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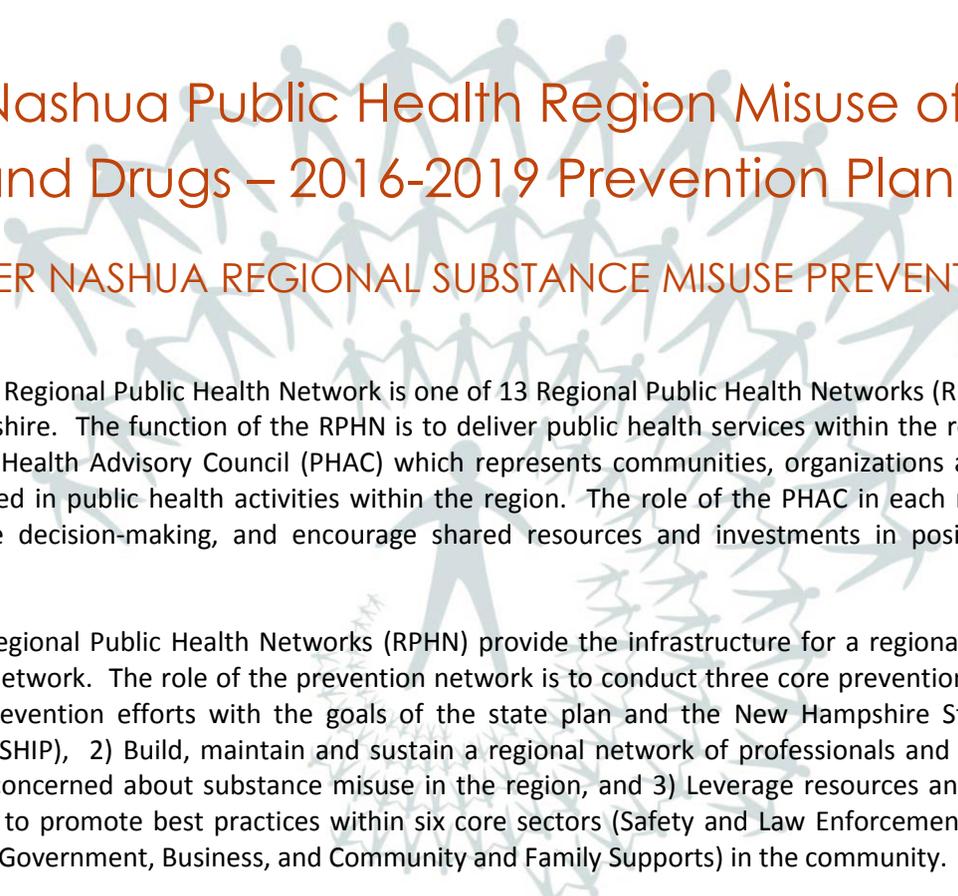
OTHER ORGANIZATION PARTICIPATING IN THE 2016-2019 STRATEGIC PLANNING PROCESS

Boys and Girls Club of Greater Nashua	Nashua Police Department
Boys and Girls Club of Souhegan Valley	Nashua School District
Greater Nashua Mental Health Center	NH Court System
H.E.A.R.T.S. Peer Support	NH Center for Excellence/JSI
Hudson Fire Department	NH Department of Health and Human Services
Hudson Police Department	NH National Guard Counterdrug Task Force
Lamprey health Care – Nashua Center	NH Teen Institute
Litchfield School District	NHIAA
Merrimack Police Department	Pelham School District
Merrimack School District	Right on Fitness
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Greater Nashua Public Health Region Misuse of Alcohol and Drugs – 2016-2019 Prevention Plan

I. THE GREATER NASHUA REGIONAL SUBSTANCE MISUSE PREVENTION NETWORK

The Greater Nashua Regional Public Health Network is one of 13 Regional Public Health Networks (RPHN) in the state of New Hampshire. The function of the RPHN is to deliver public health services within the region. Each region has a Public Health Advisory Council (PHAC) which represents communities, organizations and sectors interested or involved in public health activities within the region. The role of the PHAC in each region is to assess needs, guide decision-making, and encourage shared resources and investments in positive health outcomes.

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

The Greater Nashua Public Health Region along with the other thirteen Regional Public Health Networks, work in concert with other state agencies to address the goals and objectives outlined in the state plan, [Collective Action – Collective Impact \(CA-CI\): New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery](#), which was released in February 2013. During the planning process, the New Hampshire Governor's Commission on Alcohol and Drug Abuse established two over-arching goals for the state: 1) To reduce the number of residents misusing alcohol and other drugs and 2) To increase the number of residents with a substance use disorder accessing treatment and recovery support services. Within the first goal, the reduction of alcohol abuse, marijuana use and non-medical use of pain relievers and prescription drugs were specific areas identified for prevention efforts. The Commission has also identified the use of heroin and synthetic drugs as priority areas for prevention efforts since its state plan was released.

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

THE GREATER NASHUA PUBLIC HEALTH REGION

The City of Nashua is situated along the Merrimack River in the southern portion of New Hampshire's Hillsborough County. Known as "The Gate City," it has a history as an "economic engine" in the state and was twice voted as "One of the Best Places to Live in the U.S.". The City's 31 square miles are home to an estimated 86,823 people, making up 6.6% of the total population of NH and giving it the title of the second largest city in the state. The Greater Nashua Public Health region includes the City of Nashua, as well as the twelve surrounding towns of Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Pelham and Wilton. The total population of the GNPHR is close to 206,000. In the following pages you will find a summary of the Greater Nashua Geographic information, for full demographic report please read the Greater Nashua Public Health Region's 2014 Community Health Assessment (CHA).

Figure I Greater Nashua Public Health Region



Source: City of Nashua GIS Department

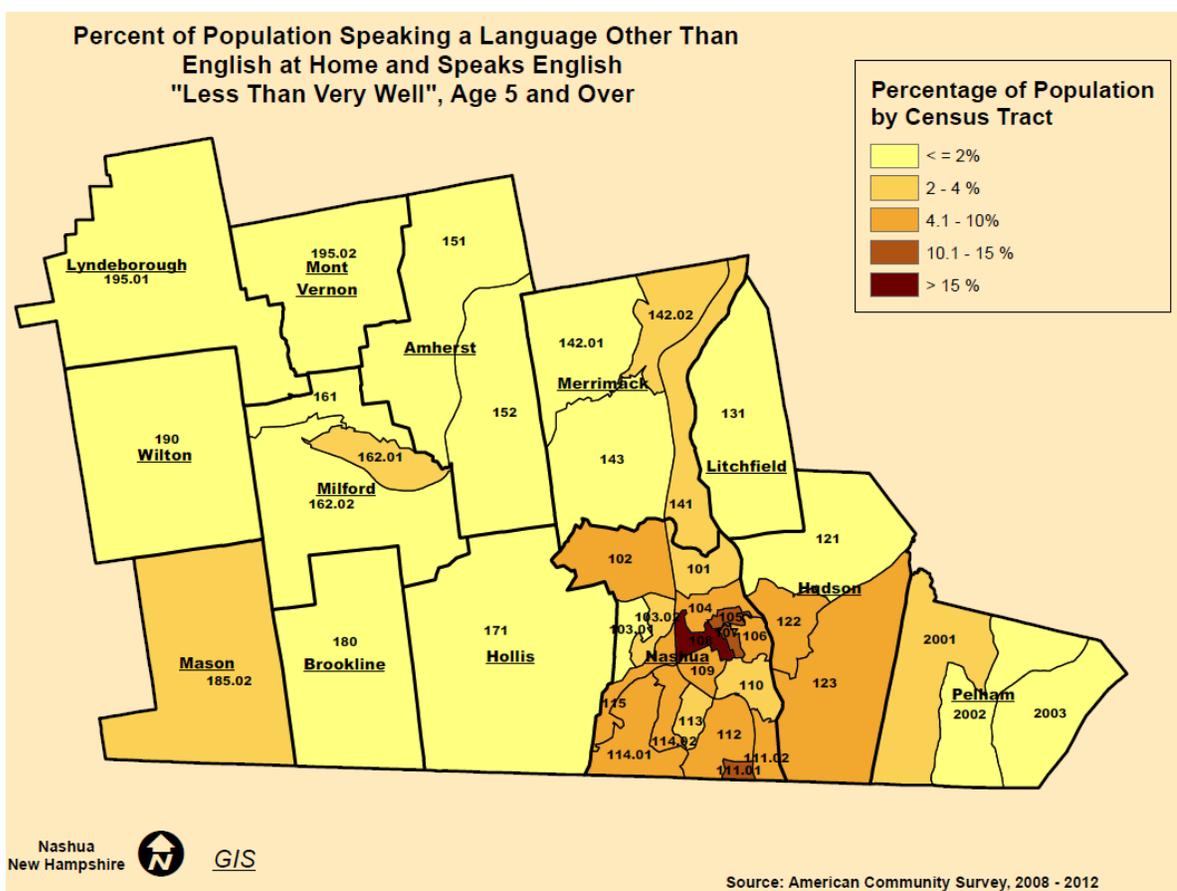
As the Greater Nashua Public Health Region moves forward on the journey towards a healthier region, the PHAC will continue its engagement in the collaborative work that will bring changes in the policies, systems and environments impacting public health and well-being. Currently, total PHAC membership consists of 122 organizations with representation from these sectors: Municipal Government, County Government, Hospitals, School Administrative Units, Community Health Centers, Community Mental Health centers, Businesses, Cultural/Faith Based Organizations, Social Service Agencies, Housing and Sheltering Organizations, Media and Senior Services.

Despite making up a little under a quarter of the U.S. population, racial and ethnic minorities often bear a disproportionate burden of poor health outcomes than their white peers, even at similar income and education levels. The GNPHR is one of the most diverse areas in the state, with the greatest percentage of racial and ethnic minorities residing in Nashua (14.3%). The American Community Survey estimates indicate that 85.7 % of

the Nashua population identifies as white, versus 94.2% of the state's overall population. The next largest group identifies as Hispanic or Latino, which makes up 9.7% of the city's population, but only 2.8% of the overall state population. When compared to the rest of New Hampshire, Nashua also has a larger percentage of individuals identifying as Asian and Black or African American at 7.0% and 2.1% respectively. 15% of all foreign born individuals in the state are residents of Nashua. Racial and ethnic minorities residing in Nashua make up approximately 16% of all racial and ethnic minorities in the entire state of NH. The percentage of racial and ethnic minority residents in the remaining GNPHR towns ranges from 0.2% in Pelham to 5.7% in Hudson.¹

As both the state and region continue to grow in diversity, it will be of increasing importance to address the language needs and health barriers that exist for individuals with limited English proficiency (LEP) and for whom English is not their primary language. Evidence shows that LEP patients often face disparities in access to health care, decreased likelihood of having a consistent medical home, and more serious adverse outcomes from medical errors and drug complications.²

Figure 2 Population that Speaks a Language Other than English at Home, 2008-2012



Income is a social determinant of health with widely reaching impacts. When individuals are unable to obtain access to affordable food, medical care and housing, their health and quality of life in all areas usually suffers as well. Access to financial resources and financial stability grants both individuals and families greater resilience to external pressures that may be detrimental to health and wellbeing.

Despite having this relative level of affluence, experiencing poverty is a reality for many families in the state of New Hampshire and the Greater Nashua Public Health Region. Compared to the national percentage of individuals below poverty (14.9%), all towns in the GNPHR have lower poverty levels than the nation, with percentages ranging from 1.2% in Hollis to 10.9% in Mason.³

On average, about a third of all households in each town in the GNPHR in the region experience a housing burden. This is significantly lower than both the nation and state as a whole, in which over half of all homes experience housing cost burden. Percentages of cost-burdened households in the GNPHR range from, 27.1% (n=132) in Mason to 42.2% in Milford (n=2460) and included almost 28,000 households.⁴ In 2014, the average cost of a two-bedroom apartment with rent and utilities at Fair Market Rent in New Hampshire was \$1,049 per month. To afford this type of housing, households must earn at least \$3,498 monthly or an hourly wage of \$20.48. A minimum wage worker in NH would need to work 111 hours per week for 52 weeks each year in order to spend less than 30% of their income on housing. The estimated mean wage for a renter in the state is \$13.35, resulting in gaps between what is affordable for many residents and what the Fair Market Rent is for the state.⁵

II. NETWORK ACHIEVEMENTS AND COMMUNITY ASSETS

PROGRESS MADE AND LESSONS LEARNED

The Greater Nashua Substance Misuse Prevention Network is part of the Greater Nashua Public Health Network. These networks are comprised of organizations and individuals that work collaboratively to improve the health of the Greater Nashua Public Health Region and its residents. Together, they participated in the creation of the 2012-2015 Strategic Plan and implemented the strategies that continue to bring change to the region. The following are a few of the highlights of from the implementation of the 2012-2015 Strategic Plan. For a full report of the progress made and lessons learned from the 2012-2015 Strategic Plan period please read the 2015 Greater Nashua Substance Misuse Prevention Network Annual Report.

- Incorporation of Substance Misuse Prevention into the new Greater Nashua Community Health Improvement Plan (CHIP) for 2015-2018. As a result of the Greater Nashua Community Health Assessment (CHA), substance misuse was prioritized as one of the three major health concerns of the Greater Nashua region and will be addressed by a CHIP workgroup focused on Behavioral Health.

³ US Census Bureau. (2008-2012). 2008-2012 American Community Survey 5-Year Estimates. Retrieved on August 6, 2014 from <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t..>

⁴ US Department of Housing and Urban Development. (2007-2011). Comprehensive Housing Affordability Strategy Data Query Tool. Retrieved August 1, 2014 from http://www.huduser.org/portal/datasets/cp/CHAS/data_querytool_chas.html

⁵ National Low Income Housing Coalition. (2014). State Report. Retrieved August 1, 2014 from <http://nlihc.org/oor/2014/NH>.

- Engagement from all six sectors in the development of the Strategic Plan for substance misuse prevention for FY 16-19.
- The City of Nashua has installed a permanent prescription drop box at the Nashua Police Department with the collaboration of the SMP network. As of today seven local police department have permanent drop boxes in their lobbies. These communities are Amherst, Hudson, Hollis, Litchfield, Merrimack, Nashua and Pelham. The networks role in this strategy is to make Police Departments and communities aware of this program. The networks role is not complete when the drop box is established, there needs to be continuous promotion of the drop box so that its use continues to contribute to decrease the access of prescription medications. There are still seven communities in our region that do not have a prescription drop box established the network plans to keep promoting this strategy and to provide support and technical assistance to the communities that are interested in the strategy.
- Addition of representation from the Treatment sector in the Leadership Team by Susan Latham, Program Director at Merrimack River Medical Services.
- Active Parenting - The program is currently conducted out of three local agencies. The Youth Council offers the program. In 2011, 77.6% of parents attending the program through the Youth Council were from Nashua, and 22.4% were from surrounding communities. The challenge with the program is that a large portion of the funding for this program was lost.
 - The Youth Council is unable to keep the program going at full capacity. The Youth Council has also found it challenging to find trained facilitators for the program.
 - The Family Resource Center of Greater Nashua offers Active Parenting Now at no charge to parents and provides complimentary childcare at the Boys and Girls Club of Greater Nashua.
 - Merrimack River Medical Services offers Active parenting to clients on Methadone that wish to increase their parenting skills. Merrimack River Medical Services' challenge in providing the program is their hours of service which end at 2:30pm. The role of the SMP network in this strategy is to promote the program throughout the region.
- The City of Nashua Police Department reports a decrease in Juvenile Arrests starting in 2006 as depicted in the graph below. This is attributed to multiple factors but it is a good sign the region is going in the right direction. The Regional networks will continue to work with local police departments as they increase positive police interaction with youth.

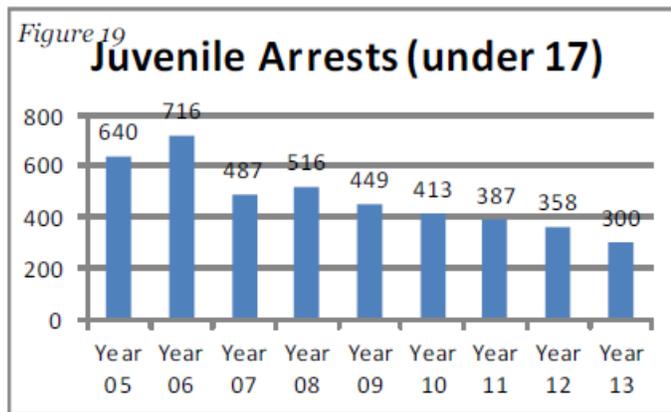


Figure 3 – Source Nashua PD 2013 Annual Report

REGIONAL ASSETS THAT SUPPORT SUBSTANCE MISUSE PREVENTION

As part of the strategic planning process, regional assets were identified that support substance misuse prevention. School Districts within the region support substance misuse prevention directly by implementing programs like Life of An Athlete, supporting Red Ribbon Week, and re-writing school policies that pertain to substance use on school property along with providing space for community conversations and educational opportunities. School Districts in the region have also engaged in the development of the Greater Nashua SMP Strategic Plan. Police Departments have increased engagement in prevention efforts in the last year supporting not only DEA Take Back Days and Permanent Drop boxes but engaging in Opioid/Heroin Forums to increase awareness of the current drug problem. Health care sector has engaged by promoting the Lock-It-Up campaign in healthcare waiting areas. Harbor Care Clinic, Lamprey Health care, Southern New Hampshire Medical Systems, and St. Joseph’s Hospital have committed to prioritizing substance use disorders and have engaged in the development or both the SMP Strategic Plan and the Community Health Improvement plans for the region.

Along with Education, Health care and safety sectors there are many other assets in the Greater Nashua Region. The Teen Institute NH Teen Institute is the only statewide youth empowerment and prevention organization in NH. The Teen Institute offers year-round leadership skills training, substance abuse prevention education, and support for New Hampshire teens, preteens, and adult advisors who are working together to make a difference in their lives and communities. The Youth Council is unique for its array of effective programs that span early intervention and treatment for a variety of challenges inherent in raising teens. Keystone Hall is a non-profit organization that provides comprehensive residential and outpatient substance use disorder treatment, prevention, and recovery supports to New Hampshire community members, including men, women, adolescents, and families.

Local Community Prevention Coalitions are the most poignant resource when it comes to prevention. The substance misuse prevention coalitions in the region have grown from four coalitions to six coalitions. During the last strategic plan the coalitions within the region were in Nashua, the Souhegan Valley, Merrimack, and Hudson/Litchfield. Today there are coalitions in Nashua, the Souhegan Valley, Merrimack, Hudson, Litchfield and Pelham. The Greater Nashua Region has two Drug Free Communities grantees including Nashua that is in their second year recipient and Merrimack which is in their sixth year.

All the sectors and agencies mentioned above are part of the SMP Leadership Team, the CHIP Behavioral Work Group or the Public Health Advisory Council Executive Committee. All these groups and agencies were part of the Strategic Planning process. The greatest asset of the Greater Nashua Public Health Region is the engagement and collaboration of all the network partners in the goals and objectives agreed upon on this Strategic Plan.

III. REGIONAL PLAN DEVELOPMENT

PROCESS AND PARTICIPANTS

The Greater Nashua Region Leadership Team guided the communities through five critical steps to understand the prevalence and root causes of alcohol and drug misuse, the resources available to address the problem, and the strategies that will have the greatest likelihood of effecting positive change.

Through the evaluation of health data and substance misuse issues identified in the Community Health Assessment, the Greater Nashua SMP Network prioritized substances and created a strategic plan to address those issues over the following three years. Community engagement is key to the Strategic Planning process so that the resulting plan reflects not only the shared commitment to priority issues, but also considers the full communities assets, strengths, resources and needs for bring about positive change. In this way, no single organization within the SMP Network is burdened with full responsibility for the decisions or actions required to improve the substance misuse problem within the region, but all contribute in various ways to the improvement efforts. In addition, in order to maximize prevention impact and gain widespread support for improvement, the Greater Nashua SMP Network coordinates with state level partners and aligns shared priorities with the goals and objectives outlined in the Collective Action- Collective Impact Plan 2013-2017.

The process outlined here itemizes the steps for developing the Substance Misuse Prevention Strategic Plan was completed over a six month time frame from December 2014 to May 2015. The chronology of planning meetings explains the tools and inputs used, the collaborative agreements determined m and the achievements realized at each step in the 2016-2019 Strategic Planning process

Step 1: Convene a Planning Group (December 2014)

- The SMP Coordinator along with Community Health Institute staff and National Guard staff become the planning team. This planning team agrees to responsibilities for planning and facilitating strategic planning meetings, developing prioritization process and tools and maintaining written recovers of each strategic planning meeting. The SMP Coordinator is the lead for both this group and the overall development of the Strategic Plan.

Step 2: Establish Priorities (January 2015)

- The planning team organized the first of two Leadership Planning meetings through which the 2016-2019 Strategic Plan would be developed. The SMP Coordinator led a comprehensive overview of each substance of use topic covered in the previous strategic plan and provided each attendee with a 2014 Community Health Assessment (CHA) data highlights packet with key indicators for each substance of use covered in the CHA. The Planning team then led the leadership planning team through the prioritization process. The prioritization of substances of

use is essential to the Strategic planning process as it enables the community to maximize its impact and efficiently use its resources on the issues of greatest significance to the community. The leadership planning team also received the NH Collective Action- Collective Impact report (CA-CI) in order to consider opportunities for alignment with state priorities.

Step 3: Develop One or More Goals for Each Priority Substance of use and Develop Objectives to Support Each Goal (March 2015)

- In March of 2015 the second of the Strategic Planning meetings was held. The attendees listened to a summary presentation of results from the 2012-2015 Strategic Plan Goals and Objectives including lessons learned from implementation efforts and suggestions for improving the 216-2019 Strategic Plan. As part of the meeting the goals were drafted and objectives were proposed. Notes from this session were collected and used to modify the goals and objectives statements accordingly.

Step 4: Identify Potential Strategies for Accomplishing Objectives (May 2015)

- The planning team convened to consolidate and prepare all the ideas for objectives provided at the strategic planning meeting in March 2015. The SMP Coordinator researched evidence-informed strategies that would support the selected goals and objectives and reached out to the regional leadership team to identify leadership options for the strategies. The SMP Leadership Team also attended the PHAC Annual conference where the Leadership Team participated in the Behavioral Health breakout session to choose strategies for the CHIP that aligned with the Strategic plan goals and objectives.

Step 5: Create Strategic Plan (June - September 2015)

- After the selection of the goals and strategies for the 2016-2019 Strategic Plan, implementation groups will be formed to ensure community action in the areas identified in the direction of the agreed strategies.

Groups Involved in Planning	Sectors Represented	Number of Participants
Beyond Influence Leadership Teams	Safety, Healthcare, Education, Community Supports, Government	10
Highly Engaged Stakeholders	Safety, Healthcare, Business, Government, Community Supports, Treatment and Recovery	20
Public Health Advisory Council Executive Committee	Treatment, Prevention, Youth Services Agencies, Government, Business, Healthcare, Safety	30
Behavioral Health Breakout at Greater Nashua Annual Conference	Safety, Healthcare, Education, Community Supports, Government	18

IV. GREATER NASHUA PUBLIC HEALTH REGION GOALS, OBJECTIVES AND STRATEGIES

The Greater Nashua 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 Greater Nashua Public Health Regional Network is working to achieve the following over-arching goals and objectives:

- I. System-level goals and objectives that align with the goals and objectives of the state plan
- II. System-level goals and objectives necessary to create, maintain and sustain the regional network
- III. Goals and objectives indicating the substance use behaviors and risk or protective factors that the region is striving to impact through the implementation of best practices among the core sectors

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

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

REGIONAL NETWORK GOALS AND OBJECTIVES

GOAL 1	EXPAND SUBSTANCE MISUSE DATA COLLECTION IN THE GREATER NASHUA REGION
Objectives:	
To increase the number of middle schools participating in the YRBS or similar survey from 1 School District to 3 School districts by 2019.	
To assess substance use behaviors and related consequences among young adults not enrolled in higher education once by 2019.	
To increase partnerships to expand data collection activities from 0 youth servings agencies to 2 youth serving agencies by 2019.	
GOAL 2	INCREASE SECTOR ENGAGEMENT IN THE GREATER NASHUA REGION
Objectives:	
To increase educational sector engagement from 3 school districts to 5 school districts by 2019.	
To increase business section engagement in the network from 1 business to 3 businesses by 2019.	
To increase awareness of substance misuse in the government sector by hosting 2 community events focused at local government representatives by 2019.	
To increase engagement of recovery groups in the network from 1 to 3 recovery groups by 2019.	
GOAL 3	INCREASE THE NUMBER OF LOCAL COALITIONS IMPLEMENTING EFFECTIVE COMMUNITY-BASED PREVENTION ON THE GREATER NASHUA REGION.
Objectives:	
To increase mentoring relationships between mature and developing coalitions from 1 mentoring relationship to 3 by 2019.	
To increase the capacity of developing coalitions by providing bi-monthly TA to developing coalitions	
Provide 3 learning opportunities for regional coalitions by 2019	

REGIONAL NETWORK STRATEGIES

The table below demonstrates the commitments of the Greater Nashua Public Health Region 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
Data Utilization and Financial Resourcing	Engage all superintendents and support school districts in locating financial resources for all middle schools to participate in YRBS	To increase the number of middle schools participating in the YRBS or similar survey from 1 School District to 3 School districts by 2019.	☒
Data Utilization	Conduct an assessment of young adults substance misuse behaviors	To assess substance use behaviors and related consequences among young adults not enrolled in higher education once by 2019.	☒
Leadership	Cultivate leadership among superintendents	To increase educational sector engagement from 3 school districts to 5 school districts by 2019.	☒
Leadership	Cultivate leadership among the business sector	To increase business section engagement in the network from 1 business to 3 businesses by 2019.	☒
Training & Professional Development	Provide educational opportunities for the government sector	To increase awareness of substance misuse in the government sector by having 2 community events by 2019 that government representatives attend.	☒
Training & Professional Development	Provide opportunities for regional cross-learning and networking	Provide 3 learning opportunity for regional coalitions by 2019	☒
Training & Professional Development	Provide Technical Assistance to all coalitions	To increase the capacity of developing coalitions by providing bi-monthly TA to developing coalitions	☒

Regional SMP work plans are created annually based on the above commitments. Annual work plans are derived from the three-year strategic plan, CHIP and additional identified needs/ priorities within the region 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 Greater Nashua Public Health Region annual work plan can be accessed at: www.nashuanh.gov

SUBSTANCE MISUSE PREVENTION GOALS AND OBJECTIVES ³

ALCOHOL AND OTHER DRUG PROBLEMS IN THE GREATER NASHUA REGION

According to the U.S. Drug Enforcement Administration, marijuana is the predominant drug of choice for New Hampshire, and is readily available in all parts of the State. This report also indicated that heroin and methamphetamine abuse and availability were increasing, particularly in the seacoast and western parts of the State.⁶ Substance abuse is also on the rise for older adults as seen in figure 8.2. Abuse of alcohol or other drugs is a common cause of physical and mental health problems in older adults, especially older men. Rates of illicit drug abuse and dependence are lower in the older population than in younger people. However, substance misuse, such as inappropriate use of prescription and over-the-counter (non-prescription) medicines, is increasing.⁷ In New Hampshire, this is visible in the sharp increase of overdose deaths between 2012 and 2013 for males ages 50-59, increasing from zero deaths to eleven in just one year.⁸

Most people who use drugs begin using as teenagers. Nationally, there were over 2.8 million new users of illicit drugs in 2012, or about 7,900 new users per day. Over half (55.1 %) were under 18 years of age. Most (65.5%) of new illicit drug users begin with marijuana followed by prescription pain relievers (17%) and inhalants (6.3%) which is most common among younger teens.⁹ New Hampshire high school students were asked about drug use in the 2013 Youth Risk Behavioral Survey (YRBS) that was also completed in the Greater Nashua Public Health Region (GNPHR). Table 4 represents the results for substance related questions answered by high school students.

⁶ Office of National Drug Control Policy, Drug Policy Clearinghouse. (2010). *State of New Hampshire Profile Drug Indicators*. Retrieved May 8, 2014, from www.whitehousedrugpolicy.gov:
<http://www.whitehousedrugpolicy.gov/statelocal/nh/nh.pdf>

⁷ Health in Aging. (2012, March). *Drug and Substance Abuse*. Retrieved June 05, 2014, from Health in Aging:
<http://www.healthinaging.org/aging-and-health-a-to-z/topic:drug-and-substance-abuse/>

⁸ NH Information and Analysis Center (NHIAC). (2014, May). *Drug Intelligence Assessment: New Hampshire Drug Overdoses & Heroin Analysis*. Concord.

⁹ U.S. Department of Health and Human Services. (2013). *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*. Retrieved May 9, 2014, from SAMHSA.gov:
<http://samhsa.gov/data>

Table 4 Substance Abuse Indicators for High School Students, 2013

	Nashua	GNPHR	NH
Students used marijuana one or more times during past 30 days	26.2%	24.8%	24.2%
Students tried marijuana for the first time before age 13 years	7.8%	6.4%	7.0%
Students haven take prescription drug (such as OxiContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life	18.6%	17.5%	16.6%
Students have taken a prescription drug (such as OxiContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times in the past 30 days	8.8%	8.1%	7.8%
Students used some form of cocaine, including powder, crack, or freebase, one or more times during their life	6.7%	6.0%	5.9%
Students sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life	8.4%	8.4%	8.3%
Students used heroin one or more times during their life	2.7%	2.8%	3.0%
Students used methamphetamines one or more times during their life	3.2%	3.4%	3.5%
Students used ecstasy one or more times during their life	8.1%	7.6%	7.0%
Students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months	21.0%	19.3%	18.7%
<i>Source: NH DHHS, 2013 YRBS</i>			

The Healthy People 2020 objective for high school students reporting use of marijuana in the past 30 days, is to lower the rate to 6% by 2020.¹⁰ The current rate for the GNPHR is 24.8% which is far from the Healthy People 2020 goal. The communities of the GNPHR are working in coalitions focused on substance abuse prevention to lower the rates of use through education and projects to influence social norms regarding substance use.

When GNPHR students were asked about access to substances, 45.6% of students think it would be very easy for them to get some marijuana if they wanted to and 17.8% of students think it would be very easy for them to get a prescription drug without a doctor's prescription if they wanted to. When asked about perception of harm 22.7% of students think people are at great risk of harming themselves (physically or in other ways), if they smoke marijuana once or twice a week (see table 4 to find this information by school and grade) and 62.7% of students think people are at great risk of harming

¹⁰ Healthy People 2020. (2014). Substance Abuse: 2020 Topic and Objectives. Retrieved July 28, 2014, from Healthy People 2020: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=40>

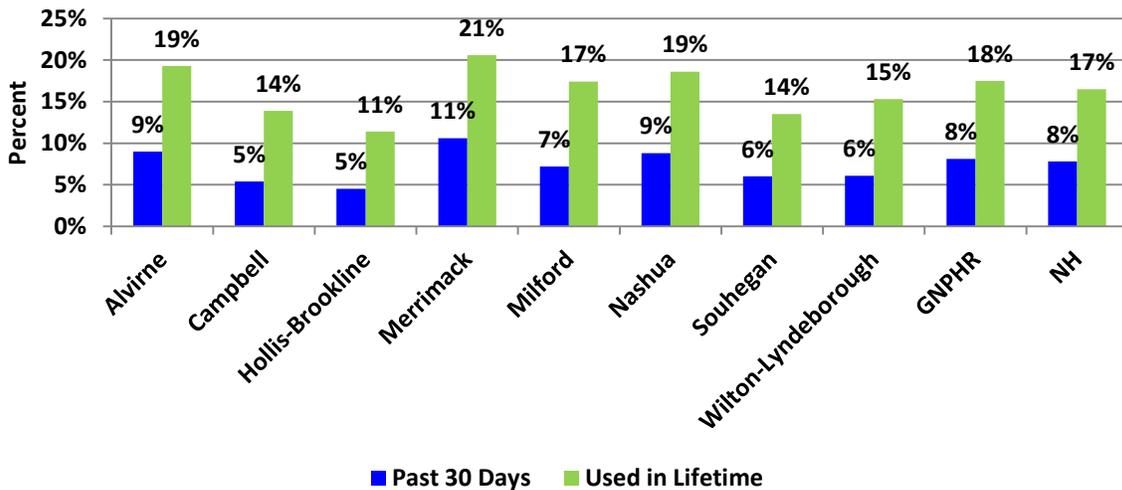
themselves (physically or in other ways), if they take a prescription drug without a prescription. Table 6 highlights the percent of students by school that have used a prescription drug without a prescription in their lifetime or within the past 30 days.¹¹

Table 5 Perception of Harm – Smoking marijuana once or twice a week, 2013

Perception of Harm – Smoking marijuana once or twice a week					
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
Alvirne HS	35.4%	22.4%	15.1%	17.7%	23.0%
Campbell HS	44.4%	28.2%	23.5%	20.8%	29.7%
Hollis-Brookline HS	45.2%	26.2%	18.8%	11.9%	25.7%
Merrimack HS	32.0%	23.9%	18.9%	14.5%	22.5%
Milford HS	35.2%	24.4%	16.2%	13.0%	22.3%
Nashua North	30.0%	22.7%	13.4%	13.8%	20.5%
Nashua South	25.4%	21.4%	18.8%	16.9%	20.9%
Souhegan HS	30.5%	21.6%	23.3%	12.5%	22%
Wilton-Lyndeborough	42.9%	28.0%	25.5%	8.8%	27.1%
State of NH	29.9%	22.9%	18.2%	14.8%	22.0%

*Source: NH DHHS; YRBS; *Data not available*

Figure 6 High School Students Use of Prescription Drugs without Doctor’s Prescription, 2013

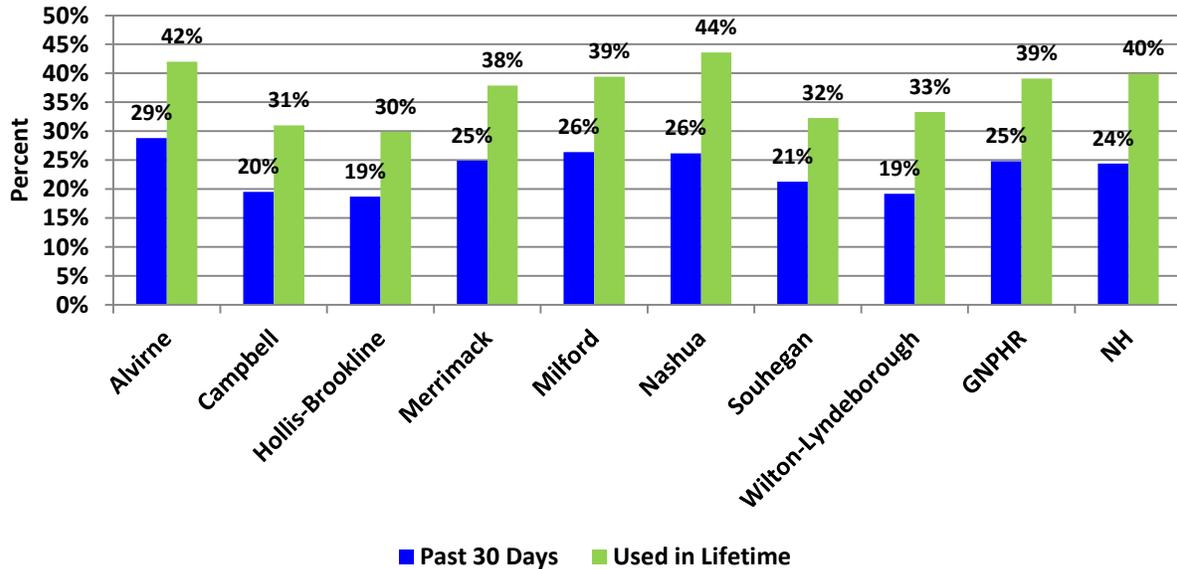


Source: YRBS, 2013

¹¹ NH Department of Education. (2013). Youth Risk Behavior Survey Results. Concord.

Between 10% and 44% of high school students in the GNPHR have used marijuana at least once in their lifetime and between 19% and 29% have used it within the past 30 days. Figure 7 shows the reported use of marijuana by town as reported by the 2013 Youth Risk Behavior Survey.

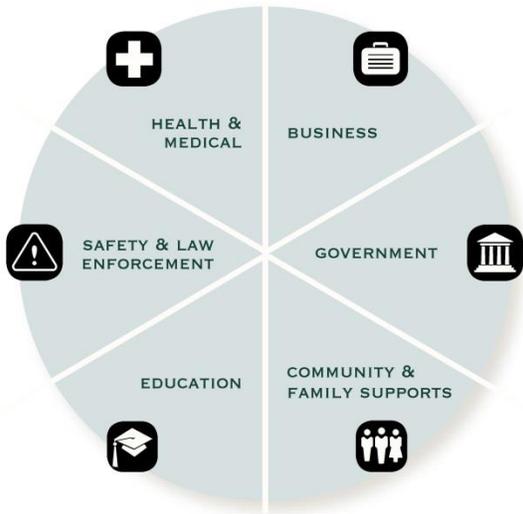
Figure 7 High School Students Use of Marijuana, 2013



Source: YRBS 2013

GOAL 1	DECREASE MARIJUANA USE AMONG MIDDLE AND HIGH SCHOOL AGED YOUTH IN THE GREATER NASHUA REGION
Objectives:	
To increase the percent of middle school aged youth that perceive marijuana as harmful from 72.4% to 77% by 2019.	
To increase the percent of high school aged youth that perceive marijuana as greatly harmful from 22.7% to 27% by 2019	
To increase the percent of high school students whose friends think it's wrong to smoke marijuana from 57% to 65% by 2019	

GOAL 2	DECREASE THE MISUSE OF OPIOIDS (PRESCRIPTION DRUGS AND HEROIN) AMONG ALL AGE GROUPS IN THE GREATER NASHUA REGION
Objectives:	
Increase the number of prescription drop boxes at local police departments from 7 drop boxes in the region to 9 by 2019.	
To increase knowledge of responsible prescribing practices among medical providers by hosting 2 forums or educations sessions by 2019.	
To increase perception of risk of harm of prescription drug misuse among ages 18-29 by providing 3 educational opportunities by 2019.	
To increase knowledge of resources and preventative family supports within early childhood providers by creating an educational campaign and disseminate to early childcare providers and elementary schools by 2019.	
To increase knowledge of resources and preventative family supports within the community by information dissemination and hosting four educational community events by 2019.	
GOAL 3	DECREASE ALCOHOL USE AMONG ALL AGES IN THE GREATER NASHUA REGION
Objectives:	
To decrease the percent of women (18-44yrs) of childbearing age that binge drink from 19.9% to 18% by 2019.	
To increase the perception of wrongness of alcohol use among high school aged youth from 73% to 77% by 2019.	
To increase the perception of risk of alcohol among college aged youth by creating an education campaign and disseminating to college campuses in the region.	



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

The state of New Hampshire and the Greater Nashua 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 Greater Nashua Public Health Region the next three years to meet the goals and objectives identified by the region to prevent and reduce substance misuse. The strategies chosen address the various categories of prevention, as defined by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention (CSAP). A comprehensive plan is essential to impact the substance misuse goals and objectives identified by the region.

Safety and Law Enforcement

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

<i>CSAP Strategy</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Substance Misuse Prevention Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Environmental	Maintain existing and install new permanent prescription drop boxes at all police departments	All Police Departments Greater Nashua Public Health Network Community Coalitions	To decrease access to prescription drugs among middle school and high school aged youth.	<input checked="" type="checkbox"/>
Problem Identification and Referral	Create and disseminate patrolman resource cards to police departments	All Police Departments Greater Nashua Public Health Network Community Coalitions	To increase knowledge of resources and preventative family supports within the community by information dissemination and hosting four educational community events by 2019.	<input type="checkbox"/>
Problem Identification and Referral	Increase utilization of Youth Court Diversion program by increasing police departments	Youth Court Diversion Programs All Police Departments Greater Nashua Public Health Network	Increase the percent of middle school aged youth that perceive marijuana as harmful from 72.4% to 77% by 2019. Increase the percent of high school aged youth that perceive marijuana as greatly harmful from 22.7% to 27% by 2019	<input checked="" type="checkbox"/>
Education	Identifying and implementing an	All Police Departments	Increase the percent of high school students whose friends think it's wrong to smoke	<input checked="" type="checkbox"/>

	<p>educational program in the middle and high schools regarding drug education taught by police officers</p>	<p>School Districts Greater Nashua Public Health Network Community Coalitions</p>	<p>marijuana from 57% to 65% by 2019 To increase the perception of wrongness of alcohol use among high school aged youth from 73% to 77% by 2019.</p>	
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Health & Medical

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

<i>CSAP Strategy</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Education	Hold Responsible Prescribing workshops	Medical Organizations Greater Nashua Public Health Network Community Coalitions	To increase knowledge of responsible prescribing practices among medical providers by hosting 2 forums or education sessions by 2019.	☒
Environmental	Increase participation in Prescription monitoring programs by prescribers	Prescription Monitoring Program educator Medical Organizations Greater Nashua Public Health Network Community Coalitions	To increase knowledge of responsible prescribing practices among medical providers by hosting 2 forums or education sessions by 2019.	☒
Education	Identify and disseminate targeted public education efforts	NOFASNH Medical Providers Greater Nashua Public Health Network	To decrease the percent of women (18-44yrs) of childbearing age that binge drink from 19.9% to 18% by 2019.	☒

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 ID and Referral	Expand Campbell High School At-Risk Counselor model and/or ensure Student Assistance Programs are implemented in two additional schools in the Greater Nashua Region.	Campbell High School Greater Nashua Public Health Network All School Districts	<p>To increase the perception of wrongness of alcohol use among high school aged youth from 73% to 77% by 2019.</p> <p>Increase the percent of middle school aged youth that perceive marijuana as harmful from 72.4% to 77% by 2019.</p> <p>Increase the percent of high school aged youth that perceive marijuana as greatly harmful from 22.7% to 27% by 2019</p> <p>Increase the percent of high school students whose friends think it's wrong to smoke marijuana from 57% to 65% by 2019</p>	☒

Environmental	Expand Student leadership in Rivier University and Nashua Community College to influence college policy development and enforcement	Rivier University Nashua Community College Greater Nashua Public Health Network	To increase the perception of risk of alcohol among college aged youth by creating an education campaign and disseminating to college campuses in the region.	☒
Education	Identify and promote a Peer-to-Peer program for High Schools and Middle Schools to implement	All 13 School Districts Greater Nashua Public Health Network Community Coalitions	<p>To increase the perception of wrongness of alcohol use among high school aged youth from 73% to 77% by 2019.</p> <p>Increase the percent of middle school aged youth that perceive marijuana as harmful from 72.4% to 77% by 2019.</p> <p>Increase the percent of high school aged youth that perceive marijuana as greatly harmful from 22.7% to 27% by 2019</p> <p>Increase the percent of high school students whose friends think it's wrong to smoke marijuana from 57% to 65% by 2019</p>	☒

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>
Education	Host community education events	Municipal elected officials Greater Nashua Public Health Network Local Coalitions	To increase knowledge of resources and preventative family supports within the community by information dissemination and hosting four educational community events by 2019.	☒

Business

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

<i>CSAP Prevention Category</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Education	Host community education events	Businesses Greater Nashua Public Health Network Local Coalitions	To increase knowledge of resources and preventative family supports within the community by information dissemination and hosting four educational community events by 2019.	☒

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>
Information and education	Disseminate Lock-It-Up Campaign	Community Coalitions	To increase knowledge of resources and preventative family supports within the community by information dissemination and hosting four educational community events by 2019.	☒
Information and education	Develop Resource guide for parents	Nashua Public Health Network Community Coalitions School Districts	To increase knowledge of resources and preventative family supports within early childhood providers by creating an educational campaign and disseminate to early childcare providers and elementary schools by 2019.	☒

V. Monitoring and Evaluation

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

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

The table below describes the data that will be collected to measure the impact of the prevention policies, practices and programs implemented by the core sectors on substance misuse and related risk factors.

Tool	Definition of tool and measurement
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

The Community Health Assessment (CHA) is a process by which community members gain an understanding of the health concerns and needs of the community. The steps for conducting a CHA are included in the 2014 Greater Nashua Community Health Assessment.

In November 2013, The Nashua Division of Public Health and Community Services (DPHCS) the 2014 CHA Committee, a team of staff members from each department within the Division, that worked together to formalize a plan of action, write the CHA and perform internal duties such as scheduling and organizing events. The Epidemiologist was identified as the lead coordinator for the project. Also during this time, the CHA Committee started to recruit medical, collegiate and social service organizations for the CHA Advisory Board, a precursor name for the Public Health Advisory Council Executive Committee. The CHA Advisory Board, was composed of 24 individuals from 22 organizations. The responsibilities of the Board were to attend four meetings, lend expertise to the DPHCS, review material and data, become advocates for the process, identify resources, and help disseminate the final report. Two subcommittees were developed under the Board to assist with the planning; The Focus Group Subcommittee and the Data Collection Subcommittee. The Substance Misuse Prevention Network will continue to use the 2014 CHA and consecutive CHAs as data references for objectives and measures in the Strategic Planning process.

QUALITY ASSURANCE AND OVERSIGHT

The SMP Leadership Team along with the PHAC Executive Committee provide oversight and direction to the Strategic Plan. A benefit of coordinating the Strategic Plan through the Public Health Network system is the additional connection achieved among New Hampshire's thirteen networks. By sharing similar resources, technical expertise, template materials and planning guides, all regions have an opportunity to improve efficiencies by considering established models, and planning tools. The State of NH DHHS has provided the following detailed list of federal registries, resources, and contacts that are useful to strategic plan development, planning and implementation.

FEDERAL REGISTRIES:

- The Guide to Community Preventive Services: The Community Guide
<http://www.thecommunityguide.org/index.html>
- Healthy People 2020
<https://www.healthypeople.gov/2020/tools-and-resources/Federal-Prevention-Initiatives+>
- Health Communities Program: U.S. Centers for Disease Control and Prevention
<http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/>

WEBSITES

- Partnership for Drug Free NH
<http://drugfreenh.org/>
- NH Bureau of Drug and Alcohol Services
<http://www.dhhs.nh.gov/dcbcs/bdas/index.htm>
- NH Center of Excellence
<http://nhcenterforexcellence.org/>

STRATEGIC PLAN TOOLS AND RESOURCES

- SAMHSA Strategic Planning Framework
<http://www.samhsa.gov/spf>

RESOURCE AND ASSET INVENTORY AND GAP ASSESSMENT TOOLS

- Community Toolbox
<http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/develop-a-plan/main>
<http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/identify-community-assets/main>

STRATEGY SELECTION TOOLS

- Substance Misuse Prevention
[Collective Action-Collective Impact](#)
- National Prevention Strategies
<http://www.surgeongeneral.gov/initiatives/prevention/strategy>

VI. Conclusion

A published 2016-2019 Strategic Plan for Prevention provides a guideline for the collaborative work of implementing strategies over the three year strategic planning cycle outline in the plan. Next steps will include the more detailed work of creating the work plans that will support the strategies, the engaging community partners in leading those efforts. By aligning the NH CA-CI improvement goals, the Greater Nashua Public Health Region can now anticipate the benefit of support from related state agencies as well as from other health regions with similarly aligned priorities. For all implementation efforts, the close engagement of the Greater Nashua Substance Misuse Leadership Team ensures that mutually agreed upon strategies will move forward with community commitment and support. Current plans include regular meetings of stakeholders to review progress, along with agreement from SMP Coordinator to maintain ongoing communication and reporting to measure progress. As Greater Nashua continues its journey towards a healthier Nashua region, the SMP Leadership team will remain closely engaged in the collaborative work that will bring changes in the policies, systems and environments impacting substance use in the region.



