

Los Alamos County Prevention Framework and Guidelines; Post COVID-19

Purpose:

The purpose of this blueprint framework is to utilize SAMHSA's Strategic Prevention Framework (SPF) to **Assess** substance abuse and related **risk and protective factors** in Los Alamos County by systematically examining the health status indicators that may be used to identify key problems and assets in LAC community.

Risk factors are associated with a higher likelihood of developing a problem (e.g., low impulse control, peer substance use).

Protective factors are associated with a lower likelihood of developing a problem (e.g., academic achievement, parental bonding, and family cohesion).

Questions:

1. What substance misuse problems (e.g., overdoses, alcohol poisoning) and related harmful behaviors (e.g., prescription drug misuse, underage drinking) are occurring in the community?
2. How often are these substance misuse problems and related harmful behaviors occurring?
3. Which ones are happening the most?
4. Where are these substance misuse problems and related harmful behaviors occurring (e.g., at home or in vacant lots, in small groups or during big parties)?
5. Who is experiencing more of these substance misuse problems and related harmful behaviors (e.g., males, females, youth, adults, members of certain cultural groups)?

Sources to Examine Data:

- NM DOH 2019 **LAC** Youth Risk and Resiliency Survey (YRRS). <http://youthrisk.org/pdf/countyreports/YRRS-2019-HS-countyreport-losalamos.pdf>
- NM DOH 2019 **NM** Youth Risk and Resiliency Survey (YRRS). <http://youthrisk.org/>
- NM DOH 2019 **Santa Fe County** Youth Risk and Resiliency Survey (YRRS). <http://youthrisk.org/>

Keep in Mind: Prevention planners cannot change a substance misuse problem directly. Instead, they need to work through the underlying risk and protective factors that influence the problem.

A prevention program or practice can only make a difference if it is a good match for both the problem and its underlying factors.

Assessing Capacity for Prevention:

It is very important in this first step of the SPF to not only assess the problems and underlying risk and protective factors but to also include an assessment of the community's capacity.

Assessing a community's available resources and readiness to address substance misuse is a key part of the prevention planning process. Prevention efforts are more likely to succeed when they are informed by a complete assessment of a community's capacity to address the identified substance misuse problems. Capacity for prevention includes two main components: **resources and readiness.**

Resources include anything a community can use to establish and maintain a prevention effort that can respond effectively to local problems. Examples include:

People (e.g., staff, volunteers) - **Specialized knowledge** and skills (e.g., research expertise)

Community connections (e.g., access to population groups) - **Concrete supplies** (e.g., money, equipment, technology) - **Community awareness** about local substance misuse problems (e.g., high rates of opioid overdose) - **Existing efforts** to address those problems (e.g., policies).

A well-planned and focused resource assessment will produce far more valuable information than one that casts a wide net. To that end, it's helpful to focus capacity assessments on resources that are related to your priority problem(s). At the same time, keep in mind that useful and accessible resources may also exist beyond the boundaries of the community's substance misuse prevention effort. Many organizations, including state and government agencies, law enforcement, health care centers, and faith-based organizations are also working to reduce the impact of substance misuse and other harmful behavioral health problems.

Readiness describes the motivation and willingness of a community to commit local resources to addressing identified substance misuse problems. Factors that affect readiness include:
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:

1. The cultural and ethnic makeup of the community
2. How problems are perceived among different sectors of the community
3. Who has been engaged in previous prevention efforts
4. Existing barriers to participation in prevention efforts

Looking at the Data: 2019 NM YRRS LAC HS

***Red Arrows: Cause for Concern**

***Green Arrows: Better than NM and or Trending Correctly**

Results from the 2019 High School NM YRRS revealed both encouraging and concerning trends in New Mexico. Rates of youth alcohol use are much lower than the rates of 10 years earlier, but most of the downward movement in rates happened by 2015, with very little variation in rates since then. Tobacco use trends have exhibited a mixed pattern. Rates of current use of cigarettes, cigars, spit tobacco, and hookah continued to decrease through 2019, but the rate of e-cigarette use has increased, resulting in no decrease in the rate of overall tobacco use. The rates of use of most drugs have not changed markedly for most drugs, but the rates for current synthetic marijuana use has more than doubled since 2017, and the rate of current inhalant use has increased by 25% since 2015. Rates of suicide attempts have been stable over the past ten years, but rates for suicidal ideation have been increasing among girls, the rate of feeling sad or hopeless has increased among both boys and girls.

The rate of obesity or overweight, after increasing for several years, has not increased since 2015. Rates for most violence-related behaviors have not changed greatly. However, the rate of ever being physically forced to have sexual intercourse is higher in New Mexico than in the U.S.

This report puts the findings for New Mexico alongside YRRS results for Los Alamos County. Please use these results to help make New Mexico and your own community a safer and healthier place for all of our young people. For more YRRS results, see www.youthrisk.org.

New Mexico Youth Risk and Resiliency Survey

Risk Behaviors at a Glance

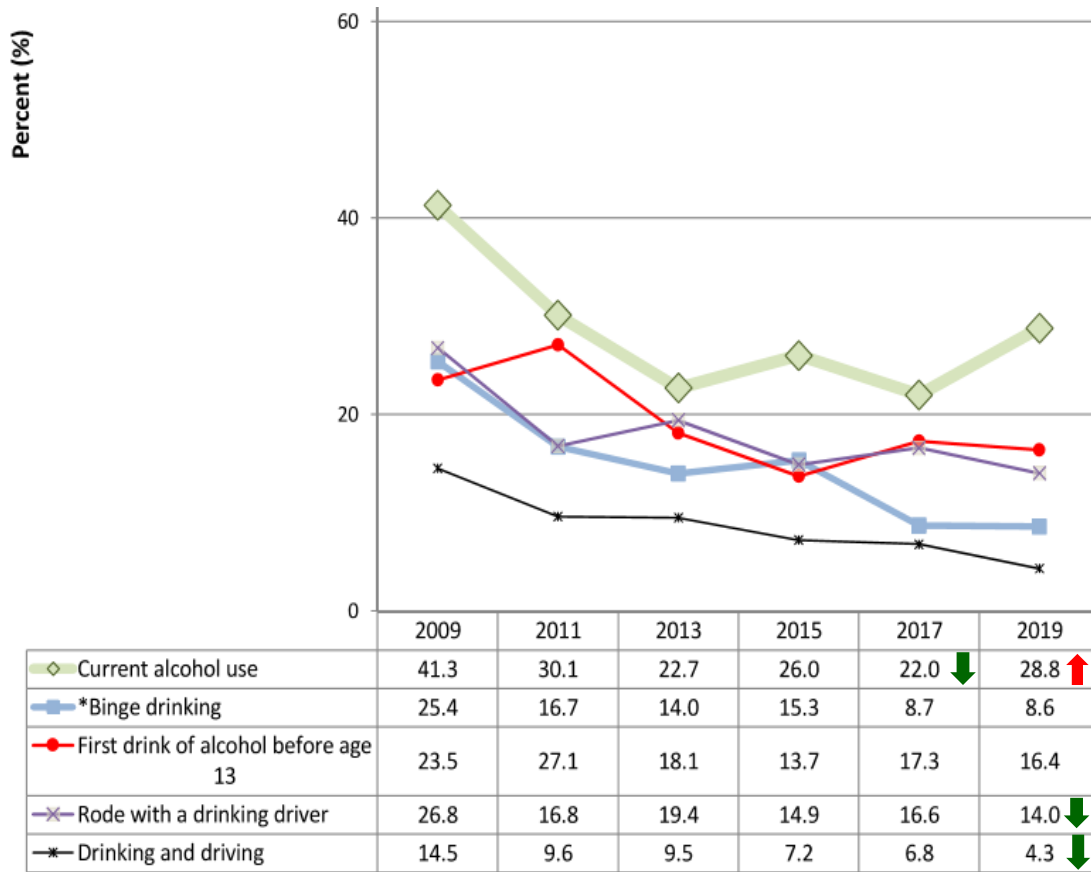
Los Alamos County

Grades 9-12

<u>Indicator</u>	<u>Los Alamos County</u>		<u>New Mexico</u>	
	%	(95% CI)	%	(95% CI)
Unintentional Injury				
Rarely or never wore a bicycle helmet	42.6	(32.1-53.9)	80.0	(78.6-81.3)
Rarely or never wore a seatbelt	4.9	(2.4-9.8)	6.3	(5.8-6.9)
Rode with a drinking driver	14.0	(10.0-19.3)	20.2	(19.4-21.1)
Drinking and driving	4.3	(1.8-10.3)	6.4	(5.8-7.1)
Marijuana use and driving	11.2	(6.2-19.4)	19.4	(18.3-20.6)
Texting and driving	32.2	(24.2-41.3)	38.3	(36.5-40.1)
Violence				
In a physical fight	23.4	(18.3-29.3)	25.9	(24.8-27.0)
In a physical fight on school property	8.9	(5.5-13.9)	9.1	(8.4-9.9)
Carried a weapon on school property	3.1	(1.5-6.2)	4.2	(3.8-4.7)
Skipped school because of safety concerns	8.2	(5.6-11.9)	13.7	(12.9-14.5)
Bullied on school property	28.4	(23.1-34.3)	17.4	(16.5-18.2)
Electronically bullied	17.8	(14.6-21.5)	13.3	(12.6-14.1)
Physical dating violence	7.4	(3.6-14.7)	9.8	(9.2-10.5)
Sexually assaulted (Forced to do sexual things)	11.1	(7.9-15.4)	11.3	(10.6-12.0)
Ever forced to have sexual intercourse	9.5	(7.0-12.8)	9.1	(8.5-9.7)
Mental Health				
Non-suicidal self-injury	28.8	(22.4-36.2)	21.8	(20.9-22.7)
Felt sadness or hopelessness	35.8	(32.0-39.8)	40.8	(39.8-41.9)
Seriously considered suicide	21.3	(17.4-25.9)	18.9	(18.1-19.7)
Planned suicide	15.8	(12.2-20.2)	16.5	(15.8-17.3)
Attempted suicide	6.4	(3.5-11.5)	9.9	(9.3-10.6)
Injured in a suicide attempt	3.0	(1.1-7.6)	3.2	(2.9-3.6)
Tobacco Use				
Current use of any tobacco product	30.4	(23.5-38.2)	37.2	(36.0-38.5)
Current e-cig use	26.9	(22.3-32.1)	33.4	(32.2-34.6)
Current cigarette smoking	5.8	(3.6-9.3)	8.3	(7.8-9.0)
Current hookah use	4.1	(1.8-9.0)	7.5	(6.9-8.0)
Current cigar use	6.6	(3.3-12.8)	7.8	(7.2-8.4)
Current spit tobacco use	6.2	(3.0-12.3)	5.5	(5.1-6.0)
Alcohol Use				
Current drinking	28.8	(23.4-34.8)	27.5	(10.7-12.4)
Binge drinking	8.6	(4.5-15.9)	11.5	(10.7-12.4)
High intensity binge drinking	2.1	(0.8-5.5)	3.2	(2.8-3.6)
First drink before age 13	16.4	(12.1-21.8)	20.1	(19.2-21.1)
Drinking and driving	4.3	(1.8-10.3)	6.4	(5.8-7.1)

<u>Indicator</u>	<u>Los Alamos County</u>		<u>New Mexico</u>	
<u>Current Drug Use</u>	%	(95% CI)	%	(95% CI)
Marijuana	18.5	(14.9-22.8)	28.4	(27.3-29.7)
Synthetic marijuana	5.8	(3.8-8.8)	9.8	(9.1-10.5)
Improper pain medication use	7.1	(4.7-10.6)	11.2	(10.6-11.9)
Cocaine	1.9	(0.9-3.9)	4.1	(3.7-4.6)
Heroin	1.7	(0.8-3.8)	2.7	(2.3-3.1)
Methamphetamine	1.7	(0.8-3.8)	2.8	(2.5-3.2)
Inhalants	4.4	(3.1-6.2)	5.0	(4.6-5.5)






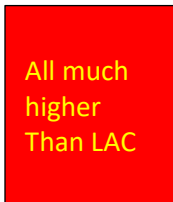



Substantially
Less than NM



*Starting in 2017, binge drinking referred to 5 or more drinks on a single occasion for boys, and 4 or more drinks on a single occasion for girls, in the past 30 days. Before 2015, binge drinking referred to 5 or more drinks on a single occasion in the past 30 days for both boys and girls.

Santa Fe County Comparison: 2019 NM YRRS

New Mexico Youth Risk and Resiliency Survey
Risk Behaviors at a Glance
 Santa Fe County
 Grades 9-12

Violence			
In a physical fight	26.4	(23.6-29.4)	25.9 (24.8-27.0)
In a physical fight on school property	8.6	(7.0-10.5)	9.1 (8.4-9.9)
Carried a weapon on school property	3.2	(2.3-4.5)	4.2 (3.8-4.7)
Skipped school because of safety concerns	10.8	(8.8-13.2)	13.7 (12.9-14.5)
Bullied on school property	15.5	(13.3-18.0)	17.4 (16.5-18.2)
Electronically bullied	12.7	(10.7-15.1)	13.3 (12.6-14.1)
Physical dating violence	8.3	(6.9-10.0)	9.8 (9.2-10.5)
Sexually assaulted (Forced to do sexual things)	11.1	(9.0-13.7)	11.3 (10.6-12.0)
Ever forced to have sexual intercourse	8.9	(7.4-10.7)	9.1 (8.5-9.7)
Mental Health			
Non-suicidal self-injury	21.1	(17.9-24.7)	21.8 (20.9-22.7)
Felt sadness or hopelessness	 41.6	(38.6-44.7)	40.8 (39.8-41.9)
Seriously considered suicide	 16.6	(14.3-19.1)	18.9 (18.1-19.7)
Planned suicide	 13.5	(11.4-15.9)	16.5 (15.8-17.3)
Attempted suicide	9.4	(7.9-11.0)	9.9 (9.3-10.6)
Injured in a suicide attempt	3.0	(2.1-4.1)	3.2 (2.9-3.6)
Tobacco Use			
Current use of any tobacco product	 40.7	(36.2-45.4)	37.2 (36.0-38.5)
Current e-cig use	 37.0	(32.7-41.5)	33.4 (32.2-34.6)
Current cigarette smoking	8.6	(7.1-10.5)	8.3 (7.8-9.0)
Current hookah use	7.7	(6.2-9.7)	7.5 (6.9-8.0)
Current cigar use	7.1	(5.6-9.0)	7.8 (7.2-8.4)
Current spit tobacco use	5.5	(3.9-7.7)	5.5 (5.1-6.0)
			
Alcohol Use			
Current drinking	28.4	(25.0-32.0)	27.5 (10.7-12.4)
Binge drinking	12.5	(9.7-15.8)	11.5 (10.7-12.4)
High intensity binge drinking	3.8	(2.6-5.5)	3.2 (2.8-3.6)
First drink before age 13	22.5	(20.0-25.2)	20.1 (19.2-21.1)
Drinking and driving	7.7	(5.8-10.2)	6.4 (5.8-7.1)
			
Current Drug Use			
		% (95% CI)	% (95% CI)
Marijuana	 33.9	(30.6-37.4)	28.4 (27.3-29.7)
Synthetic marijuana	 11.6	(9.7-13.9)	9.8 (9.1-10.5)
Improper pain medication use	9.1	(7.4-11.2)	11.2 (10.6-11.9)
Cocaine	4.5	(3.1-6.4)	4.1 (3.7-4.6)
Heroin	2.4	(1.5-3.8)	2.7 (2.3-3.1)
Methamphetamine	3.4	(2.2-5.1)	2.8 (2.5-3.2)
Inhalants	4.5	(3.5-5.7)	5.0 (4.6-5.5)

Synopsis A:

1. LAC HS Youth are **drinking at a higher** rate than NM and SF County. 28.8% for LAC compared to 27.5% for NM and 28.4% for SF County.
2. Additionally, looking at trends 22.0% of LAC HS Youth in 2017 reported drinking while by comparison 28.8% reported same for 2019, this is a significant increase and needs to be addressed.
3. Based on the statistics of 1 and 2 above, the main risk factor that needs to be addressed is Alcohol Use among LAC HS Youth.
4. If there is consensus on this risk factor, the next steps are to identify what prevention programming is currently available (specific to Alcohol Use Prevention) in LAC and also what expertise exists to address this issue.

Synopsis B:

1. LAC HS Youth are reporting **substantially higher rates of bullying** on school property of 28.4% **and electronic bullying** of 17.8% than reporting NM HS Youth of 17.4% and 13.3% respectively.
2. LAC HS Youth are also reporting **much higher rates of non-suicidal self-injury** of 28.8% **and seriously considered suicide** of 21.3% than reporting NM HS Youth of 21.8% and 18.9% respectively.
3. Based on the statistics of 1 and 2 above, the main risk factors that need to be addressed are Mental Health and Violence among LAC HS Youth.
4. If there is consensus on these risk factors, the next steps are to identify what prevention programming is currently available (specific to Mental Health and Violence Prevention) in LAC and what expertise exists to address these issues.

Final Synopsis C:

1. Is there currently a collective environmental and or other Prevention Strategy (s) that address the three identified, based on data, risk factors?
2. What are the immediate next steps needed to effectively address these risk factors by utilizing Data Driven Prevention Strategies?

SAMHSA's Strategic Prevention Framework

