



Comprehensive Community Prevention Plan for Washoe County 2020-2022

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EXECUTIVE SUMMARY

The assessment section provides reliable county-level data on behaviors, protective factors, and perceived risks of a variety of commonly used substances and related behaviors to better understand the substance use prevention needs of Washoe County residents. Key findings include the following:

- Use of alcohol is higher in Washoe County compared to Nevada among middle school students, high school students, and adults.
- In 2019, 31.7% of middle school students and 59.4% of high school students in Washoe County had reported ever using alcohol in their lifetime.
- In 2019, 33.6% of high school seniors in Washoe County had used alcohol in the past 30 days.
- Use of marijuana is higher in Washoe County compared to Nevada and the U.S. among middle school students, high school students, and adults.
- In 2019, 17.2% of middle school students and 37.7% of high school students reported they had used marijuana at least once in their lifetime.
- In 2019, 9.1% of middle school students and 22.6% of high school students reported they currently use marijuana (past 30 days).
- Since 2009, lifetime use and current use of marijuana among high school students was higher in Washoe County compared to Nevada and the United States.
- In 2020, 36.9% of University of Nevada, Reno college students report using marijuana (past three months).
- Among adults, marijuana use doubled from 2011 to 2019 in Washoe County.
- The percentage of Washoe County middle school students who reported ever using vaping products in 2019 increased significantly from 2017 and is much higher than the rest of the state.
- In 2019, nearly one third (30.9%) of middle school students and 48.7% of high school students in Washoe County reported they had used e-cigarettes at least once in their life.
- In 2019, 18.2% of middle school students and 28.3% of high school students had used e-cigarettes or vape pens in the past 30 days.
- In 2019, 17.6% of high school students in Washoe County reported they had used prescription pain medications without a doctor's prescription at least once in their lifetime.
- In 2020, 31% of high school students perceive there is *no* risk to use marijuana once or twice a week.
- In 2019, 34.7% of high school students ever lived with someone who was depressed, mentally ill, or suicidal.
- In 2019, 32.2% of high school students in Washoe County indicated they had lived with someone who was a problem drinker, alcoholic, or abuser of street or prescription drugs.
- The rate of drug related emergency department encounters has been higher in Washoe County compared to Nevada every year from 2013 through 2017.

BACKGROUND



Washoe County Overview

Population: 471,519

Ethnicity:

White- not Hispanic: 62.3%
Hispanic or Latino: 25%
African American: 2.8%
American Indian/AK Native: 2.2%
Asian/ Pacific Islander: 6.5%

Gender:

Male: 50.5%
Female: 49.5%

Age (2020 Estimate):

Persons Under Age 18: 21.3%
Persons 65 and Older: 16.8%

Source: United States Census Bureau
<https://www.census.gov/quickfacts/fact/table/washoecountynevada,NV/PST045219>

Join Together Northern Nevada (JTNN), is a non-profit, substance abuse prevention coalition founded in 1998 to support and strengthen citizen, agency, business, and government collaborations in Washoe County. JTNN works to reduce substance-abuse related issues in the community through engaging concerned citizens and organizations to focus on specific problems, develop solutions, build a consensus, and take action. JTNN has a mission ***“to create a healthy drug-free community by building successful partnerships to support prevention education and outreach.”*** JTNN accomplishes its mission through a community needs assessment, community mobilization, planning, implementation of initiatives aimed at preventing the use and misuse of addictive drugs, and evaluation.

JTNN’s values:

- We are accountable to the communities we serve.
- We believe our prominent role is to advocate for policy changes to address alcohol and drug-related problems and solutions.
- We serve as the community leader for substance abuse awareness, education, advocacy, and information.
- We embrace a strategic, balanced approach to alcohol and substance abuse problems that encompass both prevention and treatment.
- We advocate for a system in which the resource capacity in the community is sufficient to meet the need.
- We believe in building partnerships to expand alcohol and substance abuse prevention and treatment capacity.
- We believe that facilitation is the key to success.

JTNN is governed by a volunteer Board of Directors, and the coalition consists of several working committees.

The foundation of all JTNN does is anchored in its community assessment and development of a Washoe County Comprehensive Community Prevention Plan (CCPP). The CCPP outlines priority areas and strategies to be implemented over the next two years. This document serves as JTNN’s 2020-2022 CCPP.

THE STRATEGIC PREVENTION FRAMEWORK

The methodology that guided this Comprehensive Community Prevention Plan is the Strategic Prevention Framework (SPF) developed by the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF enables coalitions to build the infrastructure necessary for effective and sustainable prevention. Each step in this framework contains key milestones and products essential to the validity of the process. The SPF is conceived in systemic terms and reflects a public health, or community-based, approach to delivering effective prevention.

The SPF includes five steps: 1) Assessment, 2) Capacity, 3) Planning, 4) Implementation, and 5) Evaluation. The SPF is also guided by two cross-cutting principles integrated into each of these steps: *cultural competence* and *sustainability*.

Step 1: Assessment (pages 7-51)

This step profiles population needs, resources, and readiness to address identified needs and gaps. Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process.

Step 2: Capacity (page 52)

This step includes mobilizing and/or building capacity to address needs. Capacity involves the mobilization of resources within a geographic area. A key aspect of capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts.

Step 3: Planning (pages 53-57)

Planning involves the development of a strategic plan, also called a logic model, that includes policies, programs, and practices that create a logical, data-driven plan to address the identified problems.

Step 4: Implementation (pages 58-60)

Implementation involves taking action, guided by the strategic plan (developed in Step 3) in order to implement evidence-based prevention programs, policies, and practices. This step also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

Step 5: Evaluation (page 61)

This step entails monitoring, evaluating, sustaining, and improving programs, as well as replacing those that fail. Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices.



Seven Strategies for Community Change

In addition to the SPF model, JTNN employs Community Anti-Drug Coalitions of America's (CADCA) **Seven Strategies for Community Change**¹:

1. **Provide Information:** Educational presentations, workshops or seminars, and data or media presentations (e.g., public service announcements, brochures, billboards, meetings, forums, web communications).
2. **Enhance Skills:** Workshops, seminars, or activities designed to increase the skills of participants, members, and staff (e.g., training and technical assistance, parenting classes, distance learning, strategic planning retreats, model programs in schools).
3. **Provide Support:** Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., alternative activities, mentoring, referrals for service, support groups, youth clubs, parenting groups).
4. **Enhance Access/Reduce Barriers:** Improving systems and processes to increase the ease, ability, and opportunity to utilize those systems and services (e.g., access to treatment, childcare, transportation, housing, education, special needs, cultural and language sensitivity) in prevention initiatives.
5. **Change Consequences (Incentives/Disincentives):** Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for positive behavior, taxes, citations, fines, revocations/loss of privileges).
6. **Change Physical Design:** Changing the physical design of the environment to reduce risk or enhance protection (e.g., hours of operation, lighting, outlet density).
7. **Modify/Change Policies:** Formal change in written procedures, by-laws, proclamations, rules, or laws (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change, communities and organizations).

¹ Community Anti-Drug Coalitions of America (CADCA). Seven Strategies for Community Change. www.cadca.org
Retrieved November 2020.

STEP 1: ASSESSMENT

JTNN’s assessment includes data for indicators that help identify community readiness, perceived issues, and resources and gaps in Washoe County. JTNN’s process of defining Washoe County’s substance abuse problems is undertaken every two years, most recently in summer and fall of 2020. A comprehensive community assessment was conducted utilizing data from the following:

- Behavioral Risk Factor Surveillance System (BRFSS)
- Fatality Analysis Reporting System (FARS)
- National College Health Assessment (NCHA)
- Nevada Department of Public Safety (NDPS)
- Crime in Nevada Reports
- Nevada High Intensity Drug Trafficking Areas (HIDTA)
- National Highway Traffic Safety Administration (NHTSA)
- Substance Abuse Prevention and Treatment Agency (SAPTA)
- Washoe County School District Accountability Reports
- Washoe County School District Climate Survey
- Washoe County Jail and Reno Police Department Arrest Records
- Youth Risk Behavior Survey (YRBS)

Presently, JTNN’s coalition members include a variety of community sectors such as law enforcement, education, parents, social service agencies, treatment centers, tribal, government, and youth. These individuals are active participants in JTNN’s efforts through the Environmental Strategies Committee, Marijuana Committee, Community Prescription Round Up Committee, Prevention Committee, Drug Endangered Children Alliance, Overdose Awareness Day, and the JTNN Board of Directors. Table 1 includes a sample of JTNN’s current coalition members.

TABLE 1: SAMPLE OF JTNN’S COALITION MEMBERS	
<ul style="list-style-type: none"> • ACCEPT • Alliance with the Washoe County Medical Society • Big Brothers and Big Sisters of Northern Nevada • Boys and Girls Club of the Truckee Meadows • Bristlecone Family Resources • The Children’s Cabinet • City of Reno Code Enforcement • Drug Enforcement Administration • Elks • Foundation for Recovery • Nevada Air National Guard • Nevada Office of Traffic Safety • Nevada State Medical Association • Nevada Urban Indians • Northern Nevada HOPES • Note-Able Music Therapy Services • Parents 	<ul style="list-style-type: none"> • Quest Counseling and Consulting • Reno Behavioral Health Hospital • Reno Sparks Indian Colony • Renown Health • Retail Association of Nevada • Sparks Police Department • Truckee Meadows Water Authority • University of Nevada, Reno Police Department • University of Nevada, Reno Student Health Center • Washoe County Alternative Sentencing • Washoe County District Attorney’s Office • Washoe County Health District • Washoe County Human Services Agency • Washoe County School District • Washoe County Sheriff’s Office • West Hills Hospital • Youth

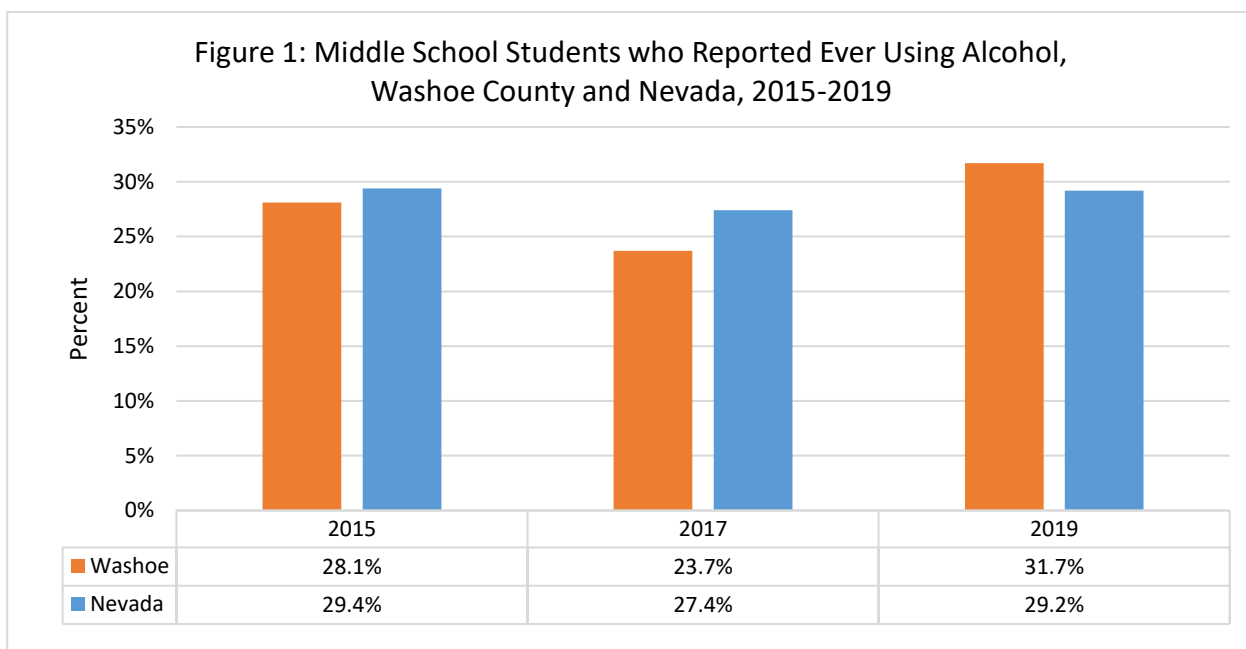
Consumption Data

Alcohol

The use of alcohol is higher in Washoe County compared to Nevada among middle school students, high school students, and adults. However, alcohol use among high school students and drinking before age 13 has declined from 2009 to 2019.

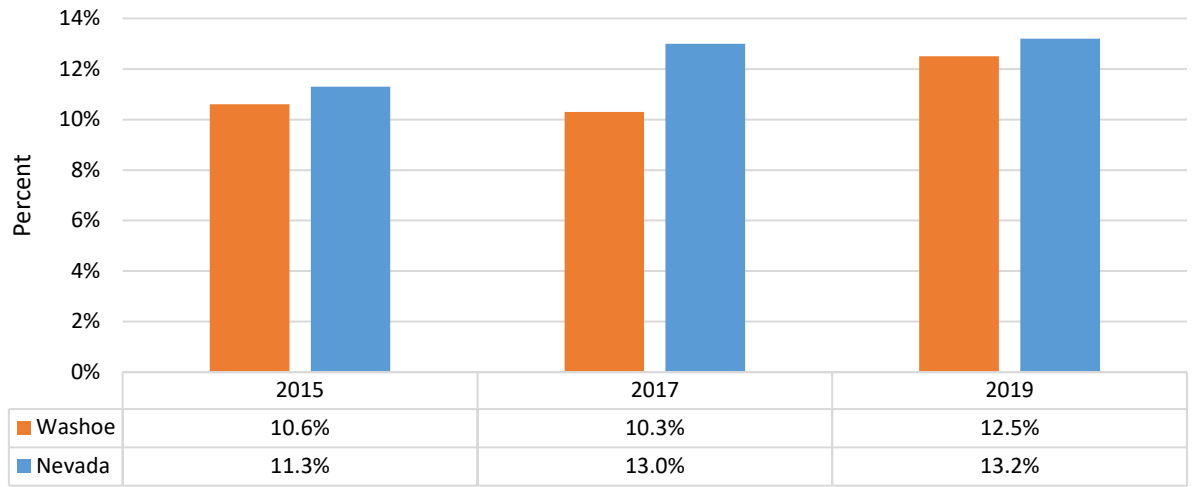
Alcohol Consumption by Middle School Youth

In 2019, the percentage of middle school students who reported ever using alcohol (Figure 1) and those who consumed alcohol in the past 30 days (Figure 3) was higher in Washoe County when compared to Nevada. In 2019, as noted in Figure 2, middle school student alcohol use before age 11 was lower in Washoe County compared to Nevada.



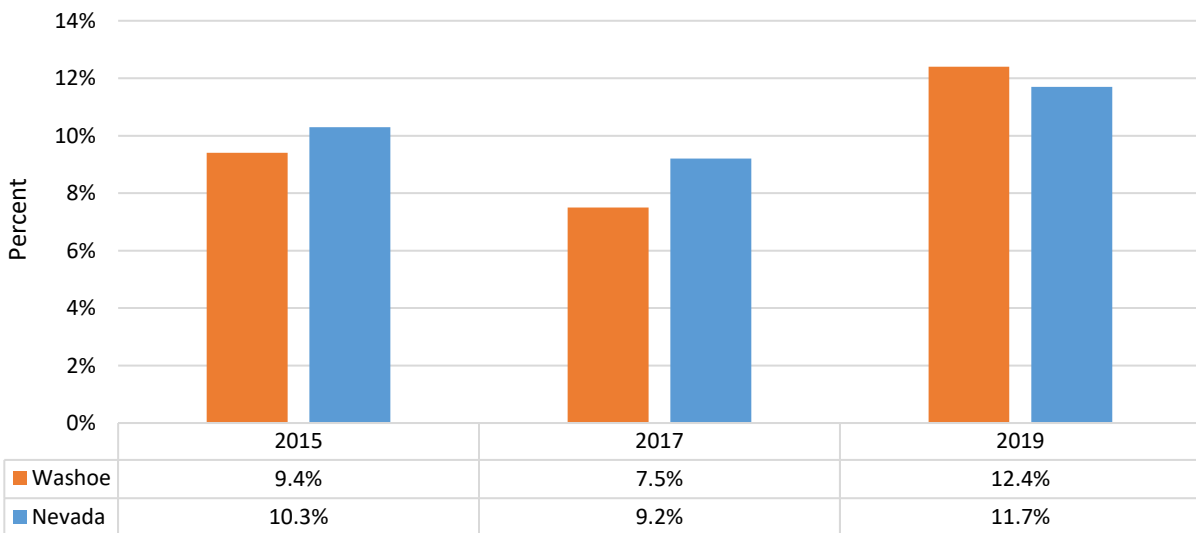
Source: Youth Risk Behavior Survey (collected every other year)

Figure 2: Middle School Students who Reported Using Alcohol Before Age 11, Washoe County and Nevada, 2015-2019



Source: Youth Risk Behavior Survey (collected every other year)

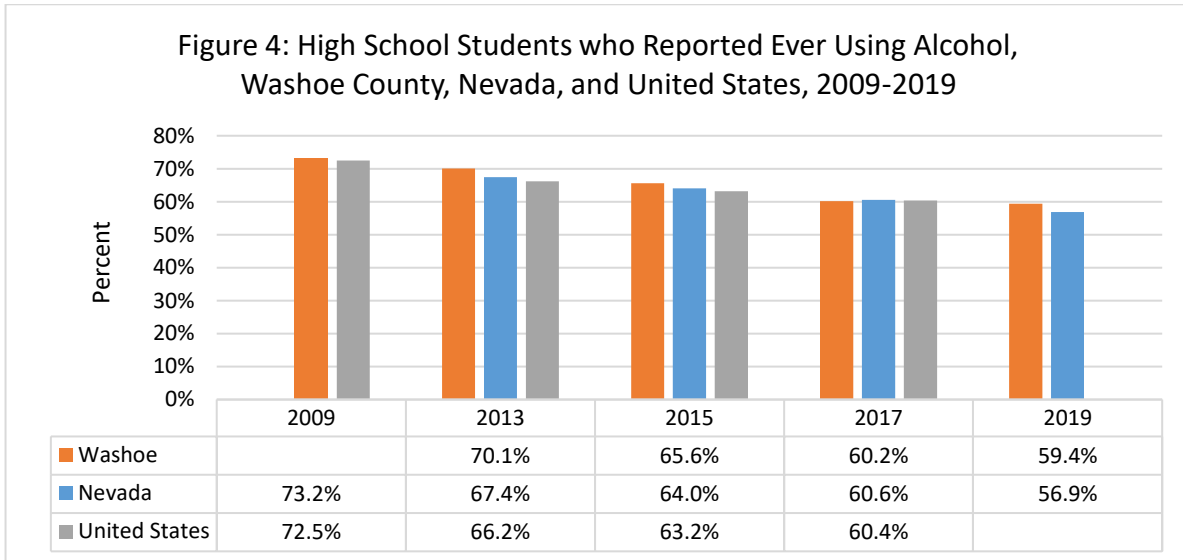
Figure 3: Middle School Students who Consumed Alcohol - past 30 days, Washoe County and Nevada, 2015-2019



Source: Youth Risk Behavior Survey (collected every other year)

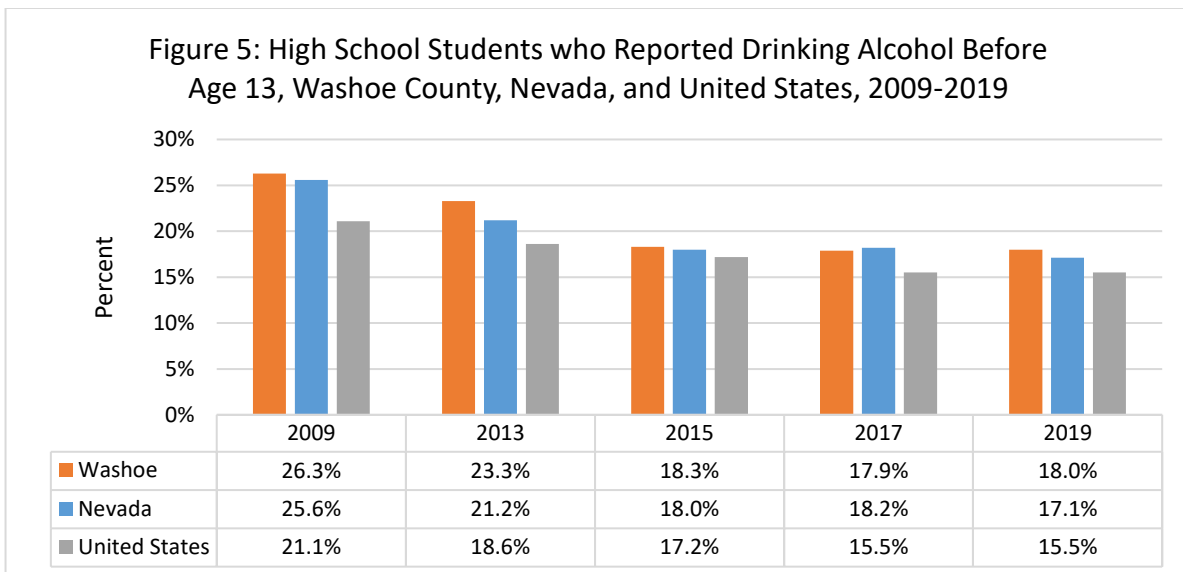
Alcohol Consumption by High School Youth

The percentage of Washoe County high school students who reported they ever used alcohol decreased from 70.1% in 2013 to 59.4% in 2019 (Figure 4). Three additional indicators among Washoe County high school students decreased from 2009 to 2019 – the percentage of students who reported they drank alcohol before 13 years, the percentage of high school students reporting they had consumed alcohol in the past 30 days, and the percentage of high school students reporting binge drinking (Figures 5-7). Figure 8 illustrates the increase in the prevalence of current alcohol use with each grade level among Washoe County high school students.



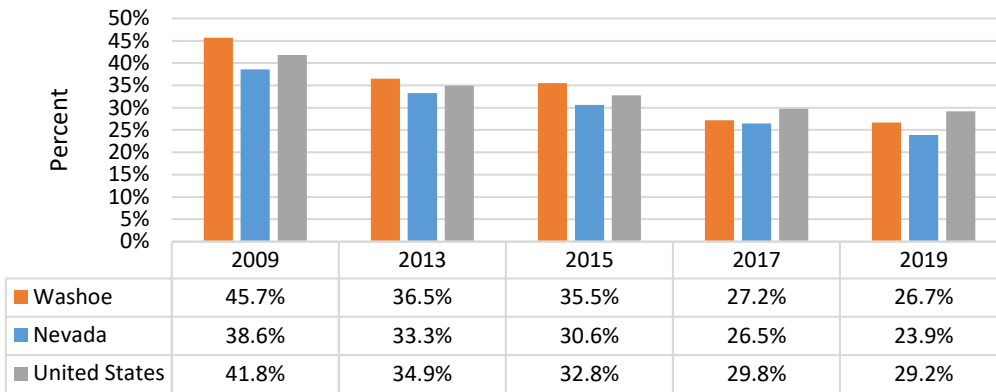
Source: Youth Risk Behavior Survey (collected every other year)

Note: Unable to obtain Washoe County 2009 data and US 2019



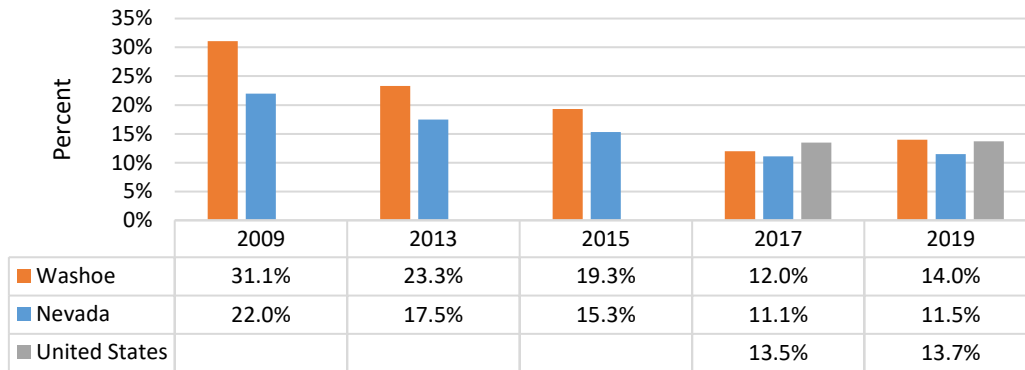
Source: Youth Risk Behavior Survey (collected every other year)

Figure 6: High School Students who Consumed Alcohol - past 30 days, Washoe County, Nevada, and United States, 2009-2019



Source: Youth Risk Behavior Survey (collected every other year)

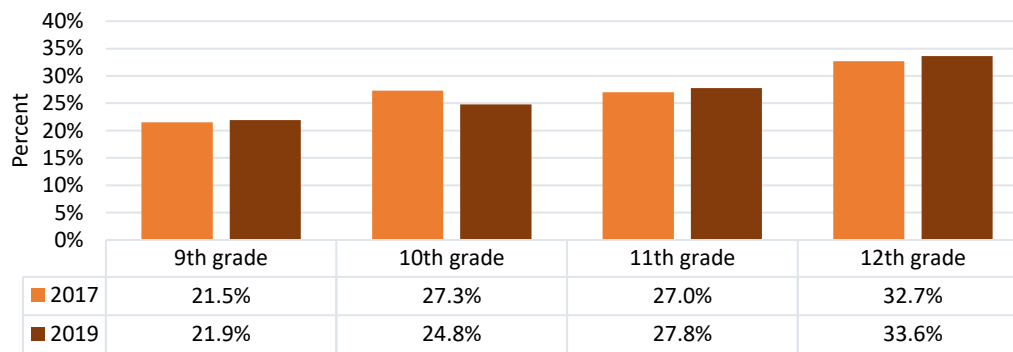
Figure 7: High School Students Engaged in Binge Drinking, Washoe County, Nevada, and United States, 2009-2019



Source: Youth Risk Behavior Survey (collected every other year)

Note: United States data not available prior to 2017

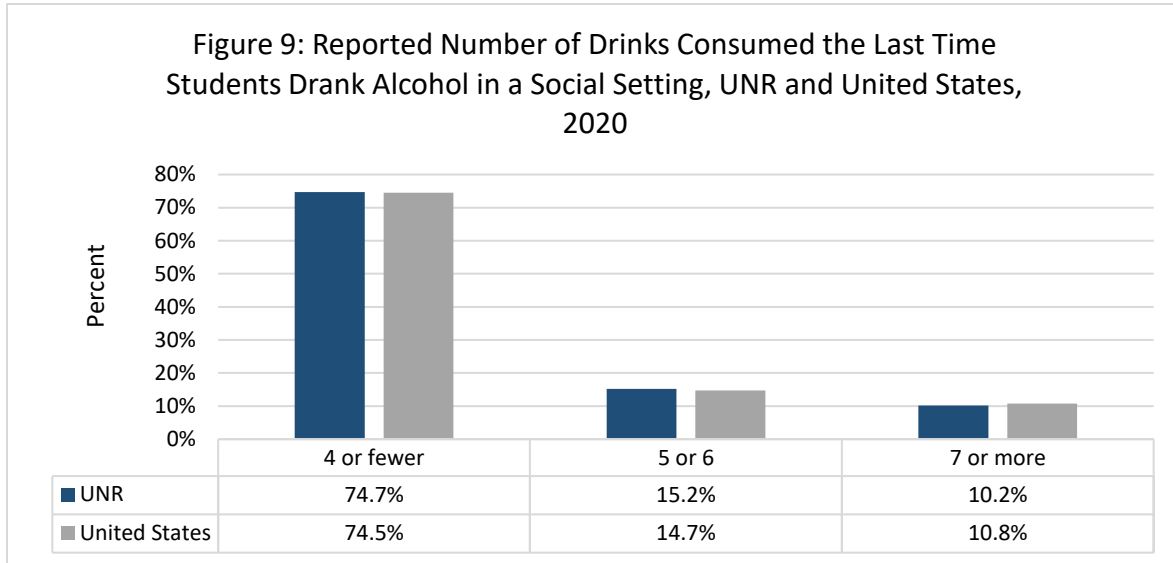
Figure 8: High School Student Alcohol Use by Grade - past 30 days, Washoe County, 2017-2019



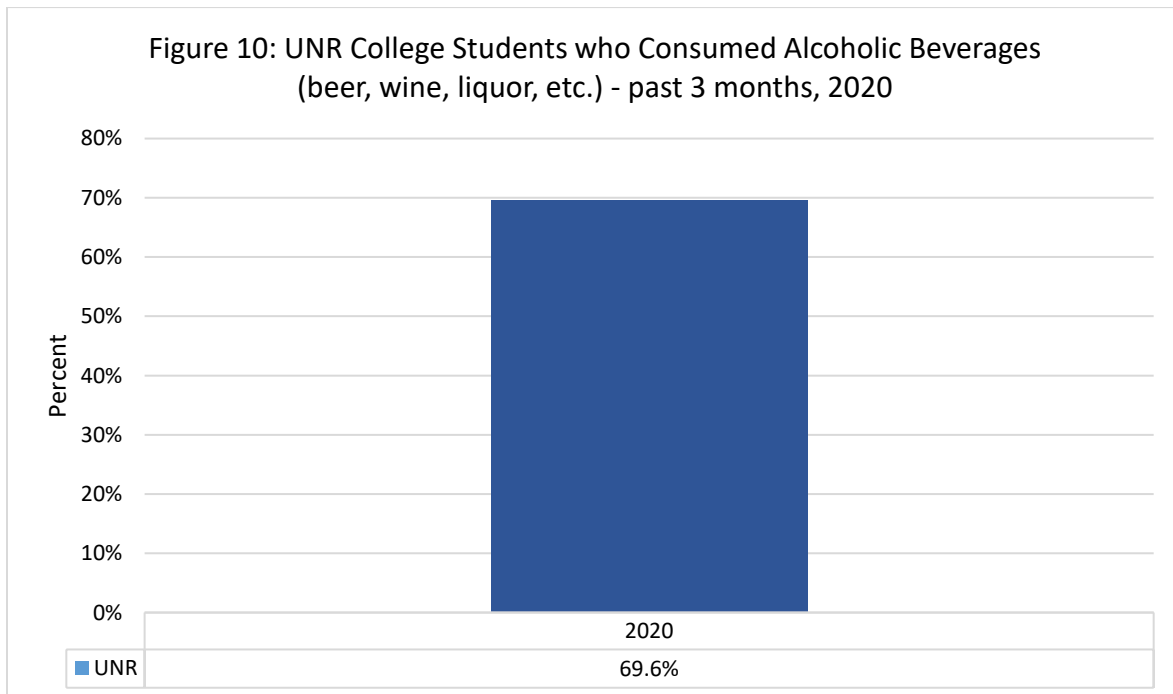
Source: Youth Risk Behavior Survey (collected every other year)

Alcohol Consumption by College Students

Data from the National College Health Assessment administered at the University of Nevada, Reno and many colleges across the country, provides a look at local college student consumption patterns. The reported number of drinks consumed the last time students drank alcohol in a social setting is similar among UNR and US college students (Figure 9). In 2020, 69.6% of UNR college students consumed alcohol (beer, wine, liquor, etc.) in the past three months (Figure 10).



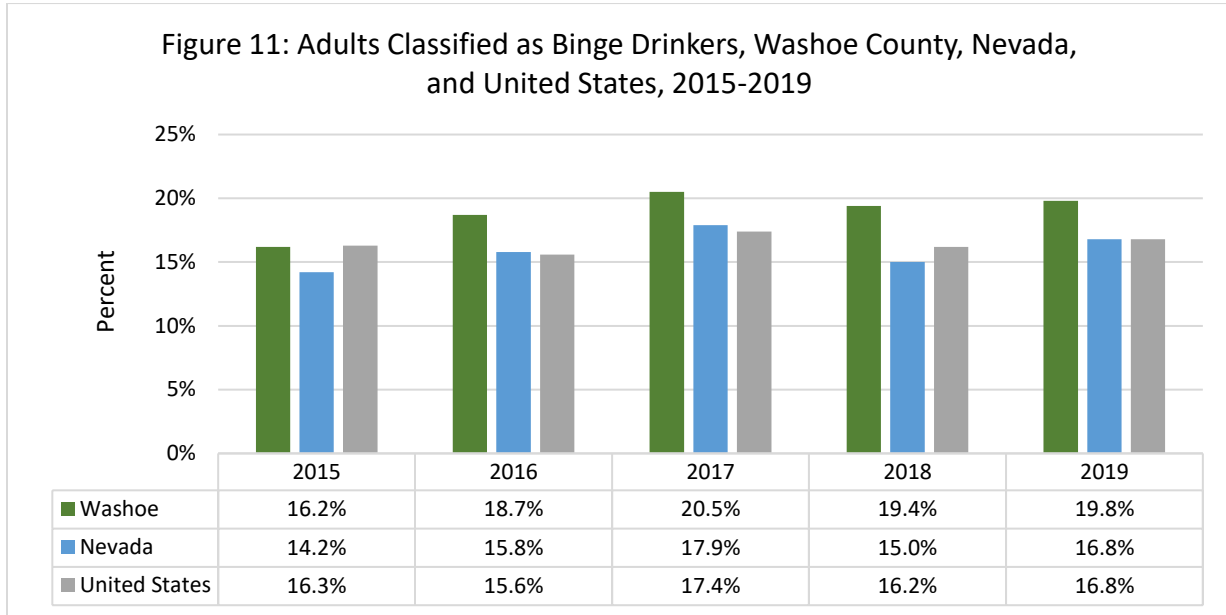
Source: National College Health Assessment



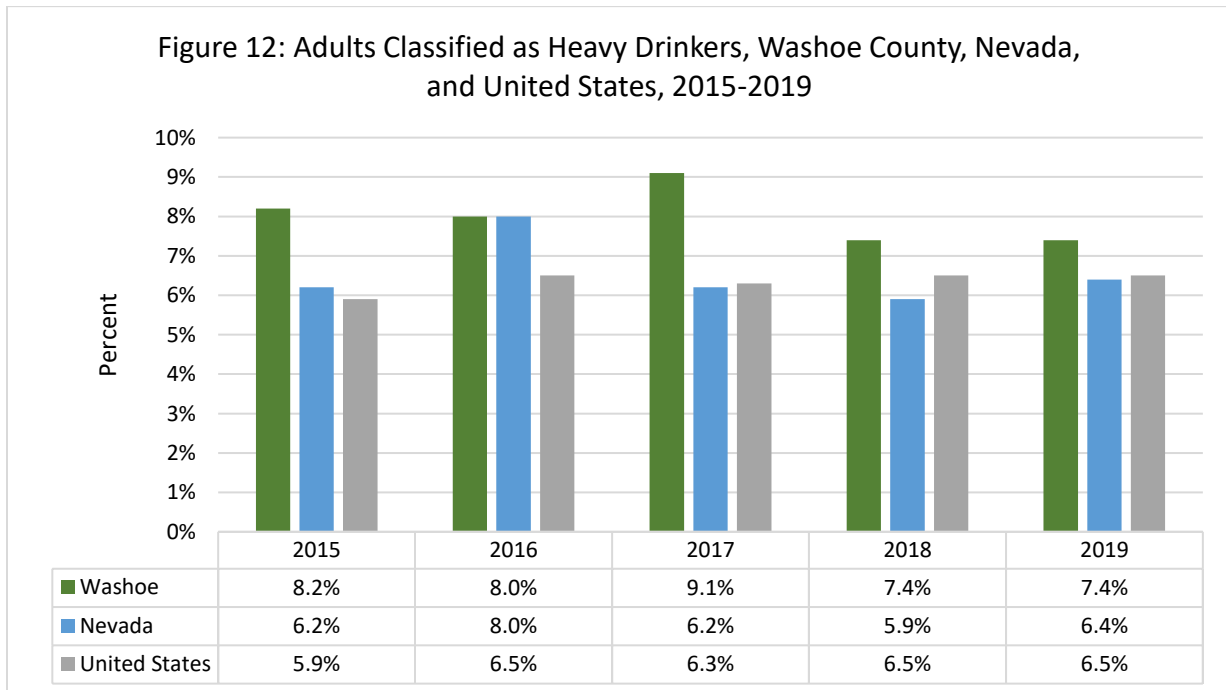
Source: National College Health Assessment

Alcohol Consumption by Adults

Use of alcohol among adults has remained higher in Washoe County compared to Nevada and the United States, both for binge drinking (Figure 11) and heavy drinking (Figure 12).



Source: Behavioral Risk Factor Surveillance System



Source: Behavioral Risk Factor Surveillance System

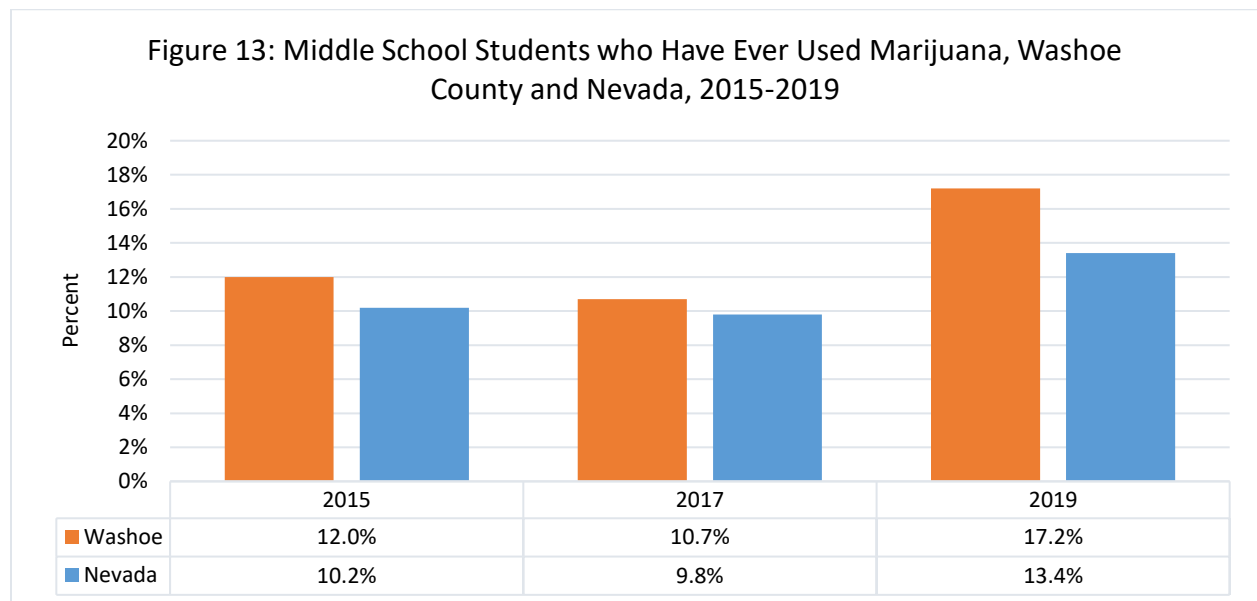
Marijuana

Reported use of marijuana is higher in Washoe County among middle school youth, high school youth, and adults relative to Nevada and the United States. Among the adult population, reported current use of marijuana doubled from 2011 to 2019 and has remained higher than Nevada overall. Data from 2019 show a significant increase in middle school student marijuana consumption.

Marijuana Consumption by Middle School Youth

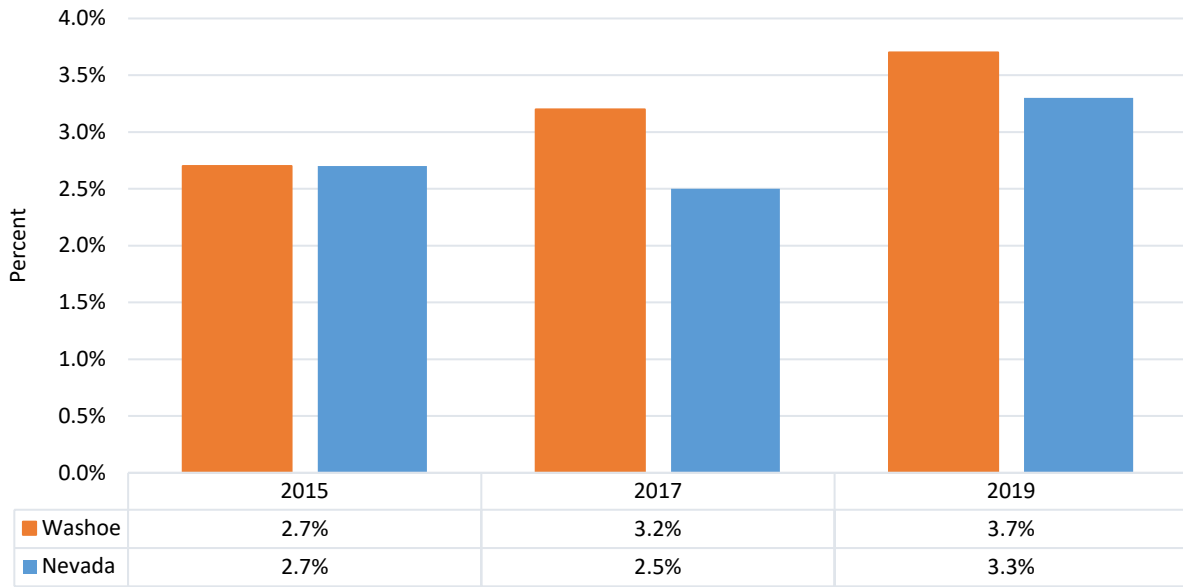
In 2019, three metrics, 1) the lifetime use of marijuana (Figure 13), 2) use before age 11 (Figure 14), and 3) current use of marijuana among middle school students in Washoe County were higher when compared to the Nevada average (Figure 15).

There was a significant increase in middle school students in Washoe County who have ever used marijuana from 2017 (10.7%) to 2019 (17.2%), as noted in Figure 13. In addition, there was a significant increase in current use of marijuana among middle school students in Washoe County between 2017 (5.6%) and 2019 (9.1%), as noted in Figure 15.



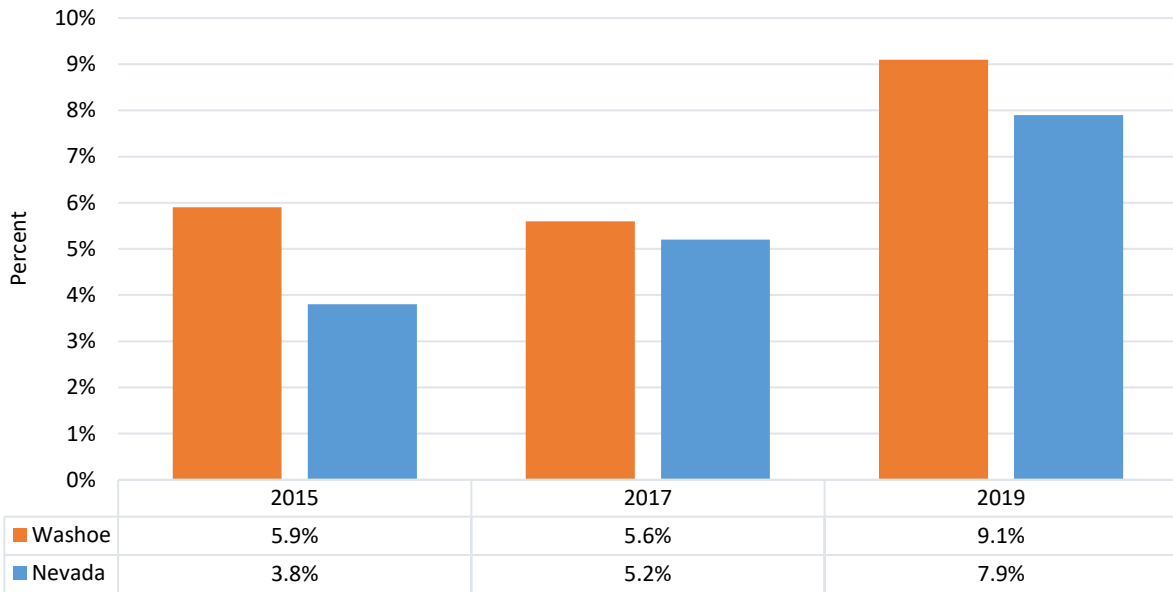
Source: Youth Risk Behavior Survey (collected every other year)

Figure 14: Middle School Students who Tried Marijuana Before Age 11, Washoe County and Nevada, 2015-2019



Source: Youth Risk Behavior Survey (collected every other year)

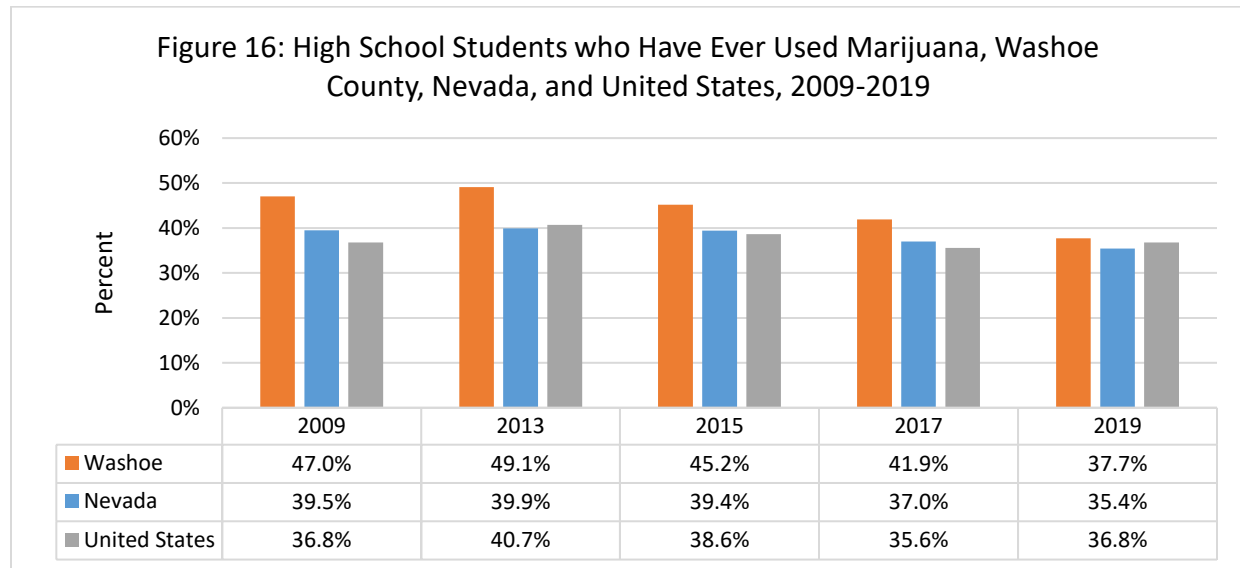
Figure 15: Middle School Students who Have Used Marijuana - past 30 days, Washoe County and Nevada, 2015-2019



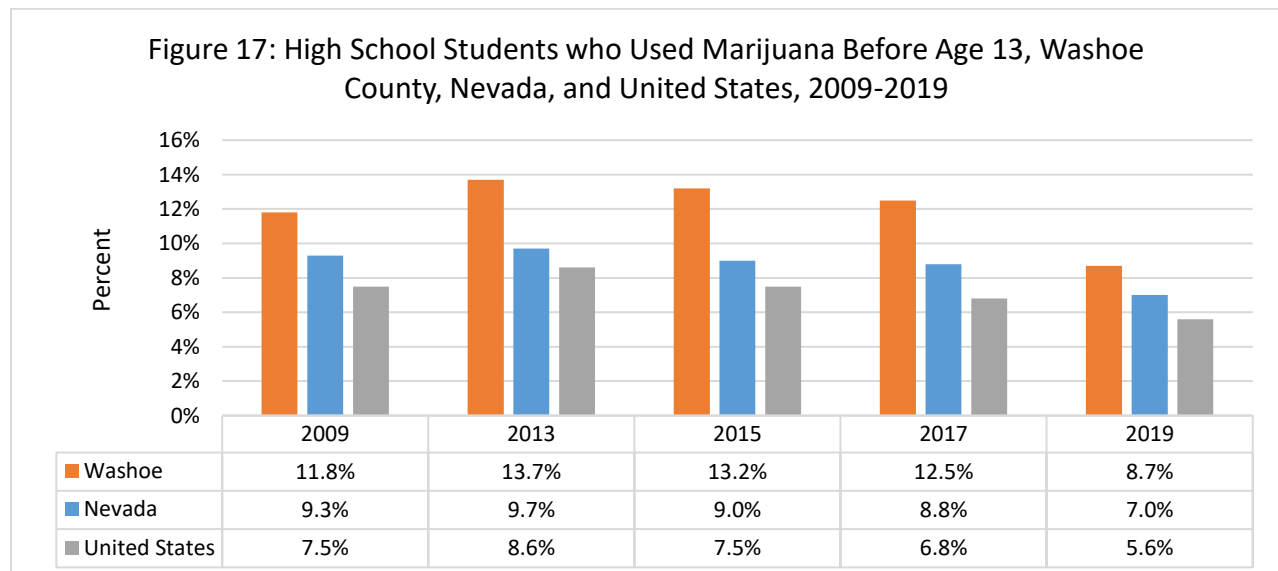
Source: Youth Risk Behavior Survey (collected every other year)

Marijuana Consumption by High School Youth

In 2019, 37.7% of high school students in Washoe County reported having tried marijuana (Figure 16) and 22.6% indicate using marijuana in the last 30 days (Figure 18). The percentage of high school students in Washoe County reporting having used marijuana ever in their lifetime, using it before the age of 13 years, and having used within the past 30 days has been higher than statewide and national rates from 2009 through 2019 (Figures 16-18). Figure 19 shows more than one in four 11th and 12th grade students report using marijuana in the past 30 days.

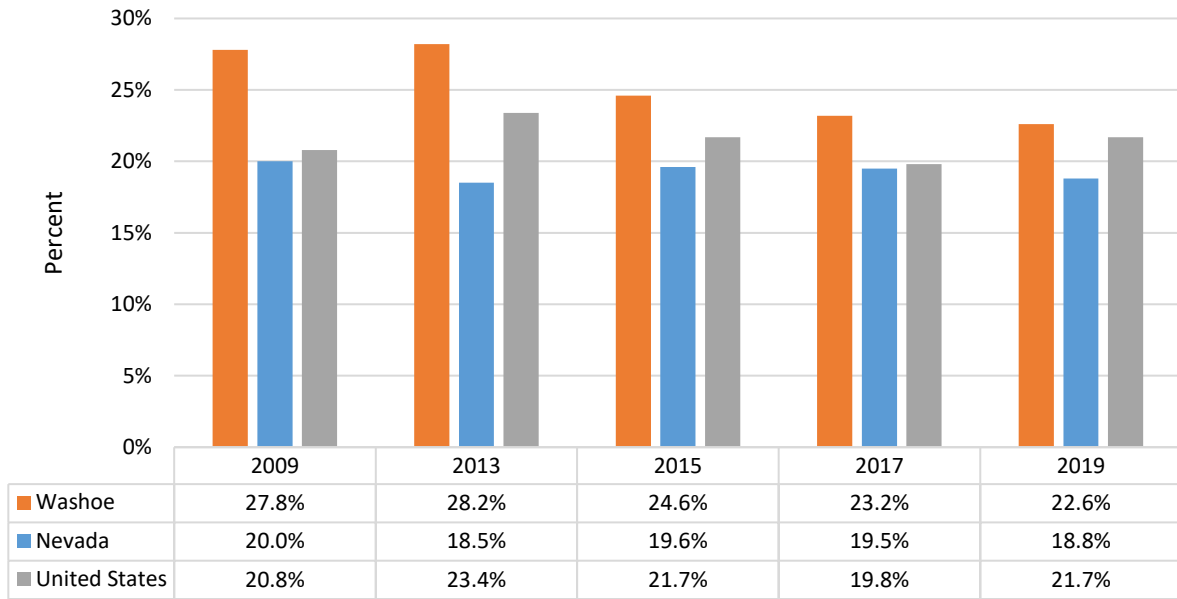


Source: Youth Risk Behavior Survey (collected every other year)



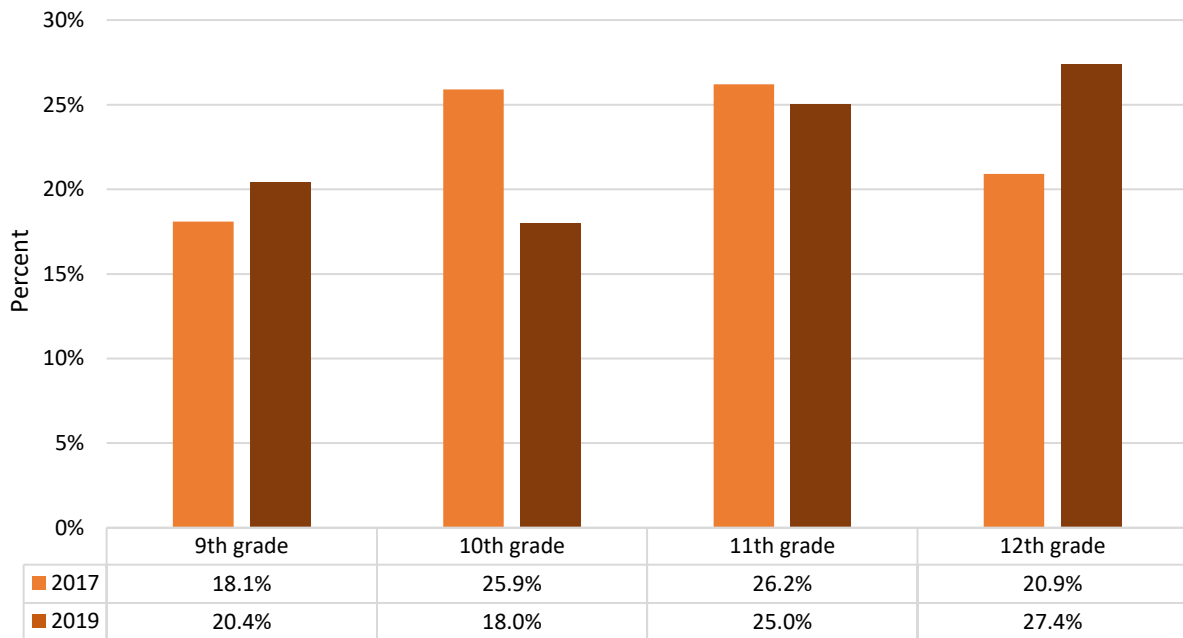
Source: Youth Risk Behavior Survey (collected every other year)

Figure 18: High School Students Marijuana Use - last 30 days, Washoe County, Nevada, and United States, 2009-2019



Source: Youth Risk Behavior Survey (collected every other year)

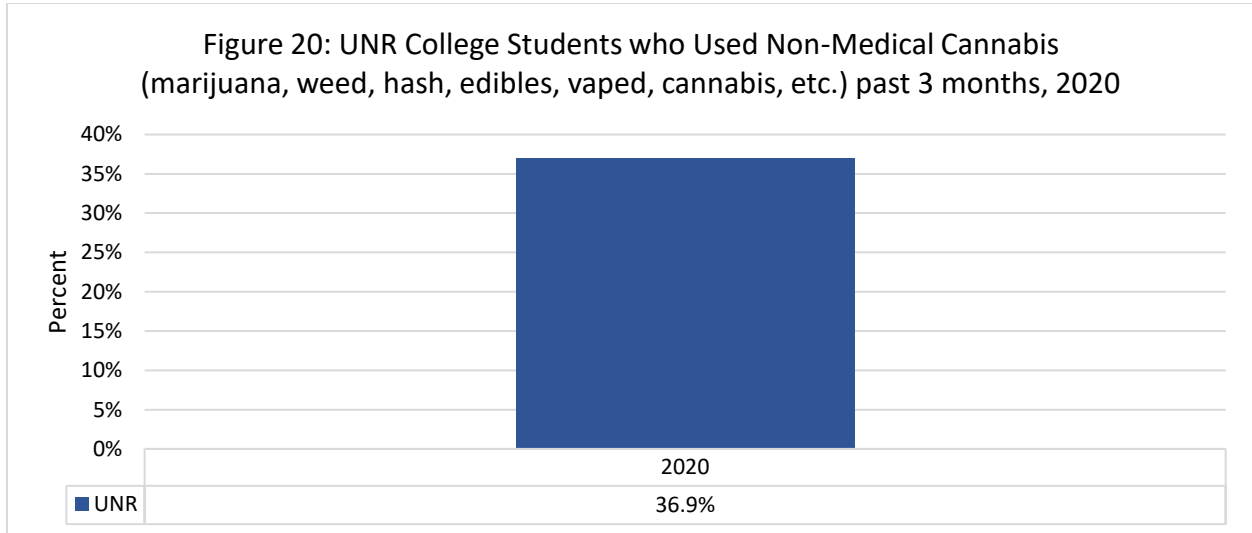
Figure 19: High School Student Marijuana Use by Grade - past 30 days, Washoe County, 2017-2019



Source: Youth Risk Behavior Survey (collected every other year)

Marijuana Consumption by College Students

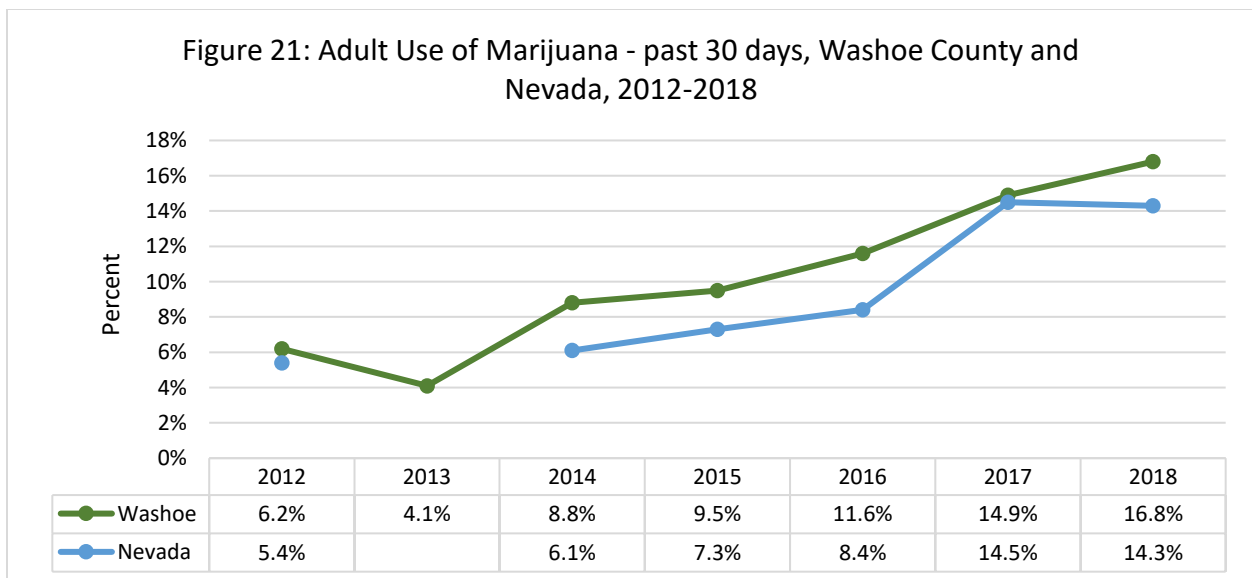
In 2020, 36.9% of UNR college students reported using non-medical cannabis (marijuana, weed, hash, edibles, vaped, cannabis, etc.) in the past three months (Figure 20).



Source: National College Health Assessment

Marijuana Consumption by Adults

Marijuana use among adults in Washoe County has increased every year and has more than doubled from 6.2% in 2012 to 16.8% in 2018, as depicted in Figure 21. Additionally, adults in Washoe County have reported they currently use (past 30 days) marijuana at higher rates as compared to Nevada every year data were measured since 2012.



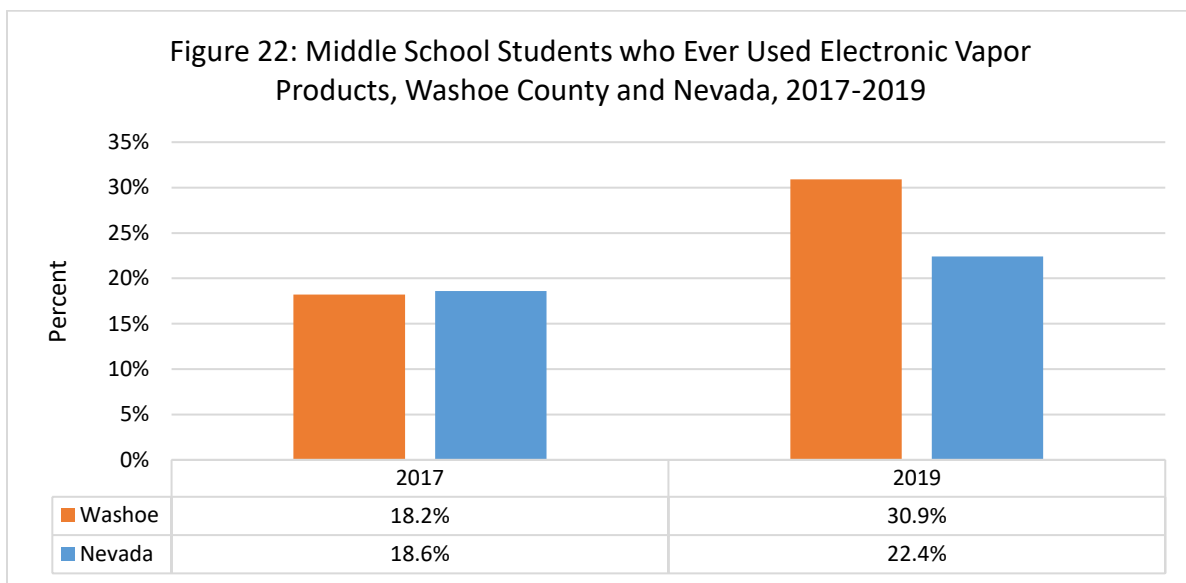
Source: Behavioral Risk Factor Surveillance System

Note: 2013 Nevada data unavailable

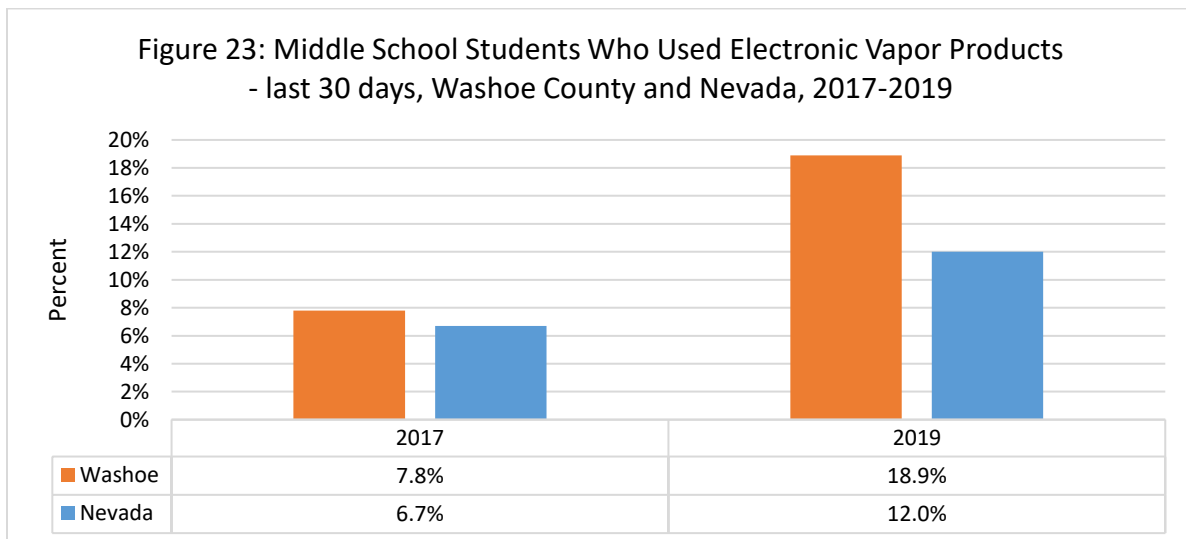
Electronic Vapor Products

Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens. There was a significant increase in both the percentage of middle school students who ever used vapor products between 2017-2019 (Figure 22) and among middle school students who used electronic vapor products within the past 30 days (Figure 23). Figure 24 illustrates the trend from 2015 to 2019, with a higher percentage of high school students in Washoe County reported having ever used electronic vapor products for all three survey years, when compared to Nevada. The trend for the past 30-day use of e-cigarettes shows an increase between 2017 (21.8%) and 2019 (28.3%) in Washoe County (Figure 25).

Figure 26 illustrates that adult use of electronic vapor products in Washoe County has remained stable.

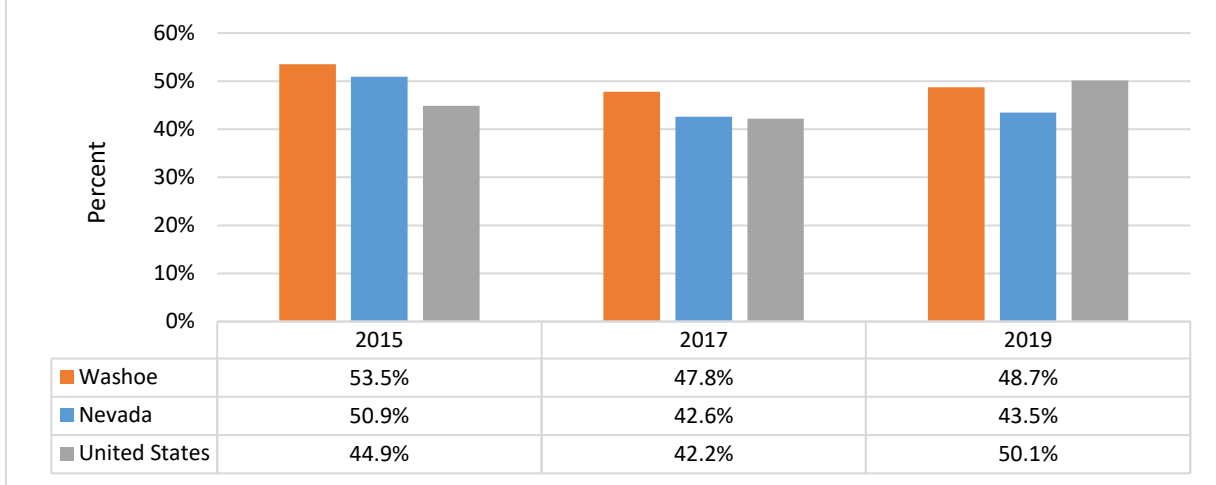


Source: Youth Risk Behavior Survey (collected every other year)



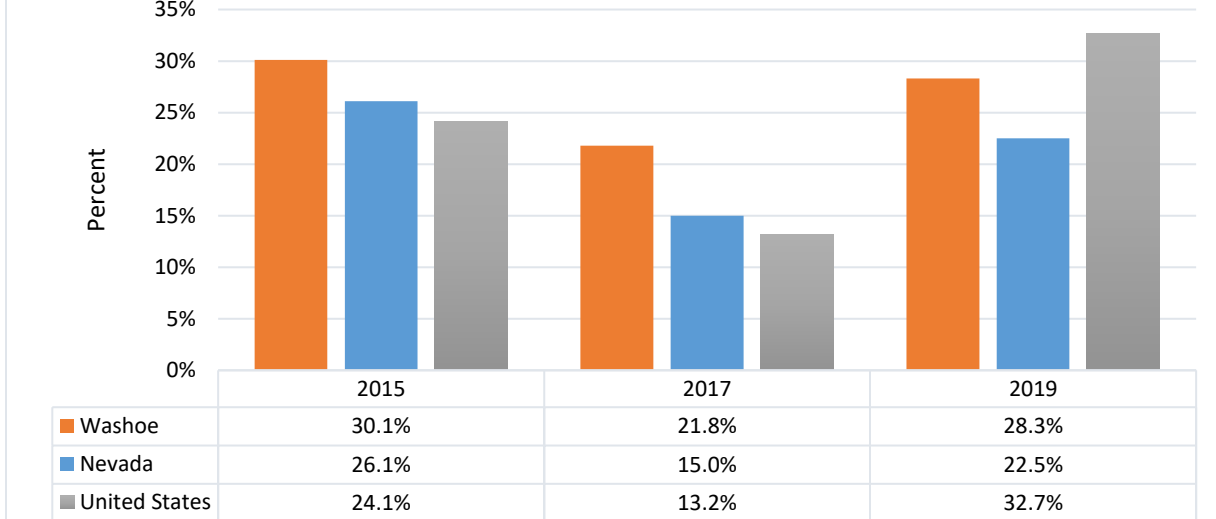
Source: Youth Risk Behavior Survey (collected every other year)

Figure 24: High School Students who Ever Used Electronic Vapor Products, Washoe County, Nevada, and United States, 2015-2019



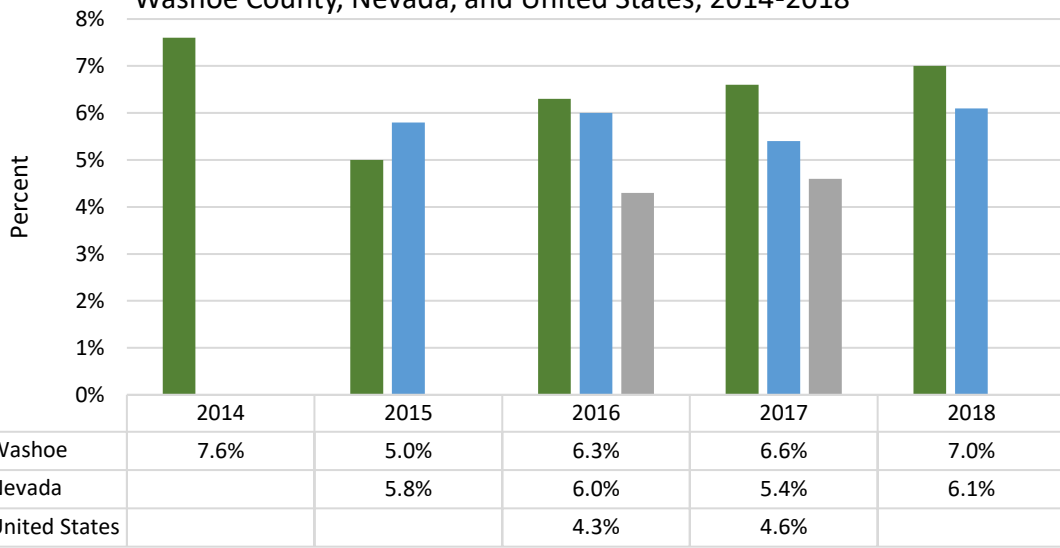
Source: Youth Risk Behavior Survey (collected every other year)

Figure 25: High School Students who Used E-Cigarettes - past 30 days, Washoe County, Nevada, and United States, 2015-2019



Source: Youth Risk Behavior Survey (collected every other year)

Figure 26: Adult Use of e-Cigarettes - past 30 days, Washoe County, Nevada, and United States, 2014-2018



Source: Behavioral Risk Factor Surveillance System

Note: United States data not available prior to 2016, and not available in 2018

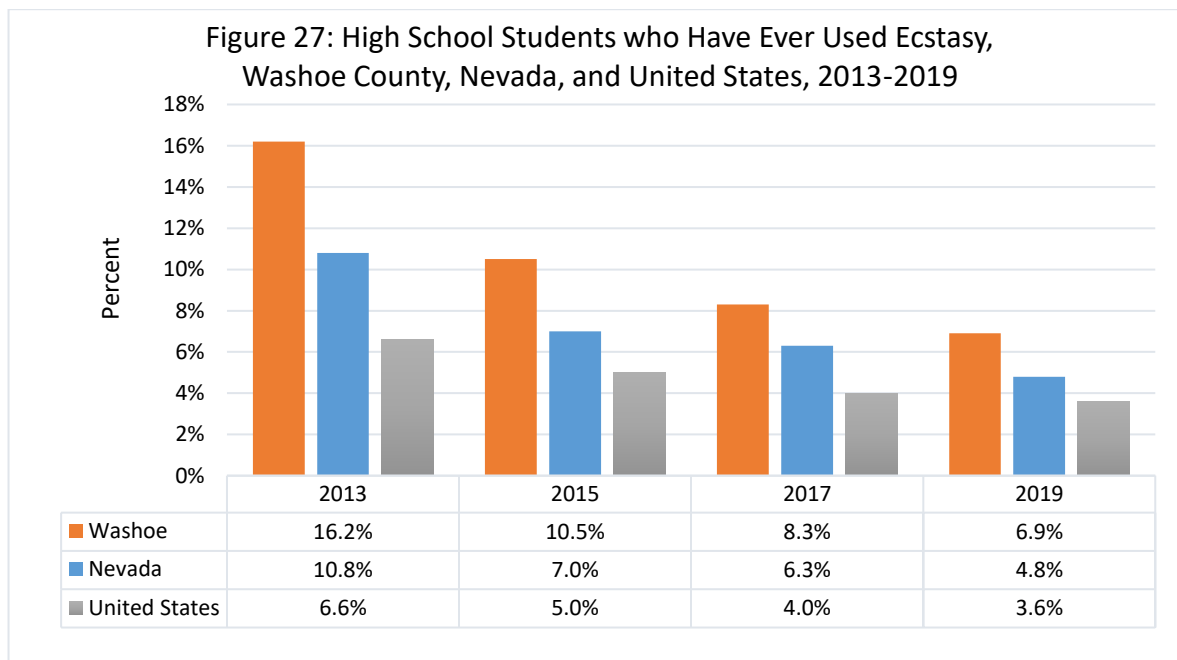
Other Drugs

Overall, the reported use of other drugs among high school and college students is trending downward; however, use among high school students in Washoe County continues to be higher than Nevada and the United States.

Other Drug Use by High School Youth

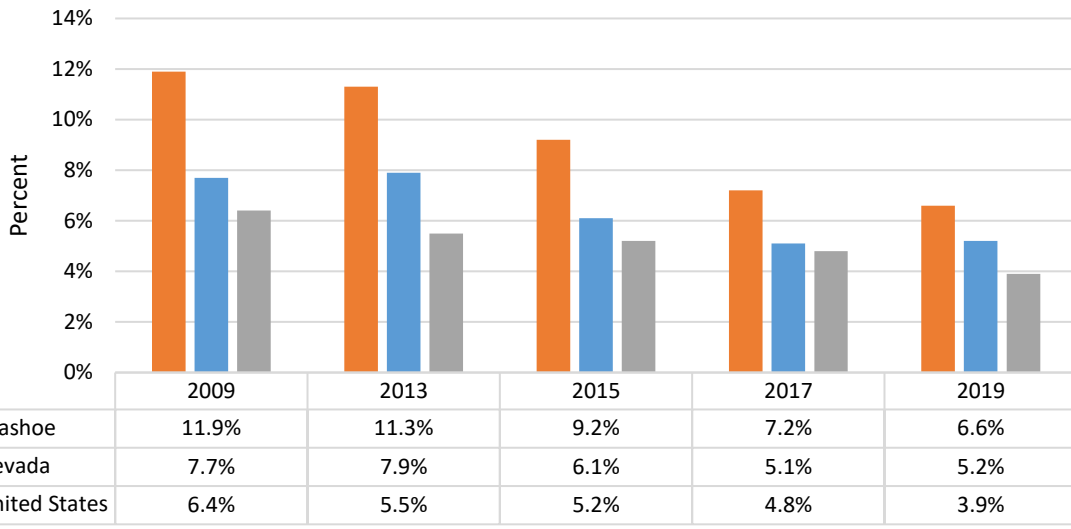
The reported prevalence of lifetime use of other substances indicate use of Ecstasy (Figure 27), cocaine (Figure 28), heroin (Figure 29), and methamphetamine (Figure 30) have decreased among Washoe County high school students from 2009 to 2019. For all substances, prevalence of lifetime use in Washoe County in 2019 was still higher than Nevada and the United States.

Figure 31 shows the percentage of high school students who ever took prescription pain medicine without a doctor's prescription rose in Washoe County between 2017 (14.8%) and 2019 (17.6%). Washoe County's prescription drug use for this metric is lower than Nevada but higher than the United States.



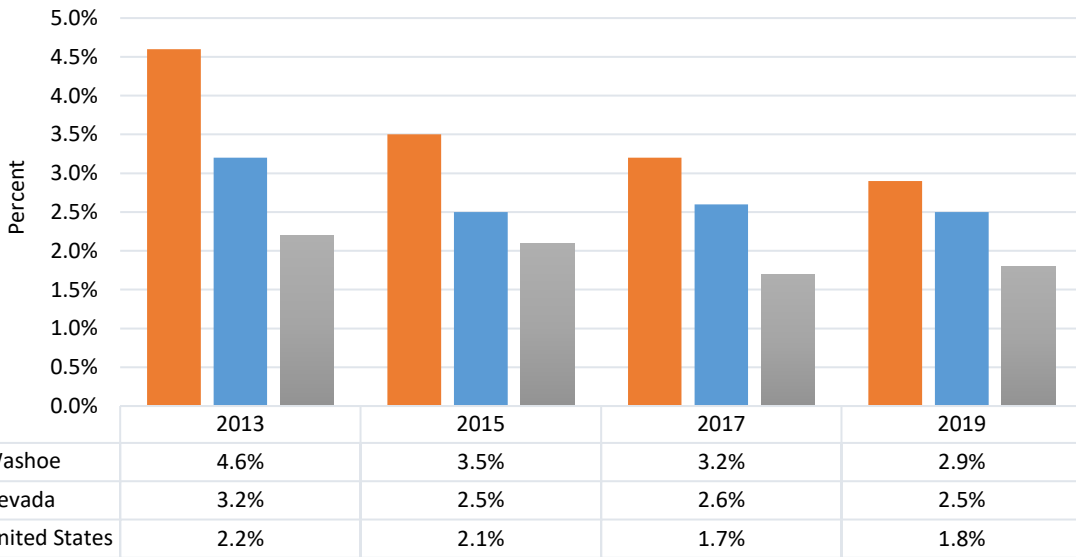
Source: Youth Risk Behavior Survey (collected every other year)

Figure 28: High School Students who Have Ever Used Cocaine, Washoe County, Nevada, and United States, 2009-2019



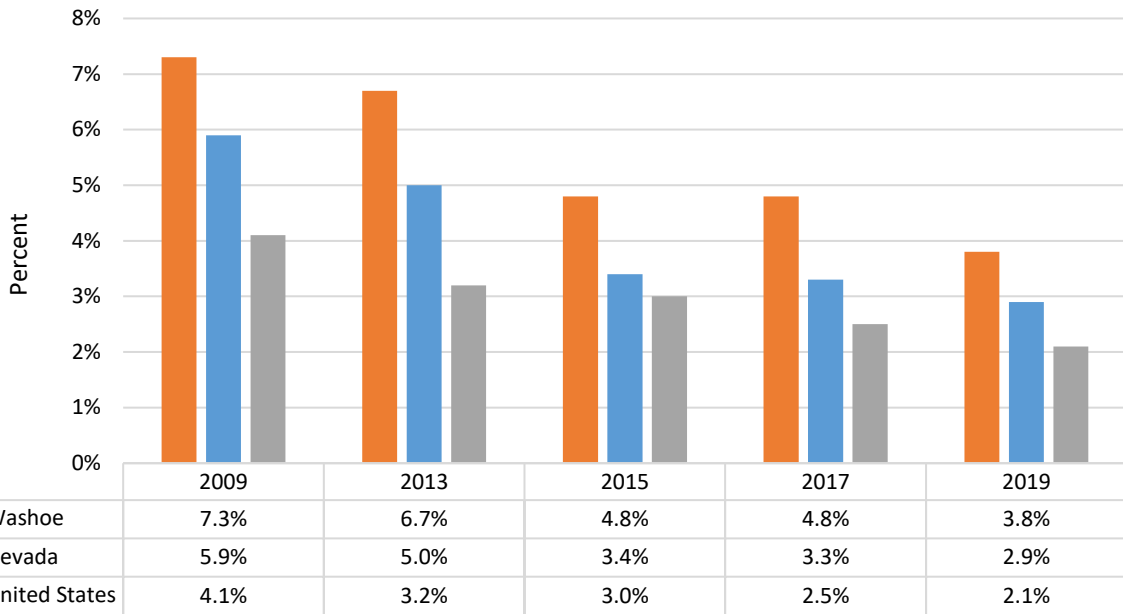
Source: Youth Risk Behavior Survey (collected every other year)

Figure 29: High School Students who Have Ever Used Heroin, Washoe County, Nevada, and United States, 2013-2019



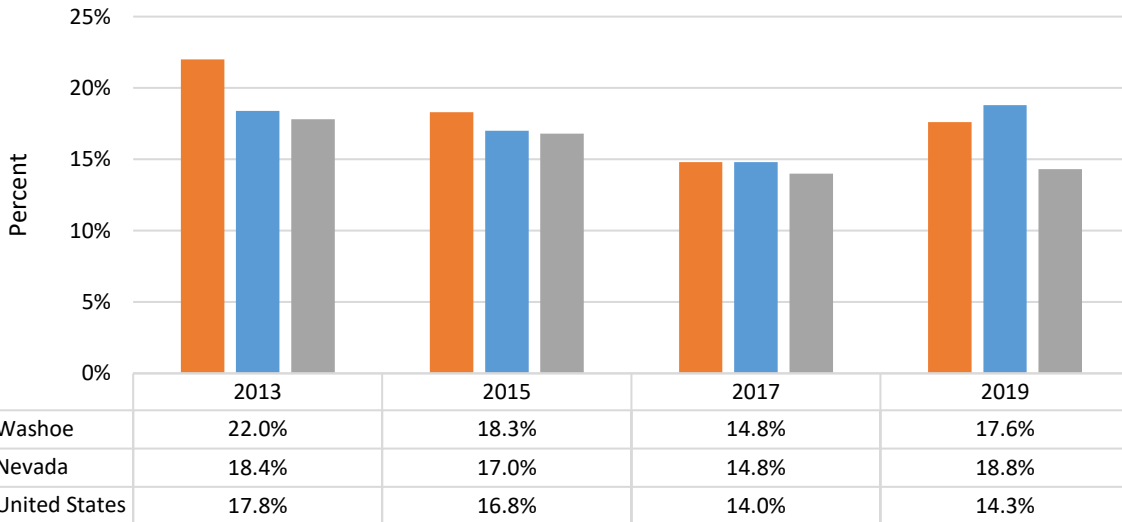
Source: Youth Risk Behavior Survey (collected every other year)

Figure 30: High School Students who Have Ever Used Methamphetamine, Washoe County, Nevada, and United States, 2009-2019



Source: Youth Risk Behavior Survey (collected every other year)

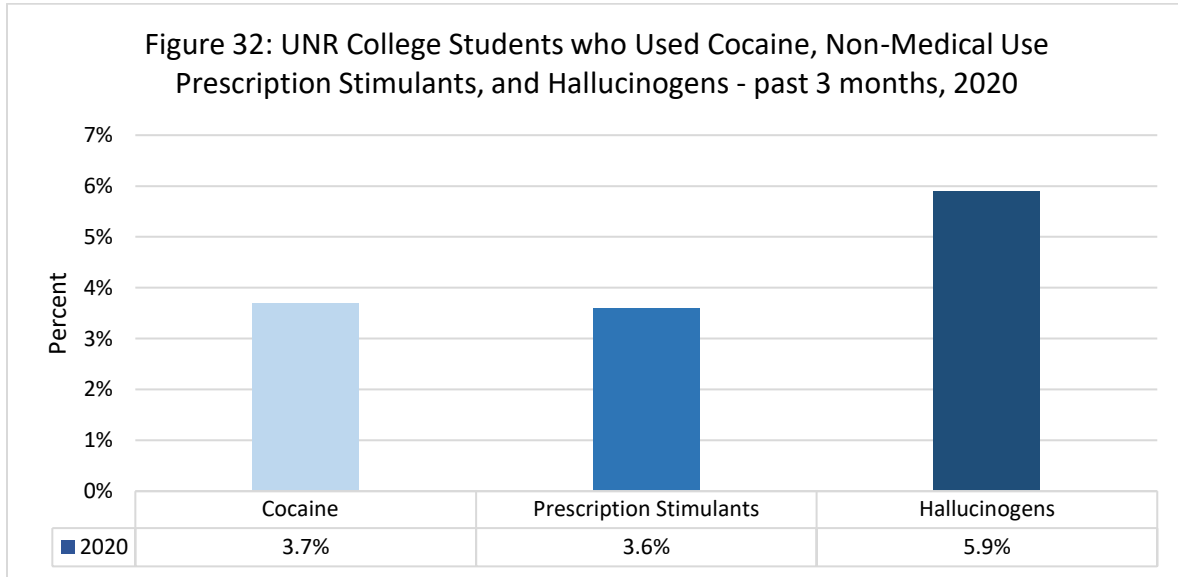
Figure 31: High School Students who Ever Took Prescription Pain Medicine Without a Doctor's Prescription or Differently than Prescribed, Washoe County, Nevada, and United States, 2013-2019



Source: Youth Risk Behavior Survey (collected every other year)

Other Drug Use by College Students

In 2020, 3.7% of UNR college students used cocaine (coke, crack, etc.), 3.6% used non-medical prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.), and 5.9% used Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.) in the past three months (Figure 32).



Source: National College Health Assessment

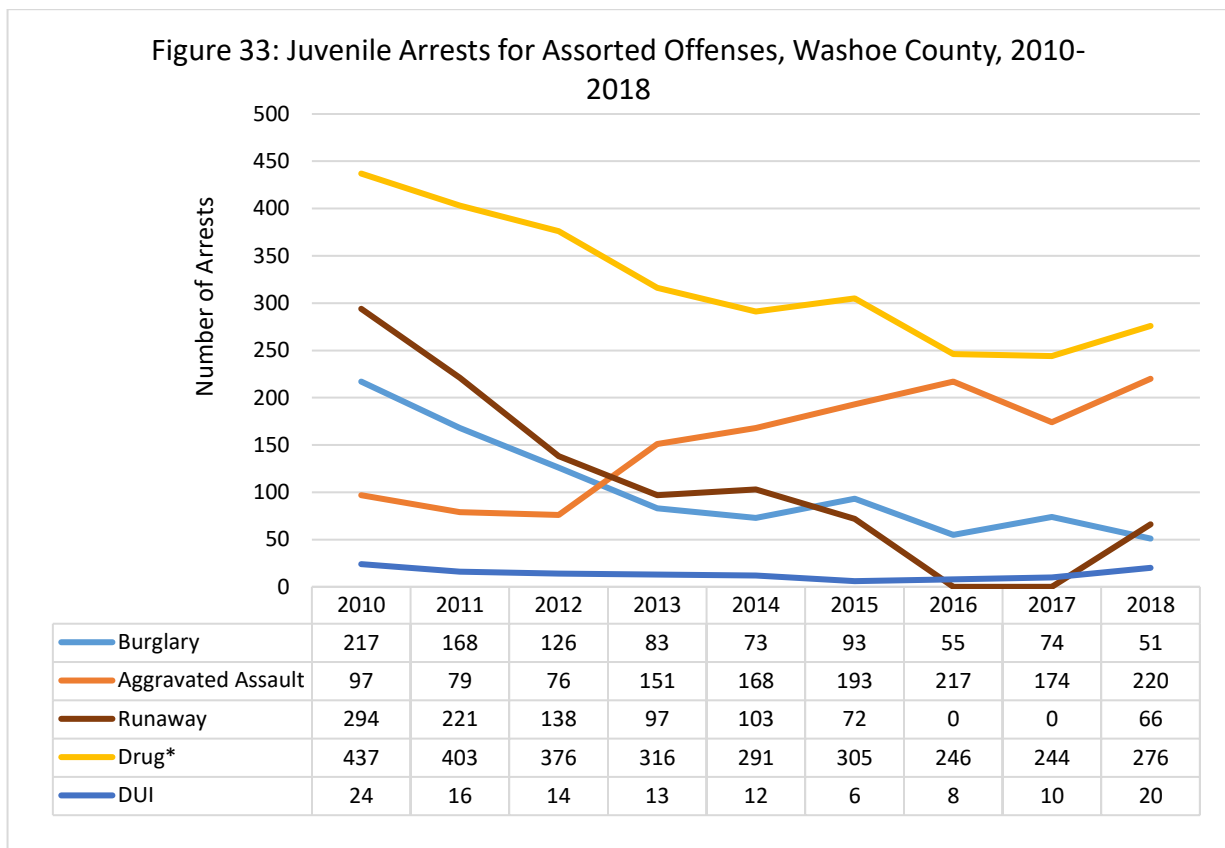
Consequence Data

Another method to assess local substance abuse patterns is to examine data related to the consequences of substance misuse and abuse. Legal and criminal consequences are commonly associated with substance abuse. Not all of the following trends are directly linked to substance abuse, but in many cases, the associations can be strong.

Arrests and Seizures

Arrest frequencies (Figure 33) for juvenile burglary, drug use, underage alcohol, and DUI offenses have been trending downward since 2010. Juvenile aggravated assault arrests decreased between 2010 and 2012, and then began a steady climb through 2018. These data may indicate a true decrease in criminal activity for these categories, however numbers may reflect shifts of law enforcement resources.

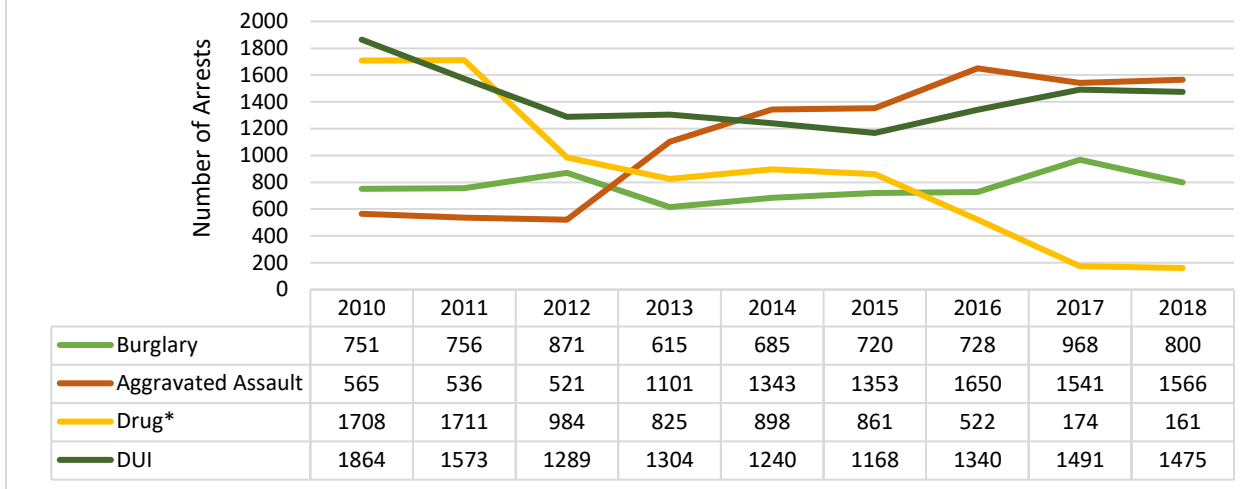
Adult arrests for drugs have decreased, while arrests for aggravated assault have increased from 2010 to 2018. Burglary and DUI offenses have remained relatively stable over the same time period (Figure 34).



Source: Department of Public Safety – Crime in Nevada Reports

Note: Drug arrests include sale and possession

Figure 34: Adult Arrests for Assorted Offenses, Washoe County, 2010-2018



Source: Department of Public Safety – Crime in Nevada Reports

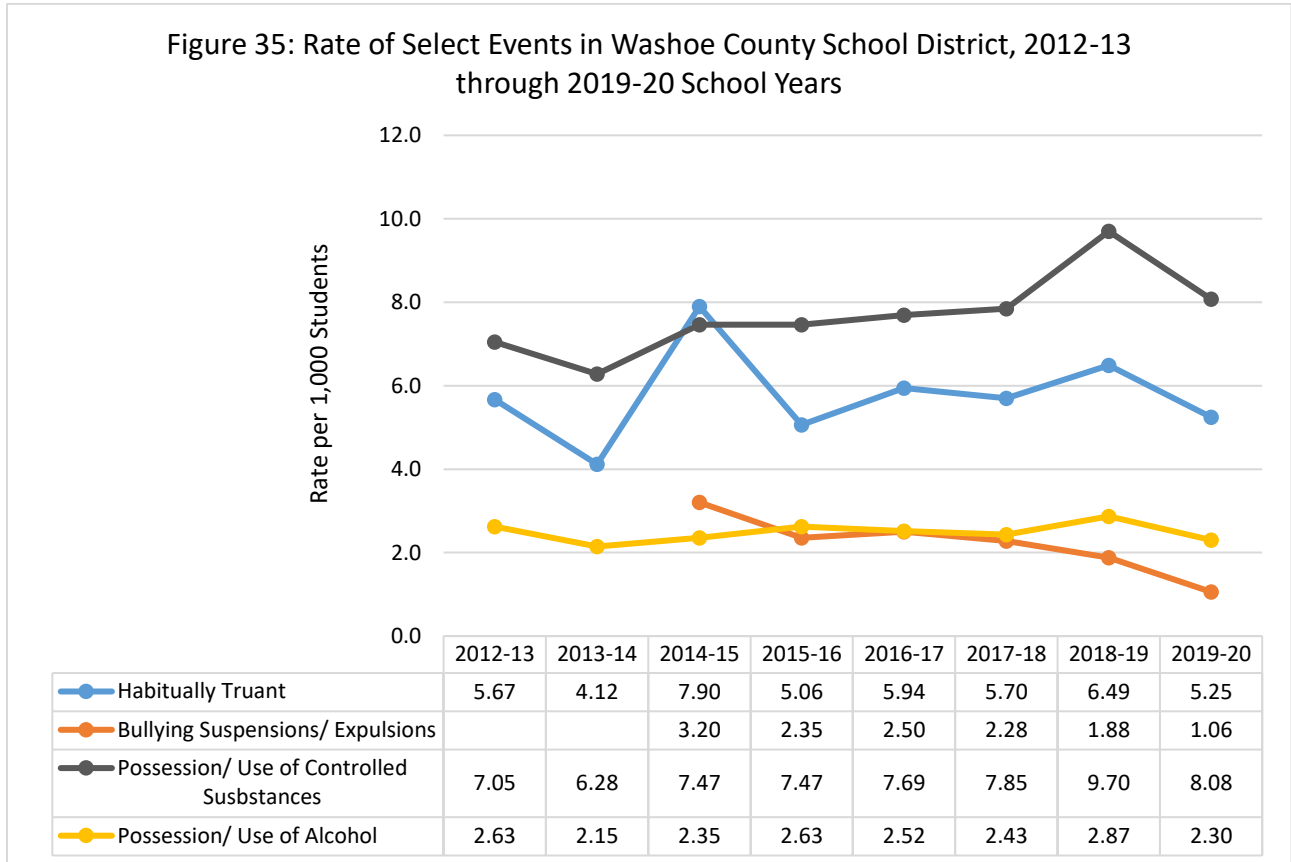
Note: Drug arrests include sale and possession

The Nevada High Intensity Drug Trafficking Area (HIDTA) works to reduce drug trafficking and misuse by improving interagency collaboration, promoting accurate and timely information and intelligence sharing, and providing specialized training and other resources to its law enforcement, intelligence, treatment, and prevention initiatives. Nevada HIDTA reported the following quantity of drugs seized in Washoe County in 2018 and 2019:

Substance	Quantity Seized 2018	Quantity Seized 2019	% Change from 2018 to 2019
Cocaine	70,038 grams	3,411 grams	95% decrease
Fentanyl	251 grams	299 grams	17% increase
Heroin	2,849 grams	2,602 grams	8% decrease
Marijuana	1,609,779 grams	2,296,991 grams	43% increase
Methamphetamine	83,848 grams	31,780 grams	62% decrease
THC Liquid	417,776 grams	57,599 grams	86% decrease
THC Resin	233 grams	19,690 grams	8,351% increase

Truancy, Suspensions, and Expulsions

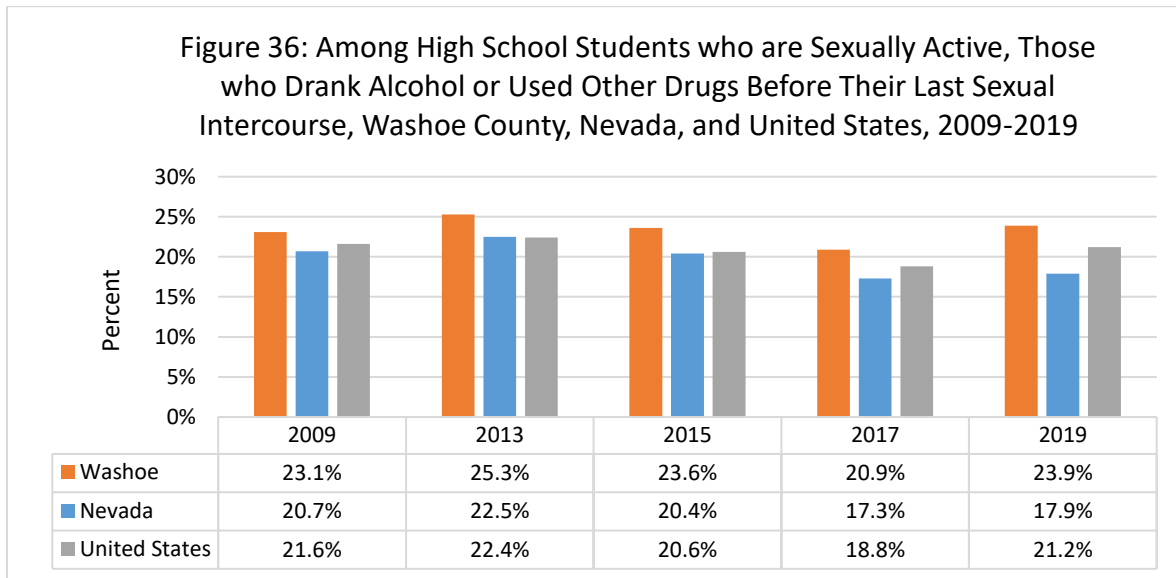
Washoe County School District data for issues such as truancy and suspensions or expulsions due to drug or alcohol violations are provided in the following section. From the 2012-2013 school year through the 2019-2020 school year, possession or use of controlled substances have been among the highest number and rate of problems in the District (Figure 35).



Source: Nevada Department of Education Accountability Report

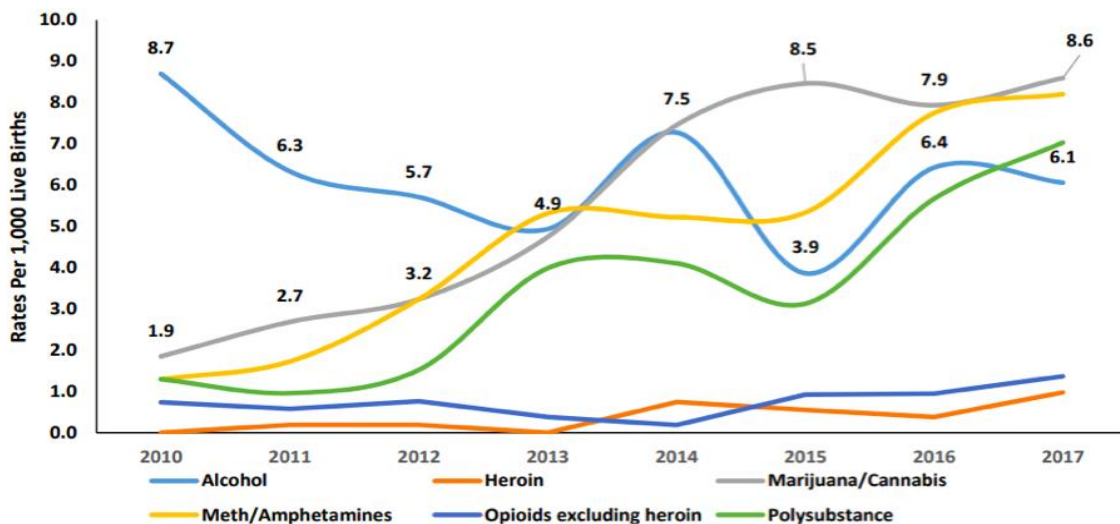
Sexual Health

Sexual health consequences from substance abuse such as sexually transmitted infections and unintended pregnancy are another serious concern. From 2009 to 2019 a higher percentage of high school students in Washoe County reported using alcohol or other drugs prior to last sexual intercourse compared to Nevada and the United States (Figure 36). Additionally, self-reported prenatal substance use among women in Washoe County have been increasing for marijuana, methamphetamines, opioids, polysubstance use, and heroin (Figure 37).



Source: Youth Risk Behavior Survey (collected every other year)

Figure 37: Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Washoe County, 2010-2017



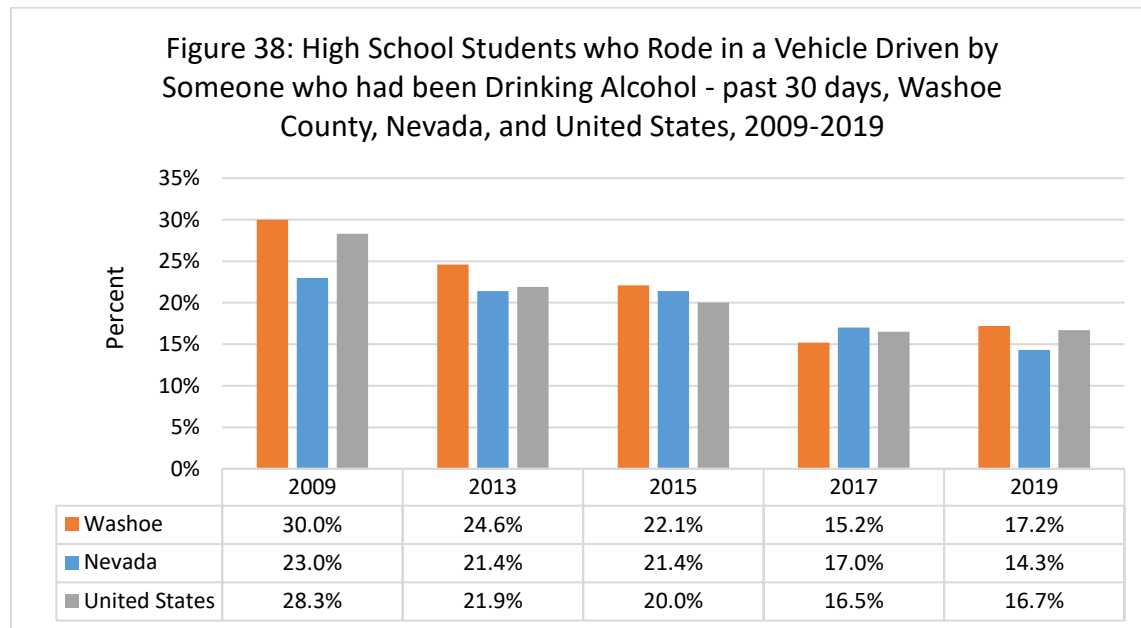
Source: Substance Abuse Prevention and Treatment Agency 2019 Epidemiologic Profile

Driving Under the Influence, Emergency Room Visits, and Mortality

Additional consequences, such as physical injury and motor vehicle fatalities due to driving under the influence, are a growing concern in Washoe County. Youth indicators related to driving or riding with a driver who is under the influence of alcohol decreased from 2007 to 2017 but rose in 2019. Motor vehicle fatalities in Washoe County that involved someone with a blood alcohol level over the legal limit have decreased from 2016 to 2018. While alcohol and drug-related emergency department encounters are higher in Washoe County than in Nevada (Figures 43-44), both metrics have decreased since 2016. The International Classification of Diseases (ICD) Clinical Modification (CM) changed in 2015, so current year data may not be comparable to data prior to 2015.

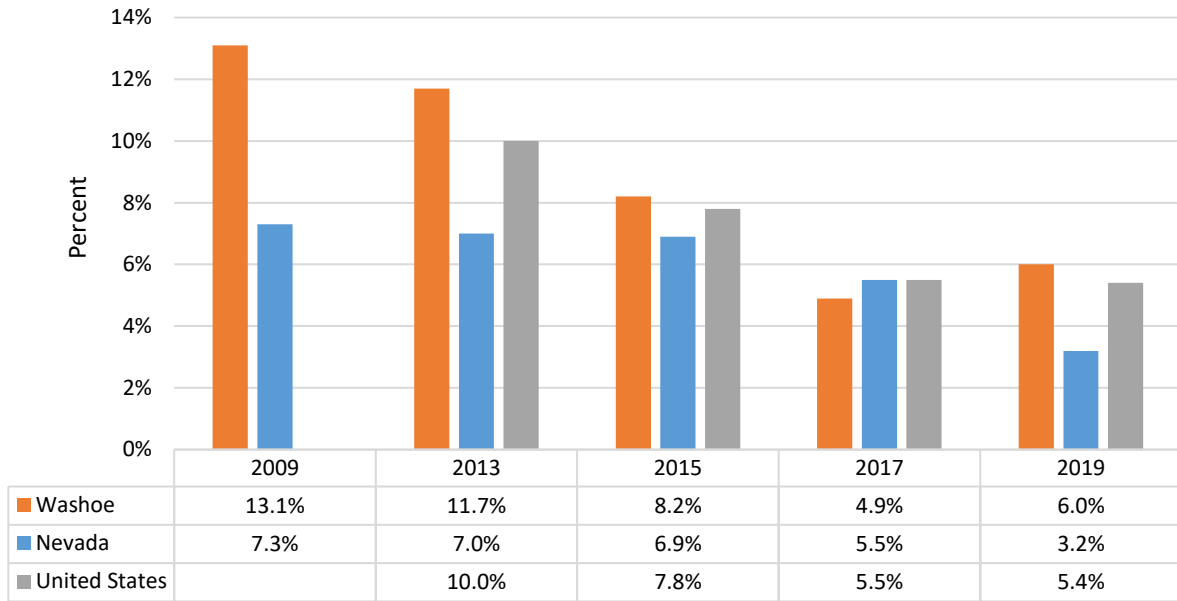
Driving Under the Influence Among High School Youth

As illustrated in Figure 38, the proportion of high school students reporting being a passenger in a vehicle driven by someone under the influence decreased in Washoe County from 2009 (30.0%) to 2017 (15.2%), and rose slightly in 2019 (17.2%). High school students who reported driving a vehicle when they had been drinking decreased from 13.1% in 2009 to 4.9% in 2017 and rose to 6.0% in 2019, as depicted in Figure 39. Washoe County high school students who reported being a passenger in a vehicle driven by someone under the influence of marijuana or who drove a vehicle while under the influence of marijuana has only been measured as of 2017. Figures 40 and 41 suggest a decrease for both metrics between 2017 and 2019. Washoe County percentages were higher than Nevada overall for both metrics.



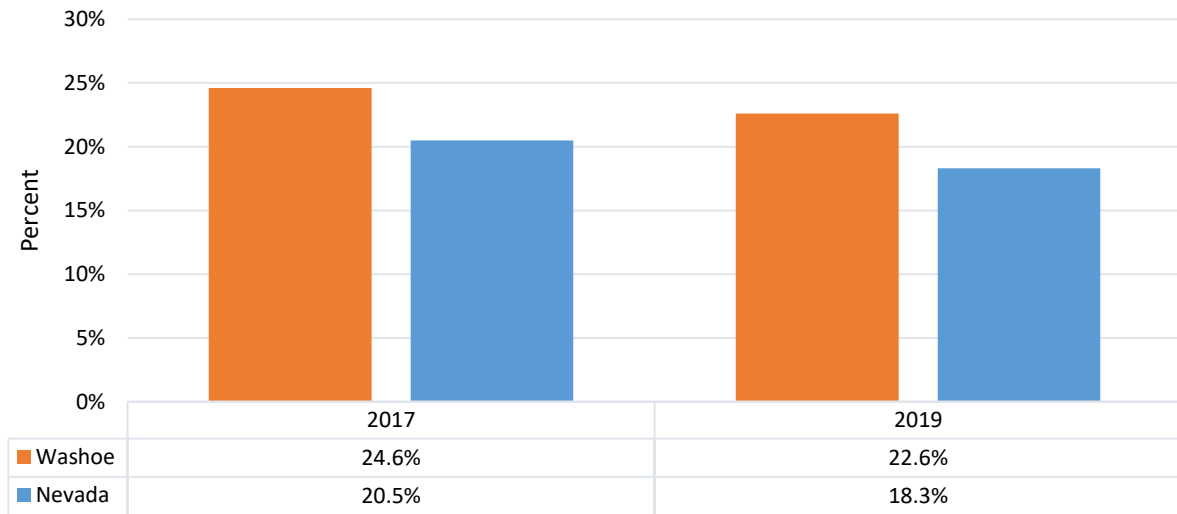
Source: Youth Risk Behavior Survey (collected every other year)

Figure 39: High School Students who Drove a Vehicle when they had been Drinking Alcohol - past 30 days, Washoe County, Nevada, and United States, 2009-2019



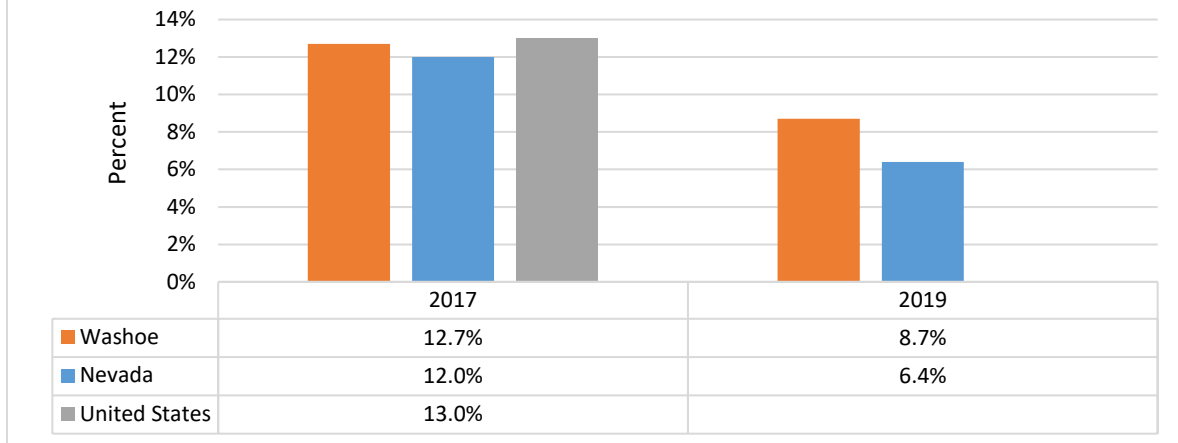
Source: Youth Risk Behavior Survey (collected every other year)
 Note: United States data is not available prior to 2013

Figure 40: High School Students who Rode in a Vehicle Driven by Someone who had been Using Marijuana - past 30 days, Washoe County and Nevada, 2017-2019



Source: Youth Risk Behavior Survey (collected every other year)

Figure 41: High School Students who Drove a Vehicle After they had been Using Marijuana - past 30 days, Washoe County, Nevada, and United States, 2017-2019

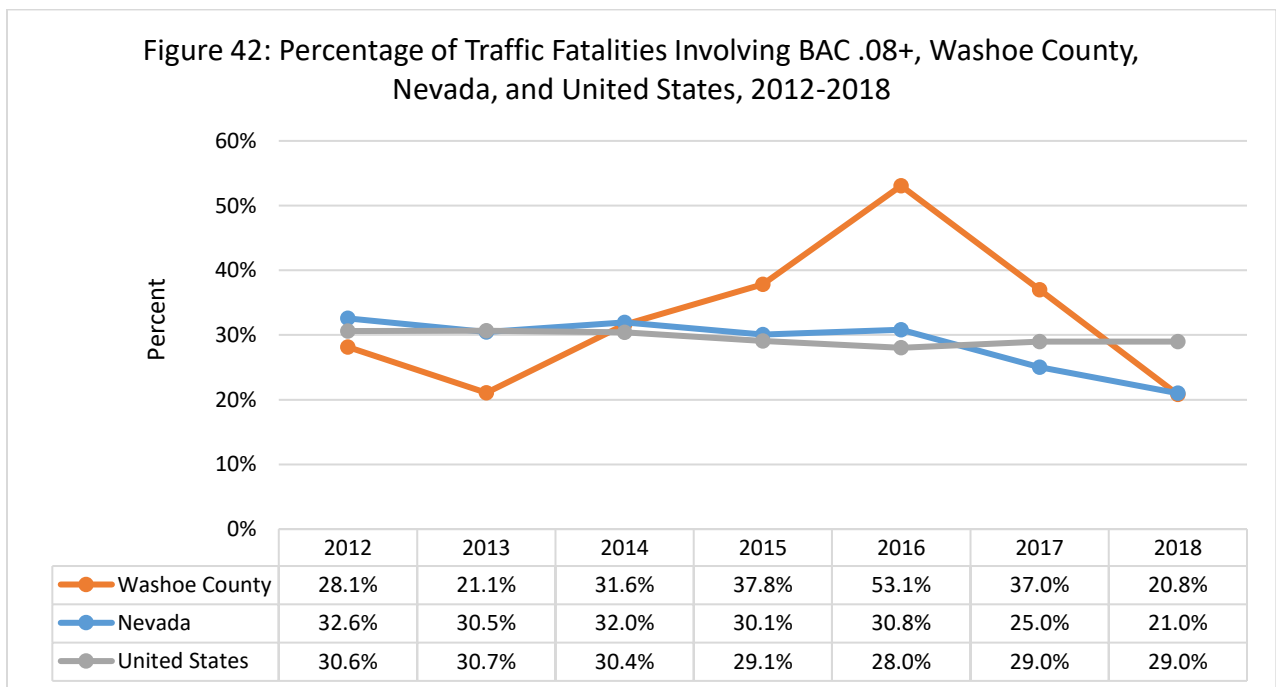


Source: Youth Risk Behavior Survey (collected every other year)

Note: 2019 US data is not yet available

Alcohol-related Motor Vehicle Fatalities

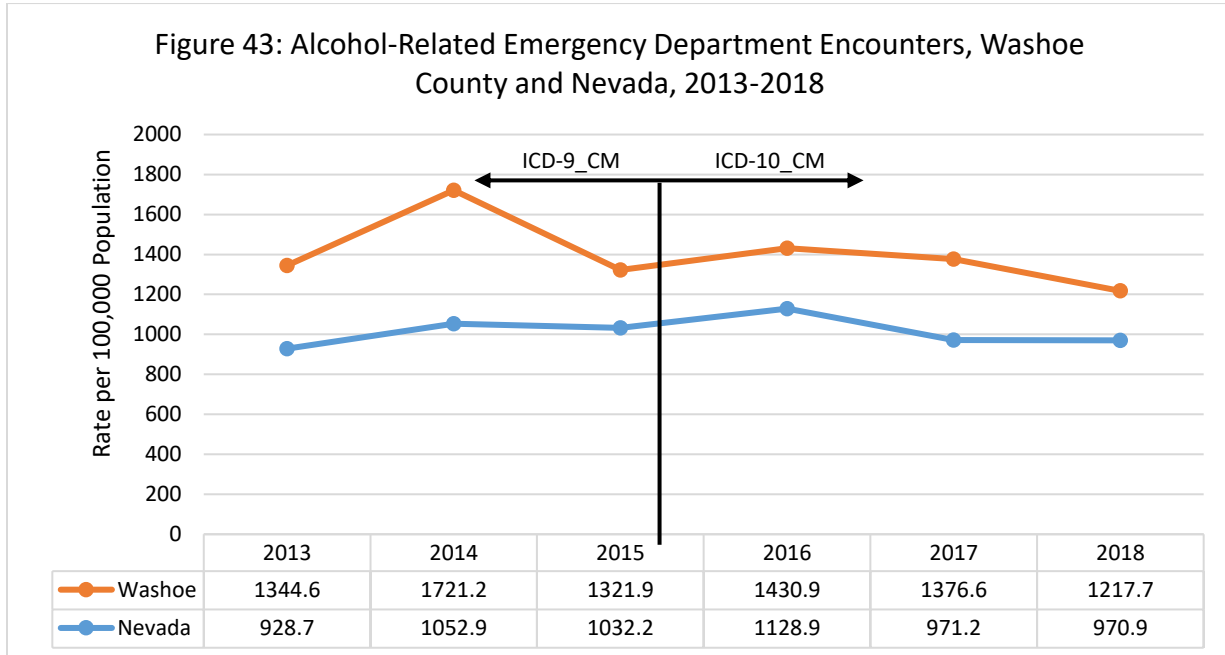
As depicted in Figure 42, the percentage of fatalities involving one or more persons with a BAC of .08+ increased from 2012 (28.1%) to 2016 (53.1%), followed by a sharp decline in 2017 (37.0%) and 2018 (20.8%).



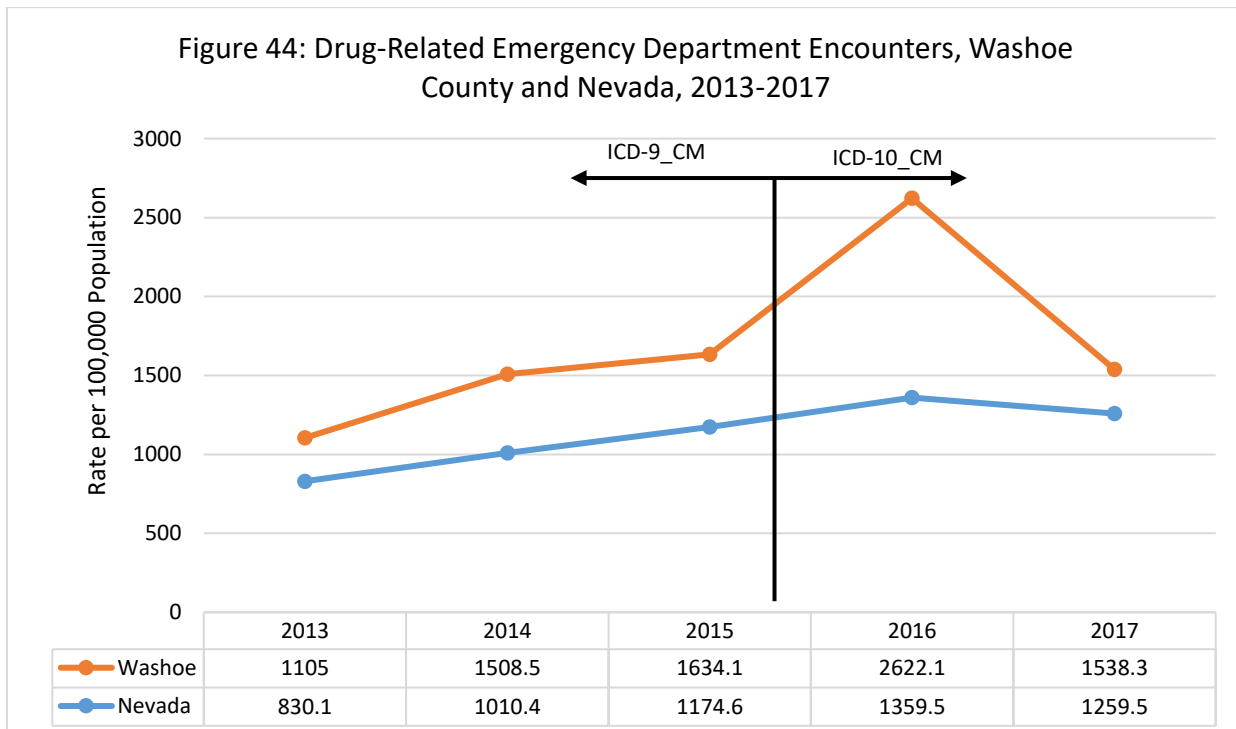
Source: Nevada Highway Traffic Safety Administration – FARS data

Washoe Regional Behavioral Health Policy Board Profile Data

Figures 43-44 appear in the 2019 Washoe Regional Behavioral Health Profile and show alcohol and drug-related emergency department encounters are higher in Washoe County compared to Nevada.



Source: 2019 Washoe Regional Behavioral Health Profile



Source: 2019 Washoe Regional Behavioral Health Profile





Protective and Risk Factors

Perhaps of greatest importance in the assessment process is the collection of data related to risk and protective factors that influence substance abuse trends. These factors, which impact an individual across all ages of development, include four domains: community, family, school, and peer/individual (Figure 45).

Protective factors are characteristics and conditions which reduce the likelihood for engaging in a variety of risky behaviors including substance use. They are considered a buffer against risk by reducing the impact of risk or changing the way youth respond to it.

Risk factors are characteristics that increase the likelihood a person will engage in health compromising behaviors. Experiencing one or more risk factors can increase the likelihood of an individual engaging in substance use. Some risk factors are fixed such as a person’s genetic predisposition to addiction or exposure to alcohol prenatally. Other risk factors are variable and include growing up in extreme poverty, adverse childhood experiences, family conflict, permissive community/family attitudes towards substance use, or having easy access to substances in a community.

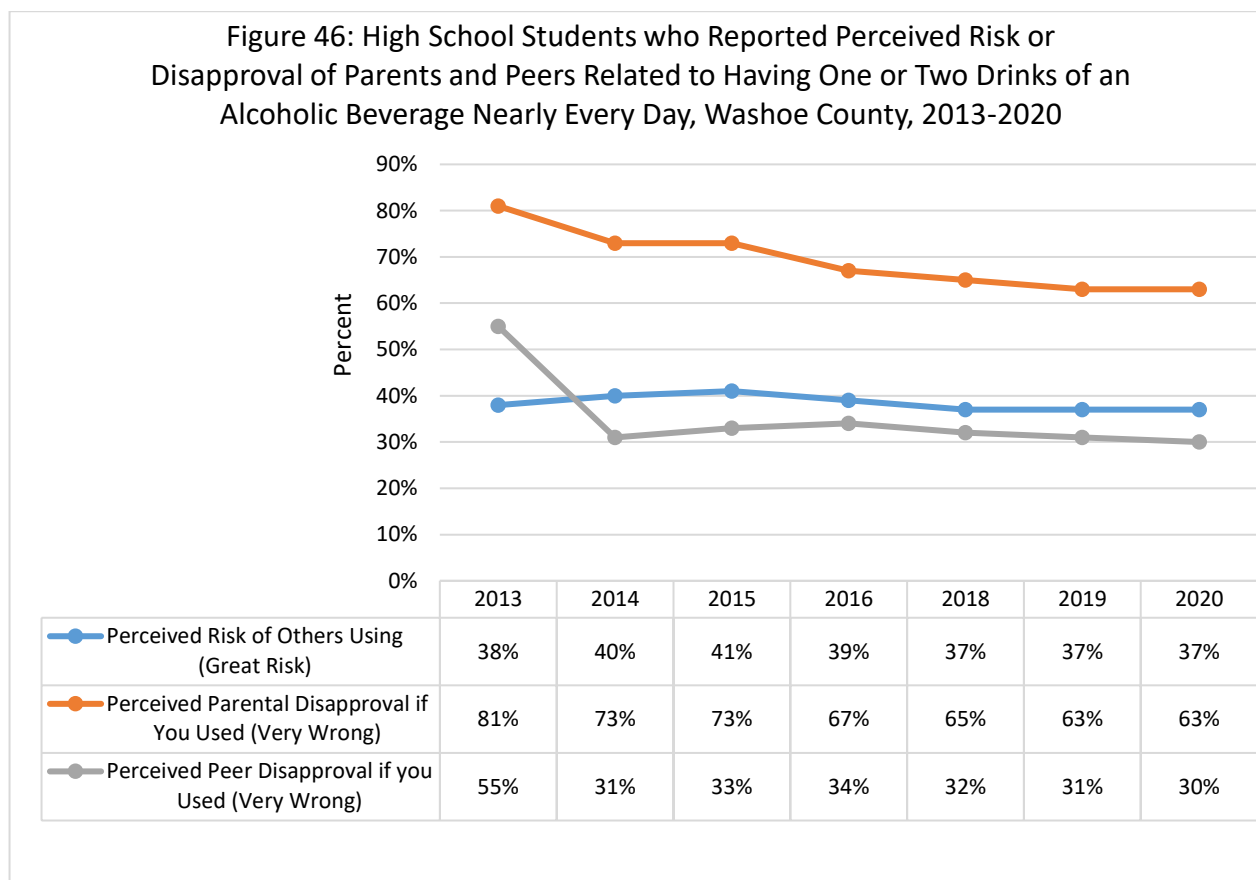
Figure 45: Risk and Protective Factors by Domain²

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
<ul style="list-style-type: none"> • Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey) 		<ul style="list-style-type: none"> • Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
<ul style="list-style-type: none"> • Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour 		<ul style="list-style-type: none"> • Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Academic failure (low academic achievement) • Low commitment to school • Bullying 		<ul style="list-style-type: none"> • Opportunities for prosocial involvement in school • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement 		<ul style="list-style-type: none"> • Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers

² Communities that Care (CTC). Risk and Protective Factors. <https://www.communitiesthatcare.org.au/how-it-works/risk-and-protective-factors> Retrieved November 2020.

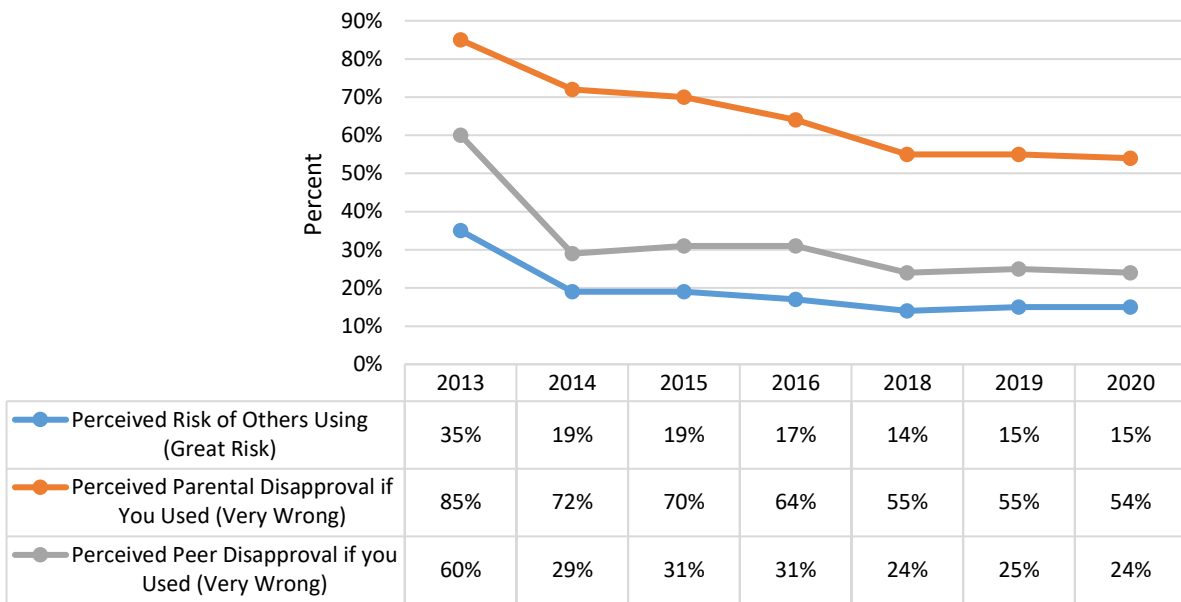
High School Student Perceived Risk

The Washoe County School District’s Climate Survey has gathered data related to perception of risk, perception of parental approval, and perception of peer approval related to alcohol, marijuana, and prescription drug use and abuse (Figures 46-49). The majority of students believe their parents would think it was very wrong for them to use alcohol, marijuana, or prescription drugs, although the percentage has decreased from 2013 to 2020 for all substances. In 2020, the perceived risk for others using and parental and peer disapproval of personal use was lowest for use of marijuana (Figure 47) and highest for use of prescription drugs (Figure 48). Additionally, nearly one third of students (31%) thought there was no risk for other people using marijuana once or twice a week, compared to 11% thinking there was no risk for one or two drinks of alcohol nearly every day, and 9% thinking there was no risk for using prescription drugs not prescribed to them (Figure 49).



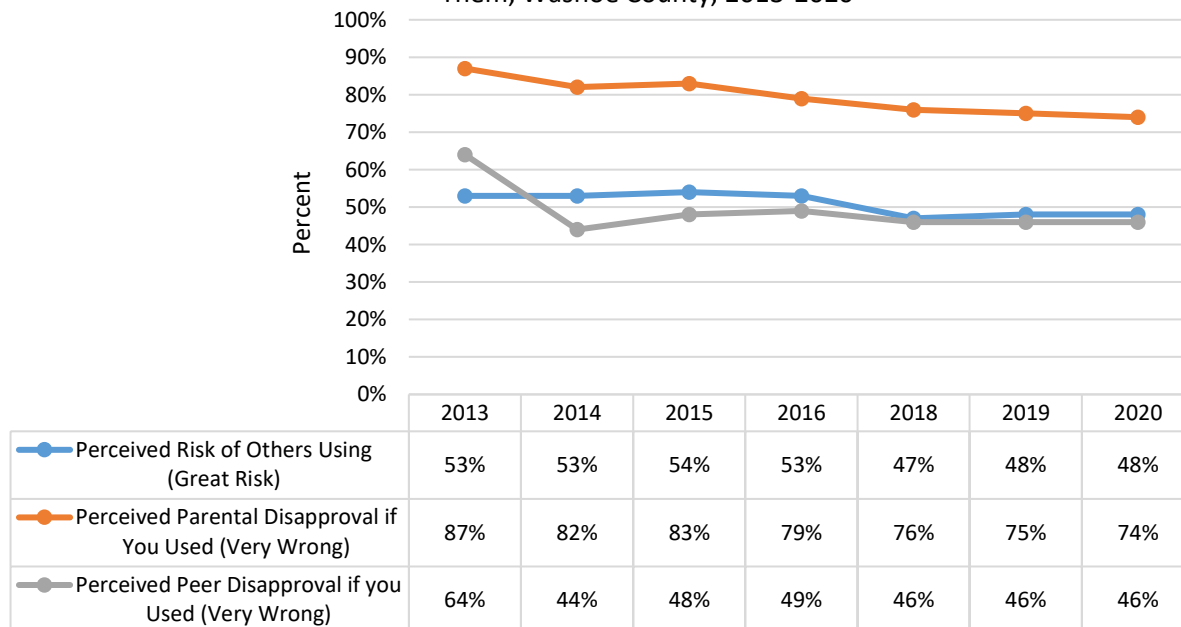
Source: Washoe County School District – School Climate Survey Note: Question not asked in 2017

Figure 47: High School Students who Reported Perceived Risk or Disapproval of Parents and Peers Related to Use of Marijuana Once or Twice a Week, Washoe County, 2013-2020



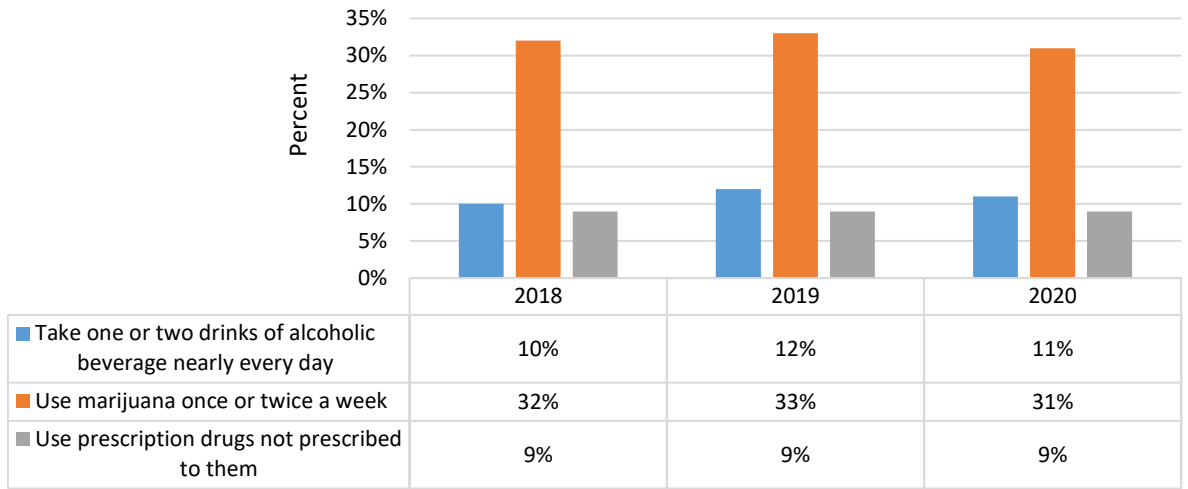
Source: Washoe County School District – School Climate Survey Note: Question not asked in 2017

Figure 48: High School Students who Reported Perceived Risk of Disapproval of Parents and Peers related to Use Prescription Drugs that were not Prescribed to Them, Washoe County, 2013-2020



Source: Washoe County School District – School Climate Survey Note: Question not asked in 2017

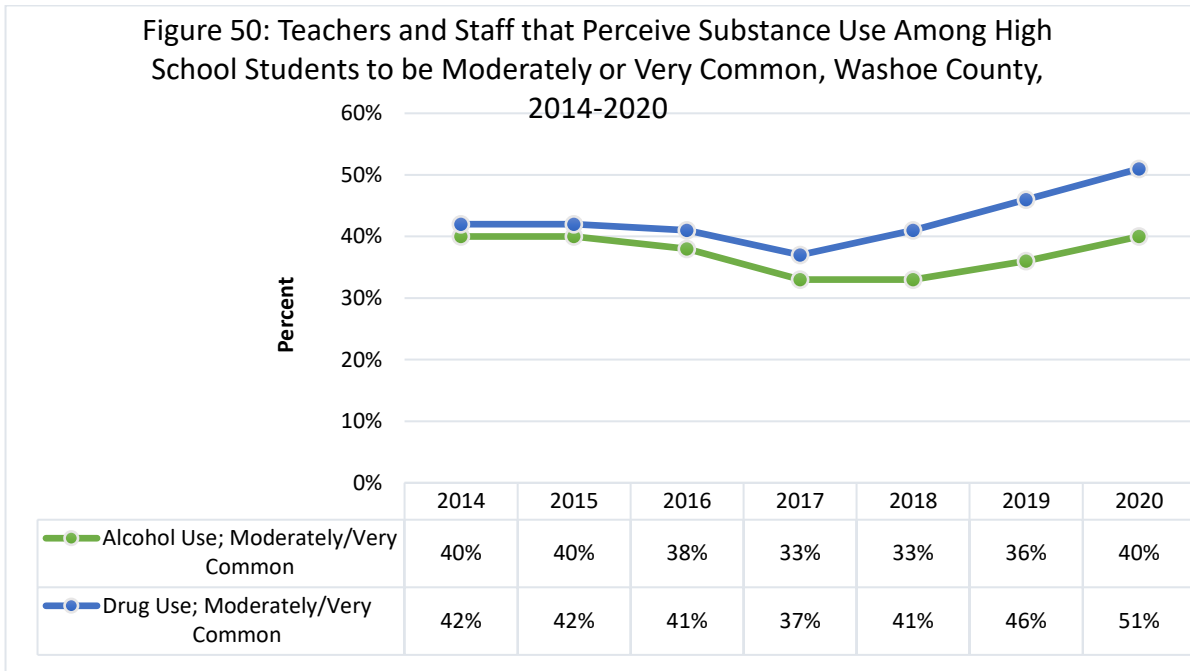
Figure 49: High School Students who Thought There was No Risk for the Following Types of Substance Use by Others, Washoe County, 2018-2020



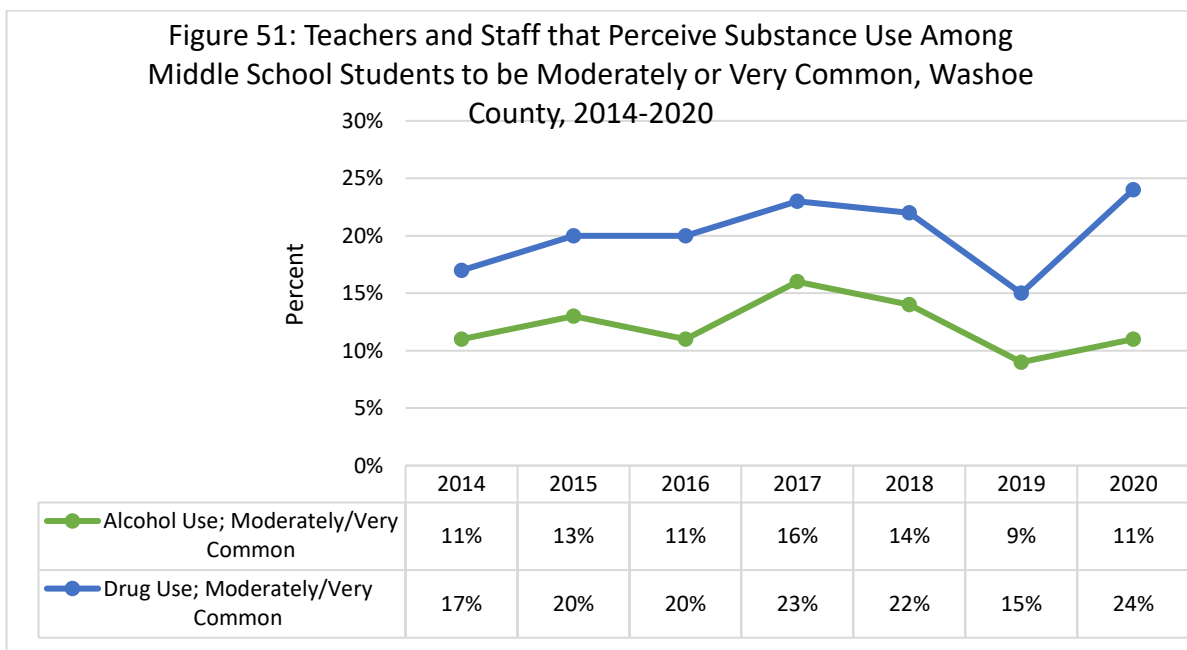
Source: Washoe County School District – School Climate Survey

Washoe County School District Staff Perceptions

The Washoe County School District Climate Survey collects teacher and staff's perception of alcohol and drug use among middle and high school students. In 2020, 40% of teachers and staff perceive alcohol use to be moderately or very common among high school students, and a higher percentage of teachers and staff (51%) perceived drug use to be moderately or very common (Figure 50). Perceived frequency of use among middle school students was lower compared to high school (Figure 51).



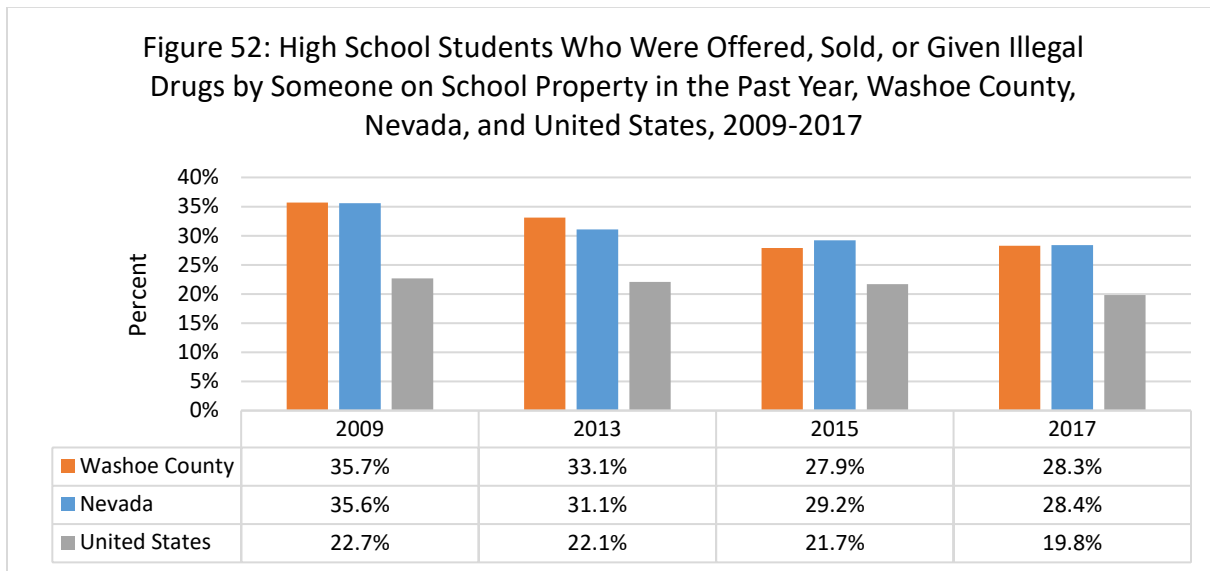
Source: Washoe County School District – School Climate Survey



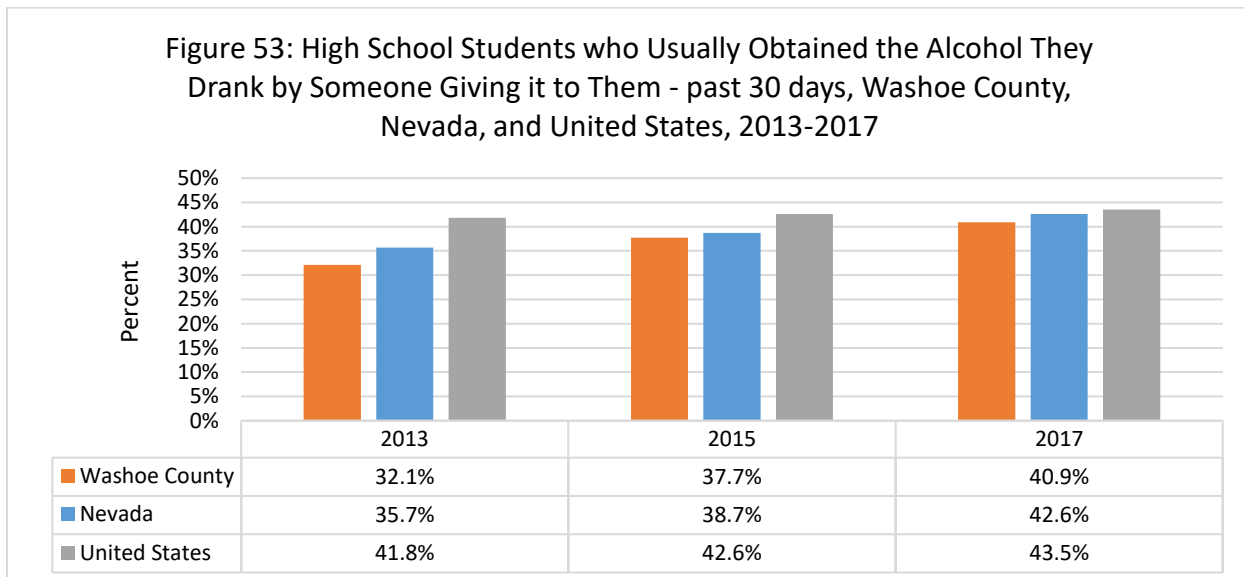
Source: Washoe County School District – School Climate Survey

Substance Accessibility and Availability

Figure 52 illustrates the percentage of high school students who were offered, sold, or given illegal drugs by someone on school property in 2017. The 2019 YRBS did not include this question. In 2017, over one in four students (28.5%) were offered, sold or given illegal drugs on school property. This percentage has remained relatively stable from 2007 through 2017 in Washoe County. Between 2013-2017, there was a steady increase for Washoe County, Nevada, and the United States among the percentage of high school students who obtained the alcohol they drank by someone giving it to them in the past 30 days (Figure 53).



Source: Youth Risk Behavior Survey (collected every other year)

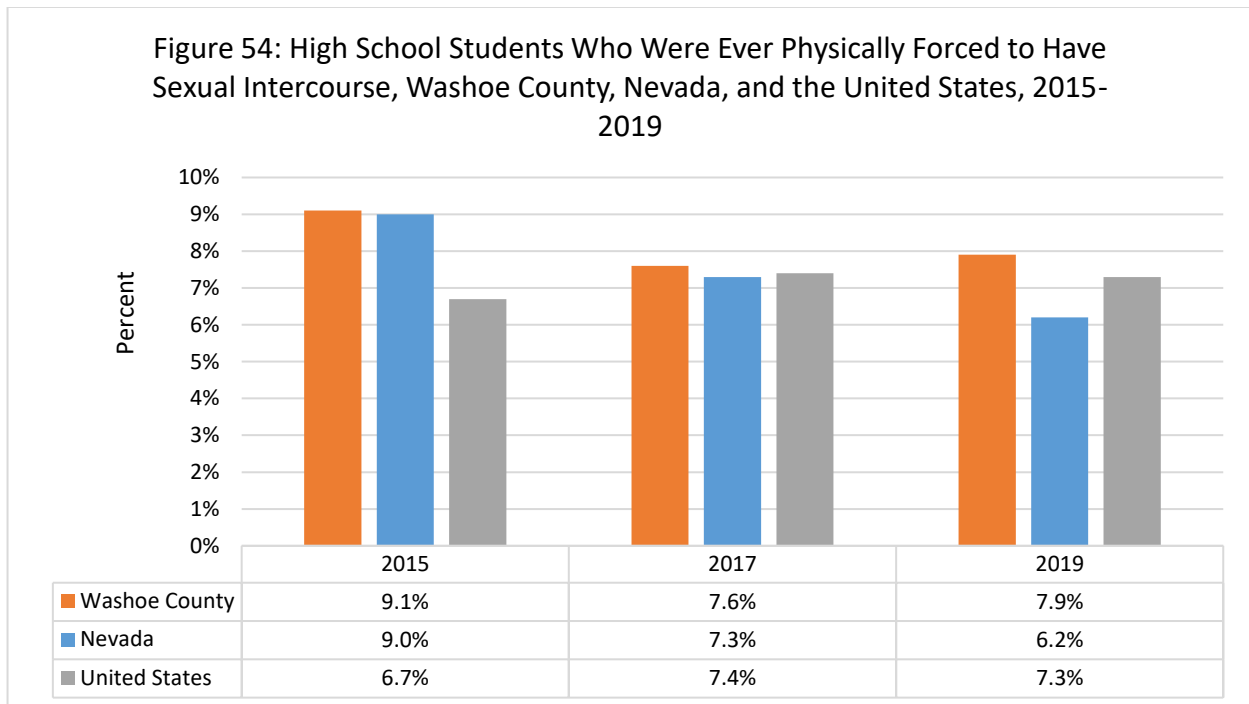


Source: Youth Risk Behavior Survey (collected every other year)

Adverse Childhood Experiences

An adverse childhood experience, or ACE, is a traumatic event such as psychological, physical, or sexual abuse; violence against mother; living with household members who abused substances, were mentally ill or suicidal, or were ever imprisoned.³ As the number of cumulative ACEs increases, so does the risk for more than 40 negative health outcomes including infant death, alcoholism/alcohol abuse, depression, poor work performance, financial stress, risk for intimate partner violence, sexually transmitted diseases, smoking, attempted suicide, unintended pregnancies, and poor academic achievement.⁴

Beginning in 2015, the Nevada Youth Risk Behavior Surveys included state-added questions to assess for ACEs. The prevalence of those ACEs in Washoe County and Nevada are illustrated in Figures 62-66. The prevalence of each of the measured ACEs among high school students in Washoe County are higher or similar to the state overall, with the exception of high school students who have ever seen or heard adults in their home slap, kick, punch, or beat each other up (Figure 56), which is considerably higher for Nevada. Figure 57 illustrates 34.7% of high school students ever lived with someone who was depressed, mentally ill, or suicidal, and Figure 58 shows 32.2% of high school students ever lived with someone who was a problem drinker, alcoholic or abused street or prescription drugs. Both metrics are higher than Nevada.

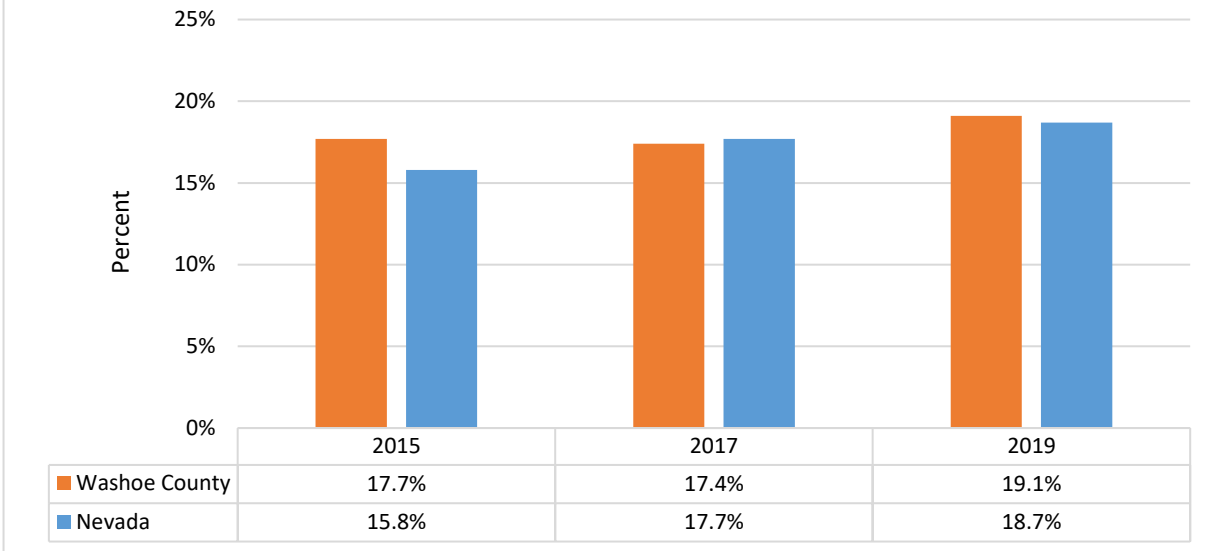


Source: Youth Risk Behavior Survey (collected every other year)

³ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., and Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*; 14(4):245-258.

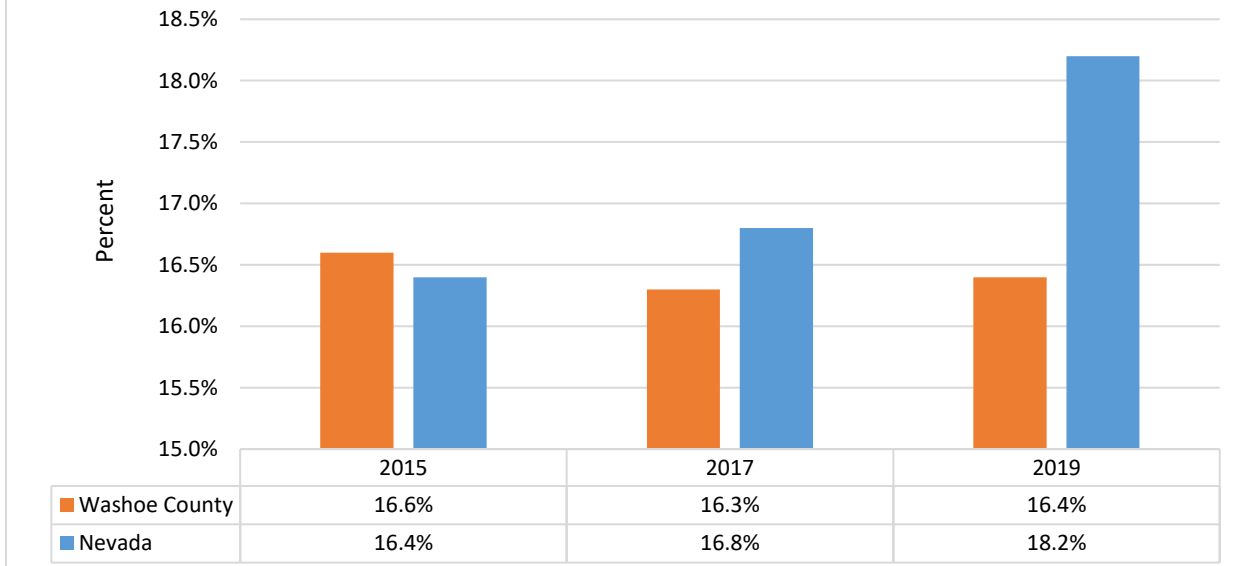
⁴ Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study. Accessed <https://www.cdc.gov/violenceprevention/acestudy/about.html>

Figure 55: High School Students Who Have Ever Been Hit, Beaten, Kicked, or Physically Hurt in Anyway by an Adult, Washoe County and Nevada, 2015-2019



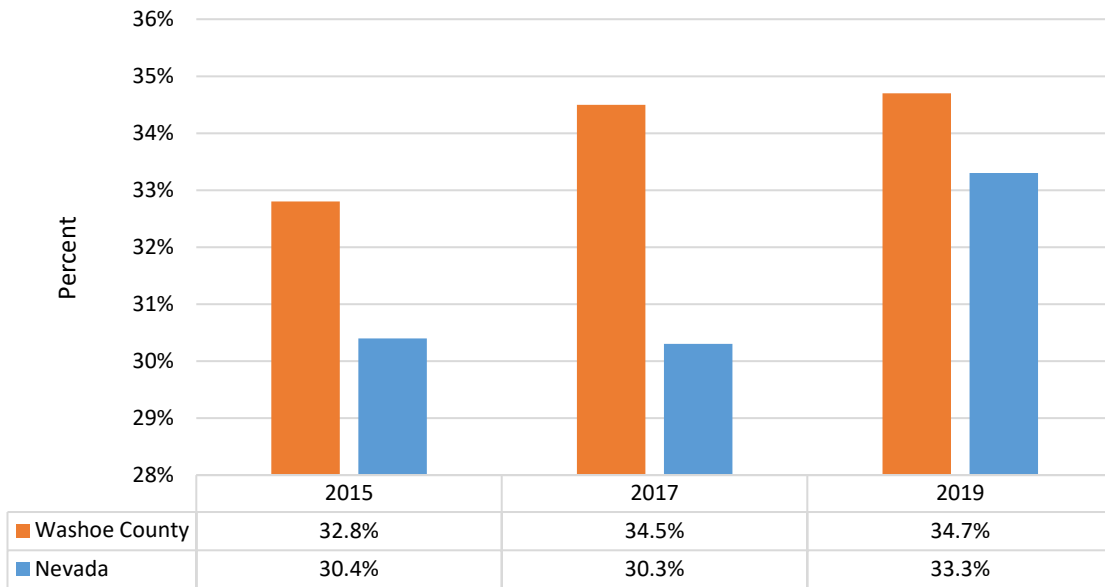
Source: Youth Risk Behavior Survey (collected every other year)

Figure 56: High School Students Who Have Ever Seen or Heard Adults in Their Home Slap, Kick, Punch, or Beat Each Other Up, Washoe County and Nevada, 2015-2019



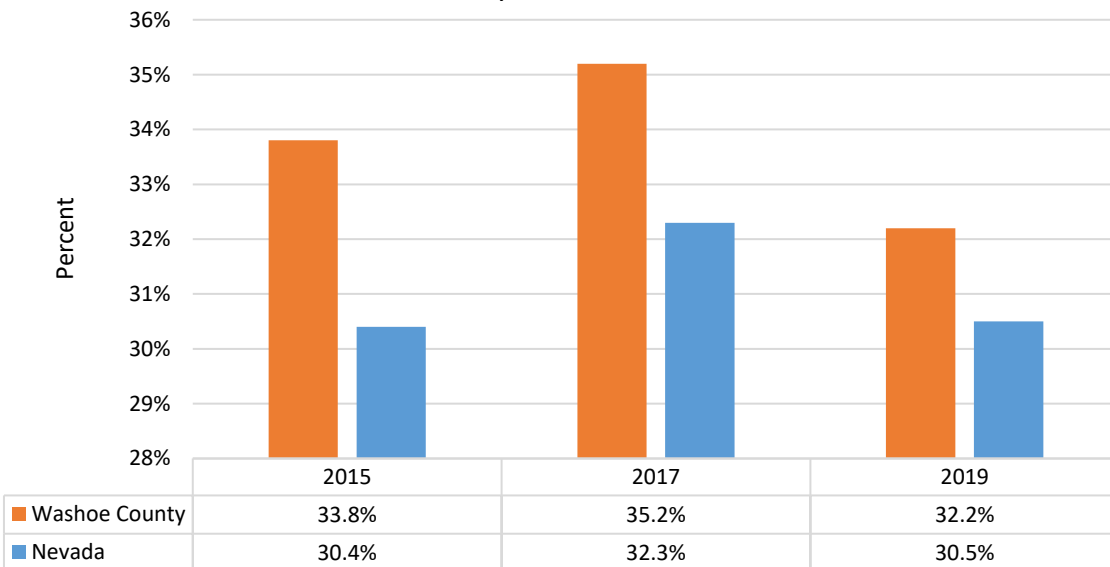
Source: Youth Risk Behavior Survey (collected every other year)

Figure 57: High School Students Who Ever Lived with Someone who was Depressed, Mentally Ill, or Suicidal, Washoe County and Nevada, 2015-2019



Source: Youth Risk Behavior Survey (collected every other year)

Figure 58: High School Students Who Ever Lived with Someone who was a Problem Drinker, Alcoholic, or Abused Street or Prescription Drugs, Washoe County and Nevada, 2015-2019



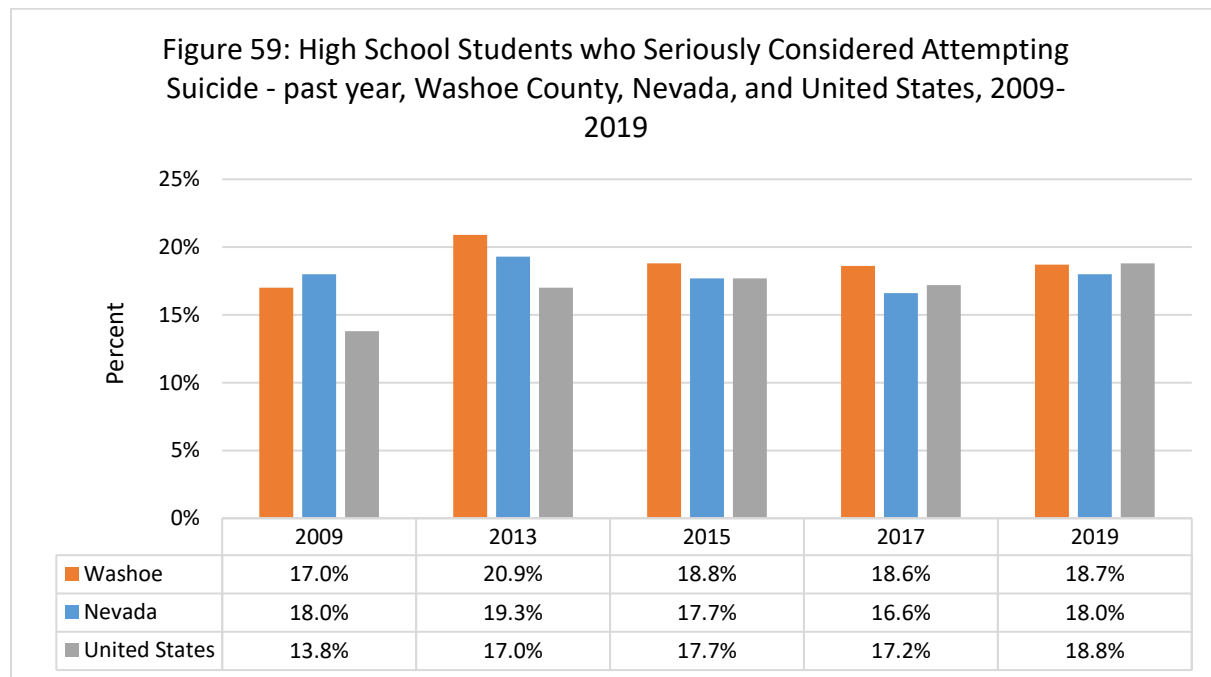
Source: Youth Risk Behavior Survey (collected every other year)

Mental Health

Mental health encompasses an individual’s physical, emotional, and psychological well-being, and can be evaluated by examining how the person copes with stress, how they respond to unexpected events in their life, and how they engage socially with others.⁵ Mental health can impact physical health, and often people utilize substances to cope with mental health disorders. This is known as a co-occurring disorder. The use of substances can exacerbate existing mental health illness, while sometimes a mental illness can increase a person’s risk for using substances.⁶

Mental Health Among Youth

As illustrated in Figure 59, in 2019, the percentage of Washoe County high school students who reported they considered attempting suicide in the past year was slightly higher than Nevada and similar to the United States. Figure 60 depicts the percentage of high school students in Washoe County reporting they made a plan to attempt suicide in the past year decreased from a high in 2013 (18.9%) to 2019 (14.1%). A higher percentage of females reported they made a plan to attempt suicide compared to males (Figure 61). As depicted in Figure 62, the percentage of Washoe County high school students who attempted suicide in the past year has decreased from the high in 2009 (14.6%) to 2019 (9.9%), but is higher than Nevada and the United States. A higher percentage of female high school students in Washoe County reported attempting suicide compared to males (Figure 63).

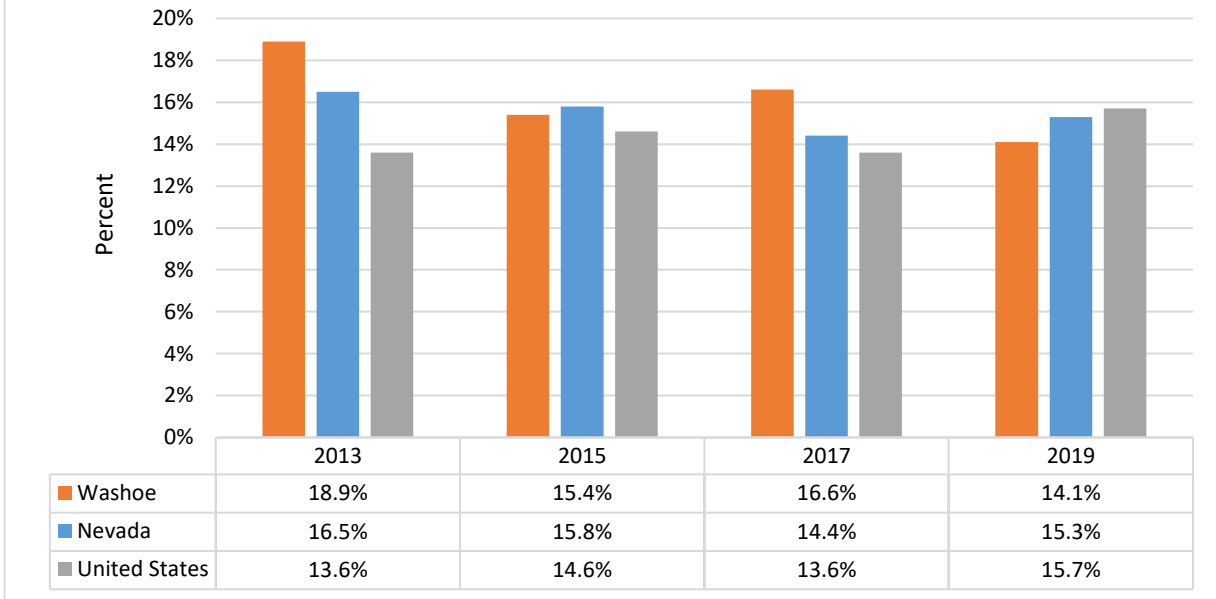


Source: Youth Risk Behavior Survey (collected every other year)

⁵ National Alliance on Mental Illness. Know the Warning Signs. Accessed <https://www.nami.org/Learn-More/Know-the-Warning-Signs>.

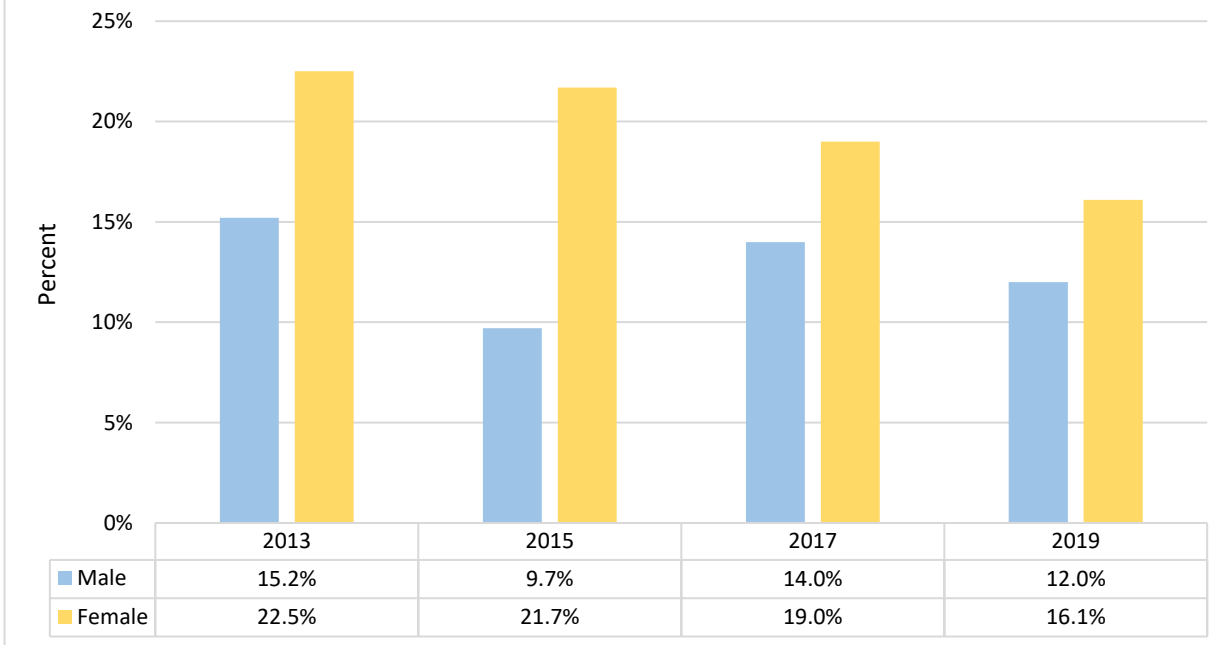
⁶ National Institute on Drug Abuse. Comorbidity: Substance Use Disorders and Other Mental Illnesses. Accessed <https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses>

Figure 60: High School Students Who Made a Plan to Attempt Suicide - past year, Washoe County, Nevada, and United States, 2013-2019



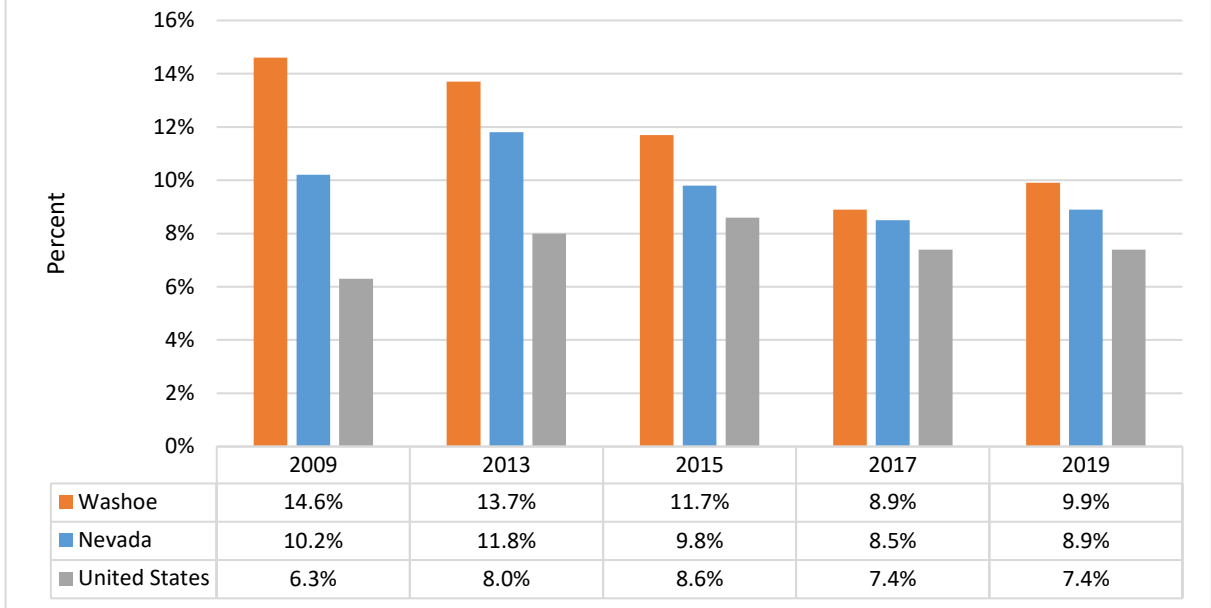
Source: Youth Risk Behavior Survey (collected every other year)

Figure 61: High School Students Who Made a Plan to Attempt Suicide - past year by sex, Washoe County, 2013-2019



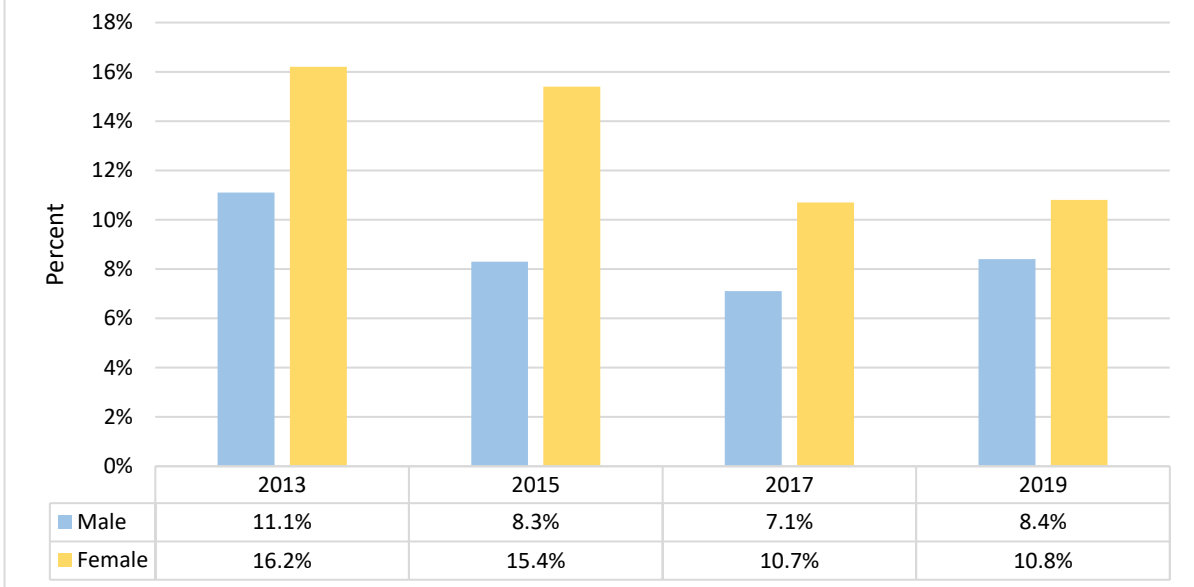
Source: Youth Risk Behavior Survey (collected every other year)

Figure 62: High School Students Who Attempted Suicide - past year, Washoe County, Nevada, and United States, 2009-2019



Source: Youth Risk Behavior Survey (collected every other year)

Figure 63: High School Students Who Attempted Suicide - past year by sex, Washoe County, 2013-2019

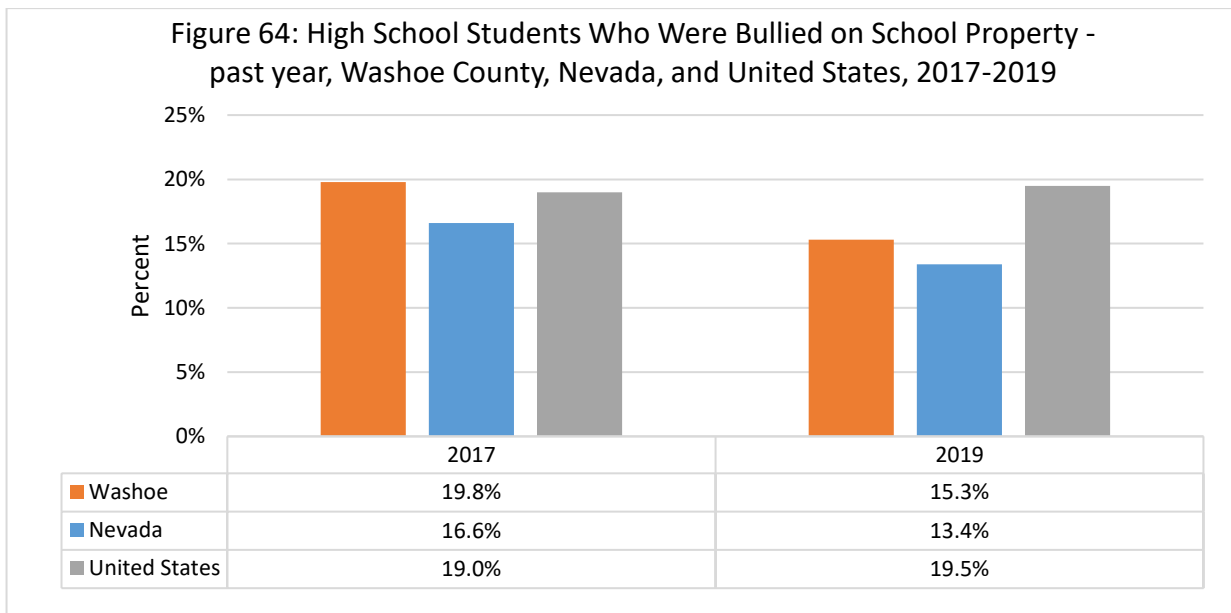


Source: Youth Risk Behavior Survey (collected every other year)

Youth Bullying

Youth who are bullied or bully others are at increased risk for injury, emotional stress, self-harm, and suicide-related behavior. Even youth who have observed, but not participated in bullying report greater feelings of helplessness and less connectedness/support from adults than youth who have not witnessed bullying behavior. Youth who bully others are also at increased risk for mental health issues and related behavioral issues including substance use.⁷

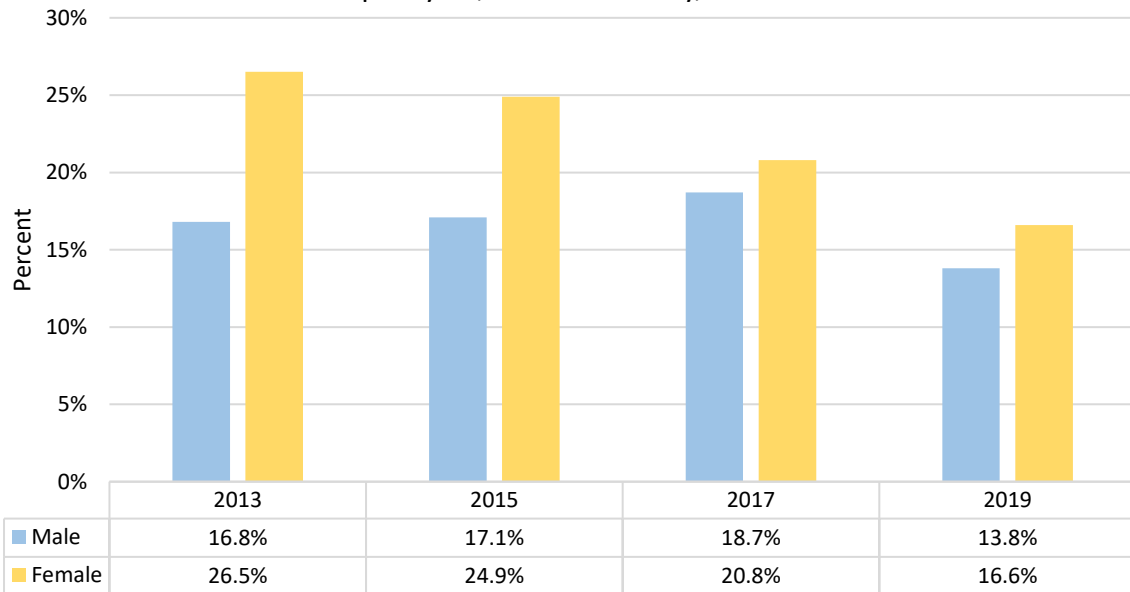
As noted in Figure 64, in 2019, 15.3% of high school students in Washoe County reported having been bullied on school property in the past year, which is a decrease from 2017 (19.8%). A higher percentage of females reported being bullied on school property (16.6%) when compared to males (13.8%), as noted in Figure 65. Figure 66 depicts the percentage of high school students who were electronically bullied in the past year in Washoe County in 2019 (15.0%), which is higher than Nevada but lower than the United States. There was a decrease in this metric from 2017 to 2019. A higher percentage of females reported being electronically bullied (17.6%) when compared to males (12.5%), as illustrated in Figure 67.



Source: Youth Risk Behavior Survey (collected every other year)

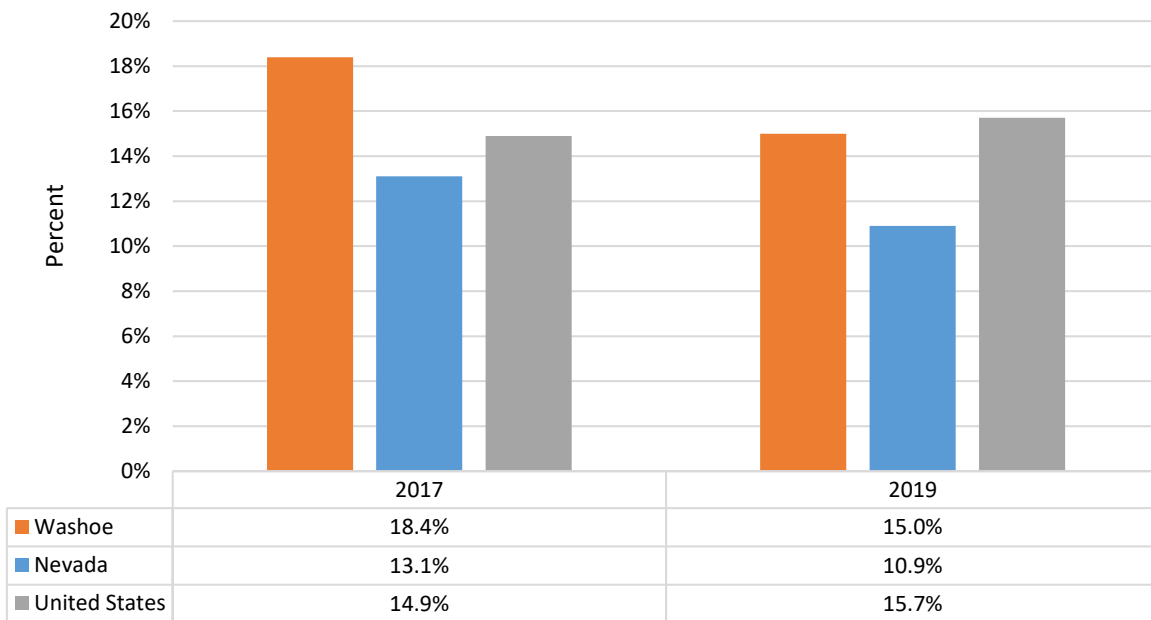
⁷ Centers for Disease Control and Prevention. (2015). *Fact sheet: Understanding bullying*. Retrieved June 17, 2016, from <https://www.cdc.gov/violenceprevention/pdf/bullying-factsheet.pdf>

Figure 65: High School Students Who Were Bullied on School Property by Sex - past year, Washoe County, 2013-2019



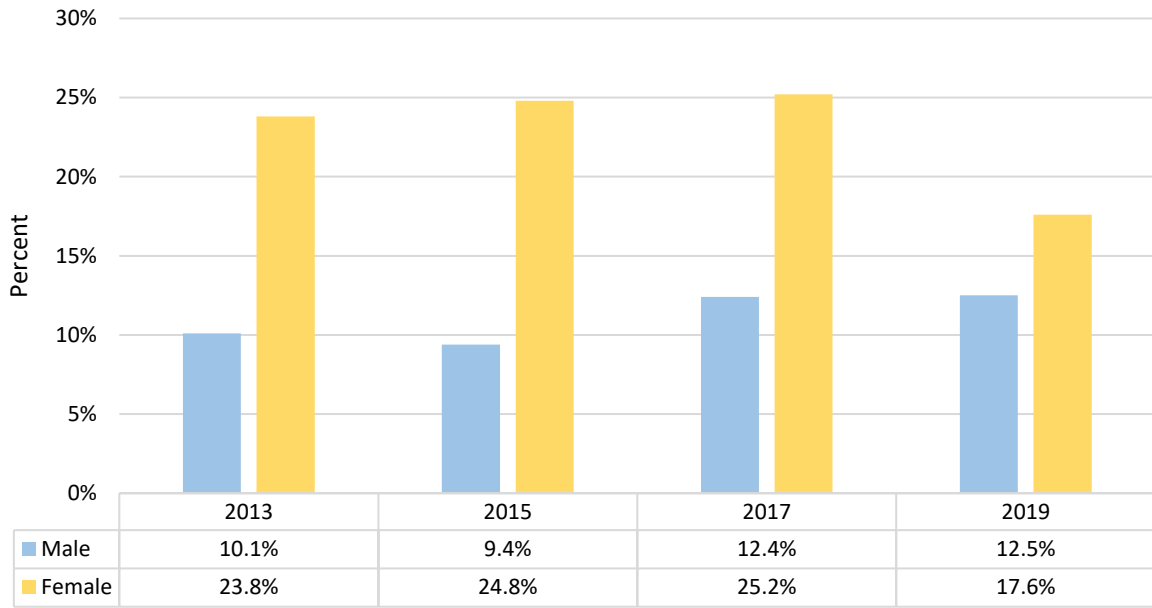
Source: Youth Risk Behavior Survey (collected every other year)

Figure 66: High School Students Who Were Electronically Bullied - past year, Washoe County, Nevada, and United States, 2017-2019



Source: Youth Risk Behavior Survey (collected every other year)

Figure 67: High School Students Who Were Electronically Bullied by Sex - past year, Washoe County, 2013-2019



Source: Youth Risk Behavior Survey (collected every other year)

Primary Data

In addition to collecting and analyzing secondary data, JTNN conducted interviews and surveys for primary data comprised of key informant interviews, an adult community survey, and a student survey. All survey questions and further analysis can be found in the Community Assessment section of the JTNN website.

Key Informant Interview Summary

Key Informant (KI) interviews were conducted (via Zoom) with 19 Washoe County community members to gather insight from a wide range of individuals. Interviewees included counselors, members of law enforcement, public health professionals, individuals working at partner agencies, key administrators in Washoe County, and JTNN volunteers.

Responses to the interview questions suggest that key informants perceive the following when it comes to youth substance use in Washoe County:

- 1) Youth substance use is a problem in Washoe County.
- 2) Youth are able to easily access legal drugs and illegal drugs via friends, family, fake IDs, the internet, and Snapchat.
- 3) Existing local measures/resources that help prevent youth from accessing or using substances in Washoe County are: a) JTNN, and b) education/community engagement.
- 4) Substance abuse issues or problems in Washoe County that deserve the community’s prevention focus are: a) Marijuana: legalization and normalization of marijuana/impact of marijuana on the developing brain, and b) Access to drugs and overdoses.
- 5) Programs and strategies needed to best prevent substance use in Washoe County include a) Standardized/centralized/more programs in schools, and b) JTNN campaigns/need to saturate community with messages.

Table 3 below identifies the common themes.

Table 3: Priorities, Strengths, Barriers and Solutions Identified by Key Informants	
Priorities	Strengths
<ol style="list-style-type: none"> 1. Youth access to alcohol and drugs 2. Marijuana: normalization, increased use, addiction, potency, impact on developing brain 3. TIE: a) Vaping: use starts with vaping (leads to marijuana/ meth)/need messaging about dangers of vaping, and b) Increased overdoses in Washoe County 	<ol style="list-style-type: none"> 1. JTNN: campaigns, presence in the community 2. Existing youth education and engagement programs 3. Money put into opioids has changed social norms and created a stigma around using them
Barriers	Solutions
<ol style="list-style-type: none"> 1. Social media/internet access to drugs (e.g., Snapchat) 2. TIE: a) Education in schools is inadequate/outdated/not standardized, and b) Pills are easy to get/accessible in homes 3. Kids start using young 	<ol style="list-style-type: none"> 1. Standardized/formal initiatives in the schools 2. Include everyone in messaging/programming: community partners, parents, youth, former users 3. TIE: a) JTNN: campaigns, saturate with messages; provide programming in schools twice a year (fall and spring); offer workshops about drugs and paraphernalia, and b) Public education campaigns about marijuana: dangers of use by youth, safe use in adults, driving under influence of marijuana

Adult Community Member Survey Summary

A 91-item web-based survey was developed to solicit adult community member perceptions about substance use in Washoe County. The survey was completed by 142 adults between August-October 2020. Survey questions were categorized into the following topics: protective and risk factors; substance use and acceptability of use; perceptions of substance use/prescription drug use; parental attitudes and control; social media and safety; and demographics.

Demographics

The majority of survey respondents were female (83%) and over half (58%) were between the ages of 19-45. Nearly two thirds of participants (65%) graduated from college or have a master’s degree or higher. Nearly one fourth (24%) had some college.

Findings

Survey respondents were asked to identify the legal and illegal substances they perceive to be most accessible, most frequently used, and most harmful to youth in Washoe County and common sources for access. Table 4 includes the top responses for each.

Table 4: Key Findings from the Washoe County Adult Community Survey, 2020		
Metric	Legal Substances	Illegal Substances
Most Accessible by Youth Under 21	1) Marijuana (96%) 2) Cigarettes (92%) 3) Alcohol (90%) 4) E-cigarettes (90%) 5) Chewing Tobacco (84%)	1) Opioids (65%) 2) Stimulants (62%) 3) Sedatives (60%) 4) Ecstasy/MDMA/Molly (58%) 5) Methamphetamine (49%)
Most Frequently Used by Youth Under 21	1) Marijuana (89%) 2) E-cigarettes (85%) 3) Alcohol (84%) 4) Cigarettes (56%) 5) Chewing Tobacco (34%)	1) Stimulants (32%) 2) Opioids (29%) 3) Sedatives (25%) 4) Ecstasy/MDMA/Molly (22%) 5) Hallucinogens (18%)
Most Harmful When Used by Youth Under 21	1) E-cigarettes (80%) 2) Cigarettes (77%) 3) Kratom (70%) 4) Alcohol (69%) 5) Chewing Tobacco (65%)	1) Heroin (97%) 2) Methamphetamine (97%) 3) Cocaine (93%) 4) Opioids (93%) 5) Sedatives (86%)
Common Sources of Access to Drugs by Youth Under 21	1) Older Peers (70%) 2) Same Age Peers (55%) 3) Home WITHOUT Parental Knowledge (51%)	1) Older Peers (71%) 2) Same Age Peers (52%) 3) Home WITHOUT Parental Knowledge (29%)

Most influential protective factors identified by survey respondents include:

- 1) Supportive relationship with friends and family members
- 2) Tie: a) engagement activities (sports, music, etc.), and b) emotional self-regulation/high self-esteem
- 3) Strong positive mentor or role model

Most influential risk factors identified by adults include

- 1) substance abuse among parents or siblings
- 2) inadequate parental supervision and monitoring
- 3) behavioral issues (poor impulse control, lack of self-regulation, antisocial behavior)

Rules and Norms

The majority of adult community members (88%) have rules in their homes regarding alcohol and other drug use for youth under 21. Over half (57%) believe *drinking alcohol in moderation is OK for adults, but never for people under age 21*. Nearly one fourth (24%) believe *occasionally underage drinking is OK if it does not interfere with schoolwork or other responsibilities*.

The majority of respondents indicated it is totally unacceptable for youth under 21 to use illegal drugs (95%) and marijuana (82%) in their homes. Nearly two thirds (65%) indicated it is totally unacceptable for youth under 21 to use alcohol in their homes.

Youth Survey Summary

A five-question survey was developed to solicit youth perceptions about legal and illegal substance accessibility and use in Washoe County. The survey was administered via paper hard copy in September 2020 to classes from two different high schools in the Washoe County School District (WCSD). The survey was administered to students participating in an evidence-based substance abuse prevention curriculum. A total of 133 students completed the youth survey. Demographic questions were not permitted on the youth survey.

Key survey findings related to substance accessibility, use, perceived harm, and sources of access are summarized in Table 5 below.

Metric	Legal Substances	Illegal Substances
Most Accessible to Youth Under 21 <i>(Easy and Very Easy to Get Combined)</i>	<ol style="list-style-type: none"> 1) Marijuana Concentrate (61%) 2) Cigarettes/Vape Products (61%) 3) Marijuana Edibles (60%) 4) Marijuana in Plant Form (59%) 5) Alcohol (58%) 	<ol style="list-style-type: none"> 1) Prescription medications WITHOUT a prescription (28%) 2) Hallucinogens (27%) 3) Ecstasy/MDMA/Molly (23%)
Most Frequently Used by Youth Under 21 <i>(Often Used: at least 1-2 times per week)</i>	<ol style="list-style-type: none"> 1) Cigarettes/Vape Products (52%) 2) Marijuana Concentrate (46%) 3) Marijuana in Plant Form (45%) 4) Marijuana Edibles (43%) 5) Alcohol (23%) 	<ol style="list-style-type: none"> 1) Hallucinogens (8%) 2) Cocaine (6%) 3) Prescription medications WITHOUT a prescription (5%)
Most Harmful When Used by Youth Under 21 <i>(Harmful and Very Harmful Combined)</i>	<ol style="list-style-type: none"> 1) Kratom (89%) 2) Cigarettes/Vape Products (88%) 3) Marijuana Concentrate (74%) 4) Alcohol (73%) 5) Marijuana in Plant Form (71%) and Marijuana Edibles (71%) 	<ol style="list-style-type: none"> 1) Heroin (98%) 2) Methamphetamine (97%) and Cocaine (97%) 3) Prescription medications WITHOUT a prescription (94%) 4) Ecstasy/MDMA/Molly (93%) 5) Hallucinogens (89%)
How Easy to Access from Various Sources <i>(Easy and Very Easy Combined)</i>	<ol style="list-style-type: none"> 1) Friends Over 21 (93%) 2) Sending Snap on Snapchat to Find Out Where to Get (86%) 3) Friends Your Age (70%) 	<ol style="list-style-type: none"> 1) Friends Over 21 (77%) 2) Sending Snap on Snapchat to Find Out Where to Get (73%) 3) Friends Your Age (48%)

STEP 2: CAPACITY

In the Assessment step the data was collected, risk and protective factors were identified, and problems, as defined by the data, were defined. Existing prevention infrastructure in Washoe County was reviewed, community resources were assessed, and gaps were determined.

A key aspect of identifying community capacity to deal with substance abuse problems in Washoe County is bringing together key agencies, individuals, and organizations to plan and implement appropriate and sustainable prevention efforts in the community. Between January 1, 2021 – December 31, 2022, JTNN will continue to accomplish these efforts in numerous ways outlined below. As other community needs are identified, additional mobilization activities may be added.

- All Coalition and Data Committee: These two groups consist of concerned area professionals and residents who work to increase the capacity for substance abuse treatment, collect community-wide data, and strive to prevent the initiation of drug use among youth and adults.
- Community Prescription Round Up Committee: Comprised of business leaders, law enforcement personnel, members of the medical community, and substance abuse professionals, this committee works to monitor and reduce prescription drug abuse in Washoe County. The group established and monitors permanent drop boxes located in all police stations, hosts semi-annual prescription drug take back events, and educates community members about proper prescription drug storage and disposal.
- Drug Endangered Children (DEC) Alliance: Comprised of school district administrators, law enforcement, children’s hospital personnel, social services, and treatment agencies, this group reviews Handle With Care alerts and a timely trauma response protocol for drug endangered children.
- Environmental Strategies Group: Comprised of local business leaders, law enforcement personnel, city code enforcement, and substance abuse professionals, this group works together to reduce underage drinking by changing the environment.
- Marijuana Committee: Comprised of community members, government agencies, law enforcement, prevention workers, and substance abuse professionals, this committee develops strategies to educate community members about marijuana to reduce harm to youth and the community.
- Prevention Committee: Comprised of JTNN’s subgrant recipients, this committee shares lessons learned and works to develop, and complete projects focused on successful substance abuse prevention among youth.
- JTNN Executive Board: The Executive Board is comprised of volunteer members from various sectors of the community who work collaboratively with the Executive Director to ensure JTNN’s resources are handled with the greatest of care and accountability.
- Other involvement: JTNN is and will continue to be involved in other local and statewide coalition efforts such as the Statewide Epidemiology Workgroup, Multidisciplinary Prevention Advisory Committee, Evidence Based Practices Workgroup, Washoe County Chronic Disease Coalition, Washoe County Substance Abuse Task Force, Nevada Statewide Coalition Partnership, Northern Nevada Behavioral Health Coalition, and the Washoe Regional Behavioral Health Policy Board.

STEP 3: PLANNING

Planning involves the development of a strategic plan that outlines policies, programs, and practices that create a logical, data-driven plan to address the prioritized risk factors. JTNN’s planning process produced objectives and strategies to address each prioritized risk factor as indicated in the Logic Model. The following pages contains JTNN’s Logic Model for the next two years.

LOGIC MODEL/STRATEGIC PLAN

	Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Alcohol use – Middle School Youth	Reduce the proportion of middle school students who have ever used alcohol	YRBS – alcohol use ever	15% reduction in students who have ever used alcohol	Low perception of risk Easy social access to alcohol Laws and norms favorable to use	Education and training Information dissemination Community process	Evidence-based and evidence-informed programs and practices Parent, student, school district presentations Media campaign Meeting facilitation
Alcohol use – High School Youth	Reduce the proportion of high school students who have ever used alcohol	YRBS – alcohol use ever	15% reduction in students who have ever used alcohol	Low perception of risk Easy social access to alcohol Laws and norms favorable to use	Education and training Information dissemination Community process	Evidence-based and evidence-informed programs and practices Speak Out Parent, student, school district presentations Youth PSA contest Media campaign Meeting facilitation

	Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Alcohol use – High School Youth	Reduce the proportion of high school students currently using alcohol	Current (past 30 days) use of alcohol among high school students	15% reduction in current use of alcohol	<p>Low perception of risk</p> <p>Laws and norms favorable to use</p> <p>Social availability (obtaining through family members or friends)</p> <p>Liquor serving establishments that don't ID</p>	<p>Education and training</p> <p>Information dissemination</p> <p>Community process</p>	<p>Evidence-based and evidence-informed programs and practices</p> <p>Speak Out</p> <p>Informational rack cards</p> <p>Parent, student, school district presentations</p> <p>Beverage Server Training</p> <p>Compliance checks</p> <p>Meeting facilitation</p>
Alcohol use - College	Decrease proportion of college students who use alcohol	National College Health Assessment Core Alcohol and Drug Survey – 3 month use	Reduce college drinking rates by 10%	<p>Social norms</p> <p>Accessibility</p> <p>Lack of perceived harms</p>	<p>Education and training</p> <p>Information dissemination</p>	<p>Evidence-based and evidence-informed programs and practices</p> <p>Professional presentations</p> <p>Informational rack cards</p>
Marijuana use – Middle School Youth	Reduce the proportion of middle school students who have ever used marijuana.	YRBS – marijuana use ever	10% reduction in students who have ever used marijuana	<p>Low perception of risk</p> <p>Easy social access to marijuana</p> <p>Laws and norms favorable to use</p>	<p>Education and training</p> <p>Information dissemination</p> <p>Community process</p>	<p>Evidence-based and evidence-informed programs and practices</p> <p>Parent, student, school district presentations</p> <p>Media campaign</p> <p>Meeting facilitation</p>

	Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Marijuana use – High School Youth	Reduce the proportion of high school students who have ever used marijuana	YRBS – marijuana use ever	10% reduction in students who have ever used marijuana	Low perception of risk Easy social access to marijuana Laws and norms favorable to use	Education and training Information dissemination Community process	Evidence-based and evidence-informed programs and practices Informational rack cards Professional presentations Meeting facilitation
Marijuana use – High School Youth	Increased the proportion of high school students perceived risk of others using marijuana once or twice a week	WCSD School Climate Survey	Increase the proportion of high school students perceived risk of others using marijuana by 10%	Favorable youth attitudes toward drug use Accessibility	Education and training Information dissemination	Evidence-based and evidence-informed programs and practices Media
E-Cigarettes/ Vaping – Middle School Youth	Reduce the proportion of middle school students who have ever used e-cigarettes/ vaping products	YRBS- e-cigarette use ever	15% reduction in students who have ever used e-cigarettes	Low perception of risk Social norms	Education and training Information dissemination	Evidence-based and evidence-informed programs and practices Parent and student presentations Media
E-Cigarettes/ Vaping – Middle School Youth	Reduce current use of e-cigarettes/ vaping products among middle school students	YRBS- Current use of e-cigarettes/ vaping products among middle school students	15% reduction in current use	Low perception of risk Social norms	Education and training Information dissemination	Evidence-based and evidence-informed programs and practices Parent and student presentations Informational rack cards Media

	Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
E-Cigarettes/ Vaping – High School Youth	Reduce the proportion of high school students who have ever used e-cigarettes/vaping products	YRBS- e-cigarette use ever	10% reduction in students who have ever used e-cigarettes	Low perception of risk Social norms	Education and training Information dissemination	Evidence-based and evidence-informed programs and practices Speak Out Parent and student presentations Media
E-Cigarettes/ Vaping – High School Youth	Reduce current use of e-cigarettes/vaping products among high school students	YRBS- Current use of e-cigarettes/vaping products among middle school students	10% reduction in current use	Low perception of risk Social Norms	Education and training Information dissemination	Evidence-based and evidence-informed programs and practices Informational rack cards Parent and student presentations Media
Substance use - Women of childbearing age	Reduce the prevalence of alcohol and other drug use among women under 44	BRFSS – percentage of adults who are considered binge drinkers or heavy drinkers (State Epi Profile)	Reduce rate of women binge drinking or heavy drinking by 10%	Low perception of risk Social Norms Easy retail access	Education and training Information dissemination	Education to women’s groups, university clubs, and other community agencies Social media
Substance use - Pregnant women	Reduce the rates of women reporting prenatal substance abuse	SAPTA/Epi Profile- Women reporting use of substances while pregnant	Reduce rate of women using marijuana, methamphetamine, and alcohol while pregnant by 20%	Social norms favorable to use of marijuana while pregnant Easy access to drugs	Education and training Information dissemination	Physician education and partnering with women’s health groups Presentations to women’s groups Informational rack cards

	Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Prescription drug misuse/ abuse - High School Youth	Reduce the percentage of high school students using prescription pain medications not prescribed to them	YRBS-high school students using prescription drugs	Reduce rate of prescription drug use when not prescribed by 10%	Easy access Youth sharing with peers	Community process Education and training Information dissemination	Prescription drug take back events Prescriber training Community, student, and parent presentations Media

STEP 4: IMPLEMENTATION

This section includes the identification of evidence-based programs, policies, and practices to implement and address the strategies outlined in the planning section. Having researched and evaluated the current drug trends in Washoe County, and having established a plan of action to address those trends, JTNN now looks at the coalition's ability to implement that plan and affect those substance issues.

JTNN strives to implement and support a comprehensive range of prevention strategies that include disseminating information, skill-building, providing support, promoting access to prevention resources, strengthening incentives and consequences that promote health, enhancing environmental cues that discourage substance abuse, implementing community norm campaigns that encourage health and discourage substance misuse, and advocating for effective prevention policies and regulations. As a coalition, JTNN does not typically provide direct prevention services outside of community education classes related to substance abuse and prevention unless a partner agency is unable to hire staff and requests the hiring and co-management of staff to implement a program.

JTNN will review implementation from a three-pronged position: first, environmental strategies that affect local policies and social norms; second, local practices established that create partnerships and processes; third, evidence-based programs that scientifically address the prioritized risk factors.

Policies that Address Substance Use and Abuse Among Targeted Populations

Environmental Strategies Group

- Collaborates with local law enforcement to coordinate alcohol sales compliance checks to ensure local retailers are not selling alcohol to underage youth.
- Collaborates to develop policies at large events that discourage underage drinking.
- Partners with various groups, organizations, and individuals to promote the Reno City Social Host ordinance in which landlords and homeowners are held accountable to restrict unruly gatherings (often involving underage drinking) in the properties they own.
- Works closely with local bars and clubs to engage owners and management to ensure their servers and security staff are trained in understanding and complying with state and local laws that prohibit underage youth from drinking in their establishments by providing alcohol retailer and beverage server training for free at least once per quarter.

Practices that Address Issues Identified in Strategic Plan/Logic Model

Education and Training

JTNN offers a variety of educational and training opportunities for many types of groups: parents, educators, counselors, law enforcement personnel, physicians and healthcare providers, and other community members. Topics include defining substance abuse and addiction, signs, and symptoms of use, the short- and long-term effects of substance abuse on the brain, drug endangered children, drug-specific presentations, drug trends, vaping, and other topics. Presentations are delivered by trained JTNN staff members, contractors, and youth group members.

Speak Out

This youth group is comprised of high school students who gain leadership skills, participate in teambuilding projects, and gain experience providing peer-to-peer education. Speak Out members learn curriculum relating to alcohol, marijuana, vaping, and prescription drugs and deliver lessons that include drug refusal skills to younger students in an after-school setting.

Prescription Drug Round Up

The Prescription Drug Round Up, held each spring and fall, is a safe place to dispose of expired, unwanted prescription drugs. Rates of prescription drug abuse has increased throughout the country over the last several years, and studies show that a majority of abused prescription drugs are obtained from family and friends. The community is safer without unneeded prescription drugs in a home with the potential for abuse by young children or others. Proper disposal of unused medicines is a public health issue since the environment can become polluted by medicines that are thrown away or flushed down toilets. Millions of pills have been collected during the Washoe County Round Up events since October 2009.

Evidence-based Programs and Practices

JTNN funds and delivers evidence-based curriculum to youth and parents whenever possible. JTNN staff members deliver Botvin LifeSkills Training to high school students, Active Parenting and The Parent Project to parents, and Speak Out lessons to elementary students.

Table 6 summarizes the direct prevention service prevention programs implemented by partnering community agencies.

Table 6: Direction Prevention Service Programs Implemented by Partnering Community Agencies			
Organization	Program	Description (as provided by youth.gov or blueprintsprograms.org)	Scope
ACCEPT	Positive Action	Positive Action is an integrated and comprehensive program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict.	Youth ages 5-11
Big Brothers Big Sisters of Northern Nevada	School-based Mentoring	The Big Brothers Big Sisters Mentoring Program is designed to help participating youth ages 6-18 ("Littles") reach their potential through supported matches with adult volunteer mentors ages 18 and older ("Bigs"). The program focuses on positive youth development, not specific problems, and the Big acts as a role model and provides guidance to the Little through a relationship that is based on trust and caring.	Youth ages 5-11
Boys and Girls Club of the Truckee Meadows	Positive Action	Positive Action is an integrated and comprehensive program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict.	Youth ages 5-11

Children’s Cabinet	Project Northland	Project Northland is a school- and community-based, alcohol-use–prevention curriculum series that aims to prevent and reduce alcohol use and binge-drinking by middle and high school students. It aims to delay and moderate the onset of alcohol use, reduce use among youths who have already tried alcohol, and limit the number of alcohol-related problems experienced by young drinkers.	Youth ages 11-17
Quest Counseling and Consulting	Guiding Good Choices	Guiding Good Choices is a family competency training program that aims to enhance parenting behaviors and skills, to enhance effective child management behaviors and parent-child interactions and bonding, to teach children skills to resist peer influence, and to reduce adolescent problem behaviors.	Parents of Youth ages 9-14
Quest Counseling and Consulting	SPORT Prevention Plus Wellness	SPORT Prevention Plus Wellness is a health promotion program that highlights the positive image benefits of an active lifestyle to reduce the use of alcohol, tobacco and drug use by middle school students in addition to improving their overall physical health.	Youth ages 10-14

STEP 5: EVALUATION

Evaluation measures the impact of the SPF and the implemented programs, policies, and practices. The evaluation process is meant to be a tool that provides useful information to help coalitions in their work. Evaluation involves collecting, analyzing, and interpreting information about how a coalition implements its strategies and activities and what changes occur as a result.

JTNN completes its evaluation measures through different methods: monitoring progress of grant completion, analysis of activities, data gathering, watching data trends, and conducting interviews and focus groups.

Scopes of Work

For each grant, JTNN develops a “Scope of Work” document based on the goals and objectives to be met the grant. The document is used throughout the grant year to track which objectives and activities have been completed. This allows the JTNN staff to monitor the progress of each grant.

Data and Trends

JTNN staff members keep a close eye on data and data trends throughout the year. Monitoring the data and trends allows JTNN’s staff to be aware of changes in drug use, new drugs seized by law enforcement, deaths, perceptions, or other factors.

Community Focus Groups

JTNN hosts focus groups each year that allow participants to voice their opinions and concerns about community issues. This helps JTNN staff determine additional issues that may not yet appear in the data.

Program Participant Interviews

JTNN staff conduct in-depth interviews with Speak Out youth each year to determine if the program is having the intended impact and what, if any, modifications can be made.