JTNN Join Together Northern Nevada
Building Partnerships for a Healthy Community

Comprehensive Community Prevention Plan

2018

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the Nevada Division of Public and Behavioral Health.

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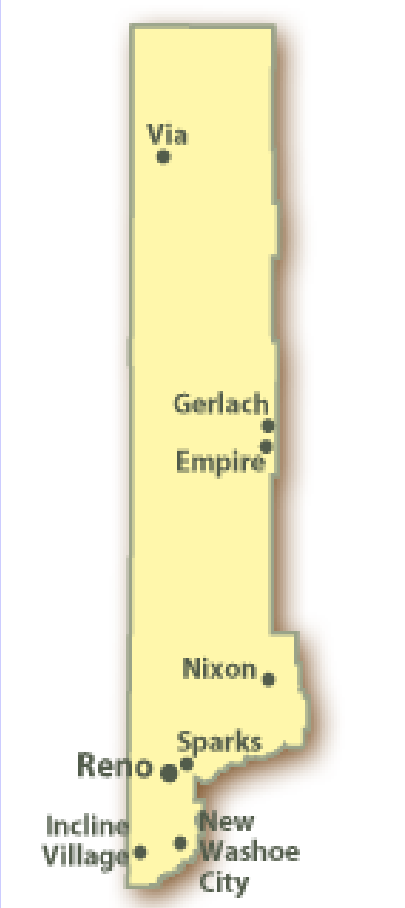
Background



Population (2018 Estimate): 457,526

Ethnicity (2018 Estimate):
White – not Hispanic: 63.6%
Hispanic or Latino: 25.3%
African American: 2.5%
American Indian/AK Native: 1.6%
Asian/ Pacific Islander: 7.0%

Gender (2018 Estimate):
Male: 50.2%
Female: 49.8%

Age (2018 Estimate):
Persons Under Age 18: 18.4%
Persons 65 and Older: 15.4%

Source: Nevada State Demographer

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 reduces 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 acts as a clearinghouse for information, community assessment, planning, grant funding, and administration, with a mission to "*create a healthy drug-free community by building successful partnerships to support prevention education and outreach*." JTNN accomplishes its mission through the use of a community needs assessment, planning, community action, prevention program funding, and initiatives aimed at preventing the use and misuse of addictive drugs.

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) completed every two years. The first CCPP was published in 2002. This document serves as JTNN's 2018 CCPP.

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:

- The most recent data available indicate alcohol use is higher in Washoe County among high school students, college students, and adults compared to national rates.
- In 2017, 60.2% of high school students in Washoe County had ever drank alcohol in their lifetime.
- In 2017, 32.7% of high school seniors in Washoe County had used alcohol in the past 30 days.
- In 2017, 35.2% 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. This was higher than data for the state of Nevada.
- In 2016, 39.4% of college students reported binge drinking in the past 2 weeks which was higher than the national percentage.
- One in five (20.5%) adults in Washoe County reported binge drinking in the past 30 days and 9.1% were classified as heavy drinkers. Both binge and heavy drinking rates in Washoe County were higher than Nevada and the United States.
- The rate of alcohol-induced causes of death has been higher in Washoe County compared to Nevada and the United States every year from 2007 through 2016 and is increasing.
- Most recent data indicate marijuana use is higher among all measured populations (middle school students, high school students, college students, and adults) in Washoe County compared to the United States.
- In 2017, four out of ten (41.9%) high school students reported they had used marijuana at least once in their lifetime while nearly one in four (23.2%) reported they currently (past 30 days) use marijuana. Both the lifetime use and current use of marijuana among high school students was higher in Washoe County compared to Nevada and the United States.
- In 2017, nearly half (47.8%) of high school students in Washoe County reported they had used e-cigarettes at least once in their life, and one in five (21.8%) had used e-cigarettes or vape pens in the past 30 days. Both lifetime and current e-cigarette use among youth were higher than reported current use among adults in Washoe County and higher compared to Nevada and the United States.
- In 2017, 14.8% of high school students in Washoe County reported they had used prescription drugs without a doctor's prescription at least once in their lifetime. Tenth graders had the highest proportion of misuse at 17.9%.
- In 2018, youth perceived risk associated with use of a marijuana was much lower (14% believe there's great risk) than their perceived risk for using prescription drugs (47% believe there's a great risk) or alcohol (37% believe there's a great risk).
- Similarly, in 2018, youth perceived parental and peer disapproval for use of marijuana was lowest compared to alcohol and prescription drugs.

The Strategic Prevention Framework

Join Together Northern Nevada has structured this Comprehensive Community Prevention Plan according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). The five steps that comprise the SPF enable coalitions to build the infrastructure necessary for effective and sustainable prevention. Each step contains key milestones and products that are 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.

A Description of the SPF Steps

Step #1: Assessment (pages 8-62) - Profile population needs, resources, and readiness to address 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.

JTNN engages in collecting existing substance-abuse related data from various sources, dissemination of a hardcopy and an online survey, and conducts focus groups.

Step #2: Capacity (pages 63) - Mobilize and/or build 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.

JTNN spends much of its time mobilizing the capacity of the community to deal with the identified substance abuse problem. This mobilization effort is seen in JTNN's committees and many other involvements of which JTNN is engaged in the Washoe County community.

Step #3: Planning (pages 64-67) - Develop a comprehensive strategic plan

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.

After the assessment and capacity building, JTNN, in concert with its many partners, developed a strategic plan that addresses each of the risk factors identified in the assessment section. This plan will serve as the prevention blueprint for action for January 1, 2019 through December 31, 2020.

Step #4: Implementation (pages 68-70) - Implement evidence-based prevention programs, policies, and practices

Implementation involves taking action guided by the strategic plan created in Step 3 of the SPF. This step also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

Currently, JTNN funds evidence-based programs in Washoe County targeted at the prioritized risk factors. Further, JTNN and its committees are continually looking at practices designed to bring the community together and spread the coalition's message, from leading a youth program to hosting community town hall events with national experts. Finally, through its Environmental Strategies committee, JTNN advocates for changing social norms and implementing policies and ordinances designed to protect our local youth.

Step #5: Evaluation (pages 71) - Monitor, evaluate, sustain, and improve or replace those that fail

Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices.

All programs funded through JTNN are evaluated using standardized instruments. The coalition itself is evaluated to ensure it is operating efficiently and effectively.

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 the fall of 2018. A complete Community Assessment was conducted utilizing data from the Youth Risk Behavior Survey (YRBS), the National College Health Assessment, Behavioral Risk Factor Surveillance System (BRFSS), Nevada Department of Public Safety, Crime in Nevada Reports, National Highway Traffic Safety Administration, the Substance Abuse Prevention and Treatment Agency, Washoe County School District Accountability Reports, Washoe County School District Climate Survey, and arrest records from Washoe County Jail and the Reno Police Department.

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, and the JTNN Board of Directors.

A sample of JTNN's coalition members:

ACCEPT	Alliance with the Washoe County Medical Society	Army National Guard	Big Brothers Big Sisters of Northern Nevada
Boys and Girls Club of Truckee Meadows	Bristlecone Family Resources	The Children's Cabinet	City of Reno Code Enforcement
Community Health Alliance	Crisis Support Services of Nevada	Drug Enforcement Administration	ELKS
Nevada Office of Traffic Safety	Nevada State Medical Association	Northern Nevada HOPES	Parents
Quest Counseling and Consulting	Reno Police Department	Renown Health	Retail Association of Nevada
Sparks Police Department	Truckee Meadows Water Authority	University of Nevada, Reno Police Department	University of Nevada, Reno School of Medicine
University of Nevada, Reno Student Health Center	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	Youth

Consumption Data

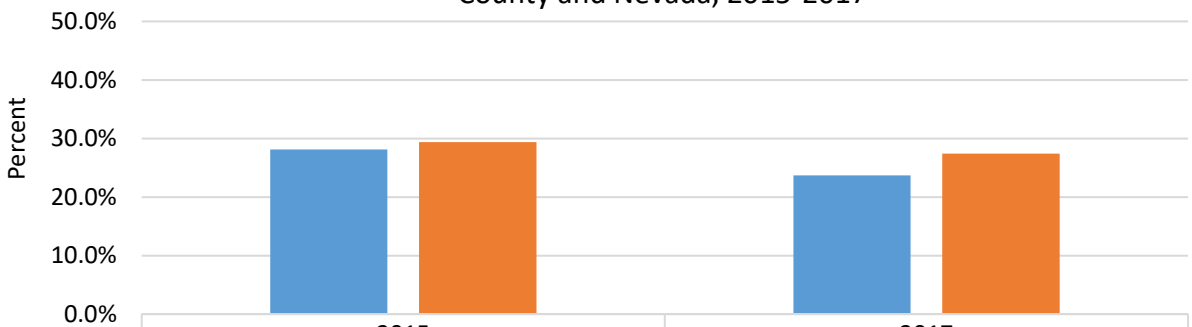
Alcohol

The use of alcohol is higher in Washoe County compared to Nevada and the United States among high school students, college students, and adults. However, alcohol use among high school students has declined from 2007 to 2017 and use of alcohol among middle school students is lower in Washoe County compared to Nevada.

Alcohol Consumption by Middle School Youth

In 2017, the lifetime use of alcohol [Figure 1], use before age 11 [Figure 2], and current use of alcohol [Figure 3] among middle school students in Washoe County was lower compared to Nevada. Although there were decreases in percentage between 2015 and 2017 for the alcohol consumption indicators among middle school students, the decreases were not statistically significant.[1]

Figure 1: Middle school students who reported ever using alcohol, Washoe County and Nevada, 2015-2017

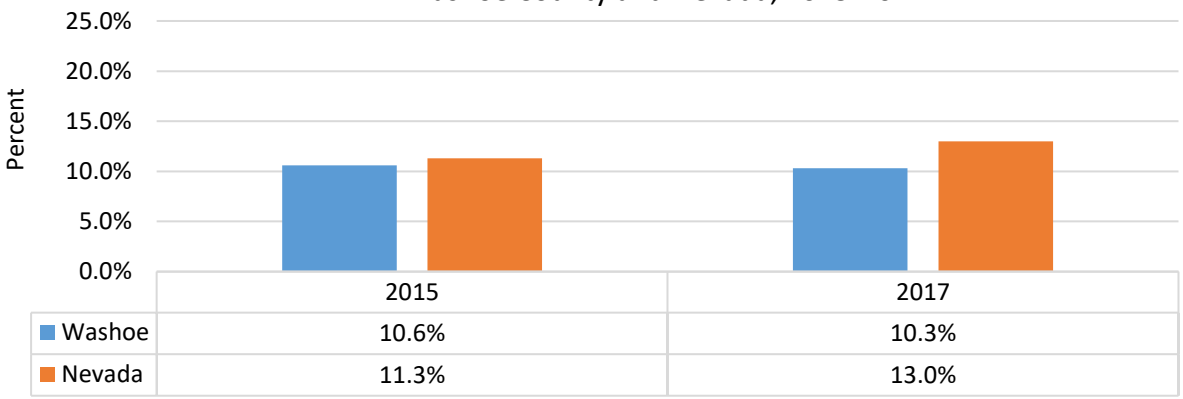


	2015	2017
Washoe	28.1%	23.7%
Nevada	29.4%	27.4%

Youth Risk Behavior Survey

[1] Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015-2017 Nevada Middle School YRBS Comparison Report.

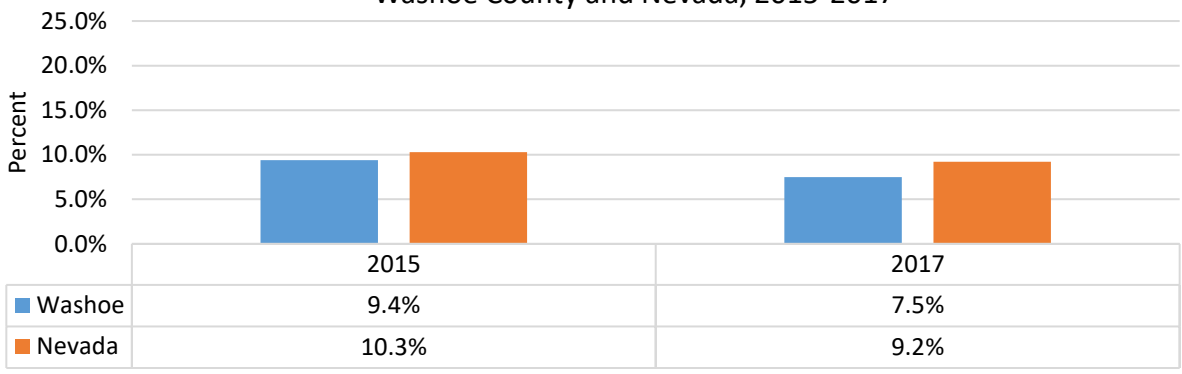
Figure 2: Middle school students who reported using alcohol before age 11, Washoe County and Nevada, 2015-2017



	2015	2017
Washoe	10.6%	10.3%
Nevada	11.3%	13.0%

Youth Risk Behavior Survey

Figure 3: Middle school students who consumed alcohol - past 30 days, Washoe County and Nevada, 2015-2017



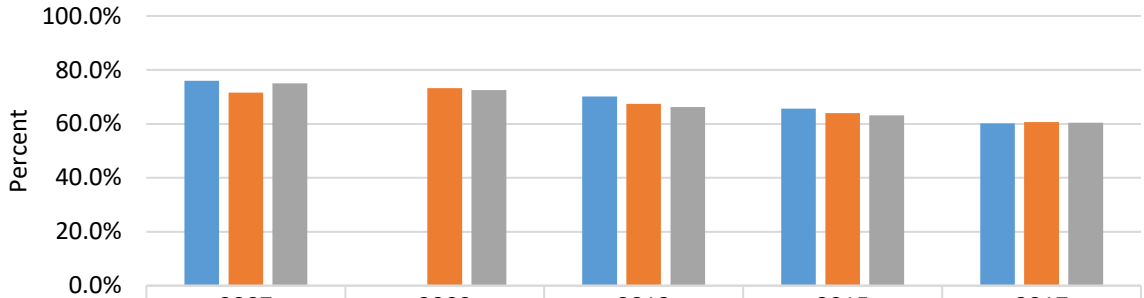
	2015	2017
Washoe	9.4%	7.5%
Nevada	10.3%	9.2%

Youth Risk Behavior Survey

Alcohol Consumption by High School Youth

The percentage of Washoe County high school students reporting they had ever used alcohol decreased from 2007 (76.0%) to 2017 (60.2%) [Figure 4]. The percentage of students who reported they drank alcohol before 13 years of age declined from 2007 (24.0%) to 2017 (17.9%) [Figure 5]. The percentage of high school students in Washoe County reporting they had consumed alcohol in the past 30 days decreased from 2007 (44.6%) to 2017 (27.2%) [Figure 6], as did reported binge drinking [Figure 7]. Among Washoe County high school students, the prevalence of current alcohol use increases with each grade level [Figure 8].

Figure 4: High school students who reported ever using alcohol, Washoe County, Nevada, and the United States, 2007-2017

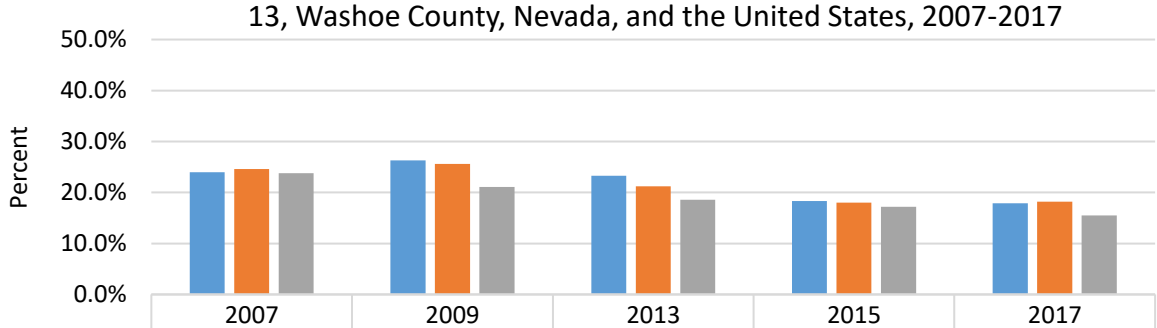


	2007	2009	2013	2015	2017
Washoe	76.0%		70.1%	65.6%	60.2%
Nevada	71.6%	73.2%	67.4%	64.0%	60.6%
United States	75.0%	72.5%	66.2%	63.2%	60.4%

Youth Risk Behavior Survey

*Unable to obtain Washoe County 2009 data

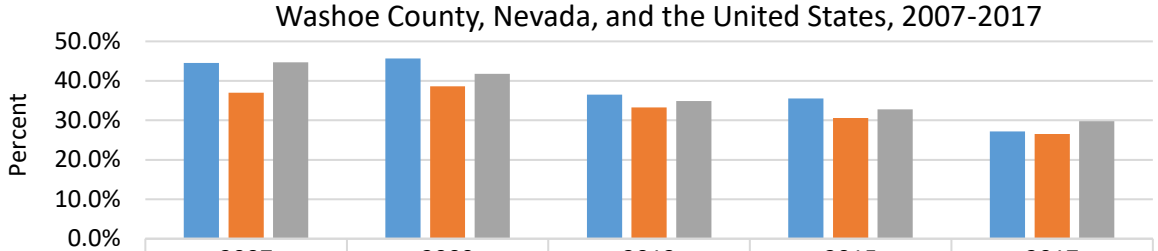
Figure 5: High school students who reported drinking alcohol before age 13, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	24.0%	26.3%	23.3%	18.3%	17.9%
Nevada	24.6%	25.6%	21.2%	18.0%	18.2%
United States	23.8%	21.1%	18.6%	17.2%	15.5%

Youth Risk Behavior Survey

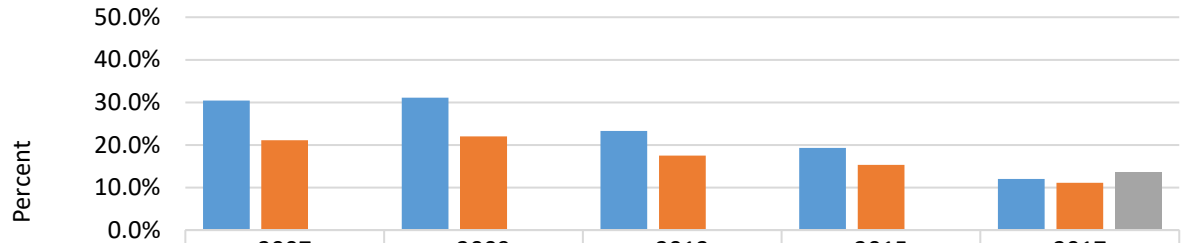
Figure 6: High school students who consumed alcohol - past 30 days, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	44.5%	45.7%	36.5%	35.5%	27.2%
Nevada	37.0%	38.6%	33.3%	30.6%	26.5%
United States	44.7%	41.8%	34.9%	32.8%	29.8%

Youth Risk Behavior Survey

Figure 7: High school students engaged in binge drinking - past 30 days, Washoe County, Nevada, and the United States, 2007-2017

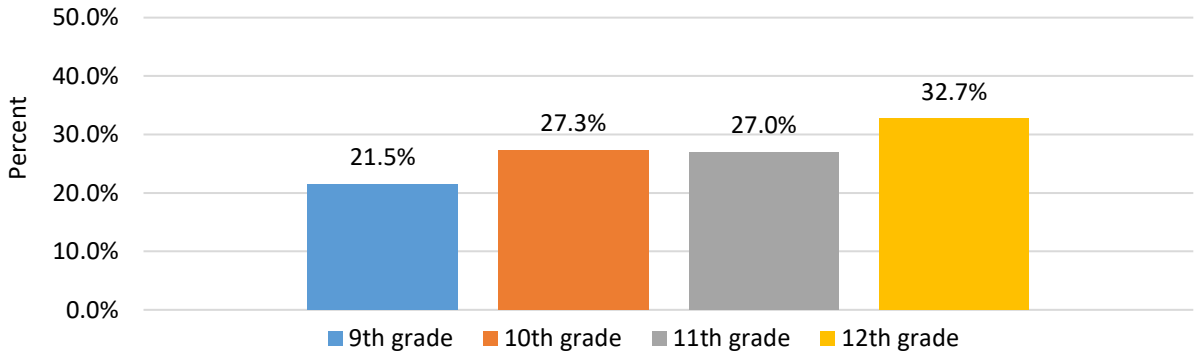


	2007	2009	2013	2015	2017
Washoe	30.4%	31.1%	23.3%	19.3%	12.0%
Nevada	21.1%	22.0%	17.5%	15.3%	11.1%
United States					13.5%

Youth Risk Behavior Survey

*United States data not available prior to 2017

Figure 8: High school student alcohol use by grade - past 30 Days, Washoe County, 2017

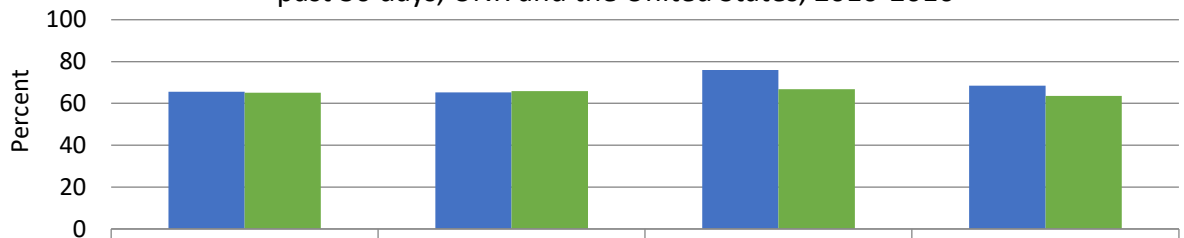


Youth Risk Behavior Survey

Alcohol Consumption by College Students

In 2016, local (UNR) college students using alcohol in the past 30 days decreased from the previous survey year (2014), however was still higher than the national average [Figure 9]. Additionally, the reported percentage of UNR students that reported binge drinking has remained steady and in 2016 was also higher than the national average [Figure 10].

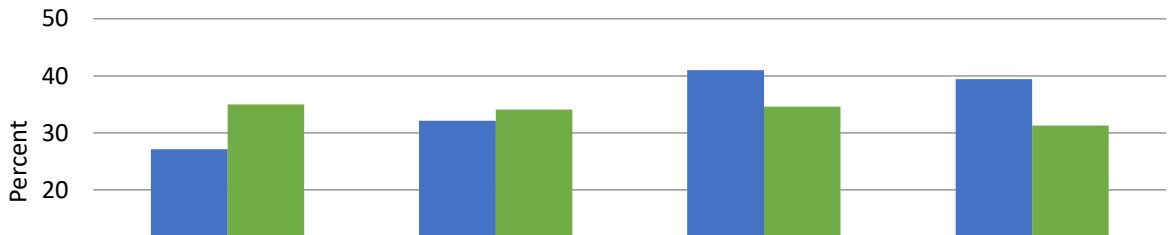
Figure 9: Alcohol use among college students past 30 days, UNR and the United States, 2010-2016



	2010	2012	2014	2016
UNR	65.5	65.3	76	68.4
US	65.1	65.9	66.8	63.6

National College Health Assessment Core Alcohol and Drug Survey

Figure 10: Binge drinking by college students past 2 weeks, UNR and the United States, 2010-2016



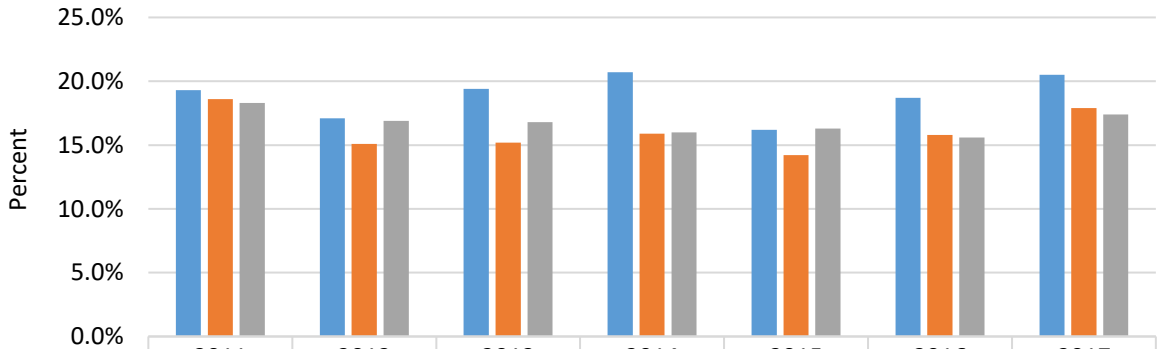
	2010	2012	2014	2016
UNR	27.1	32.1	41	39.4
US	35	34.1	34.6	31.3

National College Health Assessment Core Alcohol and Drug Survey

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]. This trend has been relatively stable from 2011 through 2017 for both indicators. According to the most recent 2017 data, there was no difference in heavy drinking between males and females in Washoe County, with heavy drinking rates at 9.1% for both populations.[2]

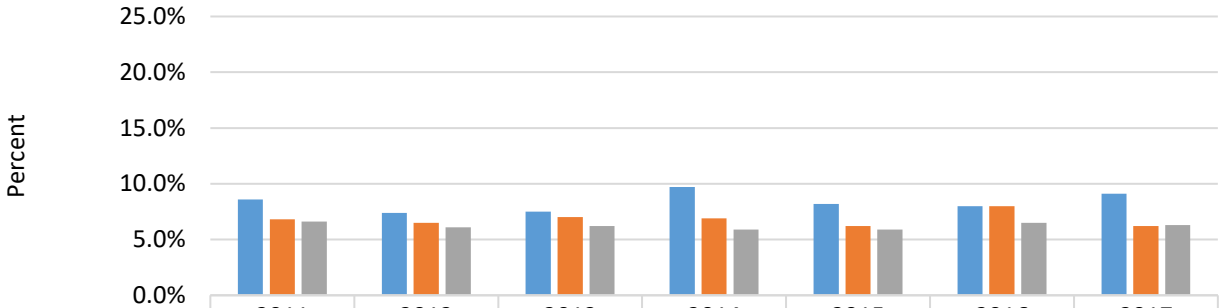
Figure 11: Adults classified as binge drinkers, Washoe County, Nevada, and the United States, 2011-2017



	2011	2012	2013	2014	2015	2016	2017
Washoe	19.3%	17.1%	19.4%	20.7%	16.2%	18.7%	20.5%
Nevada	18.6%	15.1%	15.2%	15.9%	14.2%	15.8%	17.9%
United States	18.3%	16.9%	16.8%	16.0%	16.3%	15.6%	17.4%

Behavioral Risk Factor Surveillance System

Figure 12: Adults classified as heavy drinkers, Washoe County, Nevada, and the United States, 2011-2017



	2011	2012	2013	2014	2015	2016	2017
Washoe	8.6%	7.4%	7.5%	9.7%	8.2%	8.0%	9.1%
Nevada	6.8%	6.5%	7.0%	6.9%	6.2%	8.0%	6.2%
United States	6.6%	6.1%	6.2%	5.9%	5.9%	6.5%	6.3%

Behavioral Risk Factor Surveillance System

[2] Nevada Office of Analytics, Department of Health and Human Services. (2018). Substance Abuse Prevention and Treatment Agency Behavioral Health Region Washoe County 2018 Epidemiologic Profile. Carson City, NV.

Marijuana

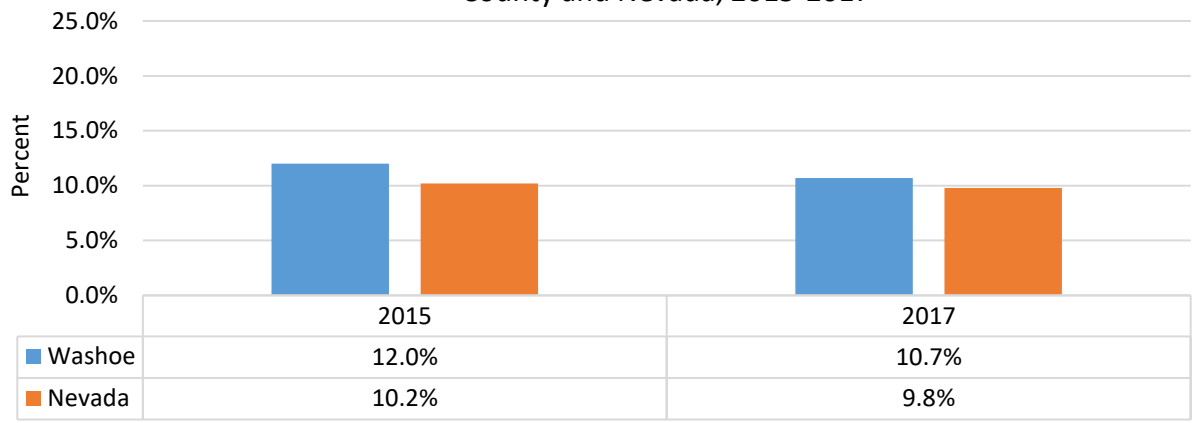
In 2017, Nevada legalized the sale of recreational marijuana to adults 21 years and older. This results in an increase in the availability of marijuana in a variety of forms, including edibles, oils, and products designed for electronic cigarettes or vape pens; however, there may be a lag in noticeable trends in reported use among youth and adults.

Reported use of marijuana is higher in Washoe County among all populations (middle school youth, high school youth, college students and adults) relative to Nevada and the United States. Among the adult population, reported current use of marijuana doubled from 2011 to 2017 and has remained higher than Nevada overall. Among youth, trends from 2007 to 2017 show an approximate three percent increase for the reported marijuana consumption indicators (lifetime use, current use, and use before age 13).

Marijuana Consumption by Middle School Youth

In 2017, the lifetime use of marijuana [Figure 13], use before age 11 [Figure 14], and current use of marijuana [Figure 15] among middle school students in Washoe County was higher compared to Nevada. Although there were decreases in percentage of middle school students who reported having ever used marijuana [Figure 13] and currently using marijuana [Figure 15] between 2015 and 2017, the decreases were not statistically significant.[3]

Figure 13: Middle school students who have ever used marijuana, Washoe County and Nevada, 2015-2017

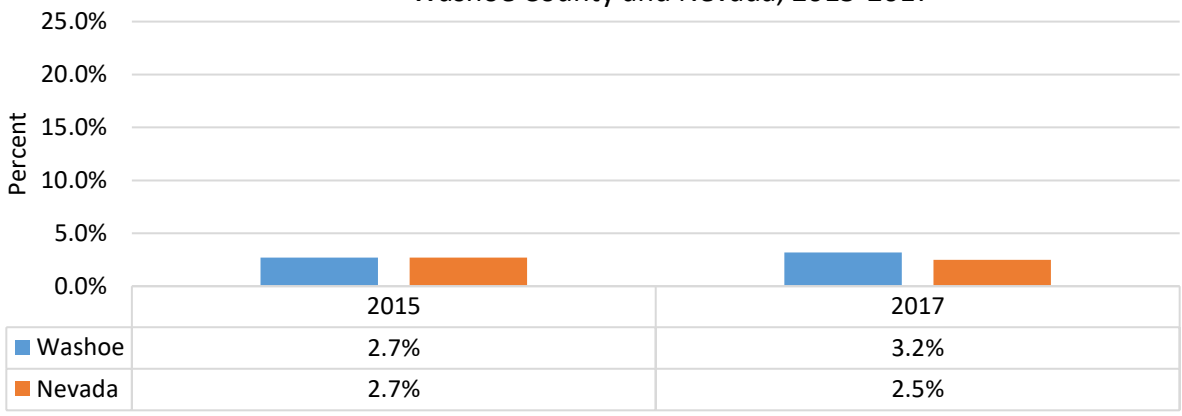


	2015	2017
Washoe	12.0%	10.7%
Nevada	10.2%	9.8%

Youth Risk Behavior Survey

[3] Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015-2017 Nevada Middle School YRBS Comparison Report.

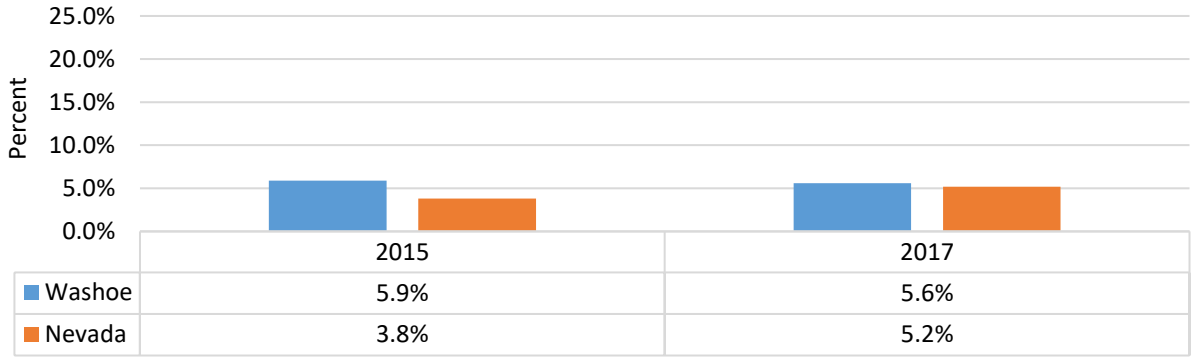
Figure 14: Middle school students who tried marijuana before age 11, Washoe County and Nevada, 2015-2017



	2015	2017
Washoe	2.7%	3.2%
Nevada	2.7%	2.5%

Youth Risk Behavior Survey

Figure 15: Middle school students who have used marijuana - past 30 days, Washoe County and Nevada, 2015-2017



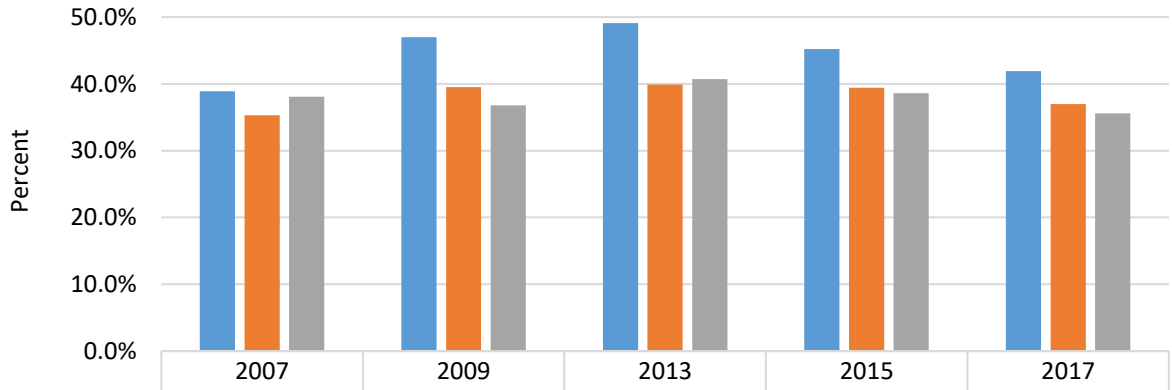
	2015	2017
Washoe	5.9%	5.6%
Nevada	3.8%	5.2%

Youth Risk Behavior Survey

Marijuana Consumption by High School Youth

In 2017, 41.9% of high school students in Washoe County reported having tried marijuana [Figure 16] and 23.2% 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 [Figure 16], using it before the age of 13 years [Figure 17], and having currently used (within past 30 days) [Figure 18] has been higher than statewide and national rates from 2007 through 2017. Additionally, one in four 10th and over one in four 11th graders reported currently using marijuana in 2017 [Figure 19].

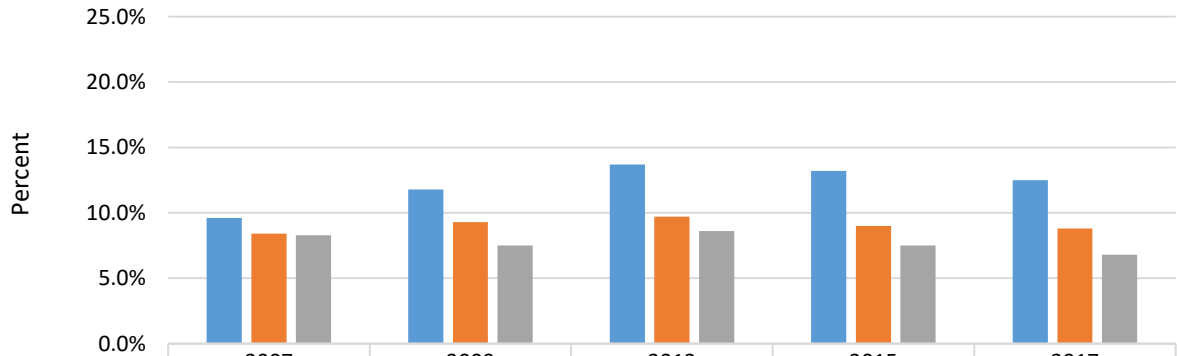
Figure 16: High school students who have ever used marijuana, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	38.9%	47.0%	49.1%	45.2%	41.9%
Nevada	35.3%	39.5%	39.9%	39.4%	37.0%
United States	38.1%	36.8%	40.7%	38.6%	35.6%

Youth Risk Behavior Survey

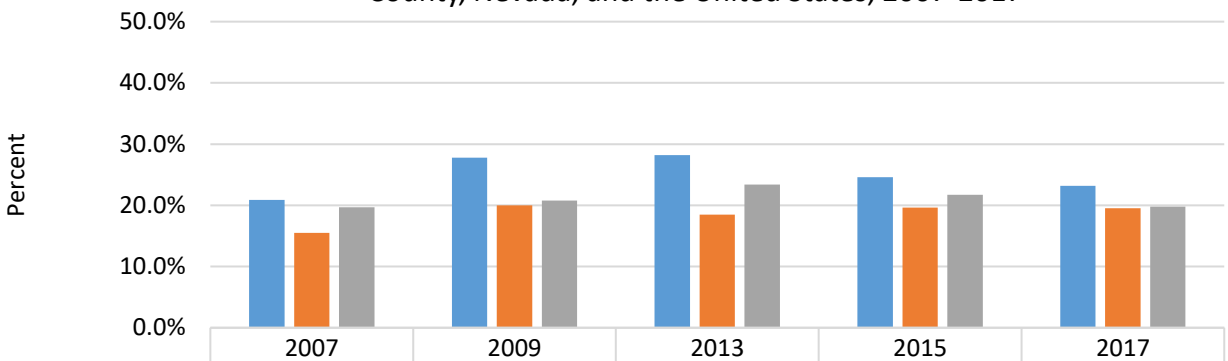
Figure 17: High school students who used marijuana before age 13, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	9.6%	11.8%	13.7%	13.2%	12.5%
Nevada	8.4%	9.3%	9.7%	9.0%	8.8%
United States	8.3%	7.5%	8.6%	7.5%	6.8%

Youth Risk Behavior Survey

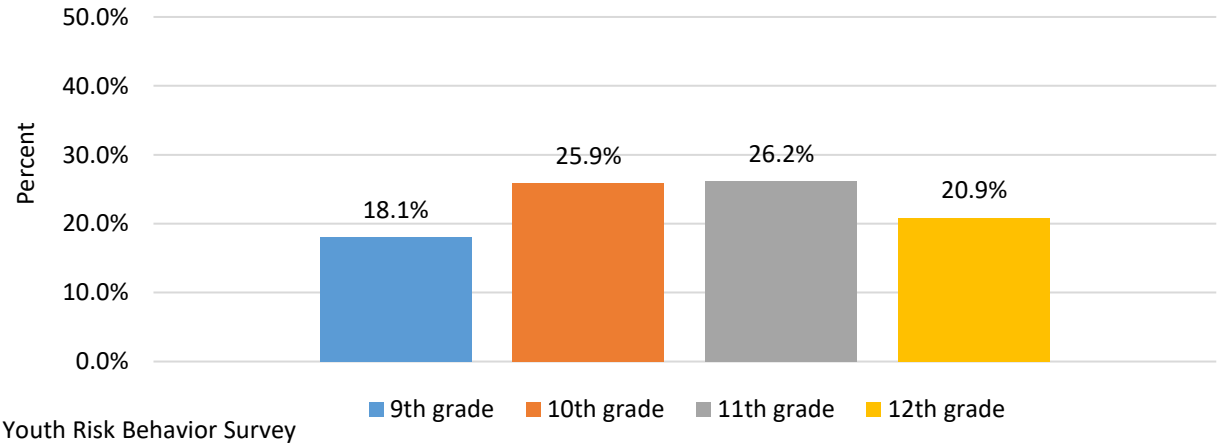
Figure 18: High school students marijuana use - last 30 days, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	20.9%	27.8%	28.2%	24.6%	23.2%
Nevada	15.5%	20.0%	18.5%	19.6%	19.5%
United States	19.7%	20.8%	23.4%	21.7%	19.8%

Youth Risk Behavior Survey

Figure 19: High school student marijuana use by grade past 30 days, Washoe County, 2017

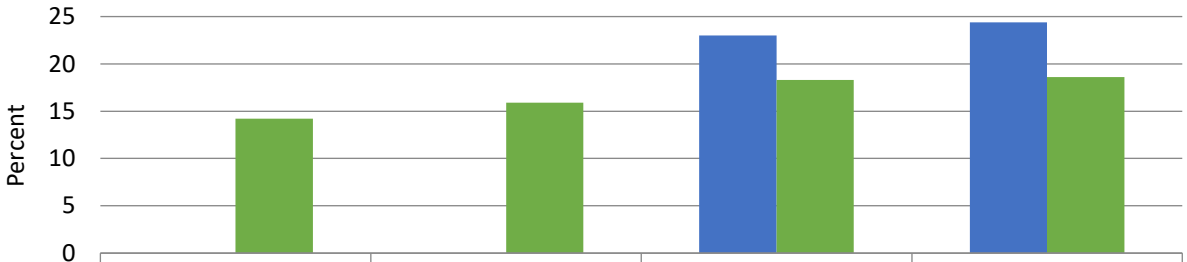


Youth Risk Behavior Survey

Marijuana Consumption by College Students

Similar to high school youth, current (past 30 days) use of marijuana among college students has remained higher than the national percentage [Figure 20].

Figure 20: Marijuana use by college students - past 30 days, UNR and the United States, 2010-2016



	2010	2012	2014	2016
UNR			23	24.4
US	14.2	15.9	18.3	18.6

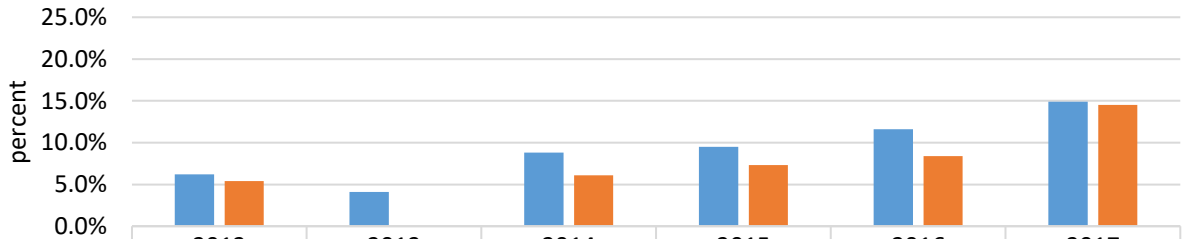
National College Health Assessment Core Alcohol and Drug Survey

*UNR data not available prior to 2014

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 14.9% in 2017 [Figure 21]. 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 [Figure 21].

Figure 21: Adult use of marijuana - past 30 days



	2012	2013	2014	2015	2016	2017
Washoe	6.2%	4.1%	8.8%	9.5%	11.6%	14.9%
Nevada	5.4%		6.1%	7.3%	8.4%	14.5%

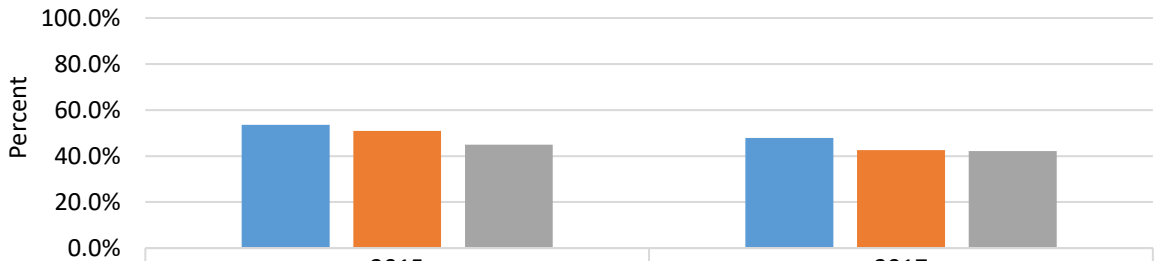
Behavioral Risk Factor Suvelliance System

*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. In both 2015 and 2017, a higher percentage of high school students in Washoe County reported having ever used electronic vapor products compared to Nevada and the United States [Figure 22]. Although decreasing, current (past 30 days) use was still much higher compared to the United States[Figure 23]. Adult use of electronic vapor products has remained stable, ranging from 7.6% to 5.0% from 2014 to 2017 [Figure 24].

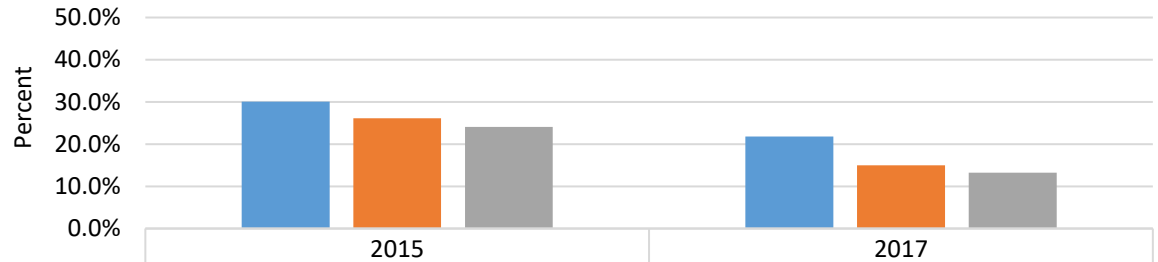
Figure 22: High school students who have ever used e-cigarettes, Washoe County, Nevada, and the United States, 2015-2017



	2015	2017
Washoe	53.5%	47.8%
Nevada	50.9%	42.6%
United States	44.9%	42.2%

Youth Risk Behavior Survey

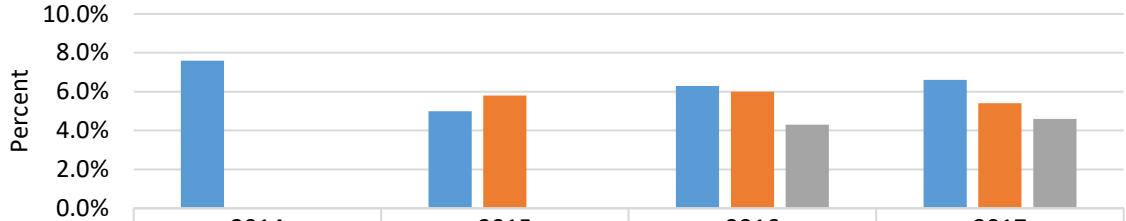
Figure 23: High school students who used e-cigarettes - past 30 days, Washoe County, Nevada, and the United States, 2015-2017



	2015	2017
Washoe	30.1%	21.8%
Nevada	26.1%	15.0%
United States	24.1%	13.2%

Youth Risk Behavior Survey

Figure 24: Adult use of e-cigarettes - past 30 days, Washoe County, Nevada, and the United States, 2014-2017



	2014	2015	2016	2017
Washoe	7.6%	5.0%	6.3%	6.6%
Nevada		5.8%	6.0%	5.4%
United States			4.3%	4.6%

Behavioral Risk Factor Surveillance System

*United States data not available prior to 2016

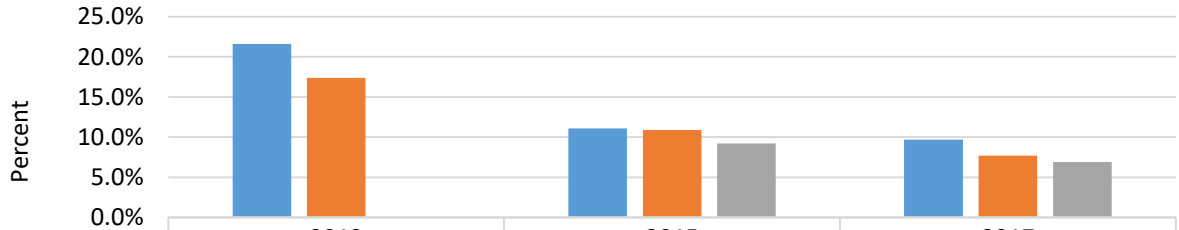
Other Drugs

Overall among high school and college students, the reported use of other drugs 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 synthetic marijuana [Figure 25], inhalants [Figure 26], ecstasy [Figure 27], cocaine [Figure 28], and heroin [Figure 29] have decreased among Washoe County high school students from 2007 to 2017, however rates in 2017 were still higher than Nevada and the United States. Lifetime use of methamphetamine has remained relatively stable among Washoe County high school students from 2007 to 2017 [Figure 30]. The questions related to prescription drug use changed from 2015 to 2017, therefore data are not comparable in trend analysis. Trends for prescription drug use are shown in Figure 31 for 2013 compared to 2015. The 2017 prescription drug misuse among Washoe County high school students by grade is provided in Figure 32 and illustrates misuse was higher among 10th graders when compared to all other grades 9-12.

Figure 25: High school students who have ever used synthetic marijuana, Washoe County, Nevada, and the United States, 2013-2017

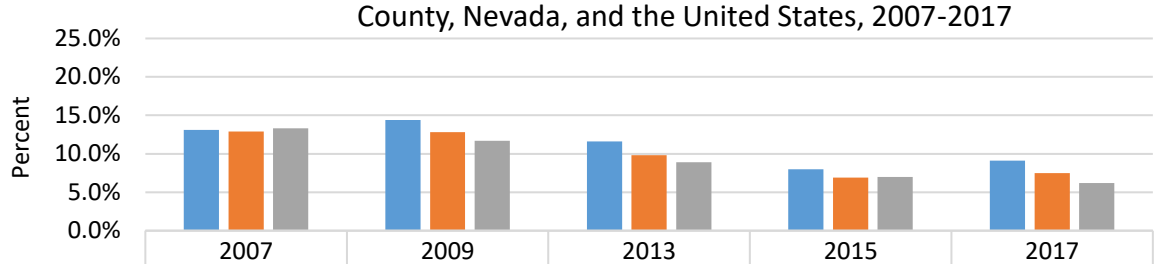


	2013	2015	2017
Washoe	21.6%	11.1%	9.7%
Nevada	17.4%	10.9%	7.7%
United States		9.2%	6.9%

Youth Risk Behavior Survey

*United States data unavailable prior to 2015

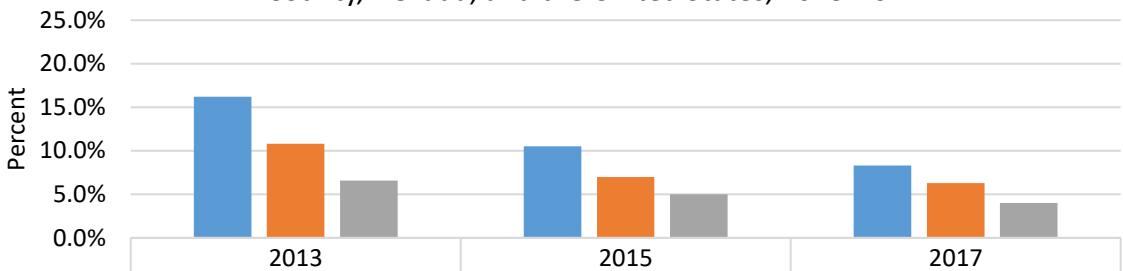
Figure 26: High school students who have ever used inhalants, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	13.1%	14.4%	11.6%	8.0%	9.1%
Nevada	12.9%	12.8%	9.8%	6.9%	7.5%
United States	13.3%	11.7%	8.9%	7.0%	6.2%

Youth Risk Behavior Survey

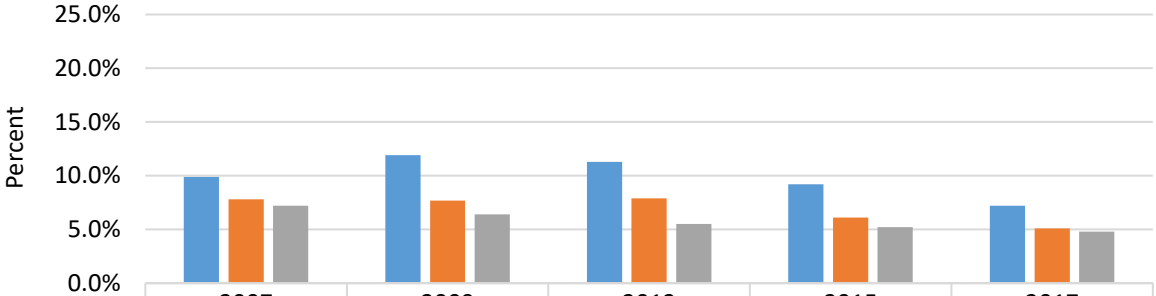
Figure 27: High school students who have ever used ecstasy, Washoe County, Nevada, and the United States, 2013-2017



	2013	2015	2017
Washoe	16.2%	10.5%	8.3%
Nevada	10.8%	7.0%	6.3%
United States	6.6%	5.0%	4.0%

Youth Risk Behavior Survey

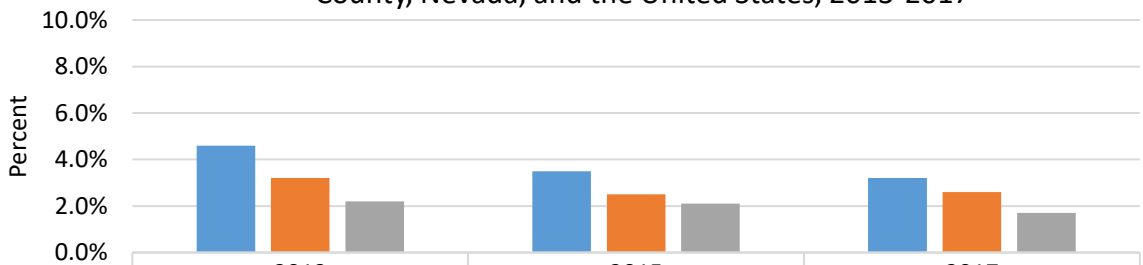
Figure 28: High school students who have ever used cocaine, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	9.9%	11.9%	11.3%	9.2%	7.2%
Nevada	7.8%	7.7%	7.9%	6.1%	5.1%
United States	7.2%	6.4%	5.5%	5.2%	4.8%

Youth Risk Behavior Survey

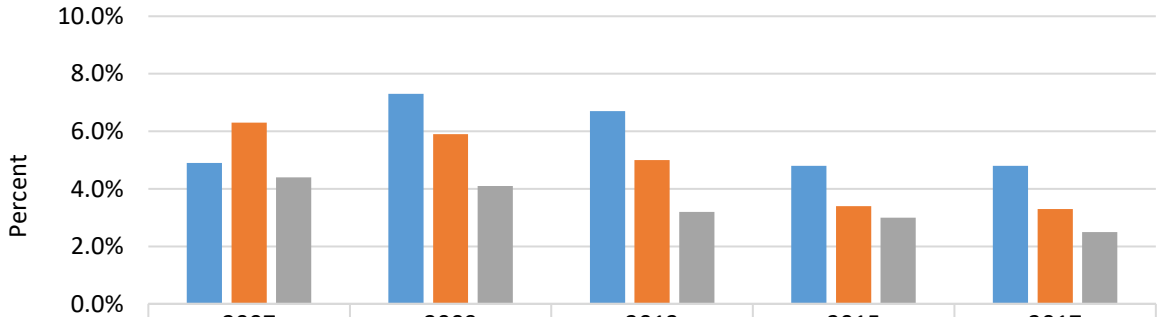
Figure 29: High school students who have ever used heroin, Washoe County, Nevada, and the United States, 2013-2017



	2013	2015	2017
Washoe	4.6%	3.5%	3.2%
Nevada	3.2%	2.5%	2.6%
United States	2.2%	2.1%	1.7%

Youth Risk Behavior Survey

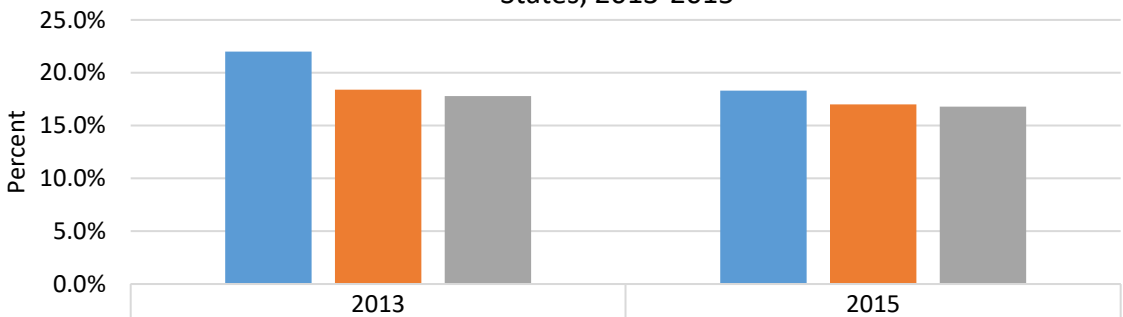
Figure 30: High school students who have ever used methamphetamine, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	4.9%	7.3%	6.7%	4.8%	4.8%
Nevada	6.3%	5.9%	5.0%	3.4%	3.3%
United States	4.4%	4.1%	3.2%	3.0%	2.5%

Youth Risk Behavior Survey

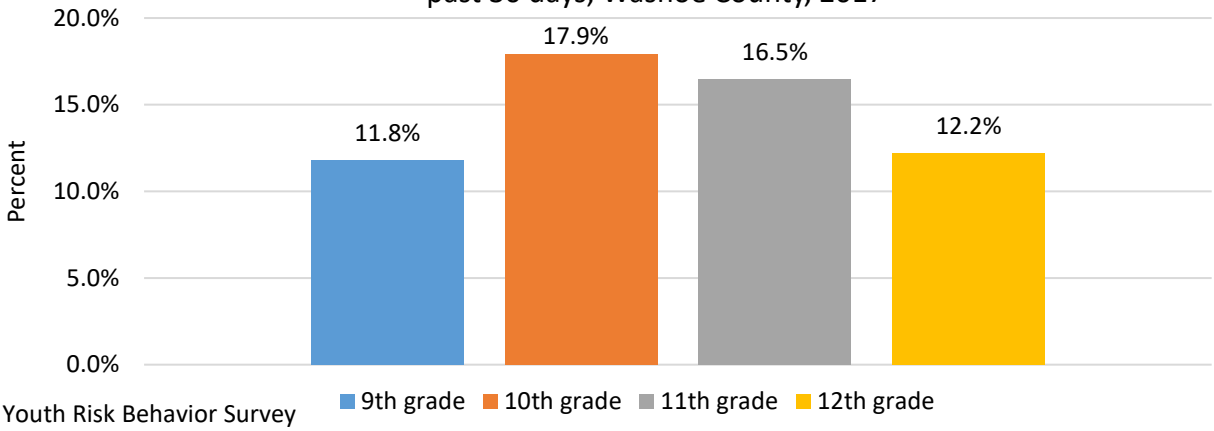
Figure 31: High school students who have ever used prescription drugs without a doctor's prescription, Washoe County, Nevada, and the United States, 2013-2015



	2013	2015
Washoe	22.0%	18.3%
Nevada	18.4%	17.0%
United States	17.8%	16.8%

Youth Risk Behavior Survey

Figure 32: High school students curently using prescription pain medicine without a doctor's prescription - past 30 days, Washoe County, 2017

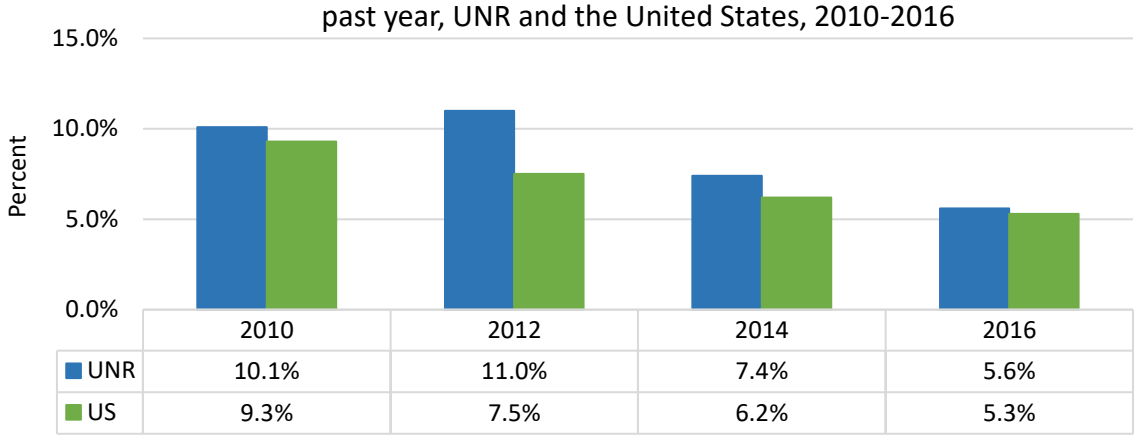


Youth Risk Behavior Survey

Other Drug Use by College Students

Data from the National College Health Assessment administered at the University of Nevada, Reno (UNR) and many colleges across the country, provides a look at local college student consumption patterns [Figures 33-35]. Based on the available data, the non-medical use of prescription medication is trending downward at the college level.

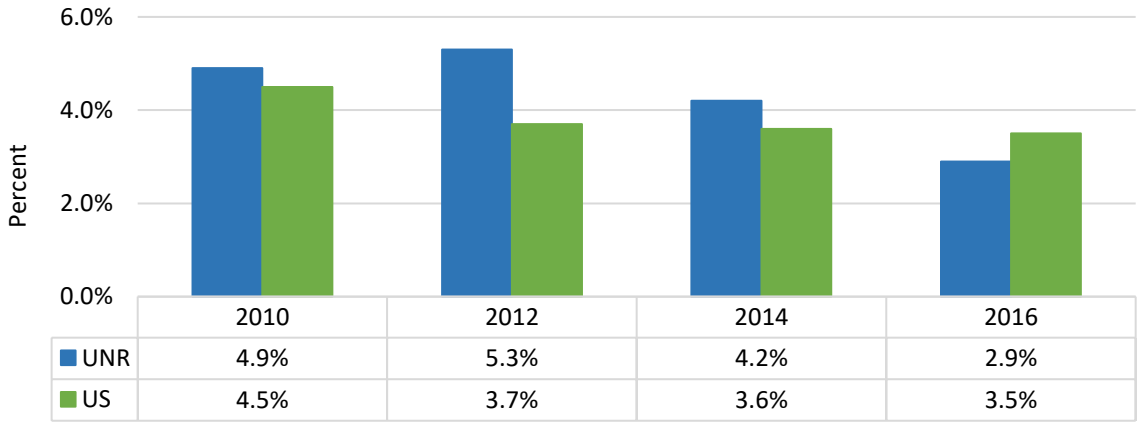
Figure 33: Nonmedical use of prescription painkillers, by college students- past year, UNR and the United States, 2010-2016



	2010	2012	2014	2016
UNR	10.1%	11.0%	7.4%	5.6%
US	9.3%	7.5%	6.2%	5.3%

National College Health Assessment

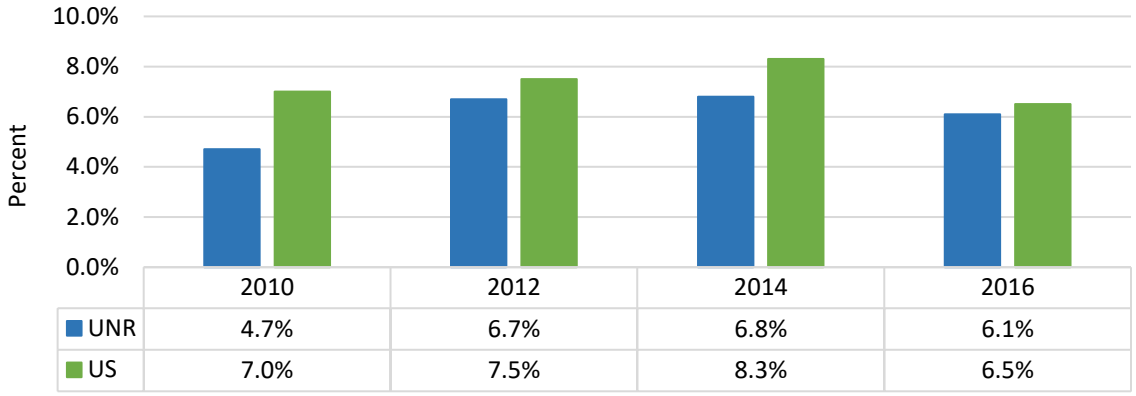
Figure 34: Nonmedical use of prescription sedatives by college students - past year, UNR and the United States, 2010-2016



	2010	2012	2014	2016
UNR	4.9%	5.3%	4.2%	2.9%
US	4.5%	3.7%	3.6%	3.5%

National College Health Assessment

Figure 35: Nonmedical use of prescription stimulants by college students - past year, UNR and the United States, 2010-2016



	2010	2012	2014	2016
UNR	4.7%	6.7%	6.8%	6.1%
US	7.0%	7.5%	8.3%	6.5%

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.

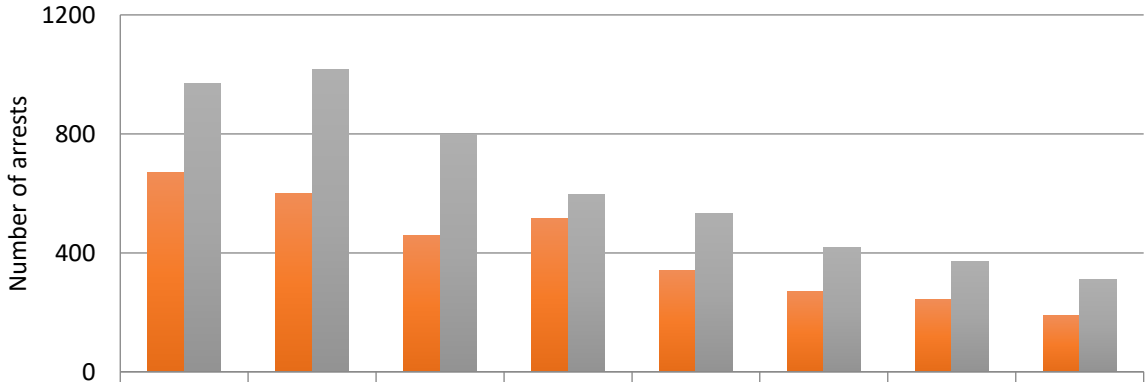
Arrests and Seizures

The Uniform Crime Report trends for juvenile arrests in 2017 [Figures 36-37] indicate arrest frequencies for burglary, drug use, underage alcohol, and DUI offenses, which have been trending downward since 2010. Adult arrests for drugs have decreased, while arrests for burglary and aggravated assault have increased from 2010 to 2017. DUI offenses have remained relatively stable over the same time period [Figure 38].

The regional Street Enforcement Team seizure data for 2014 through October of 2018 shows methamphetamines, cocaine, and heroin are among the highest volume of drugs obtained in Washoe County [Figure 39].

These data may indicate a true decrease in criminal activity for these categories, however numbers may reflect shifts of law enforcement resources.

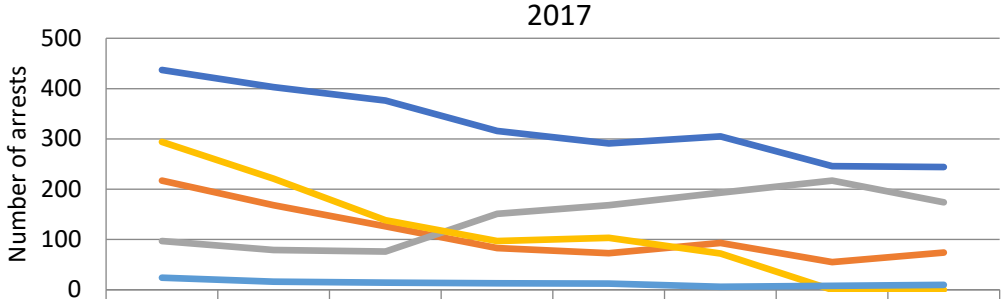
Figure 36: Underage drinking arrests, Washoe County, 2010-2017



	2010	2011	2012	2013	2014	2015	2016	2017
Under 18	669	600	459	516	342	269	244	188
18-20	968	1018	799	595	532	419	372	310

Department of Public Safety - Crime in Nevada Reports

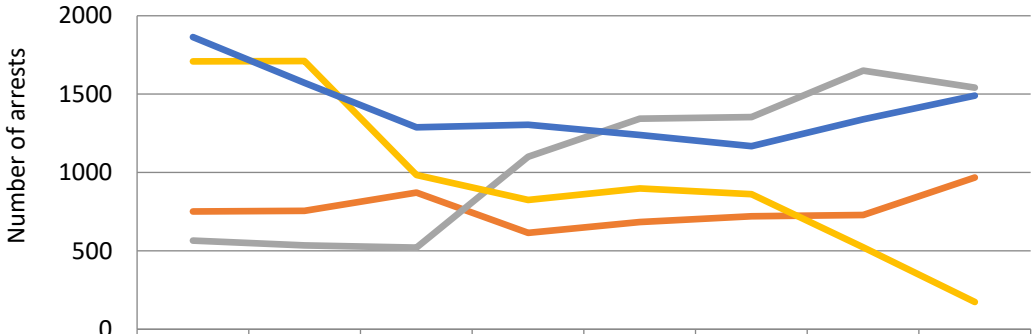
Figure 37: Juvenile arrests for assorted offenses, Washoe County, 2010-2017



	2010	2011	2012	2013	2014	2015	2016	2017
Burglary	217	168	126	83	73	93	55	74
Aggravated Assault	97	79	76	151	168	193	217	174
Runaway	294	221	138	97	103	72	0	0
Drug	437	403	376	316	291	305	246	244
DUI	24	16	14	13	12	6	8	10

Department of Public Safety - Crime in Nevada Reports

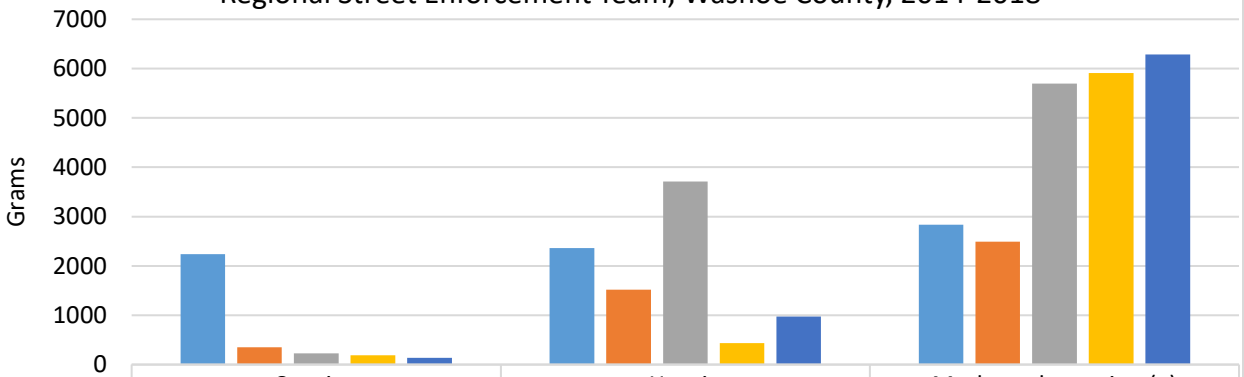
Figure 38: Adult arrests for assorted offenses, Washoe County, 2010-2017



	2010	2011	2012	2013	2014	2015	2016	2017
Burglary	751	756	871	615	685	720	728	968
Aggravated Assault	565	536	521	1101	1343	1353	1650	1541
Drug	1708	1711	984	825	898	861	522	174
DUI	1864	1573	1289	1304	1240	1168	1340	1491

Department of Public Safety - Crime in Nevada Reports

Figure 39: Grams of substances (not including marijuana) seized by Regional Street Enforcement Team, Washoe County, 2014-2018*



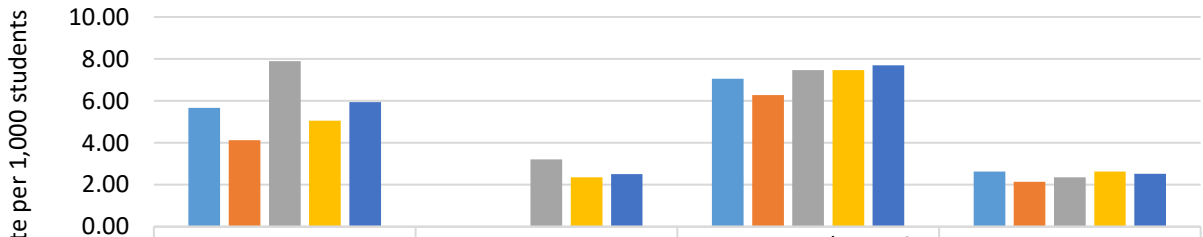
	Cocaine	Heroin	Methamphetamine (g)
2014	2236	2365	2833
2015	353	1519	2493
2016	225	3709	5698
2017	188	433	5910
2018*	140	973	6286

*2018 data through 10/30/2018 only

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 2016-2017 school year, possession or use of controlled substances have been among the highest number and rate of problems in the District [Figure 40].

Figure 40: Rate of select events in Washoe County School District, 2012-13 through 2016-17 school years



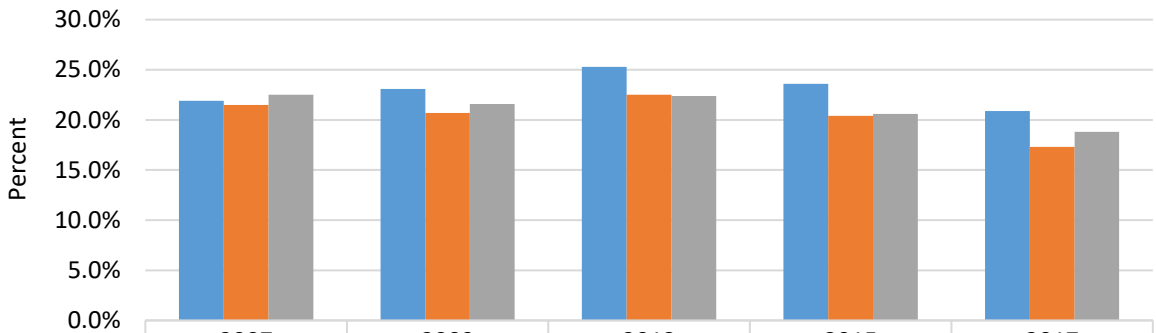
	Habitually Truant	Bullying Suspensions/ Expulsions	Possession/ Use of Controlled Susbstances	Possession/ Use of Alcohol
2012-13	5.67		7.05	2.63
2013-14	4.12		6.28	2.15
2014-15	7.90	3.20	7.47	2.35
2015-16	5.06	2.35	7.47	2.63
2016-17	5.94	2.50	7.69	2.52

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 2017 a higher percentage of high school students in Washoe County reported to have used alcohol or other drugs prior to last sexual intercourse compared to Nevada and the United States [Figure 41]. Additionally, self-reported prenatal substance use among women in Washoe County have been increasing for marijuana, meth and amphetamines, opioids, polysubstance use, and heroin [Figure 42].

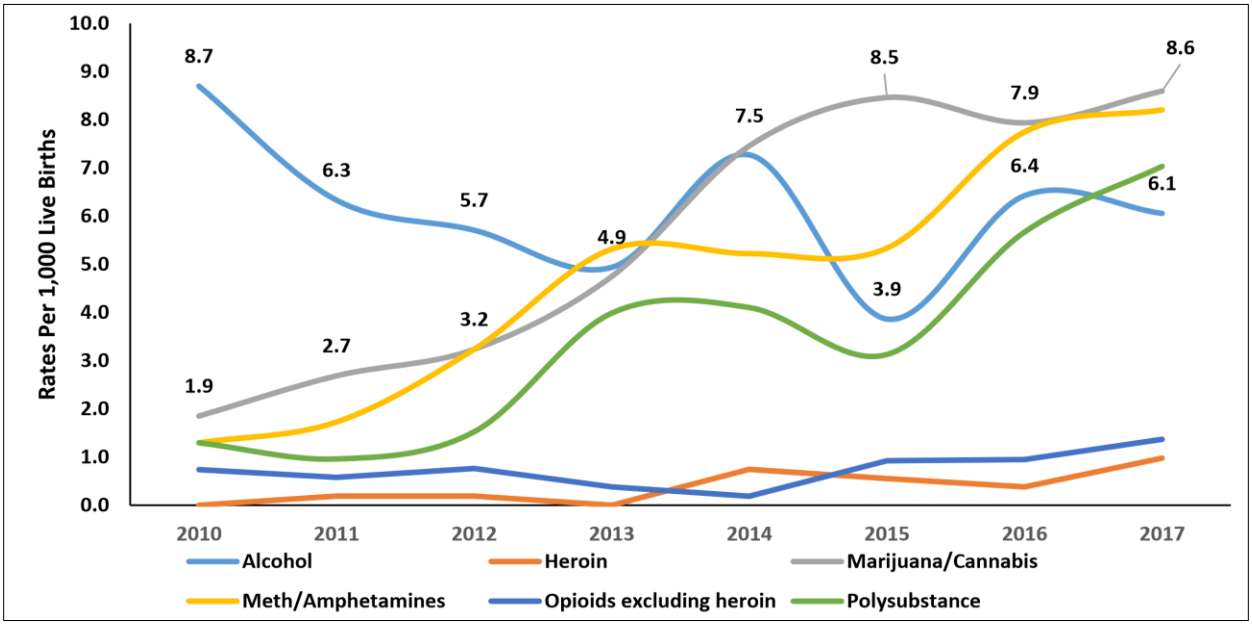
Figure 41: Among high school students who are sexually active, those who drank alcohol or used other drugs before their last sexual intercourse - past 3 months, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	21.9%	23.1%	25.3%	23.6%	20.9%
Nevada	21.5%	20.7%	22.5%	20.4%	17.3%
United States	22.5%	21.6%	22.4%	20.6%	18.8%

Youth Risk Behavior Survey

Figure 42: Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Washoe County, 2010-2017

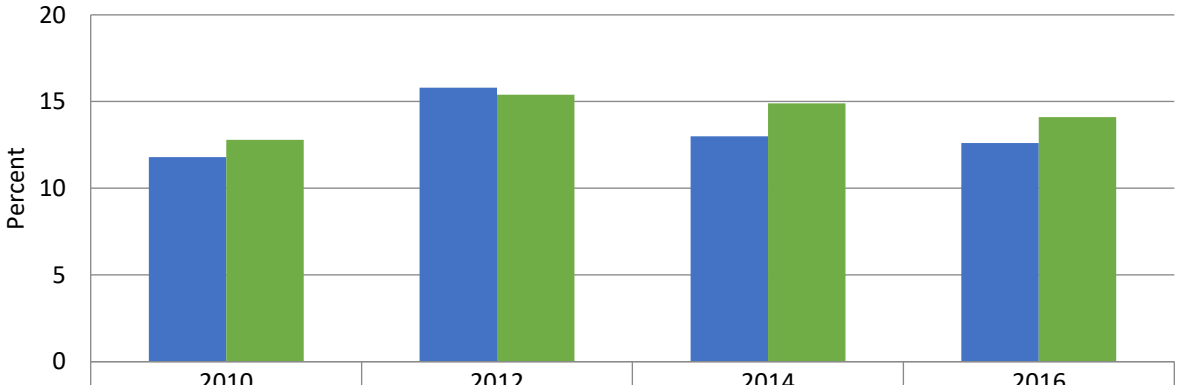


Source: Substance Abuse Prevention and Treatment Agency Behavioral Health Region Washoe County 2018 Epidemiologic Profile

College Student Outcomes

The percentage of University of Nevada, Reno (UNR) students who reported experiencing physical injury while under the influence of alcohol remained relatively stable from 2010 through 2016 [Figure 43]. The percentage of UNR students who reported experiencing a blackout increased from 23.1% in 2010 to 31.0% in 2016 [Figure 44].

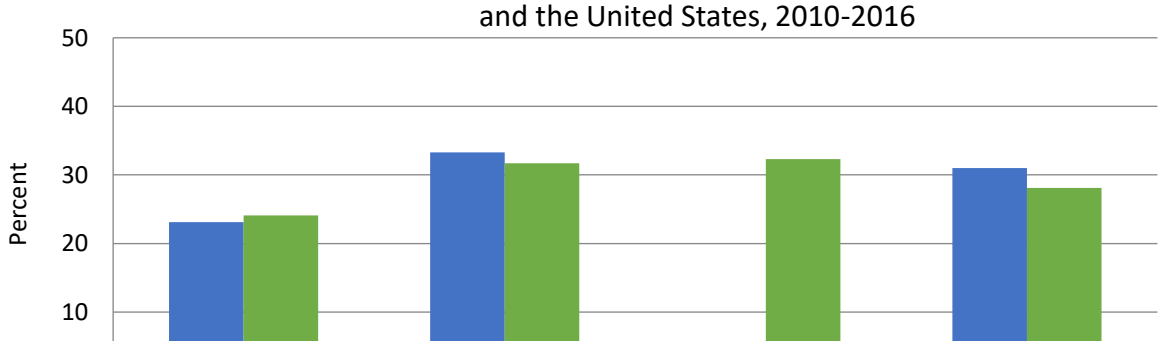
Figure 43: College students reporting physical injury while under influence - past year, UNR and the United States, 2010-2016



	2010	2012	2014	2016
UNR	11.8	15.8	13	12.6
US	12.8	15.4	14.9	14.1

National College Health Assessment Core Alcohol and Drug Survey

Figure 44: College drinkers who experienced a blackout - past year, UNR and the United States, 2010-2016



	2010	2012	2014	2016
UNR	23.1	33.3		31
US	24.1	31.7	32.3	28.1

National College Health Assessment Core Alcohol and Drug Survey

*UNR data not available for 2014

Driving Under the Influence, Emergency Room Visits, and Mortality

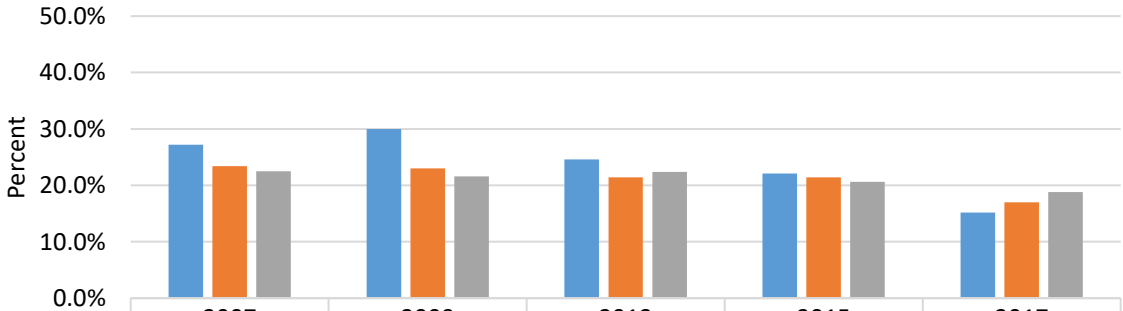
Additional consequences, such as physical injury and motor vehicle fatalities due to driving under the influence, are a growing concern in Washoe County. Although youth indicators related to driving or riding with a driver who is under the influence of alcohol have decreased, riding or driving under the influence of marijuana has only been measured as of 2017. Therefore, trends will be evaluated after the 2019 Youth Risk Behavior Survey (YRBS) is administered. Over one in three motor vehicle fatalities in Washoe County have involved someone with a blood alcohol level over the legal limit; however, the most recent year of data showed over half of all motor vehicle fatalities in Washoe County involved at least one person with a blood alcohol concentration (BAC) over the legal limit.

Additionally, while alcohol and drug-related emergency room department visits have remained relatively stable from 2013-2017, Washoe County rates for these visits are higher than Nevada. Alcohol and drug-related deaths have been higher in Washoe County compared to Nevada and the United States from 2007 through 2017. Additionally, since 2014, deaths due to alcohol and drugs have increased in Washoe County.

Driving Under the Influence Among High School Youth

The proportion of high school students reporting being a passenger in a vehicle driven by someone under the influence decreased in Washoe County from 2007 to 2017 [Figure 45]. High school students who reported driving a vehicle when they had been drinking decreased from 10.9% in 2007 to 4.9% in 2017 [Figure 46]. In 2017, nearly one in four high school students in Washoe County reported they had ridden in a vehicle in the past 30 days that was driven by someone who had been using marijuana. This was higher than Nevada [Figure 47]. More than one in ten (12.7%) high school students in Washoe County reported they had driven a vehicle after using marijuana within the past 30 days [Figure 48].

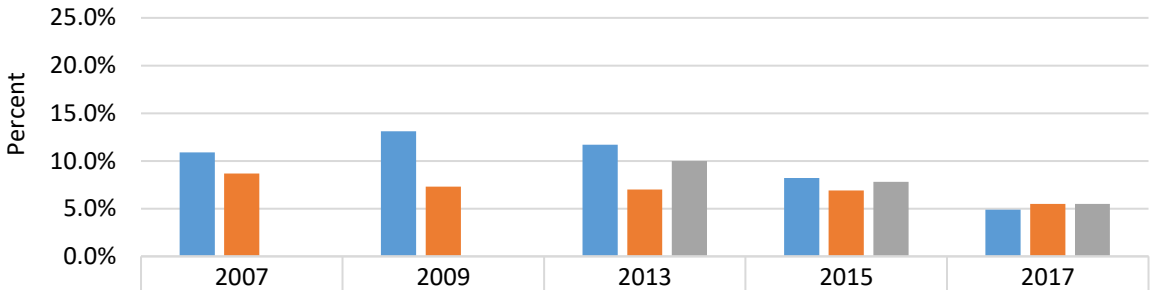
Figure 45: High school students who rode in a vehicle driven by someone who had been drinking alcohol - past 30 days, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	27.2%	30.0%	24.6%	22.1%	15.2%
Nevada	23.4%	23.0%	21.4%	21.4%	17.0%
United States	22.5%	21.6%	22.4%	20.6%	18.8%

Youth Risk Behavior Survey

Figure 46: High school students who drove a vehicle when they had been drinking alcohol - past 30 days, Washoe County, Nevada, and the United States, 2007-2017

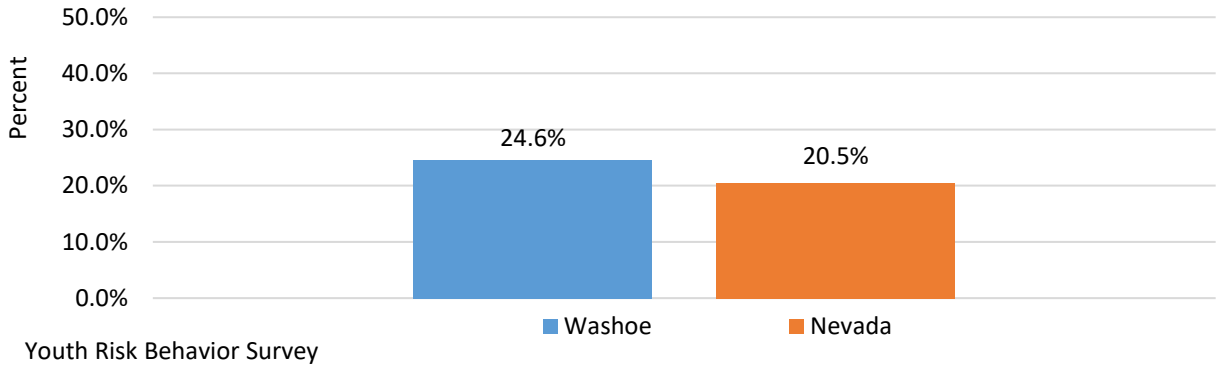


	2007	2009	2013	2015	2017
Washoe	10.9%	13.1%	11.7%	8.2%	4.9%
Nevada	8.7%	7.3%	7.0%	6.9%	5.5%
United States			10.0%	7.8%	5.5%

Youth Risk Behavior Survey

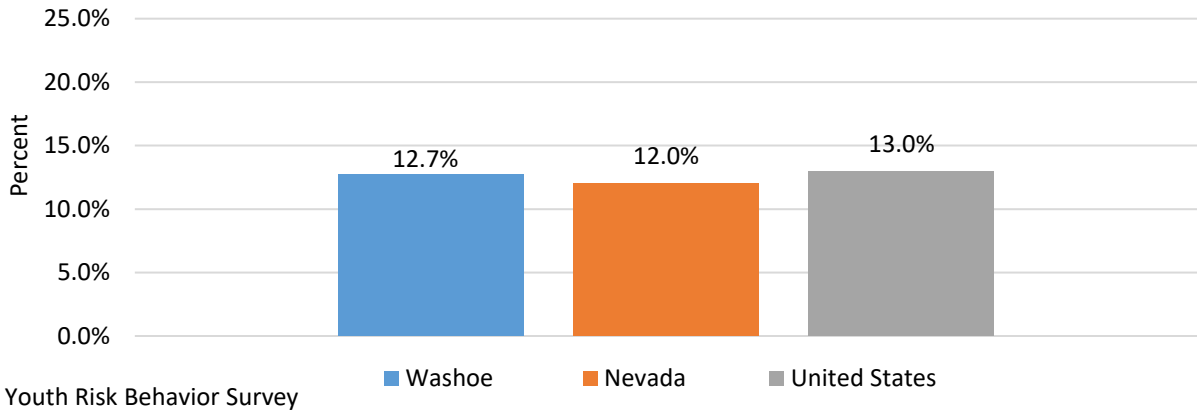
*United States data not available prior to 2013

Figure 47: High school students who rode in a vehicle driven by someone who had been using marijuana - past 30 days, Washoe County and Nevada, 2017



Youth Risk Behavior Survey

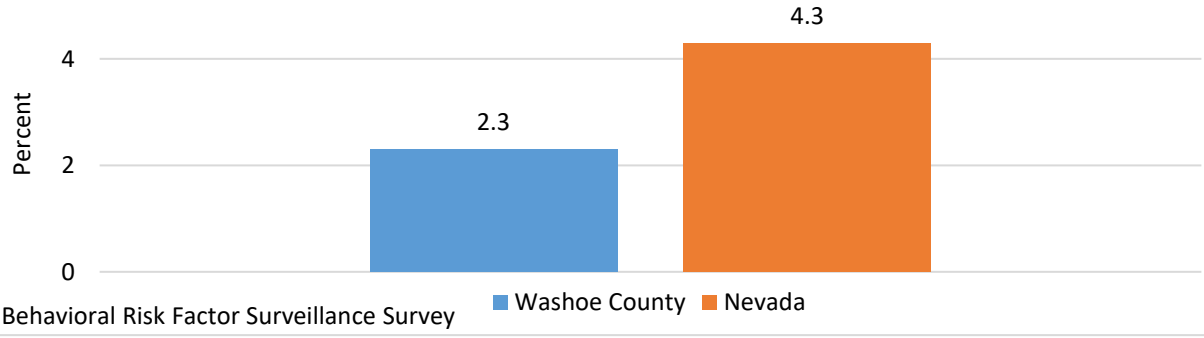
Figure 48: High school students who drove a vehicle after they had been using marijuana - past 30 days, Washoe County, Nevada, and the United States, 2017



Driving Under the Influence Among Adults

In 2017, 2.3% of adults in Washoe County reported having driven after they had too much to drink [Figure 49].

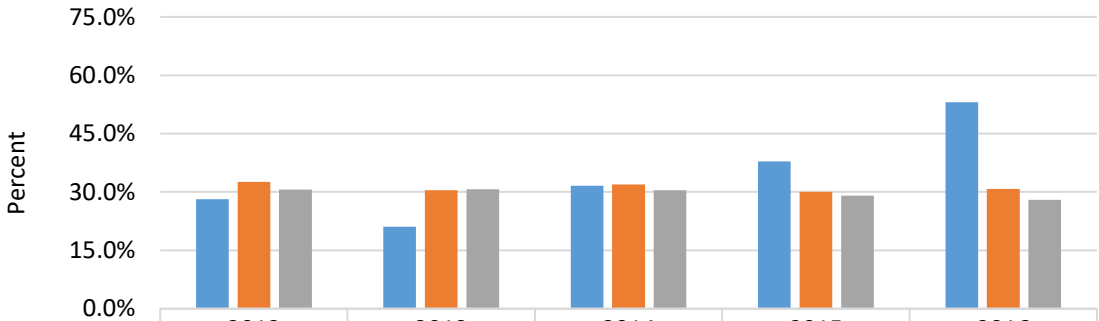
Figure 49: Adults who reported driving after having too much to drink in the past 30 days, Washoe County and Nevada, 2016



Alcohol-related Motor Vehicle Fatalities

From 2012-2016, approximately one in three fatalities due to motor vehicles involved at least one person with .08 or BAC in Washoe County. The percentage of fatalities involving one or more persons with a BAC of .08+ increased from 2012 (28.1%) to 2016 (53.1%) [Figure 50].

Figure 50: Percentage of traffic fatalities involving BAC .08+, Washoe County, Nevada, and the United States, 2012-2016



	2012	2013	2014	2015	2016
Washoe County	28.1%	21.1%	31.6%	37.8%	53.1%
Nevada	32.6%	30.5%	32.0%	30.1%	30.8%
United States	30.6%	30.7%	30.4%	29.1%	28.0%

National Highway Traffic Safety Administration - FARS Data

Washoe County Regional Medical Examiner's Data

The Washoe County Regional Medical Examiner's Office (WCRMEO) reviewed 1,141 deaths accounting for approximately 28% of all deaths reported by Washoe County during 2016. The 2016 Substance-related Death Report for Washoe County found approximately 26% of the deaths examined by WCRMEO were found to have positive toxicology screens. Among the 229 cases that died due to substances, two in three were males. Just over one in four were 50-59 years of age and nearly half of the deaths were due to a combination of two or more substances at time of death. The majority of deaths (68%) were categorized as accidental, while 19% of deaths were determined to be suicides. Alcohol was the most frequently identified substances found in the toxicology screen, followed by prescription opioids, THC, benzodiazepines, and methamphetamine.

The most recent 2018 data reported by the WCRMEO indicate half of all substance-related deaths are due to methamphetamines.

Washoe County Behavioral Health Policy Board Profile Data

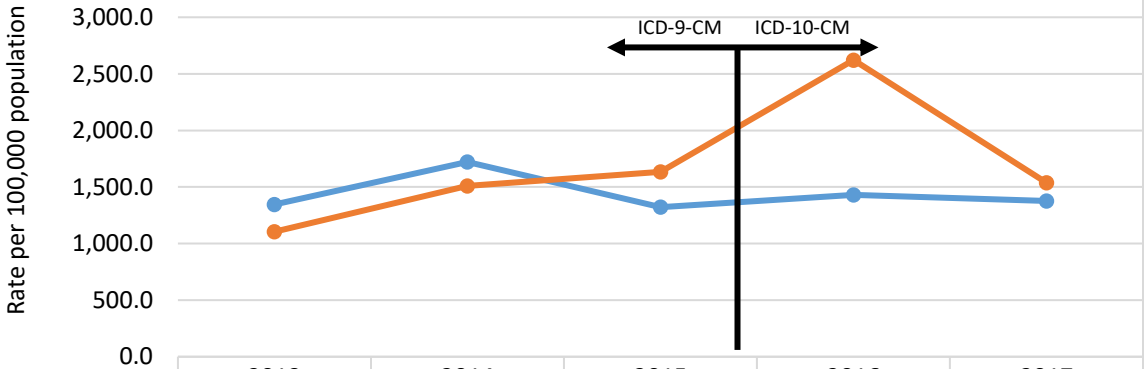
Assembly Bill 366 was passed in 2017 resulting in the creation of four Behavioral Health Regional Policy Boards across the state. Each policy board represents a region, with the exception of Washoe County's Board, which represents a single county (Washoe). The Regional Policy Boards were tasked with advising the Division of Health and Human Services, the Division of Public and Behavioral Health, and the Behavioral Health Commission on behavioral health needs, progress, proposed plans, identified gaps, and priorities for monetary allocation. Developing a behavioral health profile was among the responsibilities of the Policy Boards. Washoe County's Behavioral Health Policy Board profile was approved during the

summer of 2018 and select data were included to better inform JTNN's Comprehensive Community Prevention Plan.

The following Figures 51-58 were adopted from the 2018 Washoe Regional Behavioral Health Profile. These data indicate from 2013 through 2017 the rate per 100,000 population of alcohol and drug-related emergency department visits was higher in Washoe County relative to Nevada. The death rate due to alcohol and drugs was also higher in Washoe County compared to Nevada and the United States from 2007 through 2017, with the exception of a slight dip in 2014. Drug-related emergency department visits in Washoe County surpassed alcohol-related visits as of 2015, and the drug-related death rate has been higher than the alcohol-related death rate in Washoe County from 2007 through 2016.

Due to the transition from the ninth revision to the tenth revision of the International Classification of Diseases (ICD) Clinical Modification (CM), data provided in Figure 51, Figure 53, and Figure 56 are not directly comparable after 2015. ICD codes are used to identify diseases or health problems and are used by medical professionals to document procedures and diagnoses. [4]

Figure 51: Rate of alcohol and drug-related emergency department visits, Washoe County, 2013-2017



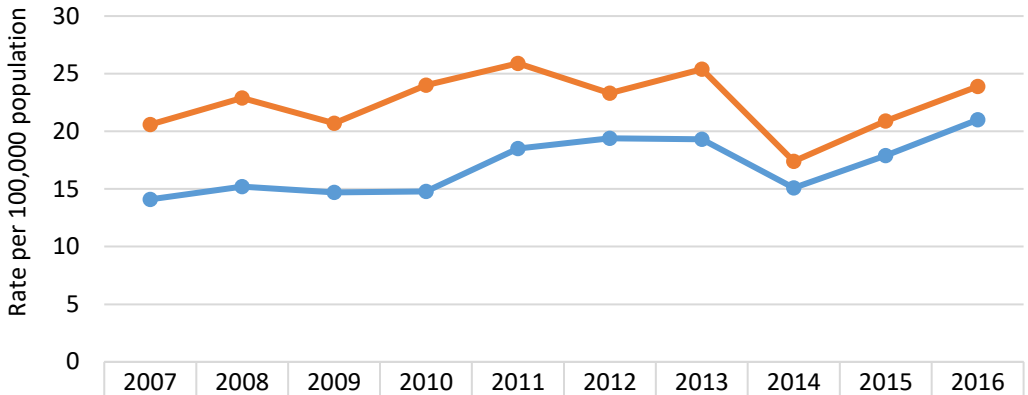
	2013	2014	2015	2016	2017
Alcohol-related	1,344.6	1,721.2	1,321.9	1,430.9	1,376.6
Drug-related	1,105.0	1,508.5	1,634.1	2,622.1	1,538.3

2018 Washoe County Regional Behavioral Health Policy Board Profile

Note: ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

[4] SearchHealthIT. ICD-10-CM Clinical Modification. Accessed December 2018
https://searchhealthit.techtarget.com/definition/ICD-10-CM

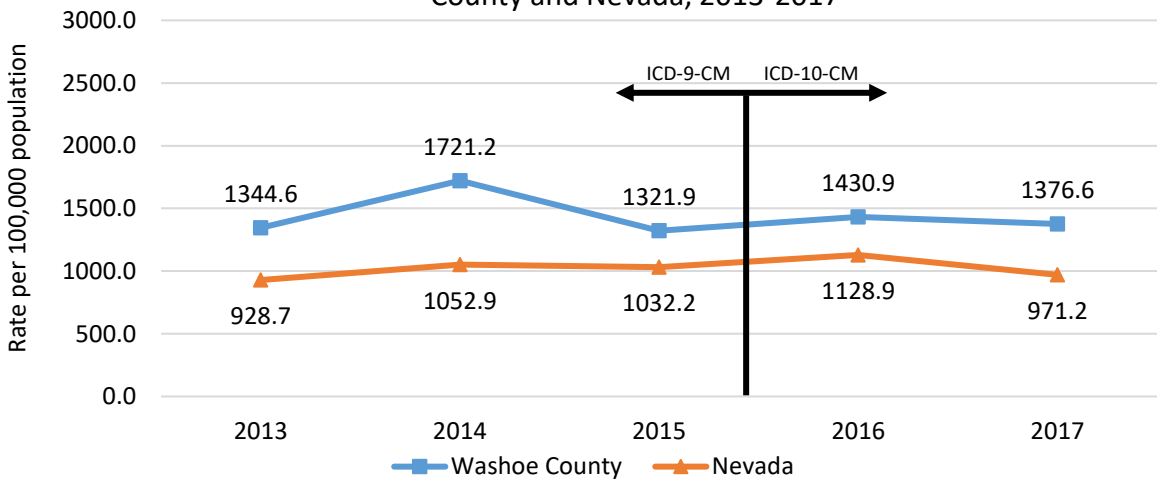
Figure 52: Rate of alcohol and drug-related deaths, Washoe County, 2007-2016



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Alcohol-related	14.1	15.2	14.7	14.8	18.5	19.4	19.3	15.1	17.9	21
Drug-related	20.6	22.9	20.7	24	25.9	23.3	25.4	17.4	20.9	23.9

2018 Washoe County Regional Behavioral Health Policy Board Profile

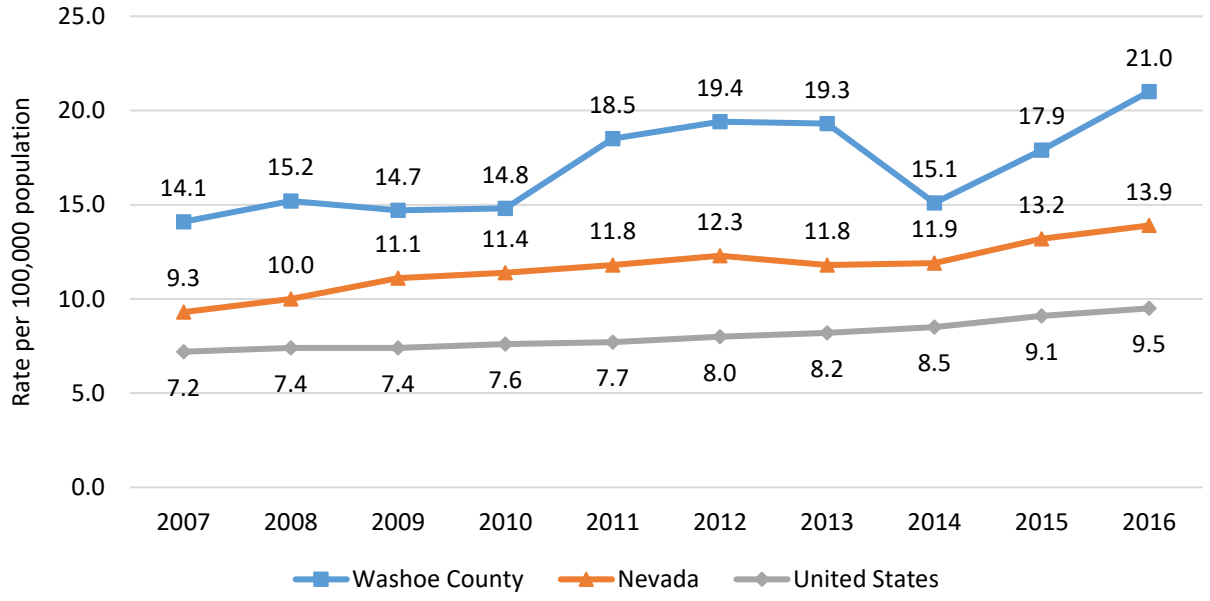
Figure 53: Alcohol-related emergency department encounters, Washoe County and Nevada, 2013-2017



2018 Washoe County Regional Behavioral Health Policy Board Profile

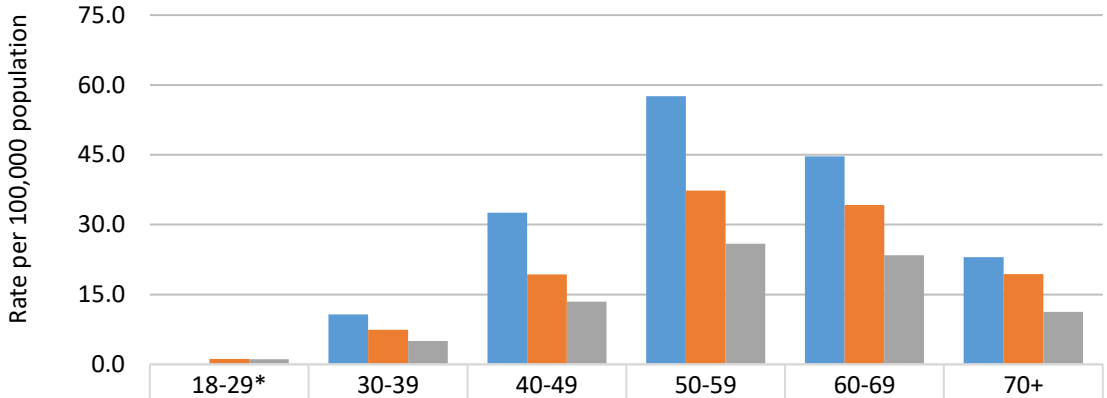
Note: ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Figure 54: Age-adjusted rate of alcohol-induced cause of death, Washoe County, Nevada, and the United States, 2007-2016



2018 Washoe County Regional Behavioral Health Policy Board Profile

Figure 55: Alcohol-induced cause of death by age group, Washoe County, Nevada, and the United States, 2012-2016 aggregate data

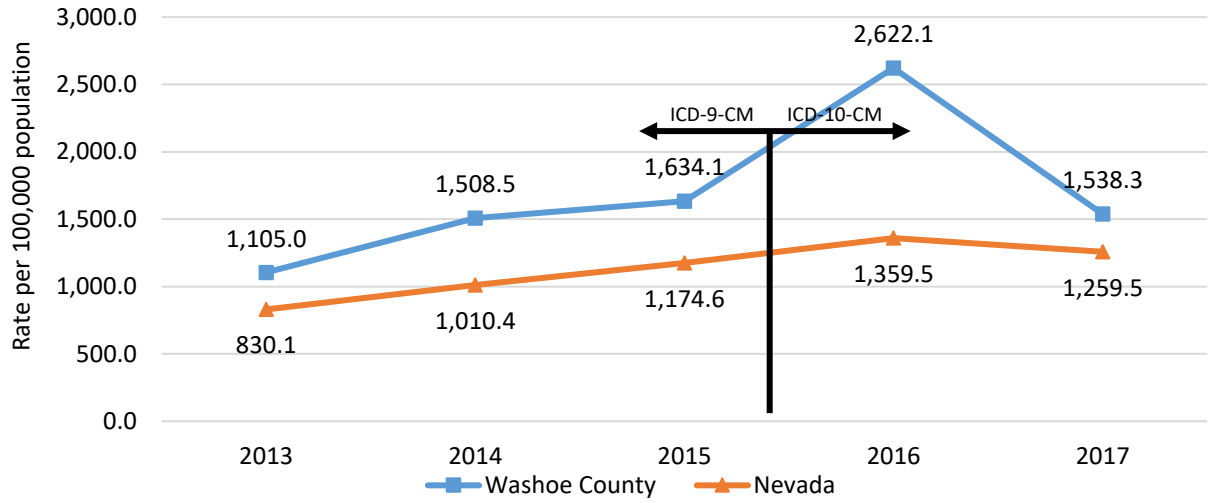


	18-29*	30-39	40-49	50-59	60-69	70+
Washoe County		10.7	32.6	57.6	44.7	23.0
Nevada	1.2	7.4	19.3	37.3	34.2	19.4
United States	1.1	5.0	13.5	25.9	23.4	11.3

2018 Washoe County Regional Behavioral Health Policy Board Profile

*Washoe County data not available for age 18-29 years due to low numbers

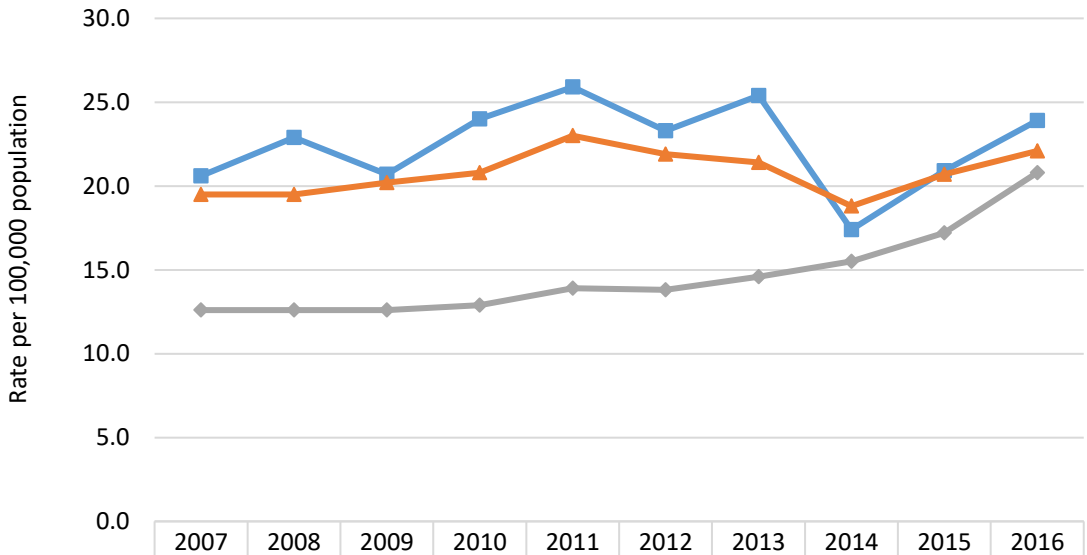
Figure 56: Drug-related emergency department encounters, Washoe County and Nevada, 2013-2017



2018 Washoe County Regional Behavioral Health Policy Board Profile

Note: ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

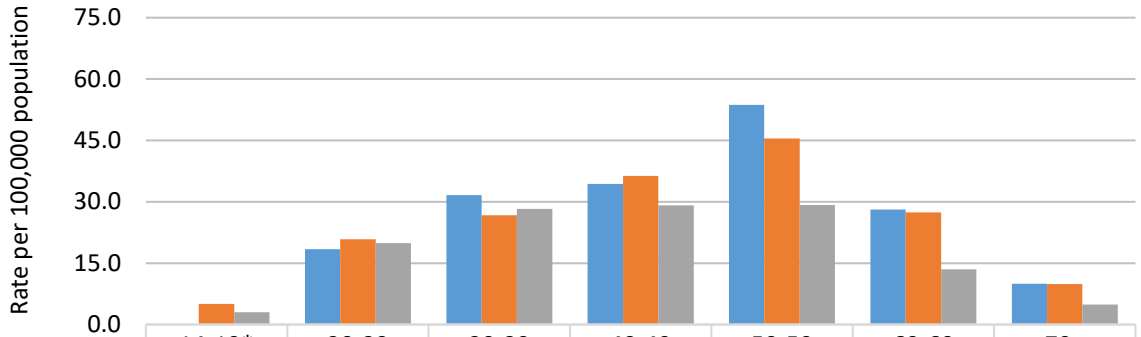
Figure 57: Age-adjusted rate of drug-induced cause of death, Washoe County, Nevada, and the United States, 2007-2016



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Washoe County	20.6	22.9	20.7	24.0	25.9	23.3	25.4	17.4	20.9	23.9
Nevada	19.5	19.5	20.2	20.8	23.0	21.9	21.4	18.8	20.7	22.1
United States	12.6	12.6	12.6	12.9	13.9	13.8	14.6	15.5	17.2	20.8

2018 Washoe County Regional Behavioral Health Policy Board Profile

Figure 58: Drug-induced cause of death by age group, Washoe County, Nevada, and the United States, 2012-2016 aggregate data



	14-19*	20-29	30-39	40-49	50-59	60-69	70+
Washoe County		18.4	31.6	34.4	53.7	28.1	10.0
Nevada	5.0	20.8	26.7	36.3	45.5	27.4	9.9
United States	3.0	19.9	28.3	29.1	29.2	13.5	4.9

2018 Washoe County Regional Behavioral Health Policy Board Profile

*Washoe County data not available for age 14-19 years due to low numbers

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. This type of data allows organizations to create more targeted and effective prevention strategies.

Protective Factors

Protective factors are characteristics and conditions which reduce the likelihood for engaging in a variety of risky behaviors including substance use. There are different factors which can impact an individual across all ages of development and across the ecological spectrum. This includes individual behaviors, family environment, peer groups, community environment, schools, and cultural norms.[5] Protective factors are largely grouped into four major categories, 1) individual characteristics; 2) bonding; 3) healthy beliefs; and 4) clear standards. The following table provides types of developmental assets that contribute to substance use prevention and youth resiliency. [6]

Table 1: List of Developmental Assets

External Assets	**Asset Name**
Support	Family support
	Positive family communication
	Other adult relationships
	Caring neighborhood
	Caring school climate
	Parent involvement in schooling
Empowerment	Community values youth
	Youth as resources
	Safety
Boundaries and Expectations	Family boundaries
	School boundaries
	Neighborhood boundaries
	Adult role models
	Positive peer influence
	High expectations
Constructive Use of Time	Creative activities
	Youth programs
	Religious community
	Time at home
Internal Assets	**Asset Name**
Commitment to Learning	Achievement motivation
	School engagement
	Homework
	Bonding to school
	Reading for pleasure
Positive Values	Caring
	Equality and social justice
	Integrity
	Honesty
	Responsibility
	Restraint

[5] Youth Topics-Substance Abuse Prevention: Risk and Protective Factors. Accessed https://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence

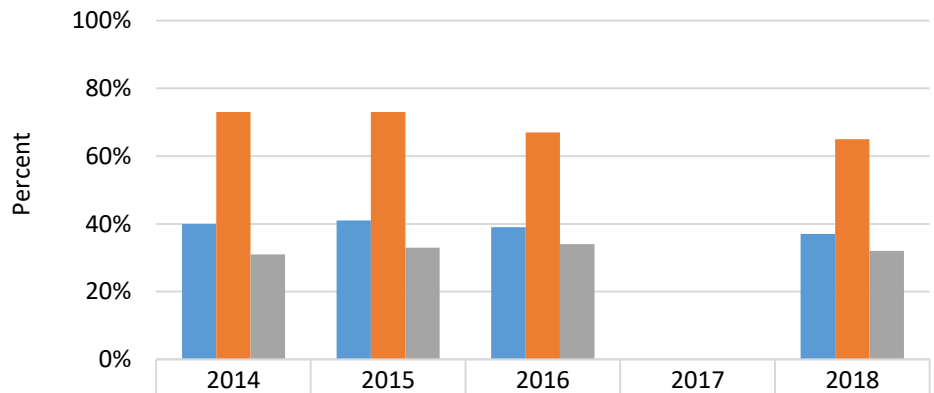
[6] Hogan, J.A, Gabrielsen, K.R, Luna, N., and Grothaus, D. (2003). Substance Abuse Service to others. Prevention: The Intersection of Science and Prevention. Boston, MA. Pearson Education, Inc.

Table 1: List of Developmental Assets	
Social Competencies	Planning and decision making
	Interpersonal competence
	Cultural competence
	Resistance skills
	Peaceful conflict resolution
Positive Identity	Personal power
	Self-esteem
	Sense of purpose
	Positive view of personal future

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 [Figure 59-62]. The majority of students believed 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 2018 for all substances. In 2018, the perceived risk for others using and parental and peer disapproval of personal use was lowest for use of marijuana [Figure 60] and highest for prescription drugs [Figure 61]. Additionally, nearly one in three high school students thought there was no risk for other people using marijuana once or twice a week, compared to 10% 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 62].

Figure 59: Percentage of high school students who reported perceived risk or disapproval of parents and peers related to having one or two drinks of an alcoholic beverage nearly every day, Washoe County, 2014-2018

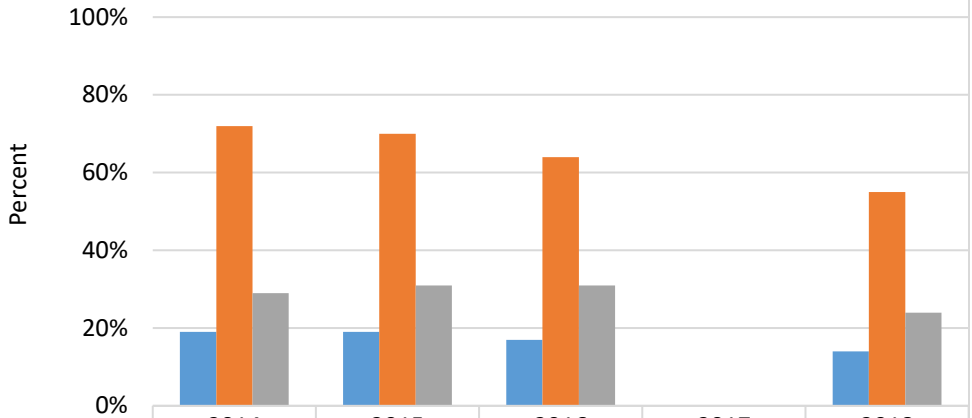


	2014	2015	2016	2017	2018
Perceived Risk of Others Using (Great Risk)	40%	41%	39%		37%
Perceived Parental Disapproval if You Used (Very Wrong)	73%	73%	67%		65%
Perceived Peer Disapproval if you Used (Very Wrong)	31%	33%	34%		32%

Washoe County School District - School Climate Survey

*Questions not asked in 2017

Figure 60: Percentage of 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, 2014-2018

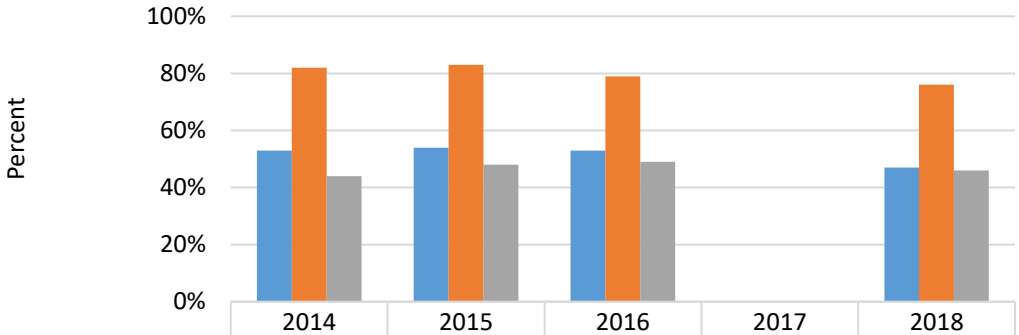


	2014	2015	2016	2017	2018
Perceived Risk of Others Using (Great Risk)	19%	19%	17%		14%
Perceived Parental Disapproval if You Used (Very Wrong)	72%	70%	64%		55%
Perceived Peer Disapproval if you Used (Very Wrong)	29%	31%	31%		24%

Washoe County School District - School Climate Survey

*Questions not asked in 2017

Figure 61: Percentage of high school students who reported perceived risk or disapproval of parents and peers related to use prescription drugs that were not prescribed to them, Washoe County, 2014-2018

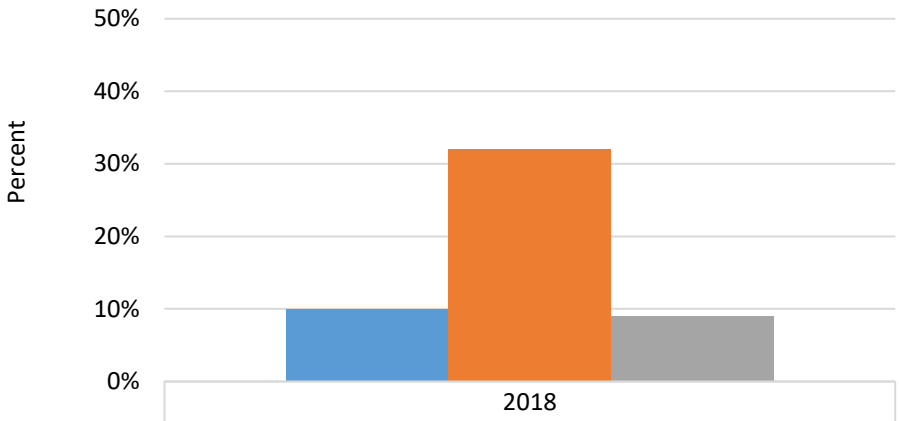


	2014	2015	2016	2017	2018
Perceived Risk of Others Using (Great Risk)	53%	54%	53%		47%
Perceived Parental Disapproval if You Used (Very Wrong)	82%	83%	79%		76%
Perceived Peer Disapproval if you Used (Very Wrong)	44%	48%	49%		46%

Washoe County School District - School Climate Survey

*Questions not asked in 2017

Figure 62: Percentage of high school students who thought there was no risk for following types of substance use by others, Washoe County, 2018



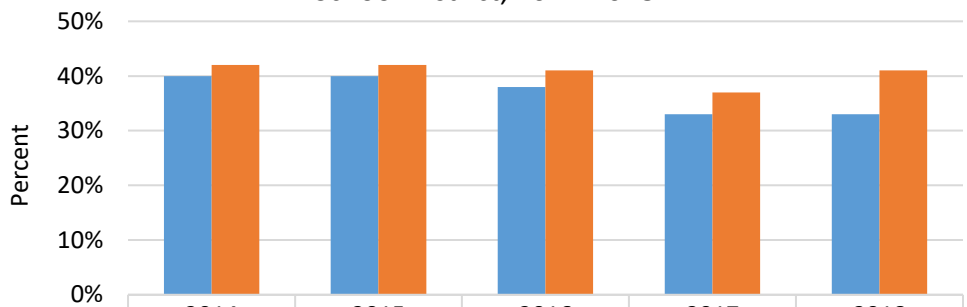
	2018
Take one or two drinks of alcoholic beverage nearly every day	10%
Use marijuana once or twice a week	32%
Use prescription drugs not prescribed to them	9%

Washoe County School District - School Climate Survey

Washoe County School District Staff Perceptions

Additionally, the Climate Survey collects teacher and staff's perception of alcohol and drug use among middle and high school students. In 2018, about one in three teachers and staff perceive alcohol use to be moderately or very common among high school students, but a higher percentage of teachers and staff (41%) perceived drug use to be moderately or very common [Figure 63]. Perceived frequency of use among middle school students was lower compared to high school [Figure 64].

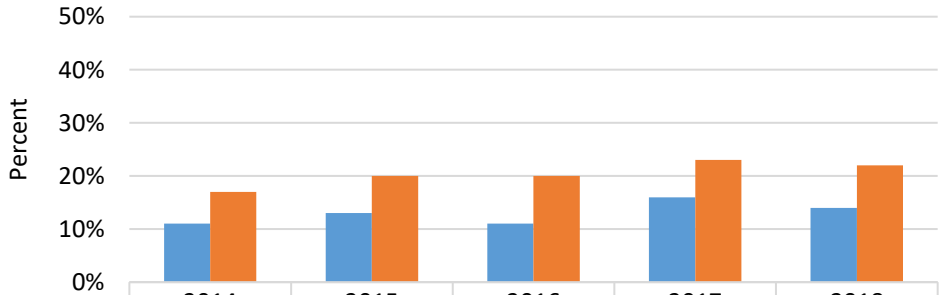
Figure 63: Percent of teachers and staff that perceive substance use among high school students to be moderately or very common, Washoe County School District, 2014-2018



	2014	2015	2016	2017	2018
Alcohol Use; Moderately/Very Common	40%	40%	38%	33%	33%
Drug Use; Moderately/Very Common	42%	42%	41%	37%	41%

Washoe County School District - School Climate Survey

Figure 64: Percent of teachers and staff that perceive substance use among middle school students to be moderately or very common, Washoe County School District, 2014-2018



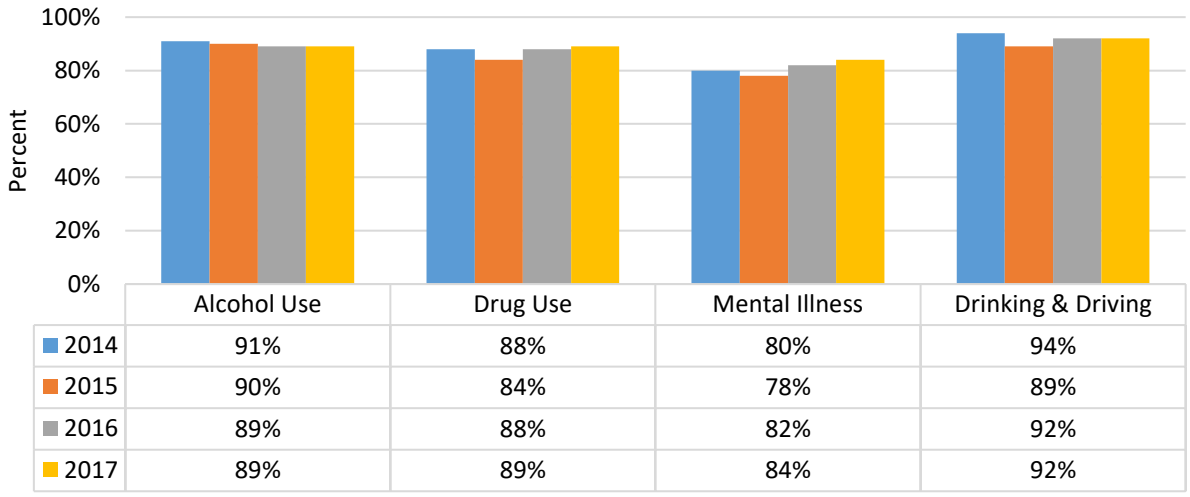
	2014	2015	2016	2017	2018
Alcohol Use; Moderately/Very Common	11%	13%	11%	16%	14%
Drug Use; Moderately/Very Common	17%	20%	20%	23%	22%

Washoe County School District - School Climate Survey

College Staff Perceptions

The Problem Gambling Prevention Survey data provided in Figure 65, illustrates college staff perceptions of the level of impact alcohol, drugs, mental illness, and drinking and driving have on student wellness. Drinking and driving has been perceived as having a somewhat or very serious impact on student wellness.

Figure 65: Staff perceived somewhat or very serious impact of select behaviors on college student wellness, UNR and TMCC, 2014-2017



	Alcohol Use	Drug Use	Mental Illness	Drinking & Driving
2014	91%	88%	80%	94%
2015	90%	84%	78%	89%
2016	89%	88%	82%	92%
2017	89%	89%	84%	92%

Problem Gambling Prevention Survey

*2014-2017 UNR only, 2016 data included TMCC

Risk Factors

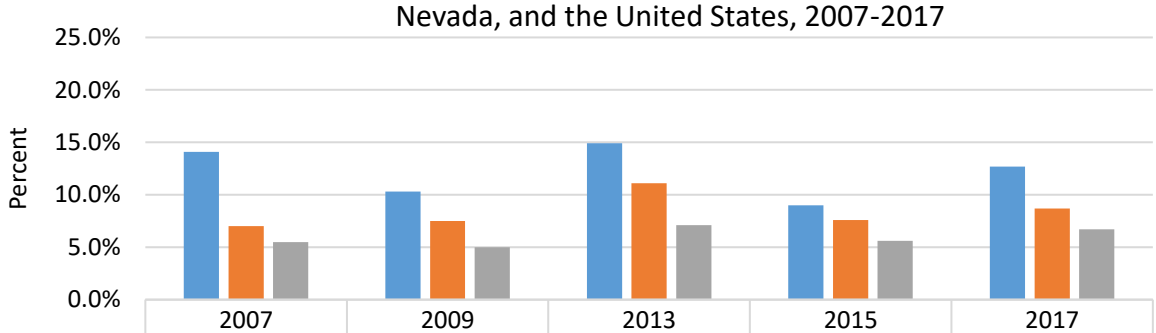
Experiencing one or more risk factors can increase the likelihood of an individual engaging in substance use. Risk factors can include growing up in extreme poverty, having a family history of substance use or abuse, traumatic experiences, family conflict, permissive community or family attitudes towards substance use, or even having easy access to substances in a community.

Perceived Safety

Students' perceived safety is key for well-being, and ability to focus. The lack of a safe environment can inhibit the student's learning and academic progress, especially if a student is failing to attend school, due to feeling unsafe in the school environment.

The percentage of high school students reporting they did not go to school because they felt unsafe at school or on their way to or from school, has fluctuated from year to year. As of 2017, 12.7% of Washoe County high school students reported they had stayed at home from school within the past 30 days due to feeling unsafe [Figure 66]. The percentage of high school students reporting they had been in a physical fight at school in the past year decreased from 2007 (14.5%) to 2017 (6.7%) [Figure 67]. The percentage of students reporting they had carried a weapon on school property within the past 30 days remained relatively stable from 2007 (6.8%) to 2017 (7.4%) [Figure 68].

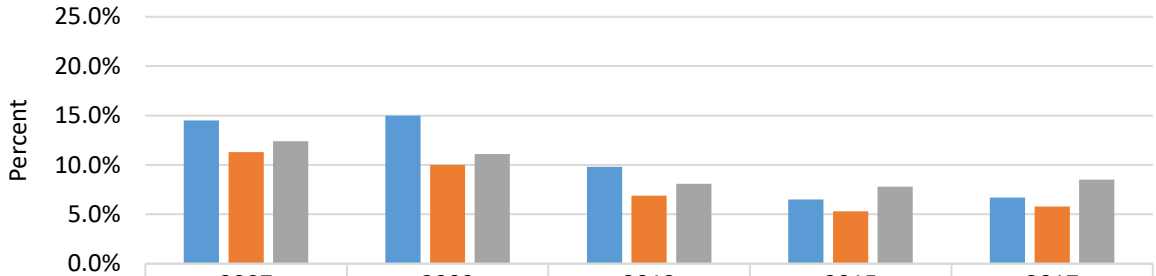
Figure 66: High school students who did not go to school because they felt unsafe on their way home from school - past 30 days, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	14.1%	10.3%	14.9%	9.0%	12.7%
Nevada	7.0%	7.5%	11.1%	7.6%	8.7%
United States	5.5%	5.0%	7.1%	5.6%	6.7%

Youth Risk Behavior Survey

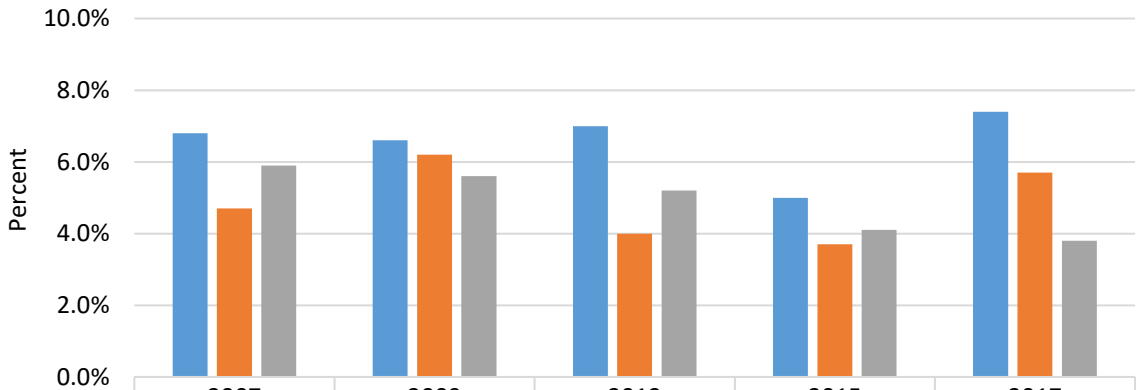
Figure 67: High school students who were in a physical fight at school - past year, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	14.5%	15.0%	9.8%	6.5%	6.7%
Nevada	11.3%	10.0%	6.9%	5.3%	5.8%
United States	12.4%	11.1%	8.1%	7.8%	8.5%

Youth Risk Behavior Survey

Figure 68: High school students who carried a weapon on school property - past 30 days, Washoe County, Nevada, and the United States, 2007-2017



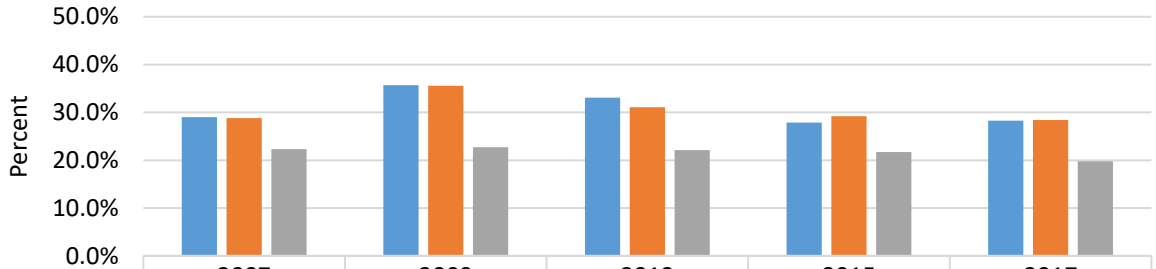
	2007	2009	2013	2015	2017
Washoe	6.8%	6.6%	7.0%	5.0%	7.4%
Nevada	4.7%	6.2%	4.0%	3.7%	5.7%
United States	5.9%	5.6%	5.2%	4.1%	3.8%

Youth Risk Behavior Survey

Substance Accessibility and Availability

Figure 69 illustrates the percentage of high school students who were offered, sold, or given illegal drugs by someone on school property. 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. Among high school students who reported they had drank alcohol in the past 30 days, there has been an increase in the percentage of students who report they usually get the alcohol they drink from someone else [Figure 70]. This mirrors state and national trends.

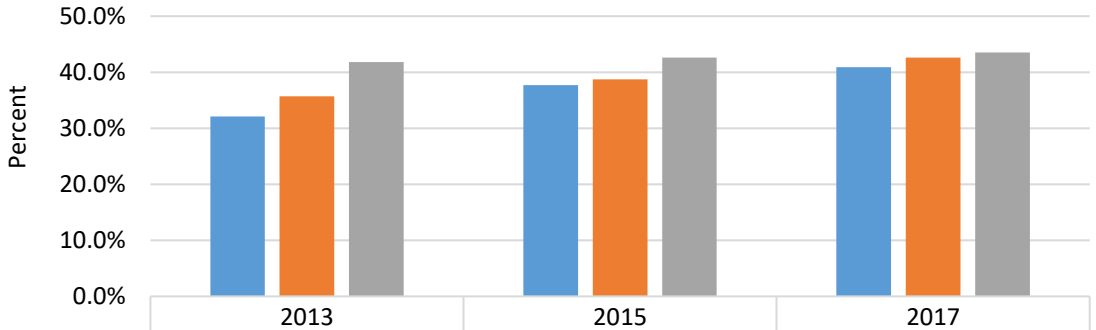
Figure 69: High school students who were offered, sold, or given illegal drugs by someone on school property in the past year, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	29.0%	35.7%	33.1%	27.9%	28.3%
Nevada	28.8%	35.6%	31.1%	29.2%	28.4%
United States	22.3%	22.7%	22.1%	21.7%	19.8%

Youth Risk Behavior Survey

Figure 70: High school students who usually obtained the alcohol they drank by someone giving it to them - among students who drank past 30 days, Washoe County, Nevada, and the United States, 2013-2107



	2013	2015	2017
Washoe County	32.1%	37.7%	40.9%
Nevada	35.7%	38.7%	42.6%
United States	41.8%	42.6%	43.5%

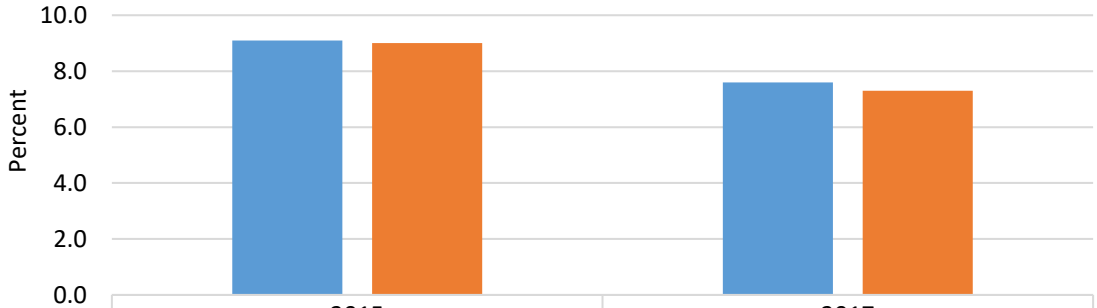
Youth Risk Behavior Survey

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.[7] 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.[8]

The 2015 and 2017 Nevada Youth Risk Behavior Survey included state-added questions to assess for ACEs. The prevalence of those ACEs in Washoe County and Nevada are illustrated in Figures 71-75, within this section. The prevalence of each of the measured ACEs among high school students in Washoe County are higher or similar to the state overall. The only ACE that decreased more than one percent between 2015 and 2017, was the percentage of high school students reporting they had ever been forced to engage in unwanted sexual intercourse [Figure 71].

Figure 71: Ever forced to have sexual intercourse, Washoe County and Nevada, 2015-2017

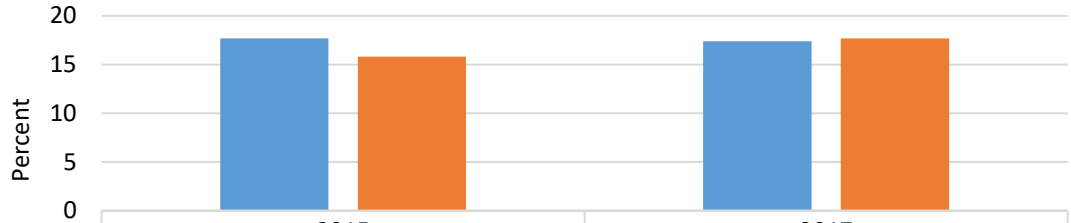


	2015	2017
Washoe County	9.1	7.6
Nevada	9.0	7.3

Youth Risk Behavior Survey

[7] 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.
[8] Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study. Accessed https://www.cdc.gov/violenceprevention/acestudy/about.html

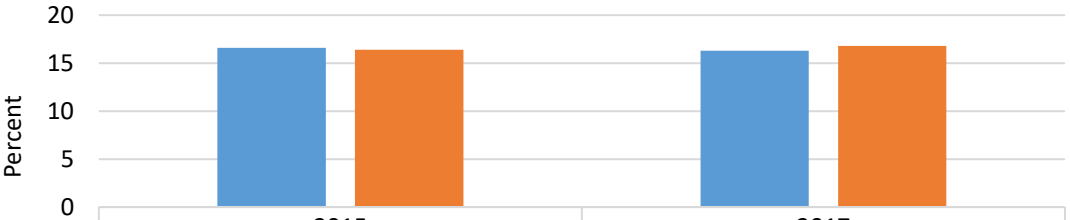
Figure 72: Ever been hit, beaten, kicked, or physically hurt in anyway by an adult, Washoe County and Nevada, 2015-2017



	2015	2017
Washoe County	17.7	17.4
Nevada	15.8	17.7

Youth Risk Behavior Survey

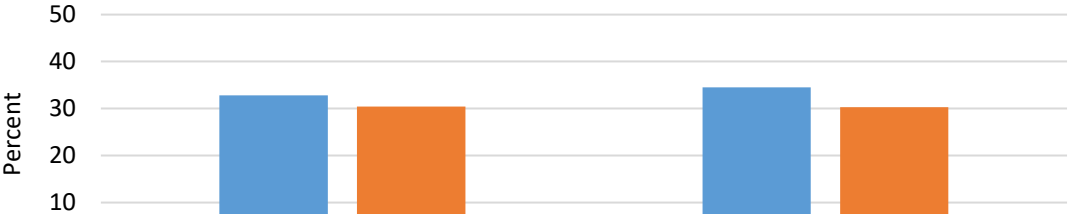
Figure 73: Ever seen adults in their home slap, kick, punch, or beat each other up, Washoe County and Nevada, 2015-2017



	2015	2017
Washoe County	16.6	16.3
Nevada	16.4	16.8

Youth Risk Behavior Survey

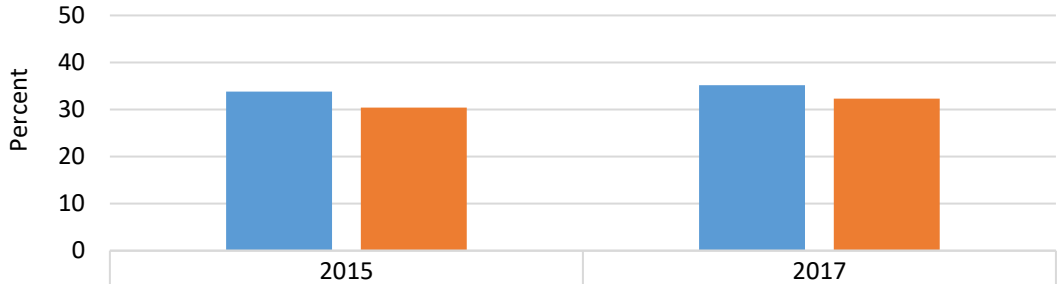
Figure 74: Ever lived with someone who was depressed, mentally ill, or suicidal, Washoe County and Nevada, 2015-2017



	2015	2017
Washoe County	32.8	34.5
Nevada	30.4	30.3

Youth Risk Behavior Survey

Figure 75: Ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs, Washoe County and Nevada, 2015-2017



	2015	2017
Washoe County	33.8	35.2
Nevada	30.4	32.3

Youth Risk Behavior Survey

Mental Health

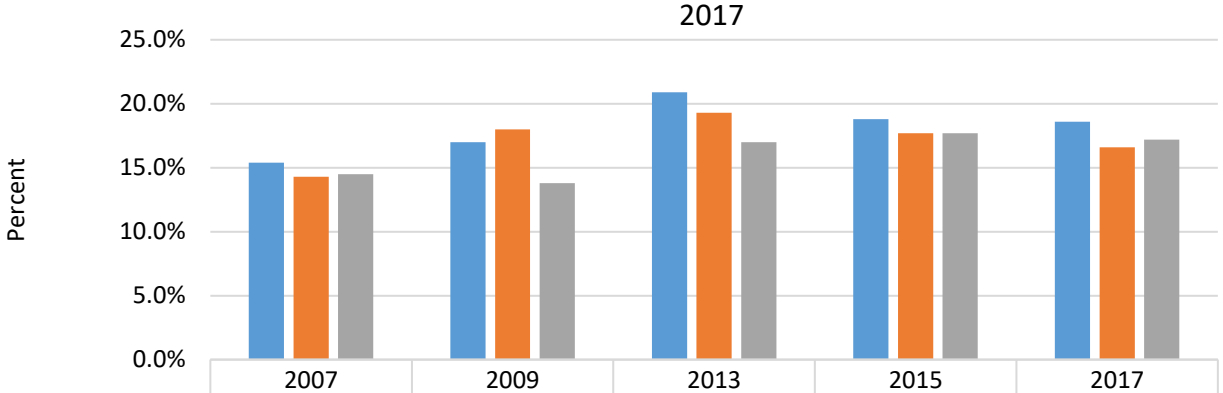
Mental health encompasses an individual's physical, emotional, and psychological well-being, and can be evaluated by examining how the person copes with stress, how they respond to unexpected events in their life, and how they engage socially with others.[9] Mental health can impact physical health, 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.[10]

Mental Health Among Youth

In 2017, the percentage of Washoe County high school students who reported they considered attempting suicide in the past year was higher than Nevada and the United States [Figure 76]. The percentage of high school students in Washoe County reporting they attempted suicide in the past year decreased from a high in 2009 (13.6%) to 2017 (8.9%), yet still remains higher than Nevada and the United States [Figure 79].

A higher percentage of females reported they made a plan to attempt suicide compared to males [Figure 78], and a higher percentage of female high school students in Washoe County reported attempting suicide compared to males [Figure 80].

Figure 76: High school students who seriously considered attempting suicide - past year, Washoe County, Nevada, and the United States, 2007-2017



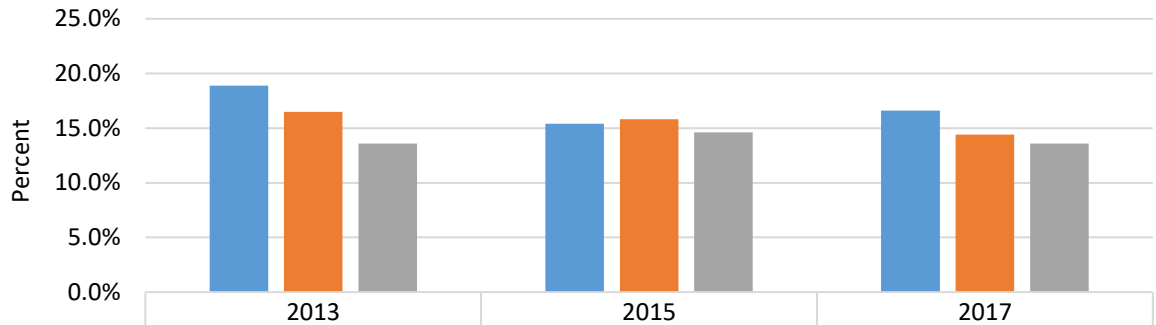
	2007	2009	2013	2015	2017
Washoe	15.4%	17.0%	20.9%	18.8%	18.6%
Nevada	14.3%	18.0%	19.3%	17.7%	16.6%
United States	14.5%	13.8%	17.0%	17.7%	17.2%

Youth Risk Behavior Survey

[9] National Alliance on Mental Illness. Know the Warning Signs. Accessed https://www.nami.org/Learn-More/Know-the-Warning-Signs.

[10] 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

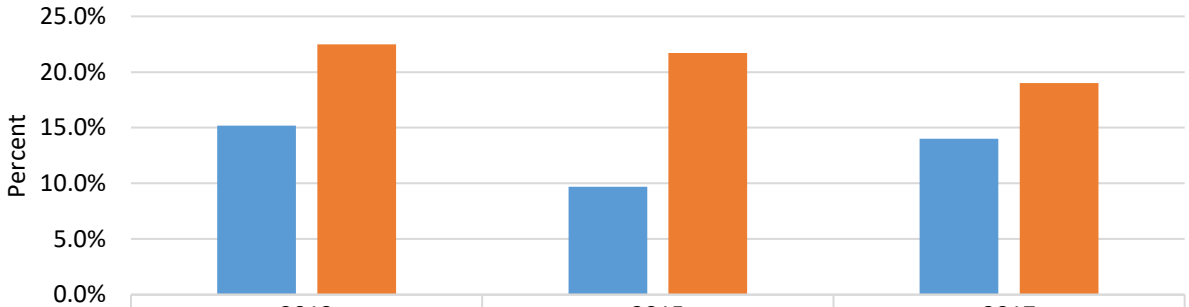
Figure 77: High school students who made a plan to attempt suicide- past year, Washoe County, Nevada, and the United States, 2013-2017



	2013	2015	2017
Washoe	18.9%	15.4%	16.6%
Nevada	16.5%	15.8%	14.4%
United States	13.6%	14.6%	13.6%

Youth Risk Behavior Survey

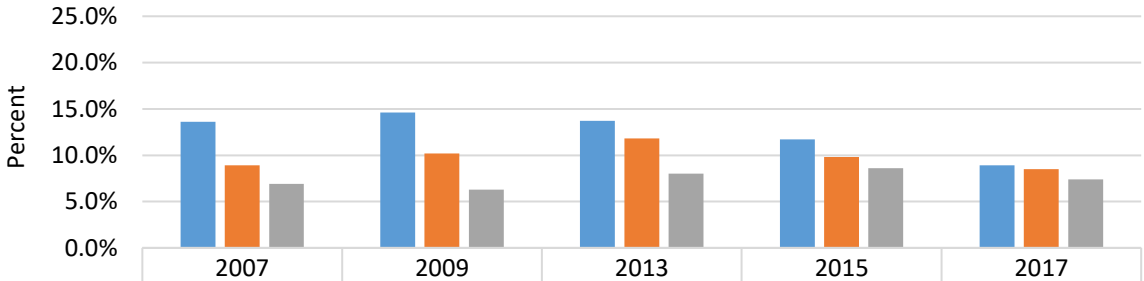
Figure 78: High school students who made a plan to attempt suicide - past year by sex, Washoe County, 2013-2017



	2013	2015	2017
Male	15.2%	9.7%	14.0%
Female	22.5%	21.7%	19.0%

Youth Risk Behavior Survey

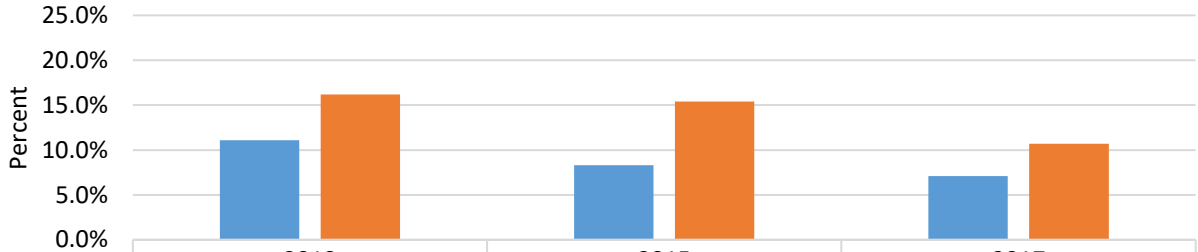
Figure 79: High school students who attempted suicide - past year, Washoe County, Nevada, and the United States, 2007-2017



	2007	2009	2013	2015	2017
Washoe	13.6%	14.6%	13.7%	11.7%	8.9%
Nevada	8.9%	10.2%	11.8%	9.8%	8.5%
United States	6.9%	6.3%	8.0%	8.6%	7.4%

Youth Risk Behavior Survey

Figure 80: High school students who attempted suicide - past year by sex, Washoe County, 2013-2017



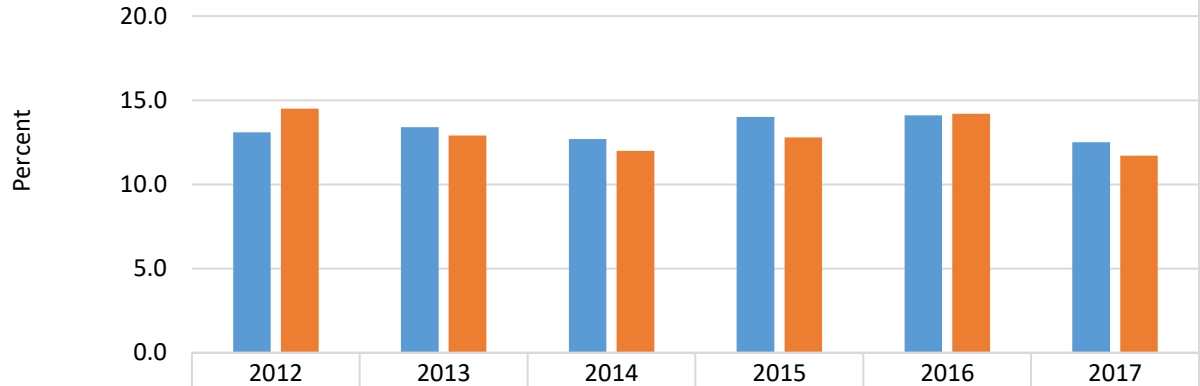
	2013	2015	2017
Male	11.1%	8.3%	7.1%
Female	16.2%	15.4%	10.7%

Youth Risk Behavior Survey

Mental Health Among Adults

Reported poor mental health days among adults in Washoe County has remained relatively stable from 2012 through 2017, with 12.5% reporting they had experienced two weeks (14 or more days) of poor mental health in the past month [Figure 81]. This has been reported higher among Washoe County adults compared to Nevada since 2013. Additionally, in 2017, nearly one in five adults in Washoe County reported they had been told by a provider they have some form of depression [Figure 82].

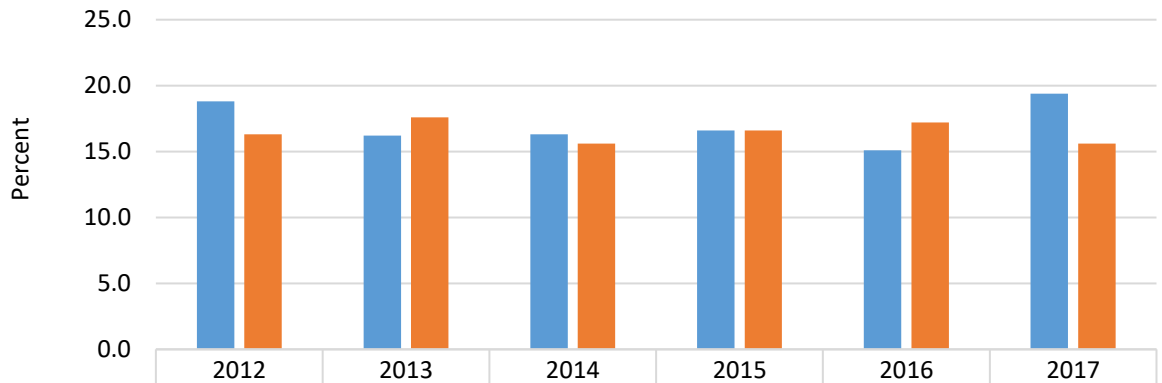
Figure 81: Adults reporting mental health was not good on 14+ days in the past 30 days, Washoe County and Nevada, 2012-2017



	2012	2013	2014	2015	2016	2017
Washoe County	13.1	13.4	12.7	14.0	14.1	12.5
Nevada	14.5	12.9	12.0	12.8	14.2	11.7

Behavioral Risk Factor Surveillance Survey

Figure 82: Adults who have ever been told they have a form of depression, Washoe County and Nevada, 2012-2017



	2012	2013	2014	2015	2016	2017
Washoe County	18.8	16.2	16.3	16.6	15.1	19.4
Nevada	16.3	17.6	15.6	16.6	17.2	15.6

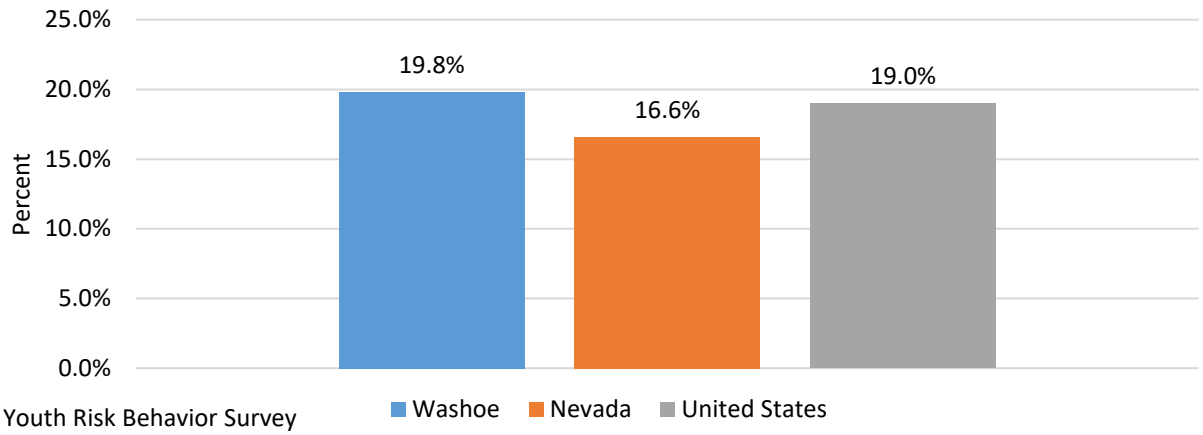
Behavioral Risk Factor Surveillance Survey

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. [11]

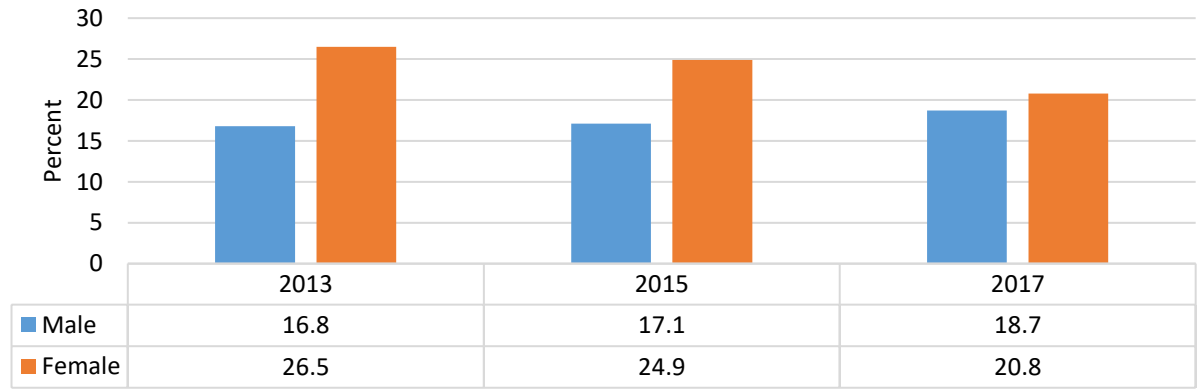
In 2017, nearly one in five high school students (19.8%) in Washoe County reported having been bullied on school property in the past year [Figure 83], while another 18.4% indicated they had been electronically bullied in the past year [Figure 85]. A higher percentage of females reported being bullied on school property and electronically compared to males. This trend holds true for 2013, 2015 and 2017 [Figure 84 and Figure 86].

Figure 83: High school students who were bullied on school property - past year, Washoe County, Nevada, and the United States, 2017



Youth Risk Behavior Survey

Figure 84: High school students who were bullied on school property by sex - past year, Washoe County, 2013-2017

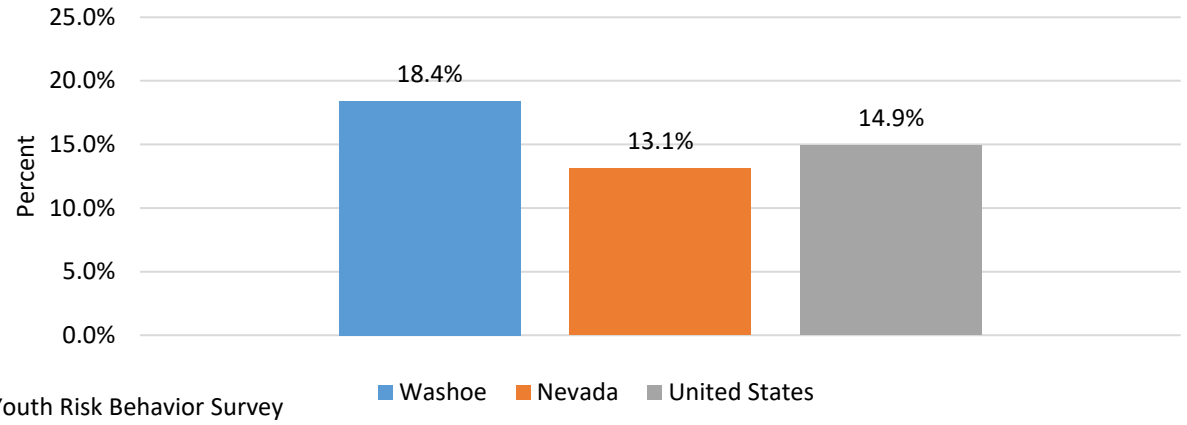


	2013	2015	2017
Male	16.8	17.1	18.7
Female	26.5	24.9	20.8

Youth Risk Behavior Survey

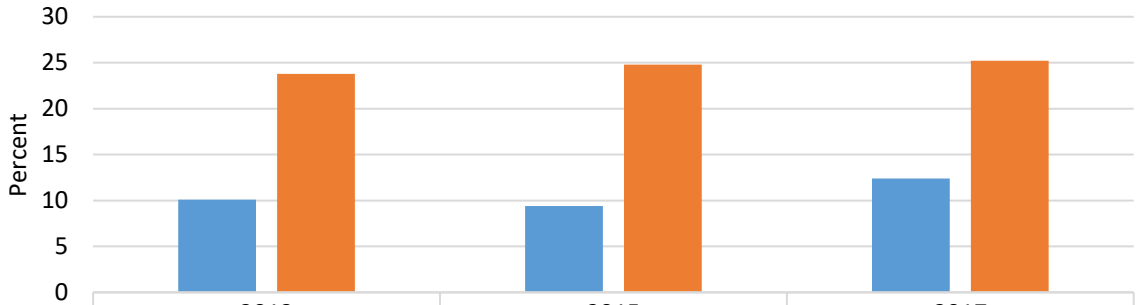
[11] Centers for Disease Control and Prevention. (2015). *Fact sheet: Understanding bullying*. Retrieved June 17, 2016, from hhttps://www.cdc.gov/violenceprevention/pdf/bullying-factsheet.pdf

Figure 85: High school students who were electronically bullied - past year, Washoe County, Nevada, and the United States, 2017



Youth Risk Behavior Survey

Figure 86: High school students who were electronically bullied by gender - past year, Washoe County, 2013-2017



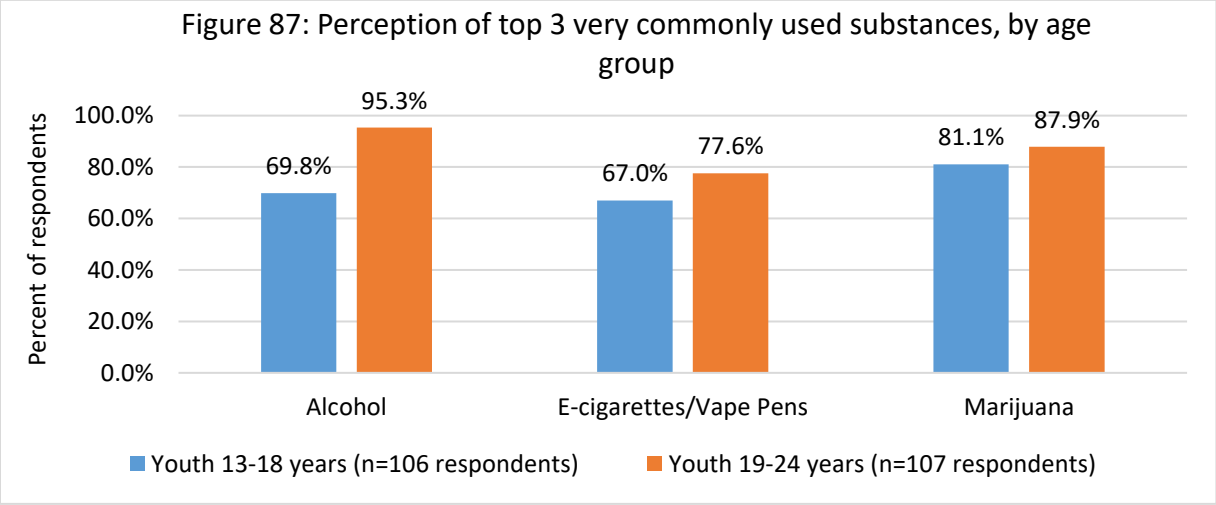
	2013	2015	2017
Male	10.1	9.4	12.4
Female	23.8	24.8	25.2

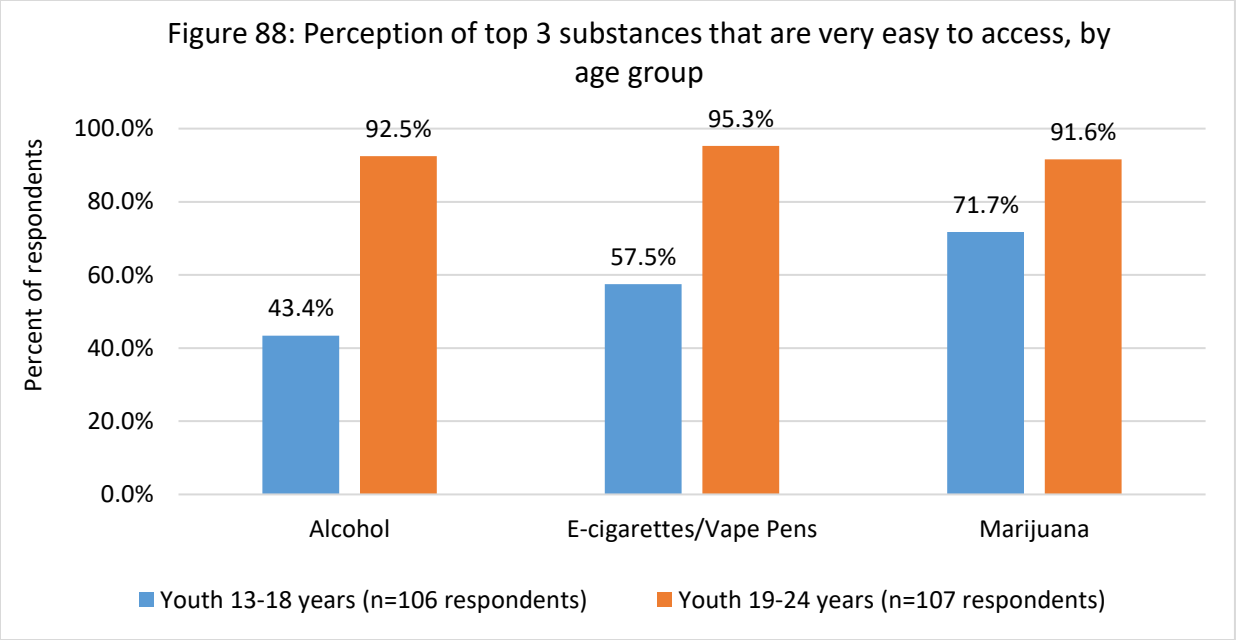
Youth Risk Behavior Survey

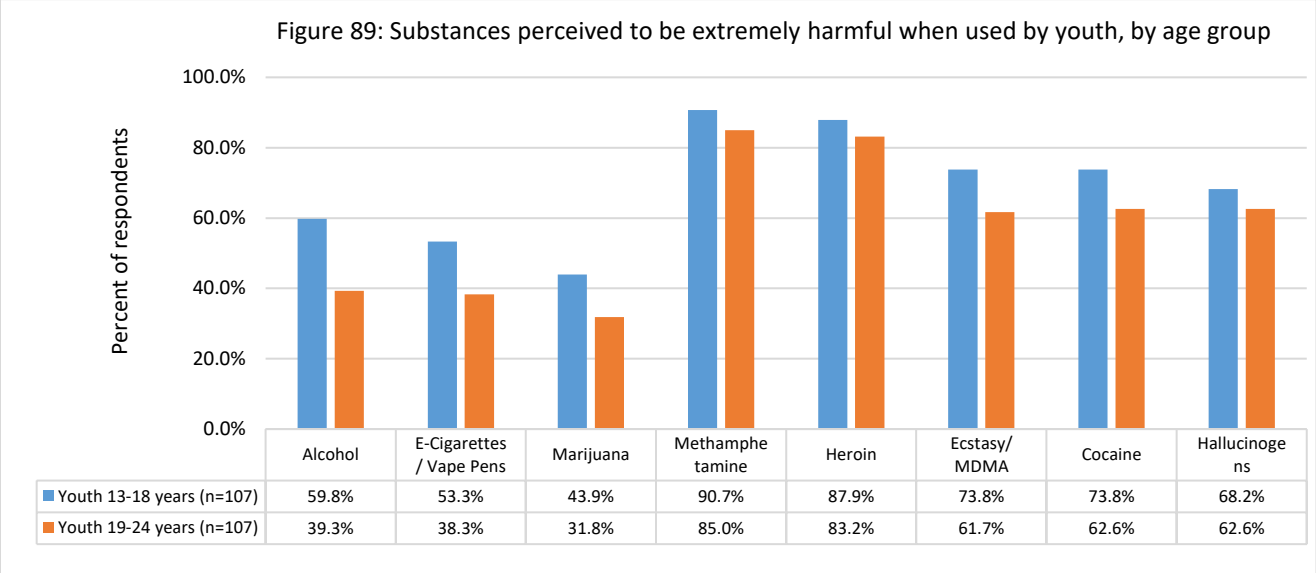
Summary of Online Survey Findings

An online community survey was conducted to obtain additional feedback from Washoe County residents. The survey was also made available in hardcopy. A total of 100 respondents completed the survey and select results are provided in the following charts and tables. The survey participants were majority female, white, non-Hispanic, with an educational attainment of a master's degree or higher. While participants included a broad spectrum of ages, the survey respondents were not representative of Washoe County's population. Therefore, the online survey data are not generalizable, and the following data are not designed for comparison to secondary data presented in the previous section of the CCPP.

Survey participants were asked a variety of questions regarding what substances they believe youth ages 13 to 18 years and youth aged 19 to 24 years most commonly use, ease of access, and level of harm when used by youth in those two age groups. The top three substances believed to be most commonly used by youth in the community are alcohol, e-cigarettes, and marijuana [Figure 87]. The same three substances were also identified as the top three that are most easy to access by youth in the community [Figure 88]. Survey respondents believe methamphetamine, heroin, ecstasy/MDMA, cocaine and hallucinogens to be the most harmful substances when used by youth, while the perceived harmfulness of alcohol, e-cigarettes, and marijuana was much lower [Figure 89].

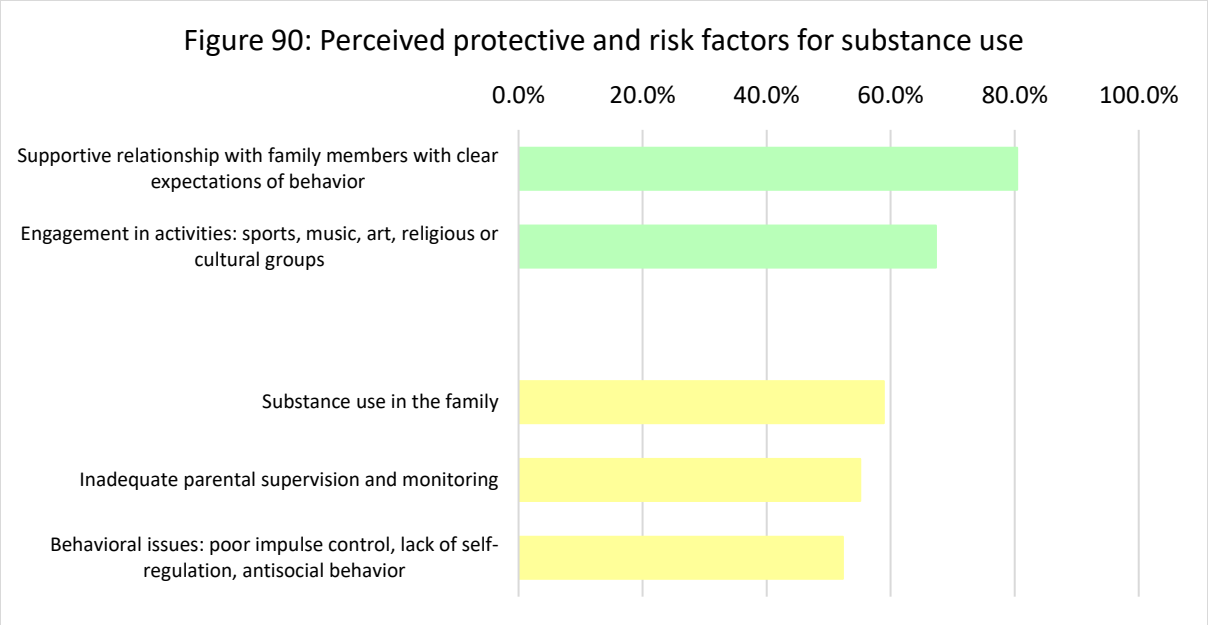




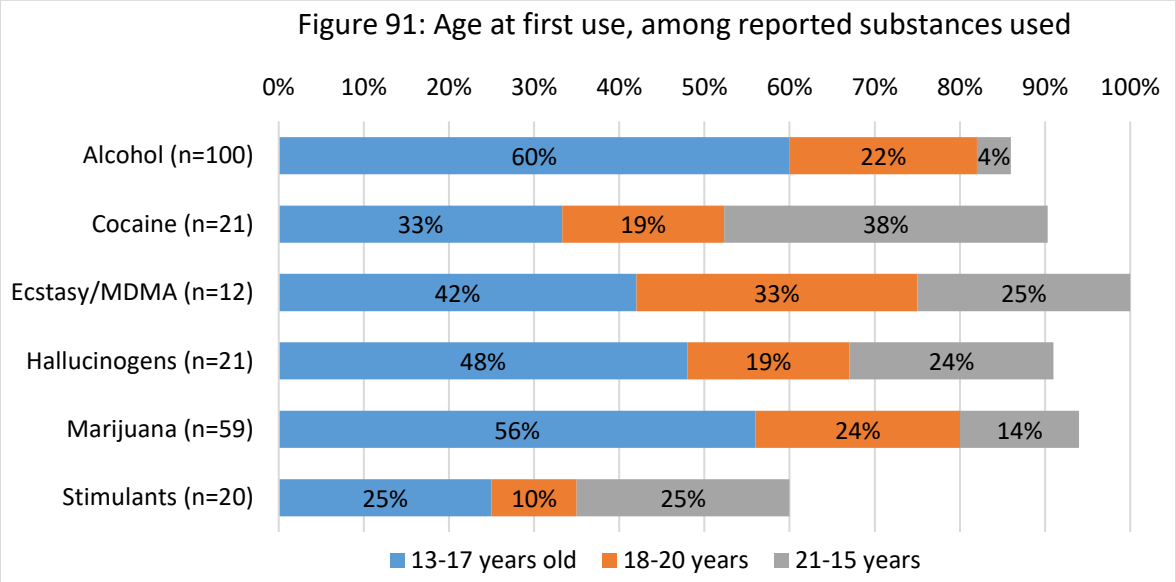


	Alcohol	E-Cigarettes / Vape Pens	Marijuana	Methamphetamine	Heroin	Ecstasy/ MDMA	Cocaine	Hallucinogens
Youth 13-18 years (n=107)	59.8%	53.3%	43.9%	90.7%	87.9%	73.8%	73.8%	68.2%
Youth 19-24 years (n=107)	39.3%	38.3%	31.8%	85.0%	83.2%	61.7%	62.6%	62.6%

Survey respondents believe youth most commonly access alcohol, cigarettes, and other drugs from older peers, from home without parental knowledge, and from same age peers. The top two protective factors identified by survey participants include having a supportive relationship with family members who have a clear expectation of behavior, and being engaged with activities such as sports, music, arts, religious or cultural groups [Figure 90]. The top three perceived risk factors for substance use among youth were substance use in the family, inadequate parental supervision and monitoring, and behavioral issues such as poor impulse control, lack of self-regulation, and antisocial behavior [Figure 90].



Participants were asked about personal use of substances, age when first used, and frequency of current use. Alcohol and marijuana were the top used substances by respondents, with over half of the 100 people who reported using alcohol (60%) reporting they had their first drink between the ages of 13-17 years. An additional 59 survey participants reported using marijuana at least once in their life, and over half (56%) of those respondents reported they first used marijuana between the ages of 13 and 17 years [Figure 91].



While most survey respondents indicated it is totally unacceptable for youth under 21 years to use alcohol in their home (68%), approximately 8% indicated it is slightly acceptable for underaged youth to use alcohol in their home. Another 22% of respondents believe occasional underage drinking is okay if it does not interfere with school work or other responsibilities. Among the 31 survey respondents who indicated they have children who are currently 18 years or younger, 74% stated they have alcoholic beverages in their household and 96% do not lock up their alcohol.

Summary of Focus Group Findings

A total of four focus groups were conducted to better understand community members' perception of substance-related issues in Washoe County. The focus groups included high school youth, college-aged youth, general population, and Spanish-speaking parents. A total of 27 people participated in the focus groups with the majority of participants being female, and more than half were 24 years or younger.

The findings illustrate the need to provide substance use education in the schools. Youth frequently indicated they could not recall speaking with their parents about substance use. Among youth who had spoken with parents regarding substance use, many stated they knew their mother disapproved of them using substances. Some youth stated the only message they hear from their parents is "don't drink and drive" or use substances safely/tell me when you need a ride. Some mentioned substance use prevention was brought up due to a family member's addiction problems or within the context of cultural acceptance such as an elder offering wine or drinking at a family dinner. Parents who reported having conversations with their children indicated the conversations do not typically go beyond a "just don't do it" message.

In terms of preventive risk-reducing behaviors, many participants recognized the importance of having a strong support system including friends and family to prevent substance use. However, two protective factors were also identified as potential risk factors. The first was involvement in organized sports. While protective factors of participating in organized sports included responsibility, accountability, and the potential to be tested for substance use, others mentioned the culture of sports may increase risk for engaging in substance use, most notably underage drinking. The second protective factor identified as a potential risk factor was substance use within the family. Some participants reported their experience with substance use among family members influenced them to not use substances since they had first-hand experience with the devastating impacts it has on the person using and those around them. Other participants indicated having family members that use substances promoted the acceptance of substance use and increased risk since substances were readily available in the home.

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, 2019 – December 31, 2020 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 local 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: This group consists of members of the school district, law enforcement, children's hospital, and treatment agencies. The group is developing a county DEC protocol as well as implementing a timely trauma response protocol between law enforcement, other agencies, and the school district.
- 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: This committee consists of local business professionals, law enforcement, prevention workers, and substance abuse professionals who develop strategies to educate community members about marijuana to reduce harm to youth and the community.
- Prevention Committee: Comprised of prevention workers, law enforcement, educators, substance abuse professionals, and other community members, this committee works to develop and complete projects focused on successful substance abuse prevention among youth. The committee provides education and events catered towards parents, professionals, and others working with 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, Nevada Statewide Coalition Partnership, the 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, strategies, and evaluation data specific to goals addressing each risk factor. The Strategic Plan and Coalition Logic Model address JTNN's mission of creating a healthy drug-free community by building successful partnerships to support prevention education and outreach.

The following page contains JTNN's Logic Model for the next two years. Logic Models not only make explicit the intended outcomes and assumptions of the project but make evaluation more feasible and effective. They enable coalitions to focus on appropriate evaluation questions that have meaning and value to key stakeholders.

LOGIC MODEL/STRATEGIC PLAN

	Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Alcohol and marijuana use – High School Youth	Reduce the proportion of high school students currently using alcohol and marijuana.	Current (past 30 days) use of alcohol and marijuana among high school students.	15% reduction in current use of alcohol and marijuana.	Low perception of risk Easy social access to alcohol Laws and norms favorable to use	Education and training Information dissemination Community process	Youth Conference Speak Out Professional presentations Youth PSA contest Informational rack cards Meeting facilitation
Substance use - Women of childbearing age	Reduce the prevalence of alcohol and other drug use among women under 44	BRFSS-Heavy drinking among women.	Reduce proportion of women classified as heavy drinkers to 6%	Easy retail access for alcohol and marijuana	Education and training Information dissemination	Education to women's groups and clubs at the university Social media campaign
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, methampheta mine and alcohol while pregnant by 20% by 2022	Social norms favorable to use of marijuana while pregnant Easy access to drugs	Education and training	Physician education and partnering with women's health physician groups and OBGYN Presentations to women's groups

	Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Prescription drug misuse/ abuse - High School Youth	Reduce the percentage of high school students using prescription drugs not prescribed to them	YRBS-high school students using prescription drugs	Reduction in prescription drug use when not prescribed to 10%	Easy access Youth sharing with peers	Community process Education and training Information dissemination	Prescription drug take back events Prescriber training Speaking to parents about use and safe disposal Presentations to students Social media
E-Cigarettes/ Vaping - Youth	Reduce current use of e-cigarettes/ vaping products among youth	YRBS-Current use of e-cigarettes/ vaping products among high school students	Reduce proportion of high school students who ever used e-cigarettes/vaping products to 40% by 2021	Low perception of risk Social Norms Easy retail access	Education and training Information dissemination	Parent and student presentations Speak Out Social media
Marijuana Use – Middle School Youth	Reduce middle school student use of marijuana	YRBS-Middle school students who ever used marijuana	Reduce the proportion of middle school students who have ever used marijuana to 8% by 2021	Low perception of risk Social Norms	Education and training Information dissemination	Parent and student presentations Speak Out Media campaign
Alcohol Use – High School Youth	Reduce percentage of high school students who use alcohol before age 13	YRBS-Use alcohol before age 13	Reduction in the proportion of high school students who drink before age 13	Low perception of risk Social Norms Social availability (obtaining through family members or friends)	Education and training Information dissemination Community process	Youth conference Parent presentations Fatal Vision goggle activities Meeting facilitation

	Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Alcohol Use – High School Youth	Reduce the percentage of youth who ever drank alcohol	YRBS-Alcohol use ever	Reduction in the percentage of high school students who have ever drank alcohol	Low perception of risk Social availability (obtaining through family members or friends) Liquor serving establishments that don't ID	Education and training Information dissemination Environmental strategies Community process	Speak Out Community presentations Media campaign Informational rack cards Beverage server training Compliance checks Meeting facilitation
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.	Reduction in current use of alcohol to 20%	Low perception of risk Easy social access to alcohol Laws and norms favorable to use	Education and training	Evidence-based programming Presentations for parents and professionals
Substance use - Non-English speakers	Increase knowledge among Spanish-speaking parents about harms of substance use		Increase Spanish-speaking parents' perception of harm of marijuana and alcohol use by youth by 5% as measured be a pre- and post-test survey	Social norms favorable to substance use	Education and training Information dissemination	Evidence-based programming Presentations for parents and professionals Media campaign
Marijuana - High School Youth	Reduce percentage of high school students who use	YRBS-Use marijuana before age 13	Reduction in the proportion of high school students who	Low perception of risk	Education and training	Parental education, student education,

	Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
	marijuana before age 13		use marijuana before age 13	Social Norms Social availability (obtaining through family members or friends)	Information dissemination	physician education Speak Out Media campaign
Substance use – Youth	Reduce the percentage of high school students who ever used alcohol, marijuana, cocaine, and methamphetamine	YRBS-Ever used alcohol, marijuana, cocaine, or methamphetamine among high school students	Reduction in the proportion of high school students who use alcohol, marijuana, cocaine, or methamphetamine by 15% (for each drug)	Ease of access 24-hour town	Education and training	Implement evidence-based programs and practices
Marijuana use - Youth	Increased the proportion of high school students perceived parental disapproval	WCSD School Climate Survey-Perceived parental disapproval	Increase the proportion of high school students perceived parental disapproval of using marijuana to 35% in 2022	Favorable youth attitudes toward drug use Accessibility	Education and training	Implement evidence-based programs and practices
Alcohol use - College	Decrease proportion of college students who binge drink	National College Health Assessment Core Alcohol and Drug Survey-Binge drinking	Reduce college binge drinking rates to 32% in 2020	Social norms Accessibility Lack of perceived harms	Education and training	Implement evidence-based programs and practices

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 the 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 Quest Counseling and Consulting to develop and present an ongoing alcohol retailer and server training program in Washoe County.
- 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.

Practices that address issues identified in the 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 other 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 to younger students. Speak Out members learn curriculum relating to alcohol, marijuana, and prescription drugs and have an opportunity to provide input into presentations and other activities to help younger students learn drug refusal skills. These evidence-based lessons are delivered in after-school settings.

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 are increasing throughout the country, 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.

The table below summarized the direct prevention service prevention programs implemented by partnering community agencies.

Organization	***Program***	***Description (as provided by NREPP or other registry)***	***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	**Reconnecting Youth**	Reconnecting Youth is a school-based prevention program for middle school and high school youth who have factors that identify them as at-risk for school dropout, drug involvement, anger/aggression, depression and/or suicidal behavior. The goal is to help youth build coping skills and competencies, increase time spent in healthy activities, and enhance social support resources.	Youth ages 12-17
Quest Counseling	**Brief Alcohol Screening and Intervention for College Students (BASICS)**	Brief Alcohol Screening and Intervention for College Students (BASICS) is a prevention program for college students who drink alcohol heavily and have experienced or are at risk for alcohol- related problems. Following a harm reduction approach, BASICS aims to motivate students to reduce alcohol use in order to decrease the negative consequences of drinking. It is delivered over the course of two 1-hour interviews with a brief online assessment survey taken by the student after the first session. Based on principles of motivational interviewing, BASICS is delivered in an empathetic, non-confrontational, and nonjudgmental manner and is aimed at revealing the discrepancy between the student's risky drinking behavior and his or her goals and values.	College students
WCSD - Family Resource Centers	**Parenting Wisely**	Parenting Wisely is a set of interactive, computer-based training programs for parents of children ages 3-18 years. Based on social learning, cognitive behavioral, and family systems theories, the programs aim to increase parental communication and disciplinary skills.	Parents
Washoe County School District	**Botvin LifeSkills Training**	The Botvin *LifeSkills Training* Middle School program is comprehensive, dynamic, and developmentally designed to promote positive youth development. In addition to helping kids resist drug, alcohol, and tobacco use, the *LifeSkills Training* Middle School program also effectively supports the reduction of violence and other high-risk behaviors.	Grades 6-9

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 basically 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, activities, gathering data, watching data trends, and conducting annual focus groups.

Scopes of Work

For each grant, JTNN develops a "Scope of Work" document based on the goals/objective that must be met for that grant. The document lists all services or activities that will be completed in order to meet the goals and objectives set for the grant. This document is used throughout the grant year to track which services and activities have been completed and which services and activities still need to be met. This allows the JTNN staff to monitor the progress of each grant and know what services and activities need to be implemented next.

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, deaths, perceptions, or other factors that may need to be watched and addressed.

Community Focus Groups

JTNN hosts community 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.