

LEGISLATIVE COMMITTEE MINUTES

SB275

Bill as
Introduced

SB 275 - AS INTRODUCED

2022 SESSION

22-2916

05/08

SENATE BILL **275**

AN ACT relative to the opioid abatement trust fund.

SPONSORS: Sen. Rosenwald, Dist 13; Sen. Soucy, Dist 18; Rep. Acton, Rock. 10

COMMITTEE: Finance

ANALYSIS

This bill provides that disbursement from the opioid abatement trust fund shall be based on the most recent decennial census. The bill also revises the membership and duties of the opioid abatement advisory commission.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears [~~in brackets and struck through~~].
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to the opioid abatement trust fund.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Opioid Abatement Trust Fund. Amend RSA 126-A:83, II to read as follows:

2 II. The treasurer shall distribute 15 percent of all funds received prior to any deposit in the
3 consumer escrow account or the opioid abatement trust fund to the counties and the political
4 subdivisions that filed lawsuits, on or before September 1, 2019, against opioid manufacturers,
5 distributors and other persons identified as defendants in the multidistrict opioid litigation pending
6 ~~in the federal district court for the northern district of Ohio. This distribution shall occur on an~~
7 annual basis. The distribution of funds shall be based on the [2010] **most recent decennial** census
8 population of each qualifying county and political subdivisions. The population of any political
9 subdivision which receives funds under this section shall not be included in the population of the
10 county for determining the distribution to that county.

11 2 New Hampshire Opioid Abatement Advisory Commission; Membership. Amend RSA 126-A:85
12 (k) to read as follows:

13 (k) A county nursing home supervisor, or designee, appointed by the [governor] **New**
14 **Hampshire Association of Counties.**

15 3 New Subparagraph; New Hampshire Opioid Abatement Advisory Commission; Duties.
16 Amend 126-A:86, I(b) by inserting after subparagraph (14) the following new subparagraph:

17 (15) Support evidence-based prevention programs and services, including efforts to
18 promote healthy, drug-free lifestyles, reduce isolation, build skills and confidence, and facilitate
19 community-based prevention efforts.

20 4 Effective Date. This act shall take effect 60 days after its passage.

SB 275 - AS AMENDED BY THE SENATE

02/03/2022 0076s

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24 Amend RSA 126-A:85, II by inserting after subparagraph (v) the following new subparagraph:

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26 School Administrators Association.

27 5 New Hampshire Abatement Advisory Commission Membership; Terms; Reference Change.
28 Amend RSA 126-A:85, III to read as follows:

29 III. Members appointed under subparagraphs (n) through [~~(v)~~] (*w*) shall be appointed for
30 staggered 2-year terms. Members appointed under subparagraphs (a) through (m) shall serve a

1 term coterminous with their term in office. The advisory commission shall elect a chairperson every
2 year with no person serving as chairperson for more than 2 consecutive one-year terms.

3 6 Opioid Abatement Trust Fund; Management and Distribution of Funds; Reporting
4 Requirement. Amend RSA 126-A:84, VI to read as follows:

5 VI. On or before November 1, 2020, the commissioner of the department of health and
6 human services shall submit an annual report to the governor and fiscal committee of the general
7 court detailing the activities of the advisory commission, the administration of the opioid abatement
8 trust fund, the amount distributed in the past year, *including available measures of success*
9 *and corresponding data of programs funded*, the amount remaining in the trust fund, a
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SB 275 - AS AMENDED BY THE HOUSE

02/03/2022 0076s
4May2022... 1831h

2022 SESSION

22-2916
05/08

SENATE BILL **275**

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SB 275 - AS AMENDED BY THE HOUSE

- Page 2 -

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CHAPTER 155
SB 275 - FINAL VERSION

02/03/2022 0076s
4May2022... 1831h
05/26/2022 2095EBA

2022 SESSION

22-2916
05/08

SENATE BILL **275**

AN ACT relative to the opioid abatement trust fund and advisory commission.

SPONSORS: Sen. Rosenwald, Dist 13; Sen. Soucy, Dist 18; Rep. Acton, Rock. 10

COMMITTEE: Finance

AMENDED ANALYSIS

This bill provides that disbursement from the opioid abatement trust fund shall be based on the most recent decennial census. The bill also revises the membership and duties of the opioid abatement advisory commission.

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CHAPTER 155
SB 275 - FINAL VERSION

02/03/2022 0076s
4May2022... 1831h
05/26/2022 2095EBA

22-2916
05/08

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

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11 155:2 New Hampshire Opioid Abatement Advisory Commission; Membership. Amend RSA 126-
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15 155:3 New Subparagraphs; New Hampshire Opioid Abatement Advisory Commission; Duties.
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155:7 Effective Date. This act shall take effect 60 days after its passage.

Approved: June 07, 2022
Effective Date: August 06, 2022

Amendments

Sen. Whitley, Dist 15
January 10, 2022
2022-0049s
05/08

Amendment to SB 275

1 Amend the bill by replacing all after section 2 with the following:

2

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4 Amend 126-A:86, I(b) by inserting after subparagraph (14) the following new subparagraphs:

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ADD: SEN. ROSENWALD LANGUAGE

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Committee Minutes

ATTENDANCE

SENATE CALENDAR NOTICE
Finance

46

- ✓ Sen Gary Daniels, Chair
- ✓ Sen John Reagan, Vice Chair
- ✓ Sen Bob Giuda, Member
- ✓ Sen Erin Hennessey, Member
- ✓ Sen Chuck Morse, Member
- ✓ Sen Lou D'Allesandro, Member
- ✓ Sen Cindy Rosenwald, Member

START: 1:24 pm
STOP: 2:10 pm

Date: December 20, 2021

HEARINGS

Tuesday

01/11/2022

(Day)

(Date)

Finance	State House 103	1:00 p.m.
(Name of Committee)	(Place)	(Time)
1:00 p.m. SB 273-A	relative to broadband infrastructure funding.	
1:10 p.m. SB 275	relative to the opioid abatement trust fund	
1:20 p.m. SB 276	relative to the reporting requirements for the regenerative manufacturing workforce development program.	
1:30 p.m. SB 277-FN	relative to emergency or temporary health care licenses.	

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 273-A

Sen. Bradley	Sen. Birdsell
Sen. Kahn	Sen. Soucy
Rep. Thompson	Rep. Gordon

Sen. Gray
Rep. Dolan
Rep. Maggiore

Sen. Ward
Rep. Egan

SB 275

Sen. Rosenwald	Sen. Soucy
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Rep. Acton

SB 276

Sen. D'Allesandro	Sen. Watters
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Sen. Bradley

SB 277-FN

Sen. Hennessey	Sen. Birdsell
Sen. Prentiss	Sen. Whitley
Sen. Giuda	Sen. Avar
Sen. Gannon	Sen. Morse
Rep. Alexander Jr.	Rep. Buco

Sen. Watters
Sen. Rosenwald
Sen. Carson
Sen. Daniels
Rep. Rice

Sen. Bradley
Sen. Gray
Sen. Sherman
Sen. Soucy
Rep. Lang

Deb Martone 271-4980

Gary L. Daniels
Chairman

Senate Finance Committee

Deb Martone 271-4980

SB 275, relative to the opioid abatement trust fund.

Hearing Date: January 11, 2022

Time Opened: 1:24 p.m.

Time Closed: 2:10 p.m.

Members of the Committee Present: Senators Daniels, Reagan, Giuda, Hennessey, D'Allesandro and Rosenwald

Members of the Committee Absent: Senator Morse

Bill Analysis: This bill provides that disbursement from the opioid abatement trust fund shall be based on the most recent decennial census. The bill also revises the membership and duties of the opioid abatement advisory commission.

Sponsors:

Sen. Rosenwald

Sen. Soucy

Rep. Acton

Who supports the bill: Senators Becky Whitley and Donna Soucy; James Boffetti, Esq. (NH DOJ); James O'Shaughnessy, Esq; Kate Frey (New Futures); Kate Horgan (NH Association of Counties); Cora Quisumbing-King; Debra Naro; Kris Hering.

Who is neutral on the bill: Lissa Mascio (NH Department of Corrections);

Summary of testimony presented in support:

Senator Cindy Rosenwald, Prime Sponsor:

- This bill is sponsored on behalf of the Opioid Abatement Trust Fund, established in RSA 126-A:83. Senator Rosenwald chairs the commission, established by HB 1639 in 2018.
- The fund was set up as a negotiated agreement by the state and local jurisdictions to be a process for managing what will be millions of dollars to be received by the state over approximately 20 years, as part of litigation involving opioid drug manufacturers, distributors, and possible other entities.
- The commission has 22 members representing a wide variety of stakeholders, and have been meeting regularly for one year. They've agreed on draft rules for disbursing settlement judgment funds, and will soon enter the rulemaking process.
- A small amount of the money has already been disbursed to some counties.
- At a recent meeting of the commission they voted to submit SB 275, containing several amendments to the enacting statute.

- The bill updates the census reference for distributing the money according to population. When the law was enacted it referenced a 2010 census. The reference has been changed to the most recent decennial census to eliminate changing the statute every ten years. They can distribute the money based on the population as it is updated every ten years.
- The appointment of the member representing county nursing homes has been changed. It was a gubernatorial appointment which had not been made. The commission wanted to make it a member appointed by the Association of Counties. It is an important voice for the commission.
- The commission sought to clarify its duties to explicitly make clear that evidence-based prevention efforts are an eligible use of the money to mitigate the opioid harm.
- Senator Whitley has an amendment which the commission has reviewed and tweaked a bit. There was no dissension on the commission regarding the amendment.
- Senator Giuda inquired as to why the population of any political subdivision which receives funds under RSA 126-A:83 II shall not be included in the population of the county for determining the distribution to that county. Senator Rosenwald believes it has to do with which jurisdiction had originally filed suit in these opioid litigations. They didn't want to double count any organization or local or county jurisdiction that will be eligible to apply for the bulk of the money that comes in. The section Senator Giuda referenced is more about the 15 percent of monies that come in and are distributed locally off the top. Senator Rosenwald suggested Associate AG Boffetti would be able to offer additional information.
- Senator Hennessey questioned the change from the 2010 to 2020 census. She currently represents a county with a declining population. She feels the money counties have spent over a period of time isn't reflected using the population figures. Senator Rosenwald indicated, again, this is that 15 percent of the funds that gets distributed off the top. Eighty-five percent of the money will be disbursed according to applications received. Senator Hennessey's county will receive its share of that 15 percent, as well as being eligible to apply for 100 percent of the 85 percent of the money.
- Senator Giuda inquired about the distribution occurring on an annual basis, based on the most recent decennial census. He feels ten years may be a bit too long. He suggested using language that would utilize population updates the Department of Employment Security develops. It could be a more prudent way of doing it. Senator Rosenwald indicated that would be up to the pleasure of the commission.
- Senator Daniels asked about the unfilled gubernatorial appointment. He wondered if there was any requirement to force the naming of an appointment. Senator Rosenwald did not believe there was. Senator Daniels then sought to confirm that the language of Senator Whitley's Amendment #2022-0049s included the commission's additional comments. Senator Rosenwald stated it did.

Senator Becky Whitley:

- Senator Whitley developed the language for her amendment with the assistance of both Associate AG Boffetti and Atty. O'Shaughnessy.
- The amendment recognizes the ongoing opioid crisis has taken a significant toll on New Hampshire students. Our school districts are on the front lines. They are having a difficult time meeting the health needs of these children impacted by the opioid crisis, as well as their families. It has upended children's lives, and sometimes school is the only constant for these children.
- The amendment allows local school districts to apply for funds to engage in very important prevention-based work to prevent further disruption of children and their families. It will also save money down the road.
- So many impacted by the opioid crisis end up in New Hampshire Hospital, and end up in crisis later down the road due to unmet needs. We want to interrupt that cycle and attempt to do some prevention-based work.
- Amendment #2022-0049s also adds a school administrator to the commission, which will round out the expertise of the group.
- Many school districts in New Hampshire are already engaged in the type of prevention work that we're contemplating. A framework entitled, "Multi-Tiered Systems of Support for Behavioral Health and Wellness" (MTSFB), is an evidence-based way for schools to support student wellness by connecting students to the appropriate community resources when necessary. The Department of Education serves as the primary driver of this framework. Implementation of this framework does require a significant and considerable amount of investment at the local level. It is completely community driven.
- This amendment gives public schools the opportunity to request funds through the commission to support this important work.
- Senator Daniels inquired as to how the commission gives support for the public school programs. Senator Whitley indicated the amendment gives school districts specific authority to request funds. Senator Daniels wondered, "Why not all schools, as opposed to just public schools?". Senator Whitley suggested Atty. O'Shaughnessy could address his question.

Kate Frey, Vice-President of Advocacy, New Futures:

- New Futures works extensively with policymakers, stakeholders and prevention partners to prevent and reduce alcohol and other drug problems in our state. They fully support SB 275 as it allows for the Opioid Abatement Trust Fund to be used for evidence-based prevention programs and services, including efforts to promote healthy, drug-free lifestyles, reduce isolation, build skills and confidence, and facilitate community and school-based prevention efforts. They also support Amendment #2022-0049s.
- The trust fund was created to ensure these funds aren't diverted elsewhere, and actually used to address the addiction crisis here in New Hampshire. According to the statute, the Commissioner of the Department of Health and Human Services, in consultation with the commission shall administer the Opioid Abatement Trust Fund and draw funds for qualifying opioid abatement projects. The projects outlined in the statute outline recovery and treatment efforts but do not include prevention-based programs. This bill would fix that.

- It has been said time and time again that prevention and early intervention strategies can reduce the impact of substance abuse in communities. Fortunately, New Hampshire has a robust infrastructure of community and school-based prevention organizations. Prevention is a part of the full continuum of care for substance use disorders, along with treatment and recovery, and as such should be reflected in the duties of the Opioid Abatement Trust Fund.
- Ms. Frey distributed information from the U.S. Department of Health and Human Services which describes strategies and programs to prevent substance use.

Kate Horgan, Executive Director, NH Association of Counties:

- Updating the census data is important as the population shifts around the state. They want to ensure the funding is going where the people need it.
- Regarding the appointment of the county home administrator, the association does have an individual who is willing and ready to serve on the commission.

James Boffetti, Associate Attorney General, New Hampshire Department of Justice:

- Since 2015, Associate AG Boffetti has been the lead prosecutor in the state's opioid cases. The AG's Office fully supports both the bill and the amendment.
- Associate AG Boffetti was the original author of the bill that created the commission and the fund.
- The services that may need to be offered to children who are suffering from opioid use disorder and any co-occurring substance use disorder are missing from the existing statute. This bill would permit school districts to submit those kinds of grant applications to the commission to provide services for students with opioid use disorder or who have families with same.
- All of the money to be received from litigation will be used for opioid abatement purposes. It will be used in the bankruptcy case of Purdue Pharma, as well as written into many of these case settlements. We want to ensure that the monies coming into any jurisdiction goes into an opioid abatement trust fund, and that money be used for opioid abatement purposes.
- The original statute had 14 approved uses; SB 275 adds two additional.
- There will be money coming in from these settlements for at least 18 years. Millions of dollars will come in. The hope is that all of this money can be used to abate the opioid crisis, and to stop people from dying from overdoses.
- Senator Hennessey represents Coos County. She is concerned with the proposed census change in that it would not reflect previous costs already spent. Associate AG Boffetti explained these cases have always been about abatement, and not about damages. Damages address past harms that would have been done. We will never receive enough money to pay back what governments have paid to address the opioid crisis in past years. These settlements are forward looking for abatement. How do we stop the crisis from happening in the future? It was never designed to reimburse for prior expenses and damages. It is designed to provide a source of money to any political subdivision in New Hampshire who can articulate a need before the commission. The need in Coos County will be different from the need in Hillsborough County. He would encourage Coos County to articulate its needs, and apply to the commission for

its share of those funds. We want to ensure the funds are equally distributed according to the needs. Every political subdivision has an equal shot at receiving these funds.

- Senator Giuda expressed prevention is typically underfunded and unattended. Treatment is emphasized and largely funded with the bulk of dollars. Would it be appropriate to stipulate that a percentage of these funds must go to prevention? Associate AG Boffetti explained there is a structure now in place with this broad ranging commission, and we should let that commission do its job. As funds come in grant applications will be invited.
- In opioid addiction, one of the most successful ways of dealing with it is through medically-assisted treatment. That has been proven through science to have the most effect. That should be a top priority for the commission. There are other services, however, that may ebb and flow as this crisis changes. We should not be prejudging where these funds should go. We know all money has to go to opioid abatement. The commission should have the flexibility to be able to make good decisions.
- Keep in mind the commission makes recommendations to the Governor and Executive Council. It does not have the final word.
- Senator D'Allesandro mentioned the Purdue Pharma settlement was thrown out. How much money are we talking about with the other cases? Associate AG Boffetti explained the AG's Office has filed suit against a number of manufacturers and opioid distributors. There are national settlements in some of these cases. There is a \$21 billion settlement with three major distributors over 18 years. They are attempting to get sign-ons from the New Hampshire political subdivisions to join the settlement with the AG's Office. If the settlement occurs and New Hampshire gets maximum participation, we should receive somewhere around \$115 million over 18 years. There will be a regular flow of income to the state from that one settlement.
- With the deal that was on the table with Purdue Pharma before it was rejected by the U.S. District Court in New York, it was estimated we would have received somewhere around \$22 million over 9 years.
- There is a case coming up in February with J&J. There is another case involving a manufacturer named Mallinckrodt Pharmaceuticals, who filed for bankruptcy. We should get \$10-15 million from that case. And there are more companies yet to be sued; it will be an ongoing litigation effort. Payments will be received on a regular basis from a number of these settlements over the coming years.
- Senator D'Allesandro wondered how much outside counsel we are using to litigate these cases. Associate AG Boffetti stated for the J&J case we are heavily relying on outside counsel. We will have a team of ten outside counsel lawyers helping him try this case. The AG's Office could not do a case of this magnitude without relying on outside counsel. They simply do not have the resources. Senator D'Allessandro asked the cost of outside counsel. Associate AG Boffetti clarified it is contingency fee counsel. Sometimes these settlements contain separate funds to pay attorney fees. To draw from such a fund counsel would be required to waive the contingency fee contract. The cost for doing a

case like J&J is substantial. If they are not successful, the AG's Office pays nothing.

James O'Shaughnessy, Esquire, Drummond Woodsum:

- Atty. O'Shaughnessy exclusively represents public, private and charter schools and child care centers in New Hampshire. They represent five school districts throughout New Hampshire that are part of the plaintiff's class involved in all of this litigation. He is local counsel.
- School districts were very much late to the game in joining this litigation. They weren't really seen as the original class of people or groups that were harmed by the opioid epidemic. As times have gone on it has been recognized that kids whose parents have abuse disorder, and students who have opioid abuse disorder is prevalent in schools currently. Special education support and services are being given to these students. They are part of the group asked to sign-off on these settlement agreements.
- They have also recognized there is a limitation. They are political subdivisions. Eighty-five percent of the money that is available can only be available for specific uses. School districts and prevention for schools is currently not one of the uses. Thus the reason for this legislation. School districts would have the opportunity to develop a plan and apply to have access to some of this money. They actually are plaintiffs and have actually been harmed. The courts have recognized they've been harmed.
- Prevention is going to be a priority in the future, and that is happening at the schools.
- What distinguishes this from why other types of schools are ineligible is that other schools are not members of the plaintiff's class. This is all political subdivisions recognized as being harmed by the courts. Private schools and private nursing homes are not part of the litigating class of plaintiffs. Also, private institutions are not limited by state law. State law limits school districts' ability to actually collect their own damages from this litigation. It automatically goes into the trust. They cannot receive any funding unless the statute is amended.
- Senator D'Allesandro pointed out school districts have already laid out money to treat this problem through special needs and special education. At this point in time they can't recover what they've spent? Atty. O'Shaughnessy believes it is similar across the state. Everyone has expended money trying to deal with the opioid epidemic in a variety of different ways. Now there will be money available to "right the wrong". It's not recovering money already spent; it's to treat it so we're correcting it for the future. He doesn't believe school districts have put together a plan to address the opioid crisis. This bill would give them an opportunity to do something like that. Senator D'Allesandro expressed they are all suffering from this situation. It is rather inconsistent that you have to develop a plan to deal with this, particularly when pharmaceutical companies are accepting responsibility one way or the other. We are like a "day late and a dollar short". That bothers Senator D'Allesandro. Atty. O'Shaughnessy completely agrees.

- Senator Hennessey sought to confirm that public charter schools are included in the amendment. Atty. O'Shaughnessy stated yes.
- Senator Giuda asked about other schools not public. Atty. O'Shaughnessy again explained other schools aren't political subdivisions; they are not covered by the trust. They would not be allowed to apply.
- Senator Daniels inquired if it is too late to become a plaintiff. Atty. O'Shaughnessy reiterated there are new cases being brought. There may be an opportunity for additional plaintiffs in some of those cases. In current cases where settlements are being discussed and with bankruptcy litigation, it is too late.
- Senator Daniels wondered why these are school district by school district, as opposed to the Department of Education on behalf of all the districts. Atty. O'Shaughnessy thinks this is the simplest way to allow school districts the opportunity to develop their own plans that work for their own communities, and to ask the commission for funding to support same. The commission is a group of experts who have put much time and thought into this. The idea is to have the school districts reach out to the commission and describe their own plans. The commission would defer to that particular group of people. Every school district and every charter school would be eligible to apply.
- Senator Daniels questioned Senator Rosenwald as Chair of the commission if they issue an annual report. Senator Rosenwald indicated cities and towns are required to report annually to the commission how they've spent their funds. Every year beginning on November 1, 2020, the Commissioner of the Department of Health and Human Services is required to submit an annual report to the Governor and the Fiscal Committee of the General Court, detailing the activities of the advisory commission and the administration of the trust fund, the amount distributed in the past year, the amount remaining in the trust fund, a summary of how the funds were used, and any recommendations for future legislation. However, the commission itself did not begin meeting until after November 1, 2020. They have yet to produce an annual report, which is required. Senator Daniels wondered how the commission measures its success. Senator Rosenwald indicated the commission is not a service provider itself. It awards grants to governmental entities and nonprofits that would implement the programs. They are the ones better suited to report on their outcomes to their governing boards. But Senator Rosenwald suggested they could add a section to the annual report. Senator Daniels agreed it would be helpful. Senator Rosenwald agreed to such an amendment to the legislation.

dm

Date Hearing Report completed: January 13, 2022

Speakers

Senate Remote Testify

Finance Committee Testify List for Bill ~~SB275~~ on 2022-01-11

~~Support: 4 Oppose: 0~~

<u>Name</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>
✓, QUISUMBING-KING, Cora	A Member of the Public	Myself	Support
✓ Soucy, Senator	An Elected Official	SD 18	Support
✓ Mascio, Lissa	State Agency Staff	Department of Corrections	Neutral
✓ Naro, Debra	A Member of the Public	Myself	Support
✓ Hering, Kris	A Member of the Public	Myself	Support

Testimony

President
Wendy Piper
Grafton County Commissioner

Vice President
Tom Tombarello
Rockingham County Commissioner

At Large Member
Toni Pappas
Hillsborough County Commissioner

At Large Member
Cathy Stacey
Rockingham County Register of Deeds



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Immediate Past President
Chuck Weed
Cheshire County Commissioner

Treasurer
Suzanne Collins
Coos County Treasurer

Bylaws Chair
Chris Coates
Cheshire County Administrator

January 10, 2022

The Honorable Gary Daniels
Chair
Senate Finance Committee
State House
Concord, NH 03031


Chairman Daniels and Members of the Senate Finance Committee,

The NH Association of Counties would like to register its support for SB 275, relative to the Opioid Abatement Trust Fund.

This bill would ensure that allocations are distributed to the litigating parties based on the 2020 census data rather than the 2010. It is important that this change is made to ensure that the funding matches the population allocation to ensure that the funds are available to those who are in need. This bill also changes the appointment of the Nursing Home Administrator from the Governor to the NH Association of Counties. The Association feels that the Nursing Home Administrators are an important voice for the Trust to hear from and are unsure as to why the appointment has remained vacant over the past year.

The Association asks for your support for SB 275. If you have any questions, please feel free to reach out to our Executive Director, Kate Horgan at khorgan@dupontgroup.com.

Sincerely,


Wendy Piper
President
NH Association of Counties

January 11, 2022

The Honorable Senator Gary Daniels, Chair
Senate Finance Committee
State House, Room 103
Concord, NH 03301

Re: New Futures Support of SB 275, Relative to the Opioid Abatement Trust Fund

Dear Senator Daniels and Honorable Members of the Committee:

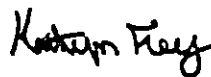
New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to improve the health and wellness of all New Hampshire residents through policy change. In this role, we work extensively with policy makers, stakeholders, and prevention partners to prevent and reduce alcohol and other drug problems in our state. New Futures supports SB 275 because it allows funding from the Opioid Abatement Trust Fund to be used for evidence-based prevention programs and services, including efforts to promote healthy, drug-free lifestyles, reduce isolation, build skills and confidence, and facilitate community and school-based prevention efforts.

In 2020, House Bill 1639 established the Opioid Abatement Trust Fund and the Opioid Abatement Advisory Commission. The intent of the original legislation was to ensure that monies from opioid lawsuit settlements and judgements are spent to address the addiction crisis in New Hampshire, instead of diverting the monies for other purposes. According to the statute the Commissioner of the Department of Health and Human Services, in consultation with the Commission shall administer the Opioid Abatement Trust Fund and draw funds for qualifying opioid abatement projects under RSA 126-A:86, I(b). The projects outlined in the statute outline recovery and treatment efforts but does not include prevention-based programs. SB 275 would fix that.

We have heard time and time again that prevention and early intervention strategies can reduce the impact of substance use communities. Fortunately, New Hampshire has a robust infrastructure of community and school-based prevention organizations that work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. Prevention is a part of the full continuum of care for substance use disorders, along with treatment and recovery, and as such, it should be reflected in the duties of the Opioid Abatement Trust Fund.

Thank you for the opportunity to testify and we ask the committee to vote ought to pass on SB 275.

Sincerely,



Kathryn (Kate) Frey
Vice President of Advocacy

Focus On | Prevention

Strategies and Programs to Prevent Substance Use



U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention



Acknowledgments

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Originating Office

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About This Guide



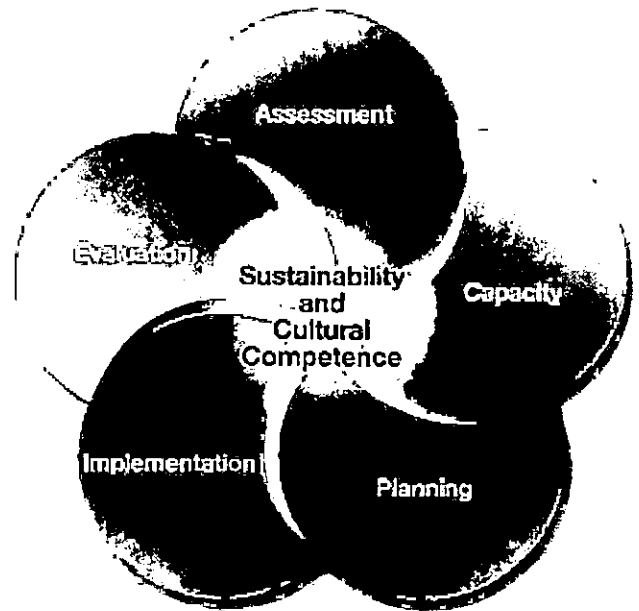
About This Guide

Overview

Misuse of alcohol, tobacco, and other drugs is a problem throughout the United States. Communities vary greatly in the specific problems they face, the groups affected by those problems, and the events that rouse people to take action. In addition to having different problems and priorities, some communities have more resources and experience with locally based prevention activities than others. Yet, with a “can do” approach and a bit of guidance, any community can have success in implementing strategies and programs to prevent substance use.

This is where *Focus on Prevention* can help. The U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), has developed this guide as a starting point to help a wide range of groups and communities move from concerns about substance use to proven and practical solutions. This guide offers brief, easy-to-read information that organizations can use to plan and deliver prevention strategies in a wide array of settings, through a variety of methods. Whether you’re planning an environmental prevention strategy, community-based program, news conference, community awareness day, or targeted outreach campaign, *Focus on Prevention* can help you organize and achieve your objectives.

Focus on Prevention uses SAMHSA’s Strategic Prevention Framework (SPF) as a guide to assist communities in planning and implementing prevention strategies, programs, and events. The SPF is a five-step process used to help states and communities reduce risk-taking behaviors, promote resilience, and prevent problem behaviors in individuals and families across the life span. The SPF framework applies to any prevention planning process that addresses substance misuse and mental health issues.



The materials included in this *Focus on Prevention* guide were created for your use with the evidence-based SPF model in mind. Think of the tools in this guide as building blocks for planning your prevention event—each can help you strengthen your efforts and reach your specific objectives.

With a “can do” approach and a bit of guidance, any community can have success in preventing substance misuse.

Contents

This guide has four main sections that contain tools for use in planning and implementing a prevention event. You may want to distribute the materials included in this guide to specific groups or audiences before or at your event, or use the information to create other promotional or media materials.

Eleven *Focus On* Fact Sheets

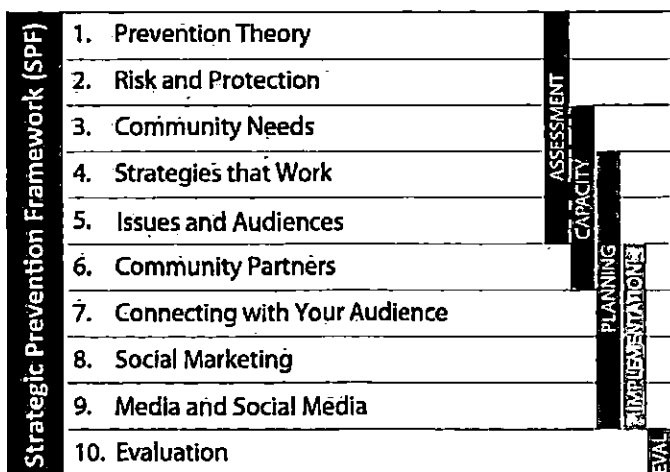
This section of the guide contains eleven *Focus On* topic briefs that provide information about discrete steps to help you as you begin conceptualizing and planning your prevention event. Each *Focus On* topic begins with a summary explaining why the step is important and what it involves. The discussion then moves to Starting Points—tips on key tasks, choices, and pointers for getting the job done. Each *Focus On* topic also includes a highlight box with added advice or a diagram to show how the subject matter fits into the bigger picture.

The graphic below shows how the fact sheets align with the steps of the Strategic Prevention Framework.

Event Timeline

One of the first steps in planning a successful event is to develop a detailed schedule of tasks. The *Focus on Prevention* Event Timeline provides detailed steps for planning different elements of your event, including event support, invitations, local event promotion, social media promotion and outreach, promotional materials, and evaluation. The Event Timeline can help you stay on track and ensure nothing falls through the cracks.

Alignment of *Focus On* Fact Sheets With Strategic Prevention Framework



Sample Media Materials

Different media outlets and situations require different types of outreach materials. The *Focus on Prevention* guide contains several sample materials you can customize to fit your community and the prevention issue you're working to address. Materials include a sample pitch letter, sample public service announcements, sample "drop-in" articles, and tips for leveraging social media.

A *pitch letter* introduces your organization and event to members of the media. When writing a pitch letter, imagine that the journalist or editor who receives the letter may only read the first few sentences: you should begin with the most important information—such as the where, when, and why of your event—in the first two sentences and place minor details at the end. This type of outreach should be brief, informative, and interesting, making the reader want to learn more about your event.

Radio public service announcements are a type of public service announcement (PSA) that can be distributed to radio stations and read by disc jockeys (DJs) on-air. Radio stations often announce live-read radio scripts in conjunction with upcoming community events or campaigns, and these scripts can be customized to fit your group's or organization's needs. When submitting a live-read radio script, include a cover letter that includes your contact information and an explanation of the importance of your event, including key information and event details.

National Prevention Week

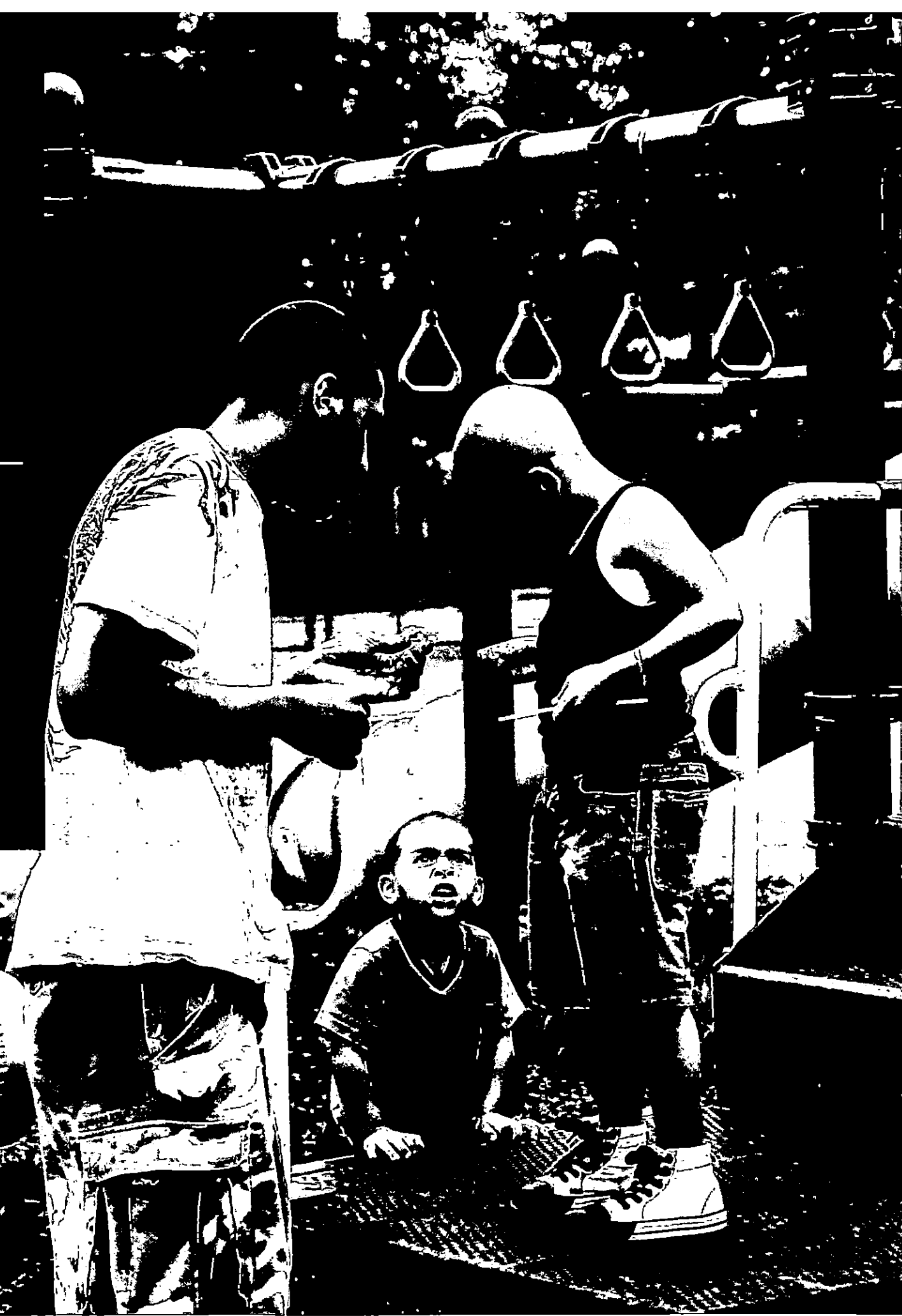
The Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Prevention Week is an annual health observance that aims to increase public awareness of, and action around, substance use and mental health issues. National Prevention Week recognizes states' and communities' prevention efforts and highlights multiple facets of behavioral health, including: tobacco use, underage drinking, illicit drug use, prescription drug misuse and abuse, alcohol misuse, suicide, and mental health. Community organizations across the country host a variety of events during the week—and year round—to promote prevention efforts, educate others about behavioral health issues, and create and strengthen community partnerships. Visit <http://www.samhsa.gov/prevention-week>.

A *drop-in article* is an excellent way to educate readers about an issue and can be featured in traditional print media like your local newspaper and other online publications. It's important to recognize that publications often have strict guidelines for content submissions, such as length restrictions, and submission does not guarantee that the article will be published.

Resources

There are many organizations, programs, and websites you can turn to for information on preventing substance use and promoting effective prevention practices. This section provides a list of federal and national organizations and electronic resources that can assist you in brainstorming, planning, and implementing your prevention event.

Focus On Fact Sheets





The Strategic Prevention Framework

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the Strategic Prevention Framework to support effective action to promote mental health and to prevent substance use among people under age 21.

SAMHSA's vision is to "reduce the impact of substance abuse and mental illness on America's communities."

Substance use prevention strategies are driven by the needs and urgency of communities throughout the United States. Success is more likely when action is based on sound procedures, the best available information, and a long-range view.

What Does the Framework Include?

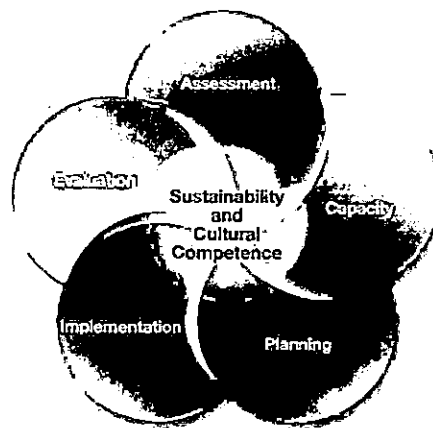
Based on SAMHSA's vision of reducing the impact of substance use and mental illness on America's communities, the Framework applies to any prevention planning process that addresses substance use and mental health issues. It defines the essential traits of high-quality prevention strategies, lays out guiding principles and action steps, and offers tools communities can use to plan and build prevention programs that work.

Through a long list of federal and national partners, the Framework provides communities with broad support and access to many resources.

According to the Framework, What Are the Essential Qualities of a Prevention Strategy?

The Framework requires:

- **Accountability**—measuring and reporting program performance and results.
- **Capacity**—increasing the availability of services.
- **Effectiveness**—improving the quality of services.



What Principles Guide the Framework?

The Framework is based on several critical principles:

- **Prevention is a continuum.** It ranges from deterring diseases and behaviors that foster them to slowing the onset and severity of illnesses when they do arise.
- **Prevention is prevention is prevention.** The methods of prevention are the same for many diseases whether the aim is to prevent or reduce the effects of cancer or to prevent or reduce the effects of substance use. In both cases, prevention strategies take aim at how people think, feel, and act by focusing messages and activities on areas of influence such as the individual, family, or community.
- **Successful prevention decreases risk factors and enhances protective factors.** For many health issues, the same conditions increase risk while other factors can shield people from these problems. See *Focus On Risk and Protection*.
- **Prevention strategies should use proven practices within systems that work.** Research and experience have produced highly effective prevention programs to reduce risk factors and promote protective factors. See *Focus On Strategies That Work*.
- **Systems of prevention services work better than isolated efforts.** The best prevention results come from partnerships. Without teamwork, even the most determined prevention efforts can fall short of their goals.

- **Share information and tools across service systems.** Doing so can make prevention efforts more accountable and effective. The Framework can help federal agencies, states, and communities identify common needs and risk factors, target outcomes to be achieved, and adopt tools to measure and track results. The Framework calls for coordinated funding and development of systems.
- **Substance use should be addressed comprehensively.** Prevention strategies should use multiple strategies across multiple sectors with both public- and private-sector resources.

What Kinds of Prevention Strategies Does the Framework Call For?

The Framework identifies seven effective strategies: policy, enforcement, collaboration, communications, education, early intervention, and alternatives. (See *Focus On Strategies That Work*). The Framework adds emphasis on environmental strategies by dividing this category into policy and enforcement.

The Framework requires accountability, capacity, and effectiveness.

Does the Framework Provide Funding for Prevention Activities?

The Strategic Prevention Framework Partnerships for Success (SPF PFS) program provides funds to states and territories to promote partnership.

Most SPF PFS funds go to communities to prevent onset and reduce progression of substance use, reduce substance use problems in communities, build state and community prevention capacity and infrastructure, and encourage and require the use of technical workgroups at the state and community levels.

The Framework also promotes substance use prevention through state block grants as well as substance use and HIV prevention grants.

Starting Points

With the support of state leadership, community stakeholders can take five steps to move prevention strategies from vision to practice:

1. Profile population needs, resources, and readiness to address problems and gaps in service delivery.

A substance use issue must be assessed correctly through the collection and analysis of data that show the extent and location of a problem, risk and protective factors associated with it, community assets and resources, gaps in services and capacity, and readiness to act.

2. Mobilize and build capacity to address needs.

Key tasks include convening leaders and stakeholders, building coalitions, and training community stakeholders to help keep activities going.

3. Develop a prevention plan.

The strategic plan expresses a vision for prevention activities and a roadmap for conducting them. It describes policies and relationships, incentives for groups to work together, and evidence-based actions that will be taken. The plan also identifies milestones and outcomes for gauging performance.

4. Conduct prevention activities.

Supported by training and technical assistance, local stakeholders select programs, policies, and practices proven to be effective in research settings and in communities. Culturally competent revisions are made without sacrificing core elements of the program.

5. Monitor and evaluate results and the ability to continue.

Ongoing monitoring and evaluation are vital to determining whether the desired outcomes are achieved, assessing the quality of service delivery, and identifying improvements needed. Sustaining what has worked well should be an ongoing process.

To learn more about the Strategic Prevention Framework, visit SAMHSA's website at <http://www.samhsa.gov>.



Prevention Theory

Engaging in substance use prevention means that you are trying to affect the way people think, feel, and act with regard to alcohol, tobacco, and drugs. Your knowledge of local conditions and your instincts about what to do are vital. Still, your efforts are more likely to succeed if they are informed by theories of behavior change and human motivation.

Decades of research and expert thinking have provided insight about how people think about health issues, change their minds, and redirect their actions.

Why Should You Care About Theories?

Theories may seem far removed from your efforts to proceed with a prevention strategy, yet prevention theories are more than vague thoughts and guesswork. Decades of research and expert thinking have provided insight about how people think about health issues, change their minds, and redirect their actions. Being familiar with the main points of these theories can help you decide how to shape actions that are credible and appropriate.

How Do Substance Use Issues Arise?

A public health model stresses interactions among:

- An agent—alcohol, tobacco, or a drug.
- A host—the individual user.
- The environment—the social, cultural, and physical context in which use occurs.

To make a lasting difference, prevention efforts need to address all three parts of this model.

What Theories Can Be Used in Substance Use Prevention Strategies?

Several behavior change models can be applied to affect people's attitudes and behavior regarding the use of harmful substances.



Put it All Together

By helping us understand what motivates people to change, each theory gives us another key to substance use prevention. In general, the following elements must be present for a person to perform a change in behavior:

- A strong positive intention or commitment to change
- An environment that makes it possible for the new behavior to occur
- The skills needed to perform the behavior
- Belief in one's ability to perform the behavior
- Belief that the advantages of performing a behavior outweigh the disadvantages
- More social pressure to perform the behavior than not
- A view that performing the behavior is more consistent than inconsistent with one's self-image or a feeling that it does not violate one's personal standards
- An emotional reaction to performing the behavior that is more positive than negative.

According to the *diffusion of innovations framework*, support for an innovation such as a new substance use behavior spreads as opinion leaders or “trendsetters” talk about it. In this model, individuals embrace the innovation according to their readiness to accept and try new ideas.

Prevention strategies may direct messages to opinion leaders and then engage them to reach people who are more resistant to change.

In the *stages of change theory*, five stages, or steps, are used to alter personal behavior patterns and lead to long-term change:

- Precontemplation—being unaware of or refusing to acknowledge risks (e.g., believing that inhalant use is harmless).
- Contemplation—beginning to consider a change and weighing the costs and benefits (e.g., recognizing the downside of binge drinking).
- Preparation—deciding on and planning for a change in behavior (e.g., picking a start date to quit smoking).
- Action—implementing a plan to change and beginning a new behavior (e.g., using refusal skills or changing social patterns).
- Maintenance—reinforcing and making a habit of a new behavior (e.g., obtaining social support from family members and peers).

People can move from one stage to the next when they receive and process relevant information.

According to the *health belief model*, people are motivated to change their behavior only as much as they value—or worry about—the results of their choices (to keep smoking or quit) and expect these results (poor health or good health) to happen. People also must be confident that they can carry out a new action.

Incentives for a behavior should build on an audience’s motives, needs, values, and self-image as well as concerns about health. A prevention strategy may, thus, focus on short-term consequences of substance use such as bad breath, loss of friends, and getting in trouble.

Information on reducing the costs of following a course of action and how to overcome obstacles also is key. New behaviors can be boosted by “cues to action”—for example, when individuals know what to do and how to do it, a prevention strategy can include simple reminders.

The *Stanford communication/behavior change model* indicates that changes in behavior occur when mass media messages follow a series of steps:

- Raise awareness of an issue.
- Change what people know, believe, and think about the promoted behavior.

- Teach the skills needed to perform the behavior.
- Build a person’s confidence in his or her ability to perform a specific behavior in a particular situation.
- Provide support for sustaining a new behavior.

To apply this model, prevention planners must determine where the target audience stands in the change sequence. This will provide a starting point for a plan to take the audience through the remaining steps.

The *Community organization theory* stresses the active involvement and development of communities to address health and social problems. Key features include understanding the root causes of problems, focusing on specific concerns, engaging in effective problem solving, encouraging active community participation, and gaining the power to produce lasting change.

For example, a community concerned about alcohol-related problems may come together to change local laws, regulations, or policies regarding the number and concentration of alcohol outlets or the hours and days when alcohol is sold.

Starting Points

The following frameworks can help you fit theories into your substance use prevention strategy.

A *web of influence* model identifies the following domains, or areas of influence:

- Individual
- Family
- Community
- Peers
- School
- Society

This framework can help you understand how risk and protective factors interact and where prevention theories may apply.

A *continuum of prevention* model classifies prevention programs according to the audiences for which they are suited best based on risks for substance use:

- **Universal programs** reach the general population such as all students in a school or all parents in a community.
- **Selective programs** target groups such as children of substance users or those who display problems at school and have an above-average risk of developing substance use issues.
- **Indicated programs** are for those whose actions—for example, antisocial or other risky behaviors such as truancy, academic failure, or hanging out with peers who misuse substances—put them at high risk for substance use issues.



Risk and Protection

Risk and protective factors—conditions in people's lives that make them more or less likely to use alcohol, tobacco, or illicit drugs—play an important role in successful prevention strategies.

A community that is alarmed about a substance use issue may direct most of its attention to risk factors—the negative behaviors, experiences, or conditions that cause or are associated with the problem. For young people, alienation, stress, social pressure, poor grades, family problems, and curiosity are some of the reasons why they may turn to alcohol, tobacco, or illicit drugs.

In addition, many messages, attitudes, and practices throughout society promote or condone the use of harmful substances, such as the casual, consequence-free portrayal of drinking, smoking, and drug use in popular movies and music.

To get the most out of your prevention efforts, it is important to reduce risks and to boost protective factors. While risk and protective factors can be complex, they represent conditions found in everyday life (see text box on *Protective Factors for Youth*). You don't have to be an expert to include these important elements in your prevention strategy.

To get the most out of your prevention efforts, it is important to reduce risks and to boost protective factors.

How Do Risk and Protective Factors Occur?

Everyone is exposed to both risk and protective factors for substance use. From early in life, the more risk factors a young person has, the more likely it is that he or she may use harmful substances and face related problems. On the other hand, the more protective factors a young person has, the less likely it is that he or she will try alcohol, tobacco, or illicit drugs.

Accent the Positive: Protective Factors for Youth

Individual Factors:

- Positive temperament
- Social coping skills (problem solving, ability to stand up for beliefs and values)
- Positive social orientation (engaging in activities that contribute to healthy personal development, accepting rules and community values, identifying with school, and choosing friends who don't use harmful substances)
- Belief in one's ability to control what happens and to adapt to change

Family Factors:

- Unity, warmth, and attachment between parents and children
- Parental supervision
- Contact and communication between and among parents and children

Environmental Factors:

- Positive emotional support outside of the family such as friends, neighbors, and elders
- Supports and resources available to the family, such as crisis lines or hotlines, programs for individuals with trauma or post-traumatic stress, and family counseling
- Community and school norms, beliefs, and standards against substance use
- Schools characterized by academic achievement and students who are committed to school



Where Do Risk and Protective Factors Come From?

Risk factors vary greatly according to age, social and psychological development, ethnic/cultural identity, and surroundings. Protective factors also vary, buffering youth from influences that make them more inclined to start or continue using substances.

Conditions vary from culture to culture and from community to community. Youth at high risk tend to live in settings where they are exposed to numerous risk factors, such as neighborhoods or peer groups where substance use is condoned or viewed as the norm. They also may come from families with a range of problems.

Everyone is exposed to both risk and protective factors for substance use.

How Do Risk and Protective Factors Work?

Risk and protective factors interact continually. Their effect on a person depends on features such as the number of factors that occur at the same time, how intense they are, and how long they last.

While some factors cannot be changed, their influence can be lessened or increased. The more risks can be reduced, the less prone a child will be to health and social problems. For example, some children living in a distressed neighborhood may have fewer behavior problems than others due to strong parenting.

What Problems Are Affected by Risk and Protective Factors?

Several risk factors for substance use also increase the risk of other serious problems—dropping out of school, pregnancy, violence, and crime—in the teen years.

Problem behaviors also tend to be linked with each other. For instance, a youth who uses drugs may engage in delinquency such as violence, theft, and vandalism.

Starting Points

Take a closer look! There are many ways to describe risk and protective factors. A good way to begin is to look at three areas of influence:

- **Individual factors** include behavior and personality as well as genetic and physical makeup.
- **Family factors** include the way that parents and children behave and relate to each other.
- **Environmental factors** include circumstances outside of the family such as school experiences, peer influences, and community conditions.

Have the greatest impact! To address risk and protective factors effectively, look at the big picture:

- Focus on young, school-aged children and their families before negative behaviors and family problems become deep-rooted.
- Choose strategies that fit children's gender and level of development.
- Develop prevention activities in more than one context such as schools, cultural settings, faith-based groups, and neighborhoods.
- Address more than one risk factor at a time.
- Reduce exposure to risks while enhancing protective factors.
- Build on strengths in the individual, family, and environment.



Community Needs

A good needs assessment is a research and planning activity that can help you develop a behavioral health prevention or promotion strategy that best fits your community. The results from your needs assessment can be a powerful tool for calling your community to action.

Assessment is a basic *first step*. You must be able to identify the “needs” and the resources that already exist to address those needs. Only then can you create an appropriate prevention effort.

Assessment leads to design, which leads to implementation, which leads to evaluation, which in turn leads back to assessment. It helps to think of these steps in a circle rather than in a line.

What Can a Needs Assessment Do for You?

If people in your community are experiencing behavioral health issues related to substance use and mental health, why not skip the formalities and get to work? Even if you know a problem exists, a needs assessment can uncover issues or trends that otherwise may be hard to detect. For example, needs assessments can help you understand things like: Who is using drugs in your community? How widespread is the problem? What drugs are being used? Why? In what situations? How are the drugs being accessed? How serious are the consequences? How does your community compare with others?

The results from your needs assessment can be a powerful tool for calling your community to action.

Assessing needs carefully can help prove a problem exists. By collecting information and drawing conclusions about current conditions, you can make a strong case for action. With evidence in hand, you can engage organizations and key people in addition to those who first became alarmed about a behavioral health issue.

Presenting needs assessment data, such as studies about substance use and other risky behaviors among local



youth, may stir up a great deal of emotion. However, a careful presentation can minimize extreme reactions while motivating community members to get involved.

Having facts can help you set priorities. Parents in a community may be concerned about the use of club drugs, cocaine, or steroids, but it makes little sense to focus the bulk of prevention efforts on those drugs if evidence shows that more young people are using tobacco, alcohol, painkillers, inhalants, or marijuana.

Assessment results also may show that delivering prevention or promotion services to all students could leave those at highest risk for substance use lacking additional help that is more specific to their needs.

Be flexible—you may find yourself following a trail of conditions that are related. Tobacco use may have more to do with community norms than a lack of understanding the consequences. Alcohol use may be driven by availability. A link between teen substance use and violence may draw your attention to family conflict and substance-using parents. The approaches you take may shift as you gain new insight.

Needs assessment can help avoid duplication. You may have identified a problem, but what programs, policies, and other efforts already are in place to deal with it? How well are existing efforts working? Are there gaps or overlaps in prevention activities? How would a new program fit with those already operating?

By conducting a needs assessment, you can determine whether a community or organization is ready, willing,

and able to address the problem. Which organizations are willing to devote attention or resources? Which community leaders are willing to take a stand and support change? Does anyone have the necessary skills to carry out prevention activities? What attitudes, beliefs, and cultural values affect the community's readiness to take action?

A needs assessment gives you baseline data you can use later to evaluate your program's impact. For example, if you collect needs assessment data from your local police about the number of arrests for teen violence or for possession of alcohol, you can track changes in these numbers over time to see if your efforts to reduce alcohol and violence reflect fewer arrests.

However, be careful about comparisons. Make sure that the police department's high initial numbers weren't an anomaly—for instance, numbers resulting from multiple arrests at a rally or concert. You also want to be certain that something other than your program did not cause the numbers to go down, such as another intervention or a reduction in the population of young people.

Only compare groups that match. For example, compare baseline data on a group of kids to data on the same kids after they take part in prevention activities. Or, look at later data on kids who are similar to the baseline group—for example, teens from the same schools or areas—to see how your strategy is affecting a certain target audience over time.

A needs assessment gives you baseline data you can use later to evaluate your program's impact.

Starting Points

The following checklist can help you put needs assessments to work in planning your substance use prevention activity.

What to Find Out

Your initial reasons for conducting needs assessments may be to gauge substance use issues. To be thorough, however, needs assessment activities also should look at the attitudes, beliefs, behaviors, and conditions in the community that promote or condone substance use. You also will need to find out what already is being done about the issue, how the efforts are targeted, and whether efforts could be expanded. Your priorities may shift accordingly.

Where to Look

Reach out to people who know the community, its needs, and the available resources. Key sources may include public officials, health and youth-serving agencies, schools, parent groups, law enforcement, clergy, businesses, and members of possible target audiences such as students or residents.

How to Get Information

Basic needs assessment methods include asking people about their substance use-related views or behaviors using in depth interviews, focus groups, or

questionnaires. Interviews and focus groups are easier and cheaper than conducting a survey but only reflect the views of a few people. Surveys—typically door-to-door or by phone—can provide hard numbers and details; however, surveys require choosing the right amount of participants and exercising care in selecting them to ensure that results reflect community problems.

You also can use public records and reports. For example, you could look at counts of drug and alcohol offenses or emergency room visits related to alcohol or drug use. To learn more about people at high risk for substance use, look at records showing the characteristics of people already receiving substance use-related services. See *Focus On Evaluation* for more on the collection and use of information.

Whom to Involve

Members of your substance use prevention planning team can handle much of the needs assessment, but consider inviting members of your target audiences to help shape and conduct the assessment. Their input can help ensure that you're asking the right questions and engage people who otherwise might not participate. Finally, be sure to involve the people who will evaluate your strategy. The needs assessment may require their research skills, and the results will help to shape the evaluation.



Strategies That Work

Depending on the substance being misused and the groups affected, various circumstances can prompt people to take action. Local concerns about alcohol being available to middle-schoolers may appear to be very different from the problems posed by meth production in rural make-shift laboratories. Indeed, your community's search for solutions may seem unique.

However, several broad prevention strategies can be applied to most substance use issues. The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified six strategies that can help shape your prevention plans:

- **Information dissemination** increases knowledge and changes attitudes through communications. This method of learning is mainly one-way, such as classroom speakers or media campaigns.
- **Prevention education** is a two-way approach to teaching participants important social skills. These skills can include resisting pressure to use drugs, looking at the intent behind advertising, or developing other skills used in making healthy choices.
- **Positive alternatives** provide fun, challenging, and structured activities with supervision so people have constructive and healthy ways to enjoy free time and learn skills. These alcohol- and drug-free activities help people—particularly young people—stay away from situations that encourage use of alcohol, tobacco, or illegal drugs.
- **Environmental strategies*** are aimed at the settings and conditions in which people live, work, and socialize. These strategies call for change in policies—to reduce risk factors and increase protective factors—for example, tighter zoning restrictions on alcohol outlets or stronger enforcement to prevent underage purchases of alcohol and tobacco products (see *Focus On Risk and Protection*). As these changes are carried out at the community level, they can have a sweeping impact.

*The Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (see *Focus On The Strategic Prevention Framework*) breaks environmental strategies into two categories—policy and enforcement.



- **Community-based processes** strengthen resources such as community coalitions to prevent substance use and misuse. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention and treatment services.
- **Identification of problems and referral to services** are crucial to the prevention of substance use. This process includes determining when the behavior of people who are at high risk or who are using alcohol, tobacco, and other drugs requires education or other intensive interventions (see *Focus On Prevention Theory* on the subject of matching prevention activities with risk levels).

Combining prevention strategies usually improves results. For example, enforcing the legal age required to purchase alcohol and tobacco products while

Even a proven strategy calls for careful evaluation to see how well it worked in your community and what adjustments might be needed.

providing positive activities for youth can both be reinforced by school-based drug education. That combination can do a better job of preventing substance use than any of these strategies alone.

Likewise, prevention that blends life skills training with mentoring and with activities to increase parent involvement can be more effective for youths at high risk for using alcohol and other drugs than life skills training by itself.

Culture—both consciously and subconsciously—affects how people interact with each other and their surroundings.

Do Prevention Right: Tips for Success

Whatever prevention strategy you select, a few practical suggestions can help put it to work:

- **Engage partners**—allied organizations, particularly those with large memberships of the target audience, can fill gaps and strengthen weak areas of your strategy (see *Focus On Community Partners*).
- **Gain support for your strategy**—launch prevention activities in stages and provide training and support to those who will carry them out.
- **Maximize participation of target audiences**—offer incentives such as prizes, fun, and food (see *Focus On Issues and the Audiences*).
- **Reduce barriers**—offer transportation, convenient times, and a friendly climate.
- **Keep control of all parts of your strategy**—look for ways to motivate the people who carry out a strategy. Monitor activities conducted by partners.
- **Give strong doses**—intensive activities improve results.
- **Deliver prevention activities fully**—be sure that all prevention activities are delivered when and as intended.
- **Try different versions of a strategy**—for example, add booster sessions or media messages and use people from different professional backgrounds to deliver prevention activities.
- **Use long-term approaches**—prevention activities are more likely to have an impact if they are reinforced or extended beyond a single event or brief campaign.
- **Maintain support**—provide frequent feedback about progress and delivery issues. Attend promptly to obstacles and resource needs.
- **Be flexible**—consider tuning your strategy by adding or dropping activities, shifting emphasis, or increasing prevention doses. Such moves should be guided by careful evaluation (see *Focus On Evaluation*).

Starting Points

Use What Works: A Word About Evidence-Based Prevention

Substance use issues are too serious and resources are too valuable to take a chance on unproven prevention strategies. To get it right the first time, choose a prevention strategy that has been shown—through solid research—to produce results like the ones you want to achieve. Look for strategies that have succeeded in situations like the one you want to address.

Evidence-based, sometimes called science-based, strategies connect a guiding theory to prevention activities that work. To apply these strategies properly, match them with local needs and target audiences, set aims that are clear and specific, and carry out the strategies fully. Even a proven strategy calls for careful evaluation to see how well it worked in your community and what adjustments might be needed.

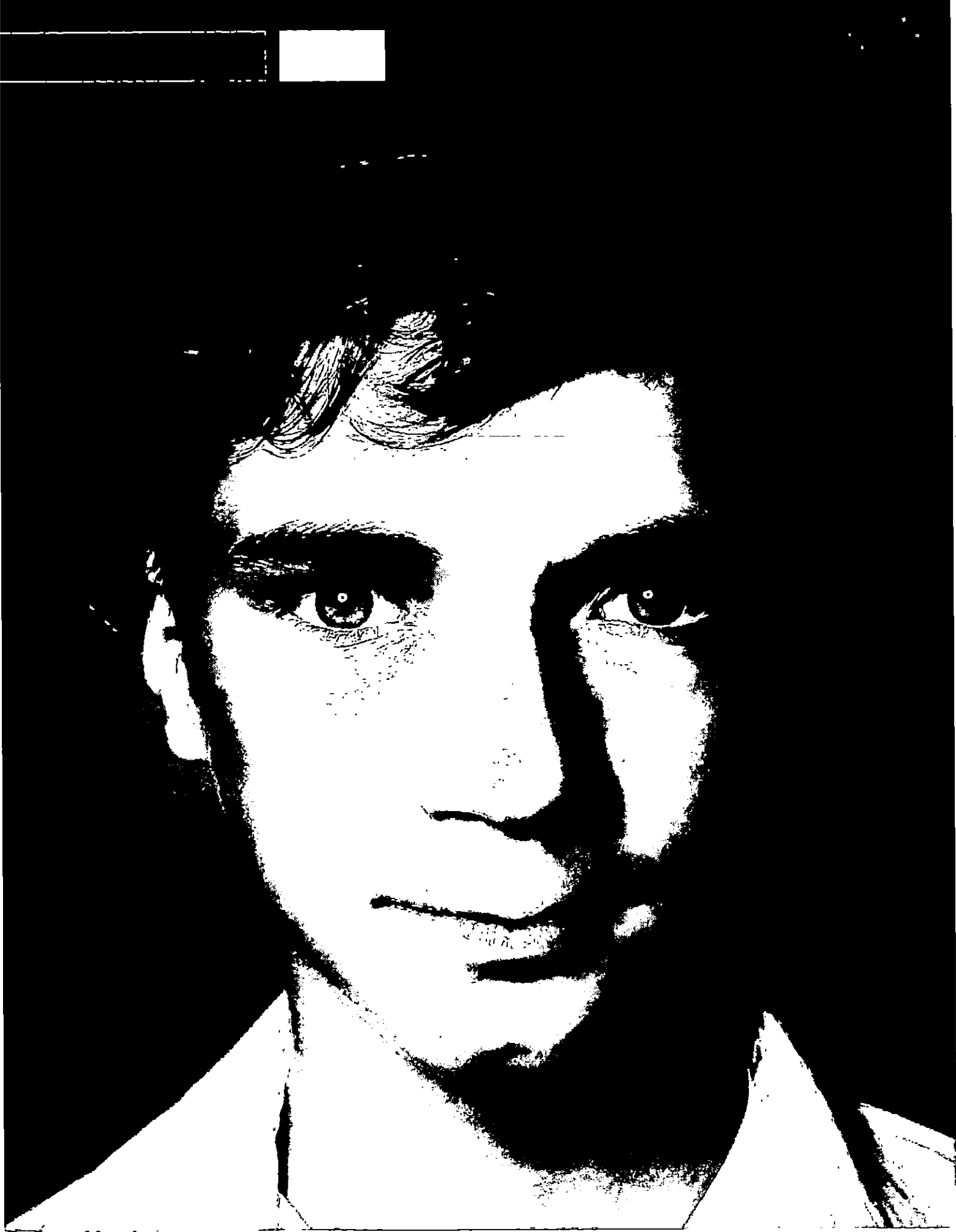
SAMHSA, among others, has made a science-to-services process a priority for its funding activities. The agency supports activities to help communities select and implement effective prevention programs. SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) provides a searchable online registry of substance use and mental health interventions with proven results (<http://nrepp.samhsa.gov>).

Some strategies that are backed by strong evidence may not be realistic in your community. Local needs, interests, resources, and abilities all have a role in choosing a course of action.

Choose Strategies That Fit: A Word About Cultural Competence

Everyone has alliances to culture—sometimes to more than one culture. Culture includes the values, customs, history, art, and institutions—such as legal systems, business, government, and religion—of a group of people. Culture—both consciously and subconsciously—affects how people interact with each other and their surroundings. Culture also affects how people think, feel, and act with regard to alcohol, tobacco, and other drug use. As a result, substance use prevention strategies should align with current values and standards. This means that effective programs will appreciate and respect all cultures and:

- Accept culture as a leading force in shaping behaviors, values, and institutions.
- Recognize and accept that cultural differences exist and affect delivery of services.
- Accept that diversity within cultures is as important as diversity between cultures.
- Respect the unique, culturally defined needs of various populations.
- Recognize that concepts such as “family” and “community” are different among cultures and even for groups within cultures.
- Understand that people from different racial and ethnic groups and groups within cultures are served best by individuals who are part of or in tune with their culture.
- Recognize that valuing and drawing on the strengths of each culture makes everyone stronger.





Issues and Audiences

Care in choosing a specific prevention issue and a target audience is key to establishing a winning substance use prevention strategy.

Alarm about drug use may center on certain substances such as marijuana, methamphetamine, nonmedical use of painkillers, or inhalants. Alcohol-related problems may involve underage and binge drinking, alcohol-related car crashes, or conditions that affect alcohol availability. Tobacco issues may have to do with advertising, sales to minors, or smoking in public places. Once you set your sights on a specific issue or set of issues, bringing the picture into focus requires you to ask “who” and “where.”



Whose Substance Use Are You Trying to Prevent?

Setting your sights on a substance use issue that relates to teens or young adults is a start, but your strategy may work better by focusing on certain groups within these populations. Will you address all teens or concentrate on young adolescents? Will you use different approaches with girls and boys? Will a strategy for young adults be aimed at all of them, or should it target club-goers, college students, or fraternity members?

Who Can Help Influence Your Main Audience?

While your goal may be to prevent substance use among teens, you may direct your attention to parents, educators, or service providers to help tackle the issues that make young people more or less likely to engage in risky behaviors. Alcohol- and tobacco-related problems may be addressed through policies set by elected officials and adopted by sellers.

Care in choosing a specific prevention issue and a target audience is key to establishing a winning substance use prevention strategy.

Targeting Risks

One way to define prevention audiences is to cluster them according to three levels of risk for using substances:

1. *General population groups with no known risks of substance use.* Exposes a broad audience to prevention strategies that could make substance use less likely, such as all youth in high school.
2. *Groups with recognized risks of substance use.* Offers an opportunity to focus on those who may have a greater than average need for prevention activities, such as the 9th and 10th grades transitioning into high school.
3. *Individuals known to be at high risk of substance use.* Allows communities to address those with the most serious problems and specific needs, such as 9th- and 10th-grade students transitioning into high school who are from low-income families and/or have a history of mental and physical abuse.

Where Are Substance Use Issues Occurring?

Prevention targets can be defined in terms of places as well as personal characteristics. You may give priority to certain areas, schools, workplaces, or commercial settings.

Answering these types of questions adds insight about patterns, trends, subgroups within a larger group, and norms and beliefs that give rise to a problem. Such information can confirm opinions, sharpen focus, and build support for action.

Learning about prevention audiences does not have to be complicated. The experiences and views of parents,

educators, police, faith-based organizations, and others who work with youth or deal with substance use-related issues can be gathered without undue time or expense.

Going directly to members of the audience—for example, conducting focus groups with teens—can provide a new outlook. The records and routine reports of local organizations, such as high school disciplinary reports and emergency room visits, also can provide useful information to gauge substance use issues.

Starting Points

Alcohol

- In 2015, 221,000 adolescents aged 12 to 17 were current heavy alcohol users. Stated another way, about 1 out of 100 adolescents (0.9 percent) engaged in binge drinking on 5 or more days in the past 30 days.
- In 2015, 58.0 percent of full-time college students used alcohol in the past month.

Tobacco

- Research shows that the earlier people begin to smoke cigarettes, the less likely they are to quit.
- Use of tobacco products varies greatly by age. Among adolescents aged 12 to 17, 6.0 percent reported current use of a tobacco product. Young adults aged 18 to 25 were about 5.5 times more likely to use tobacco than youth, as 33.0 percent reported using tobacco products in the past month.

Illicit Drugs

- Illicit drug use starts early and spreads quickly—2.6 percent of youth aged 12 to 13 reports past-month use of an illicit drug; among 16- to 17-year-olds, the rate is nearly 16.3 percent.

Marijuana

- In 2015, about half of youth aged 12 to 17 reported that it would be fairly easy or very easy for them to obtain marijuana if they wanted some.
- Asian youth have the lowest rates of marijuana use.

- Parents make a difference—teens who say their parents would strongly disapprove of teens trying marijuana are much less likely to use marijuana than those who think their parents would not strongly disapprove.
- In 2015, an estimated 22.2 million Americans aged 12 or older were current users of marijuana, which is 8.3 percent of the population.

Prescription Medications

- On average, each day, about 1,100 adolescents aged 12 to 17 misuse pain relievers for the first time.
- Among the 12.5 million people aged 12 or older who misused prescription pain relievers in the past year, the most common source for the last pain reliever that was misused was a friend or relative (53.7 percent).

Inhalants

- In 2015, the average age of first-time inhalant users was 17.
- Among youth aged 12 to 17 who used inhalants last year, 59.0 percent used inhalants anywhere between 1 to 11 days out of the past year.

Serious Emotional Problems

- Young people who have serious emotional problems are more likely to use substances and to become dependent on them.

Source: 2015 National Survey on Drug Use and Health



Community Partners

Partnerships are the backbone of nearly every successful prevention campaign. Organizing a community around a substance use issue can take a great deal of work, but the effort can have big payoffs.

Building partnerships is a dynamic process that changes as participants' goals, abilities, and needs change. Partnerships include a variety of arrangements to produce results that one partner alone could not achieve.

Examples include creating entities to deliver new programs, expanding or improving services, fostering social marketing activities (see *Focus On Social Marketing*), or providing research and evaluation services. The table below outlines ways organizations can engage partners.



Levels of Partner Engagement¹

1. Networking or communication links	Partners have minimal involvement (mainly to share information).
2. Publicity	Partners may serve as channels or go-betweens to help spread information.
3. Endorsement	Partners publicly endorse each other's programs to broaden appeal or lend credibility.
4. Coordination	Partners remain self-directed but conduct mutually beneficial activities and work together with a common purpose.
5. Co-sponsorship	Partners share their resources.
6. Collaboration	Partners work together from beginning to end to create a vision and to carry out a program.

¹ Adapted from: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity. (1999). Promoting Physical Activity: A Guide for Community Action. Human Kinetics: Champaign, IL.

Effective partnerships develop mutually rewarding and sustainable chemistry. As more than an exchange of services, partnership includes:

- Defining a shared mission, vision, and goals.
- Maintaining a high level of trust and mutual respect.
- Making decisions jointly.
- Contributing staff time and other resources.
- Committing to build knowledge, skills, and systems by seeking or offering technical assistance.

Staying in close contact with a partner, listening carefully to what is communicated, and providing regular and consistent feedback, encouragement, guidance, and recognition help to sustain partnerships.

The more a prevention strategy represents the whole community and shares a common goal, the more powerful and respected it will be.

Look Around

An organization or community advocate concerned about substance use, public health and safety, or the well-being of a population could be a partner, including:

- Educational institutions
- Parent and volunteer groups
- Youth organizations
- After-school programs
- Faith-based community organizations
- Health care and mental health providers
- The justice system, including law enforcement personnel
- State, county, and local governments
- Prevention and treatment organizations
- Legal, social services, and other organizations serving low-income families
- Businesses
- Labor unions
- Neighborhood-based social clubs
- Service organizations
- Media

It's important to establish a broad base of support, or buy-in, to address prevention issues. The more a prevention strategy represents the whole community and shares a common goal, the more powerful and respected it will be.

Reaching Diverse Groups

Your best bet is to reach diverse groups of adults and youth with prevention messages by engaging as many kinds of organizations as possible. For example, if your primary goal is to prevent youth marijuana use, you may team up with your local police force, school counselors, clergy, and even the local chapter of Narcotics Anonymous.

As your substance use prevention strategy gets underway, roles and responsibilities will likely fall into place naturally, with everyone contributing what they can. People may help by making a financial contribution, providing services without charging for them, making facilities available for prevention activities, recruiting volunteers, volunteering, or participating in boards of directors or committees.



Starting Points

The following steps can help you make the most of your efforts to find and recruit new partners.

Set Your Sights

A partner in substance use prevention can be any group or individual whose missions, values, goals, or resources are in line with your prevention strategy. Possible partners may not have a direct or close involvement in substance use issues; however, values and agendas in areas such as better schools, good government, public safety, social justice, and economic development make them potential allies nonetheless.

Get Started

Partnering is an ongoing process. It's never too soon to expand your initial circle of partners. You're more likely to sustain your prevention strategy if you reach out to possible supporters to get buy-in before you need new funding.

Make Contact

Begin by introducing yourself and your prevention strategy—send an email, mail a brochure, send a news clipping, or invite key people to a special event. To create a relationship, begin sharing information—materials, “lessons learned,” and evaluation results—while stopping short of asking for support. To tighten the connection, you can also formally recognize the person or organization at an awards event, or ask him/her to serve as a keynote speaker or honorary chairperson.

Become Known

Go where the action is: attend receptions, forums, conferences, and committee meetings that relate to your substance use prevention goals. These events provide chances to network and share information about your prevention strategy.

Be Heard

Some contacts may be brief. Develop a script containing a few major points; if several people are communicating about your initiative, it is vital that everyone uses the same message and statistics.

Gain Agreement

All partners need to understand and agree on their roles. Put agreements in writing. They can be formal—for example, contracts or letters of understanding—or informal, such as follow-up letters or minutes of committee meetings that are reviewed and approved by partners.

Join Forces

As you begin recruiting partners, you may discover that some local agencies and organizations are involved in similar prevention efforts. Because such groups have a head start in developing contacts and influence in the community, it may be natural for them to have a leading role in your prevention strategy. Examples include heading a committee, being responsible for certain tasks, or serving as a cosponsor.





Connecting With Your Audience

Messages and materials are the tools we use to connect substance use prevention strategies with their audiences.

Messages include not only the point you want to make but also how the information is expressed. Substance use prevention messages must be based accurately on scientific evidence. Yet even the best information may fall short of your aims unless people understand and see it as new, interesting, acceptable, and in line with what they already know. Audience members may not believe a message unless it comes from a person or group they trust.

Answering a few basic questions can help you choose the right messages and the best way to deliver them in your prevention effort:

What Do You Want to Say?

A careful assessment of needs (see *Focus On Community Needs*) will focus your attention on a particular substance, the groups of people who are using it, and the risk and protective factors that make them more or less likely to do so (see *Focus On Risk and Protection*).

Whom Are You Addressing?

Prevention messages can address directly those who are using harmful substances, or they can target other people such as parents, friends, and concerned community members who can do something about it.

Will Your Message Be Simple or Complex?

Brief prevention messages can serve several purposes: provide direction (drink responsibly), pose a question (do you know where your child is?), show a situation (kids smoking marijuana), depict a consequence of risky behavior (pregnancy, vehicle crash, or arrest), or provide referrals (to learn more, call this number). Yet, your strategy may call for something more involved, such as providing detailed information (the effects of a drug) or teaching a skill (refusing harmful substances).



How Will Your Message Reach Your Audience?

When you think of prevention messages, you may picture mass media approaches such as posters all over town or public service announcements (PSAs) on radio and television. While such methods are great for reaching a wide audience and for reinforcing the message by repeating it and keeping it out there, they may require technical ability and high costs for development and distribution.

Audience members may not believe a message unless it comes from a person or group they trust.

Targeted media approaches such as reaching parents through a school newsletter or mailing flyers to community residents may require smaller investments in design and arrangements. Social media is another way to reach your audiences (see *Focus On Media and Social Media*).

Personal communication lets you go into more detail, decide when and where to deliver messages, use different presenters, adjust to the personal style of receivers, and answer questions. Teachers, counselors, health workers, coaches, police officers, and respected community members are some of the people who can deliver prevention messages.

Don't Take Anything for Granted: Test and Evaluate

Even after you have researched your topic and your audience, your idea of a moving message or a slick publication may not go over well with your audience.

Test Your Materials

Before you invest in the full development of a substance use prevention communications product, make sure you're on the right track. Use focus groups or informal methods to get reactions from audience members and others with special insight regarding your ideas or drafts of your product.

Look at Results

Once you've put a product out there, don't forget about evaluation. With a bit of organization, you can track distribution, get feedback from the audience, and see what changes have occurred. For more difficult evaluation activities, don't give up—get help. Look for technical assistance resources or pull in an expert consultant (see *Focus On Evaluation*).

The best information may fall short of your aims unless people understand and see it as new, interesting, acceptable, and in line with what they already know.

What Materials Should You Use?

The materials you use should reflect the type of message you want to deliver; the size, age, education, and lifestyle of the audience; your ability and creativity; the help you can get; and your budget. Also consider the length of your prevention effort. For example, a long-running campaign may warrant a large investment in design and distribution, while a weeklong National Prevention Week event may call for materials that can be produced and distributed at a modest cost.

Possible materials include print items such as flyers, brochures, and posters; web-based information; novelty items bearing a logo or message; print, sound, or video PSAs; class curricula; press releases; talking points; and sample social media posts and images.



Starting Points

To communicate effectively about substance use prevention topics, your message and materials should be:

Accessible—bring products to the audience (public events, handouts, and PSAs) or make it easy for them to seek information (convenient times and locations, toll-free numbers, and websites). Employ more than one method—use each product to call attention to other outlets and materials.

Easy to use—accommodate your audience. Match print materials to the reading level of your audience. Use different media—print, audio, and visual—to reinforce your message and appeal to a range of preferences for receiving information. Use different tools—words as well as pictures—to address varied learning styles and literacy levels. Recognize your audience’s diversity by providing information in different languages.

Engaging—grab your audience’s attention:

- Use images, colors, and sounds to make your information lively.
- **Provide human interest**—create characters and tell a story.
- **Stir up emotions**—use messages and visual elements that suggest parental concern, teen life, or compelling images of risk.
- **Personalize your information**—use interactive devices such as pointed questions, quizzes, and self-ratings to pull consumers into the message.
- **Set a positive tone**—balance warnings with solutions; don’t be preachy or judgmental.
- Look for ways to put a little fun carefully into your message—a bit of irony or a novelty item can go a long way toward pulling your audience in and relieving a sense of dread or distaste.

Practical—tell audience members how to address a problem, get more information, or seek assistance. Offer solutions that are specific and realistic. To ensure value, be sure you’re right—check your facts and make sure your communications reflect accepted theories and proven techniques for changing people’s knowledge, attitudes, and behaviors (see *Focus On Prevention Theory*).

Simple—a clean, uncluttered appearance suggests ease of use and a no-nonsense approach. Use color and graphics to accent and diversify materials, but be careful not to overdo it. Set limits. Stick to your main points and don’t get bogged down in details—most users don’t need or want them.

Unified—your prevention materials must convey a single identity and a constant message. Within products, plan your format—be systematic about spacing and alignment of text, the relative importance of headings, and use of symbols. Across products, use consistent style elements such as logos, colors, and fonts to identify your organization or a particular activity. Make sure that different products do not present conflicting information and that all presenters share your group’s values and deliver messages correctly.





Social Marketing

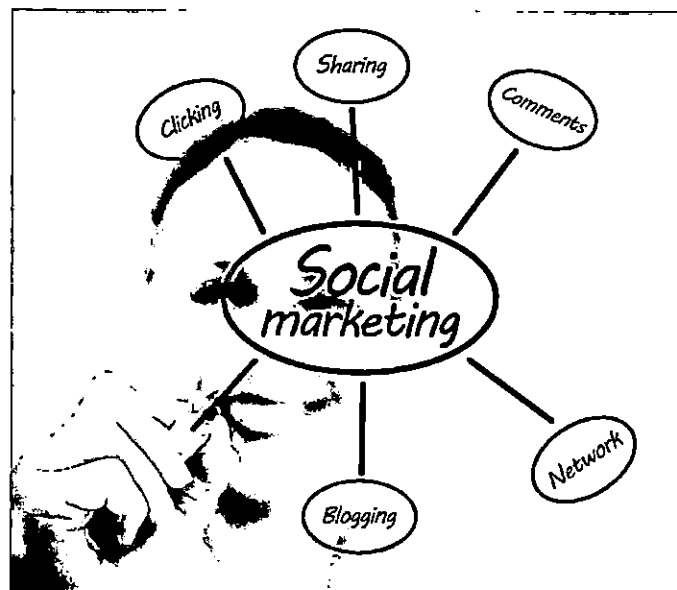
Social marketing uses successful commercial marketing methods to promote public health or other social goals.

Just as businesses sell products and services, substance use prevention and other public health strategies sell behavior. Using social marketing, you may try to get your target audience to adopt, reject, adjust, or give up actions related to alcohol, tobacco, or illicit drugs.

To achieve your goals, you can aim social marketing efforts at building knowledge (inhalants *can* kill), beliefs (smoking is *not* attractive), and norms (most kids are *not* smoking marijuana) that may influence decisions about using harmful substances.

Social marketing is more than just advertising—key elements are known as the “four P’s”:

- **Product**—Create an inviting benefit, typically an idea such as feeling better, avoiding embarrassment, or reaching goals, that can be gained from an action (e.g., adults using alcohol responsibly). Your audience must be interested in what you are selling, so test social marketing products and tools, such as flyers, public service announcements, or special events, before you run with them.
- **Price**—Minimize what the audience must give up to get the benefits you are offering. The price people pay for substance use prevention benefits includes more than money—costs may involve physical discomfort, time, and inconvenience. Test what price members of your audience will accept and what incentive you must offer before they will participate.
- **Placement**—Make your product available in places that reach the audience in everyday life and fit your audience members’ lifestyles. Present your product at public events and places such as parks, fairs, games, workplaces, libraries, and retail locations that are not related to substance use prevention or other health issues.



When Does Social Marketing Work Best?

Some audiences get what you are saying, but won't act unless you make them an offer they can't resist. This is where the four P's are vital to success. For audiences who are open to prevention appeals, and for those who resist them, an “E” may work better:

Education

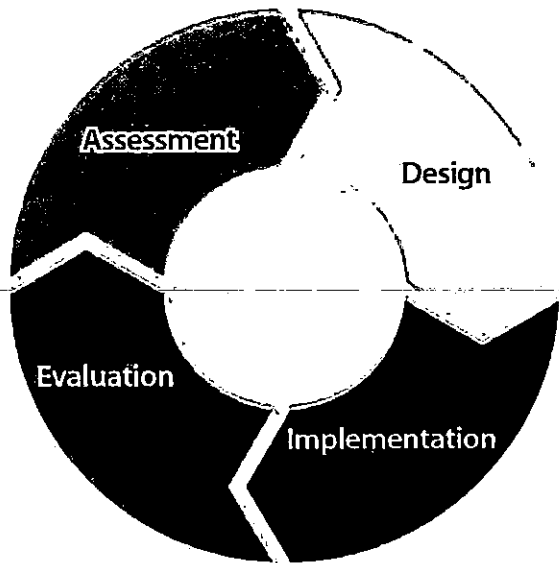
For those who understand why they should change and find it easy to do, alerting them to a substance use issue and telling them how to do something about it will be enough.

Enforcement

For audiences that resist information and do not respond to coaxing, adding new laws and policies or enforcing existing ones more strictly may be the only way to get results. Stiffer penalties, higher taxes, fewer outlets, and shorter hours of sale are some ways to push people to change their behavior.

- **Promotion**—Meet the audience's needs. For social marketing to work, the benefits of a behavior and incentives for embracing it must support the values your target audience holds or reinforce a positive self-image. This may mean stressing personal or social benefits such as appearance, physical performance, approval, and success that are not directly related to health.
- Commercial marketing competes mainly with other companies to provide what the audience wants or to enhance what it already has: faster, cleaner, easier, stronger, sexier, longer lasting, and more fun. Social marketing, on the other hand, encourages change and competes mainly with the audience's own beliefs and behaviors.

Strategic Planning



To achieve your goals, you can aim social marketing efforts at building knowledge, beliefs, and norms that may influence decisions about using harmful substances.

Another "P"—**politics**—is especially important for coalition members. Whether recruiting partners or asking for contributions, balance all of the segments needed in a successful community effort (see *Focus On Community Partners*). Recognize everyone and make sure no one feels slighted.

How Is Social Marketing Different From Commercial Marketing?

While social marketing uses the same methods as commercial marketing, there are key differences:

- Commercial marketing is concerned mainly with concrete products and services while social marketing focuses on ideas and behaviors: talk with your kids, make good choices, take control.
- While commercial marketing usually promises rewards such as enjoyment, style, and convenience, social marketing may call for caution and sacrifice: don't let this happen to you, say no, quit smoking.

Starting Points

The following features of social marketing can help you with your substance use prevention strategy.

Specify the Audience

A key facet of social marketing is that it should be directed to a well-defined target audience. In the language of marketing, a target audience should be “segmented,” or divided into groups with similar characteristics. These include location, age, race, ethnicity, values, lifestyle, and conditions related to the substance use issue you are addressing. With this information, you can develop media strategies and other ways to reach each segment effectively. If your prevention strategy is aimed at changing policy, the target audience can be the general public or government and business leaders. For more on this topic, see *Focus On Issues and Audiences*.

Be Consumer Oriented

Social marketing is more than a hard sell. Rather than simply pushing products on customers, social marketers must attend to real needs and meet audience members on their own terms. This means responding to their interests and getting in step with the way they make choices. Consumer input is vital to developing products that work and should be sought as your prevention effort unfolds to ensure that the strategy is right. See *Focus On Community Needs* for more insight on putting your finger on the community’s pulse.

Select Channels

Social marketing campaigns often use mass media such as radio, television, and newspapers to get the word out to audiences. However, any person or group that can reach members of an audience can be a channel for your efforts. Schools, doctor’s offices, recreation centers, stores, and electric bill mailings are a few of the places where social marketing can be carried out.

People and groups who are known and trusted by the audience are excellent channels for delivering information. Use more than one channel to reach as many people as possible and to deliver information in different ways.

Decide How Much Is Enough

A common question, especially when using mass media to market a prevention strategy, is “How much does it take for people to pay attention to what you are saying?” Well, it depends on factors such as your target audience, your specific aims, how complex and entertaining your message is, and the competing information. Generally, more is better—repetition helps people notice messages, respond to them, and learn from them. Putting out information in high-frequency bursts works better than using the same number of ads over a longer period. Deciding how much information to put out will rest on your instincts, input you receive, the channels available to you, and, in the end, cost.





Media and Social Media

Communication through mass media is a powerful tool for reaching substance use prevention audiences and achieving prevention goals. Traditional media channels include television, radio, newspapers, magazines, movies, and music. “Web 2.0” describes the changing trends in the use of the Internet that aim to enhance creativity, communication, collaboration, and functionality among users. Web 2.0 applications allow users to do more than just retrieve information; they emphasize interconnectivity and interactivity. The goal is not to replace proven traditional marketing strategies but to complement and create 24/7 contextual awareness, making it easier for your audience to find and interact with your prevention program.

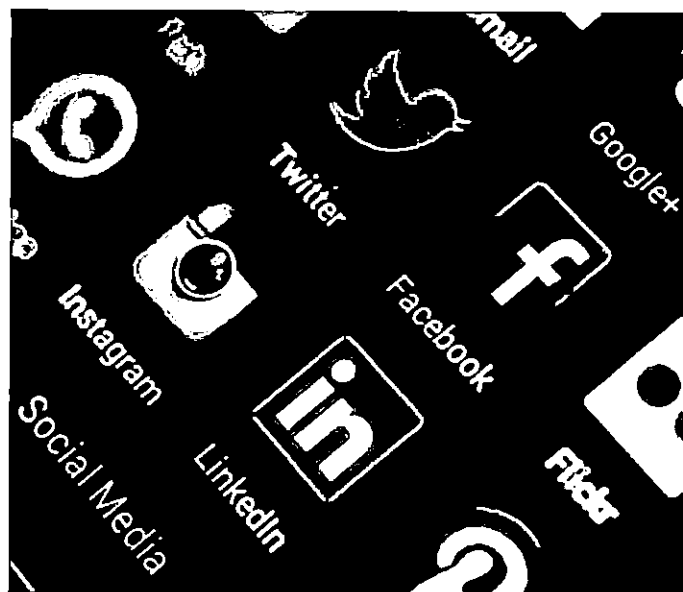
Along with traditional print and broadcast channels, emerging social media and networking tools such as podcasts, blogs, and popular sites like Facebook, Twitter, YouTube, and Instagram not only entertain us, they also help shape our views and values. You can use these media channels as a strategy to address the prevention of substance use issues.

How Can Media and Social Media Fit Into a Prevention Strategy?

Leveraging media and social media outlets can serve several purposes:

- Building support for prevention activities—for example, calling attention to binge drinking among young people through PSAs, announcing a new mentoring or life skills training program via podcast, or reporting the gains made by existing prevention activities with up-to-the-minute updates on Twitter.
- Delivering prevention messages to target audiences—for example, PSAs aimed at reducing the use of inhalants (see *Focus On Connecting With Your Audience*) or blogs among prevention partners to exchange practical tips, lessons learned, and challenges in outreach.
- Generating public support for policies and laws related to substance use—for example, restrictions on the advertising, price, and sale of alcohol and tobacco through newspapers or billboards.

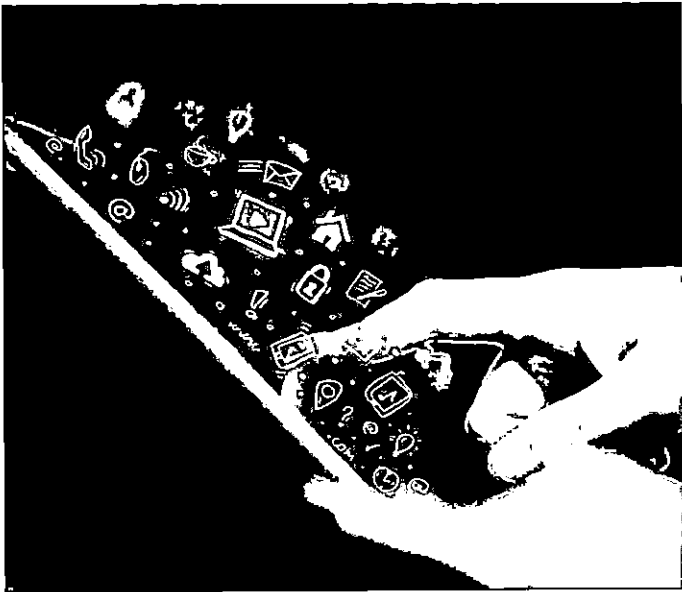
Combining media activities with other prevention efforts can help change knowledge, attitudes, and beliefs regarding substance use.



How Can the Media Landscape Work for You?

To include media in your prevention strategy, you have two choices: earn coverage or pay for it.

Earning coverage means attracting the attention of media outlets such as newspapers, radio, and TV stations. To earn coverage, you have to invest time and effort. Developing relationships with the media can help. Publicizing events, issuing press releases, and even visiting media outlets are important steps. Still, to make the media your partners, you need to provide benefits first and look for results later. This can mean drafting stories, sending information packets, and offering tips on how to use statistics and study results in news stories.



Reaching Out to the Media

Know the Media in Your Area

Learn who writes the columns in the local newspapers, which radio hosts discuss local issues, what parents and kids read, who has covered the issue before, and which media personalities have a personal connection to drug or alcohol misuse.

Call Media Representatives Until You Reach Them Directly

Leave only one message—ask when the person is usually in and call at that time. Then what? Find out if a media representative accepts e-mail and contact him or her that way as well.

Arrange Coverage for Weekend Events

Radio and TV media typically have different people working on weekends. If your event is on a weekend, try to interest weekend media staff members in covering it. Get their names and phone numbers ahead of time. Be ready to call or fax information early on Saturday.

Always Provide Contact Information

Use your letterhead and include e-mail addresses and fax numbers at the top of all media materials. Use the name of the person making the phone calls. Provide a “day of” number for reaching the contact person at an event via cell phone. (If necessary, borrow a cell phone just for that day.)

Follow Through and Don't Give Up Easily

Call before and after you send material. If one media contact is not interested, try someone else at that outlet. Some news works better for one show or news column than another. Do not expect one reporter or department to pass your message to another.

Time Your Contacts

Mail and call ahead of time and fax or e-mail a reminder with any updates about two days before an event. This is important; sometimes a squeaky wheel gets the oil.

Know When to Quit

Diligence can pay off, but there is a fine line between being persistent and being a pest.

For a more detailed look at planning a media event, see the *Event Timeline*.

Paying for coverage—buying radio or TV air time, ad space in a newspaper, or billboard space—gives you control of when or where people get your message. Remember, PSAs typically cannot be scheduled. To be sure your group's money is well-spent, develop your message carefully and find out which media—such as radio stations that appeal to teens, adults, or certain ethnic groups—attract your target audiences.

Social networking sites are free and a great way to promote prevention messages through ambassadors, advocates, and champions who can help spread the word for you and measure results. Social networking allows one-to-one communication. Unlike broadcast/mass media, social media connects personally with each and every user. Users are collecting information based on what they want, which means a deeper engagement with the message via interactivity.

What Results Can You Expect From Using Media and Social Media?

Media and social networking activities can strengthen your prevention strategy and make people more aware of its aims, activities, messages, and results. Combining media outreach activities with other prevention efforts can help change knowledge, attitudes, and beliefs regarding substance use (see *Focus On Social Marketing*). A successful marketing strategy under the new media model leverages a variety of tools and an interactive, collaborative approach, which will help to reach your target audiences and achieve your objectives.

Starting Points

Leveraging Social Media in Today's World

Understand the Media Landscape

- Investigate the markets in which you want to promote your prevention messages. Know the local, state, and national print, broadcast, and web channels that align with your program objectives. Identify prevention partner networks as well to capitalize on web marketing and outreach activities through banner and linking strategies.
- Become a Web 2.0 user. Visit popular social networking sites such as Facebook, YouTube, Twitter, and LinkedIn to see what they are all about. An increasing number of web users are paying more attention to socially conscious information. This is a great opportunity to reach out to specific audiences using technology, where feasible.

Make Prevention Relevant

- Identify what your prevention program stands for and what you are communicating. Connect national statistics with local stories. For example, look at data from *SAMHSA's National Survey on Drug Use and Health (NSDUH)* and provide information to media covering local problems such as DUI/DWI arrest rates, hospital admissions, and school counselor referrals (see *Focus On Community Needs*). These local tidbits can be sent out through local media's social networking sites, thereby broadening the reach.
- Point out links between substance use and other community problems such as mental health issues, homelessness, vandalism, teen pregnancy, school dropouts, unemployment, and domestic violence (see *Focus On Risk and Protection*). Widgets, wikis, and RSS feeds are just a few of the tools that can be used to promote this information to people in need.

Know Your Audience

- Pinpoint your target audiences' interests and geographic, demographic, and lifestyle characteristics. Also identify keywords that resonate with these groups of people. Hot topics for key audiences will increase public engagement and participation.

Engage Users and Promote Prevention!

- Identify schools, faith-based groups, businesses, and other groups in your community that take part in SAMHSA's *National Prevention Week* or other prevention events. They can provide inspiring interviews and engaging visuals for podcasts or online chats.
- Obtain quotes, background information, and "sound bites" from school personnel, law enforcement, physicians, hospitals, and faith leaders about drug and alcohol issues and effective prevention activities in your area. Quotes and compelling information from several sources can be "tweeted" or uploaded to sites for timely alerts.
- Arrange media interviews with a local, state, or national prevention spokesperson and make them available for uploading to the web as a podcast or on sites like YouTube or Facebook.
- Ask people to "follow you" on your social media pages and promote offline events such as conferences, recruiting fairs, and community prevention days.

Stay Sharp. Innovate. Lead!





Evaluation

Evaluation provides vital information about whether a prevention strategy works, what should be done next, and how to incorporate it in future planning.

When you are getting a substance use prevention strategy up and running, evaluation is more than just a luxury. By taking a hard look at your prevention strategy, you can make better decisions about what to do next and how to do it better.

There is no single correct approach to evaluation. Any evaluation must be tailored to local conditions.

A central purpose of evaluation is to find out how well a strategy works. Coming to an unbiased conclusion requires measuring results and comparing them against some standard of success. Even complex evaluation can be done with the resources available to most prevention coalitions.

Why Should You Evaluate a Prevention Strategy?

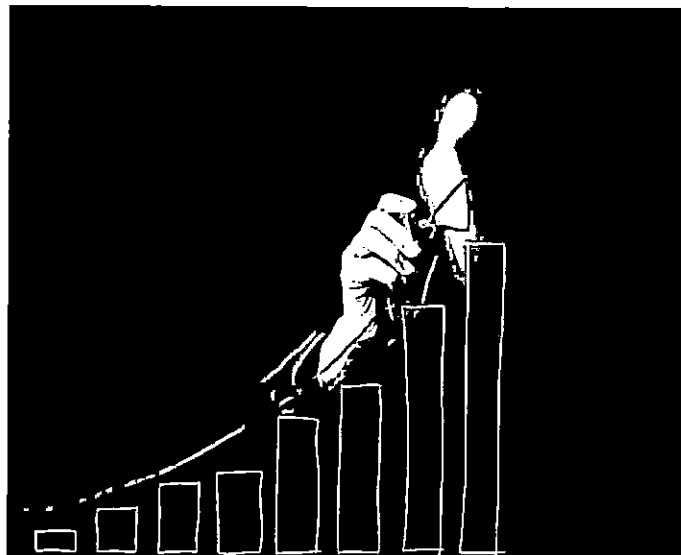
Examining your prevention strategy's activities and effects can guide decisions about its future, such as whether to:

- Continue or expand the strategy.
- Make changes to get better results or to make better use of resources.
- Seek the support of partners and funding organizations.

What Types of Evaluation Can Be Done?

Depending on the purpose of your evaluation, consider two basic types:

- A **process evaluation** looks at how and why a program works or does not work. It may be used during prevention activities to track progress and to see how activities are being carried out. Finding glitches can explain poor results and help fine-tune an otherwise sound approach.



- An **outcome evaluation** often looks at end results. However, outcome evaluations can also be done at specified milestones and may be used to decide whether an activity should continue or not. Evaluation can demonstrate positive and negative results. Both deserve attention. It's just as important to examine results that fall short of stated objectives, because they can serve as a roadmap for making improvements.

What Should Be Measured?

The information you collect should reflect the three A's—aims, audience, and activities that describe your substance use prevention strategy.

- In a **process evaluation**—stressing description and explanation—items commonly include recruitment procedures and success rate; number of participants; and personal characteristics such as age, gender, race/ethnicity, and risk for substance use.

Additional information to collect includes the level of participation or attendance; type of service, curriculum, or activity delivered; and feedback from both program participants and those who dropped out. This information can tell you whether prevention activities were conducted as expected and whether they were right for the target audience.

- In an **outcome evaluation**—looking at results—you may collect data on participants' knowledge, attitudes, beliefs, and behaviors with respect to the substance use issue you are addressing. The specific information you collect will depend on the objectives of your strategy and your ability to collect information. Information about participants typically is collected by using questionnaires, interviews, or focus groups.

You also may be able to get information on behaviors in a target audience from school, police, or other routine reports. In strategies aimed at the environment, outcomes may involve changes such as new policies and reductions in alcohol or tobacco ads or availability.

Share as You Learn

- **Communicate throughout the evaluation process**—include the evaluation team in planning meetings and keep sponsors and key personnel informed of progress.
- **Develop a 30-second “elevator” message that you can deliver briefly in an informal setting**—once you spark interest, you can elaborate.
- **Know your evaluation audiences**—find out what they need to know and why.
- **Make reports interesting**—use colors, graphics, and language that match the style of the audience.
- **Use different ways of communicating**—employ verbal presentations, meetings, interviews, flyers, press releases, emails, and videos to highlight findings and engage audiences.
- **Keep it short**—many listeners will not digest more than a few major points, so give audiences the information they need without overwhelming them.

How Can You Tell Whether the Prevention Strategy Made a Difference?

Collecting information on results is not enough. To reach conclusions, you must answer the question “Compared to what?”

Generally, you can compare two elements: **time** and **exposure** to prevention activities. The most basic time comparison—before and after—can be expanded to track conditions across several time points.

A simple comparison based on exposure would look at differences in outcomes between audience members who participated in prevention activities and those who did not. More detailed comparisons can look at how heavily participants were involved in prevention activities or the specific activities they experienced—such as different messages or curricula.

Time and exposure comparisons can be combined—for example, collecting relevant facts about participants and non-participants both before and after activities are conducted. Any of these comparisons can be expanded to look for differences between settings or subgroups.



Starting Points

There is no single correct approach to evaluation. Any evaluation must be tailored to local conditions, but a few reminders can ensure good planning.

Get Help

Consult with university and college faculty members with expertise in evaluation methods. Faculty in social science disciplines often have an interest in community activities that are related to their academic work.

Clarify Expectations

One size does not fit all. Top decision makers, program directors, staff members, outside funders, and community members may have different interests in an evaluation and needs for evaluation data. Be prepared to set priorities and tailor your evaluation to your stakeholders' evaluation questions and needs.

Involve Participants, Staff, and Community Partners

Stakeholders can provide feedback about whether evaluation methods are appropriate and realistic. Partner organizations may have a special interest in certain evaluation issues, and program staff may be able to tell you whether certain questions make sense and whether there is an easier way to obtain the information. Involving them can increase their cooperation in evaluation activities and enhance the whole effort.

Consider a Variety of Methods and Measures

Make sure that the evaluation reflects your prevention activities and the information can be collected. Programs are not always conducted as planned due to resistance, unclear directions, or lack of time.

Use Process Evaluations With Care

Project staff may want to use the information gathered to correct problems as a prevention strategy unfolds. By changing what is being done, midcourse corrections can muddle the results of an outcome evaluation.

Consider Cost

Planning an evaluation involves tradeoffs between costs and benefits. Identify the most important evaluation questions and look for efficient methods such as sampling, focus groups, and review of existing records.

Even complex evaluation can be done with the resources available to most prevention coalitions.

Event Timeline



Event Timeline

One of the first steps in planning a successful prevention event is to develop a detailed timeline of tasks. The timeline will help you stay on track and ensure that nothing falls through the cracks. Use the following schedule of activities to plan your event. Every step may not be necessary for your event, so make sure to customize this timeline to fit

your organization's needs. You may also find that the timeline can be shortened depending on your event's size and purpose.

Organizations and coalitions you work with may want to add activities to the timeline, so it's important to get their input from the beginning.

Getting Started

120 or More Days Prior	<ul style="list-style-type: none">• Identify the primary goal for your prevention event, decide on the topic and objective(s) of the event, and check for other existing activities that focus on raising awareness about your event topic.• Identify target audience(s).• Choose an event type that best highlights your event topic.• Pick date(s) for the event.<ul style="list-style-type: none">— Collect information about what other community organizations may be planning around the same time that could support the event or compete with it.• Create a draft budget.• Create a timeline for the event and associated planning efforts.• Create a marketing strategy.
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Consider hosting one of the following educational, community, leisure, and policy events:

- School pep rally
- Essay, poster, art, or video contest
- School field day
- Community sports tournament
- Community walk/run/bike ride
- Community clean-up day
- Health fair
- Partner recognition luncheon/dinner
- Town hall or mayor's lunch
- Community rally about your prevention cause

Location and Invitation List

120 or More Days Prior	<ul style="list-style-type: none"> • Research and obtain necessary permits for event, if applicable. • Pick location for event. • Secure/reserve event location for chosen date(s). • Identify back-up location in case of inclement weather (if primary event location is outdoors). • Identify potential event partners. • Form board of advisors or expert panel of key community decision makers to advise planning and implementation. • Create event committee/team/group.
60-90 Days Prior	<ul style="list-style-type: none"> • Identify event committee chairpersons, form task-specific teams, and assign specific duties to each team. • Create guest list. • Determine how many volunteers you will need the day of the event. • Invite speakers or special guests. • Ask sponsors, partners, and vendors to help underwrite the costs. • Book necessary vendors. • Announce your event to your supporters.
30 Days Prior	<ul style="list-style-type: none"> • Send confirmation letters to speakers and participants, in addition to any back-up speakers in case a last-minute replacement is necessary. • Compile a list of event duties and who is responsible for each, including: <ul style="list-style-type: none"> — Transport of supplies to the event area — Event set up — Greeting attendees, managing sign-in tables — Attendee and speaker escorts — Post-event clean up — Monitoring of office phone during the event, and coordination of calls to cell phones at the event
Week of Event	<ul style="list-style-type: none"> • Confirm final date, time, and location with speakers and participants. • Check the weather if the event is planned for an outside location, and confirm the back-up location.
Following Event	<ul style="list-style-type: none"> • Send individual thank-you letters to speakers and participants. • Send thank-you letters to members of the board of advisors/expert panel.

Invite other organizations to join your coalition/organization, form event committees, and plan for future coalition meetings.

If targeting youth: Make sure organizations that are concerned with youth issues or deal directly with children are involved—such as education, faith communities, law enforcement, social services, parents, youth, health, mental health, substance use services, vocational services, and recreation. Invite one or more youth to be a member of your event planning committee.

It may be helpful to form a board of advisors or expert panel of key community decision makers to advise the planning and implementation of your event. The board could meet several times throughout the planning process to offer advice, assist with major decisions, and discuss ways to promote the event in their respective communities and fields.

Event Support

120 or More Days Prior	<ul style="list-style-type: none"> • Create a supply list based on specific event needs. • Hire vendors.
60-90 Days Prior	<ul style="list-style-type: none"> • Determine what supplies must be bought and what can be borrowed or received as donations. • Request in-kind and monetary donations. • Create a list of in-kind donors and partners to highlight in event promotion materials. • Recruit volunteers. • Confirm availability of necessary amenities for guests. <ul style="list-style-type: none"> — Are ADA-accessible facilities available? — Who controls the lights and thermostat? — Is the sign-in area an ante-room or a wide hall with sufficient space to keep traffic moving as media and guests arrive? — Is there an area to serve refreshments with enough waste baskets? — Are there a sufficient number of restrooms? — Where will people put coats if the weather is rainy or cold? — Is there parking for media, participants, and others close by? • Plan for room visuals (background for podium, posters for speaker presentations, visuals for sign-in areas, directional signs, etc.). • Make arrangements for security.
30 Days Prior	<ul style="list-style-type: none"> • Assess supply list to identify any outstanding gaps. • Conduct a second round of outreach to volunteers for the day of the event. • Make arrangements to videotape the event and select an onsite photographer for still photos. • Hire a person to sign for the hearing impaired.
Week of Event	<ul style="list-style-type: none"> • Hold a meeting to finalize all remaining logistics. • Confirm all arrangements (e.g., payment, delivery of goods, and schedule) with any vendors, important event attendees, and volunteers. • Visit the event site to ensure preparations are in place. • Collect equipment to take to the event, including easels, scotch tape, staplers, note pads, pens, and extension cords, and other identified items. • Conduct a walk-through of the event, including testing of audiovisual equipment, 1-2 days before the event date.
Following Event	<ul style="list-style-type: none"> • Send thank-you notes to all in-kind donors and volunteers.

Logistics are crucial! It's important to ensure:

- A visible and accessible area for resource table(s)
- Good reception for cell phones
- A multiple electrical hookup box ("mult box") for media
- Sufficient chairs and/or bleachers
- Audiovisual equipment (e.g., PowerPoint capability)
- Space for one-on-one media interviews with speakers or coalition heads during or following your event

Decide whether funding or other types of sponsorship will be solicited from nonparticipating organizations.

If your event is youth-focused, consider inviting representatives from one or more of the following:

- A roller rink (kid's activity)
- The Elks (with a youth behavior program)
- A local restaurant where kids hang out
- A local business with an active mentoring program for kids
- The print shop at a vocational school
- A TV station with a youth agenda to donate money or in-kind services

Businesses—represented on social service agencies' boards, faith councils, or involved with one of the participating organizations—may provide funding or have suggestions.

Local Event Promotion

120 or More Days Prior	<ul style="list-style-type: none"> • Create list of promotional materials for distribution, focusing on who receives which materials, and when. • Assess the need for a professional printer and set up printing schedule, if necessary. • Start collecting national and local data from http://www.samhsa.gov/data and other resources such as the CDC Youth Risk Behavior Surveillance System, or community-specific data.
60-90 Days Prior	<ul style="list-style-type: none"> • Identify and contact local businesses, centers, schools, places of worship, community event calendars, etc., that may promote your event. • Create and print promotional materials. • Pull together local statistics and other data from your needs assessment, your state or county statistics department, university research, local law enforcement, or other agencies that collect statistics. • Create Fact Sheet(s) specific to your event theme to share with the local community and media.
30 Days Prior	<ul style="list-style-type: none"> • Distribute promotional materials locally and/or digitally. • Place your event on the daybooks of local media and local Associated Press (AP) and United Press International (UPI).
Week of Event	<ul style="list-style-type: none"> • Print hard copies of promotional materials to hand out during your event. • Check in with local organizations promoting your event to encourage their attendance.
Following Event	<ul style="list-style-type: none"> • Send thank-you letters to local partners and organizations that promoted your event.

How can you harness the power of data to strengthen your event? Let's say your program goal is to raise awareness of underage drinking in the community:

Audience: The target audience may include opinion leaders, policymakers, parents, and members of the media.

Data: Call attention to the problem you're addressing with data from the National Survey on Drug Use and Health (NSDUH), CDC Youth Risk Behavior Surveillance System (YRBSS), or another local data source.

Activity: Consider disseminating fact sheets highlighting underage drinking issues in your community and suggesting prevention resources available at the national, state, and local levels.

Social Media Event Promotion

120 or More Days Prior	<ul style="list-style-type: none"> • Identify your target audiences. If some or all of those audiences are active on social media, create a plan for social media promotion. • Create accounts on Facebook, Twitter, YouTube, and/or other social media sites that are relevant to your target audiences, such as Instagram. • Identify local community and prevention bloggers for targeted outreach and engagement. • Create a YouTube promotional video.
60-90 Days Prior	<ul style="list-style-type: none"> • Update your organization's or group's website and/or blog with information about your event and upcoming activity dates and times. • Create a detailed schedule for social media posts (on Twitter and Facebook) and blogger outreach. Include dates and times when content should be posted. <ul style="list-style-type: none"> — Draft social media posts and blogger outreach materials. — Send bloggers outreach materials. Schedule a round of follow-up e-mails to bloggers who haven't responded by a given date to be determined by you/your organization. • Create a unique #hashtag for your event. • Begin disseminating social media posts using your organization's Facebook and Twitter accounts, and include the event's unique #hashtag. • Invite community members to participate.
30 Days Prior	<ul style="list-style-type: none"> • Use your social media accounts to link to your organization's website as well as SAMHSA's National Prevention Week (http://www.samhsa.gov/prevention-week) and your partners' websites. • Send follow-up e-mails to identified bloggers.
Week of Event	<ul style="list-style-type: none"> • Disseminate the final round of social media posts, highlighting the date and time of your prevention event(s). • <i>On the day of your event:</i> Disseminate social media posts highlighting your event activities.
Following Event	<ul style="list-style-type: none"> • Send thank-you letters to bloggers that promoted your event. • Post a message on Facebook and Twitter thanking community members for attending the event. • Post pictures and videos from your event on your organization's website and/or social media networks. Make sure to obtain necessary permissions from people featured in the photos and videos before posting the pictures online or using them in print materials.

To boost your event's online presence, consider:

- Asking local celebrities or well-known prevention advocates in your community to share a guest blog post, to be promoted through your organization's social media accounts.
- Hosting a "Twitter chat" with a local celebrity or prevention advocate in your community. For more information about how to host a Twitter chat, see "The Ultimate Guide To Hosting A Tweet Chat" at <http://www.forbes.com/sites/stevecooper/2013/09/30/the-ultimate-guide-to-hosting-a-tweet-chat>.

Media Outreach

120 or More Days Prior	<ul style="list-style-type: none"> • Develop a media outreach strategy and schedule. • Determine the specific story you want to communicate to the media, and craft corresponding key messages. • Identify key media networks and publications for outreach efforts. <ul style="list-style-type: none"> — Think of how to engage prominent local or national media personalities. If they are involved in your event, they're more likely to talk about it on air or in print. • Check with other organizations that have planned similar events to discuss media outreach tips and lessons learned.
60-90 Days Prior	<ul style="list-style-type: none"> • Identify key reporters within targeted networks and publications, and obtain their contact information. • Craft and share pitch points with your event planning team and people within your organization. Write live-read radio scripts. • Set up meetings with local radio stations to arrange for live-read radio broadcasts.
30 Days Prior	<ul style="list-style-type: none"> • Write an op-ed for a local publication. • Draft a press release about your upcoming event. • Prepare a media advisory. • Send designated reporters a media kit, containing your op-ed, press release, media alert, and community fact sheet (see <i>Event Timeline</i> section on Promotional Materials). <ul style="list-style-type: none"> — Follow up with reporters as necessary to secure coverage of your prevention event.
Week of Event	<ul style="list-style-type: none"> • Follow up with media contacts to ensure coverage of your event.
Following Event	<ul style="list-style-type: none"> • Thank media contacts for any coverage provided. • Compile press clippings from event coverage.

Keep in mind the following media tips when preparing for your event:

- Think about “embargoing” media materials until the day of your event to build anticipation and excitement.
- Share an agenda with speakers and participants prior to the event.
- Consider assembling media kits for all journalists contacted about your event. Determine how each reporter prefers to receive the kit (e-mail vs. regular mail) and send it to them accordingly.
- Plan to take lots of photos! Make captions for photos and distribute to newspapers for their coverage and to coalitions for their outreach materials. Obtain appropriate permissions from each person in the photos before sending the photos to the media.

If you are pitching a TV talk show or town hall: specify what's expected of your organization or coalition and what you're requesting of the media organizations. For example, in exchange for media coverage, your organization may be expected to provide “experts” for a panel, provide back-up experts/professionals to participate from the audience, promote the station in coalition materials, and provide handouts for people in the studio audience.

For a community event: a coalition may decide to work with one major media outlet using the rationale that better coverage on that station will have a greater effect than spotty coverage by several stations. Approach that station for “exclusive coverage” of the event. Benefits to the station could include a role in naming the event, first choice of interviewing experts, first choice in cosponsoring other community projects, and access to coalition publications to distribute with the station's relevant programming.

Promotional Materials

120 or More Days Prior	<ul style="list-style-type: none"> • Begin thinking about promotional materials that will best capture the attention of your community and possible dissemination strategies. • Craft messages for use in promotional materials.
60-90 Days Prior	<ul style="list-style-type: none"> • Create custom promotional materials. <ul style="list-style-type: none"> — Print your materials, or work with a printer to have them produced in bulk quantities or at reduced cost. • Collect data to use in a community fact sheet. <ul style="list-style-type: none"> — Develop a community fact sheet to distribute at your event, to partner organizations, and within media kits (see <i>Event Timeline</i> section on Media Outreach). • Identify materials developed by partner organizations that can be promoted/disseminated during the event. • Compile lists of community resources related to prevention, treatment, and health promotion. • Distribute copies of promotional materials through groups or organizations, partners, and/or local businesses.
30 Days Prior	<ul style="list-style-type: none"> • Print fact sheets to distribute at event, to partner organizations, and within media kits.
Week of Event	<ul style="list-style-type: none"> • Ensure that adequate copies of printed promotional materials are available for distribution during your event.
Following Event	<ul style="list-style-type: none"> • Consider posting informational materials not specific to your event to your organization's website so people can continue to access them after the event is over.

Promotional materials best suited to your community may include one or more of the following:

- A **logo** is an identifiable image that can be used to brand your event. You can include the logo on give-away items for event staff or guests, use it to brand your media materials, and post it on your organization's and partners' websites.
- **Stickers and posters** are a great way to publicize your event. Consider distributing "save the date" flyers in the run-up to your event.
- **Fact sheets** can help summarize compelling statistics, information, and resources related to your prevention topic. You can distribute fact sheets to partners and the media as you conduct outreach and to attendees on the day of your event.

Evaluation & Assessment

120 or More Days Prior	<ul style="list-style-type: none"> • Determine the objectives of your organization's event. • Discuss evaluation strategies and metrics to document ongoing processes and final outcomes (see <i>Focus On Evaluation</i>). • Decide upon specific evaluation measures and target outcomes, and solidify a process for capturing the data.
60-90 Days Prior	<ul style="list-style-type: none"> • Develop a feedback/evaluation form for event planners and/or participants to collect information about outcomes.
30 Days Prior	<ul style="list-style-type: none"> • As promotional and media outreach materials are disseminated, monitor online activity to measure the promotion and reach of your event.
Week of Event	<ul style="list-style-type: none"> • Disseminate feedback/evaluation form to event planners and/or participants with instructions for how to complete the forms.
Following Event	<ul style="list-style-type: none"> • Review and assess media coverage. • Collect feedback forms from event planners and/or participants. • Evaluate targeted aspects of planning and conducting the event. • Write an overview of event, including lessons learned, for internal use and future event planning.

When developing an event feedback form for participants, consider incorporating the following questions:

- Did the event meet your expectations? If not, please explain.
- Did you receive promotional materials (flyers, posters, etc.) in the mail? Or access them online?
- Have you followed or liked us on social media? If so, on which social media sites?
- Describe one area of improvement for next year's event.

A combination of open-ended questions and numeric scales can help you obtain different types of feedback. Make sure questions are clearly written and use simple language. Keep the feedback form as short as possible, while still eliciting the necessary information to compare your event outcomes to your established objectives.

To track coverage of your event, consider using one or more of the following:

- Set up a news alert with key words from your event, including the name of the event, to receive daily e-mails that alert you to coverage in online articles or blogs.
- Use media monitoring software or services to keep track of social media messages about your event.
- Follow the news outlets that were present at your event on social media sites, such as Facebook or Twitter.

Keep a record of coverage as you discover it. Compile a list of the coverage, as well as copies of articles and online posts, to share with the event planning committee and other stakeholders.

Sample Materials



Sample Pitch Letter

[DATE]

[NAME]

[TITLE]

[ORGANIZATION]

[ADDRESS]

Dear [NAME]:

According to the 2015 National Survey on Drug Use and Health, about 7.7 million people aged 12 to 20 (20.3 percent of this age group) reported drinking alcohol in the past month. Furthermore, 8.8 percent, or 2.2 million, of our nation's youth reported using illicit drugs in the past month.

The use of drugs, tobacco, and alcohol by our nation's youth has damaging effects on the individual, the family, and the community. A united community can make a difference. That's why we are encouraging you to join [ORGANIZATION] in bringing parents, schools, businesses, and others together to help create drug-free communities.

[ORGANIZATION] is providing you with the enclosed resources to help you raise awareness about this important public health issue facing our community.

Here are a few suggestions:

- **[For Print Media Only]** Publish the enclosed drop-in article in newspapers or newsletters or post it on the Internet.
- Run the enclosed public service announcements to increase awareness of youth substance use issues.
- Contact us for an expert spokesperson to interview for stories that address ways to promote drug-free communities.
- Encourage your audience to visit the Substance Abuse and Mental Health Services Administration (SAMHSA) Store at <http://www.store.samhsa.gov> for free publications, other resources, and more information.

We hope you will join us and SAMHSA in encouraging and promoting substance use prevention in our community.

Sincerely,

[YOUR NAME]

[TITLE]

Sample Radio Public Service Announcements



The right time to start talking with your kids about drugs is now. No matter how young they are, good and consistent family communication helps kids be drug-free. Join the Substance Abuse and Mental Health Services Administration and [ORGANIZATION] in preventing drug use in our community. For more information on what parents can do to help their kids be drug-free, visit the

SAMHSA Store at <http://www.store.samhsa.gov>.

Tag: A message from [ORGANIZATION] and this station.



Nearly 9 percent of our nation's youth report using illicit drugs. Parents can make a difference. Talking with your kids at an early age about the dangers of drug use helps them make healthy decisions as they get older. For more information on what parents can do to help their kids be drug-free, visit <http://www.samhsa.gov> or call 1-877-726-4727.

Tag: A message from [ORGANIZATION] and this station.



Now is the right time to start talking with your kids about drugs—no matter how young they are. For free materials to help your kids be drug-free, visit <http://www.store.samhsa.gov>.

Tag: A message from [ORGANIZATION] and this station.



Take a stand against drug use in our community and help kids be drug-free. To find out what you can do, visit <http://www.samhsa.gov/prevention-week>.

Tag: A message from [ORGANIZATION] and this station.



Sample “Drop-in” Feature Article #1

Prevention Is Everyone’s Business

The 14-year-old sitting next to your son may be part of the 7.4 percent of youth aged 14 to 15 who currently drinks alcohol. About 6,500 adolescents initiated alcohol use each day in 2015, and these kids could be encouraging your child to use alcohol, too. In addition, an estimated 1.5 million youth aged 12 to 20 drive under the influence of alcohol each year.

In 2015, an estimated 1.2 million adolescents aged 12 to 17 used marijuana for the first time in the past year, about 3,200 adolescents each day, according to the 2015 National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA).

“These numbers from SAMHSA prove we must do a better job preventing underage drinking and drug use for both our own kids and for other young people. We know that before age 12, kids need to know how to refuse alcohol and drugs,” said (fill in name and title), (fill in name of organization or coalition).

“Effective prevention is the same—whether the focus is cancer, diabetes, or kids using alcohol. They all require education to change attitudes and behavior,” (he/she) continued. “Prevention works! We can start protecting kids better by making our community safer.”

This includes protecting children from violence on streets and playgrounds, preventing bullying, and prohibiting alcohol and drugs at school. Safety also includes offering a variety of supervised youth activities that help young people stay busy while building skills and self-confidence. In addition, volunteer activities can help young people feel pride in “giving back” to their community.

Communication is important—youth who don’t use alcohol say their parents are a major factor in that decision. Young people benefit when parents talk with them about many things, including family rules for alcohol, tobacco, and drugs.

“We invite you to join (fill in name of organization or coalition) to help make a difference in our community through prevention. Valued volunteers participate in many activities—from running the copy machine to being a mentor, from reading stories in the library to coaching soccer, from teaching kids chess to teaching parents how to use better parenting skills—the possibilities are endless,” said (name another leader in the coalition).

(Insert a paragraph about the local prevention coalitions and activities.)

“We have funding from SAMHSA and (local source of funding), but to develop our prevention plans, we need the skills and talents of volunteers. We have enough important activities for everyone who is interested in prevention,” (fill in name and title), (fill in name of organization or coalition) explained. For more information about the (name of coalition), contact (contact information including names, phone number, address, and web address).

SAMHSA, part of the U.S. Department of Health and Human Services, has a variety of free materials that can be ordered from the SAMHSA Store by calling 1-877-SAMHSA-7 (1-877-726-4727) (English and Español) or by visiting <http://www.store.samhsa.gov>.

Specific publications include the *Tips for Teens* series about individual drugs for family and group discussions. *The Too Smart To Start* website, <http://www.toosmarttostart.samhsa.gov>, has information for youth, teens, parents, families, and educators.

Sample “Drop-in” Feature Article #2

Prevention Reduces Risk of Alcohol Misuse

Early onset of drinking can be a marker for future problems, including alcohol dependence and other substance use. The majority of adolescents who start drinking do so when they are in the 7th or 8th grade and are about 13-14 years old. That’s why parents, caregivers, teachers, and others should start talking with children about alcohol use well before the teen years and should continue talking with them throughout adolescence.

Approximately 104,000 12- or 13- year-olds who completed the 2015 NSDUH admit to drinking alcohol in the past month. That number is much higher for 16- to 17-year-olds—about 1.65 million of these youth drank alcohol in the past month.

“These statistics are an urgent reminder that our community must increase efforts to prevent underage use of alcohol,” said **(name and title), (organization or coalition)**. “Effective prevention is the same—whether the focus is cancer, diabetes, or kids using alcohol. We can do it, and we can do it successfully.”

The 2015 NSDUH also reported that about 7.8 million persons aged 12 or older are dependent on alcohol and 5.7 million persons aged 12 or older are dependent on illicit drugs. Among these, the 2015 NSDUH reports that 236,000 youth aged 12 to 17 are dependent on alcohol, while there are 1.6 million 18- to 25-year-olds dependent on alcohol.

Those numbers—from both youth and adults—mean that we have to reach out to our youth early, before they drink alcohol or try drugs. At that age, parents are key in helping young children learn how to make healthy choices,” **(name)** continued. “Many teens who don’t use alcohol say their parents are the reason for that decision. Keeping the respect of their parents is important to young people. Talk with your kids about alcohol and drugs.”

An important part of prevention is keeping children safe. Youth need continuing protection from violence in communities, in schools, on playgrounds, and at home. For example, schools can make every effort to eliminate bullying. At home, parents can learn how to settle conflicts without using harsh discipline.

Media also has a significant role in substance use prevention. Media can reinforce prevention messages or compete with them. Starting with cartoons and advertisements for preschoolers, children can begin to understand what they see and hear on television. Parents and other adults can help children understand subtle messages. Later, youth can learn to question messages about alcohol and drugs in DVDs, movies, and songs.

“A big part of prevention is educating people about changing behaviors—we need help! We are involving families, volunteers, schools, youth organizations, parent groups, and businesses in our prevention coalition. By working together, we can help children build better refusal skills and stop another generation from using drugs and alcohol,” added **(name of coalition leader and title), (organization)**.

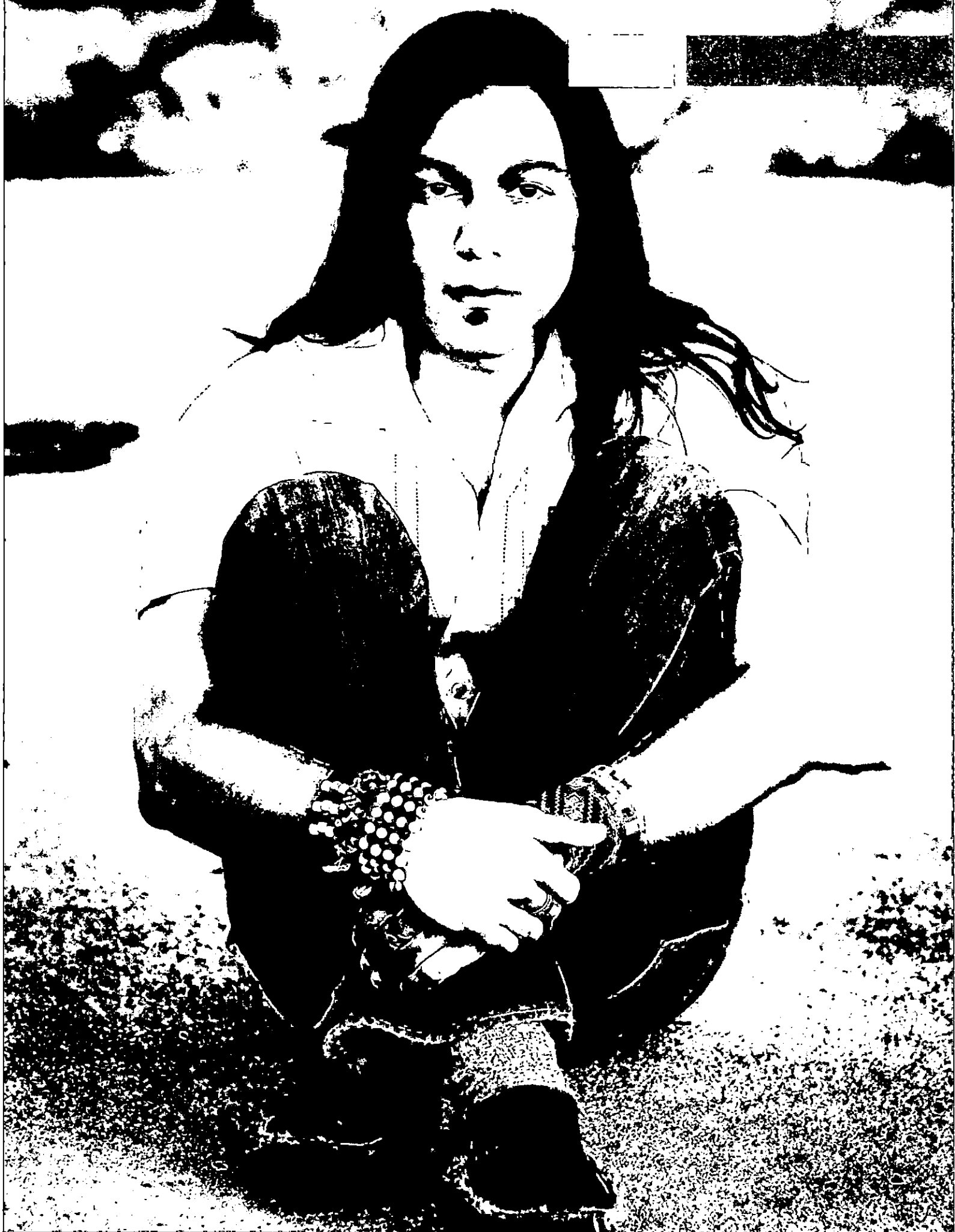
(Insert paragraph about local coalition prevention activities.)

“Because **(name of coalition)** has funding from SAMHSA and support from **(name of local sources)**, our focus can expand beyond fundraising to concentrate on prevention activities. One way to improve those activities is to use the skills and knowledge that volunteers contribute. We invite anyone interested in prevention to join us,” encouraged **(name)**.

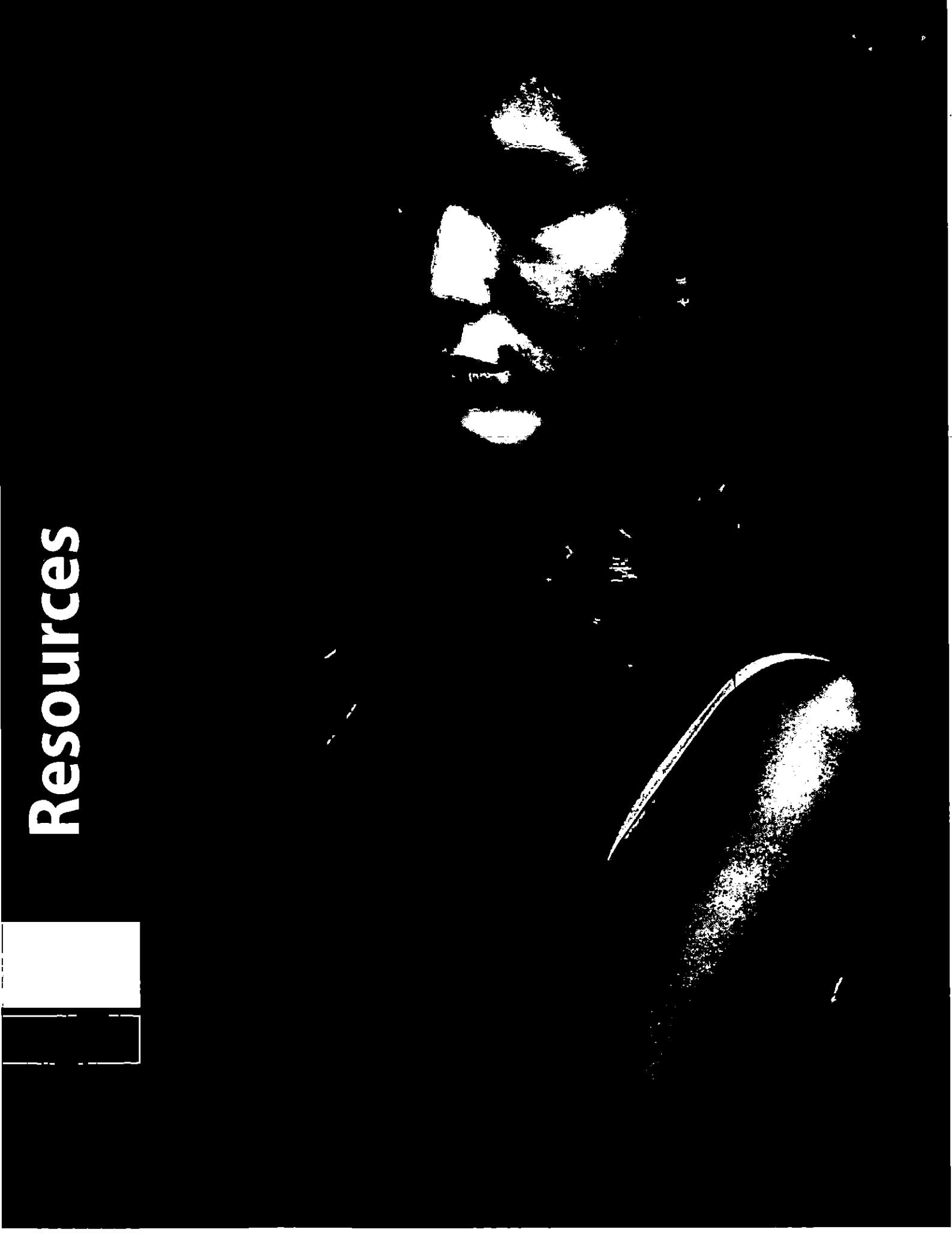
For information about the **(name of coalition)**, contact **(contact information including names, phone number, address, and web address)**.

SAMHSA is the federal agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the United States. Free prevention materials can be ordered from the SAMHSA Store by calling 1-877-SAMHSA-7 (1-877-726-4727) (English and Español) or by visiting <http://www.store.samhsa.gov>.





Resources



Resources

Substance Use Prevention Resources

Federal Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

5600 Fishers Lane
Rockville, MD 20852
877-SAMHSA-7 (877-726-4727)
<http://www.samhsa.gov>

SAMHSA Centers

SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ)
<http://www.samhsa.gov/about-us/who-we-are/offices-centers/cbhsq>

SAMHSA Center for Mental Health Services (CMHS)
<http://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs>

SAMHSA Center for Substance Abuse Prevention (CSAP)
<http://www.samhsa.gov/about-us/who-we-are/offices-centers/csap>

SAMHSA Center for Substance Abuse Treatment (CSAT)
<http://www.samhsa.gov/about-us/who-we-are/offices-centers/csat>

SAMHSA Resources

SAMHSA Store
877-SAMHSA-7 (877-726-4727) (English and Español)
<http://www.store.samhsa.gov>

National Survey on Drug Use and Health
<http://www.samhsa.gov/data/population-data-nsduh>

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)
<http://nrepp.samhsa.gov>

National Prevention Week
<http://www.samhsa.gov/prevention-week>

Recovery Month
<http://www.recoverymonth.gov>

SAMHSA's Underage Drinking Prevention Media Campaign
<http://www.samhsa.gov/underage-drinking>

Strategic Prevention Framework
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>

The Center for Substance Abuse Prevention's (CSAP) Center for the Application of Prevention Technologies (CAPT)
<http://www.samhsa.gov/capt/capt>

Safe Schools/Healthy Students
<https://www.samhsa.gov/safe-schools-healthy-students>

Tobacco/Synar Program
<http://www.samhsa.gov/synar>

Too Smart To Start
<http://www.toosmarttostart.samhsa.gov>

Reports of the Surgeon General
U.S. Department of Health and Human Services
<https://www.surgeongeneral.gov/library/reports>

Centers for Disease Control and Prevention (CDC)
1600 Clifton Road
Atlanta, GA 30333
800-CDC-INFO or 800-232-4636
888-232-6348 (TTY)
<http://www.cdc.gov>

Office on Smoking and Health
<http://www.cdc.gov/tobacco>

CDC's Youth Risk Behavior Surveillance System (YRBSS)
<http://www.cdc.gov/HealthyYouth/yrbss/index.htm>

National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity
The CDC Guide to Strategies to Increase Physical Activity in the Community
https://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf

National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
301-402-9612 (TTY)
<http://www.nih.gov>

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
<http://www.niaaa.nih.gov>

National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard
Room 5213, MSC 9561
Bethesda, MD 20892-9561
301-443-1124
<http://www.drugabuse.gov>

National Cancer Institute
BG 9609 MSC 9760
9609 Medical Center Drive
Bethesda, MD 20892-9760
301-496-2563
<http://www.cancer.gov>

National Cancer Institute
Pink Book: Making Health Communications Programs Work
<http://www.cancer.gov/pinkbook>

Office of Juvenile Justice and Delinquency Programs (OJJDP)
U.S. Department of Justice
810 Seventh Street, NW
Washington, DC 20531
202-307-5911
<http://www.ojjdp.gov>

The National Center on Addiction and Substance Abuse at Columbia University
633 Third Avenue, 19th Floor
New York, NY 10017
212-841-5200
<http://www.centeronaddiction.org>

National Family Partnership at Informed Families' Education Center
2490 Coral Way, Suite 501
Miami, FL 33145
800-705-8997
<http://www.nfp.org>

National Latino Tobacco Control Network
445 North Pennsylvania Street, Suite 800
Indianapolis, IN 46204
317-472-1055
<http://www.latinotobaccocontrol.org>

The Partnership for Drug-Free Kids
352 Park Avenue South, 9th Floor
New York, NY 10010
212-922-1560
<http://www.drugfree.org>

Other Resources

Campaign for Tobacco-Free Kids
1400 I Street NW, Suite 1200
Washington, DC 20005
202-296-5469
<http://tobaccofreekids.org>

Children, Youth, and Families at Risk Program (CYFAR)
University of Minnesota Extension Center for Youth Development
495 Coffey Hall
1420 Eckles Avenue
St. Paul, MN 55108
612-624-8181
<https://cyfar.org>

Community Anti-Drug Coalitions of America (CADCA)
625 Slaters Lane, Suite 300
Alexandria, VA 22314
800-54-CADCA (800-542-2322)
<http://www.cadca.org>

Monitoring the Future
University of Michigan
500 S. State Street
Ann Arbor, MI 48109
<http://www.monitoringthefuture.org>

National Asian Pacific American Families Against Substance Abuse (NAPAFASA)
340 East 2nd Street, Suite 409
Los Angeles, CA 90012
213-625-5795
<http://www.napafasa.org>





Notes



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

HHS Publication No. (SMA) 10-4120
Revised 2017

Debra Martone

From: Michael Hoffman
Sent: Tuesday, January 11, 2022 4:06 PM
To: AskOLS
Cc: Melissa Rollins; Debra Martone
Subject: SB.275

Good Afternoon,

Senate Finance Committee adopted amendment #2022-0049s with the following additional language:

Amend RSA 126-A:84 VI as follows:

VI. On or before November 1, 2020, the commissioner of the department of health and human services shall submit an annual report to the governor and fiscal committee of the general court detailing the activities of the advisory commission, the administration of the opioid abatement trust fund, the amount distributed in the past year, **[including available measures of success and corresponding data of programs funded,]** the amount remaining in the trust fund, a summary of how funds were used in the past year, and any recommendations for future legislation.

Please draft in the name of Senate Finance and send the PDF to Debra Martone and copy me.

Thank you,

Mike Hoffman

Michael. W. Hoffman
Office of the Legislative Budget Assistant
State House, Room 102
107 North Main Street
Concord, NH 03301-4906
(603) 271-3086

Voting Sheets

Senate Finance Committee

EXECUTIVE SESSION

Bill # SB 275

Hearing date: 01/11/22

Executive session date: 01/11/22

① Motion of: Comm. Amend

VOTE: 6-0

<u>Made by</u> Daniels <input type="checkbox"/>	<u>Seconded</u> Daniels <input type="checkbox"/>	<u>Reported</u> Daniels <input type="checkbox"/>
<u>Senator:</u> Reagan <input type="checkbox"/>	<u>by Senator:</u> Reagan <input checked="" type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>
Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>
Rosenwald <input checked="" type="checkbox"/>	Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>
D'Allesandro <input type="checkbox"/>	D'Allesandro <input checked="" type="checkbox"/>	D'Allesandro <input type="checkbox"/>
Morse <input type="checkbox"/>	Morse <input type="checkbox"/>	Morse <input type="checkbox"/>
Hennessey <input type="checkbox"/>	Hennessey <input type="checkbox"/>	Hennessey <input type="checkbox"/>

② Motion of: OTPA

VOTE: 6-0

<u>Made by</u> Daniels <input type="checkbox"/>	<u>Seconded</u> Daniels <input type="checkbox"/>	<u>Reported</u> Daniels <input type="checkbox"/>
<u>Senator:</u> Reagan <input type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>
Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>
Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>
D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>
Morse <input type="checkbox"/>	Morse <input type="checkbox"/>	Morse <input type="checkbox"/>
Hennessey <input type="checkbox"/>	Hennessey <input type="checkbox"/>	Hennessey <input type="checkbox"/>

<u>Committee Member</u>	<u>Present</u>	<u>Yes</u>	<u>No</u>	<u>Reported out by</u>
Senator Daniels, Chairman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Reagan, Vice-Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Giuda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Hennessey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Rosenwald	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Senator Morse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator D'Allesandro	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Amendments: _____

Notes: _____

Committee Report

Docket of SB275

Docket Abbreviations

Bill Title: (New Title) relative to the opioid abatement trust fund and advisory commission.*Official Docket of SB275.:*

Date	Body	Description
12/14/2021	S	To Be Introduced 01/05/2022 and Referred to Finance; SJ 1
12/20/2021	S	Hearing: 01/11/2022, Room 103, SH, 01:10 pm; SC 50
1/26/2022	S	Committee Report: Ought to Pass with Amendment #2022-0076s , 02/03/2022; SC 5
2/3/2022	S	Committee Amendment #2022-0076s , AA, VV; 02/03/2022; SJ 2
2/3/2022	S	Ought to Pass with Amendment 2022-0076s, MA, VV; OT3rdg; 02/03/2022; SJ 2
3/23/2022	H	Introduced 03/17/2022 and referred to Health, Human Services and Elderly Affairs
3/29/2022	H	Public Hearing: 04/05/2022 09:30 am LOB 205-207
4/13/2022	H	Executive Session: 04/05/2022 09:30 am LOB 205-207
4/13/2022	H	Committee Report: Ought to Pass (Vote 21-0; CC) HC 15 P. 9
4/21/2022	H	Ought to Pass: MA VV 04/21/2022 HJ 10
4/21/2022	H	Referred to Finance 04/21/2022 HJ 10
4/22/2022	H	Division Work Session: 04/25/2022 01:00 pm LOB 210-211
4/22/2022	H	Executive Session: 04/27/2022 03:00 pm LOB 210-211
4/28/2022	H	Committee Report: Ought to Pass with Amendment #2022-1831h (Vote 20-0; RC)
5/4/2022	H	Amendment # 1831h: AA VV 05/04/2022 HJ 11
5/4/2022	H	Ought to Pass with Amendment 1831h: MA VV 05/04/2022 HJ 11
5/12/2022	S	Sen. Daniels Moved to Concur with the House Amendment, MA, VV; 05/12/2022; SJ 12
5/31/2022	H	Enrolled Bill Amendment #2022-2095EBA : AA VV (in recess of) 05/26/2022 HJ 13
6/1/2022	S	Enrolled Bill Amendment #2022-2095e Adopted, VV, (In recess of 05/26/2022); SJ 13
6/1/2022	H	Enrolled (in recess of) 05/26/2022
6/1/2022	S	Enrolled Adopted, VV, (In recess 05/26/2022); SJ 13
6/8/2022	S	Signed by the Governor on 06/07/2022; Chapter 0155; Effective 08/06/2022

NH House

NH Senate

Other Referrals

May 31, 2022
2022-2095-EBA
07/04

Enrolled Bill Amendment to SB 275

The Committee on Enrolled Bills to which was referred SB 275

AN ACT relative to the opioid abatement trust fund.

Having considered the same, report the same with the following amendment, and the recommendation that the bill as amended ought to pass.

FOR THE COMMITTEE

Explanation to Enrolled Bill Amendment to SB 275

This enrolled bill amendment makes technical corrections to the bill.

Enrolled Bill Amendment to SB 275

Amend the title of the bill by replacing it with the following:

AN ACT relative to the opioid abatement trust fund and advisory commission.

Amend section 2 of the bill by replacing lines 1 and 2 with the following:

2 New Hampshire Opioid Abatement Advisory Commission; Membership. Amend RSA 126-A:85, II(k) to read as follows:

Senate Inventory Checklist for Archives

Bill Number: SB 275

Senate Committee: FINANCE

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

- amendment # 0049s - amendment # _____

- amendment # 0076s - amendment # _____

Executive Session Sheet

Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

- amendment # _____ - amendment # _____

- amendment # _____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

Enrolled Bill Amendment(s) 2095

Governor's Veto Message

All available versions of the bill: {Clerk's Office}

as amended by the senate as amended by the house

final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Debra A. Martone
Committee Aide

06/23/22
Date

Senate Clerk's Office AK