PREVENTION PLAN

2022-2024

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“The theoretical framework of prevention science in human services illustrates that effective primary prevention implemented across contexts and developmental stages can positively influence risk and protective factors that are, in turn, responsible for reductions in the likelihood of negative outcomes and potential downstream effects on a host of social welfare challenges and crises. By so doing, primary prevention in human services sets the foundation for successful individual development, whereby individuals positively contribute to their own lives, families and society.”

United States Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
2022 Primary Prevention Vision Statement
Convening Facilitated by Mathematica, Princeton, New Jersey

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Preface & Scope of Document

Understanding the root causes of the problems that exist in our community and building interventions based primary prevention models and best practices will help to empower families and communities to ensure equitable opportunities and decrease negative health and social outcomes. Prevention focuses on developing evidence-based strategies that reduce risk factors and increase protective factors to improve the health and wellbeing of individuals, families, and communities.

Surry County has an opportunity to leverage traditional primary prevention practices, substance use recovery frameworks, and existing human services delivery models and nonprofit organizations to make a difference. Using collaborative and collective impact approaches the Surry County Office of Substance Abuse Recovery (SCOSAR) can help to spearhead community driven and community implemented approaches that fills gaps in prevention programming.

It is the goal of SCOSAR to create opportunities across differing partners and sectors who will identify together the future directions necessary to advance primary prevention and harm reduction efforts in human services programs and policies. Through the efforts of SCOSAR and the All Stars Prevention Coalition Group, primary prevention and harm reduction leaders can adopt and apply foundational interventions such as selecting target populations, identifying social determinants of health, determining risk and protective factors that prevention and harm reduction efforts are known to be effective. Such organized and representative approaches will also provide frameworks for the optimal times and places to support planning and implementation efforts.

It is very important that all partners in prevention programming understand community factors and culture must be included in the conversation. A primary goal of SCOSAR is to help develop conversations of empowerment in the community, to encourage citizens and organizations to take the lead themselves in finding the solutions that impact their community and county. SCOSAR is also in the unique

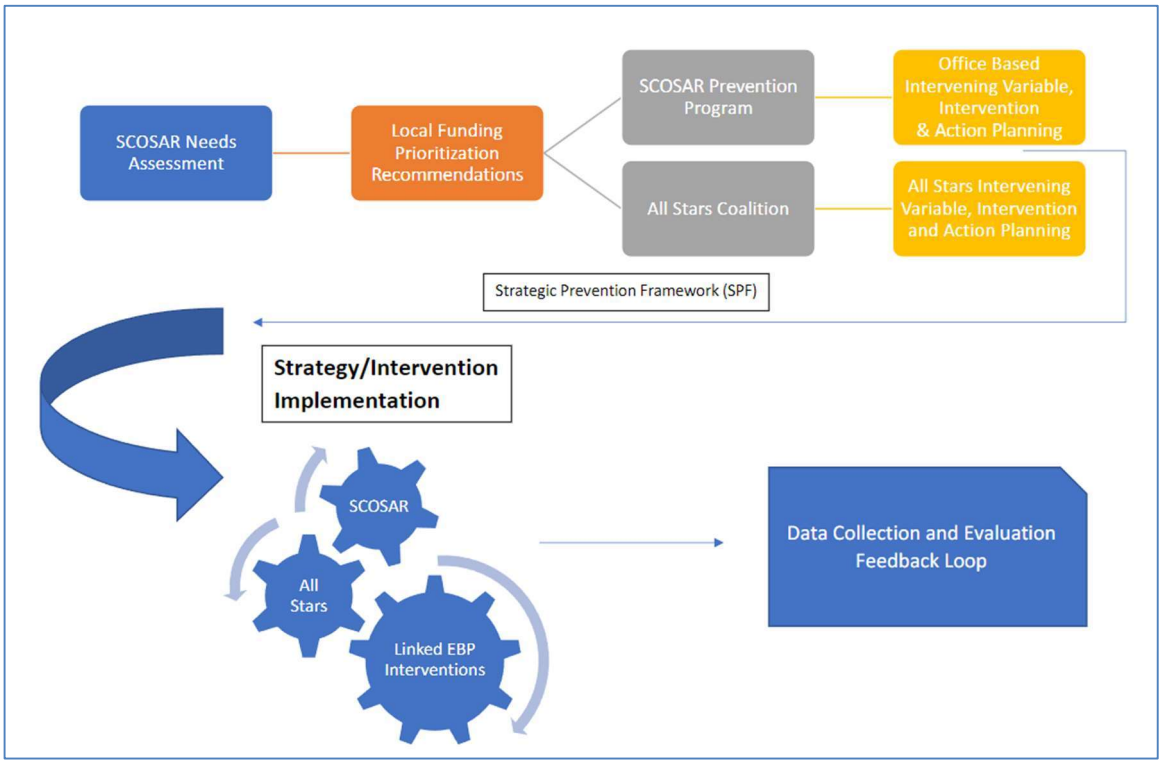
position of identifying evidenced based interventions based on community needs and data sets that may be good fits for Surry County.

Downstream outcomes and meeting program performance standards are keys parts of modern prevention. Prevention that is based on evidenced based processes and are outcomes driven must be integrated within the concepts of effective human services practice - while including people with lived experience to ensure representation of those that are most impacted by substance use and behavioral health issues in our communities.

In 2022 a federally contracted program and evaluation group Mathematica convened a workgroup to focus on the integration of primary prevention and human services practice. These ideas were not new nationally and even within Surry County. For example, integration of primary prevention and human services practice was a common feature of program design within Surry County during the 1980's and 1990's. It is the hope of SCOSAR that we as a community can once again reintegrate primary prevention planning and interventions, within the existing human services delivery models of Surry County.

The document titled "Prevention Plan 2022-2024" is intended to serve as a summary of recent prevention needs assessment and planning steps performed by SCOSAR with a unique prevention lens. This document should be viewed in conjunction with the All Stars Prevention Substance Use intervening Variable and Interventions Planning Report published in June and July 2022. The All Stars document when viewed together provides an excellent overview of primary prevention efforts planned for Surry County stemming from the SCOSAR Office and the All Stars Coalition Group. Chart #1 below provides a graphical representation of the holistic assessment and planning process achieved by SCOSAR and the All Stars Coalition Group.

Chart 1: SCOSAR and All Stars Prevention Planning Process

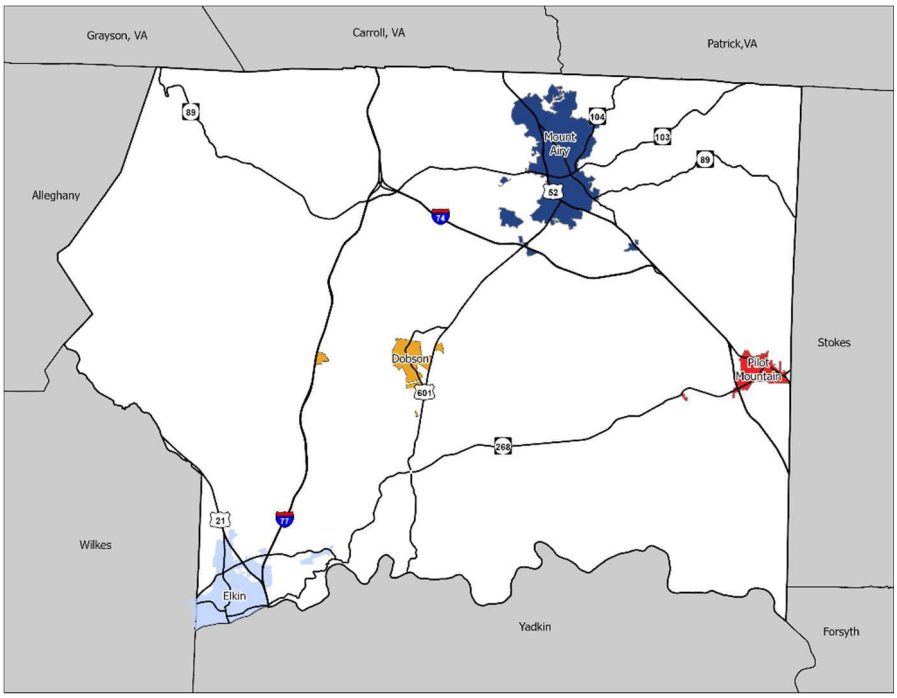


Part I - Brief Description of the Community

Introduction

Surry County is a rural community located in Northwestern area of North Carolina representing the foothills of the Appalachian Mountains. In its history, textiles were the leading source of industry and has thus disappeared with the implementation of North American Free Trade Agreement (NAFTA). Substance use disorder (SUD) developed into a debilitating issue in Surry County due to the opioid epidemic combined with NAFTA, which began in the 1990's. Contributing factors to SUD in rural America include risk factors such as low educational attainment, poverty, unemployment, lack of access to mental health care, and isolation. With the increase in SUD and a loss of significant employment, the mental health and general wellness of our Country suffered.

Figure 1: Surry County, NC Boundary Map



Demographics of Surry County

According to the U.S. Census Bureau, the county has a total area of 536 square miles (1,390 km^2), of which 532 square miles (1,380 km^2) is land and 4.1 square miles (11 km^2) (0.8%) is water. The whole county is generally considered part of the Piedmont Triad metropolitan. Surry County is located both within the Piedmont region of central North Carolina and in the Appalachian Mountains region of western North Carolina. Most of the eastern two-thirds of the county lies within the Piedmont, a region of gently rolling hills and valleys. However, the Piedmont of Surry County also contains a small portion of the Sauratown Mountains; Surry County marks the western end of the Sauratown Mountain range. The western third of the county lies within the Blue Ridge Mountains, and they dominate the county's western horizon. Surry County includes the following demographic characteristics.[1]

- In 2021, Surry County, NC included a population of approximately 71,152 people with a median age of 44.1 and a median household income of $44,979. The 5 largest ethnic groups in Surry County, NC are White (Non-Hispanic) (92.6%), Hispanic or Latino (11.8%), Black or African American (Non-Hispanic) (4.3%), two or more races present (1.5%). Ninety six percent of the residents in Surry County, NC are U.S. citizens. The largest universities in Surry County, NC are Surry Community College (775 degrees awarded in 2020).

- In 2020, the median property value in Surry County, NC was $129,700, and the homeownership rate was 72.7%. Most people in Surry County, NC drive alone to work, and the average commute time is 25.7 minutes. The average car ownership in Surry County, NC is 2 cars per household.

[1] "U.S. Census Bureau Quickfacts: United States." *QuickFacts Surry County, North Carolina*, United States Census Bureau, https://www.census.gov/quickfacts/fact/table/US/PST045221.

- Surry County, NC borders Alleghany County, NC, Forsyth County, NC, Stokes County, NC, Wilkes County, NC, Yadkin County, NC, Carroll County, VA, Grayson County, NC, and Patrick County, VA.

Impact of Substance Use Disorder in Surry County

Since Surry County is considered a rural area, the impact of substance use disorder is more intense because employment opportunities are limited, and isolation is pervasive. The ravaging effects of this epidemic has touched almost every area of life, especially the family structure. It has had a ripple effect in most areas such as government, law enforcement, foster care, social services, and the school system.

Based on research collected by the Surry County Office of Substance Abuse Recovery (SCOSAR) the County suffers from the following impacts of substance use disorder:

- High rate of primary treatment admissions, as evidenced by local Emergency Department (ED), Emergency Medical Services (EMS) responses, and treatment provider admissions.

- Traditionally one of the highest per capita rates of overdose (OD) deaths in NC.

- A sizeable population of individuals who currently lack access to substance abuse (SA) services, including the incarcerated population and individuals lacking health insurance or who are unable to meet the requirements of high deductible health plans.

- A disproportionately high number of Adverse Childhood Experience (ACES) risk factors.

The County's population differs from statewide demographics by several statistically significant metrics. All available state-level data sources have traditionally indicated the County's substance use problems have rank statistically among the worst per capita in NC.

These statistics highlight both risk factors for substance use and the detrimental impacts of drug use on the wider community. Specifically, a higher percentage of rural-dwelling residents, higher rates of poverty and disability, higher per capita cost lost to the substance use issue, fewer high school graduates, and a smaller percentage of labor force participants.

Surry County possesses numerous characteristics that render it high-risk for substance use disorder, overdose, and overdose mortality. Among the before mentioned characteristics are per capita prevalence rates of risk factors that differ with statistical significance from statewide prevalence rates. Statistical significance indicates that serious underlying factors such as economic depression exist in the county and region that contribute to the SUD epidemic. These indicators include low educational attainment, low labor force participation, poverty, disability, and high prescription rates. Surry County has also experienced significantly higher than statewide rates of overdose deaths, Neonatal Abstinence Syndrome in newborns, and entry into foster care due to parental substance abuse.

Despite its high prevalence of Substance Use Disorder and Over Doses, Surry County currently lacks many services recommended by the NC Department of Health and Human Services (NCDHHS) for reducing these issues. State-recommended services that do not exist within the county include community residential treatment centers, detoxification facilities, screening and treatment during incarceration, and a structured drug court system. Additionally, Surry is surrounded by similarly rural counties experiencing high death rates from opioid-related overdose rates, scarcity of treatment access, and rural barriers to treatment access such as widespread economic hardship and public transportation inaccessibility. A further disadvantage for Surry County is the presence of a major interstate (I-77) that allows easy access to major drug source cities for users within the county as well as dealers and transporters traveling through the county.

Substance Use Disorder Data

The National Survey on Drug Use and Health Substrate Data Report (NSDUH) published in 2019 by the Substance Abuse Mental Health Services Administration (SAMHSA) provides regional longitudinal data related to community substance use patterns. NSDUH

findings indicate an above-average rate of risky behavior in Surry County in at least one geographic category for 25 of 27 questions posed to the citizens of our region who are over the age of 12 years old. Shockingly our region is above average, across all geographic sections (national, state, and local) in 23 of the 27 categories. The included categories include data related to illicit drug use, cocaine use, heroin use, methamphetamine use, pain reliever use, and alcohol use. Residents also indicated above average rates of needing but not receiving substance use disorder treatment, having a serious mental illness, and lack of services to address mental illness.

Primary Substance Abuse Drug Categories

From January 2021 to December 2021, the Surry County Emergency Medical Services (EMS) responded to 533 substance use related calls (or overdoses), which exceeded the highest number of calls ever recorded that was 503 during the preceding January 2020 to December 2020. From January 2022 to August 2022 Emergency Medical Services already responded to 380 service calls related to a substance use events. Based on EMS data, the following substances were involved in responded overdose calls as indicated in Table 1.

Table 1: Surry County Emergency Medical Services – Primary Substance Abuse Drug Categories, Comparison of 2020 to August 2022

Substances Used	2020	2021	2022 (through August 2022)
Non-Narcotic Prescription/OTC*	15%	24%	20%
Heroin	18%	16%	17%
Fentanyl	2%	3%	6%
Other Opioids	12%	13%	16%
Benzodiazepines	3%	5%	4%
LSD	-	-	-
Cocaine	2%	2%	1%
Methamphetamine	11%	10%	9%
Alcohol	37%	27%	27%

*Category relabeled in 2020.
**Miscellaneous other category includes prescription drugs (non) narcotic, marijuana, over the counter medications or unknown substances.

V.O.I.C.E.S. Community Survey

Published in April 2021, the Surry County V.O.I.C.E.S. (Volunteering Opinions and Information Concerning Eliminating Substance Use) Community Survey, collected by the SCOSAR, received 730 responses. Eighty-seven percent (87%) of respondents indicated they knew a local family who has been negatively impacted by opioid use. In addition, 89% of individuals who responded to the survey knew a local family who has been negatively impacted by alcohol use. Results of our data collection process indicate that within Surry County stigma is common towards those suffering from SUD or who are in recovery. As an example, SCOSAR collected comments from community members about stigma. The following are some examples of these comments:

- The first question asked if **“most people would accept someone who has been treated for substance use as a teacher of young children in a public school".** Ninety percent (90%) of respondents indicated that they either **“strongly disagree”** or **“disagree”** with this question, which is a good indicator of the challenges and stigma that citizens of Surry County face while attempting success in their recovery journey.

- A second related question queried respondents if **"most employers will hire someone who has been treated for substance use if he or she is qualified for the job"**. In this second question, 72% of answers indicated a **“strongly disagree”** or **“disagree”.**

- Finally, in the last workforce development-related question, **"most employers will pass over the application of someone who has been treated for substance use in favor of another applicant”**. In this final question, 86% of answers indicated **“agree”** or **“strongly agree”.**

Part II - Review of Prevention Needs Assessment Methodology

Foundations of the Surry County Needs Assessment

Since its inception and under the guidance of the Surry County Board of Commissioners the Surry County Office of Substance Abuse Recovery (SCOSAR) has been committed to listening to community feedback, conducting research and data analysis, and recommending evidenced informed practices to our region. At its heart is the idea that a full spectrum approach requiring dedicated work on substance use prevention, intervention, treatment, and recovery will result in the greatest positive impact on the health of our citizens.

Too many times helping systems (including primary prevention efforts) are designed and developed based on funding streams and traditional organizational practices. Yet, the needs of our citizens and communities are fluid and holistic and most often do not fit the neat boxes of current interventions or services. The results of this document titled Recommendations for the Use of Opioid Settlement Litigation Funding and Local Prioritization Planning Model attempts to summarize the work of the SCOSAR since 2018 and be informed by formal needs assessment processes.

Funding prioritization must be based on community-based assessment processes and a strong evidence base will also ensure fiducial and governmental accountability while promoting outcomes informed by research and experience. Such decisions when based on evidence will have a greater possible impact on the substance use epidemic in Surry County. The Surry County Substance Abuse Prevention Plan and efforts are examples of such planning efforts.

Effective Community Needs Assessment Processes can produce the following outcomes:

- Ensure that the community meets funding requirements
- Links planning models and processes to best practices

- Ensures responsiveness to community needs
- Guides planning processes
- Provides baseline data to evaluate future success
- Enables the identification of changes in trends and needs
- Helps to focus resources on the bet fit initiatives for the community
- Helps to determine what capacity exists for new initiatives
- Creation of a storyline to communicate findings to community leaders and stakeholders
- Promotes accountability and evaluation of success

Formal Needs Assessment processes result in a myriad of tangible results and outcomes, all well suited for meeting the requirements of long-term project planning. The approaches outlined in the current document must also be viewed via a lens of what initiatives can be sustained over the long term while also being a cultural fit for our local citizens.

The needs assessment key components were developed in multiple stages. From March through June 2021 the Volunteering Opinions and Information Concerning Eliminating Substance Use Community Survey (VOICES) was conducted utilizing an on-line format. In conjunction with VOICES, office staff and volunteers conducted fifty-five in-depth interviews of key respondents and community influencers. The results of these interviews were collected in the “Surry County Perspectives” and combined with the VOICES to produce the “Community Needs Assessment”.

SCOSAR staff matched the “Community Needs Assessment” with the individual categories from the full spectrum of options offered in the Institute of Medicine model for prevention, intervention, treatment, and recovery. The dimensions of readiness scale were incorporated into the “Surry County Perspectives” interview process. The planning model utilizes the readiness scale to calculate the community’s “Readiness Level” to implement each option in the “Community Needs Assessment”.

The readiness levels are divided into three categories:

1. High Likelihood to Change and High Priority for Planning.
2. High Likelihood for Change and Low Priority for Planning.
3. Difficult to Change and Low Priority for Planning.

The above modified categories are a hybrid of a "Risk Impact / Probability" tool, where the risk of taking an action is weighed against the probability of a successful outcome. The "Readiness Level" is a measure of how prepared the community is to take action to address a specific community need.

Our community's readiness varies depending on its understanding of a problem, leader support, and resources available for solutions. Analysis of the VOICES and the "Surry County Perspectives" revealed our community is more than ready to address some issues, while being at the earliest level of readiness to address other issues. The "likelihood to change" and "priority for planning" scales are a combination of input from the VOICES, the "Surry County Perspectives" and the SCOSAR experiences with local government and private agencies.

This document is specifically designed to address the needs of substance use prevention efforts to be delivered by the Surry County Office of Substance Abuse Recovery. There is a corresponding document titled All Stars Prevention Community Substance Use Intervening Variable and Interventions Planning Report (2022) by the All-Stars Prevention Leadership Team that serves as a shared document to the current publication. The All-Stars document outlines intervening variables that the Surry County Prevention Plan is based on and recommends community interventions that when implemented may make significant impacts on reducing and delaying the use of substance use in our community.

What is Substance Use Disorder?

A substance use disorder (SUD) is a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as

legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form of SUDs. Individuals who experience a substance use disorder (SUD) during their lives may also experience a co-occurring mental disorder and vice versa. Co-occurring disorders can include anxiety disorders, depression, attention-deficit hyperactivity disorder (ADHD), bipolar disorder, personality disorders, and schizophrenia, among others.[2]

According to the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (*DSM-5*), substance use disorders are defined as the reoccurring presence of alcohol and/or drug use that causes significant impairments. Levels of severity are indicated by diagnostic criteria and categorized as mild, moderate, or severe.[3]

What is Substance Use Prevention?

Prevention programs target different populations at risk for substance use disorder (SUD). Prevention programs focus on helping individuals to develop knowledge and skills or changing environmental and community factors that affect a large population. Providers, schools, public health departments, and other organizations in the community may collaborate to implement these programs. Programs can be implemented in settings such as schools, workplaces, and communities.[4]

[2] National Institute of Health (2022). Substance Use and Co-Occurring Mental Disorders. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health
[3] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi-org.ezproxy.frederick.edu/10.1176/appi.books.9780890425596
[4] Substance Use Disorder Prevention Models - RHIhub Substance Use Disorder Toolkit. (2022). Retrieved 6 September 2022, from https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/prevention

Why Prevention? What does this mean?

Historically, major illnesses that lead to death have shifted since the beginning of the Twentieth Century, because of effective public health interventions. For example, infectious diseases were once a leading cause of death; however, this changed as improved sanitation and immunizations were implemented as effective forms of prevention. The National Institute on Drug Abuse stated, "There are more deaths, illness, and disabilities from substance use than from any other preventable health condition". Research conducted on substance use disorder prevention suggests that there are effective evidence-based prevention strategies in existence, but grossly underutilized.[5]

Over the years substance use prevention has transformed from efforts based on intuition and good intentions to a science-based process driven by research and best practices. Table 2 indicates typical prevention practices per decade since the 1950's in the United States.

Table 2: Timeline of Prevention

DATE	STRATEGY	ACTIVITIES
1950's – 1960's	Scare Tactics	Films and Speakers
Early 1970's	Drug Education	Curricula based on factual-information
Mid-Late 1970's	Affective education, alternatives to drug use	Curricula based on communication, decision-making, values clarification, & self-esteem

[5] About NIDA | National Institute on Drug Abuse. (2022). Retrieved 6 September 2022, from https://nida.nih.gov/about-nida

Late 1970's - Early 1980's	Affective education, alternatives to drug use and training	Social skill curricula, refusal skills training, parenting education
Late 1980's - Mid 1990's	Parent, school, and community partnerships	Research-based curricula, peer programs
Mid 1990's - 2010	Replication of research-based models and application of research-based approaches	Environmental approaches, comprehensive programs targeting many domains and strategies, evaluation of prevention programs, media campaigns
2010's – Today	Expansion of research-based models with a focus on more diverse audiences through continuous evaluation and research	Cross sector prevention efforts, public health focus, community-based strategies for greater impact, focus across the lifespan and on diverse population groups

Substance Use Prevention and the SPF

Prevention planning and programs are structured on the Strategic Prevention Framework (SPF), which consists of a five-step process that addresses substance use disorder. The SPF exhibits the following essential prevention qualities: (a) *accountability*; (b) *capacity*; and (c) *effectiveness.* Furthermore, the U.S. Department of Health and Human Services discussed the principles that guide the SPF to provide evidence-based benefits and include the following:[6]

- Prevention is a continuum.
- Prevention is prevention is prevention.
- Successful prevention decreases risk factors and enhances protective factors.
- Prevention strategies use proven and evidence-based practices.

[6] Substance Abuse Mental Health Services Administration, Strategic Prevention Framework (2019). Source: https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf

- Collaborative systems of prevention services are more effective than isolated prevention efforts.
- Importance of sharing of information, tools, and strategies across systems are beneficial.
- And substance use should be addressed in a comprehensive method.

What is Prevention Science?

Much research specific to youth development and substance use has been conducted within the field of prevention science. The research has produced evidence of strategies that demonstrate effectiveness in reducing substance use and/or addressing specific risk and protective factors that lead to substance use.

Prevention science has some important limitations to consider:

1. Much of the early work in prevention evaluation focused on individual focused strategies targeting school curricula, parenting classes, and afterschool settings where pre- and post-test evaluations can be conducted. As such, there are fewer evaluations conducted on environmental strategies.

2. Policy-based and other large-scale community-wide strategies are inherently difficult to test. For example, evaluation on the implementing of social host laws, or prescription drug storage and disposal campaigns, do not easily lend themselves to experimental investigation – and require complicated and expensive evaluation efforts examining multiple communities and factors.

3. Studies and evaluations on strategies targeting marijuana, prescription substances, and other substances of use have not been available. We will learn more as on-going and new evaluation studies are completed.

Additional sources of lessons learned, and best practices must include:

Community wisdom, experience, and cultural practices

A source of evidence is community wisdom, experience and cultural practices. This evidence is generated through case studies, observations, and direct experience. Communities should not discount their own experience and wisdom. If the community has success in earlier efforts, then it should carefully consider this valuable learning when planning future strategies. This form of evidence is extremely helpful in learning from strategies that are implemented in diverse cultures and communities.

Learning from other communities and professions

In addition to looking for evidence in prevention science, preventionist can look to the experience of other communities for evidence of effectiveness for specific strategies. For example, if the evidence of effectiveness of a specific law or policy is not available, staff and coalitions can look at data and outcomes from other communities that have implemented the law or policy in their communities. When looking for such communities, coalitions should find comparable communities that have similar populations, demographics, and characteristics. Programs can also learn important "lessons learned" from the communities.

Evidence adapted from other fields

Strategies addressing teen pregnancy, youth violence, school success, youth suicide, and other concerns will provide valuable information. Additional information can be obtained from business professionals. For example, much can be learned about business use of social media, branding, social marketing, and other communication strategies.

Evidenced Based Strategy Selection

Considerations for selecting an evidence-based strategy include ensuring the strategy has been shown effective in:

- Addressing root causes and local conditions on your logic model.
- Working with populations targeted by the strategy and/or identifying ways to adapt the strategy based on the unique characteristics of the target population.
- Being cost effective – are the full costs of implementation identified and does your coalition and community have the ability to obtain the necessary resources?
- Building the coalition and community's capacity to implement and sustain a strategy over the long-term.
- Ensuring the strategy is culturally and politically acceptable within the community – can the strategy be adapted to be successfully implemented in your community?

The Bigger Picture of Prevention Work

One of the key lessons learned in prevention and coalition work is that it often takes a combination of comprehensive, complementary, and evidence-based strategies to achieve changes in a community. As we all know, there is no one program that can eliminate substance use in the community. If there was, we would all be implementing the program. There is strong consensus in the field of prevention that it takes a comprehensive response utilizing multiple complementary strategies to reduce substance use.

Comprehensive means that there are enough strategies in place to change each local condition identified on your coalition's logic model. Complementary means that each of the strategies implemented build on each other in a way that impacts the entire targeted community. And, as previously discussed, evidence-based means that the strategies implemented are based on research and experience that has shown the

program can successfully achieve the desired changes to each local condition on the coalition's logic model.

Consequences of substance misuse are often the problems that motivate a community to take action. The consequences can include social issues such as violence, crime, or young people dropping out of school. The consequences also include health problems like fetal alcohol syndrome, liver disease, and cancer. The health and social consequences of substance misuse are the long-term outcomes a coalition hopes to address and improve.

Problem/Consumption

Prevention programs must understand what substances are being used and the rate of substance use in their community. This includes information on how the substances are consumed, how often, and in what quantities. Student and adult surveys such as state surveys, the Youth Risk Behavior Survey (YRBS), archival data (e.g., data from treatment centers and hospitals) and interviews and focus groups are common ways to measure the problem of substance use and consumption.

Root Causes

Root causes of substance misuse are often called risk and protective factors or intervening variables. Root causes are those conditions in the community, family, peer group, and school that make it more or less likely a person will use substances. Consider the root causes for heart disease. Cigarette smoking can significantly increase the likelihood you might have a heart attack.

Conversely, eating a healthy diet can reduce the risk of heart disease. Root causes (risk and protective factors) also exist for substance use. If alcohol is easily available, peers are using alcohol, and parents appear to approve of alcohol use, a young person is far more likely to drink than if these conditions are not present. Risk and protective factors help answer the question, "why are some people using substances and others not?"

Prevention Concepts That Create Change

There are seven “categories” of strategies that can be used by prevention programs and coalitions to change local conditions (or impact Root Causes). These categories of strategies include:

1. Provide information. One of the most common strategies used in prevention is providing information to community members. The goal of this strategy is to change knowledge and beliefs related to substance use, including accepting that a substance problem exists, understanding the physical and social consequences of substance use, and increasing awareness of what the community is doing to combat substance use.

2. Build skills. In addition to changing what people know, prevention efforts seek to give people new abilities to take action. These skill development efforts cross a broad range of abilities and audiences. Examples include: refusal skills for youth, parenting skills for caregivers, professional development for teachers, police, youth workers or other support personnel, and advocacy skills for community residents and coalition members.

3. Provide support. Most of us are more likely to act on our knowledge and skills if someone encourages us or participates with us. For example, we know we should exercise more, and we may have learned some new exercise skills, but we still may fail to get adequate exercise. However, if we set a time to meet with friends to exercise or our spouse agrees to exercise with us three times a week, then we are more likely to follow through and get the exercise we know we need. Prevention puts this principle into practice in many ways including through peer support groups, alternative activities, and mentoring.

4. Change access/barriers. We know we should exercise. We have skills to participate in different forms of physical activity. We even may have supportive

family members or friends who will exercise with us. But what if the tennis courts are only open on weekends, the gym membership is too expensive, or our bike needs repair. Each of these illustrates a barrier. An important strategy in prevention is to ensure that there are no barriers to the behaviors in which we want people to engage, such as healthy after-school activities. Conversely, there should be numerous barriers to the behaviors we are trying to discourage, such as increasing the price of alcohol and limiting the hours during which it can be sold to discourage alcohol consumption.

5. Change consequences/incentives. Providing incentives or increasing penalties has a strong effect on the behavior choices people make. If an employer holds a contest and awards prizes such as a day off with pay to those who meet their exercise goals, then even more people will begin exercising. Information, skills, social support, and access may all be provided by the employer to encourage exercise. For example, an employer may create paycheck stuffers with exercise tips, provide a gym at the workplace, an exercise instructor to build skills, and form employee exercise teams. The addition of incentives will always increase the number of people who participate. Likewise, increasing penalties for behaviors you want to discourage can be effective too, such as increasing fines for providing alcohol to minors or stiffer penalties for selling substances.

6. Change the physical design of the environment. Studies show that if good sidewalks are available and connect to places people want or need to go, and if these sidewalks are reasonably "pedestrian friendly," (such as being offset from the road and having shade) more people will walk every day. No other changes are necessary. Simply change the environment and people's behavior changes. This is true of many behaviors in which coalitions seek to promote or discourage. Crime can be affected by how the neighborhood is physically designed.

Ineffective and Effective Strategies for Substance Misuse Prevention

Within the concepts of prevention education, public appeals and information sharing, some work is more effective than others. Table 3: Ineffective and Effective Strategies outlines current research-based efforts that are considered effective as well as those that are documented to be ineffective in creating change.

Table 3: Ineffective and Effective Strategies to Create Long Term Change

Strategy	Ineffective	Effective
Education	One-time events	Social emotional learning curricula in school
	Assemblies	Parenting programs focused on talking to and supporting youth
	Personal testimony from people in recovery	Curricula proven to address risk and protective factors
	Mock car crashes	Age-appropriate information delivered over time
	Drunk googles	Long-term education campaigns with a focused goal and audience
Moral Appeals	Fear-based campaigns	Normative messages regarding peer use and actions
	Grotesque images	Short-term impacts of use
	Long-term consequences	Positive effects of no use
	Exaggerated danger	
	Moralistic appeals	
Information Sharing	Knowledge-based interventions, such as drug fact sheets or the effects of drugs	Education related to risk and protective factors
	Myth busting	Action-focused information

Return on Investment: Prevention's Worth

Evidence-based prevention for individuals with substance use disorder is effective in reducing costs associated at the individual, societal, and national health levels. Research regarding cost-benefits associated with substance use prevention has

indicated that for every $1 spent on substance use prevention there is a yield of $10 return to long-term savings of treatment costs alone (Hahn-Smith, 2011).

School-based prevention research was conducted assessing cost-benefits and found that if effective school-based prevention programs were implemented nationwide, then for every $1 invested would yield $18 back in savings (Miller & Hendrie, 2008). Furthermore, the Southwest Prevention Center (2004) completed an intensive literature review of studies conducted regarding the cost-benefits of prevention of substance use. There were significant findings that included:

- Return on investment of prevention programs included $2-$20 for every dollar spent on prevention programs.
- Every study available at the time of the review consistently found cost-benefits of prevention programs for substance use by at east two to one.

Cost Benefits

Cost-benefit studies regarding prevention indicate that for every dollar spent on substance use prevention can result in ten dollars in long-term savings. Although financial gains exist in investing in prevention, intangible benefits also exist that increase the overall worth of prevention. Research findings listed examples of these benefits and include:

- lower crime rates
- increase in productivity
- decrease in motor vehicle accident rates
- increase in overall life expectancy
- and higher employment rates

Investing in prevention related to substance use disorders is proven to have significant impacts at the individual, societal, and health levels. The availability of evidence-based prevention programs exists and requires the utilization of available prevention programs and strategies. Prevention serves a crucial role in regard to

substance use disorders in members and their families. Specifically, research has found a significant relationship between children who have parents diagnosed with SUD having an increased risk of developing a SUD (Lander, Howsare, & Byrne, 2013). Additionally, individuals who use drugs often began using during their adolescence (NIDA, 2018).

Preventing Substance Use Disorders

Research related to evidence-based prevention for SUD is readily available. The Surgeon General (2016) defined five findings related to preventing substance use disorders, which included:

1. Both substance misuse and substance use disorders harm the health and well-being of individuals and communities. Addressing them requires the implementation of effective strategies.

2. Highly effective community-based prevention programs and policies exist and should be widely implemented.

3. Full integration of the continuum of services for substance use disorders with the rest of health care could significantly improve the quality, effectiveness, and safety of *all health* care.

4. Coordination and implementation of recent health reform and parity laws will help ensure increased access to services for people with substance use disorders.

5. A large body of research has clarified the biological, psychological, and social underpinnings of substance misuse and related disorders and described effective prevention, treatment, and recovery support services. Future

research is needed to guide the new public health approach to substance misuse and substance use disorders.

Part III - Summary of Needs Assessment Results

For purposes of brevity and consistency, the use of the term “community-based prevention” will be used to describe community-based prevention policies and wellness strategies. Community-based activity involves members of the affected community in the planning, development, implementation, and evaluation of programs and strategies. An example of this type of prevention effort is community-based participatory research, in which researchers—who are usually in control of the decisions on the research question, design, methods, and interpretation of results—invite at least an equal partner role to community members in formulating, conducting, and interpreting the research. It is important to note that rarely are all members of a community involved and that for those who are, the level of involvement can vary tremendously.

This type of community-based process is the kind that Surry County Office of Substance Abuse Recovery has been applying to the Needs Assessment, in reviewing and interpreting the community responses and developing a list of priorities. The list of priorities is based on several different precedents, which include a Memorandum of Agreement for the North Carolina Opioid Settlement Funding, the community readiness of Surry County, the community’s feedback and recommendations in the survey comments, and multiple intervening variables. The MOA for North Carolina is simply a list provided to counties, from the State of North Carolina, that provides how the funding money can be spent. Community readiness refers to how prepared the community is to take action to address a particular health issue with regard to awareness and resources.

There are several stages in community readiness. These stages are:

- Absence of awareness – the community does not recognize the health issue.
- Denial or resistance – there is little recognition or concern among community members about the health issue.
- Vague awareness – the community may be concerned about the health issue, but the motivation to address it is low.

- Pre-planning – the community recognizes that action is needed, but there is a lack of focused activity around the health issue.
- Preparation – leaders in the community begin to plan and support approaches to addressing the health issue.
- Initiation – the community begins activities to address the health issue.
- Stabilization – the community activities are supported by administrators and other community leaders.
- Confirmation/expansion – activities have been implemented and the community is comfortable with addressing the health issue.
- High level of community ownership – data are being gathered that support the efforts, and the approach may be replicated in other communities.

Surry County's level of readiness varies depending on the problem, as well as what areas they are comfortable working on. With substance use disorder, for example, the population that is the most affected would like to take action but may be unsure of the resources available to them.

The Work of the All-Stars Prevention Group

The All-Stars Prevention Group is a community advocacy group developed in 2020, by the Surry County Office of Substance Abuse Recovery, to encourage community members to join our efforts to combat substance use disorder. The benefit of forming a group, that would eventually grow into a community coalition, was to help identify community needs and build community capacity. Identifying community needs involves a process that helps prevention professionals identify pressing substance use and related problems and their intervening variables, and assess means a systematic process that helps prevention professionals identify pressing substance use and related problems and their contributing factors, and assess community resources and readiness to address these factors. The goal of this group is to promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues.

Community coalitions are oftentimes one of the only groups in a community that are organized to address the entire community environment, in which young people may use alcohol, tobacco, and other substances. Many organizations and individuals can impact the individual and address specific aspects of the environment, but the coalition is the only group that looks comprehensively at the environment, seeking to achieve population-level changes to the entire community. Approaches that target individuals can reach limited numbers of people. Community-based programs that provide direct services to individuals are important partners in a comprehensive community-level response to substance use. Strategies that focus on the availability of the substance and the entire community environment, although more difficult to implement, are likely to impact many more people.

The Leadership Team of the All-Stars Prevention Group was hosted by the United Fund of Surry County at the Historic Moore House on May 17, 2022. The purpose of the called meeting was to review and prioritize community consequences, problems and root causes related to substance use in our community.

The Leadership Team discussed following intervening variables (or influences):

- Social/Community Norms
- Influence of Peers
- Social Availability
- Perception of Harm
- Parents and Family
- Access and Availability
- Retail Availability
- Economic Availability and Resources
- Law and Policy
- Promotion of Use
- Frequency of Substance Use Disorder and Use
- Enforcement and the Courts
- Mediating Resources

Definitions for each of the intervening variables the All-Stars Leadership Team discussed may be found on the following pages.

Social/Community Norms

The social norms approach to behavior change combines lessons learned from a variety of fields including social marketing, sociology, behavioral psychology and evaluation research. Some foundational ideas underlying the social norms approach to behavior change are:

- Our perceptions of our peers' attitudes and behaviors have a great influence on our own attitudes and behaviors.
- Unfortunately, our perceptions are often inaccurate. We tend to over-estimate the number of our peers who value and make unhealthy choices and under-estimate the number who value and make healthy choices.
- If, in a given group or population of people, most people are making healthy choices, but most people believe that their peers are making unhealthy choices, then a social norms marketing campaign may reduce the misperception and further encourage healthy choices.
- Social norms marketing campaigns are based on current, accurate information about the intended audience and adhere, in process and content, to good social marketing principles.

Some important lessons learned in the course of several decades of research include:

- The effectiveness of social norms marketing interventions can be undermined if the overall environment supports and promotes unhealthy choices.
- The effectiveness of social norms marketing interventions can be enhanced if the norms that are promoted reflect a group that the individuals closely identify with.

- Social norms marketing campaigns are perhaps best conceptualized as culture change interventions, taking more than one year to realize the behavioral change effects.

The social norms approach focuses on positive messages about healthy behaviors and attitudes that are common to most people in a group:

- It does not use scare tactics or stigmatize an unhealthy behavior.
- It avoids moralistic messages from authorities about how the target group "should" behave. Instead, it simply presents the healthy norms already existing in the group.
- It builds on the assets already in the community, through participation by community members, and by highlighting those who make healthy choices.

Source: Boston University School of Health (2016).

Norms and values can be defined as informal social rules defining acceptable and unacceptable behavior within a social group, organization, or larger community. Norms reflect general attitudes about substance use and societal expectations regarding the levels and types of consumption considered acceptable. What is considered acceptable behavior may vary according to the location, occasion, and across communities.

Source: Community Anti-Drug Coalitions of America (2021).

Influence of Peers
Greater misuse of prescription drugs by peers, and peer attitudes favorable toward substance use have both been associated with increased prescription drug misuse. Adolescents have a moderate to strong influence impact on their peers' risk behavior. Adolescents are susceptible to peer influence in that it has been observed that they are more likely to engage in risk taking in groups than alone. Adolescents, with their limited degree of self-reliance, which interferes with their ability to act independently of the influence of their peers, may be more easily swayed towards engaging in risky behavior. Impulse control or sensation seeking by adolescents also plays an important role in the degree to which they might engage in risk taking behavior. Greater misuse of prescription drugs by peers, and peer attitudes favorable toward substance use have both been associated with increased prescription drug misuse. Source: International Journal of Environmental Research and Public Health (2013).
During the elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes. However, in middle school and later, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk. Another aspect is the perception of risk of harming themselves if they use specific drugs. Young people who do not perceive drug use to be risky are far more likely to engage in drug use. Source: Community Anti-Drug Coalitions of America (2021).

Social Availability
The more available alcohol or drugs are in a community, the higher the risk that young people will abuse these substances. Even perceived availability is associated with risk; i.e., in schools where children think that drugs are more available, a higher rate of drug use occurs. Social availability analysis explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur. This type of analysis seeks to identify the characteristics of these settings that are associated with substance use. Availability means having the perception that prescription and other drugs are readily available, which is associated with increased levels of substance misuse among youth. Youth often report that the means they use to get substances are from family members, neighbors, and/or friends. Source: Center for Health Policy, Indiana University (2018).
Perception of Harm
Perception of the risks associated with substance use is an important determinant of whether a individual engages in substance use. For example, youths who perceive high risk of harm are less likely to use drugs than youths who perceive low risk of harm. Thus, providing adolescents with credible, accurate, and age-appropriate information about the harm associated with substance use is a key component in prevention programming. Expanding upon research that shows the predictive nature of risk perceptions to subsequent substance use among adolescents, the National Survey on Drug Use and Health (NSDUH) provides an opportunity to conduct a cross-sectional analysis of the changes over time in the prevalence of substance use and perceptions of risk. A perception of risk and/or harm is the belief about potential harm or the possibility of a loss. It is a subjective judgement that people make about the characteristics and severity of a risk.

Although cross-sectional analysis cannot confirm that increases in substance use are a direct result of decreases in perceptions of risk, this report examines how rates of substance use and perceived risk vary over time and in relation to each other. Understanding the relationship between risk perception and substance use during adolescence may help to better target health promotion messages and increase the effectiveness of prevention and intervention programs.

Source: Substance Abuse Mental Health Services Administration (2013).

Parents and Family

Children with parents who use substances are at an increased risk for child maltreatment. Drugs and alcohol inhibit a parent's ability to function in a parental role and may lessen impulse control, allowing parents to behave abusively. Children in these homes may suffer from a variety of physical, mental, and emotional health problems at a greater rate than do children in the general population. These children are also subject to higher rates of emotional, physical, and sexual violence; housing instability; poverty; and physical health issues. The following resources describe the characteristics of people who engage in child maltreatment where substance use is involved.

Parents and family can have an enormous effect on substance use. This can be from the perspective of positive parenting to supporting someone while they are in treatment or trying to recover. Parents and family can be a positive part of the process from prevention to recovery. Research has found that greater parental disapproval toward prescription drug misuse have a protective effect on prescription drug misuse outcomes and that stronger bonds with parents were associated with lower levels of prescription drug misuse. In contrast, favorable parental attitudes

toward substance use have been associated with higher levels of prescription opioid misuse.

Source: United States Department of Health and Human Services (2022).

Parental attitudes and behavior toward drugs, crime and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using alcohol and marijuana.

Source: Community Anti-Drug Coalitions of America (2021).

Access and Availability

It has been well established that parents and the home environment are critical in understanding patterns of substance use among adolescents and young adults There is research on parenting factors, which shows that parenting behaviors and practices are of great significance in explaining alcohol and drug use among adolescents. The specific aspects of parenting behaviors and practices that relate to child outcomes are the adolescent's perception of parental warmth and acceptance, parental rules for behavior, autonomy-granting and parental monitoring. Research has found that this kind of parenting, characterized by responsiveness to children's needs, but also demanding that children control their behavior (authoritative parenting), is related to greater psychosocial competence, school success, and less involvement in problem behaviors, in general, and less drug use, in particular.

Source: United States Department of Health and Human Services (2016).

Retail Availability
The neighborhood-level density of alcohol outlets has been associated with a variety of negative health outcomes for communities including adolescent substance use, intimate partner violence, and child maltreatment. With regard to child maltreatment, previous research has consistently shown higher levels of alcohol outlet density as associated with higher rates of child abuse and. These findings suggested broad, aggregate trends across all types of alcohol outlets and types of child maltreatment. outlets refer to drinking venues where the consumption of alcohol occurs on site (e.g., bars or restaurants) and off-premises outlets refer to venues where consumption must occur away from the establishment (e.g., liquor stores). Retail availability is having the ability to purchase substances at retail establishments. In most cases this will be through employees that are work at these locations. Source: United States Department of Health and Human Services (2014).
The more available drugs are in a community and the more youth have access to these drugs, the higher the risk that young people will use drugs in the community. Retail availability refers to how available alcohol or other drugs are from legal sources in the community. Social access refers to alcohol obtained through sources such as parents and friends, at underage parties, and at home. Source: Community Anti-Drug Coalitions of America (2021).
Economic Availability and Resources
Economic availability is a measure of the likely success of a particular action or set of actions. In this case, as it pertains to substance use/misuse, how the economy affects substance use disorder. This has to do with user's economic state and the basic rule of supply and demand.

The profound effect that substance use disorders have on people struggling with addictions is borne out by the evidence. In a 2019 study from *Drug and Alcohol Dependence* it was found that "across 17 states in 2002–2014, opioid overdoses were concentrated in more economically disadvantaged zip codes, indicated by higher rates of poverty and unemployment as well as lower education and median household income." Other studies have found poverty to be a risk factor for opioid overdoses, unemployment to be a risk factor for fatal heroin overdoses, and a low education level to be a risk factor for prescription overdose, and for overdose mortality. Homelessness has been shown to be associated with overdoses as well, particularly among veterans. Terrible outcomes are associated with incarceration, particularly the period just after release from incarceration, when deaths from overdoses skyrocket.

Source: Harvard University (2021).

Law and Policy

Research has shown that policies focused on reducing alcohol misuse for the general population can effectively reduce alcohol consumption among adults as well as youth, and they can reduce alcohol-related problems including alcohol-impaired driving

Policies to prevent prescription drug misuse and related harms have only begun to receive research attention. However, some studies have begun to examine the impact of prescription drug monitoring programs (PDMPs) on misuse of prescription medications. These state-initiated policies are designed to curb the rate of inappropriate prescribing of opioid pain relievers through various methods. Data from the U.S. Drug Enforcement Administration's (DEA's) *Automation of Reports and Consolidated Orders System* (ARCOS) showed little impact of these monitoring systems, perhaps because of the variability of the policies controlling different state systems. The ARCOS is an automated, comprehensive drug reporting system which monitors the movement of controlled substances from where they are manufactured

through distribution at the retail level, such as hospitals, pharmacies, and practitioners. Some studies associate state PDMPs with lower rates of prescription drug misuse and altered prescribing practices, although evidence is mixed and inconclusive.

One reason for inconsistent findings may be low and variable prescriber utilization of PDMPs. Because mandates are relatively new, their efficacy in increasing PDMP utilization has not been formally studied. However, preliminary data suggest that in some states mandates have contributed to a rapid increase in provider enrollment and utilization of PDMPs and subsequent decreases in prescribing of controlled substances and the number of patients who visit multiple providers seeking the same or similar drugs. Data from Kentucky, Tennessee, New York and Ohio—early adopters of comprehensive PDMP use mandates—indicate substantial increases in queries, reductions in opioid prescribing, and declines in multiple provider episodes (doctor shopping) following implementation.

In one of the most rigorous studies to date, Florida's simultaneous institution of a prescription drug monitoring system and “pill mill” control policies was compared to Georgia, a state without either policy. This study demonstrated “modest reductions in total opioid volume, mean morphine milligram equivalent per transaction, and total number of opioid prescriptions dispensed, but no effect on duration of treatment. These reductions were generally limited to patients and prescribers with the highest baseline opioid use and prescribing.”

Source: United States Office of the Surgeon General (2016).

Enforcement refers to enforcing policies to decrease retail and social availability, as well as use and distribution of illegal drugs through threat of sanctions. This requires that appropriate laws are in place, the laws are enforced, and consequences are

applied. Informal enforcement could come in the form of communities being unwilling to patronize stores that sell alcohol to minors.

Source: Community Anti-Drug Coalitions of America (2021).

Promotion of Use

Research has found that youth remember alcohol advertising and can be positively influenced by advertising. Increased exposure to alcohol ads is associated with increased consumption and with heavy or hazardous drinking. Alcohol advertisements that were rated by youth as more likeable also were endorsed with greater intention to purchase the brand and products promoted. In regard to price, evidence suggests that price increases and taxation (assuming increases pass through to retail price) have a significant effect in reducing demand for alcohol.

Source: Community Anti-Drug Coalitions of America (2021).

Frequency of Substance Use/Misuse

Research cautions against conflating all increased drug use directly with COVID-19. For example, shifts in drug availability may also be to blame for increased illicit opioid use deaths; if heroin isn't easy to access, someone might take fentanyl, which is much stronger. But experts agree based on research and clinical observation that pandemic-related strains, from economic stress and loneliness to general anxiety about the virus, are a major driver for the increase. People are more stressed and isolated, so they make unhealthy decisions, including drinking more and taking drugs.

As their stress increases, people may have fewer ways to manage it, and this probably contributes to the uptick in substance misuse. For example, resilience-promoting activities, like physical activity and social interactions, haven't been as safe

to engage in or easy to access, which can lead some people to start using drugs or use them more often or in greater amounts. SUD Use/Misuse is about the current trends of cigarette smoking, vaping, and alcohol and drug use/misuse. This includes historical use data and trends.

Source: American Psychological Association (2021).

Enforcement and the Courts

Police administrators across the country are recognizing the need to connect individuals with whom they come into contact in the community to evidence-based treatment to better address the large social and economic burden of substance use disorders (SUD), a chronic and relapsing condition. This variable is based on how much law enforcement and the courts mitigate the damages and long-term effect on substance use disorder.

1. As gatekeepers of the criminal justice system, police personnel play a vital role in preventing and intervening in the cycle of offending and advancement through the criminal justice system.
2. Police frequently encounter substance using individuals and their families in the community, and often have repeat contacts with individuals suffering from SUD.

Source: Illinois Criminal Justice Information Authority (2022).

Schools represent valuable social institutions that play an essential role in the safe and healthy development of youths, including the prevention of substance use (e.g., tobacco, alcohol and marijuana). On the other hand, exposure and use of substances such as smoking, drinking and illicit drugs, continues to threaten healthy school

environments as well as the safe development of youth. Therefore, the development of a holistic evidence-based substance use prevention strategy is a crucial step towards the support of children in schools. This strategy needs to be based on scientifically oriented programs embedded in a safe school ethos and environment. Law Enforcement Officers' (L.E.O.) roles in such strategies, while frequently used, are not guided by a clear set of scientific data supporting the effective role they might potentially play to ensure such a safe school environment, which in turn, prevent substance use as well as other negative social and health consequences in schools.

Source: International Journal of Environmental Research and Public Health (2021).

Despite increasing evidence that addiction is a treatable disease of the brain, most individuals do not receive treatment. Involvement in the criminal justice system often results from illegal drug-seeking behavior and participation in illegal activities that reflect, in part, disrupted behavior ensuing from brain changes triggered by repeated drug use. Treating drug-involved offenders provides a unique opportunity to decrease substance abuse and reduce associated criminal behavior. Emerging neuroscience has the potential to transform traditional sanction-oriented public safety approaches by providing new therapeutic strategies against addiction that could be used in the criminal justice system.

Source: United States Department of Health and Human Services (2010).

Mediating Resources
Community coalitions have the potential to prevent substance use disorder (SUD) in communities. Coalitions can strengthen collaboration between public and private organizations in communities, address factors in the community that increase the risk of substance misuse, and support interventions that promote environmental strategies to address SUD in the community. Community coalition prevention models may focus on developing new policies related to SUD, changing social norms and beliefs in the community about SUD, and supporting schools and other organizations in addressing SUD. Community coalitions can be an important strategy to address adverse childhood experiences (ACEs) — traumatizing events that occur before the age of 18. Multiple studies have shown that ACEs can be caused by growing up in a household with family members who have an SUD, and also contribute to the development of SUD in adolescents and adults. Source: Rural Health Information Hub (2022).
A separation of substance use disorder treatment from the rest of health care has contributed to the lack of understanding of the medical nature of these conditions, lack of awareness among affected individuals that they have a significant health problem, and slow adoption of scientifically supported medical treatments by addiction treatment providers. Additionally, mainstream health care has been inadequately prepared to address the prevalent substance misuse-related problems of patients in many clinical settings. This has contributed to incorrect diagnoses, inappropriate treatment plans, poor adherence to treatment plans by patients, and high rates of emergency department and hospital admissions. Source: United States Office of the Surgeon General (2016).

The opioid epidemic affects employers in every industry throughout the country, but nonprofits face unique challenges. They're forced with increased intake volumes often without corresponding increases in budget and/or staffing. When resources become strained, nonprofit organizations simply cannot perform as well, and they often see an increase in risk factors not only their clients served, but also in their staff members and the health of the organization as a whole.

In particular, nonprofit sectors like the foster care system and drug treatment facilities have been impacted most significantly by the opioid epidemic. According to the National Council for Adoption, in 2016 over 90,000 children were removed from their homes due to parental drug abuse. And, according to information from the National Admissions to Substance Abuse Treatment Services, compared with data from 2000-2010, from 2005-2015 there was an 11 percent increase for overall admissions intake that was related to opioid addiction.

Nonprofit organizations will continue to see increased risks as they face inadequate staffing, facilities or systems that impact their abilities to best provide for their clients. This, in turn, can have an adverse effect on the quality of their services and treatments, possibly resulting in delayed recovery times, relapse, under-supervised patients or children and an overworked staff. When staffing ratios are exceeded, the risks increase even further as nonprofits face missing key personnel, disruptions of supplies or materials, and the possibility of encountering potentially violent clients.

Source: AmTrust Financial 2022.

Intervening Variable Scoring

Intervening Variables are factors that have been identified through research as having an influence on substance misuse and abuse. The community feedback and ranking of intervening variables provided by the All-Stars Leadership team directly impacts the SCOSAR Prevention Planning Process. The All-Stars membership helps SCOSAR to ensure a connection to community needs and priorities and gives voice to the challenges citizens face daily related to substance use in our communities.

The Surry County All-Stars Leadership Team collectively scored the following Intervening Variables using a scale of 1 (No Impact) to 10 (Major Impact) in June 2022. These variables help to spotlight the root causes of substance use in Surry County from a community perspective.

Chart 1: Scoring of Intervening Variables

Intervening Variable (Factor)	Min. Score	Max. Score	Mean (Avg)	Mode
Access and Availability	6	10	7.86	8
Perception of Risk/Harm	6	10	7.92	9
Parents and Family	6	9	7.90	8
Influence of Peers	7	10	8.30	8
Frequency of SUD Use/Misuse	4	8	6.5	7
Economic Availability and Resources	6	9	7.4	8
Retail Availability	3	9	7.5	9
Social Norms	7	10	8.83	9
Enforcement and the Courts	3	10	6.5	7
Promotion of Use	4	9	6.6	6
Social Availability	6	10	8.21	7
Mediating Resources	2	10	5.92	7
Law and Policy	4	9	6.64	7

Chart 2: Ranking of Intervening Variables Based on Mean (Avg)

Intervening Variable (Factors)	Rank (1 = Most Important)
Social Norms	1
Influence of Peers	2
Social Availability	3
Perception of Harm	4
Parents and Family	5
Access and Availability	6
Retail Availability	7
Economic Availability and Resources	8

Law and Policy	9
Promotion of Use	10
Frequency of Use	11
Enforcement and the Courts	12
Mediating Resources	13

Part IV - Identification of Evidenced Based Strategies to Address Needs Assessment Findings

Every community struggles with multiple substance use-related problems, but no community can address them all—at least not all at once. Setting clear priorities requires understanding which problems are most important for a community to address first, and which problems a community is most capable of changing. By engaging in a thorough assessment of local prevention needs and capacity, and in a collaborative prioritization process, planners can identify their community's priority problem. This begins to focus their prevention initiative.

Evidence-based principles for substance use prevention address the appropriate risk and protective factors for substance use in a defined population by using approaches that have been shown to be effective to:

a. Reduce the availability of illicit drugs, alcohol and tobacco for the under-aged through laws and policies.
b. Strengthen anti-drug use attitudes and norms through sharing information and engaging in activities.
c. Strengthen life skills and drug refusal techniques.
d. Reduce risk and enhance protection in families by setting rules and communicating.
e. Strengthen social bonding.
f. Ensure that interventions are appropriate for the populations being addressed.

Evidence-based principles for substance use prevention must intervene early at important stages and transitions. Specific programs for each prevention goal should be chosen and managed effectively by ensuring consistency, training staff and volunteers, and monitoring and evaluating programs. This starts with choosing from broad categories used to describe the types of strategies that are effective in preventing substance use disorder. The Center for Substance Abuse Prevention (CSAP) has developed the following (6) strategies:

1. Information Dissemination - Information dissemination is defined as one-way communication from the source to the intended audience. Information dissemination provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse, and addiction, and the effects on individuals, families, and communities. It increases knowledge and provides awareness of available prevention programs and services.

2. Education - Education is described as two-way communication with interaction between the educator and the participants. Educational activities aim to "improve critical life and social skills," which includes "decision making, refusal skills, critical analysis, and systematic judgment abilities." The ability to interact and ask questions differentiates this strategy from information dissemination, along with the ability to build knowledge and social skills.

3. Alternatives - Alternative activities provide opportunities for the target population to participate in safe and healthy activities that exclude substance use. The assumption is that constructive and healthy activities provide positive alternatives to drug use and other unhealthy choices.

4. Problem ID and Referral - Identification of those individuals who are exposed to multiple risk factors, who have experimented with substances, and to assess whether their behavior can be reversed through education. It is important to note that this strategy does not include actual assessment for treatment services. However, it does include activities and/or services that are geared toward behavior change, but not through therapy. Screening is to identify whether or not an individual can be served by primary prevention services or must be referred out to treatment.

5. Community Based Processes - Community-based processes encourage planning necessary to implement effective prevention strategies and programs in a community. Activities in this strategy include organizing, planning, and

enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building, and networking.

6. Environmental - Involves the creation, modification, and/or passage of written and unwritten codes, legislation, ordinances, policies and regulations, thereby influencing incidence and prevalence of substance abuse in the general population. Environmental prevention strategies focus on community-level impact, instead of focusing solely on individuals. Environmental prevention strategies include policies or regulations, media strategies, compliance efforts, social norms marketing, community development, and neighborhood mobilization. This strategy embodies the spirit of the public health approach.

Of these (6) strategies, Surry County Office of Substance Abuse Recovery has chosen to focus on four, due to the readiness level of our community to act, capacity and available resources. The following is a list of interventions as they apply to each CSAP strategy along with general information and identified by using needs assessment data from the Surry County Office of Substance Abuse Recovery.

1. **Information Dissemination**:

   a. **Suicide Prevention**: Evidence informed practices are taken from the National Council for Suicide Prevention (NCSP) such as becoming aware of the warning signs, risk and protective factors, and how to respond can alert gatekeepers (friends, family members, health professionals, etc.) of heightened suicide risk. The desired outcome of the suicide prevention effort's goal is to advance suicide prevention through leadership, advocacy and a collective voice.

   b. **Red Ribbon Week**: Red Ribbon is the largest tobacco, alcohol, and other drug and violence prevention awareness campaign observed every year in October. It began as a tribute to fallen Drug Enforcement

Administration (DEA) Special Agent Enrique “Kiki” Camerena in 1985. This intervention will apply to the MOA Option A. The desired outcome of Red Ribbon Week is to raise an awareness campaign that gets information to the general public about the dangers of drug use

c. **Targeted Youth Vaping Prevention**: This intervention is to inform school administrators, community leaders, educators, parents, policy makers, and others of the rising rates of vaping among youth and the need for targeted prevention programs and policies, as well as a comprehensive vaping reduction strategy. Research from the Substance Abuse and Mental Health Services Administration (SAMHSA) has found that vaping among youth is a serious public health issue. In the past decade, vaping has increased among all age and demographic groups and is more popular than traditional cigarettes among high school students (SAMHSA, 2020). This intervention will apply to the MOA Option A. The desired outcome of “Talk they hear you” is to help parents and caregivers start talking with their children early about the dangers of alcohol and other drug uses.

2. **Education**:

a. *Surry Youth 2 Youth*: This intervention is based on an evidence-based national program called Dover Youth 2 Youth, which is a school-based drug prevention program. The primary function of Youth to Youth is to act as a youth empowerment program where students have the opportunity to take an active role in drug-prevention initiatives. Some examples of these initiatives are media productions, presentations at school, community and school awareness, and legislative efforts at the local and state level. The desired outcome of Surry Youth to Youth is to be a youth empowerment program where students have the opportunity to take an active role in

community wide drug-prevention initiatives.

3. **Problem I.D. & Referral**:

   a. *Screening, Brief Intervention, and Referral to Treatment (SBIRT)*: SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.
   -*Screening* quickly assesses the severity of substance use and identifies the appropriate level of treatment.
   -*Brief intervention* focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
   -*Referral to treatment* provides those identified as needing more extensive treatment with access to specialty care.

The desired outcome of SBIRT is an early identification of substance use disorder, especially to avoid risky behavior and harm to oneself or others.

4. **Community-Based Process**:

   a. *Faith-Based Partnerships* - Create and coordinate a SAMHSA model program called Faith-Based and Community Initiatives (FBCI). This program develops a partnership between federal, state, and local programs and the faith-based community and community organizations. This model supports several programs in mental health prevention and addiction treatment at the national, state, and local levels. The desired outcome of forming faith-based partnerships is to form a model for how effective partnerships can be created between federal programs and faith-based and community organizations.

b. *All-Stars Prevention Group Coalition Development* - The Surry County Office of Substance Abuse Recovery currently facilitates the All-Star Prevention Group. The Community Outreach Coordinator has created the group of community members and works with them on a regular basis to have monthly meetings and participate in community events. We will continue to work with this group to do community assessments, build community capacity, plan and implement strategic and action plans, evaluate initiatives and strategies, sustain efforts, incorporate cultural competence into the work. Within the Community Outreach Efforts, the All-Stars will work on any Community Needs Assessments that the County implements, they will work on publication dissemination and most of the time will be the subject of news articles, and the coalition engagement with other community agencies, the community at large, and our youth. The desired outcome of the All-Stars Prevention Group Coalition is to become part of the solution through promoting awareness, enhancing understanding and changing perceptions of substance abuse in Surry County through public advocacy.

c. *Collaborative Strategic Planning* - SAMHSA's Strategic Prevention Framework (SPF) will be used in order to do collaborative strategic planning. There are five steps and two guiding principles of the SPF that offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities. The SPF includes these five steps:

    1. Assessment: Identify local prevention needs based on data (e .g ., What is the problem?)
    2. Capacity: Build local resources and readiness to address prevention needs (e .g ., What do you have to work with?)
    3. Planning: Find out what works to address prevention needs and how to do it well. (What should you do and how should you do it?)
    4. Implementation: Deliver evidence-based programs and practices as intended.

5. Evaluation: Examine the process and outcomes of programs and practices.

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- Cultural competence. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
- Sustainability. The process of building an adaptive and effective system that achieves and maintains desired long-term results.

The desired outcome of collaborative strategic planning is to meaningfully involve all community sectors, community members, and community agencies in providing input in the strategic plan for the entire community.

5. Environmental:

a. *Chemical Disposal Kits and Lock Your Meds Campaign* - Deterra Drug Disposal Kits are a form of Chemical Disposal Kits for unused medications. Leftover prescription drugs fuel the U.S. opioid crisis at the local, state, and national levels. Public data, including new government studies and reports in medical literature, shows the U.S. continues to be flooded with opioid prescriptions, with enough prescriptions, with enough prescriptions written each year for half of all Americans to have one. Law enforcement and government agencies can help prevent misuse and abuse of opioids and other leftover prescription drugs by adding Deterra to their drug disposal and substance abuse prevention efforts. Chemical drug disposal has a proven community impact and complements other disposal methods to increase safe disposal behavior.

Lock Your Meds is a national multi-media campaign designed to reduce prescription drug abuse by making adults aware that they are the “unwitting suppliers” of prescription medications being used in unintended ways, especially by young people. Produced by National Family Partnership (NFP), the campaign

includes a wide array of high-quality advertisements, posters, educational materials, publicity opportunities, interactive games and slide show presentations, and this website, where visitors can learn more and ask questions. SCOSAR's plan would be to distribute Lock Your Meds medication lock boxes and an instruction card that goes along with it. This intervention will apply to the MOA option B. The desired outcome of the Chemical Disposal Kits and Lock your Meds Campaign is to lead and support our nation's families and communities in nurturing the full potential of healthy, drug free youth.

b. *Drug Endangered Children (DEC)* – A drug endangered child as a person under the age of 18 who lives in or is exposed to an environment where drugs, including pharmaceuticals, are present for any number of reasons, including trafficking and manufacturing of these drugs. As a result of such exposure, these children experience or are at high risk of experiencing physical, sexual, or emotional abuse; harm; or neglect. Tragically, these children also are at risk of being forced to participate in illegal or sexual activity in exchange for drugs or money likely to be used to purchase drugs. The DEC movement was initiated over the last decade to respond to the growing phenomenon of finding children during drug arrests, particularly in methamphetamine labs located in homes and other areas where children were living or playing. In 2003 alone, approximately 3,300 children were found in the 8,000 meth labs that were raided. The children found in these situations are often severely harmed or neglected and, in many instances, tested positive for drugs. Local DEC programs have been created all over the country, and as a result, thousands of children have been rescued from drug environments. Surry County Office of Substance Abuse Recovery wants to share the promising practices that have been helping communities better protect these children.

c. *Focused Communication Campaign* – Communication campaigns are used by prevention providers to utilize a purposeful promotional strategy to change

norms, behaviors, and policies to fit with block grant guidelines in a specific, intended audience via marketing and advertising techniques. Communication campaigns can counteract the negative impact of substance advertising (e.g., tobacco & alcohol) Communication campaigns can influence the way that stakeholders, including the media, think about issues, and shift the focus from an individual behavior to a systems or environmental focus. Communication campaigns have been used to:

- Change behavior by influencing attitudes, norms, and knowledge
- Reinforce knowledge, attitudes, and behavior
- Show benefit of behavior change
- Demonstrate skills Suggest/prompt an action
- Refute myths & misconceptions
- Shape the way that media & policy makers think about the health issue

First SCOSAR has to determine and understand where they are starting from and where they would like to be within a given timeframe. Effective communication campaigns are based on evidenced based planning process and implementation approaches. These approaches, or steps, are summarized below:

Step 1: Analyze the Current Situation

Review the results of past needs assessment work. As you consider your environment, think through some pertinent questions, for example: What is the overall community need? Align communications efforts and tasks with the needs that are identified and overall goals or objectives for promoting the adoption, implementation, expansion, and/or sustainability.

Step 2: Identify and Understand the Audience

Identifying who can further the goals in the strategic plan is an important component of a communications strategy. Once the appropriate audience is identified, you will need to assess what they know about substance use prevention and their philosophy and sentiments toward investing in development, education, and promotion. In addition, it is important to identify what you want your audience to do to achieve your goals. Having a profile of the identified audiences allows teams to tailor messages that will resonate and promote action. A profile will also inform what tactics may be most effective to reach your target audiences. In general, there are two types of audiences for communicating about substance use prevention: direct target audiences and indirect target audiences. Direct target audiences are those who can directly influence the adoption, financing, or promotion of prevention efforts. They are often policymakers or those who oversee segments of the public health initiatives at the state or local levels.

Indirect target audiences are those who are important to implementation, such as state agencies and education program leaders, and those who benefit from the service, such as families. Indirect target audiences include the following:

- Community health coalitions
- Substance use treatment agencies
- Mental health center directors—state and community-based
- Community center directors
- Teachers
- Parents/Caregivers
- Youth serving agencies

Step 3: Develop the Message

Once examining the needs assessment, developing goals for the communications campaign, and creating a profile of the target audiences, SCOSAR will craft and tailor messages that promote action. When developing your messages, consider the following:

- Why is substance use prevention needed and important in this community? What problem, concerns, or issues does it solve or improve? What will it prevent and what will it promote, particularly related to youth? Who benefits from prevention, at what level (individual, agency, school, center, community, state, national), and how?
- In what key ways is SCOSAR different from other services directed at improving or sustaining substance use prevention?
- What actions need to be taken, and by whom, in order for SCOSAR to benefit this community?

Step 4: Create and Implement a Communications Strategy

There are many ways to reach an intended audience. Choosing the right communications channel is a matter of matching the content of the message with the venue where the target audience is most likely to receive it. There are a number of different communications channels teams might use to reach their intended audience with their message, for example:

- Interpersonal communication
- Outreach and education to local groups
- Mass media campaigns
- Media relations
- Social media

Step 5: Evaluate the Message

Evaluation is a critical but often neglected component of communications efforts. It provides valuable information about what is working and what is not, and helps teams decide where efforts and budget dollars may be best spent in the future. Evaluation for communications efforts must be implemented and continued on an ongoing basis. The desired outcome of the Focused Communications Campaign is to raise awareness about our initiative's long-term benefits to our community.

Part V: Special Focus - SYNC

In Spring 2022 SCOSAR was awarded a special facilitation and technical assistance grant from University of North Carolina at Chapel Hill. The goal of Strengthening Systems for North Carolina Children, or SYNC, is to support North Carolina communities disproportionately affected by adverse childhood experiences (ACEs) in furthering their understanding of how community systems and structures influence ACEs. This understanding is meant to help identify ways to strengthen systems and build community resilience to prevent ACEs.

SYNC is a no-cost opportunity for communities in North Carolina who have high ACEs burden and want to use a systems approach to prevent ACEs. Surry County teams will receive guidance and technical assistance from subject matter experts in using a systems thinking approach to identify ways to 1) strengthen systems that contribute to protective factors for ACEs, and 2) disrupt systems that contribute to risk factors for experiencing ACEs. SYNC is a integral part of all prevention and related human services efforts facilitated by SCOSAR and the All Stars Prevention Group.

This work presents evidence for HOPE (Health Outcomes of Positive Experiences) based on newly released, compelling data that reinforce the need to promote positive experiences for children and families in order to foster healthy childhood development despite the adversity common in so many families. In our work with SYNC we hope to incorporate interventions in our community that are drawn for HOPE to:

1. Establish a spirit of hope and optimism and make the case that positive experiences have lasting impact on human development and functioning, without ignoring well-documented concerns related to toxic environments.
2. Demonstrate, through science and community based experiences, the powerful contribution of positive relationships and experiences to the development of healthy children and adults.
3. Describe actions related to current social norms regarding parenting practices, particularly those associated with healthy child development. These actions are

based on data that suggest that American adults are willing to intervene personally to prevent child abuse and neglect.

4. Reflect upon the positive returns on investment that our society can expect as we make changes in policies, practices, and future research to support positive childhood environments that foster the healthy development of children.

SYNC seeks to reduce childhood trauma

Mount Airy News
Published June 3, 2022
By Ryan Kelly

Surry County has the honor of having been selected as the pilot for a new program that is designed to support communities in furthering an understanding of how public systems and structures influence adverse childhood experiences (ACEs). This understanding is meant to help identify ways to strengthen systems and build community resilience to prevent such experiences.

Strengthening Systems for North Carolina Children (SYNC) is a training opportunity that is being coordinated by the UNC Injury Prevention Research Center and the NC Department of Health and Human Services' Injury and Violence Prevention Branch.

The idea was to bring into the same room people from around the area who would not traditionally be working on issues such as these. NCDHHS and UNC are facilitating along with stakeholders from Surry County to find ways to change outcomes in lives of children and families.

There were three main categories under which adverse childhood experiences fell abuse, neglect, and household dysfunction. SYNC team members are trying to find ways to intervene in repeating cycles like substance abuse, financial insecurity, and incarceration that can have long term negative impact on children.

The pilot team representing Surry County is made up of a mixture of health professionals, county employees, representatives from local organizations with a vested interest in like Surry Friends of Youth or Shepherd's House and members of the community at large.

Community teams participated in workshops during which they learned how to use a tool called causal loop diagramming to create a map of systems that may influence ACEs in their community. The causal loop looks at the relationship between reinforcing patters versus ones that try to bring balance to systems.

They used this map to begin identifying key points of the system they will target to build resistance to and mitigation of ACEs. The purpose of this diagram is to help think through ways to strengthen systems that contribute to protective factors against these childhood experiences and disrupt systems that contribute to risk factors for experiencing such trauma.

The map can help guide questions like: what are the common factors that continue to drive people to substance abuse? Are there flaws in the systems that perpetuate the repeating of outcomes across generations? The systems model would look at the justice system and whether there needs to be a new approach like drug courts and juvenile courts to lower the population in the jails, for example.

After completion of the workshops, teams will have the skills needed to update their map and keep their prevention work moving forward. Teams will also receive one year of technical assistance after completion of the workshops so that when the training session is over, the action plan is not lost into the wind.

One of the main goals is to create a shared language for this community to approach ACEs and their mitigation. By using the “systems lens” to see how dynamic and complex systems like criminal justice or education can impact childhood experiences, SYNC participants will be able to identify common root causes in Surry County. Furthermore, those root causes will then need to be prioritized to see where the most impact can be made.

The Surry County group chose a variety of root causes with the most votes going to substance abuse, access to healthcare (including mental health), and economic factors. Knowing what the root cause was may allow them to find weak spots, places where a little effort from a third party could alter someone’s trajectory.

Food insecurity, for example, may be one of the root causes leading to Shelly not doing well in school. Her empty stomach makes paying attention in class hard and her grades have now suffered. Her grades were so poor, she got held back a year which led to frustration, and she dropped out.

If there had been in intervention along the way, if a third-party community group, church group or county agency had given her family some food assistance, she would have paid better attention, stayed in school, and from there she would be on a new path.

Groups with higher risk for the adverse childhood experiences include multi-racial, Black and Hispanic; those with less than a high school education; or who are below the poverty line; are unemployed; and those who identify as LGBT.

SYNC cites a Harvard study that “toxic stress weakens the architecture of the developing brain leading to long term consequences for learning, behavior, and both physical and mental health.”

“The consequences of ACEs can be passed down from one generation to the next if children don’t have protective buffers like positive childhood experiences or a caring adult in their lives,” a CDC report concurred.

The CDC also said preventing ACEs can help children and adults thrive and potentially lower conditions like depression while improving education and future job

potential. They also point to a lowering in risky behaviors like smoking and drinking, all of which in turn may reduce the risk of passing behaviors on to the next generation.

In their 2019 Vital Signs report, the CDC went on to say that a significant potential reduction in negative outcomes in a broad swath of health area can be see including diabetes, cancer, asthma, and stroke.

Identifying who may be at risk and what common risk factors are will be helpful in finding novel ways to reduce adverse childhood experiences and improve the long-term prospect for children's' mental and physical wellbeing.

Part V: SPF & Next Steps

While the current document is designed to introduce and provide a historical reference for the initial foundation of primary prevention efforts provided by the Surry County Office of Substance Abuse Recovery, it is only a beginning. All efforts are guided by the Strategic Prevention Framework (SPF) published by the Substance Abuse and Mental Health Services Administration.

The SPF includes these five steps:

1. Assessment: Identify local prevention needs based on data (e .g ., What is the problem?)

2. Capacity: Build local resources and readiness to address prevention needs (e .g ., What do you have to work with?

3. Planning: Find out what works to address prevention needs and how to do it well (e .g ., What should you do and how should you do it?)

4. Implementation: Deliver evidence-based programs and practices as intended (e .g ., How can you put your plan into action?)

5. Evaluation: Examine the process and outcomes of programs and practices (e .g ., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- Cultural competence. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

- Sustainability. The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Since the inception of SCOSAR, staff have attempted to ensure the appropriate assessment of needs and building of capacity to effectively implement programming programs designed to impact substance use within Surry County. The current document provides a general outline of prevention priorities and efforts to create a coordinated effort with the All Stars Prevention Group and other community agencies and stakeholders.

The next step based on the SPF is the merging of planning activities and actual implementation. SCOSAR Prevention efforts are currently in the Planning and Implementation stages. While the current publication was published in September 2022, it lacks formal action planning procedures necessary to ensure evidenced based implementation of identified strategies. Formal action planning efforts based on a concept of cultural competence and CLAS Standards will be published during the Fall of 2022 supporting a three-year plan of phased implementation. Early winter of 2023 will bring forth work focused on effective evaluation and sustainability of efforts.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