GSC 360

Substance Misuse Prevention and Recovery Network

Substance Misuse Prevention 3- Year Strategic Plan

July 1, 2019 – June 30, 2022

NH DEPT. OF HEALTH AND HUMAN SERVICES

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BUREAU OF DRUG AND ALCOHOL SERVICES

Greater Sullivan County
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	ABOUT
WHO WE ARE	The Greater Sullivan County Substance Misuse Prevention Workgroup is part of the overarching [Greater Sullivan County Public Health Network](#) which is guided by the Public Health Advisory Council (PHAC). The Substance Misuse Prevention Workgroup, also known as Greater Sullivan County 360 (GSC360), is a group of community members and professionals working together to reduce harms from alcohol and other drugs through education, policies, practices and programs related to prevention, intervention, treatment and recovery. GSC360 consists of healthcare providers and healthcare service organizations, family service and community service organizations, educational institutions, law enforcement, a government entity, and others in the community. It shares the vision and goal of the PHAC: To foster a community that supports healthy lives, health equity, and wellbeing for people of all ages. The goal is to understand the health and safety needs of Greater Sullivan County, engage the community in developing and implementing a comprehensive approach to improving population health outcomes, and advocate for new and existing resources to advance health. Dartmouth-Hitchcock is the fiscal agent of both the Greater Sullivan County Public Health Network as well as ALL Together, the Substance Misuse Workgroup of the Upper Valley. The Upper Valley and Greater Sullivan County Substance Misuse Prevention (SMP) Coordinators and Continuum of Care (CoC) Facilitators work to capitalize on resources shared in both communities. The Substance Misuse Team includes the SMP Coordinator and CoC Facilitator of these two regions as well as the Drug Free Communities Coordinator of the Upper Valley. Through collaborative efforts, the team assists with the implementation of evidence based programs and policies based on the needs, gaps and readiness of the organizations and community.
CONTACT INFORMATION	Jacqui Baker GSCPHN@hitchcock.org 603-932-6375
LEADERSHIP TEAM MEMBERS	Amanda Mace - Turning Points Network Thomas Anderson - Newport Police Department Catherine Bardier - New London Hospital Cathy Pellerin - Claremont School District Charlene Lovett - City of Claremont Cynthia Twombley - West Central Behavioral Health David Berry - Sullivan County Corrections David Cahill - Sunapee Police Department Derek Ferland - Sullivan County Erin Angley - Newport Health Center Heidi Postupack - Second Growth

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	Jeanna Newbern - Lake Sunapee Visiting Nurses Association
	Jeremy Hartsell - The Recovery Center
	Jessica Powell - Integrated Delivery Network
	Kathleen Russo - Headrest
	Lisa Therrien - Fall Mountain School District
	Lyndsay Porreca - Valley Court Diversion
	Maggie Monroe- Cassel - TLC Family Resource Center
	Mark Chase - Claremont Police Department
	Renee Davis- Counseling Associates
	Robert Morrell - West Central Behavioral Health
	Robert Waters- South Western Community Services
	Ruth Ward - State Senate
	Stacey Hammerlind - Newport School District
	Theresa Georges - Kearsarge Regional School District
	Trinity Early - Claremont School District
	Wayne Miller - The Recovery Center

RPHN PURPOSE STATEMENT	
VISION	To foster a community that supports healthy lives, health equity, and wellbeing for people of all ages.
MISSION	Greater Sullivan County 360 is a group of community members and professionals working together to reduce harms from alcohol and other drugs through education, policies, practices and programs related to prevention, intervention, treatment and recovery.

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SNAPSHOT OF CURRENT ALCOHOL AND OTHER DRUG MISUSE IN YOUR REGION

Alcohol, nicotine used via electronic vapor products, and marijuana have been identified as drugs most used by youth in Greater Sullivan County by Greater Sullivan County 360 through use of the Youth Risk Behavior Survey, the Community Survey and anecdotal experience from those working with youth. These three drugs have been selected as the main focus for prevention efforts due to their widespread use, increased access to these drugs (nicotine and alcohol are legal and marijuana is legal for medical use), and social norms encouraging use of these drugs due to the aforementioned accessibility.

Alcohol is the most widely used substance by high school students and by adults in Greater Sullivan County. 56% of high school aged youth have had a drink of alcohol, 34% have used alcohol in the past 30 days and 19% have binge drank alcohol (2017 Youth Risk Behavior Survey). Positive adult attitudes towards alcohol give youth more positive attitudes toward alcohol and in turn, this increases youth use of the substance. Alcohol being in our everyday environment through advertisements and frequent alcohol use normalizes alcohol use. In addition, alcohol is often displayed as a coping mechanism by adults. Parents and other caring adults are not given the tools to set their child up for success in regards to alcohol use; often believing if they give their children alcohol they can teach them to use it safely. This conflicts evidence that shows that the younger someone uses a substance, the more likely they are to become addicted to a substance later in life[1]. Over 25% of community survey respondents reported knowing an adult in the community who hosts parties where alcohol is available or served to young people under the age of 18 and 47% of high school students who drank alcohol got it from someone they knew (2017 YRBS). Alcohol offers unique prevention opportunities as it is a legal substance ingrained in our culture that requires constant effort to alleviate harms of overuse.

Nicotine has become a more recent focus of GSC360 due to a sharp increase in youth using vaping products beginning in 2018[2]. According to the 2017 YRBS, 43% of students have ever used an electronic vapor product which can be used to vape nicotine, juice flavors which often contain nicotine, and marijuana and 20% used an electronic vapor product in the past 30 days. Although there is not yet quantitative data to reflect it, youth do not think it is harmful to use vaping products, such as JUUL. Youth can be unaware that there is nicotine in juices used in vaping products

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[1] Chen, C.-Y., Storr, C. L., & Anthony, J. C. (2009, March). Early-onset drug use and risk for drug dependence problems. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2677076/.

[2] US Food and Drug Administration. (n.d.). 2018 NYTS Data: A Startling Rise in Youth E-cigarette Use. Retrieved from https://www.fda.gov/tobacco-products/youth-and-tobacco/2018-nyts-data-startling-rise-youth-e-cigarette-use.

and are unaware of how much nicotine they are using. There has been a great deal of marketing that is attractive to youth, including juices of many flavors such as donut, whipped cream and peanut butter[3]. Vaping products are marketed as safer than cigarettes even though youth vaping use has been shown to lead to cigarette use[4]. This increased use and misunderstanding of the harms of vaping products has resulted in a strong desire from the community for more information and tools to use to combat youth vaping use.

According to the Youth Risk Behavior Survey (YRBS), marijuana is the most highly used illicit drug amongst our region's high-school aged youth. 29% of high school students have ever used marijuana and 23% have used it in the past 30 days (2017 YRBS). The legalization of therapeutic cannabis in New Hampshire and the legalization of recreational marijuana in neighboring states have all lead to a decreasing perception of risk of marijuana which can lead to increased use[5]. 64% of high school students think that there is slight to no risk from marijuana use once or twice a week (2017 YRBS). As national and local conversations continue to normalize use and highlight the benefits of medical and recreational marijuana, the risks of marijuana have become a confusing topic for community members. 55% of adults think there is slight to no risk from using mariuana occasionally and 34% think there is slight to no risk from using marijuana regularly (2018 Community Survey). Locally, the use of marijuana is seen as safer than other drugs leading to higher acceptance and use of the drug than may otherwise be seen. Similarly to alcohol and due to misinformation, instead of setting expectations that youth should not be using marijuana, parents sometimes sharing this drug with their children. There are many opportunities for prevention of marijuana use in the changing landscape that affects use of this substance.

Greater Sullivan County 360 looks forward to decreasing drug use in our region and creating a higher quality of life for youth in our region.

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[3] MistHub. 2019. E-Juice Flavors. Retrieved from https://www.misthub.com/pages/e-juice-flavors.
[4] National Academies of Sciences, Engineering, and Medicine (NASEM). 2018. Public Health Consequences of E-cigarettes. Washington, DC: The National Academies Press.
[5] Whitesell, M., Bachand, A., Peel, J., & Brown, M. (2013). Familial, social, and individual factors contributing to risk for adolescent substance use. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4008086/#B1.

GOAL 1: *Increase meaningful opportunities for interconnectivity of youth and adults in Greater Sullivan County as a protective factor against substance misuse.[6]*

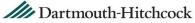| **Objective 1:** Increase the number of community members who agree that youth are made to feel valued.		**Objective 2:** Increase the number of youth ages 0-17 who are engaged in substance misuse prevention.	
Baseline:	65% of community members Agree/Strongly Agree that youth are made to feel valued in our community. (Community Survey)	**Baseline:**	0 youth ages 0-17 who are engaged in substance misuse prevention via coalition work, data collection, strategy development and implementation, etc. (PWITs - individual interactions)
Year 1:	67%	**Year 1:**	10
Year 2:	69%	**Year 2:**	20
Year 3:	70%	**Year 3:**	30
Objective 3: Increase the number of parents who talk with their kids or other youth about the dangers of tobacco, alcohol and other drug use.		**Objective 4:** Increase the number of youth that feel they matter to people.	
Baseline:	78% of parents have you talked with their kids or any other youth about the dangers of tobacco, alcohol, or other drug use in the past 12 months. (Community Survey)	**Baseline:**	50% of youth agree or strongly agree that in their community they feel like they matter to people. (Youth Risk Behavior Survey)
Year 1:	79%	**Year 1:**	52%
Year 2:	81%	**Year 2:**	53%
Year 3:	83%	**Year 3:**	55%

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[6] See Appendix A for literature review of risk and protective factors addressed by each goal. Risk and Protective factors include community connectivity, trauma and adverse childhood experiences, ability to cope with mental health and stress, and perception of harm.

GOAL 2: *Increase individual and community resilience to stress and behavioral health issues as a protective factor against substance misuse.[7]*

Objective 1: Decrease the number of youth who felt hopeless in the last 12 months.		Objective 2: Increase the number of parents that talk to their children when they notice the child feeling sad, hopeless, angry, or anxious.	
Baseline:	27% of youth ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past 12 months. (Youth Risk Behavior Survey)	**Baseline:**	93% parents very/somewhat likely to talk to their children when they notice the child feeling sad, hopeless, angry, or anxious. (Community Survey)
Year 1:	25%	**Year 1:**	95%
Year 2:	24%	**Year 2:**	96%
Year 3:	22%	**Year 3:**	97%
Objective 3: Increase the number of parents who report that messages about prevention lead them to have conversations with their child or any other youth.		Objective 4: Decrease the number of youth who attempted suicide in the last 12 months.	
Baseline:	29% of parents reported that the messages about prevention lead you to have conversations with your child or any other youth (Community Survey)	**Baseline:**	7% of youth reported attempting suicide in the last 12 months. (Youth Risk Behavior Survey)
Year 1:	30%	**Year 1:**	6%
Year 2:	32%	**Year 2:**	5%
Year 3:	34%	**Year 3:**	3%

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[7] Appendix A: literature review of risk and protective factors addressed by each goal. Risk and Protective factors include community connectivity, trauma and adverse childhood experiences, ability to cope with mental health and stress, and perception of harm.

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GOAL 3: *Increase awareness of the harmful effects of alcohol, vaping and marijuana on youth as a protective factor against substance misuse.*[8]

Objective 1: Increase the number of students who think people risk harming themselves if they binge drink.		**Objective 2:** Increase the number of students who think people risk harming themselves if they use marijuana regularly.	
Baseline:	70% of students think people risk harming themselves moderately or grately (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice a week. (Youth Risk Behavior Survey)	**Baseline:**	36% of students think people risk harming themselves moderately or greaterly (physically or in other ways) if they use marijuana once or twice a week. (Youth Risk Behavior Survey)
Year 1:	72%	**Year 1:**	37%
Year 2:	73%	**Year 2:**	38%
Year 3:	75%	**Year 3:**	40%
Objective 3: Increase the number of students who heard, read or saw prevention messaging.		**Objective 4:** Decreases the number of students who currently use an electronic vapor product.	
Baseline:	65% of students recall hearing, reading, or seeing a public message about avoiding alcohol or other illegal drugs in the past 12 months. (Youth Risk Behavior Survey)	**Baseline:**	20% of students used an electronic vapor product in the past 30 days. (Youth Risk Behavior Survey)
Year 1:	67%	**Year 1:**	19%
Year 2:	69%	**Year 2:**	18%
Year 3:	71%	**Year 3:**	17%

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[8] Appendix A: literature review of risk and protective factors addressed by each goal. Risk and Protective factors include community connectivity, trauma and adverse childhood experiences, ability to cope with mental health and stress, and perception of harm.

			STRATEGIES	
CSAP STRATEGY	ACTIVITIES	SECTOR	GOALS/ OBJECTIVES ADDRESSED BY THIS STRATEGY	RISK/ PROTECTIVE FACTOR TARGETED
Alternative Activities	Increase mentor/ mentee opportunities for youth	Community and Family Supports, Education, Government, Law Enforcement & Safety	Goal 1: Objectives 1, 3 & 4	Community Connectivity
Alternative Activities	Increase alternative activities for youth	Community and Family Supports, Education, Law Enforcement & Safety	Goal 1: Objectives 1 & 4	Community Connectivity
Alternative Activities	Increase youth engagement through opportunities such as a Youth Coalition.	Click or tap here to enter text.	Goal 1: Objectives 1, 2, 3 & 4	Community Connectivity
Alternative Activities	Assess need for after school transportation and and identify possible solutions, potentially to include a Bus for prosocial activities.	Community & Family Supports, Education, Government, Law Enforcement & Safety	Goal 1: Objectives 1 & 4	Community Connectivity
Community Based Process	Support development of 2+ local coalitions.	Community & Family Supports, Education, Government, Law Enforcement & Safety, Health & Medical, Business	Goal 1: Objectives 1, 2, 3 & 4	Community Connectivity
Community Based Process	Address emerging prevention topics as needed.	Community & Family Supports, Education, Government, Law Enforcement & Safety, Health & Medical, Business	Goal 1: Objective 2	Community Connectivity
Problem Identification & Referral	Increase supports for Children with incarcerated parents.	Community & Family Supports, Education, Government, Law Enforcement & Safety	Goal 1: Objective 1, 4	Community Connectivity, Address Trauma from ACEs

Provide Information	Educate community, judges, prosecutors, defense attorneys, schools, those working with kids about symptoms of and strategies to address trauma.	Community & Family Supports, Education, Government, Law Enforcement & Safety, Health & Medical, Business	Goal 1: Objective 1, 4	Address Trauma from ACEs
Enhance Skills	Assess community need for prosocial emotional learning curriculums to include anger/stress management support the identification and implementation of evidence based programs if needed.	Community & Family Supports, Education	Goal 2: Objective 1	Address Trauma from ACEs
Enhance Skills	Increase access to anger management skill building for youth.	Community & Family Supports, Education	Goal 2: Objectives 1 & 2	Ability to cope with stress and behavioral health concerns
Enhance Skills	Increase access to stress management skill building for youth.	Community & Family Supports	Goal 2: Objectives 1 & 2	Ability to cope with stress and behavioral health concerns
Provide Information, Enhance Skills	Increase access to parent education to include anger and stress management.	Community & Family Supports, Education, Government, Law Enforcement & Safety, Health & Medical, Business	Goal 2: Objectives 1, 2 & 3	Ability to cope with stress and behavioral health concerns
Provide Information	Increase general public access to suicide pre-and-postvention information and resources.	Community & Family Supports, Education, Government, Law Enforcement & Safety, Health & Medical, Business	Goal 2: Objectives 1, 2, 3 & 4	Ability to cope with stress and behavioral health concerns
Prevention Education	Increase access to information about electronic vapor products including through forums and workshops.	Community & Family Supports, Education, Government, Law Enforcement & Safety, Health & Medical, Business	Goal 3: Objective 4	Perception of harm of alcohol,marijuaand nicotine used via electronic vapor products

Prevention Education	Assess need for K-6th grade prevention curriculum in local schools and support the identification and implementation of evidence based programs if the need exists.	Education	Goal 3: Objective 1, 2, 3 & 4	Perception of harm of alcohol,marijuaand nicotine used via electronic vapor products
Information Dissemination	Increase youth targeted social media.	Community & Family Supports, Education, Health & Medical, Business	Goal 3: Objective 1, 2, 3 & 4	Perception of harm of alcohol,marijuaand nicotine used via electronic vapor products
Information Dissemination	Increase participation the Community Survey and Youth Risk Behavior Survey and share survey results with community.	Community & Family Supports, Education, Government, Law Enforcement & Safety, Health & Medical, Business	Goal 3: Objective 1, 2 & 4	Perception of harm of alcohol,marijuaand nicotine used via electronic vapor products
Information Dissemination	Increase prevention messaging and resource sharing to include use of billboards and law signs.	Community & Family Supports, Business	Goal 3: Objective 1, 2, 3 & 4	Perception of harm of alcohol,marijuaand nicotine used via electronic vapor products
Environmental	Support community in the identification of best practice ordinances and implementation of town ordinances for smoking, vaping, marijuana and kratom use.	Community & Family Supports, Government, Law Enforcement & Safety, Health & Medical, Business	Goal 3: Objective 1, 2, 3 & 4	Perception of harm of alcohol, marijuana and nicotine used via electronic vapor products

APPENDIX A:
Literature Review

Literature Review Provided from JSI from PTTC

Community Connectivity
•Social and School Connectedness in Early Secondary School as Predictors of Late Teenage Substance Use, Mental Health, and Academic Outcomes.
https://www.jahonline.org/article/S1054-139X(06)00422-8/fulltext
•School Connectedness Is an Underemphasized Parameter in Adolescent Mental Health: Results of a Community Prediction Study https://www.tandfonline.com/doi/abs/10.1207/s15374424jccp3502_1
"Results suggest a stronger than previously reported association with school connectedness and adolescent depressive symptoms in particular and a predictive link from school connectedness to future mental health problems."
•The Role of Risk and Protective Factors in Substance Use across Adolescence
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2518980/

Results
The risk factors were stronger predictors of substance use outcomes compared to the protective factors, regardless of grade level or substance use type. In particular, the individual and peer risk factors were strongly related to lifetime and recent use of cigarettes, alcohol, and marijuana. Among the protective factors, the strongest associations with substance use were found in the community domain. Several age-related differences in the associations were also found, suggesting that family and community factors were more salient among younger grades whereas peer and school factors were stronger among older adolescents.

Conclusions
These findings provide support for the Social Development Model (SDM), which proposes that adolescent substance use is associated with factors across multiple spheres of influence. Age-related differences in these associations suggest that effective interventions to reduce adolescent substance use may need to emphasize different domains of risk and protective factors at different stages of adolescent development.

Trauma/ACEs - both prevention of trauma and effective treatment for trauma
•Childhood adversity and the risk of substance use and delinquency: The role of protective adult relationships.
https://www.researchgate.net/profile/Samantha_Brown9/publication/310638583_Childhood_adversity
_and_the_risk_of_substance_use_and_delinquency_The_role_of_protective_adult_relationships/links/
5b2d0ea7aca2720785d7e286/Childhood-adversity-and-the-risk-of-substance-use-and-delinquency-The-
role-of-protective-adult-relationships.pdf
•Sensitive periods of substance abuse: Early risk for the transition to dependence
https://www.sciencedirect.com/science/article/pii/S1878929316301931?via%3Dihub

Perception of harm

•Perceived Harm, Addictiveness, and Social Acceptability of Tobacco Products and Marijuana Among Young Adults: Marijuana, Hookah, and Electronic Cigarettes Win
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4302728/

Subset of Literature Showing Relationship Between Specific Protective/Risk Factors and Substance Use

Article	Summary/Abstract	Relevant Protective/Risk Factors
Alaska Division of Behavioral Health (2011). **Risk and Protective Factors for Adolescent Substance Use (and other Problem Behavior).** http://dhss.alaska.gov/dbh/Documents/Prevention/publications/Risk_Protective_Factors_Jan_2011%20.pdf	Provides an overview of the various protective and risk factors that have been found to be associated with adolescent substance use as well as other behavioral health related practices. It defines each factor and provides research citations.	• Clear expectations of behavior • Community connectivity • Perceived risk of harm • Trauma/ACEs
Center for the Application of Prevention Technologies (CAPT). **Risk and Protective Factors Associated with Marijuana Use: A Review of the Literature Since 2006.** (Attached)	Goal: To explore the risk and protective factors associated with marijuana use, identifying those with the strongest, most consistent links to use, and therefore those that may serve as the strongest levers of change. Using a social-ecological framework, this paper will describe some of the most commonly researched risk and protective factors related to marijuana use based on published research from 2006-2010. Organizes data by 5 domains and the strength of the evidence related the factor to substance use.	• Clear expectations of behavior • Community connectivity • Perceived risk of harm
Center for the Application of Prevention Technologies (CAPT). **Risk and Protective Factors Associated with Prescription Drug Misuse/Abuse: Literature Review (2006-2011)** (Attached)	Goal: To explore the risk and protective factors associated with the nonmedical use of prescription drugs (NMUPD), identifying those with the strongest, most consistent links to use, and therefore those that may serve as the strongest levers of change. Using a social ecological framework, this document describes some of the most commonly researched risk and protective factors related to NMUPD based on published research from 2006-2011. The review of the empirical literature focused on US samples of adolescents and older adults. While all classes of prescription drugs were examined,	• Clear expectations of behavior • Community connectivity • Perceived risk of harm

Article	Summary/Abstract	Relevant Protective/Risk Factors
	specific focus was given to opioid/pain reliever class of prescription drugs (PD), the most common class of prescription drug used for nonmedical purposes. Organizes data by 5 domains and the strength of the evidence related the factor to substance use.	
Center for the Application of Prevention Technologies (CAPT). **Risk and Protective Factors Associated with Binge Drinking: Literature Review (2007-2012)** (Attached)	Goal: To explore the risk and protective factors associated with binge drinking, identify those with the most well document links to this high risk pattern of alcohol consumption, and therefore those that may serve as the strongest levers of change. Using a social-ecological framework, this document describes some of the most commonly researched risk and protective factors related to binge drinking that have been published in meta-analyses or in peer-reviewed systematic, quasi-systematic, or non-systematic reviews published between 2007 and June 2012. Additionally, relevant longitudinal and cross-sectional studies summarized in the Annotate Bibliography of Alcohol, Other Drug, and Violence Prevention Resources 2006-2008, a literature review compiled by the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention (HEC) in 2009, were included. Relevant studies from a review of alcohol use among older adults completed in Spring 2012 compiled by SAMHSA's Center for the Application of Prevention Technologies (CAPT) were also included. Organizes data by 5 domains and the strength of the evidence related the factor to substance use.	• Capacity to cope with stress and behavioral health concerns • Clear expectations of behavior • Community connectivity • Perceived risk of harm • Trauma/ACEs

Article	Summary/Abstract	Relevant Protective/Risk Factors
Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). **Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention.** Psychological bulletin, 112(1), 64. https://www.researchgate.net/profile/J_Hawkins/publication/21626764_Risk_and_Protective_Factors_for_Alcohol_and_Other_Drug_Problems_in_Adolescence_and_Early_Adulthood_Implications_for_Substance_Abuse_Prevention/links/00b7d51da3c1909454000000/Risk-and-Protective-Factors-for-Alcohol-and-Other-Drug-Problems-in-Adolescence-and-Early-Adulthood-Implications-for-Substance-Abuse-Prevention.pdf	Though dated, this article is a seminal work on risk and protective factors related to substance use and is widely cited. The authors also included interventions shown to address each risk factor.	• Clear expectations of behavior • Community connectivity • Perceived risk of harm
Lipari, R. N. (2013). **Trends in adolescent substance use and perception of risk from substance use.** In The CBHSQ report. Substance Abuse and Mental Health Services Administration (US). https://www.ncbi.nlm.nih.gov/books/NBK385059/	Background: An adolescent's perception of the risks associated with substance use is an important determinant of whether he or she engages in substance use. Methods: NSDUH asks adolescents aged 12 to 17 how much people risk physical and other harm when they drink five or more alcoholic drinks once or twice a week, use marijuana once or twice a week, use cocaine once or twice a week, use LSD once or twice a week, and use heroin once or twice a week. This report presents estimates of youth aged 12 to 17 perceptions of great risk associated with substance use and past month use of associated substances. **Results: The percentage of adolescents aged 12 to 17 who perceived great risk from having five or more alcoholic drinks once or twice a week increased from 38.2 percent in 2002 to 40.7**	• Perceived risk of harm

Article	Summary/Abstract	Relevant Protective/Risk Factors
ts/Planning/~/media/328D3B716A24449D8504357BD3865949.ashx		
Substance Abuse and Mental Health Services Administration, **Focus on Prevention.** HHS Publication No. (SMA) 10–4120. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Revised 2017. https://store.samhsa.gov/system/files/sma10-4120.pdf	Community guide based in SAMHSA's Strategic Prevention Framework that offers tips and tools on planning and implementing prevention strategies, programs, and events. The guide includes a list of protective factors and proven interventions.	• Capacity to cope with stress and behavioral health concerns • Clear expectations of behavior • Community connectivity