
- Capacity. Mobilize and/or build capacity within a geographic area to address needs.
- Planning. Develop a comprehensive strategic approach that includes policies, programs and practices creating a logical, data-driven plan to address problems identified in assessment.
- Implementation. Implement evidence-based prevention strategies, programs, policies and practices.
- Evaluation. Measure the impact of the SPF and the implementation of strategies, programs, policies and practices.



The SPF is displayed as a series of overlapping circles because each element of the process affects the others, and often times, numerous steps are happening simultaneously. In addition, each step of the SPF must reflect Cultural Competence and show Sustainability.

As part of the SPF process, the Winnepesaukee Region will utilize the above-mentioned monitoring and evaluation data to continuously monitor implementation in the region to ensure high-quality and effective prevention work.

CONCLUSION

It is not possible for a single organization or individual to achieve the large scale impact necessary to improve substance misuse and addiction outcomes. Success hinges on the ability of the region to embrace a shared vision and common agenda and to leverage existing resources and expertise to ensure a collective impact approach to overall health improvement.

Collective Impact occurs when organizations from different sectors agree to solve complex health and social problems using a common agenda, aligning their efforts and using common measures of success.

THE FIVE CONDITIONS OF COLLECTIVE IMPACT¹⁰

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

In fact, the process for developing both the Winnepesaukee Region Community Health Improvement Plan (CHIP) and the Winnepesaukee Regional Strategic Plan for Substance Misuse Prevention has encompassed the five components of the collective impact model to ensure an inclusive and effective plan. As described throughout this document, this process has engaged a wide array of stakeholders including the community at large to: determine priority areas of concern; support the development of a common vision for community health (including behavioral health); identify multi-sector, cross-cutting strategies; conduct outreach to existing and new communication channels for dissemination of information; and develop a shared focus on measurable outcomes for monitoring progress and facilitating accountability.

¹⁰

2016-2019 Winnepesaukee Regional Strategic Plan for Substance Misuse Prevention

The Winnepesaukee Regional Strategic Plan for Substance Misuse Prevention ensures that the region's communities will not rest on their past accomplishments but will continue to press for more action to bring the 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 Winnepesaukee Public Health Council and Partners in Prevention Leadership Team extends their gratitude to its members, local coalitions, stakeholders and to all of the Regional Network members who have committed to serving as stewards of this plan and *who will make a difference* and a collective impact *together*.