Join Together Northern Nevada

Analysis of Focus Group Results in Support of CCPP

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Prepared in collaboration with:

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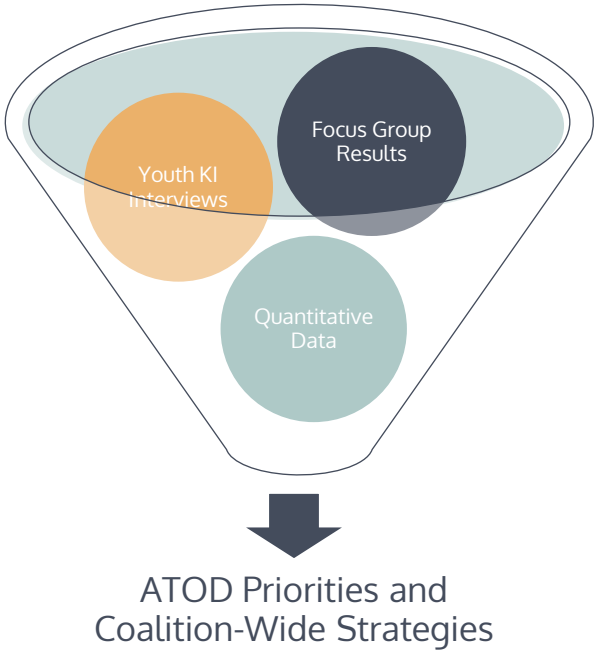
Contents

Background

Join Together Northern Nevada (JTNN) engaged the services of Impact Evaluation & Assessment Services to facilitate focus groups and key informant interviews in support of their Comprehensive Community Prevention Plan (CCPP). This report summarizes the key findings from focus groups, however JTNN may wish to review "Appendix A - Analysis" to this report to more fully understand participants' concerns.

The results are organized around the five elements of the Strategic Prevention Framework: Assessment, Capacity, Planning, Implementation, and Evaluation (Source: https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf).

The focus groups are one of three data gathering activities JTNN will utilize to select ATOD priorities for their CCPP, as follows:



The primary purpose of this analysis is to support JTNN's CCPP, however some findings relate to the functioning and purpose of JTNN as a whole. In other words, some findings relate more to the *how* JTNN is working rather than *what* they are working to accomplish. Those findings may be useful in informing a coalition-wide strategic plan, which is outside the scope of this project.

The results detailed below are not exhaustive. Youth key informant interviews will be analyzed separately, as will quantitative data. JTNN's interactions in the community and knowledge of emerging local trends may uncover topics not addressed by these participants.

Methodology for Focus Groups

Impact, Dina Hunsberger of Public Health Consulting, and JTNN staff worked together to create a methodology for the focus groups, including the appropriate number of participants, coordination, roles for facilitation, timing, and specific topics to be covered. The primary purpose of the focus groups was, of course, data collection. Ancillary purposes, however, included facilitating stronger relationships between JTNN and new or existing partners and to educate participants about JTNN and substance misuse in general. JTNN was responsible for scheduling focus groups and issuing invitations to participants who represented various sectors based on the Drug Free Communities graphic:

Focus groups were held on the following dates and times:

April 13, 4 pm
April 15, 8 am
April 26, 9 am
June 16, 10 am

Invitations were extended for Saturday and after-hours focus groups, but no participants were interested in those times.

Ultimately, 11 individuals attended the focus groups. Every community sector, other than business, was well-represented. Focus groups lasted approximately two hours each.

A "Purpose to Practice" approach was utilized using a "1-2-4-All" sequence. Participants were given five worksheets (See Appendix B "Worksheet") at the beginning of each section:

Purpose
Theory
Community Partners
Capacity/Structure
Implementation
Something New (i.e. Harm Reduction)

Participants were given time to review each worksheet, then discuss with one or two people nearest them (depending on the size of the focus group), and then discussion was open to all. This approach allowed even the most reluctant participants to have a voice.

Both Margo Teague of Impact and one JTNN staff member took notes during the focus groups. Participants were invited to take notes on the worksheets they had been provided and turn them in if they wished. All of these notes were included in analysis.

Notes were coded by relevance to the elements of the Strategic Prevention Framework (i.e., Assessment, Capacity, Planning, Implementation, and Evaluation). This initial coding is included as "Appendix A – First Level Analysis." A second round of analysis was conducted to find common patterns of responses. Those results are included in the "Results" section below.

Results of Focus Groups

Results highlighted below represent patterns of responses from focus group participants. Information in quotation marks are direct quotes from participants. These quotes are included because they succinctly express sentiments expressed by multiple participants.

Assessment

SAMHSA describes "assessment" as:

> *Identify local prevention needs based on data (e .g ., What is the problem?)*
>
> *The purpose of this step is to understand local prevention needs based on a careful review of data gathered from a variety of sources. These data help planners to identify and prioritize the substance misuse problems present in their community; clarify the impact these problems have on community members; identify the specific factors that contribute to these problems; assess readiness; and determine the resources required to address those factors.*

Assessment Results for CCPP from Focus Groups	
Result	Risk and Protective Factors Connection
Driving while impaired from marijuana use (law enforcement lack of ability to test, lack of consumers' knowledge of affects on body, especially poly drug)	Family – Favorable Parental Attitudes Community - Community laws and norms favorable to substance use
Vaping, lack of knowledge (among parents, youth, community) about all aspects of vaping, especially impacts on physical health, and especially vaping concentrates, is leading to more permissive attitudes than is appropriate to the level of risk	Family – Favorable Parental Attitudes Community - Community laws and norms favorable to substance use Healthy beliefs and standards for behavior

Lack of knowledge (among parents, youth, community, and professionals) about long-term physical and mental health impacts of MJ use, especially youth, in light of higher THC content	Family – Favorable Parental Attitudes Community - Community laws and norms favorable to substance use Healthy beliefs and standards for behavior
Culture shift surrounding legalized marijuana use has decreased perceptions of risk of harm and normalized use	Family – Favorable Parental Attitudes Community - Community laws and norms favorable to substance use Healthy beliefs and standards for behavior
Widespread opioid use and addiction and prevalence of overdose	Community - Community laws and norms favorable to substance use Healthy beliefs and standards for behavior
Social media exacerbated all of the risk and protective factors and ACEs. Parents still don't know enough about what young people are seeing and doing on social media and young people don't know how to protect themselves. "Is 'community' your neighborhood or your school? Or is 'community' where you spend your time online?"	Community - High availability of substances and Community laws and norms favorable to substance use Healthy beliefs and standards for behavior
Participants clearly believe substance misuse prevention is important. They demonstrated a solid understanding of the complexity of these issues. "We are stuck here waiting for someone to show us the way out."	Healthy beliefs and standards for behavior

"There seems to be this thought that one drug is worse than another. Now it's Fentanyl. Before that it was heroin and before that it was meth. From the perspective of the user, the worst drug is the one you are using. It's the one that is causing you problems in your life. It might be the wine you are drinking after work or the heroin you are shooting up. We need to get away from the hierarchy"	Healthy beliefs and standards for behavior

Again, for each result listed above, it is recommended that JTNN review related quantitative data and data from youth key informant interviews to determine if the result is worthy of becoming an ATOD priority or coalition-wide strategy. Keep in mind that quantitative data and/or JTNN's knowledge as experts may identify substance misuse problems of which participants in qualitative data collection efforts are unaware.

If data supports that a consideration rises to the level of a priority/strategy, a simple plan can be written to address consideration over the next three years. The next step of the plan is a discussion of capacity to address priority (see "Capacity" section below and the graphic in the "Conclusion/Next Steps" section below).

SAMHSA also recommends that the assessment include an assessment of "readiness to change," looking at the following indicators:

- *Knowledge of the substance misuse problem*
- *Existing efforts to address the problem*
- *Availability of local resources*
- *Support of local leaders*
- *Community attitudes toward the problem*

Readiness assessments should reflect the preparedness of the community sectors that will be involved in addressing the priority problem and/or will be affected by it. To do this, prevention planners must engage in a culturally competent assessment process that includes representatives from across community sectors. A thorough capacity assessment should include information about:

- *The cultural and ethnic makeup of the community*
- *How problems are perceived among different sectors of the community*
- *Who has been engaged in previous prevention efforts*
- *Existing barriers to participation in prevention efforts*

These readiness to change indicators are highly associated with elements of Collective Impact.

Readiness to Change Results for CCPP from Focus Groups	
SAMHSA Readiness Indicator	Collective Impact Connection
Knowledge of the substance misuse problem	Common Agenda
Evidence from focus group: There was no evidence to suggest people were unaware or in denial about substance misuse problems. If anything, participants may overestimate use rates	
Existing efforts to address the problem	Common Agenda Mutually Reinforcing Activities
Evidence from focus group: Participants mentioned a multitude of substance misuse prevention and treatment efforts in the community and made recommendations for collaboration with JTNN	
Availability of local resources	Backbone Function
Evidence from focus group: There was no discussion of financial resources, however there was discussion about spreading prevention knowledge and skills with agencies who act as "entry points" (i.e., schools, treatment providers, child protective services, etc.)	
Support of local leaders	Mutually Reinforcing Activities
Evidence from focus group: There was little discussion about support (or lack thereof) of political leaders. However, most of the participants were leaders in their various sectors or had been asked to participate by their superiors, which demonstrates support of local leaders	

Community attitudes toward the problem	Common Agenda
Evidence from focus group: In general, participants seem to believe community members are concerned about substance misuse, but many don't know where to turn or how to address the problem. Participants believe some parents have permissive attitudes about MJ and alcohol and attribute this to a low level of understanding of the long-term impacts. There was a general consensus that SA is changing (i.e., potency, legalizations, and types of substances) and that approaches from the past may not be appropriate or effective in this new environment. Substance misuse prevention appears to be viewed as an act of health preservation	
How problems are perceived among different sectors of the community	Common Agenda
Evidence from focus group: Participants represented a wide variety of sectors. There was virtually no "finger-pointing" from one sector to another. In general, participants seemed to hold the belief that substance misuse is a problem, prevention of negative consequences is important and possible, and it requires more than one sector to accomplish	
Who has been engaged in previous prevention efforts	Mutually Reinforcing Activities
Evidence from focus group: Again, participants mentioned a multitude of substance misuse prevention and treatment efforts in the community and made recommendations for collaboration with JTNN	
Existing barriers to participation in prevention efforts	Common Agenda
Evidence from focus group: The primary barrier noted by participants was a lack of clarity about what JTNN wants from them. They recommend JTNN adopt a very simple, straightforward "problem – action – impact – result" approach	

**The cultural and ethnic makeup of the community is being addressed elsewhere in the CCPP. This is related to the Collect Impact Principle of Practice, "Design and implement the initiative with a priority placed on equity."*

Overall, there was evidence to support the community has a high level of readiness to change. Any deficiencies in the readiness to change indicators may be best addressed in a strategic plan for the JTTN as a whole (rather than a priority related specifically to ATOD misuse prevention).

Capacity

SAMHSA describes "capacity" as:

> *Build local resources and readiness to address prevention needs (e .g ., What do you have to work with?)*
>
> *In this step, local resources are built and mobilized and the community's readiness to address priority substance misuse problems is determined. In Step 1, planners took stock of what was available in their communities. In Step 2, they ensure the readiness of the community to buy in to the prevention effort and take stock of the resources needed to tackle the problem and produce a positive change.*

The following table identifies suggestions from participants in focus groups related to capacity. Capacity is closely associated with Collective Impact. Those connections are included in this table as well:

Capacity Results for CCPP from Focus Groups	
Results	Collective Impact Connection
School environment is changing (charters, private, online, etc.). JTNN needs to make sure all types of schools are included	Principles of Practice: Include Community Members in the Collective
JTNN needs input from youth. "The power is with the kids." Keep in mind there is a difference between youth peer groups and youth who may not be motivated to join a group	Common Agenda and Principle of Practice: Design and implement the initiative with a priority placed on equity
Several participants indicated that their first interaction with JTNN was motivated because JTNN was offering grant funding, but that they now feel like they were able to grow their own organizations become better partners with JTNN	Backbone Organization

Branch out the Drug Free Communities community sector: include JPOs under "law enforcement", include mental and behavioral health under "healthcare", specify types of media under "media"	Common Agenda Backbone Organization Principle of Practice: Include Community Members in the Collective
Participants mentioned several organizations that they believe JTNN should be involved with: Washoe Co. CPS, Washoe Co. Mental Health Consortium, MOST teams, Mobile Crisis Response Unit, Washoe Co. Substance Abuse Taskforce	Common Agenda Backbone Organization Principle of Practice: Include Community Members in the Collective
Participants would like to see less division between prevention and treatment, especially as JTNN adds harm reduction strategies to their efforts. They believe that treatment and prevention should be sending the same messages	Common Agenda Mutually Reinforcing Activities
Participants would like to see JTNN take more of a leadership role in the community and more aggressively exert themselves as experts in substance misuse prevention	Backbone Organization Principle of Practice: Cultivate leaders with unique system leadership skills
Participants would like JTNN to spearhead efforts to reduce reliance on grant funding and help the State of Nevada adopt the Medicaid model for funding	Backbone Organization Mutually Reinforcing Activities
There was evidence to support that JTNN provides prevention-based education, training and other resources to partner agencies, thus increasing capacity	Backbone Organization
Participants who serve on JTNN's various sub-committees like the structure and clear direction they provide	Common Agenda
Participants believe that JTNN is inviting and welcoming for new partners. There have been some disruptions with COVID and JTNN staff turnover	Principle of Practice: Build Culture that Fosters Relationships, Trust and Respect

JTNN has a history of inviting leadership from agencies and organizations to attend meetings. Participants believe this is a good approach, as many of them were delegated to participate with JTNN when they first became involved	Principle of Practice: Recruit and co-create with cross-sector partners
Participants would like to see JTNN programming more widely available throughout the community	Backbone Organization
A re-thinking of what JTNN wants from partners and how exactly they want partners to participate may be in order ("Re-think what you want from the community. Do you want confirmation that they agree with what you are doing? Do you want new ideas?")	Backbone Organization Common Agenda

Planning

SAMHSA describes "planning" as:

> *To develop a solid prevention plan, planners need to:*
>
> - *Prioritize the risk and protective factors associated with the substance misuse problems that have been identified (See Step 1: Assessment)*
> - *Select appropriate programs and practices to address each priority factor*
> - *Combine programs and practices to ensure a comprehensive approach*
> - *Build and share a logic model with stakeholders*

Once JTNN has selected specific ATOD priorities or coalition-wide strategies, the following suggestions related to Planning will be helpful:

Planning Results for CCPP from Focus Groups
Input/Suggestions Related to JTNN's Mission and Purpose
Messaging. "Burn it all and start over." Messaging needs to be clear and to the point. "This is a problem; this is what you can do."
Focus on "problem – action - impact – result" for everything JTNN does. Clear, actionable mission followed by evidence-based action and measurable change. "This is what JTNN is doing, this is how you can help"

Input/Suggestions Related to Risk and Protective Factors
Access to quality, formal education should be a protective factor
ACE events (death, grief, loss, isolation, divorce, abuse, etc.) should be considered a risk factor. Certain situations should trigger an intervention type response from JTNN. Trauma in general is missing from the risk factors. Young people need coping skills and help building a positive future for themselves
Challenging young people to succeed, including exposure to successful adults, should be a protective factor
Focus on impacts of drug use and where to go and what to do for health
Invincibility is a problem. Use doesn't come from a lack of information, necessarily, but from a lack of believing that the negative consequences will happen to you
The current mission statement ["drug-free"] is unachievable, and abstinence only programming is not usually successful. "In all reality drug free does not necessarily equal healthy." The message should perhaps be more about bringing the community together to support individuals than about battling drugs. "Safety" is missing from the vision statement. "The name and mission statement don't really explain what you do." Participants suggested that youth would be able to create a more appropriate mission statement
Input/Suggestions Related to Harm Reduction
"The hook for harm reduction is that it affects us all" (public safety, needles, relatives who are addicted, cost of treating related medical conditions, etc.)
Follow existing evidence-based strategies for harm reduction. They include offering referrals to treatment, education, etc.
Hold town halls, provide local stats. Collaborate with law enforcement. Address what might be perceived as hypocrisy head-on
Input/Suggested Related to General Approach
Take care to make sure wording is inclusive ("families" or "caregivers" rather than "mom and dad"
People don't understand use vs. misuse vs. addiction. It's all fine, until it isn't. And then what? We should be teaching compassion for addiction just like we do for mental health
Provide education about poly substance use
Focus on a systemic approach. The same messaging that goes to youth should go to their parents. Information that comes from treatment or law enforcement should match what comes from prevention. Think about access points: MH or physical health providers, law enforcement, CPS, schools, probation, summer programs, peer recovery support groups, Renown Hospital psychiatric unit's resource library, etc. If someone is already teaching a parenting class [court-ordered, foster parents Sparks PD parent project, etc.], ask to have 15 minutes to focus on prevention, or, better yet, teach those providers how to include evidence-based prevention the programs they are already using

"The power is with the kids." Make sure you have input from all types of kids. Focus on steps they can take, things they can say, to support one another
Make sure everything you do is accessible online. Maybe have tabs "if you are a parent, grandparent or concerned about a young person," "if you are a teacher" that lead people to real, concrete steps they can do if they are worried about prevention or treatment. This could be accessible to social workers, program directors, probation officers, virtually anyone who might like some evidence-based back up for working with an individual or family
It would be best if you were able to provide immediate, actionable, evidence-based steps for a parent who is freaking out when their child has come home smelling like weed, but also clear and consistent messaging for all kids and parents through schools. It would also be good if JTNN could be formally tied in with schools/healthcare/law enforcement/probation when there are individual or clusters of substance-related behaviors so they could bring in intervention programs where they are most needed

Input/Suggestions Related to Specific Problems Identified		
Problem	Potential Approach	Link to Risk and Protective Factors
Driving while impaired from marijuana use (law enforcement lack of ability to test, lack of consumers' knowledge of effects on body, especially poly drug)	1. Publicize "Don't smoke and drive" and "poly drug use" info. in consumption lounges 2. Work to strengthen public policies	Family – Favorable Parental Attitudes Community - Community laws and norms favorable to substance use

Vaping, lack of knowledge about impacts on health, especially concentrates (among parents, youth, community)	1. Get more involved in all schools 2. Create consistent education and messaging for students K-12 3. Include opportunities for small group education for youth to feel more comfortable 4. Families should get the same information as the youth	Family – Favorable Parental Attitudes Community - Community laws and norms favorable to substance use Healthy beliefs and standards for behavior
Lack of knowledge about long-term physical and mental health impacts of MJ use, especially youth, in light of higher THC content (among parents, youth, community, and professionals)		
Culture shift surrounding legalized marijuana use has decreased perceptions of risk of harm and normalized use		

Each plan for addressing an ATOD priority should include at least a preliminary identification of potential partners, evidence-based programming, timeframes, and evaluation measures (see Appendix C – Sample ATOD Priority Plan and graphic in "Conclusion/Next Steps" section below).

Consider elements of Collective Impact, including Principles of Practice, and associated risk and protective factors when writing ATOD priorities and coalition-wide strategies.

Implementation

SAMHSA describes "implementation" as:

> *In this step, a community's prevention plan is put into action by delivering evidence-based programs and practices as intended. To accomplish this task, planners will need to balance fidelity and adaptation, and establish critical implementation supports.*

Community members do not typically hold as strong of opinions about matters relating to implementation as they do about risk and protective factors or collaborative partnerships. Even so, the following table contains suggestions from participants regarding JTNN's implementation of prevention programming:

Implementation Results for CCPP from Focus Groups
Don't give up if attendance is low at your events/meetings. Recruitment/messaging ideas: electronic billboards, flyers through Chamber of Commerce, hospital staff and other healthcare workers
Start by targeting parents who are already involved with their kids. Reach out to coaches, volunteers, PTA, then branch out
"Bring people with some experience to talk to youth and families. You need more people with tattoos, ya know? Parents will listen to anyone if they are worried enough, but you need people with some real-life experiences to talk to them. No offense to JTNN staff, but you don't seem like a bunch of former drug users"
Consider small group instruction for young people to encourage sharing and discourage negative peer influence
Consider options for incentivizing families to attend events (donations toward school uniforms, certificates for yearbook, offer babysitting and food, contribute to school pictures, grocery cards, etc.)
Participants are familiar with and utilize the JTNN resource directory. They would like to see one shared resource directory that includes other agencies' resource directories and is housed and updated through JTNN

Evaluation

SAMHSA describes "evaluation" as:

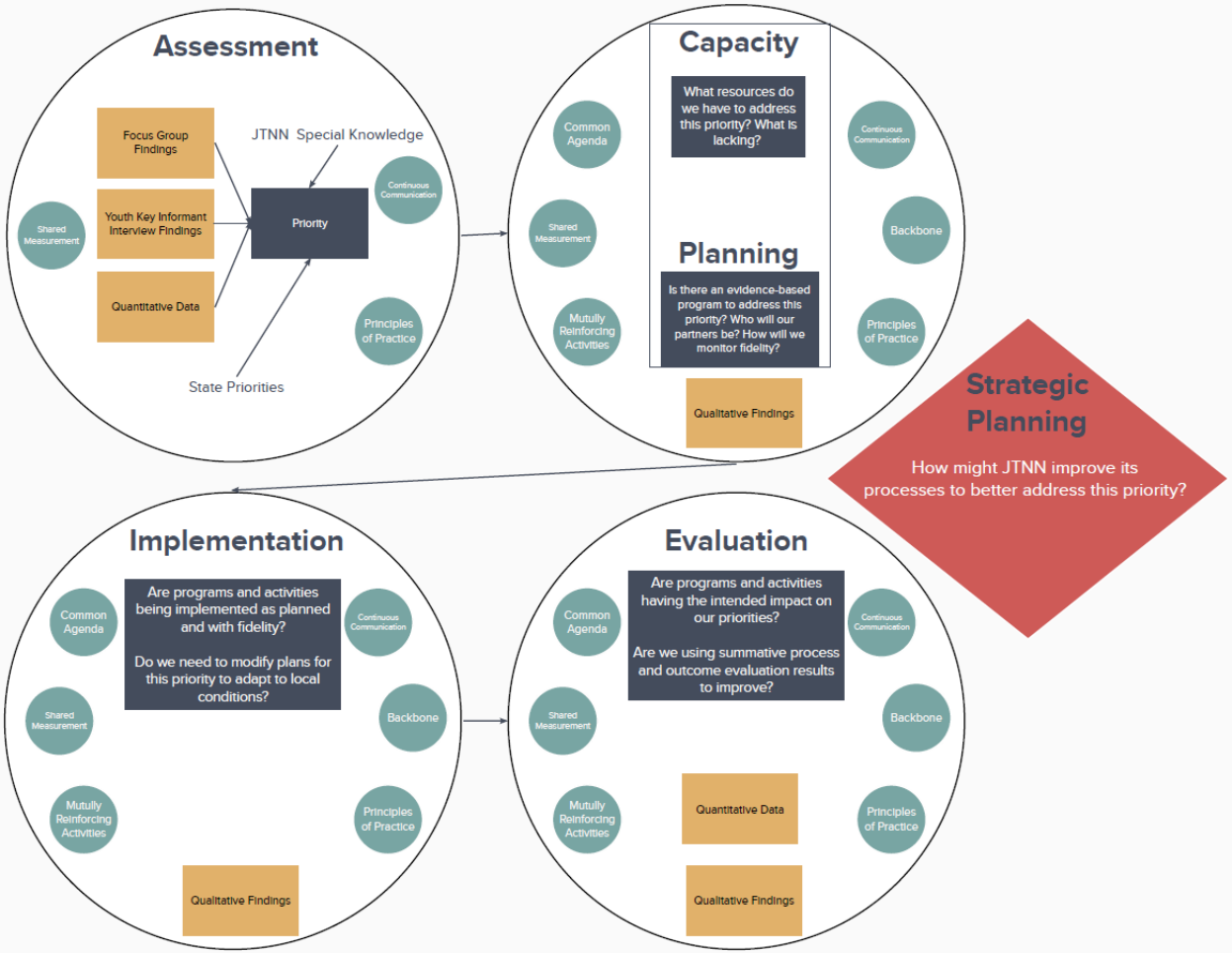
> *In the SPF, evaluation is about enhancing prevention practice. It is the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making.*

Similar to the Implementation section above, community members are less concerned with matters related to evaluation than they are with more visible issues. Nonetheless, the following table provides some insights and suggestions they offered related to evaluation:

Evaluation Results for CCPP from Focus Groups
Process Evaluation (i.e. Is JTNN doing the things it says it's doing?)
JTNN is viewed as generally helpful and dependable. Participants identified following specifics: expertise, introduction to partners, resource list, introduction to providers, access to data, information and advocacy regarding legislation
Many partners first come to JTNN because of grant funding JTNN offers. They then go on to form mutually beneficial partnerships
Most participants were not familiar with JTNN media efforts (billboards, radio or television). Most were not aware of the specific programs JTNN supports (at Boys and Girls Club, etc.)
Several participants mentioned working on various subcommittee. Some mentioned using JTNN-provided educational materials in their own programs (i.e. vaping PowerPoint)
"Listen. We ignore JTNN because they are exactly where we expect them to be. It's the unexpected that gets attention. Go to a skate park, go down by the river. Where you are is not where people who need you are. Be disruptive. That's what generates interest
Outcome Evaluation (i.e. Are fewer people misusing substances?)
"I have no trust in surveys." "I would like to know how these questions are worded"

Conclusion/Next Steps

The results of the youth key informant interviews will be available in August or September 2022. At that time, Impact, Public Health Consulting, and JTNN will work together to compare those results with the "Focus Group Results" section above and quantitative data in order to triangulate findings and decide upon ATOD priorities, see graphic below:



= Data Sources = Elements of Collective Impact

Appendix A – First Level Analysis

Assessment – First Level Analysis

I've been alarmed by parents lack of concern about vaping concentrates. They don't seem to understand the harms from vaping or that it is clearly a gateway.
We [school district] have used Narcan for staff and students.

Marijuana proponents shied away from discussing any negatives while they pushed for legalization.

I think this is a pivotal time for prevention in this time of legalization and changes in drugs themselves [i.e. more potency to MJ, Fentanyl]. We do not have any precedence for this.

I thought use rates would be higher [review of 2019 YRBS]

Increased use of marijuana by parents increases youth access and reduces the perception of harm. I've dealt with instances where parents are using marijuana with their kids.

Legalization normalized use for youth.

Legalization created a culture shift. We tell kids its dangerous, but when it seems like everyone is using it kids get the idea it's harmless. The mixed messaging is confusing for kids.

The consumption lounges are going to increase use. Takes away the stigma and reduces perceptions of harm.

Social media was like adding a stick of dynamite to all of this [in relation to negative peer behaviors, ACEs, etc.]. We need to educate parents about social media. Maybe a matrix showing which apps are ok for which ages?

We are having a lot of trouble with kids not understanding the difference between leaf MJ and MJ concentrate [both in terms of different impacts from use and legal consequences]. For example, a kid can be caught twice with leaf MJ and it is still a citation. If they get caught once with concentrate it is a felony. They don't get the difference. I don't get it either. We don't charge juveniles differently if they have beer or whiskey. It's all alcohol.

We can't test for MJ impairment like we do for alcohol. That makes the consumption lounges dangerous. We need to educate the public about MJ use and impairment. It's a big public safety issue.

SA is a complex problem. There are links to mental and behavioral health. Everyone has some kind of SA problem in their family. We are stuck here waiting for someone to show us the way out.

Prevention is important because we want people to be healthy. Pretty simple.

I don't think we know enough about the MH impacts of youth using MJ, especially with the higher THC content. I think it is making preexisting MH issues worse and maybe even causing new ones in kids, especially paranoia.

Most of us [older adults] are familiar with what marijuana use feels like, but it's not the same. My friend [likely mid 40s man] took some edibles and said it took him out for a couple days. This is a very different thing than when we were kids.

There is a lot of misinformation out there about the dangers of vaping.

Vaping has become very social. We have kids vaping in class.

I guess "responsible" [legal adult] use of MJ is ok as long as it isn't posing a risk to yourself of anyone else.

How are we going to manage poly drug use with the consumption lounges? If I'm at a regular bar, then go there, then go back the bar, are people prepared for the impact of that on their bodies?

Prevention is important because 90% of us are completely naïve about drug use and how it impacts individuals and the community.

There is zero stigma with MJ use anymore.

Public policies around vaping are lagging behind use [specifically product placement and marketing]. Just like policies about driving while impaired from marijuana use is lagging behind use rates.

Marijuana proponents said legalization would eliminate the black market. Has it? Not from what I'm seeing. People are dying from using marijuana that's been laced with Fentanyl.

The local tribes went from zero tolerance for marijuana to funding growing operations and reducing licensing obstacles.

Legalized marijuana is a big business. There are a lot of people involved: lobbyists, lawyers, Mexican cartels and Russian mobs.

I don't think consumption lounges will impact increased use. People who are legally able to use have already decided whether they are going to or not. I'm more concerned about secondhand smoke regulations for employees and driving while impaired.

Capacity – First Level Analysis

School environment is changing. Charters, private, etc.
There is a difference between peer groups and input from youth. A young person who voluntarily joins a peer group linked to substance abuse prevention does not necessarily represent the fully community of youth.

Make sure to include juvenile probation officers in your discussions of "law enforcement"

Sometimes JTNN does things, like their opioid response, without consulting treatment. We've gone on to form a good partnership, but that kind of stings.

We like subcommittees that focus on various sub-topics.

JTNN is very involved when we need them. Very collaborative and help a lot.

We were first motivated to become involved with JTNN because of the grant they offered. Now we have a strong partnership.

Get away from grant funding. Look at adopting the Medicaid model. I don't think it's in Nevada yet, but let's work on getting it here.

JTNN needs to join/attend the mental health consortium.

Kids listen to kids, not adults. Make sure you have input from kids.

It's important that treatment and prevention are having the same conversations [with patients/community members]

Add "MH" to healthcare in your list of partners. We have MOST teams, Mobile Crisis Response Unit

Honestly, most of us get involved because leadership in our agencies get invited and delegate us to do it.

JTNN should be involved with Washoe County Substance Abuse Taskforce.

We really want to work more with JTNN.

Is JTNN connected with Washoe County CPS?

I think JTNN needs more middle school outreach.

The tribe uses JTNN's PowerPoints for vaping education.

I work on the marijuana subcommittee for JTNN.

Stop seeking approval of everyone in the community before you do something. If you want to be a leader, be a leader.

Behavioral health is missing on your list of partners. Media is too broad…do you mean social media? Print? Radio? TV? Local TV's target demographic is people in their 60's. I'm not sure that's your target. When you look at this list, which youth organizations are you talking about? All of them? Maybe tree out your graphic here and add some extra branches so you don't forget anyone.

I feel like JTNN invites and is welcoming to everyone. Some people just don't come.

Staff turnover at JTNN has been…a lot.

We started with JTNN because of a grant. Then we grew our own prevention program.

Re-think what you want from the community. Do you want confirmation that they agree with what you are doing? Do you want new ideas? Do you want true collaboration with people who might not agree with everything you're doing? And then, I guess, what is the general purpose of JTNN? Do you need to re-think that? I don't know.

MY RECOMMENDATION: LEADERSHIP TRAINING AND MENTORING FOR NEW DIRECTOR TO FIND HER FOOTING

It would be great if you could increase access to these programs [sub-grantee programs]. How do we get programming to all schools and all parents?

Planning – First Level Analysis

Access to quality education (formal education) as a protective factor
Are you guys looking at ACE's in addition to the risk and protective factors? The death of a parent or a divorce, those should all be triggers. There is a system law enforcement uses with schools that lets them know the kid has been a witness or involved in some way with a criminal issue. That lets the school know to keep an eye on them for a while. Can JTNN be looped in like that?
Challenge young people to succeed

Exposure to successful people

Trauma is missing from risk factors

Death, grief and loss are missing from risk factors

Can we offer SBIRT screening for all the young people?

Make sure your messaging includes all types of families. I.E. "families" or "caregivers" not "mom and dad."

You should be focusing on poly drug use. In all reality the biggest problems don't come from someone just using one drug. It's the poly drug use that is most dangerous.

Focus on impacts of drug use and where to go and what to do for health.

Addiction = a loss of control. A loss of control = a loss of freedom. That speaks to people.

There is a lot more compassion these days for MH. We need to have the same compassion for SA. They are intersected in ways we don't yet understand.

People need more information about addiction in general. Like basically what is addiction. How does it start, how does it feel, how do we treat it?

Addiction is "loss of control of drug use." That's a good way of thinking about it.

The hook for harm reduction is that it affects us all. It might not be you [listener] or your kids, but it might be your kids' friend's parents. We all know someone: nephews, brothers, aunts. We all use public spaces [needles, users] and we all use health care. It affects us all in one way or another. Include local statistics [death, use rates, od rates].

Harm reduction is important because SA transcends professions and socioeconomics. SA isn't someone else's problem. It's all of our problems.

Evidence-based approaches to harm reduction exist. JTNN needs to know about those. There are approaches related to sexual health, clean needles, Narcan, Fentanyl test strips.

There is solid data showing the community costs related to a single IV drug user. It is expensive to treat people with Hepatitis, HIV, unintended pregnancies, and overdose.

All harm reduction strategies should include education and referrals to SA and MH treatment.

Continue on with prevention and treatment, just add harm reduction as well.

I think the first step is to define your population for harm reduction. Are you going to target a certain group?

Education about harm reduction is key to public acceptance.

Harm reduction is the community gathering around and supporting the individual. It's like the difference between saying to someone, "Hey, come with us and let us help you," vs. "Get in the truck."

You need to have full support from law enforcement for harm reduction. There are things you're going to have to work out together.

You need to have some town halls about harm reduction. Share local data. There are going to be concerns about consolidating these services in specific neighborhoods.

Is isolation a risk factor? I think you are missing trauma and isolation.

People just need to be educated about these things [Narcan, Fentanyl test strips] then they won't be afraid.

If JTNN chooses to do harm reduction strategies they need to really think about their messaging. They are effectively saying, "don't use, it's bad, but if you do, then use in a way that's less risky." I don't know. That feels a little hypocritical. But at the same time, that's the reality of what has to happen. I guess I would just say yes, do harm reduction, but don't undermine the prevention message in the process.

Some people are still worried about liability tied to some harm reduction strategies.

Harm reduction is a necessary evil. It is confusing to talk about prevention and harm reduction at the same time, but prevention alone is obviously not working. Be transparent and openly acknowledge those concerns from the beginning. You are saving people's lives.

Implementation – First Level Analysis

Think about messaging. Do you want to say "no drinking" or "safer drinking" [as in no drinking and driving or over-drinking].

If a risk factor is families who use, how are you intervening with SA user's kids? The Life Change Center offers family groups. They are the best attended groups we offer.

Don't give up if attendance is low at your events.

When you are educating about risk of harm, include: businesses, teachers, families, youth, hospital staff. This is full community marketing.

Are you tied in with peer recovery support groups? You can send people to training for that, or Motivational Interviewing training.

Parents are generally uninvolved with schools or other institutions in their children's lives. Start by marketing toward parents who are already involved (PTAs, youth sports, etc.).

Send recruitment flyers out through Chamber of Commerce.

See if you can get on the electronic billboards around town.

Use simple, obvious messaging: This is what JTNN is doing, this is how you can help.

Ask to be included in parenting classes, even just a 15-minute presentation, or provide facilitators with evidence-based SA prevention to include in their classes. Agencies who provide those classes include: court-ordered, foster parents, Sparks PD parent project.

Focus on "entryway" partners. For example, law enforcement agency patrol briefings, staff meetings for various agencies. Don't just reach out once. Maintain master calendar to make sure you reach out to agencies routinely and systematically.

Work to create one shared resource list with partners.

MY RECOMMENDATION: structure website "what to do about SA if you are teacher, care about youth, worried about public safety, etc." Maybe lose the word "prevention" altogether. Include links for developmental assets, risk and protective factors, agencies that provide intervention (i.e. JPOs, Quest's 4-6 session program) and treatment, online resources, agencies that accept volunteers.

There seems to be this thought that one drug is worse than another. Now it's Fentanyl. Before that it was heroin and before that it was meth. From the perspective of the user, the worst drug is the one you are using. It's the one that is causing you problems in your life. It might be the wine you are drinking after work or the heroin you are shooting up. We need to get away from the hierarchy.

Grandparents, aunts and uncles are important parts of families. Let them know how they can keep youth safe.

Renown has a library of resources for our patients [esp. psych holds/assessments]. Make sure your information is included there.

Bring people with some experience to talk to youth and families. You need more people with tattoos, ya know? Parents will listen to anyone if they are worried enough, but you need people with some real-life experiences to talk to them. No offense to JTNN staff, but you don't seem like a bunch of former drug users.

Present to small groups of youth to make sure they are comfortable and are listening.

Parent education should include little tips about what to watch for, small changes in their child's behavior, etc. You should also teach parents how to establish realistic guidelines for their children's behavior.

Think about ways to incentivize parents to take part in parenting classes. Maybe donations toward school uniforms, certificates for yearbooks, offer babysitting and food, contribute to school pictures, grocery cards. That isn't to say it's just the poor families who struggle with substances, it's everywhere.

Evaluation – First Level Analysis

Sometimes JTNN does things, like their opioid response, without consulting treatment. We've gone on to form a good partnership, but that kind of stings.
JTNN is very involved when we need them. Very collaborative and help a lot.

We were first motivated to become involved with JTNN because of the grant they offered. Now we have a strong partnership.

Specific ways JTNN helps: introduction to partners, resource list, introduction to providers, access to data, information and advocacy regarding legislation.

Familiar with YRBS

JTNN is widely visible and I am impressed.

Not familiar with billboards, support of subrecipient programs, radio or TV spots.

COVID really interrupted JTNN's meetings.

I didn't know JTNN held regular meetings.

JTNN shares expertise, brainstorms solutions, shares trend data, and collaborates [specifically to time and financial support].

What is missing from JTNN is simple: problem – action – impact – result. Make it really clear what we are all doing here.

I have no trust in surveys.

I'd like to know how some of these questions are worded. There's a difference in vaping nicotine vs. vaping a marijuana concentrate.

I'm not sure if I trust self-reported surveys.

The tribe uses JTNN's PowerPoints for vaping education.

I work on the marijuana subcommittee for JTNN.

Staff turnover at JTNN has been…a lot.

Listen. We ignore JTNN because they are exactly where we expect them to be. It's the unexpected that gets attention. Go to a skate park, go down by the river. Where you are is not where people who need you are. Be disruptive. That's what generates interest.

I had no idea of all the things JTNN is doing.

Honestly, your messaging is awful. Everything is too wordy. Throw it all out and start over.

Appendix B – Worksheets

Purpose

(1-2-4-All/30 Min.)

We are here to discuss approaches to substance misuse prevention on behalf of JTNN. For our purposes today, substance misuse is defined as

> The use of illegal drugs and the inappropriate use of legal substances, such as alcohol and tobacco. "Inappropriate use" includes overindulgence in alcohol, misuse of prescription medication, or use by underage individuals (Source: American Public Health Association.

Here are some statistics from JTNN's last Comprehensive Community Prevention Plan (2020) to acquaint you with the scope of the problem:

- Use of alcohol is higher in Washoe County compared to Nevada among middle school students, high school students, and adults.
- In 2019, 31.7% of middle school students and 59.4% of high school students in Washoe County had reported ever using alcohol in their lifetime.
- In 2019, 33.6% of high school seniors in Washoe County had used alcohol in the past 30 days.
- Use of marijuana is higher in Washoe County compared to Nevada and the U.S. among middle school students, high school students, and adults.
- In 2019, 17.2% of middle school students and 37.7% of high school students reported they had used marijuana at least once in their lifetime.
- In 2019, 9.1% of middle school students and 22.6% of high school students reported they currently use marijuana (past 30 days).
- Since 2009, lifetime use and current use of marijuana among high school students was higher in Washoe County compared to Nevada and the United States.
- In 2020, 36.9% of University of Nevada, Reno college students report using marijuana (past three months).

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

What are your first impressions from this data?

What are your thoughts about youth use of vaping products in particular?

What are your thoughts about adult, legal use of marijuana?

Do you believe legalizing recreational marijuana for adult use has had any impact on youth use rates?

The State of Nevada is considering regulations related to marijuana consumption lounges. How do you think those lounges might impact marijuana use rates?

Why is substance misuse prevention important to you? Why is it important to the community?

Theory
(All/5 Min or Less)

JTNN utilizes this matrix of risk and protective factors in their work:

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
• Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey)	COMMUNITY	• Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
• Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour	FAMILY	• Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
• Academic failure (low academic achievement) • Low commitment to school • Bullying	SCHOOL	• Opportunities for prosocial involvement in school • Recognition of prosocial involvement
• Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement	PEER / INDIVIDUAL	• Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers

Source: https://www.communitiesthatcare.org.au/how-it-works/risk-and-protective-factors

Do you think anything is missing from this list?

Community Partners
(2-4-All/10 Min.)

JTNN works with representatives from various sectors of the community to achieve their goals:

Is anyone missing from the sectors graphic above?

When you attend JTNN meetings or events, which of these community sectors do you see represented? Are any missing?

If one of these sectors is missing or underrepresented, what suggestions can you offer for JTNN to engage representatives?

Do you see JTNN in places or at events where you would expect them out in the community?

Capacity/Structure
(2-4-All/10 Min)

JTNN is a non-profit governed by a Board of Directors. Their mission is "to create a healthy drug-free community by building successful partnership to support prevention, education, and outreach." They provide education and training to individuals and agencies pertaining to substance misuse trends. They also support individual agencies with passthrough funding and training as they implement evidence-based programs. Currently funded programs include:

Organization	***Program***	***Description (as provided by youth.gov or blueprintsprograms.org)***	***Scope***
ACCEPT	**Positive Action**	Positive Action is an integrated and comprehensive program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict.	Ages 13-17
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.	Ages 6-18
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.	Ages 6-14

Children's Cabinet	**Project Northland**	Project Northland is a school- and community-based, alcohol-use–prevention curriculum series that aims to prevent and reduce alcohol use and binge-drinking by middle and high school students. It aims to delay and moderate the onset of alcohol use, reduce use among youths who have already tried alcohol, and limit the number of alcohol-related problems experienced by young drinkers.	Ages 12-14
Quest Counseling and Consulting	**Guiding Good Choices**	Guiding Good Choices is a family competency training program that aims to enhance parenting behaviors and skills, to enhance effective child management behaviors and parent-child interactions and bonding, to teach children skills to resist peer influence, and to reduce adolescent problem behaviors.	Ages 18-24
Quest Counseling and Consulting	**SPORT Prevention Plus Wellness**	SPORT Prevention Plus Wellness is a health promotion program that highlights the positive image benefits of an active lifestyle to reduce the use of alcohol, tobacco and drug use by middle school students in addition to improving their overall physical health.	Youth Ages 11-20

Were you aware of this structure before today?

Implementation
(1-2-4-All/40-50 Min.)

Keeping all of this in mind:

Where would you recommend JTNN focus their efforts in the next three years? Think about how your ideas might use the risk & protective factors, community sectors, and JTNN's current structure to implement.

*Have you ever said, "If you ask me, they should [insert your **bold idea** here] to prevent substance misuse?" Will you share those **bold ideas** with us? Even if they seem outrageous? For this **bold idea**, don't worry about any of the risk & protective factors, existing structures or community sectors we've discussed today.*

Something New

(2-4-All/20 Min)
Federal and State funders are putting a new emphasis on "harms reduction." For our purposes, harms reduction includes:

> Connect individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders.
>
> Distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk of overdose, or to those who might respond to an overdose.
>
> Lessen harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections.
>
> Reduce infectious disease transmission among people who use drugs, including those who inject drugs by equipping them with accurate information and facilitating referral to resources.
>
> Reduce overdose deaths, promote linkages to care, facilitate co-location of services as part of a comprehensive, integrated approach.
>
> Reduce stigma associated with substance use and co-occurring disorders.
>
> Promote a philosophy of hope and healing by utilizing those with lived experience of recovery in the management of harm reduction services, and connecting those who have expressed interest to treatment, peer support workers and other recovery support services. (Source: https://www.samhsa.gov/find-help/harm-reduction)

What are your first impressions of "harms reduction" strategies?

How do you believe harms reduction fits in with JTNN's mission?

Appendix C – Sample ATOD Priority Plan

Priority 1: