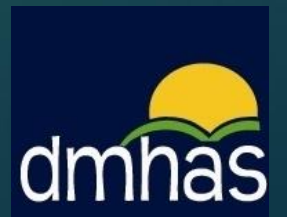


# Addressing Substance Use Among Young Adults Ages 18-25: Utilizing the SPF, Innovative Assessment and Nontraditional Prevention Strategies

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National Prevention Network (NPN)  
Boston, MA  
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# Presenters



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# Learning Objectives

## Participants will learn:

- ▶ Current national and state-level substance misuse data are available specific to young adults ages 18-25
- ▶ The basic tenants of the Collective Impact Model
- ▶ How Connecticut has embraced employment of youth peer advocates within local prevention coalitions
- ▶ In what way the utilization of these models and practices have advanced two communities SPF -based initiatives
- ▶ About gaining stakeholder buy-in for survey implementation, data collection and sharing
- ▶ About innovative methods for collecting data from young adults ages 18-25
- ▶ How those data were collected with cultural competence and will be utilized to address health disparities within the SPF model

# Partnerships for Success 2015 (PFS)

- ▶ SAMHSA Grant awarded to CT's Department of Mental Health and Addiction Services, Prevention and Health Promotion Unit in 2015
- ▶ 5 Year Grant-funding 8 subrecipient prevention coalitions, reaching 12 communities
- ▶ PFS 2015 priorities are to reduce and prevent:
  - ▶ 1) Underage drinking ages 12-20
  - ▶ 2) Non-medical Use of Prescription Drugs (NMUPD) ages 12-25
- ▶ Each coalition is engaged in SAMHSA's data-driven public health approach to prevention-the Strategic Prevention Framework, with recent emphasis on sub-populations experiencing health disparities
- ▶ Each coalition selects priority substance(s) and risk factor(s)
- ▶ All must employ at least one youth peer advocate, age 16-25

# Subrecipient Reporting Requirements:

- ▶ Underage drinking-ages 12-20;
  - ▶ Consumption-30-day use
  - ▶ Consequence
  - ▶ Intervening variable
- NMUPD-ages 12-25
  - Consumption-30-day or 12 mo use
  - Consequences
  - Intervening variable

How do we collect community level data for ages 18-25 for assessment and evaluation purposes at the community level?

# Sources for Substance Use Data Ages 18-25

## ▶ National:

- ▶ NSDUH

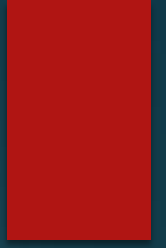
## ▶ State:

- ▶ NSDUH

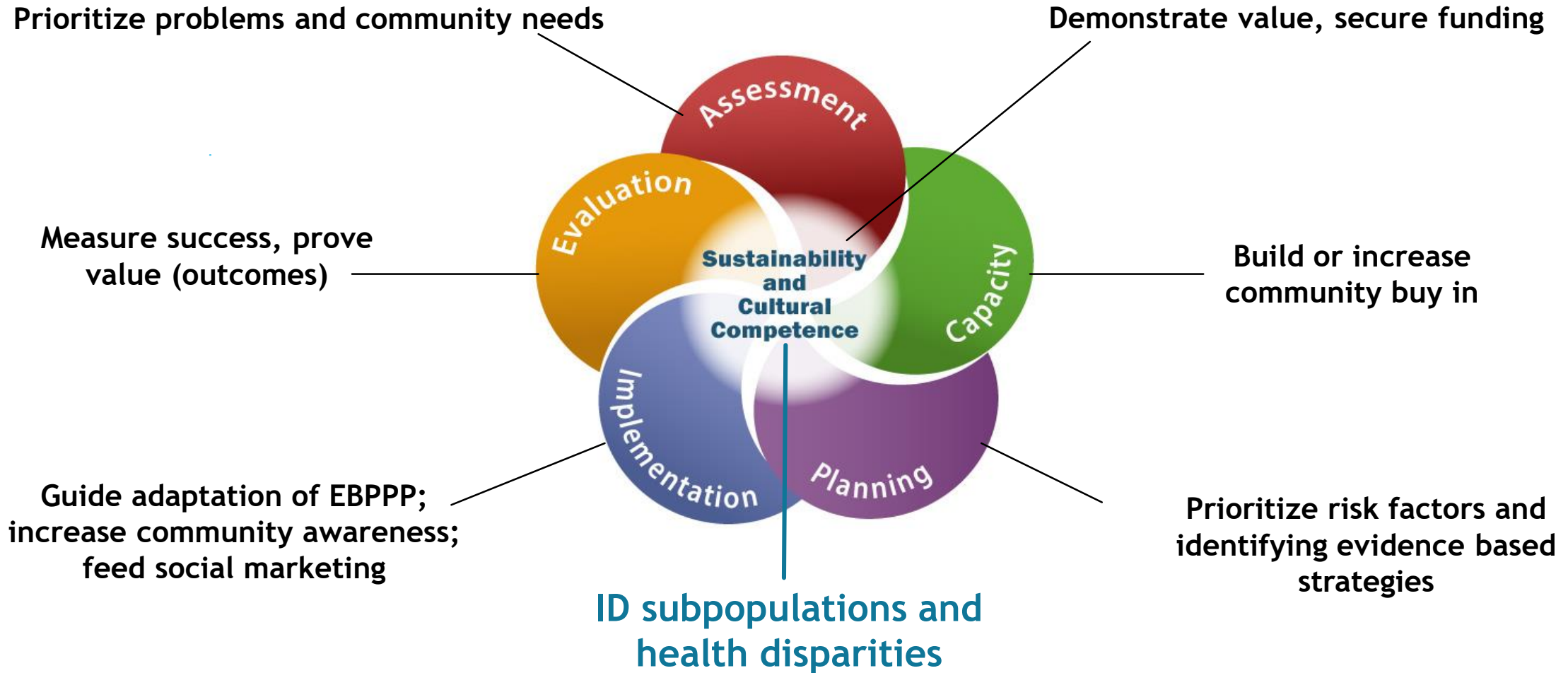
## ▶ Community Level:

- ▶ College/University Student Surveys
- ▶ Convenience sampling
- ▶ Focus Groups
- ▶ Online surveys

PLACE HOLD FOR STATE DATA



# Uses of Data: The Strategic Prevention Framework





# Norwalk and New Britain CT Priority Substance(s) and Risk Factors

<b>Town</b>	<b>Priority Substance(s)</b>	<b>Risk Factor(s)</b>
<b>New Britain</b>	<b>Underage Drinking NMUPD (Heroin)</b>	<b>Peer norms Co-occurring disorders/Prior substance use</b>
<b>Norwalk</b>	<b>Underage Drinking/NMUPD</b>	<b>Social Access</b>

# Publicly Available Data Resources

CT Open Data Portal

<https://data.ct.gov/>

CT Data Collaborative

<http://ctdata.org/>

State Department of  
Education data (EdSight)

<http://edsight.ct.gov/SASPortal/main.do>

Department of Labor

<http://www1.ctdol.state.ct.us/lmi/lau/laustown.asp>

CT Crash Data Repository

<http://www.ctcrash.uconn.edu/>

CT Crime Data: Unified Crime Report

<http://www.dpsdata.ct.gov/dps/ucr/ucr.aspx>

CT Census Data: CT State Data Center

<http://ctsdc.uconn.edu/connecticut-census-data/>

Connecticut Economic Resource Center

<https://www.cerc.com/resources/town-profiles/>

## Norwalk PFS 2015 – NMUPD, Social Access

Will this substance and risk factor be addressed by your local PFS 2015 efforts? Yes

### PROBLEM STATEMENT

(What?)

NMUPD among Older Youth and Young Adults (18-25)

-6% of Norwalk HS students report using prescription drugs not prescribed to them once or more in the past 30 days. [Norwalk DRG Student Survey, grades 9-12, 2016\*]

### ROOT CAUSES

(Buy Why?)

Social Access (Peers, Parties, Families)

-83% of Norwalk residents reported that it would be Easy for a young person in Norwalk to get access to a prescription drug (without their own prescription). [Norwalk Community Survey, March 2017]

-84% of Norwalk residents reported that there are 'a lot of drugs available in my community.' [Norwalk Community Survey, March 2017]

- "Among people aged 12 or older who misused pain relievers in the past year, the most common source for the last pain reliever that was misused was from a friend or relative (53.7 percent) [2015 National Survey on Drug Use and Health]

### LOCAL CONDITIONS

(But Why Here?)

Norwalk youth get access to prescription drugs from family member and friends.

Norwalk youth report that people are using other people's RX drugs. As for specific RX drugs, youth report use of "perkies" and ADHD medications prescribed to friends that are used as study aids. [High School Focus Group, March 2017]

"[People my age] pop pills at school." [High School Focus Group, March 2017]

"Parents have zero information/ education about drugs. I only know what I know based on what I do professionally; if I weren't in this field, I wouldn't have a clue." [KII, March 3, 2017]

Norwalk youth report that teen had "[known] someone who lied about needing therapy to get benzo's and sells them." Others reported that people post [use] on Snapchat. "Just ask, 'Who has it?' [they'll find] 'those who need it'. "Oxy' is one of the regular drugs. [It's] everywhere. 'Xan' is also everywhere." [High School Focus Group, March 2017]

## NEW BRITAIN

### PROBLEM STATEMENT

(What?)

#### Heroin Use

Heroin deaths in New Britain have increased by 171% from 7 in 2009 to 19 in 2015

[OCME 2015]

New Britain experienced 45.3 per 100,000 Opioid Related deaths in 2015; compared to 9.9 statewide [CT Office of the Chief Medical Examiner, 2016]

Opioid treatments in New Britain rose from 571 in 2015 to 637 in 2016 [DMHAS, 2017]

Hospital admissions from New Britain by drug reported  
"...indicates heroin (55.46%) is the most abused substance, while alcohol is second (41.74%), cocaine is third (22.51%) and crack fourth (20.05%)

[CT General Assembly, 2006]

### ROOT CAUSES

(Buy Why?)

#### Prior Use of ATOD

19% of high school students report drinking alcohol in the past 30 days

26% of high school seniors report drinking alcohol in the past 30 days

15% of high school students report using marijuana in the past 30 days

19% of high school seniors report using marijuana in the past 30 days

4% of middle school & 5% of high school students report NMUPD in the past 30 days

[Search Institute Survey, grades 6-12, 2015]

### LOCAL CONDITIONS

(But Why Here?)

New Britain adults/young adults are using substances to cope with community & socioeconomic disparities

The total admissions per 10,000 in need of mental health, substance abuse or both services were 414 in New Britain vs. 293 statewide for 2011; 409 in New Britain vs. 301 statewide for 2012; 409 in New Britain vs. 300 statewide for 2013; and 448 in New Britain vs. 306 statewide for 2014 [CT Data Collaborative, 2016]

66% of students graduate high school; compared to 87% across the state [US News & World Report, 2017]

23.5% of New Britain residents live in poverty; compared to 10.5% across the state [2016 CERC data, via CTDATA.org]

Only 5% of high school students report possessing 31-40 developmental assets [Search Institute Survey, grades 6-12, 2015]

18% of both high school & middle school youth report lifetime suicide attempt(s) [Search Institute Survey, grades 6-12, 2015]



# Norwalk, CT

DENIQUE WEIDEMA-LEWIS,  
DIRECTOR OF PREVENTION

POSITIVE DIRECTIONS - THE CENTER FOR PREVENTION AND  
COUNSELING

# The Role of Our Youth Advocate


The Youth Advocate will provide assistance in the work of the Strategic Prevention Framework (SPF); namely needs assessment, capacity building, strategic planning, implementation, evaluation processes within the Positive Direction's PFS grant in partnership with the Norwalk Community Prevention Taskforce (CPTF).

## Responsibilities:

- ▶ Attend Norwalk Community Prevention Taskforce and other grant mandated meetings.
- ▶ Assist the Coalition in the following areas: Capacity Building, Assessment, Planning, and Implementation of community/evidence-based programs.
- ▶ Closely work with Coalition Leadership and PFS Steering Committee members on grant deliverables, such as but not limited to:
  - ▶ Collaborate with local and state police regarding enforcement and surveillance activities.
  - ▶ Implementation on student and/or young adult community surveys and focus groups.
  - ▶ Initiate activities which emphasize a coordinated community prevention approach to prevent underage, high risk drinking and substance abuse among youth ages 12-18, parents and the community at-large and/or prescription drug misuse and abuse among young adults ages 18-25.
- ▶ Participate in Governor's Prevention Partnership Youth Advisory Board.
- ▶ Participate in Professional Development opportunities (trainings, workshops, statewide conferences relevant to position (as schedule allows)).

## Requirements

- ▶ A completed W-9 and copy of Driver's License (if applicable).
- ▶ Reliable Transportation preferred.
- ▶ Basic proficiency with all Microsoft software.
- ▶ Strong ability to work with peers/ professionals.
- ▶ Must be curious.
- ▶ Some evenings and weekends may be required.



**“Nothing about you,  
without you.”**

# Who We Owe Our Y/A Success To



What We've Uncovered Through our Youth Advocates:

## What is the perception of risk in doing prescription drugs?

- "Opioids= huge risk. Adderrall, not so much."
- "We [as a society] take pills all the time."
- "Google [symptoms, find a drug]"

## Is there anything else you would like to mention?

- So many bottles at home; [I'm] not going to take them, but no one would know [even if I did].
- Prescription drugs is more of a gateway. (Group discussed progression from Rx drugs to heroin) Heroin easier to find; bad batch of heroin more of a perceived risk from Rx drugs.
- Adults-Pharm parties are a myth.

## Auxiliary Question: Do you feel like we're in an opioid crisis?

- "Opioid crisis is reactionary. [It's like] putting a band aid on a problem; needs to look at the source." Felt that young people required more education/ mental health services.

## Auxiliary Question: So where is the line where you think of someone who sells their Rx drugs as a drug dealer?

- "It makes you resourceful... entrepreneurial... They're a "source": not a drug



# Who We Owe Our Y/A Success To



What We've Uncovered Through our Youth Advocates:

## What are the biggest sources of stress for young adults?

- *Money*- ... "The cost of living in general is high."
- *Finding out who you are*- ... "Who am I?"
- *Social Acceptance/Social Anxiety*- "You're fresh out of high school where there is structure and then told to figure it out and get judged for being lazy or not knowing what you want to do. Minority parents tells their children they are on their own when it comes to loans and bills. Parents have not had education, they had to work towards building a foundation to having their children have a better life."
- *Social Media*- "...Our generation lacks social skills and outlets. Norwalk needs more places to come and vent rather than writing it out on social media. Minority homes usually don't have both parents therefore there aren't enough people around to sit down and talk. Propaganda is all over social media. One has to filter their social media to stay away from hate and subliminal messaging. Corporates are feeding social media."
- *Opportunity*- "Depends on who you are asking. Everyone has different stresses depending on how you were raised."

# Opportunity to Work With Our Local Collective Impact Initiative



## Conditions of Collective Impact.

### 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

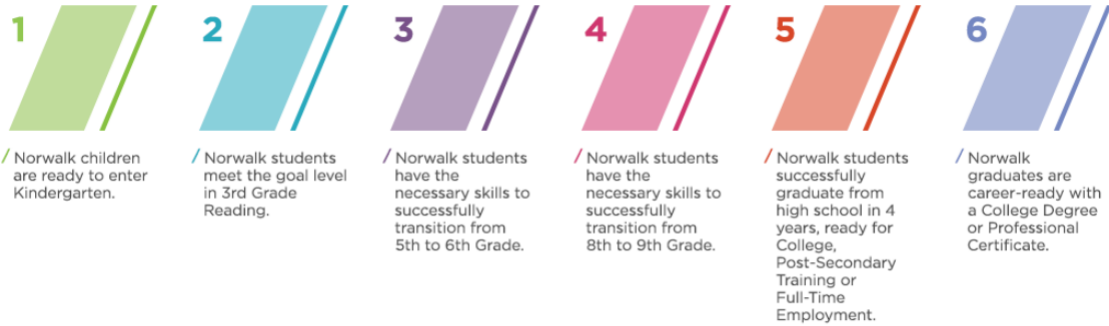
Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.

### 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.

“Collective Impact takes us from common goals to uncommon results.”

## Organized around key outcomes. Focused on continuous improvement.



- “Norwalk as a community should come together and have positive guidance, outlets, activities.”
- “Norwalk has deleted positive programs for the youth to be involved in.”
- “More education programs: high school classes about real life skills.”
- “Norwalk doesn’t care about its youth. Norwalk thinks the young adults are doomed.”
- “Norwalk needs more to do: Mentor programs- having someone aside from parents...”
- “Young adults need to mentor youth.”





# New Britain, CT

Arnaldo Perez Jr.

PFS Program Coordinator, Partnership For Success

Klingberg Family Centers & the Coalition for New  
Britain's Youth

# Community Needs Assessment

- ▶ Klingberg Family Centers was awarded the PFS grant in September 2016
- ▶ New Britain Community Needs Assessment was completed thru February 2017
- ▶ Prioritized Underage Drinking ages 12-20
- ▶ Addressing Heroin Epidemic targeting Prior Use of Alcohol, Tobacco & Other Drugs ages 16-24
- ▶ Initial key strategies will focus on:

Peer Norms  
on Alcohol  
Use

Prior Use  
of ATOD

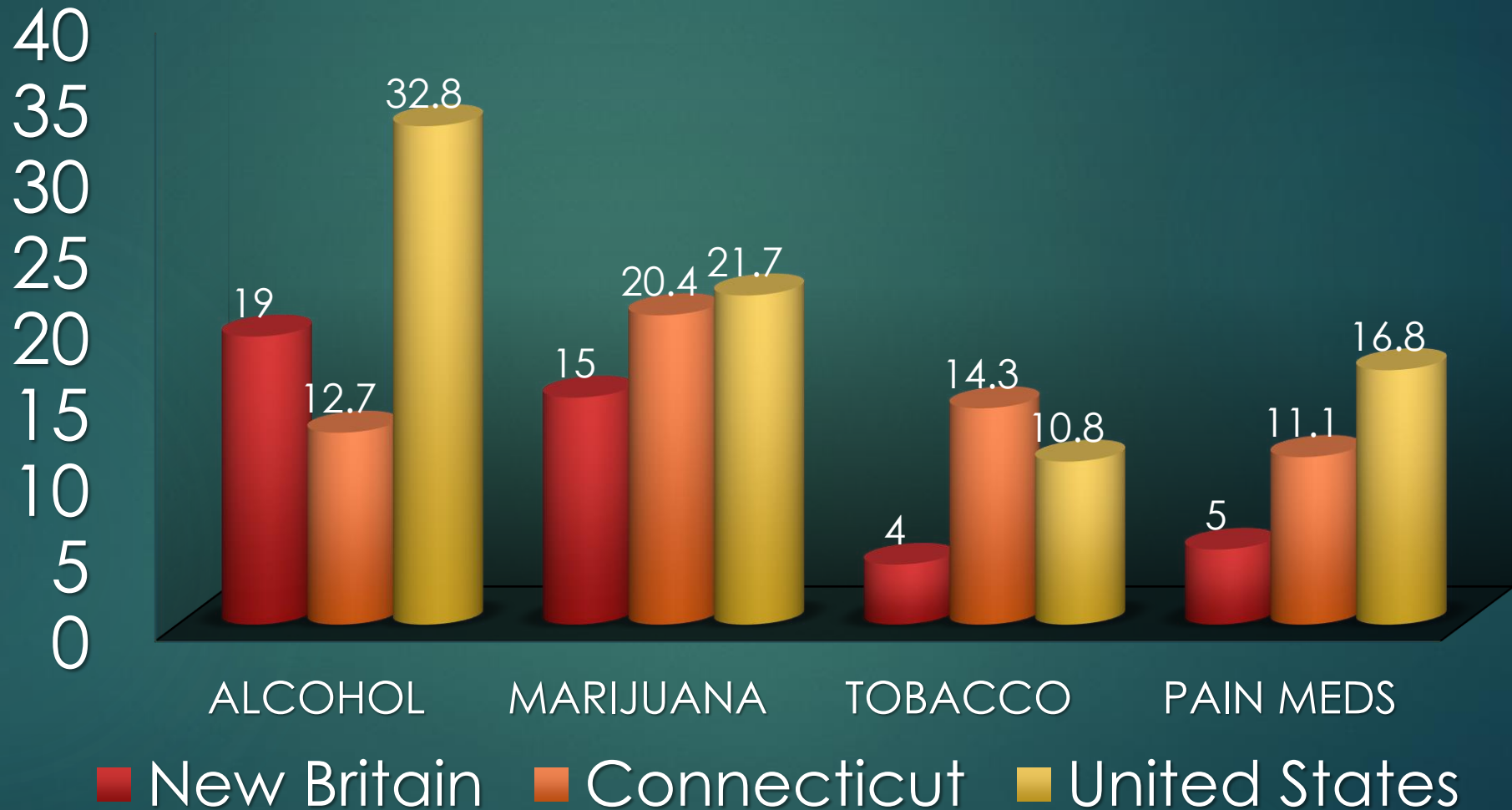
Community  
Capacity

# Assessment & Student\* Survey Results

## Additional Findings

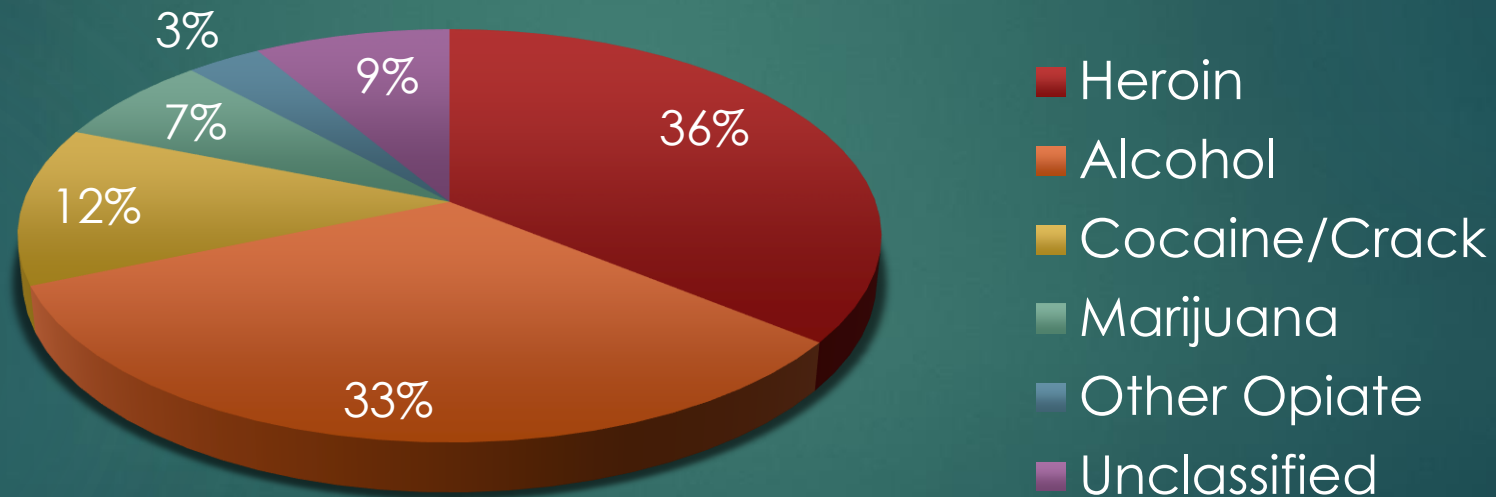
- ▶ New Britain ranks high in the following areas:
  - ▶ Teen Birth Rates at 43.8 per 1,000 births (DPH)
  - ▶ Middle & High School Suicide Attempts at 18% (SIS)
  - ▶ Suicide Deaths at 11.2 per 100,000 (DPH)
  - ▶ Drug-related Property Crime at 287.2 per 10,000 (DPS)
  - ▶ Opioid-related Deaths at 45.3 per 100,000 (OCME)
  - ▶ Heroin-related Deaths at 26.1 per 100,000 (OCME)
  - ▶ Illicit Drug-related Deaths at 18 per 100,000 (DPH)
  - ▶ Alcohol-related Deaths at 9.3 per 100,000 (DPH)
  - ▶ Density of Liquor Permits: 216.4 per 100 square mi.

# High School Students Past 30-Day Use %



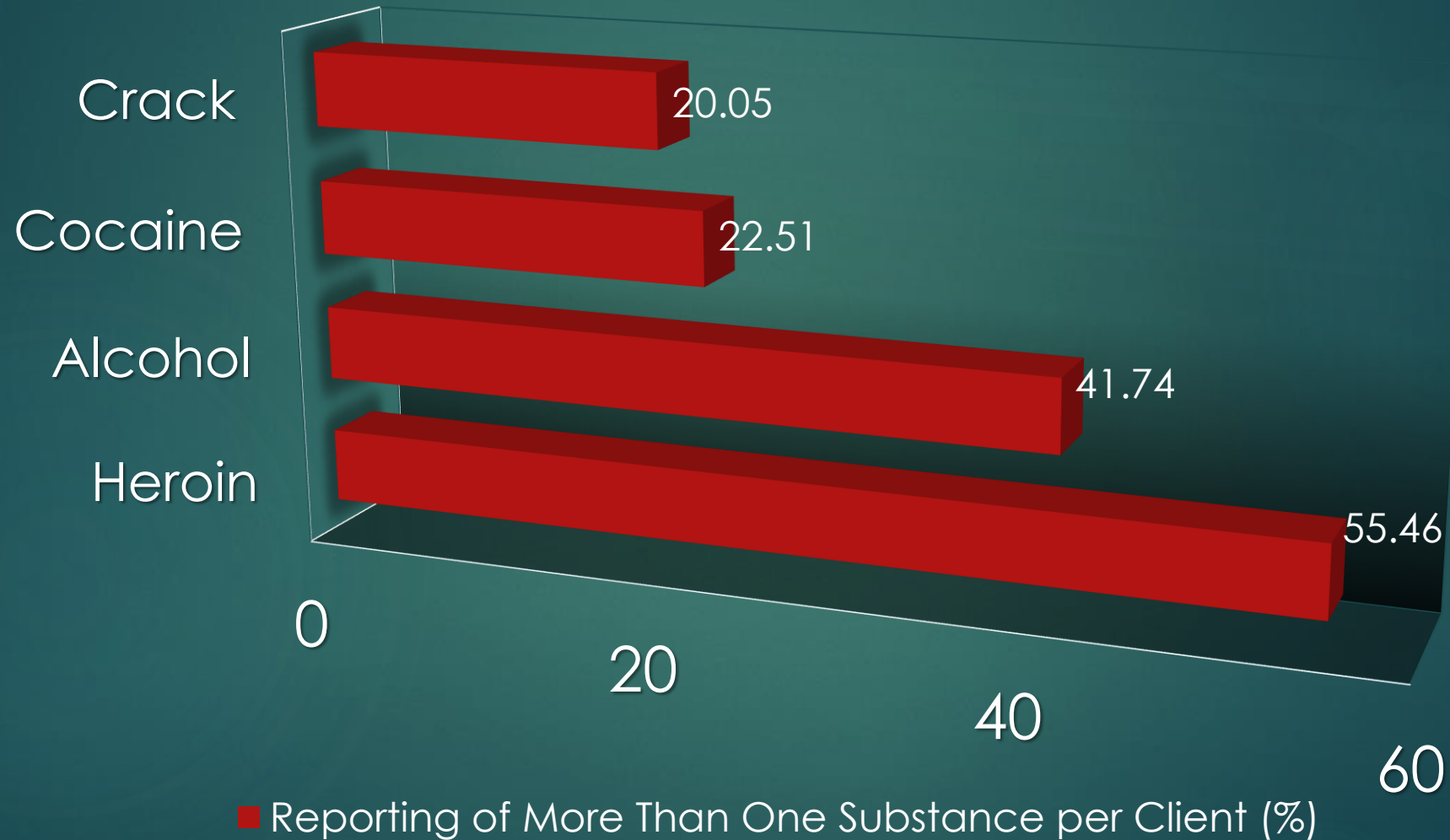
# Statewide Hospital Admissions Data

## Primary Drug Reported at Time of Admission





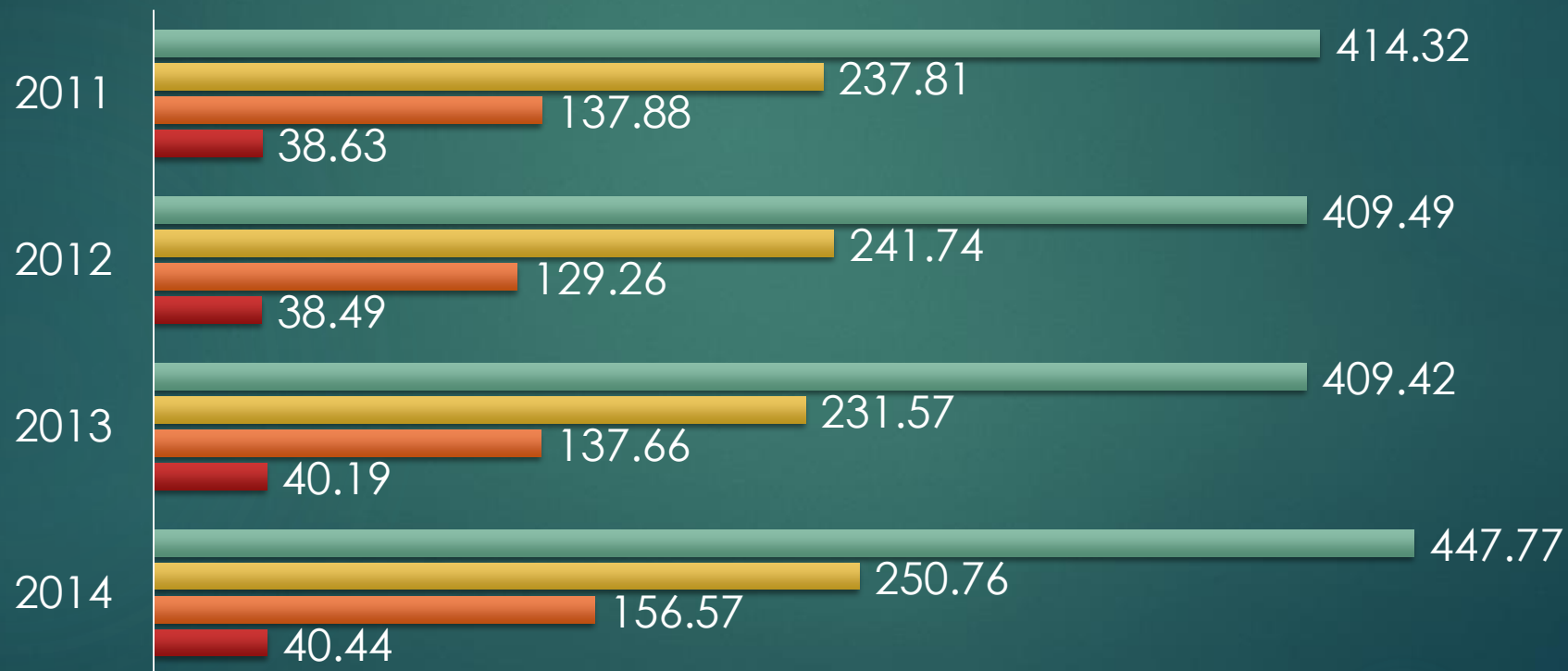
# New Britain Admissions by Drug Reported



# New Britain Treatment Admissions

## Substance Abuse/Mental Health Needs Rate per 10,000

■ Total Admissions  
■ Substance Abuse



# Cultural Considerations

- Language usage in New Britain reveals only 46% of New Britain residents speak English at home; while 32.6% of residents speak Spanish at home and 21.4% speak another language.
- Of the total population, 43.4% are White alone; 41.5% Hispanic; 10.0% Black alone; 2.6% Two or more races; 2.5% Asian alone; and 0.02% Other Race alone
- Foreign Born residents make up 19.5% of the population with 16.8% of residents having Ancestry from Poland; followed by 5.6% with Italian Ancestry, 2.7% Irish, 2.0% American and 1.7% Jamaican

# Long-Term Goals



Enhance positive Peer Norms  
against Alcohol use

Reduce Past 30-Day Non-Medical Use of  
Prescription Drugs

Increase Community Capacity

# Initial Recommendations

## Strategies & Activities Should Include:

- ▶ Pursuing Environmental Change by impacting Peer Norms on Alcohol
- ▶ Reducing Non-Medical Use of Prescription Drugs (NMUPD)
- ▶ Addressing Co-Occurring Disorders by implementing systemwide Social-Emotional Learning (SEL) practices
- ▶ Decreasing the number of students reporting Lifetime Suicide Attempt
- ▶ Reducing barriers to and stigma associated with mental health & substance abuse needs
- ▶ Increasing Developmental Assets & reducing Risk-Taking Behaviors
- ▶ Conducting citywide & internet campaigning
- ▶ Increasing parent involvement
- ▶ Fostering positive intergenerational relationships
- ▶ Fostering leadership & community involvement opportunities
- ▶ Developing social competencies
- ▶ Promoting positive values & social norms
- ▶ Coalition building & enhancing sector engagement for impact & sustainability

# Youth Focus Group & Peer Advocate Contributions (1/2)

When you hear your peers talking about drinking, what types of things do you hear them say?

- Talking more about the effects of drinking
- Boastful & pride in being more heavily intoxicated
- “Bragging” about hangovers
- Surprise in overall feeling/result of drinking

What drives teens to try alcohol? How can we block/offset those influences?

- Escape, curiosity, peer pressure, feeling more grown
- Pop culture, music, internet, social media, online ads
- Some aspects of accessibility (corner stores, bodegas, parents)
- Can be offset by educating and informing youth & parents
- No outlook on life & lack of connections

# Youth Focus Group & Peer Advocate Contributions (2/2)

What is the incentive/payoff not to drink?

- Useless, no purpose perceived in drinking, no added value
- Avoiding consequences, either no effect felt or ends badly
- Waste of time, money & life
- Cautioned by loved ones who are in recovery
- Religious/ethical taboo
- Avoiding path to bigger problems down the line
- Not wanting to get caught up with the wrong crowd

Have you seen any ads/marketing or heard any messages about why teens should not drink that you thought were really good? What did you like about them?

- MTV/Truth Ads (particularly the graphic ads like older woman with the hole in her throat)
- Focus on consequences & personal stories
- Positive Mainstream Artists (Macklemore, J. Cole, Kendrick Lamar, Logik)
- Gospel music

Have you seen any that you disliked? Why didn't you like them?

- Generic anti-focused (aka Don't Do Drugs campaigns)

# PFS Original Survey Qualitative Data (1/2)

- If you had the opportunity to offer advice to someone younger, what would you tell them?
  - Don't do bad stuff and you will live longer
  - If they ever need help with any situation I'm here in any way I can help them
  - Never stay shut, always stand up for yourself and others
  - Speak up
  - Everything you go through will pass – 2 years ago most of my answers to these questions would've mostly checked off depression, etc.
  - Life is what you make it. No matter how good or bad your situation is



# PFS Original Survey Qualitative Data (2/2)

- **If you had the opportunity to offer advice to someone younger, what would you tell them?**
  - Don't compare yourself to others. Everyone is unique and comparing yourself will only ruin your self-respect/confidence
  - They are some bad people out there, avoid them if you can if not stay on their good side until you can avoid them
  - Live your life, but live it smart
  - Don't ever disrespect your mother because she's the only one that's gonna be there for you no matter what
  - I'm here for you
  - Don't do drugs (x2)
  - Don't rush to grow up
  - It's okay to be different don't let nobody say it's not
  - Stay in school focus on the future and not what the haters say

# Data Collection Challenges



- Difficulty accessing targeted age group
- Low overall young adult engagement resulting from general lack of access to services
- Ongoing stigmas related to sharing substance use history and/or mental health needs
- Addressing cultural norms which cultivate an overall distrust of all public officials

# Data Collection Strengths

- Increasing community buy-in by means of raising related awareness & communication
- Enhanced participant engagement with partner providers/survey conductors
- Community members feeling empowered by having a voice via survey completion
- Domino effect of survey conductor enlistment

# Citations

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# Contact Us!

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