



Comprehensive Community Prevention Plan Washoe County 2022 - 2024

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EXECUTIVE SUMMARY

A coalition consists of collaboration between groups in the community. Each group retains its own identity while working together toward the common goal of building a safe, healthy, and drug-free community. In that vein, JTNN brings citizens, agencies, businesses, and government together to form a whole that can identify, measure, and develop strategies to deal with substance abuse problems in the community. JTNN acts as a clearinghouse for information, community assessment, planning, grant funding and administration.

Substance abuse is not selective. Every community throughout the country is touched by substance abuse related problems. Washoe County is no different. Each person has his or her own perception of the problem. How do we begin to solve these problems? JTNN believes numerous strategies are needed to adequately address substance abuse in Washoe County. We believe that only through a coordinated effort with our partners, can we make an impact.

JTNN Values:

- ❖ We are accountable to the communities we serve.
- ❖ We serve as the community leader for substance misuse awareness, education, advocacy, and information.
- ❖ We embrace a strategic, balanced approach to substance misuse problems that encompass both prevention and treatment.
- ❖ We advocate for a system in which the resource capacity in the community is sufficient to meet the need.

JTNN is Governed by a volunteer Board of Directors and the coalition consists of several working committees and our community partners. The foundation of all JTNN does is anchored in the Strategic Prevention Framework process including the community assessment and development of this document, the Comprehensive Community Prevention Plan (CCPP).

JTNN recognizes and appreciates the support from our community partners and funders on this Comprehensive Community Prevention Plan (CCPP) from 2022-2024 for prevention data, priorities and planned activities. This publication was supported in whole or part by the Nevada Division of Public and Behavioral Health, Bureau of Health, Wellness and Prevention through funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of SAMHSA or the State of Nevada.

JTNN plans and organizes its substance misuse prevention activities in accordance with the Strategic Prevention Framework (see page 16) and by addressing specific risk and protective factors (see page 19).

The assessment section provides county-level data on behaviors, protective factors, and perceived risks of a variety of commonly used substances and related behaviors to better understand the substance use prevention needs of Washoe County residents.

Key Findings

Middle School

- The percentage of middle school students who ever used vapor product increased significantly between 2017 (18.2 %) and 2019 (30.9%) (**Figure 6**). Additionally, the trend for current (past 30 day) use of electronic vapor products, shows a statistically significant increase for this population in Washoe County between 2017 (7.8%) and 2019 (18.9%) (**Figure 30**). A decrease in these metrics occurred both in Nevada (17.5%) and Washoe County (20.5%) in 2021 (**Figure 30**).
- There was a statistically significant increase in current use (use in the 30 days prior to the survey) of marijuana among middle school students in Washoe County between 2017 (5.6%) and 2019 (9.1%) (**Figure 20**). While there was a decrease in self-reported lifetime use (ever used) marijuana in 2021 (**Figure 3**), it is important to note that from 2017-2019 there was a 6.5% increase in this metric.
- Data showed that, in 2021, approximately one third of middle school students felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey in Washoe County (32.7%) and Nevada (34.6%) (**Figure 42**). Nearly one in five middle school students in Washoe County (18.5%) and Nevada (19%) purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose during the 12 months before the survey (**Figure 43**). **Figure 45** depicts that almost half (48.3%) of the middle school student responses felt that they *never or rarely* got the assistance they needed.
- Over 1/5th (21.2%) of middle school students responded that there is *no risk* of harm physically or in other ways to them if they smoke marijuana once or twice a week (**Figure 73**). 18.2% of middle school students responded that there is *no risk* of harm physically or in other ways when an individual has five or more drinks of alcohol once or twice a week (**Figure 70**). 15.2% of this population responded that there is *no risk* of harm physically or in other ways when an individual uses prescription drugs that are not prescribed to them (**Figure 76**).

High School

- The percentage of Washoe County high school students who reported they ever used alcohol decreased between 2013 (70.1%) and 2021 (49.3%) (**Figure 2**).
- 31.6% of high school students in Washoe County identified electronic vapor products as very easy to access, 26.9% identified alcohol as very easy to access, and 22.4% identified marijuana as *very easy* to access (**Figure 65**).

- 27.8% of high school students responded that there is *no risk* of harm, physically or in other ways to them if they smoke marijuana once or twice a week (**Figure 74**) and only 16.4% of high school students perceive there to be a *great risk* for this metric.
- 28.7% of high school students responded that their friends would feel it was *not at all* wrong for them to smoke marijuana. 31.5% responded that their friends would feel it was *very wrong* for this metric (**Figure 113**).
- Data showed that, in 2021, 47.1% of high school students in Washoe County felt sad or hopeless daily or almost daily for two or more weeks in a row during the 12 months before the survey (**Figure 46**). Over half (60.7%) of the high school student responses felt that they *never or rarely* got assistance when asked if they ever got the kind of help, they needed when they felt sad, empty, hopeless, angry, or anxious (**Figure 48**). In 2021, 23.6% of Washoe County High school students seriously considered attempting suicide in Washoe County. This data reveals a noticeable upward trend from 2019 data (18.7%) (**Figure 49**). This upward trend is present across data points including Washoe County high school students who planned to attempt suicide (20%), and students who attempted suicide (12.5%) (**Fig. 50-51**).

Risk/Protective Factors

- Marijuana use among adults in Washoe County more than doubled between 2015 (9.5%) and 2021 (19.4%) (**Figure 27**).
- 30% of middle school students responded that they have ever been sworn at, insulted, or put down by an adult in their home and 8% of these students state that it happens most of the time or always (**Figure 58**).
- 35% of high school students reported that they lived with someone who was having a problem with alcohol or drug use (**Figure 61**).
- 42% of high school students reported ever being sworn at, insulted or put down by an adult in their home and 16% of those students state that it happens most of the time or always (**Figure 63**).
- Most Washoe County high school students (83%) reported they ever had an adult in their household who tried hard to make sure their basic needs were met (i.e., looking after their safety, making sure they had clean clothes, and enough to eat (**Figure 102**).

Overdose

- The rate of overdose deaths increased by 22% compared to the same time last year.

- The highest rate of overdose deaths occurred among *Black, non-Hispanic persons* (89 deaths per 100,000). Nearly two-thirds of deaths involved an opioid (63%), over half involved a stimulant (59%), and 26% involved both substances. Illicitly manufactured fentanyl and fentanyl analogs were involved in over 1 in 3 deaths (33%). Opioid and stimulant deaths: highest prevalence of current/past substance use/misuse and had a recent period of abstinence followed by return to opioid use. 83% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action at the time of overdose.

Priorities

As a result of the key findings and the overall CCPP process, JTNN has chosen to focus efforts on the following priorities over the next two years:

- 1) Engage in Systems Change Related to Marijuana
- 2) JTNN Alignment with Collective Impact
- 3) Increase Youth Resiliency
- 4) Reduce Youth Access to Alcohol, Tobacco, Marijuana, and Other Drugs.
- 5) Support Harm Reduction Partnerships and Initiatives
- 6) Reduce Youth Vaping Use Rates
- 7) Support and Promote School Behavioral Health Education
- 8) Support Healthy Family Relationships
- 9) Engage in Young Adult Outreach

PURPOSE

The purpose of this Comprehensive Community Prevention Plan (CCPP) is to identify and inform future youth substance abuse prevention priorities for Washoe County. A CCPP is conducted every two years. The CCPP outlines priorities and strategies to be implemented by Join Together Northern Nevada.

LIMITATIONS, CHALLENGES, AND TECHNICAL NOTES

This assessment was conducted in 2022, the year after a global pandemic significantly impacted myriad systems within communities - public health, health care, social services, education, and the economy. During this time, people were forced to delay seeking health care, exacerbating physical and behavioral health conditions. In many sectors, workforce shortages continue to be significant issues, with organizations struggling to catch up and respond to increased demands as the pandemic has slowed. This assessment was impacted by many of these challenges.

Please note the following challenges:

- 1. Challenges scheduling key informant interviews with youth in Washoe County:**
Primary data collection for this assessment included key informant interviews with youth in the community. JTNN and the consultants assisting with this assessment found it extremely challenging to schedule interviews with youth. Schools and community-based organizations were not able to assist with this effort in the way they might have in previous years. Schools are hyper-focused on catching students up academically after two years of online schooling, hybrid in-person and on-line settings, and mask wearing in schools. Given this stressful environment, JTNN's request for assistance with accessing youth for interviews was met with a level of resistance aligned with this environment. In addition, once scheduled, interviewees did not always follow through and participate in an interview. Lack of follow-through - from a systems level to an individual level - was commonplace during this period and is not unique to this endeavor, as the literature currently describes increased burnout and apathy among the many challenges resulting from the pandemic. Burnout has been described as "a state of emotional, physical, and mental exhaustion caused by excessive or prolonged stress."¹¹ Individuals of all ages are experiencing burnout and apathy as a result of the pandemic due to lengthy periods of heightened alert, feeling a lack of control, social isolation, as well as mental and physical exhaustion.
- 2. Adequate representation via the Adult Community Member Survey: JTNN surveyed adults in the Washoe County community for seven and a half months (April to mid-November 2022).** During this time, a total of 218 responses were received (217 in English and one in Spanish). After a thorough review of the data collected, the respondents do not appear to be a representative sample that can be generalized to the broader community. Furthermore, many of the responses may have been fictitious as the ages of

the respondents who indicated they had children were not old enough to have children of the age indicated. JTNN and data consultants determined the survey was not indicative of responses expected from a cross section of the community. As a result, the survey has not been included in this assessment. The lessons learned from this effort have been documented and will be used to revise survey methodologies going forward.

3. **Access to up-to-date secondary data:** The collection of secondary data for this assessment was challenging in that the results of several large-scale community-based surveys (e.g., YRBS, BRFSS) were delayed due to the COVID-19 pandemic. National YRBS data for 2021 is still not available, which is noted in several figures. BRFSS data for Washoe County for 2020 (as well as some metrics for 2021) were not available, which is also noted in several figures. The American College Health Assessment was not conducted in 2021, so updated data for this survey is not included. Furthermore, surveys conducted during the pandemic were impacted by shifting response rates geographically (due to COVID-19 infection migration), lower response rates as many individuals were focused on specific challenges related to the pandemic, as well as burnout and apathy (described above).

[\[1\]](#) Queen, D. & K. Harding. Societal Pandemic Burnout: A COVID legacy. *Int Wound J.* 2020 Aug, 17(4): 873-874.

OVERVIEW OF THE STRATEGIC PREVENTION FRAMEWORK

The methodology that guided this Comprehensive Community Prevention Plan is the Strategic Prevention Framework (SPF) developed by the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF enables coalitions to build the infrastructure necessary for effective and sustainable prevention. Each step in this framework contains key milestones and products essential to the validity of the process. The SPF is conceived in systemic terms and reflects a public health, or community-based, approach to delivering effective prevention.

The SPF includes five steps: 1) Assessment, 2) Capacity, 3) Planning, 4) Implementation, and 5) Evaluation. The SPF is also guided by two cross-cutting principles integrated into each of these steps: *cultural competence* and *sustainability*.



Step 1: Assessment (pages 20-75)

This step profiles population needs, resources, and readiness to address identified needs and gaps. Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process.

Step 2: Capacity (page 76-80)

This step includes mobilizing and/or building capacity to address needs. Capacity involves the mobilization of resources within a geographic area. A key aspect of capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts.

Step 3: Planning (pages 80-90)

Planning involves the development of a strategic plan, also called a logic model, that includes policies, programs, and practices that create a logical, data-driven plan to address the identified problems.

Step 4 : Implementation (pages 91-93)

Implementation involves taking action, guided by the strategic plan (developed in Step 3) in order to implement evidence-based prevention programs, policies, and practices. This step also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

Step 5: Evaluation (page 94)

This step entails monitoring, evaluating, sustaining, and improving programs, as well as replacing those that fail. Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices.

Seven Strategies for Community Change



In addition to the SPF model, JTNN employs Community Anti-Drug Coalitions of America's (CADCA) *Seven Strategies for Community Change*¹:

1. **Provide Information:** Educational presentations, workshops or seminars, and data or media presentations (e.g., public service announcements, brochures, billboards, meetings, forums, web communications).
2. **Enhance Skills:** Workshops, seminars, or activities designed to increase the skills of participants, members, and staff (e.g., training, and technical assistance, parenting classes, distance learning, strategic planning retreats, model programs in schools).

¹ Defining CADCA's Seven Strategies for Community Change. Retrieved September 2022 from: <https://prevention.nd.gov/sites/default/files/CADCA%207%20Strategies%20for%20Strategic%20Planning.pdf>

3. **Provide Support:** Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., alternative activities, mentoring, referrals for service, support groups, youth clubs, parenting groups).
4. **Enhance Access/Reduce Barriers:** Improving systems and processes to increase the ease, ability, and opportunity to utilize those systems and services (e.g., access to treatment, childcare, transportation, housing, education, special needs, cultural and language sensitivity) in prevention initiatives.
5. **Change Consequences (Incentives/Disincentives):** Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for positive behavior, taxes, citations, fines, revocations/loss of privileges).
6. **Change Physical Design:** Changing the physical design of the environment to reduce risk or enhance protection (e.g., hours of operation, lighting, outlet density).
7. **Modify/Change Policies:** Formal change in written procedures, by-laws, proclamations, rules, or laws (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change, communities and organizations).

RISK AND PROTECTIVE FACTORS

Many factors influence the likelihood that an individual will develop substance misuse or related behavioral health problems. Effective prevention focuses on reducing the factors that put people at risk of substance misuse and strengthening those factors that protect people from the problem. **Risk factors** are certain biological, psychological, family, community, or cultural characteristics that *precede* and are associated with a *higher* likelihood of behavioral health problems. **Protective factors** are characteristics of the individual, family, or community level associated with a *lower* likelihood of problem outcomes.

JTNN utilizes the following matrices of Risk and Protective Factors from the US Department of Health and Human Services and SAMHSA to organize information and set priorities for youth.

TABLE 1: RISK FACTORS IMPACTING YOUTH SUBSTANCE MISUSE			
Risk Factors	Middle Childhood Substance Misuse	Adolescent Childhood Substance Misuse	Young Adult Substance Misuse
Individual/Peer			
Early persistent behavior problems	X	X	X
Depression	X	X	X
Early substance use	X	X	X
Family			
Parental hostility	x	X	
Harsh discipline	X	X	
Child abuse/maltreatment	X	X	
Substance use among parents or siblings	X	X	
Parental favorable attitudes toward alcohol and/or drug use	X	X	
School/Community			
Low commitment to school	X	X	
Alienation from peers	X	X	
Availability and access to alcohol	X	X	

TABLE 2: PROTECTIVE FACTORS IMPACTING YOUTH SUBSTANCE MISUSE			
Protective Factors	Middle Childhood Substance Misuse	Adolescent Childhood Substance Misuse	Young Adult Substance Misuse
Individual/Peer			
Following rules for behavior at home, school, and public places	X	X	
Ability to make friends	X	X	
Good peer relationships	X	X	
High Self esteem	X	X	
Emotional self-regulation	X	X	
Good coping skills and problem-solving skills	X	X	
Engagement and connections in two or more contexts: school, with peers, in athletics, employment, religion, culture	X	X	
Family			
Family provides structure, limits, rules, monitoring, and predictability	X	X	
Clear expectations for behavior and values	X	X	
School/Community			
Healthy peer groups	X	X	
School engagement	X	X	
Positive teacher expectations	X	X	

STEP 1: ASSESSMENT

JTNN’s assessment includes data for indicators that help identify community readiness, perceived issues, and resources and gaps in Washoe County. JTNN’s process of defining Washoe County’s substance abuse problems is undertaken every two years, most recently in 2022. A comprehensive community assessment was conducted utilizing data from the following:

- Behavioral Risk Factor Surveillance System (BRFSS)
- National College Health Assessment (NCHA)
- Nevada High Intensity Drug Trafficking Area (HIDTA)
- National Highway Traffic Safety Administration (NHTSA)
- Nevada State Unintentional Drug Overdose Reporting System (SUDORS)
- Washoe County School District Accountability Reports
- Washoe County School District Climate Survey
- Youth Risk Behavior Survey (YRBS)

As another method of needs assessment, JTNN utilized the CDC’s “Calculating for an Adequate System Tool” (Source: Nevada Substance Abuse Prevention and Treatment Agency, Regional Capacity Assessment Report: Washoe County Region 2019) to determine the estimated need for prevention services throughout the service area. The table below shows the “adjusted community need” and the “estimated need” (over or under) of each type of prevention activity. Activities that may need to be increased are highlighted in blue.

Promotion			
Activity	Adjusted Community Need	Observed Community Totals	Estimated Need (Over or under)
Marketing Advertisements	230.61	2087	1856
Media Advocacy Events	11.63	35	23
Community Coalitions	.90	3	2
Promotion			
Activity	Adjusted Community Need	Observed Community Totals	Estimated Need (Over or under)
School-based prevention programs	75.29	15	-60
Community-based prevention programs	112.14	17	-95
Housing vouchers for homeless residents	1,591.68	577	-1015
Needle Exchange	1.66	1	-1
Prescription Drug Disposal Events/Locations	13.16	9	-4
Referral			
Activity	Adjusted Community Need	Observed Community Totals	Estimated Need (Over or under)
Adult Specialty Court	2.86	13	10
Youth Specialty Court	.82	2	1
Social Workers	91.27	160	69

Presently, JTNN’s coalition members include a variety of community sectors such as law enforcement, education, parents, social service agencies, treatment centers, tribal, government, and youth. These individuals are active participants in JTNN’s efforts through the Environmental Strategies Committee, Marijuana Committee, Community Prescription Round Up Committee, Prevention Committee, Drug Endangered Children Alliance, and the JTNN Board of Directors. Table 4 includes a sample of JTNN’s current Coalition Members.



Image Taken by Rhea Dail- Overdose Awareness Day August 2022

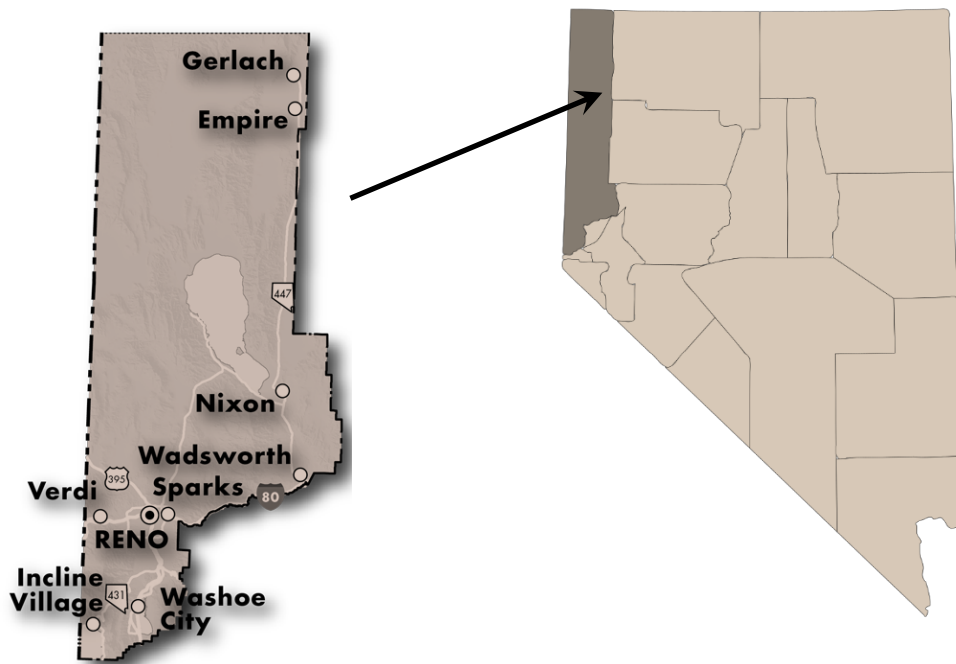
TABLE 4: SAMPLE OF JTNN’S COALITION MEMBERS	
<ul style="list-style-type: none"> • ACCEPT • Alliance with the Washoe County Medical Society • Big Brother and Big Sisters of Northern Nevada • Boys and Girls Club of the Truckee Meadows • Bristlecone Family Resources • The Children’s Cabinet • City of Reno Code Enforcement • Crisis Support Services of Nevada • Drug Enforcement Administration • The Elks • Nevada Air National Guard • Nevada Office of Traffic Safety • Nevada State Medical Association • Nevada Urban Indians • Northern Nevada HOPES • Note-Able Music Therapy Services 	<ul style="list-style-type: none"> • Reno Behavioral Health Hospital • Parents • Quest Counseling and Consulting • Reno Sparks Indian Colony • Renown Health • Retail Association of Nevada • Sparks Police Department • Truckee Meadows Water Authority • University of Nevada, Reno Police Department • University of Nevada, Reno Student Health Center • University of Nevada, Reno School of Medicine • Washoe County Alternative Sentencing • Washoe County District Attorney’s Office • Washoe County Health District • Washoe County Human Services Agency • Washoe County School District • Washoe County Sheriff’s Office • West Hills Hospital • Youth

Washoe County Demographics and Geography

Washoe County is the second most populous county in Nevada. The majority of residents live in the county seat of Reno and the neighboring city of Sparks. Washoe County's 2022 population is estimated to be 480,661². Nearly three fourths (73.5%) of the Washoe County's population are white, not Hispanic. Over one fourth (26.1%) are Hispanic Origin of Any Race. The remainder of the population and their respective percentages by race are: Other (11.1%), Asian/Pacific Islander (6.23%), Two or More Races (4.82%), Black (2.56%), and American Indian/Alaskan Native (1.72%).

Washoe County's land area, depicted in Map 1, is 6,302.4 mi (about twice the width of the United States) with a population density of 73 people per mi.

Map 1: Washoe County Map, with Geographic Location within the State of Nevada



Source: Nevada Department of Transportation. Retrieved October 2022.
<https://www.dot.nv.gov/travel-info/maps/city-area-maps/washoe-county>

² US Census Bureau, as cited by Truckee Meadows Tomorrow on Nevada Tomorrow 2022 Demographics, Washoe County.
<https://www.nevadatomorrow.org/demographicdata?id=1813>

General Findings

General findings include the variables of lifetime use, frequency of use, and risk and protective factors. Other variables, such as age of onset of use and physical health, are addressed in Appendix A.

Lifetime Use

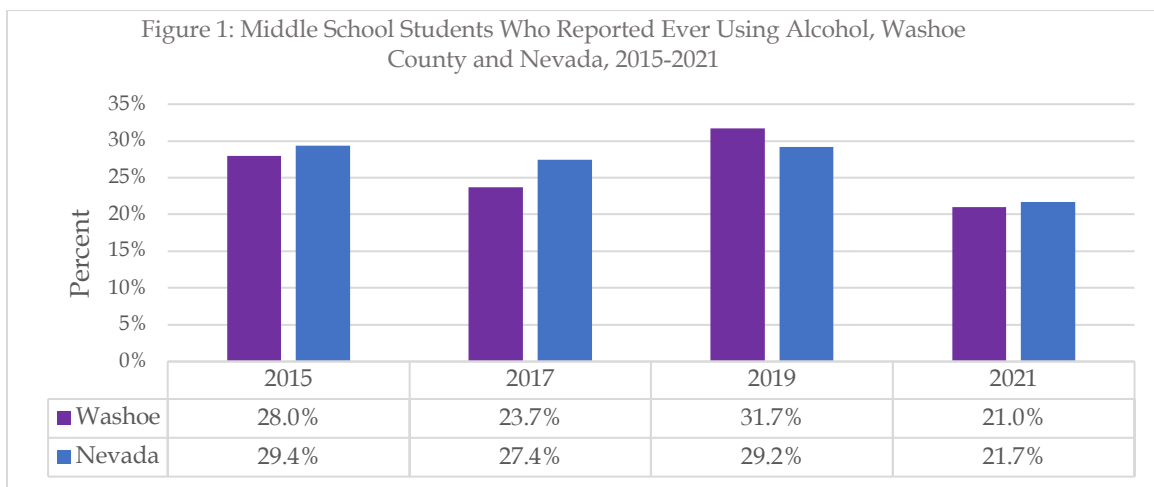
Any use during the person’s life (lifetime prevalence), often called ‘lifetime experience’ with drugs. ‘Lifetime experience’ produces higher figures, but ‘lifetime experience’ alone does not capture well the current drug situation, as it is a cumulative measure that also includes people that tried drugs a long time ago.

Key Findings

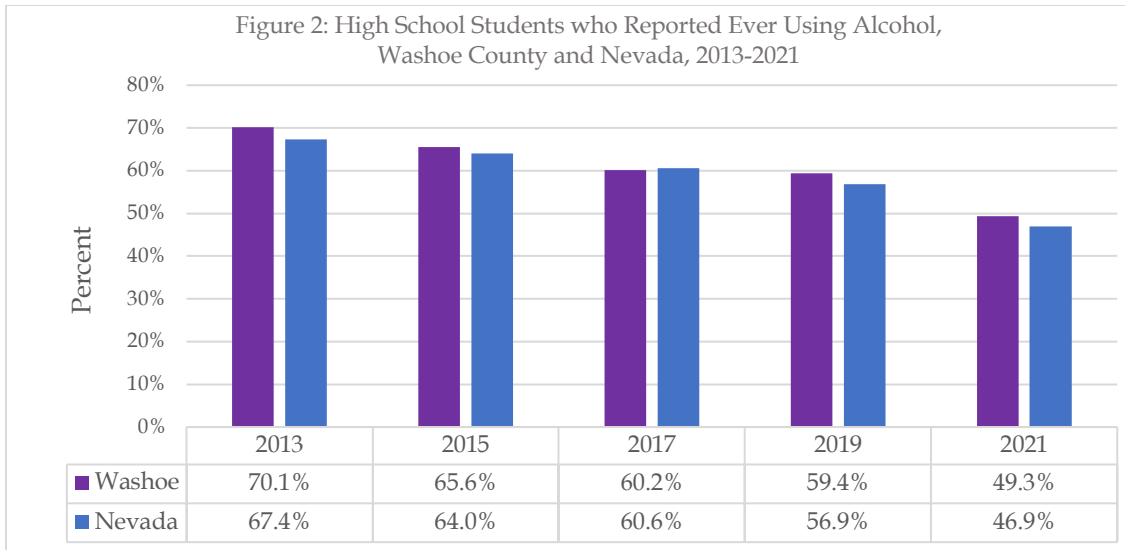
- 1.) The percentage of Washoe County high school students who reported they ever used alcohol decreased between 2013 (70.1%) and 2021 (49.3%) (**Figure 2**).
- 2.) In 2021, Washoe County saw a decrease in self-reported marijuana use among middle school students for lifetime use of marijuana (**Figure 3**). In previous years, there was a statistically significant increase in middle school students in Washoe County who have ever used marijuana between 2017 (10.7%) to 2019 (17.2%), as noted in **Figure 3**.
- 3.) There was a statistically significant increase between 2017 (18.2 %) and 2019 (30.9%) in the percentage of middle school students who ever used vapor products (**Figure 6**).

***Refer to Limitations, Challenges, and Technical Notes (pg. 14).**

Alcohol

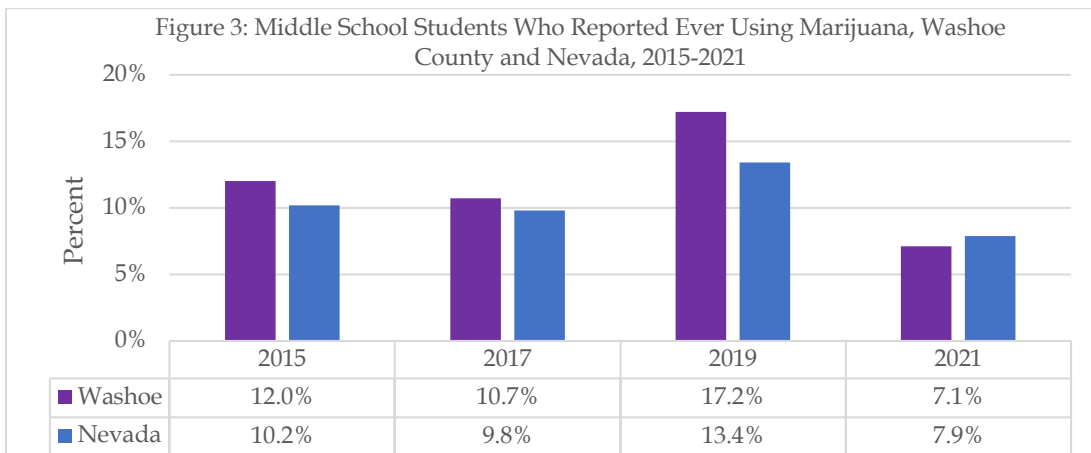


Source: Youth Risk Behavior Survey (collected every other year)

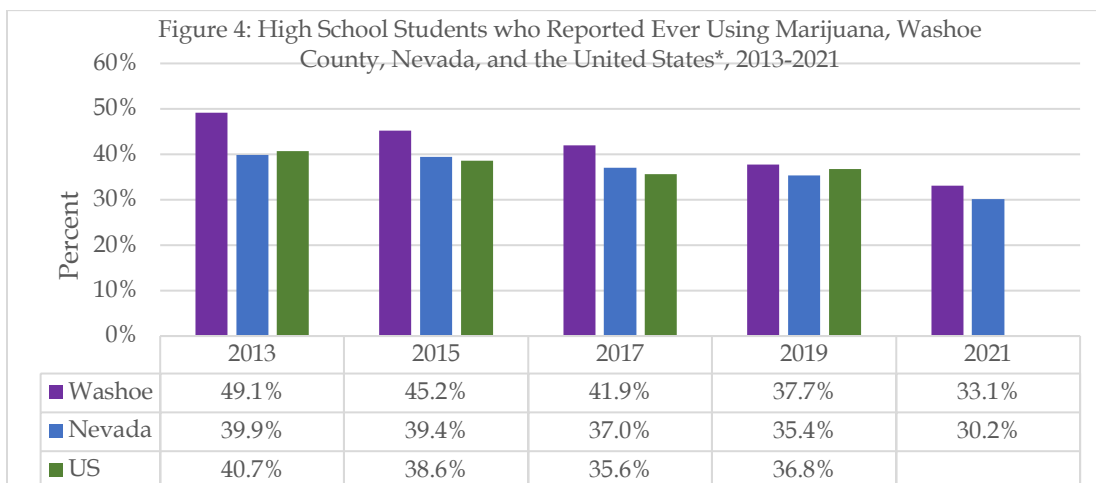


Source: Youth Risk Behavior Survey (collected every other year)

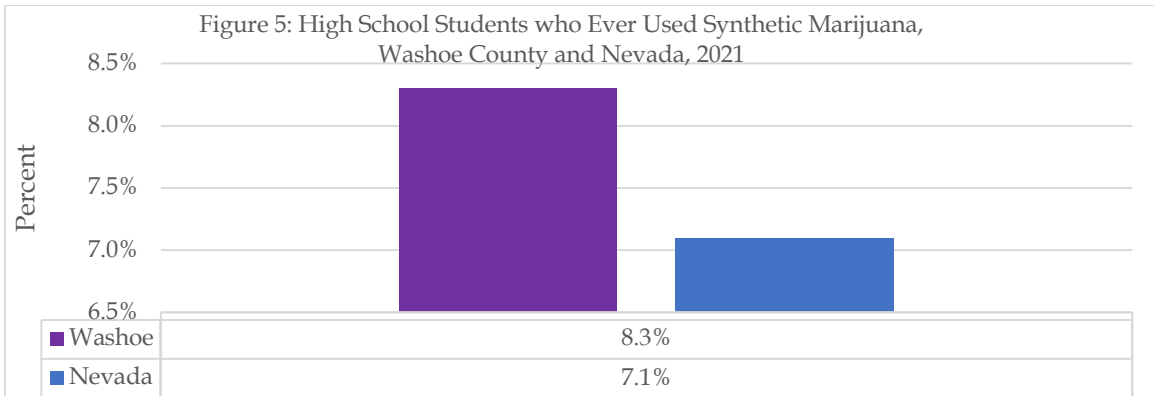
Marijuana



Source: Youth Risk Behavior Survey (collected every other year)



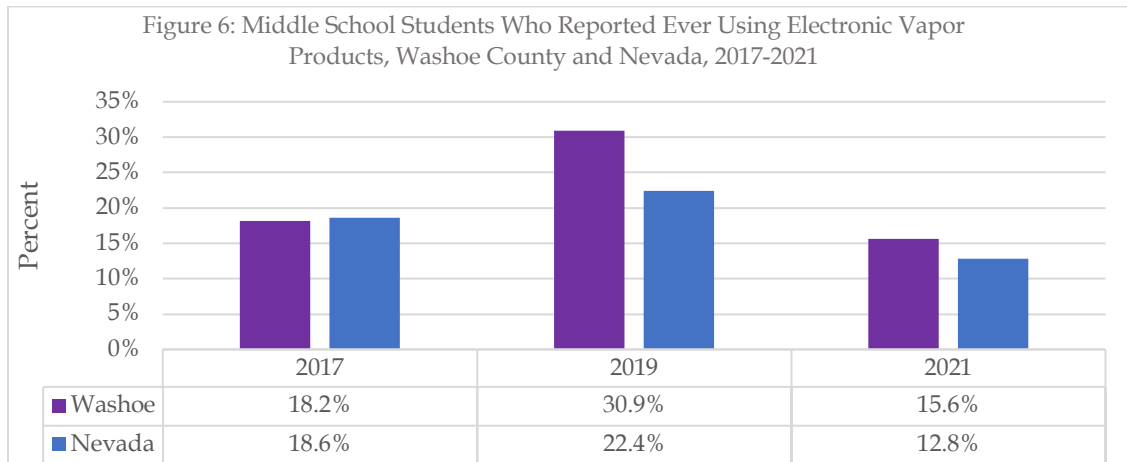
Source: Youth Risk Behavior Survey (collected every other year); *US 2021 data not available at time of publication



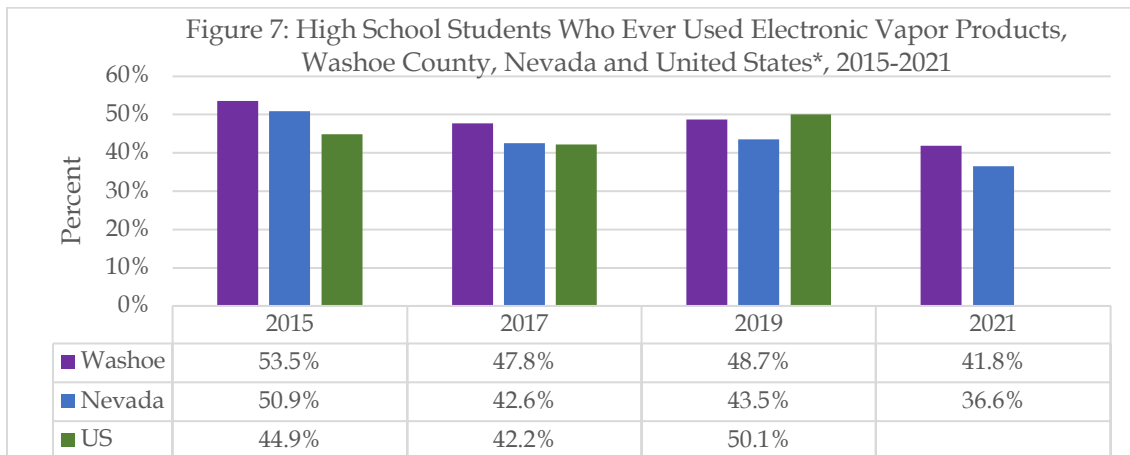
Source: Youth Risk Behavior Survey (collected every other year)

Electronic Vapor Products

Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

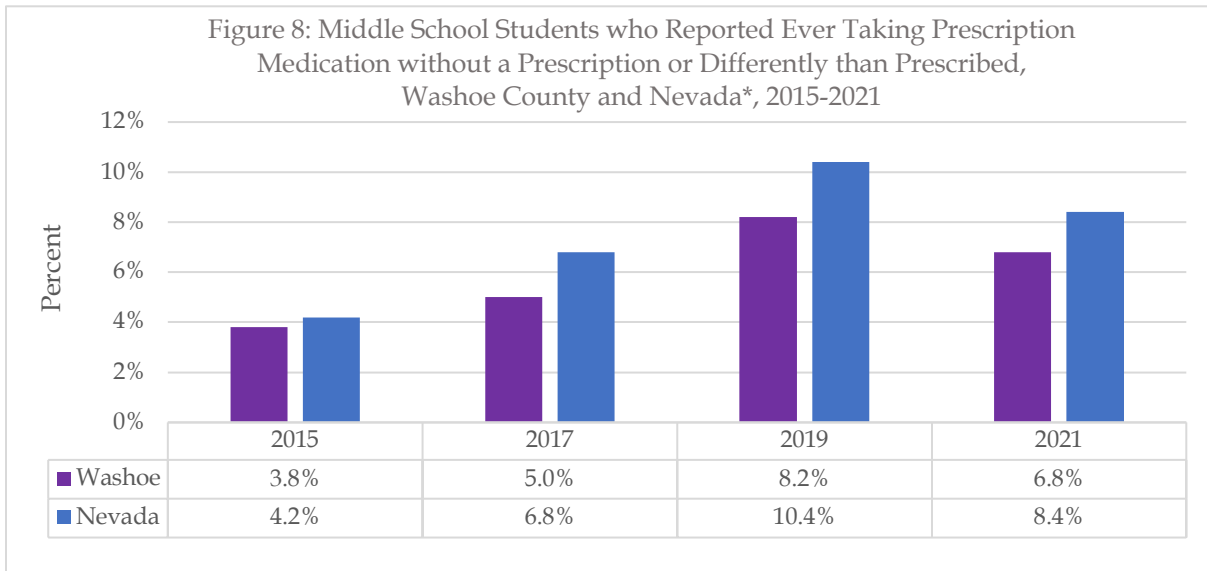


Source: Youth Risk Behavior Survey (collected every other year)

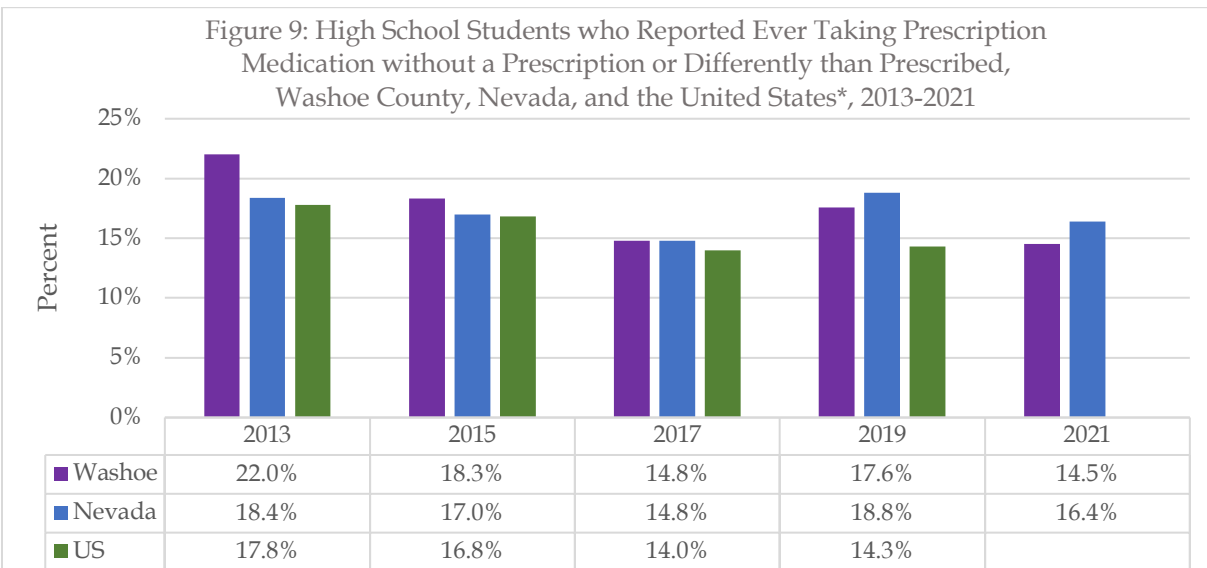


Source: Youth Risk Behavior Survey (collected every other year). *US not available for 2021 at time of publication.

Prescription Medication Misuse

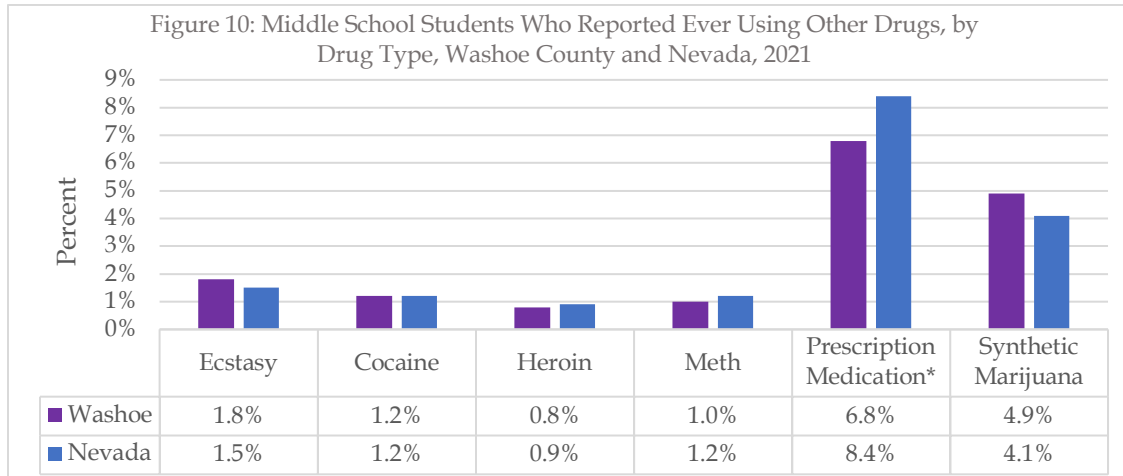


Source: Youth Risk Behavior Survey (collected every other year).



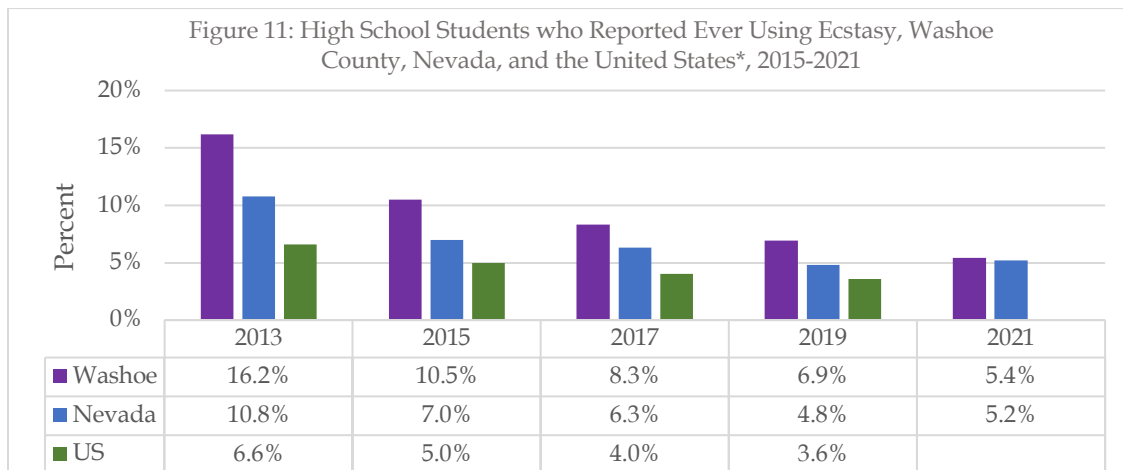
Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data unavailable at time of publication.

Other Drug Use

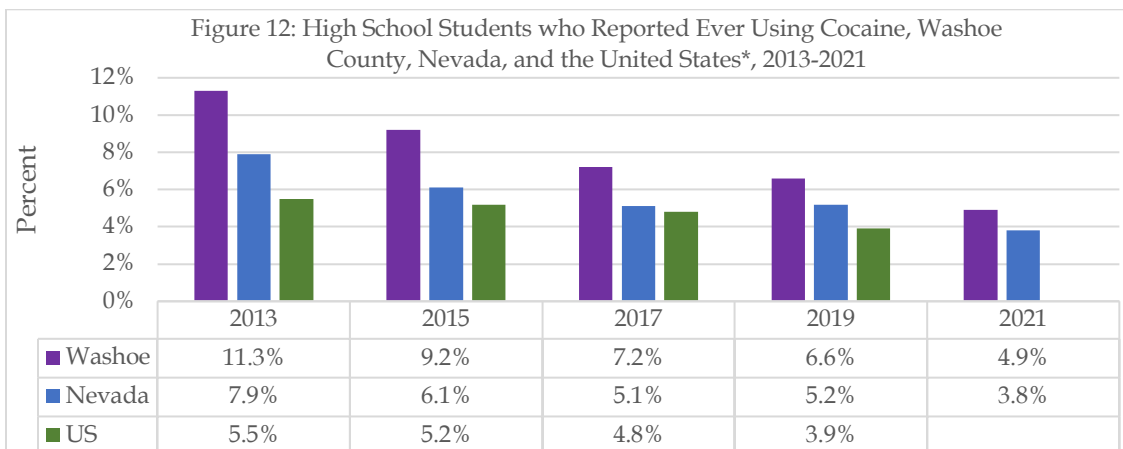


Source: Youth Risk Behavior Survey (collected every other year)

*Prescription Medication without a doctor's prescription or differently than how a doctor told them to use it.

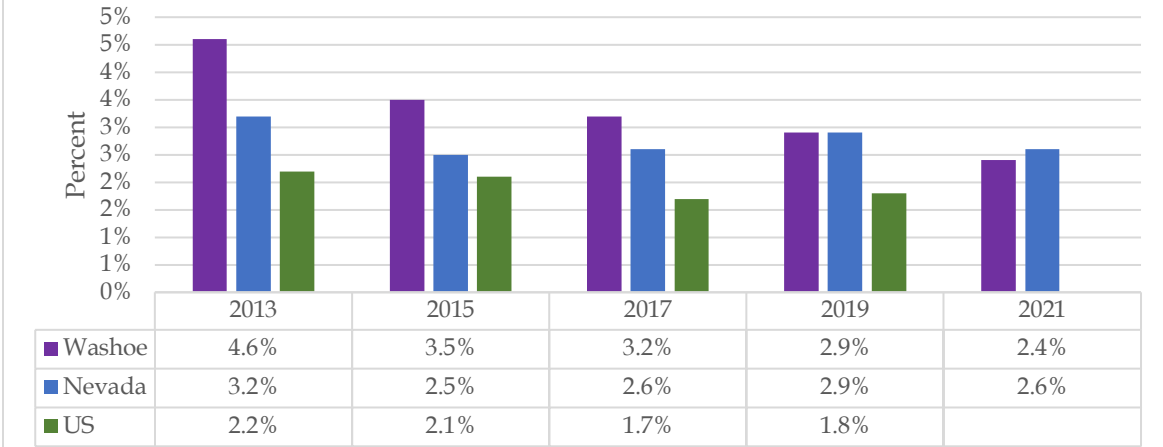


Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data unavailable at time of publication.



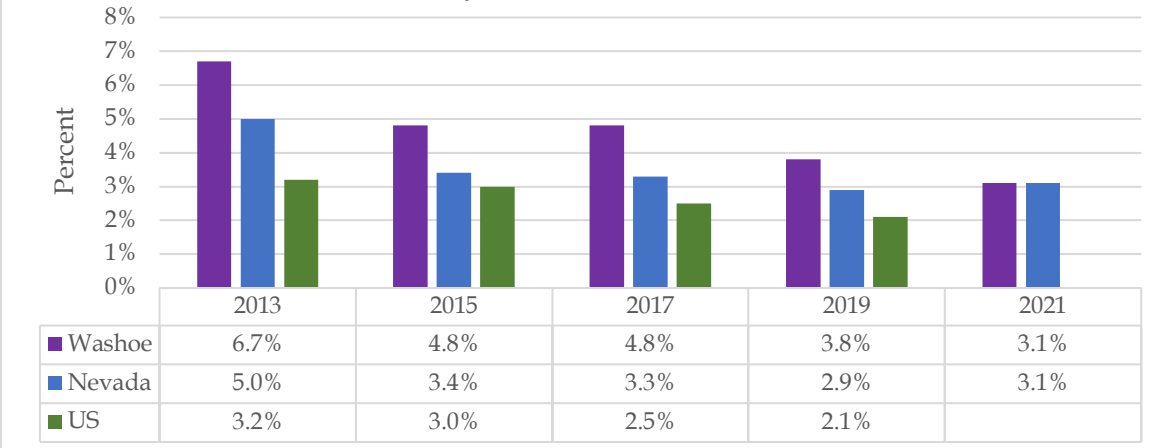
Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data unavailable at time of publication.

Figure 13: High School Students who Reported Ever Using Heroin, Washoe County, Nevada, and the United States*, 2013-2021



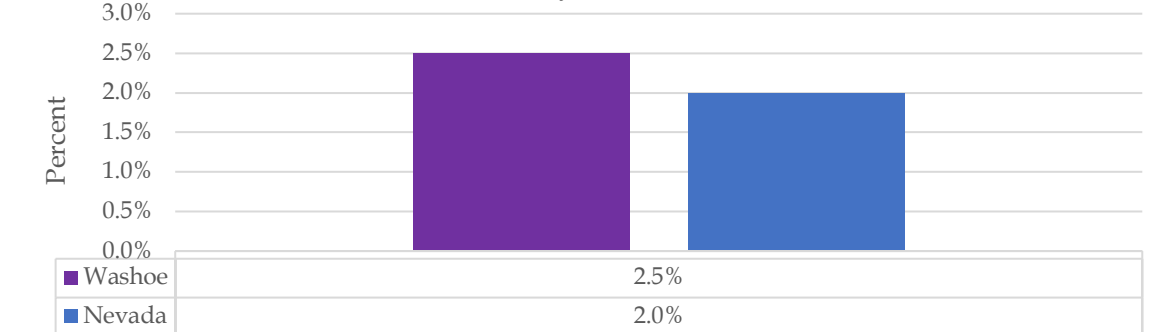
Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data unavailable at time of publication.

Figure 14: High School Students who Reported Ever Using Methamphetamine, Washoe County, Nevada, and the United States*, 2013-2021



Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data unavailable at time of publication.

Figure 15: High School Students who Ever Injected Any Illegal Drugs, Washoe County and Nevada, 2021



Source: Youth Risk Behavior Survey (collected every other year)

Frequency of Use

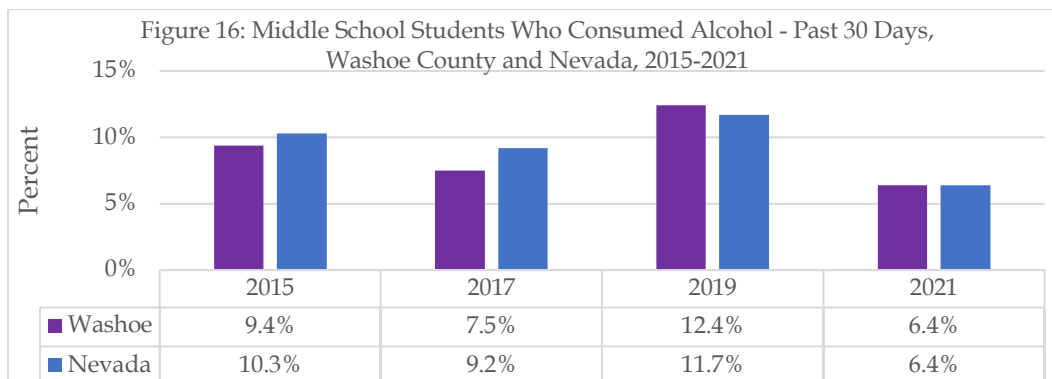
Frequency of Use identifies any use during the previous month (last 30-days prevalence); referred to as ‘current use’ or ‘habitual’ use.

Key Findings

- 1.) There was a statistically significant increase in current use of marijuana among middle school students in Washoe County between 2017 (5.6%) and 2019 (9.1%), as noted in **Figure 20**.
- 2.) Marijuana use among adults in Washoe County more than doubled between 2015 (9.5%) and 2021 (19.4%), as depicted in **Figure 27**.
- 3.) There was a significant increase in the percentage of middle school students who used electronic vapor products within the past 30 days between 2017 (7.8%) and 2019 (18.9%). (**Figure 30**).
- 4.) **Figure 32** depicts the trend for high school student use of electronic vapor products during the past 30 days, with a statistically significant increase in Washoe County between 2017 (21.8%) and 2019 (28.3%) and a decrease in Nevada (17.5%) and Washoe County (20.5%) in 2021.
- 5.) 6.3% of Washoe County and 12.6% of Nevada high school students misusing prescription medication in 2021 used 20 or more times during the 30 days before the survey. (**Figure 37**).

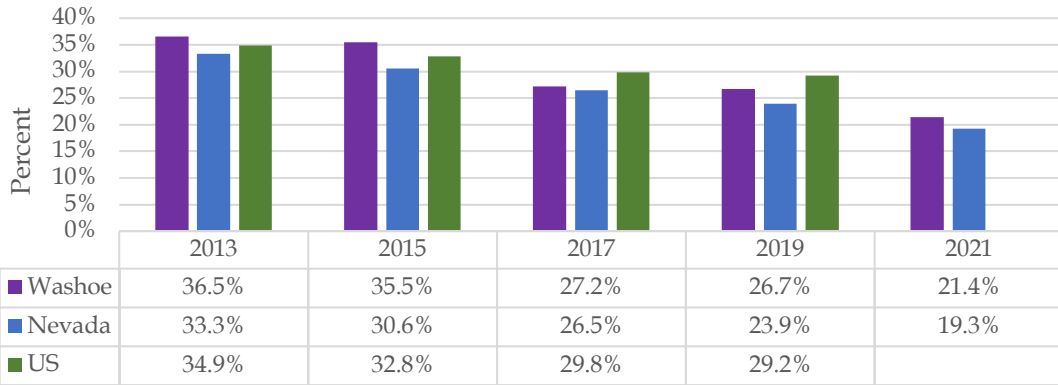
***Refer to Limitations, Challenges, and Technical Notes (pg. 14).**

Alcohol Use



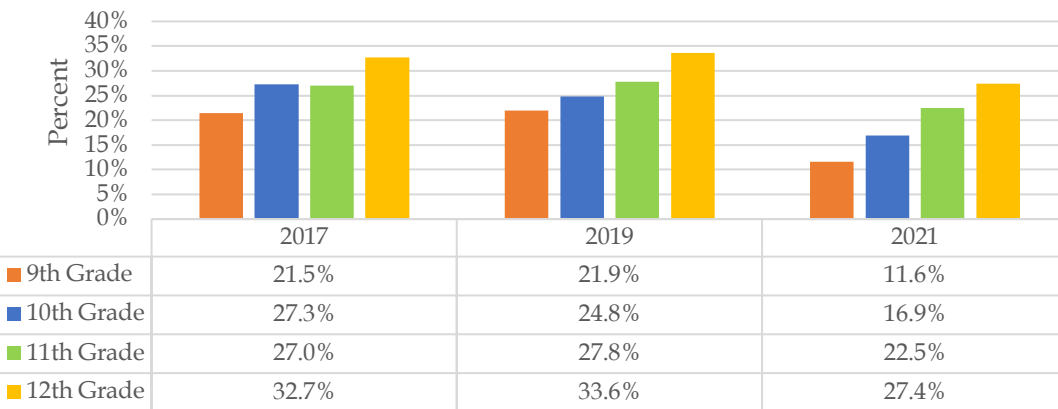
Source: Youth Risk Behavior Survey (collected every other year)

Figure 17: High School Students who Consumed Alcohol - Past 30 Days, Washoe County, Nevada, and the United States*, 2013-2021



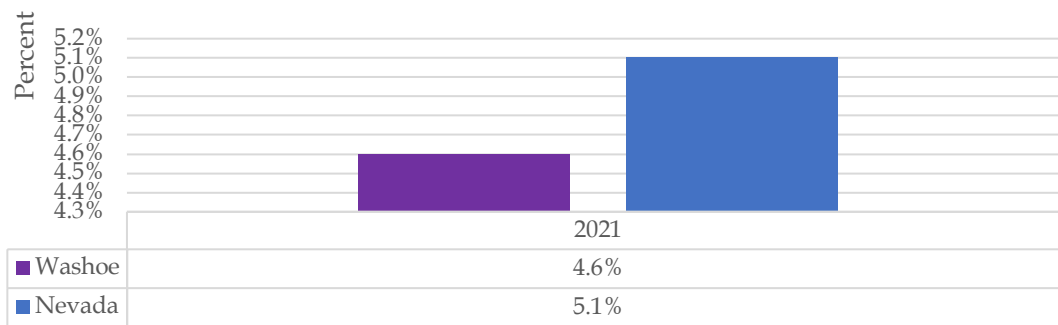
Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data not available at time of publication.

Figure 18: High School Student Alcohol Use By Grade - Past 30 Days, Washoe County, 2017-2021



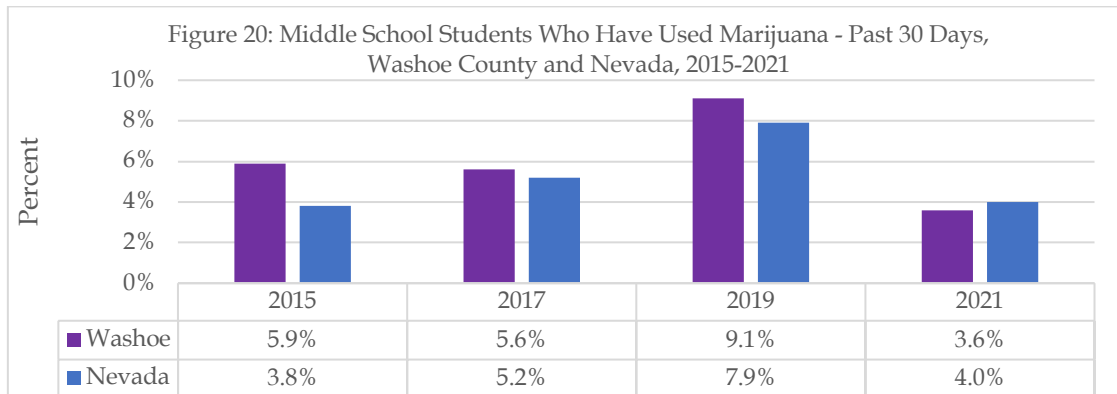
Source: Youth Risk Behavior Survey (collected every other year)

Figure 19: High School Students who Had at Least One Drink of Alcohol 20 or More Days During the Past 30 Days, Washoe County and Nevada, 2021

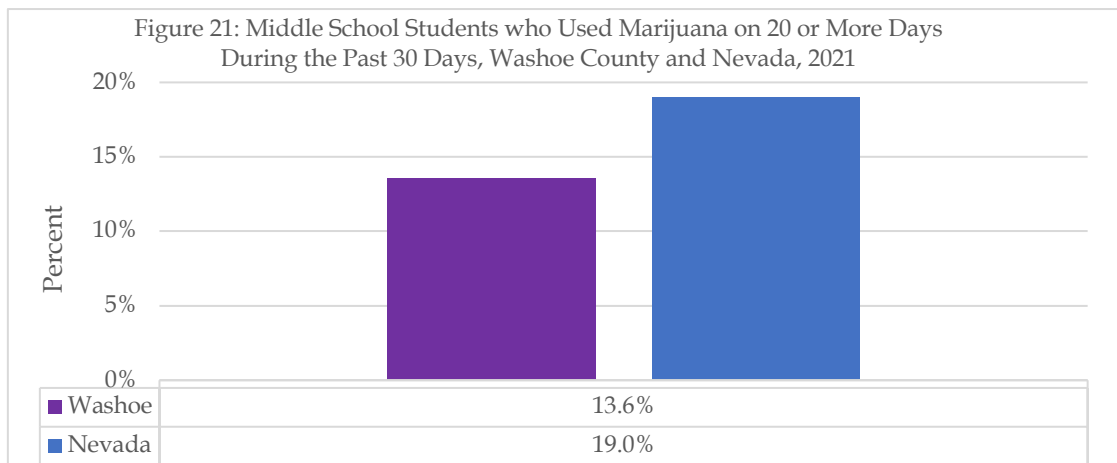


Source: Youth Risk Behavior Survey (collected every other year)

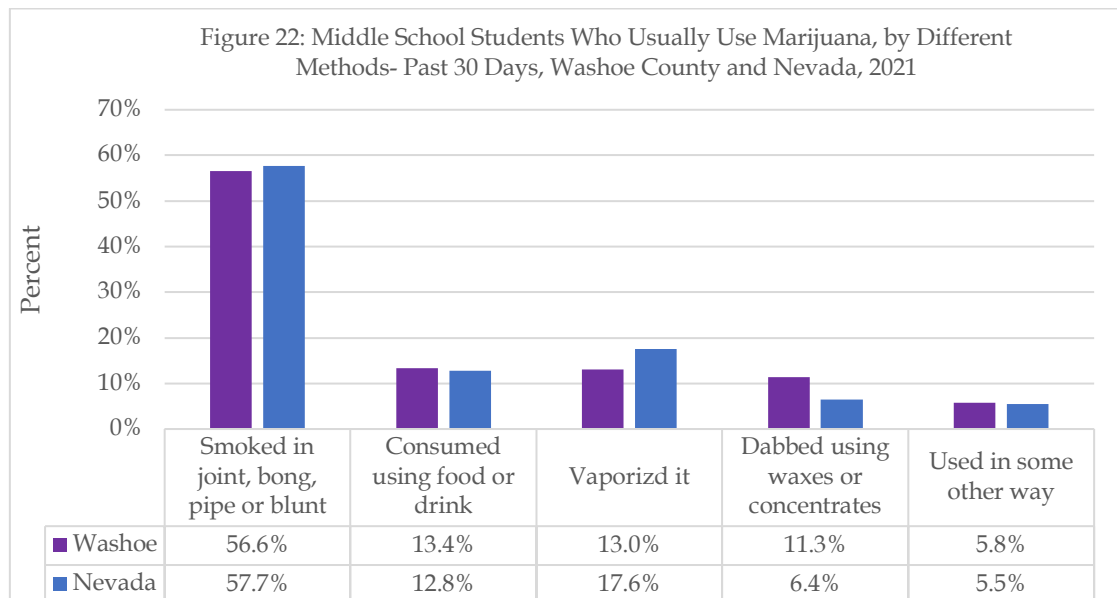
Marijuana Use



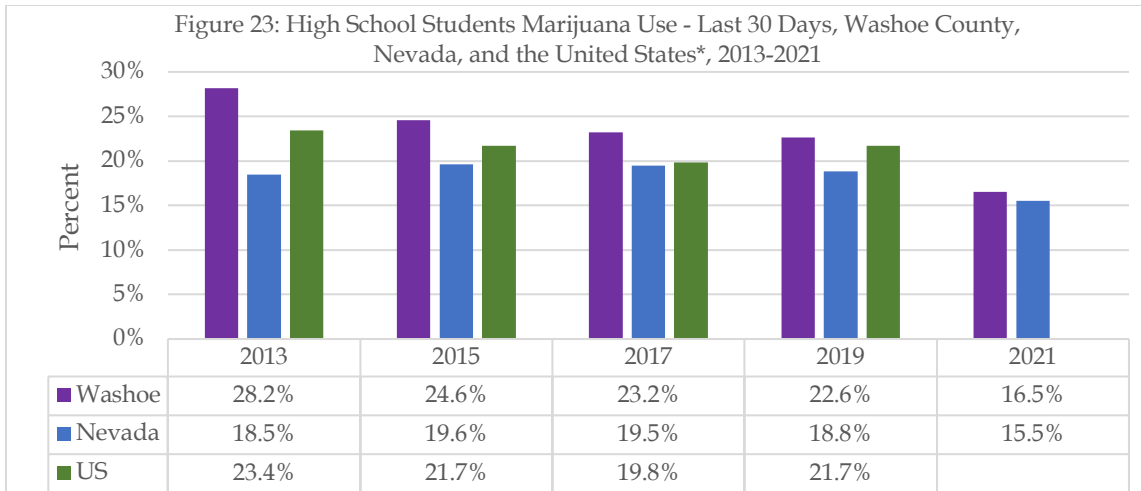
Source: Youth Risk Behavior Survey (collected every other year)



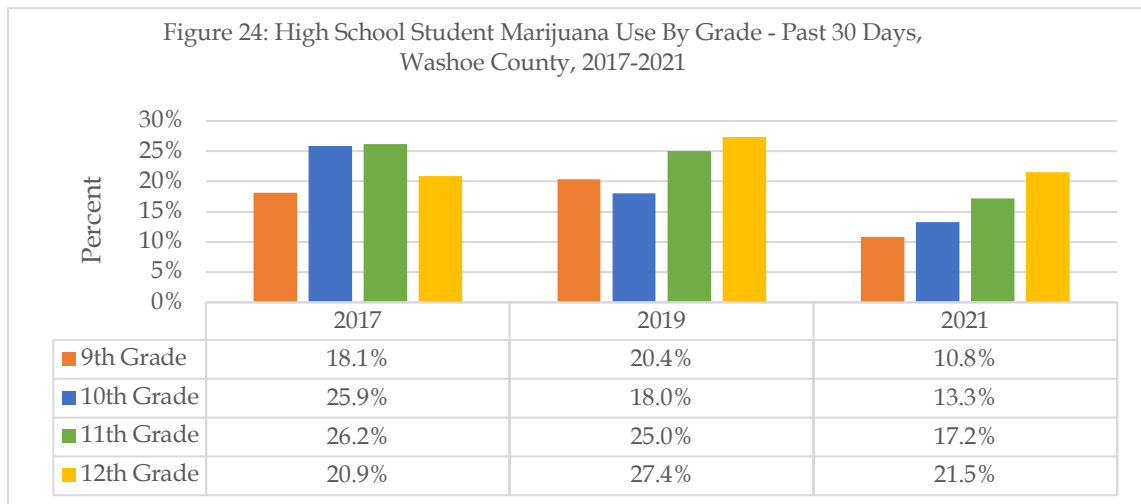
Source: Youth Risk Behavior Survey (collected every other year)



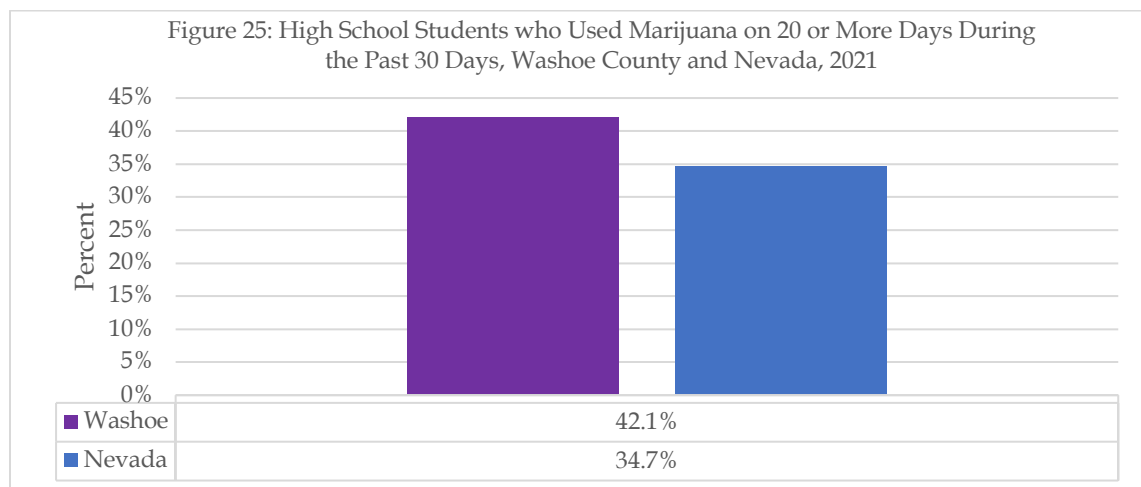
Source: Youth Risk Behavior Survey 2021



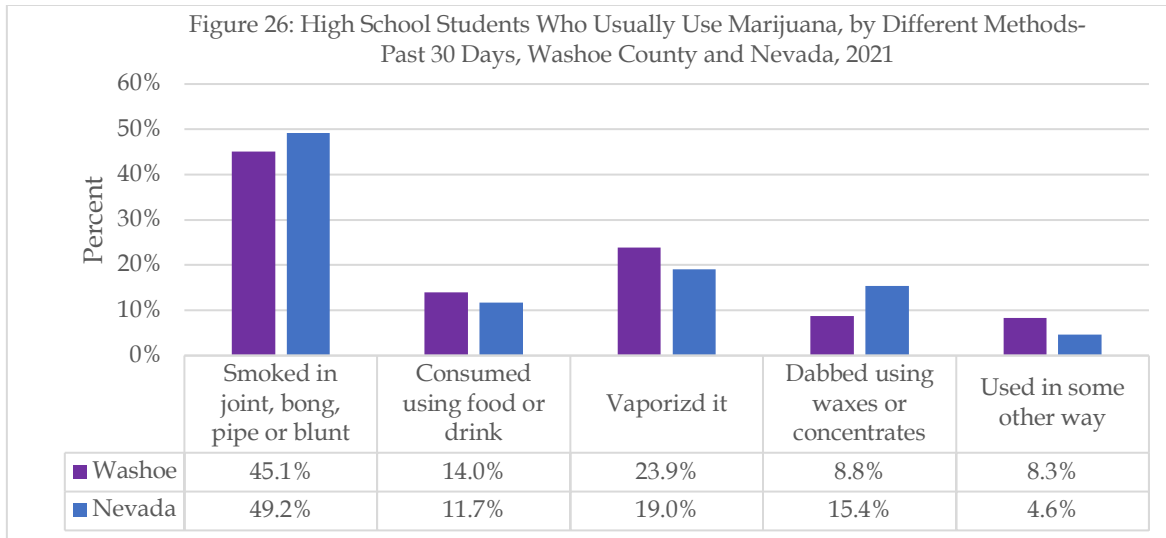
Source: Youth Risk Behavior Survey (collected every other year); *US 2021 data not available at time of publication



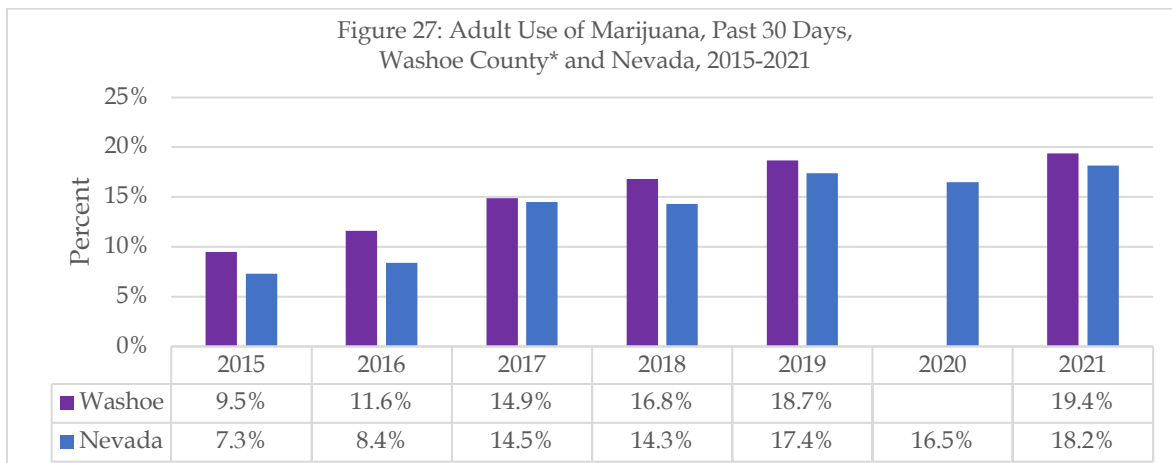
Source: Youth Risk Behavior Survey (collected every other year)



Source: Youth Risk Behavior Survey (collected every other year)

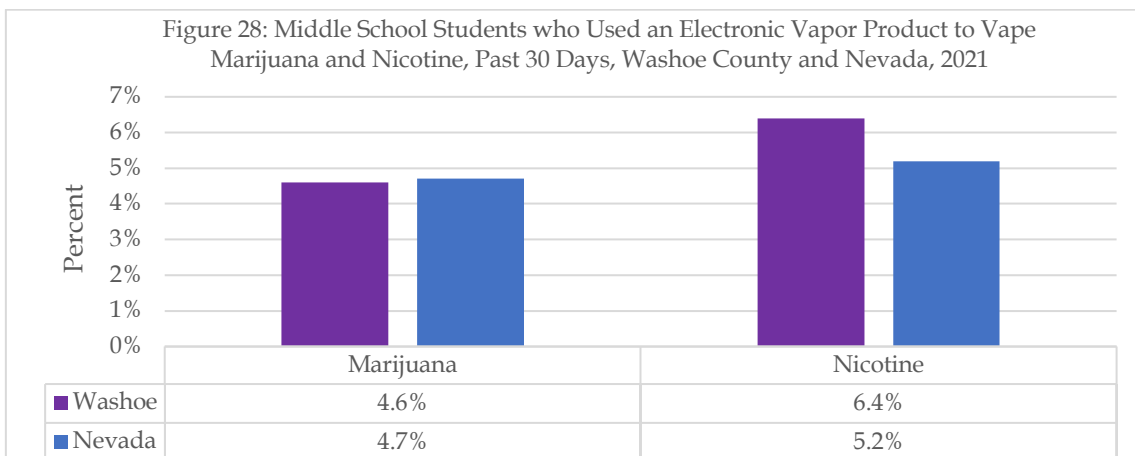


Source: Youth Risk Behavior Survey 2021



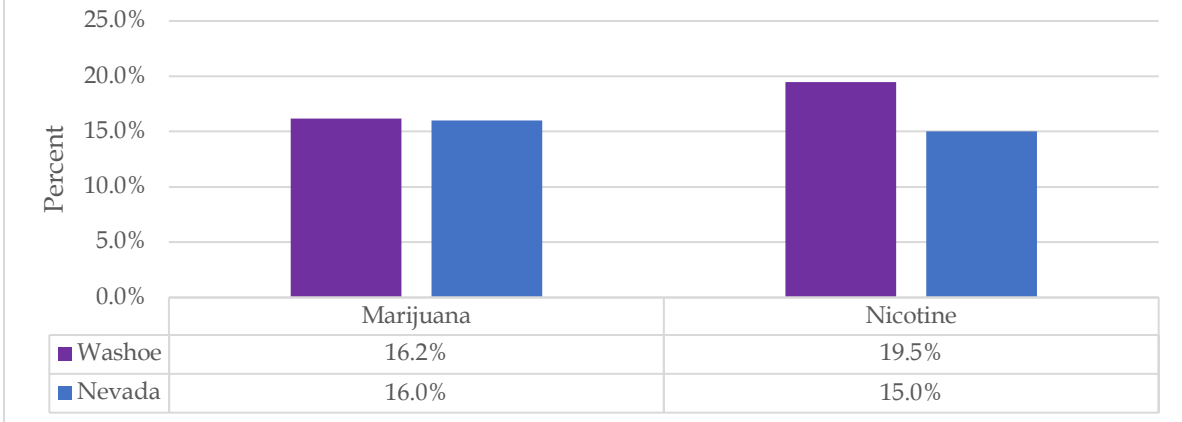
Source: Behavioral Risk Factor Surveillance System; *Washoe 2020 data not available at time of publication.

Electronic Vapor Product Use



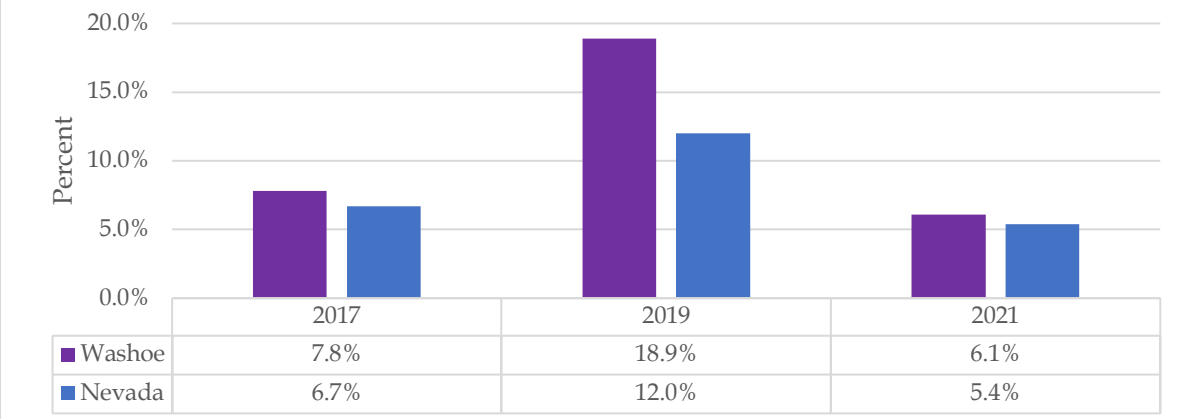
Source: Youth Risk Behavior Survey (collected every other year)

Figure 29: High School Students who Used an Electronic Vapor Product to Vape Marijuana and Nicotine, Past 30 Days, Washoe County and Nevada, 2021



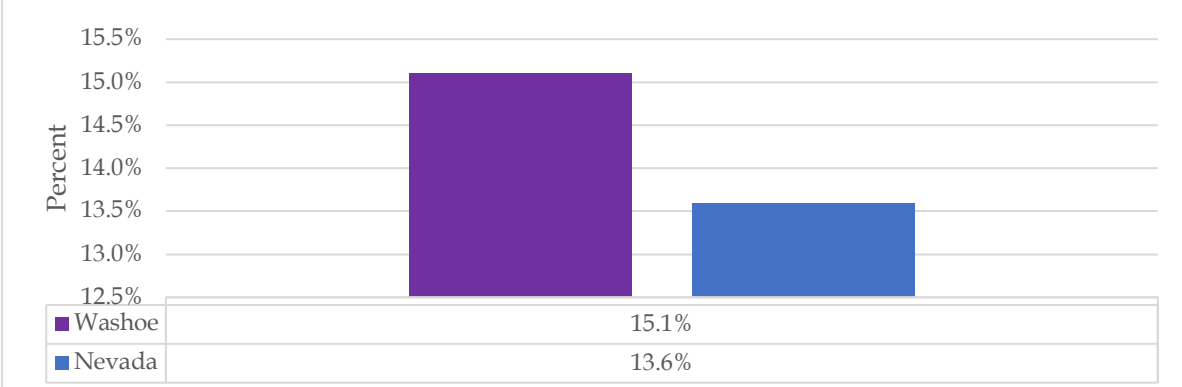
Source: Youth Risk Behavior Survey (collected every other year)

Figure 30: Middle School Students Who Used Electronic Vapor Products - Last 30 Days, Washoe County and Nevada, 2017-2021

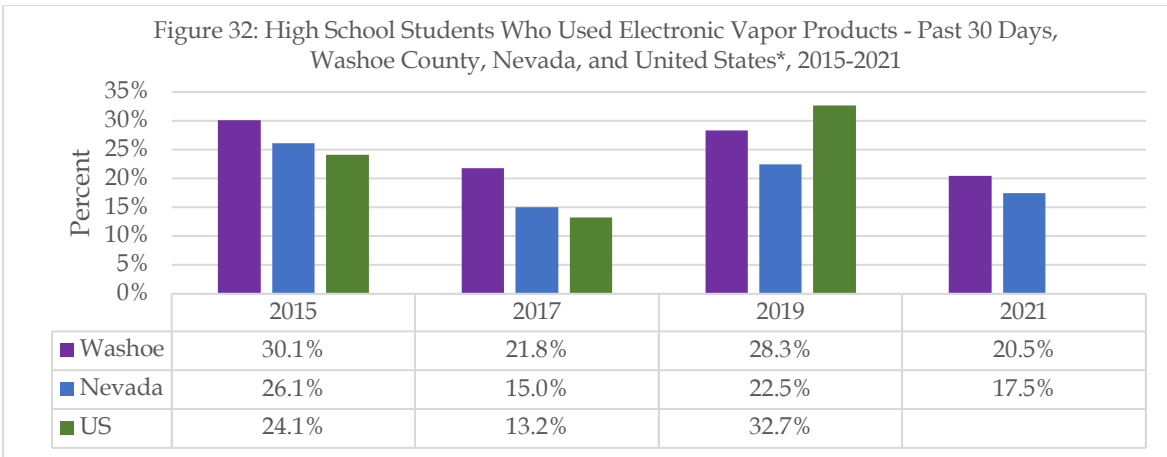


Source: Youth Risk Behavior Survey (collected every other year)

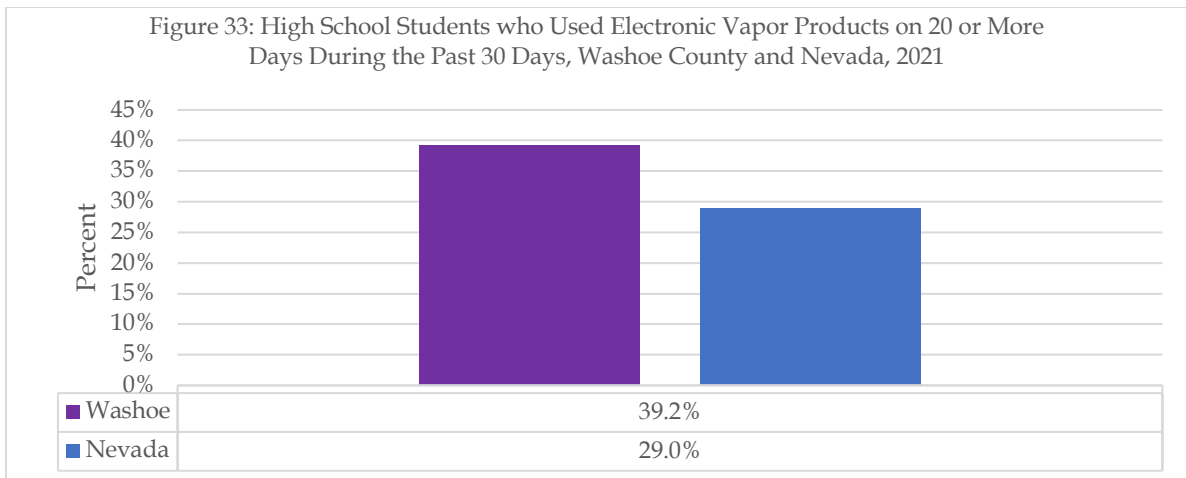
Figure 31: Middle School Students who Used Electronic Vapor Products on 20 or More Days During the Past 30 Days, Washoe County and Nevada, 2021



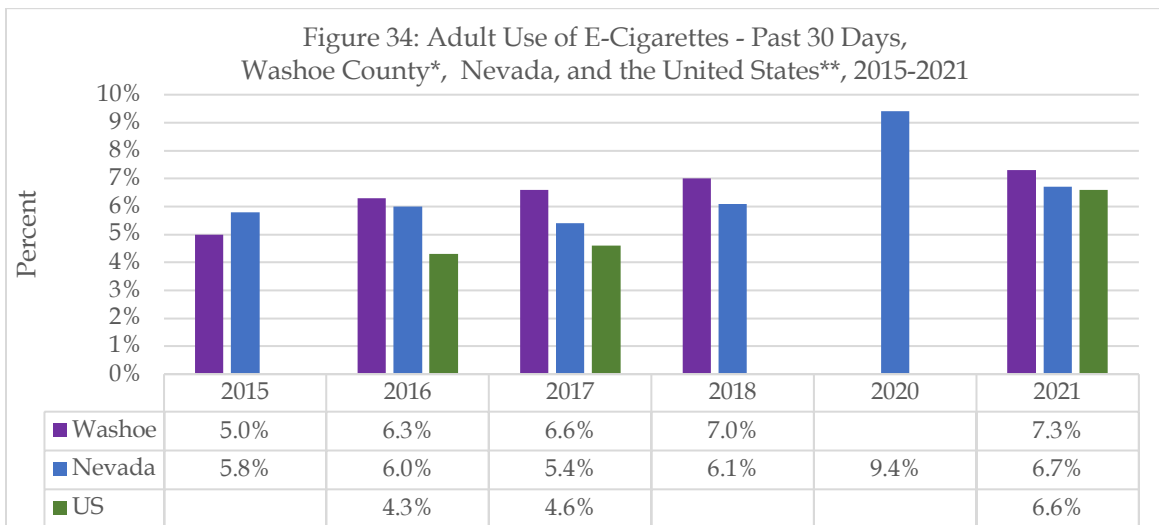
Source: Youth Risk Behavior Survey (collected every other year)



Source: Youth Risk Behavior Survey (collected every other year); *US not available for 2021 at time of publication.



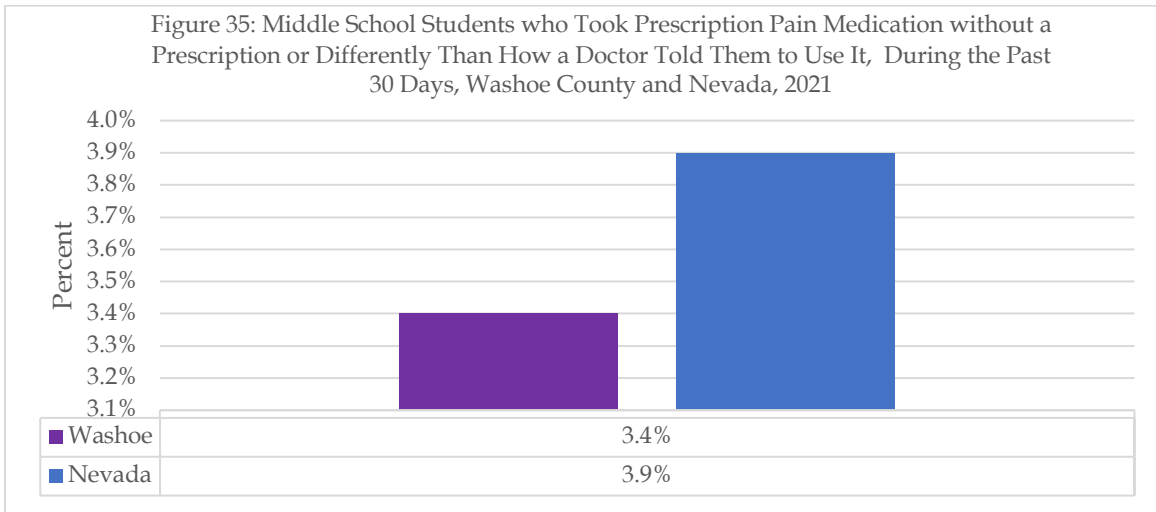
Source: Youth Risk Behavior Survey (collected every other year)



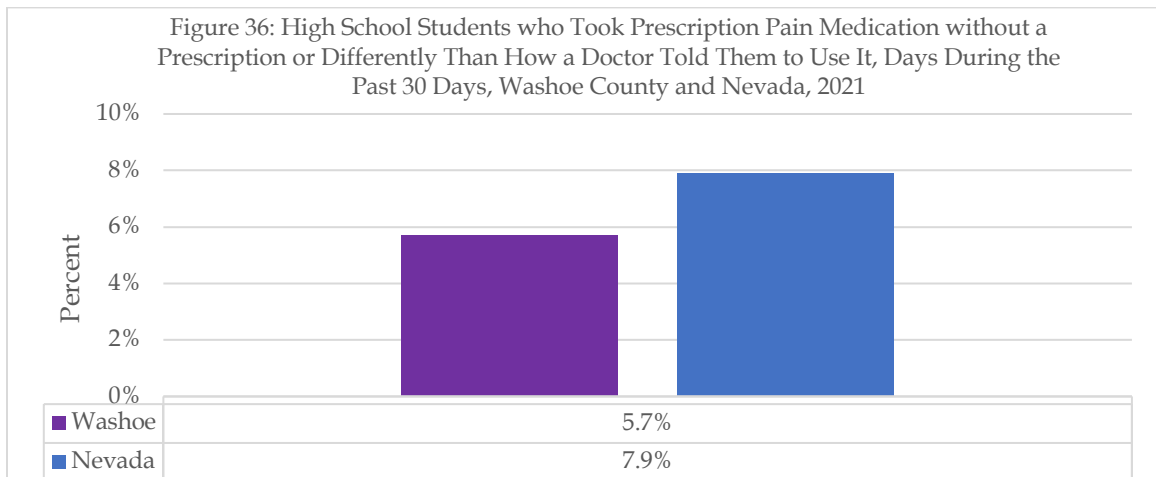
Source: Behavioral Risk Factor Surveillance System. * Washoe County data for 2020 is not available at the time of this publication. Washoe County 2021 data is for MMSA (versus county) as data not available at time of publication.

**US data not available for this metric for 2015 and 2018-2020 through CDC BRFSS.

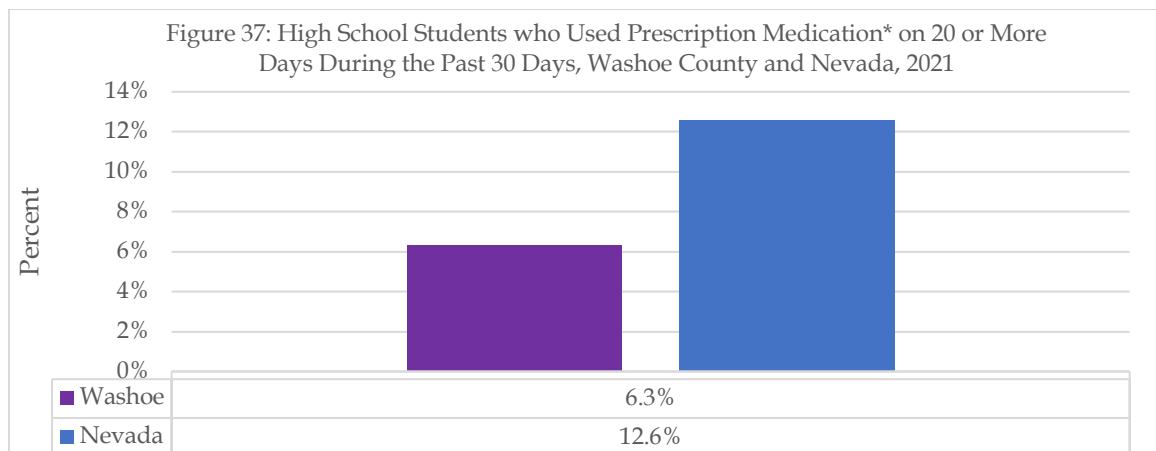
Prescription Medication Misuse



Source: Youth Risk Behavior Survey (collected every other year)



Source: Youth Risk Behavior Survey (collected every other year)



Source: Youth Risk Behavior Survey (collected every other year)

*Prescription Medication without a doctor's prescription or differently than how a doctor told them to use it.

Overdose Data

The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive and timelier data on overdose morbidity and mortality. The program is meant to enhance opioid overdose surveillance, reporting, and dissemination efforts to better inform prevention and early intervention strategies. The information contained in this biannual report highlights overdose mortality within the counties that are overseen by the Washoe County Regional Medical Examiner Office in Nevada (Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lyon, Mineral, Northern Nye, Pershing, Storey, and Washoe Counties) utilizing the State Unintentional Drug Overdose Reporting System (SUDORS) for the period beginning January 1, 2021, to December 31, 2021, and the preceding year.

There were 272 drug overdose deaths of unintentional or undetermined intent in the jurisdiction of the Washoe County Regional Medical Examiner's Office among Nevada residents from January to December 2021. The following significant finding came from the Nevada State Unintentional Drug Overdose Reporting System (SUDORS)³:

- The rate of overdose deaths increased by 22% compared to the same time last year.
- The highest rate of overdose deaths occurred among *Black, non-Hispanic persons* (89 deaths per 100,000)
- Nearly two thirds of deaths involved an opioid (63%), over half involved a stimulant (59%), and 26% involved both substances.
- Illicitly manufactured fentanyl and fentanyl analogs were involved in over 1 in 3 deaths (33%)
- Opioid and stimulant deaths: highest prevalence of current/past substance use/misuse and had a recent period of abstinence followed by return to opioid use.
- 83% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action at the time of overdose.

The following graphs correlate to the 2021 Washoe County SUDORS Report.

Figure 38: Age of Overdose Cases, 2019-2021

³ Thomas, S. (2022). Nevada State Unintentional Drug Overdose Reporting System, January to December 2021 – Jurisdiction of the Washoe County Regional Medical Examiner Office. School of Public Health, University of Nevada, Reno. <https://www.nvopioidresponse.org/od2a/>

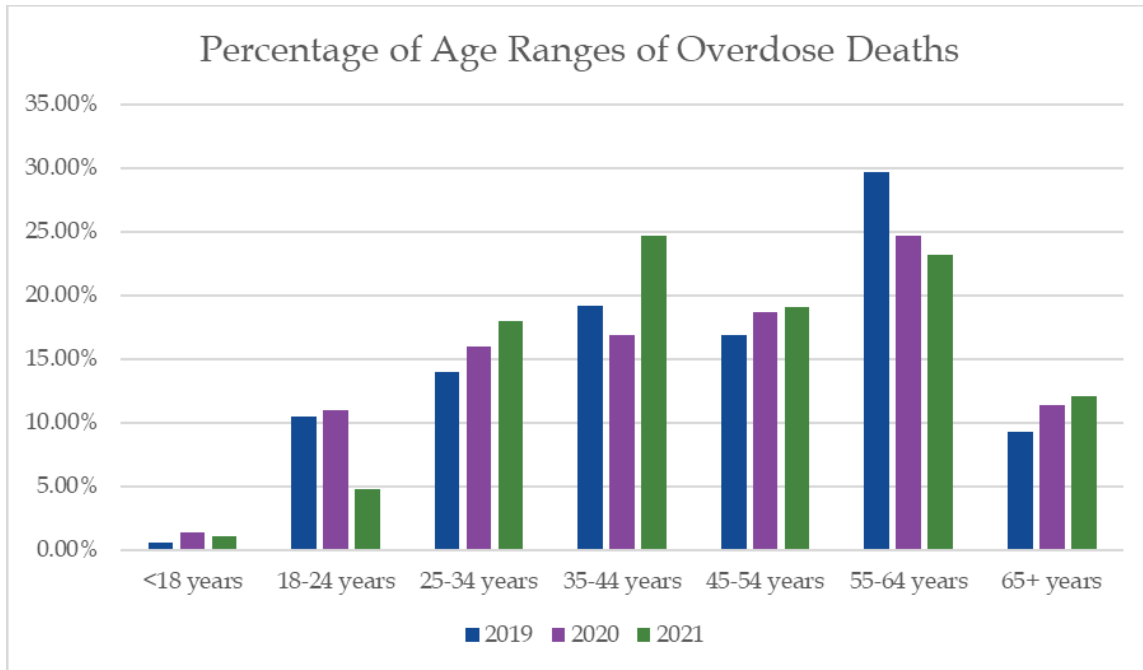
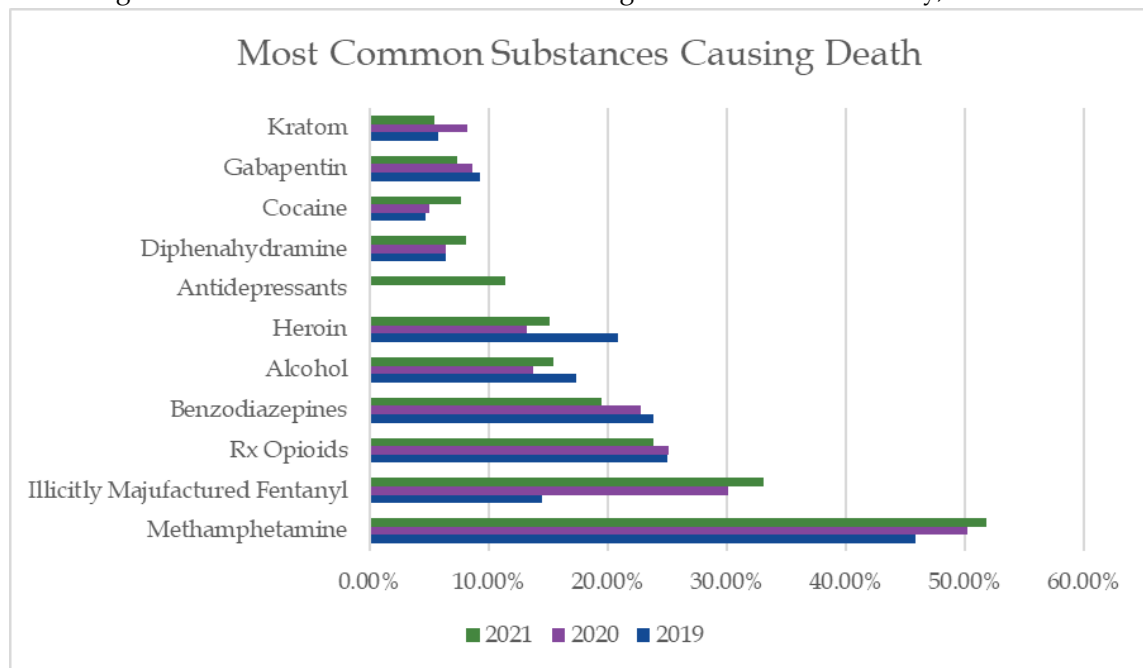
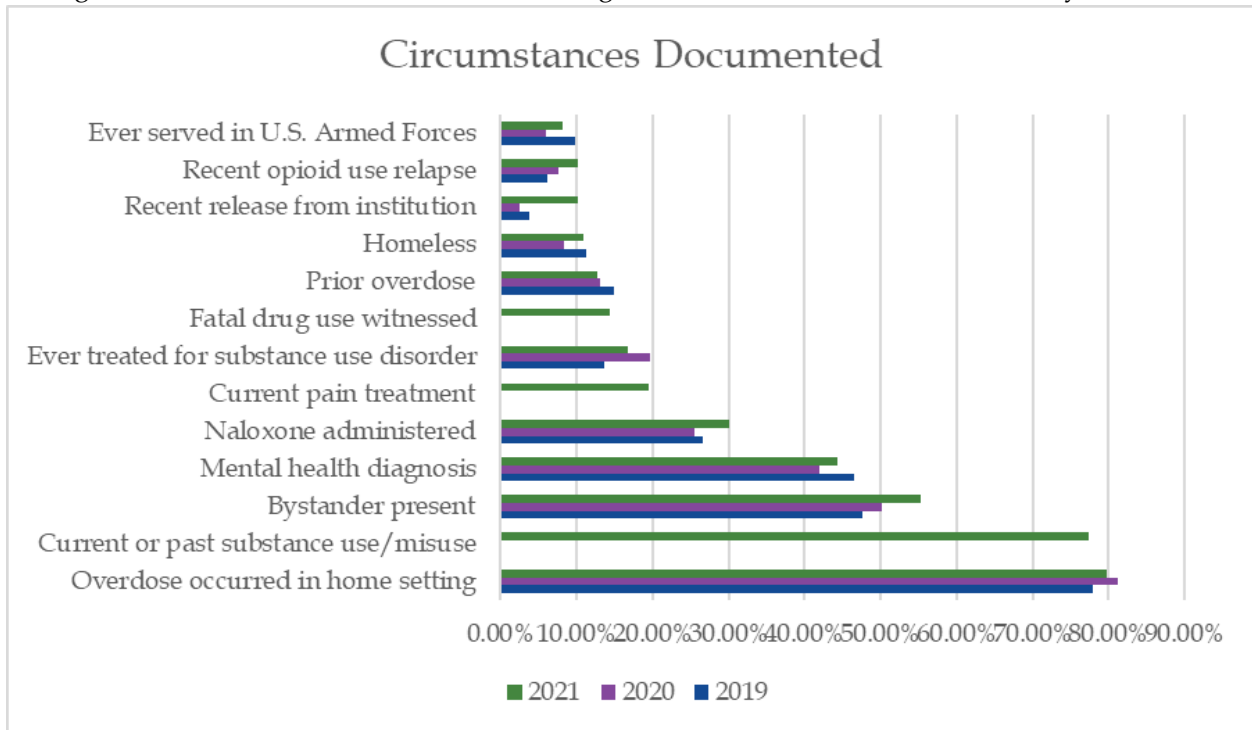


Figure 39: Most Common Substances Causing Death in Washoe County, 2019-2021



Note: Based on toxicology results for substances ruled by the Coroner/Medical Examiner as causing death. Substances are not mutually exclusive. 2019-2020 did not include Antidepressant data

Figure 40: Circumstances Documented Relating to Overdose Deaths in Washoe County, 2019-2021







Note: Based on information documented during the death scene investigation, and due to limited information on scene in some investigations, may underestimate their occurrence. Percentages use the denominator of those who had known circumstances. 2019-2020 did not include data for Current pain treatment, Current or past substance use/misuse, or Fatal drug use witnessed.

Protective and Risk Factors

Perhaps of greatest importance in the assessment process is the collection of data related to risk and protective factors that influence substance abuse trends. These factors, which impact an individual across all ages of development, include four domains: community, family, school, and peer/individual. This data allows organizations to create more targeted and effective prevention strategies. Figure 41 illustrates risk and protective factors by domain (community, family, school, and peer/individual). For a complete list of risk and protective factors refer to Appendix A.

Protective factors are characteristics and conditions which reduce the likelihood for engaging in a variety of risky behaviors including substance use. They are considered a buffer against risk by reducing the impact of risk or changing the way youth respond to it. **Risk factors** are characteristics that increase the likelihood a person will engage in health compromising behaviors. Experiencing one or more risk factors can increase the likelihood of an individual engaging in substance use. Some risk factors are fixed such as a person’s genetic predisposition to addiction or exposure to alcohol prenatally. Other risk factors are variable and include growing up in extreme poverty, adverse childhood experiences, family conflict, permissive community/family attitudes towards substance use, or having easy access to substances in a community.

Figure 41: Risk and Protective Factors by Domain⁴

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
<ul style="list-style-type: none"> • Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey) 		<ul style="list-style-type: none"> • Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
<ul style="list-style-type: none"> • Poor family management and discipline <ul style="list-style-type: none"> • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour 		<ul style="list-style-type: none"> • Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Academic failure (low academic achievement) <ul style="list-style-type: none"> • Low commitment to school • Bullying 		<ul style="list-style-type: none"> • Opportunities for prosocial involvement in school • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Rebelliousness • Early initiation of problem behaviour <ul style="list-style-type: none"> • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour <ul style="list-style-type: none"> • Sensation seeking • Rewards for antisocial involvement 		<ul style="list-style-type: none"> • Social skills • Belief in the moral order <ul style="list-style-type: none"> • Emotional control • Interaction with prosocial peers

Risk Factors

Individual

Mental Health

Mental health encompasses an individual’s physical, emotional, and psychological well-being, and can be evaluated by examining how the person copes with stress, how they respond to unexpected events in their life, and how they engage socially with others.⁵ Mental health can impact physical health, and often people utilize substances to cope with mental health disorders. This is known as a co-occurring disorder. The use of substances can exacerbate existing mental health illness, while sometimes a mental illness can increase a person’s risk for using substances.⁶

Key Findings

⁴ Communities that Care (CTC). Risk and Protective Factors. <https://www.communitiesthatcare.org.au/how-it-works/risk-and-protective-factors> Retrieved November 2020.

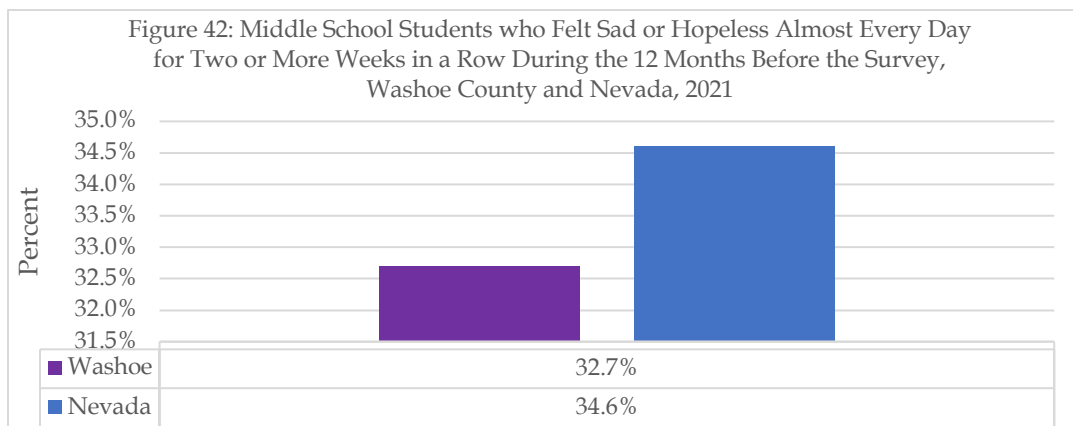
⁵ National Alliance on Mental Illness. Know the Warning Signs. Accessed <https://www.nami.org/Learn-More/Know-the-Warning-Signs>.

⁶ National Institute on Drug Abuse. Comorbidity: Substance Use Disorders and Other Mental Illnesses. Accessed <https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses>

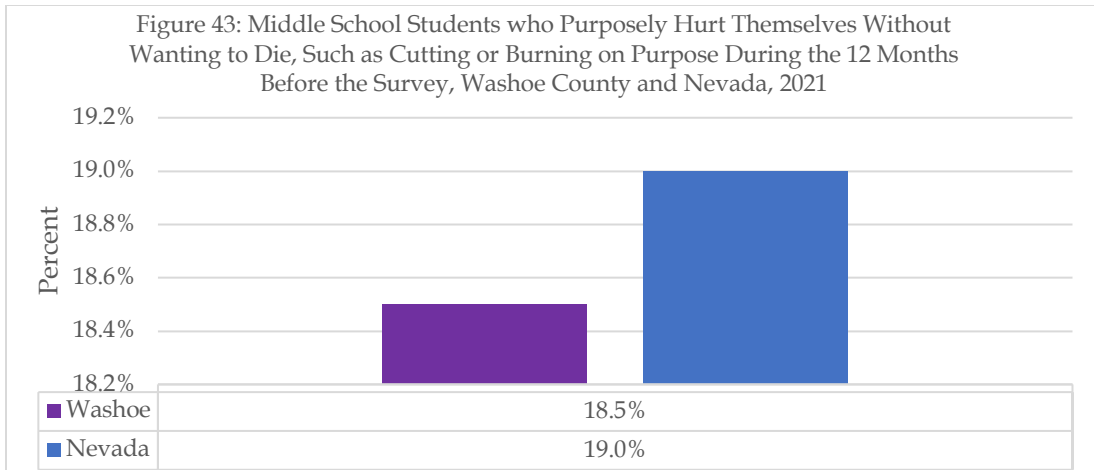
- 1.) In 2021, approximately one third of middle school students felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey in Washoe County (32.7%) and Nevada (34.6%) (**Figure 42**).
- 2.) Nearly one in five middle school students in Washoe County (18.5%) and Nevada (19%) purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose during the 12 months before the survey (**Figure 43**).
- 3.) **Figure 45** depicts that almost half (48.3%) of the middle school student responses felt that they *never or rarely* got assistance when asked if they ever got the kind of help, they needed when they felt sad, empty, hopeless, angry, or anxious.
- 4.) In 2021, 47.1% of high school students in Washoe County felt sad or hopeless daily or almost daily for two or more weeks in a row during the 12 months before the survey (**Figure 46**).
- 5.) **Figure 48** depicts that over half (60.7%) of the high school student responses felt that they *never or rarely* got assistance when asked if they ever got the kind of help, they need when they felt sad, empty, hopeless, angry, or anxious.
- 6.) In 2021, 23.6% of Washoe County High school students seriously considered attempting suicide in Washoe County. This data reveals a noticeable upward trend from 2019 data (18.7%) (**Figure 49**). This upward trend is present across data points including Washoe County high school students who planned to attempt suicide (20%), and students who attempted suicide (12.5%) (**Fig. 50-51**).

***Refer to Limitations, Challenges, and Technical Notes (pg. 14).**

Middle School Youth

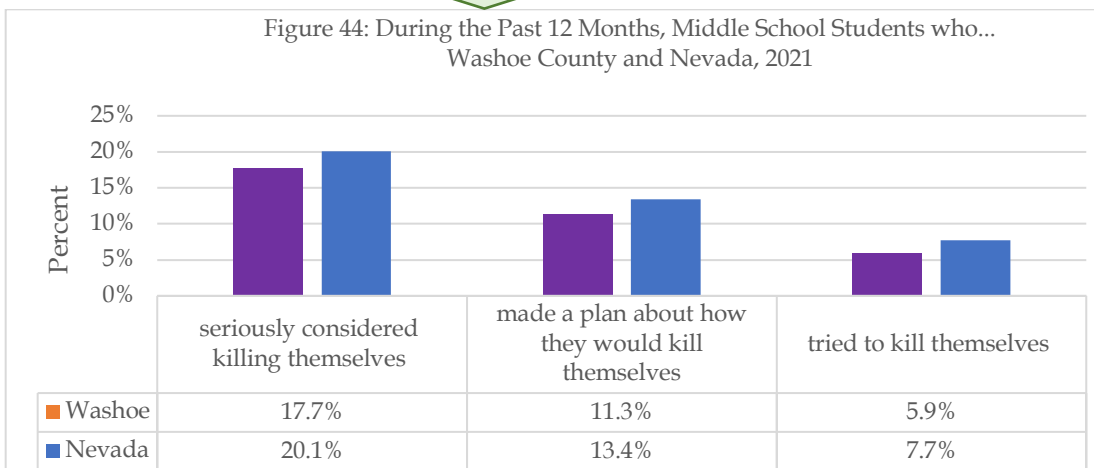


Source: Youth Risk Behavior Survey (collected every other year)

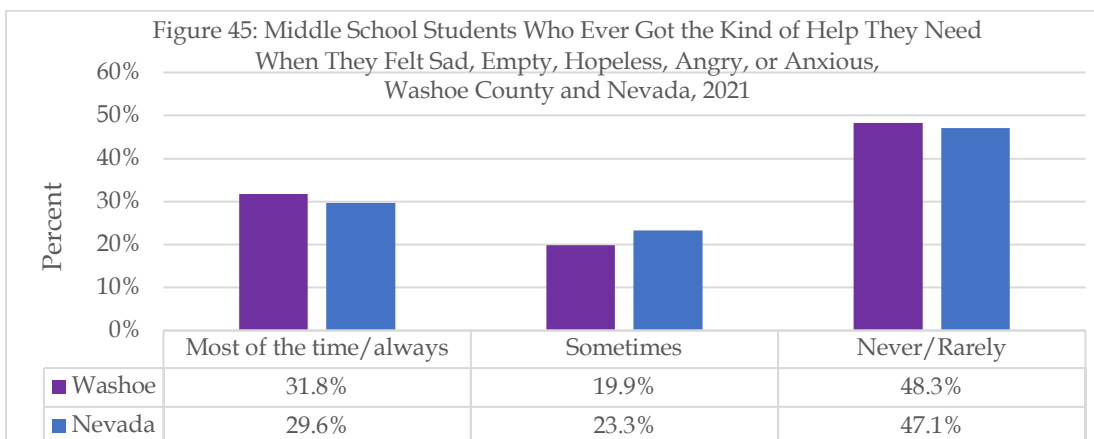


Source: Youth Risk Behavior Survey (collected every other year)

“90% of my friends are struggling with mental health.”
-Youth Key Informant Interview

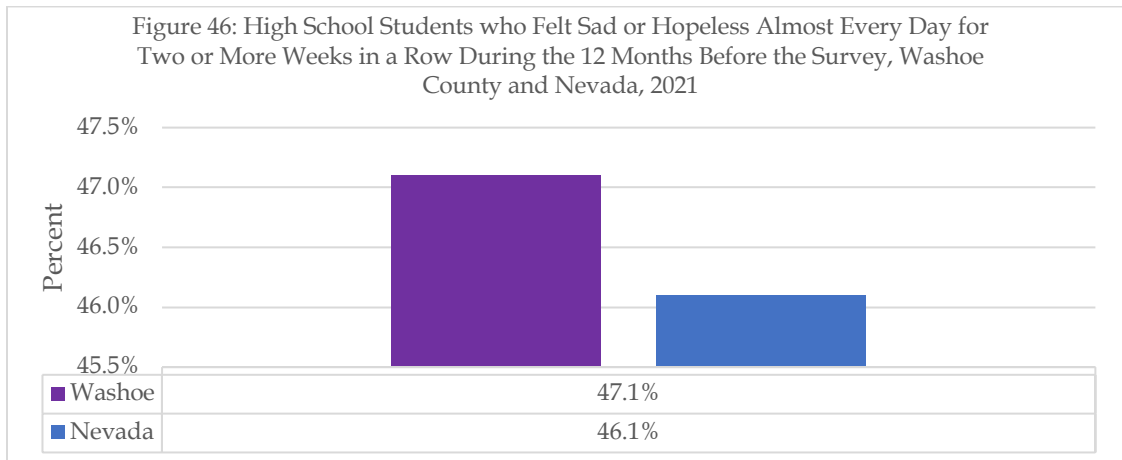


Source: Youth Risk Behavior Survey (collected every other year)

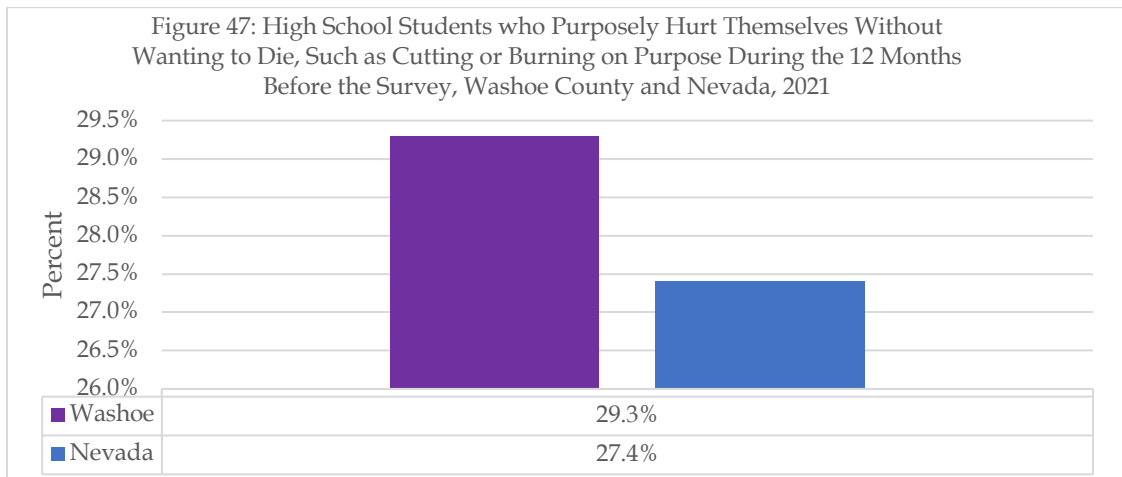


Source: Youth Risk Behavior Survey (collected every other year)

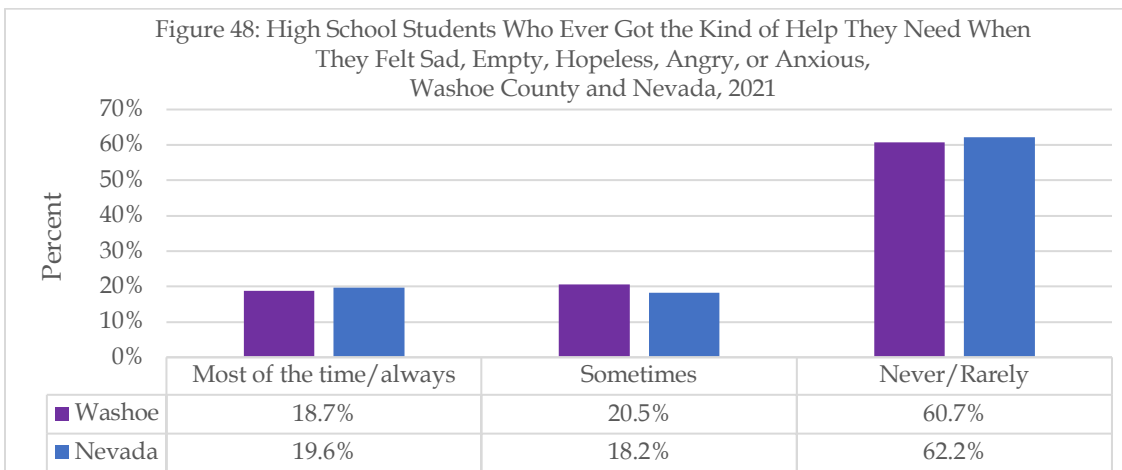
High School Youth



Source: Youth Risk Behavior Survey (collected every other year)

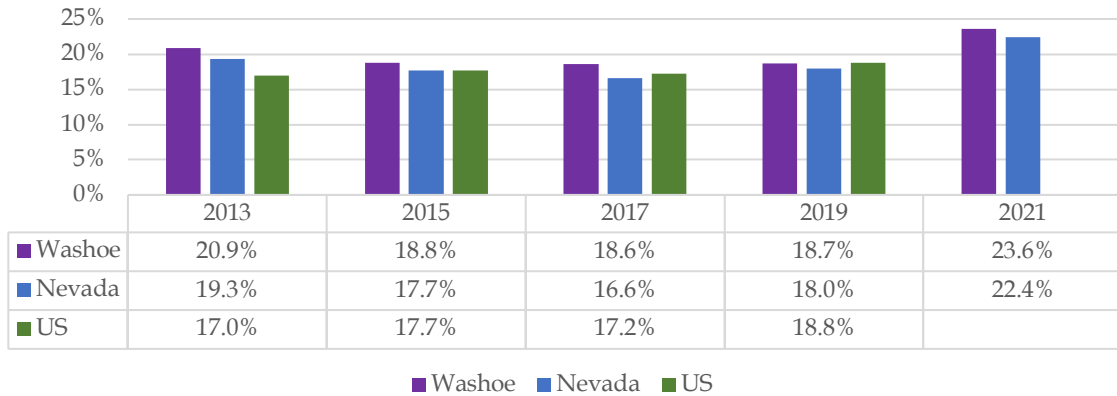


Source: Youth Risk Behavior Survey (collected every other year)



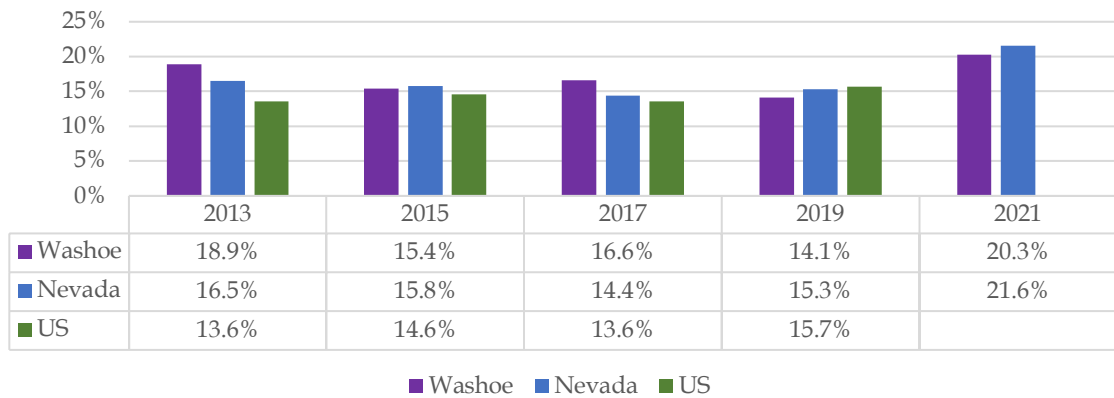
Source: Youth Risk Behavior Survey (collected every other year)

Figure 49: High School Students who Seriously Considered Attempting Suicide - Past 12 Months, Washoe County, Nevada, and the United States*, 2013-2021



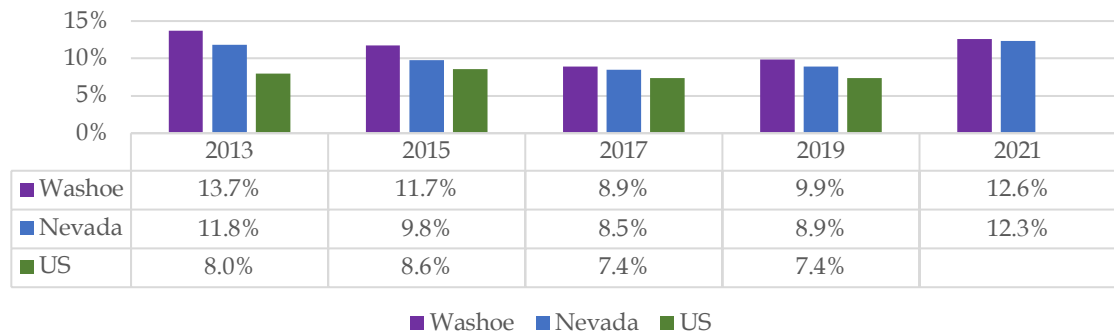
Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data unavailable at time of publication.

Figure 50: High School Students Who Made a Plan to Attempt Suicide - Past 12 Months, Washoe County, Nevada, and the United States 2013-2021

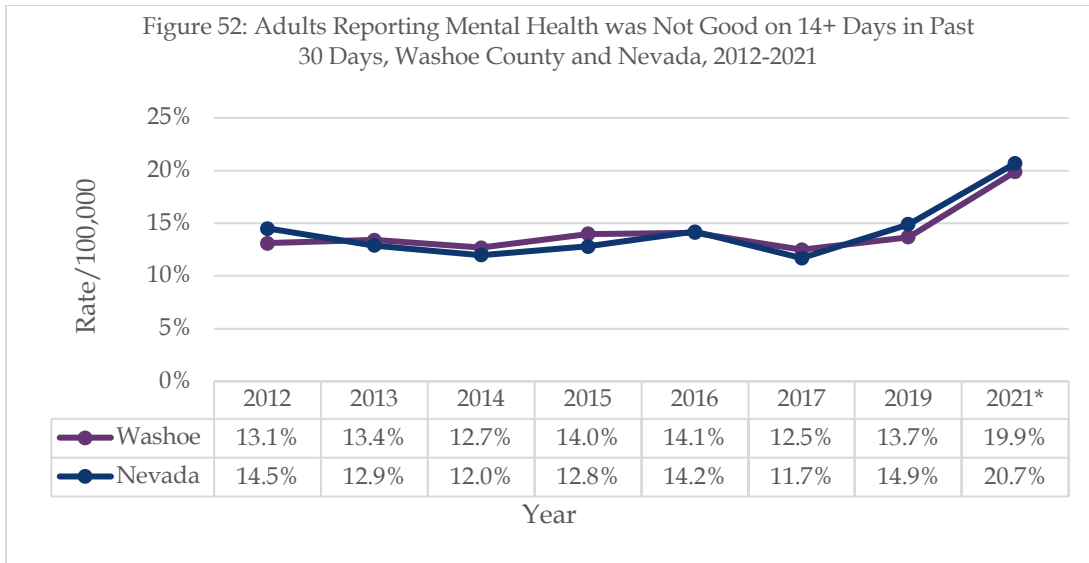


Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data unavailable at time of publication.

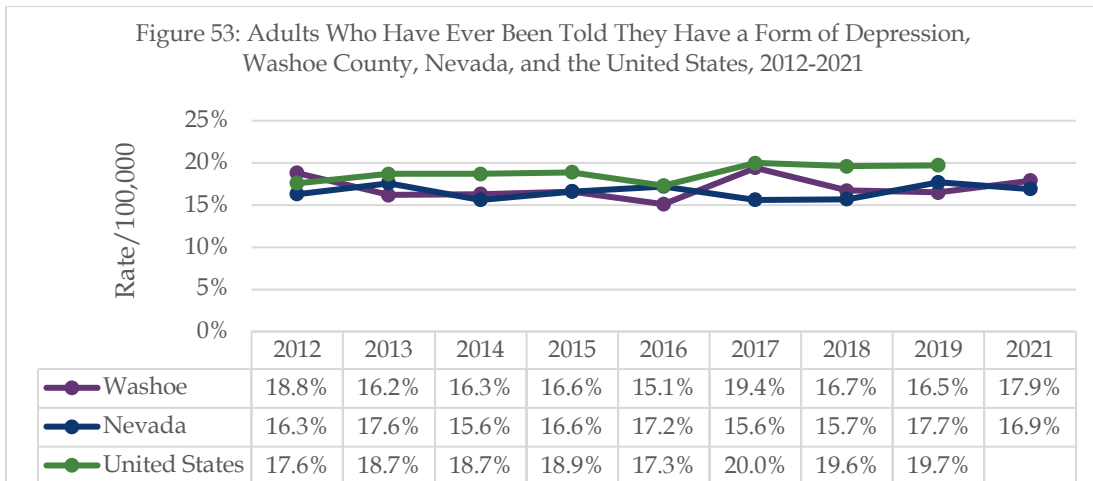
Figure 51: High School Students Who Attempted Suicide - Past 12 Months, Washoe County, Nevada, and the United States*, 2013-2021



Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data unavailable at time of publication.



Source: Behavioral Risk Factor Surveillance Survey. *Data for 2020 not available at time of publication.



Source: Behavioral Risk Factor Surveillance Survey. *Data for 2020 was not available at the time of publication.

Family

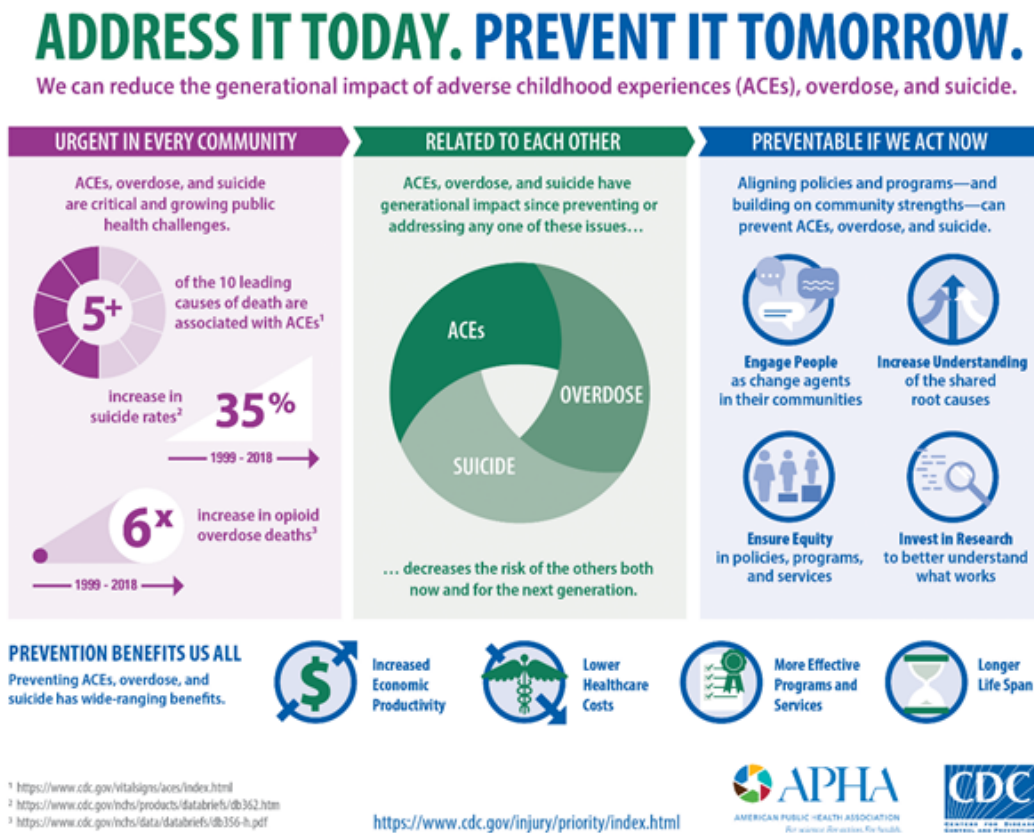
Adverse Childhood Experiences

An adverse childhood experience, or ACE, is a traumatic event such as psychological, physical, or sexual abuse; violence against mother; living with household members who abused substances, were mentally ill or suicidal, or were ever imprisoned.⁷ As the number of cumulative ACEs increases, so does the risk for more than 40 negative health outcomes including infant death, alcoholism/alcohol abuse, depression, poor work performance, financial stress, risk for intimate partner violence, sexually transmitted diseases, smoking, attempted suicide, unintended pregnancies, and poor academic achievement.⁸

⁷ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., and Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*; 14(4):245-258.

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

The CDC infographic below provides an illustration of a logic model for ACEs, overdose, and suicide. This model illustrates what is urgent in every community, how these are related to one another, and what is preventable if we act now.



In 2021, the wording of all YRBS ACEs questions and/or response options on the middle and high school surveys changed. The Nevada YRBS Report states that comparisons should not be made with previous years. As a result, ACES data from previous years is not included in this report and results for 2021 are the only ACES results included in this Plan.

Key Findings

- 1.) In **Figure 58**, there are 30% of middle school students who have ever been sworn at, insulted, or put down by an adult in their home and a third of these students state that it happens *most of the time or always*.
- 2.) In **Figure 61**, 35% of high school students reported that they lived with someone who was having a problem with alcohol or drug use. In **Figure 63**, 42% of high school students reported ever being sworn at, insulted or put down by an adult in their home and 16% of those students state that it happens *most of the time or always*.

***Refer to Limitations, Challenges, and Technical Notes (pg. 14).**

NOTE: The source for all figures in this section is the 2021 Youth Risk Behavior Survey.

Middle School Students

Figure 54: MS Students Ever Hit, Beaten, Kicked, or Physically Hurt by Parent/Other Adult in Home, Washoe County, 2021

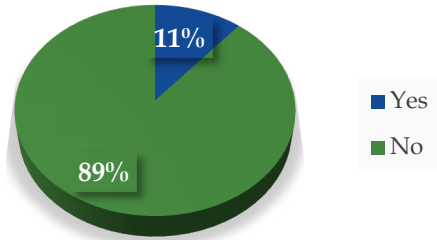


Figure 55: MS Students Who Ever Saw/Hear Adult in Home Slap, Hit, Kick, Punch, Beat Each Other Up, WC 2021

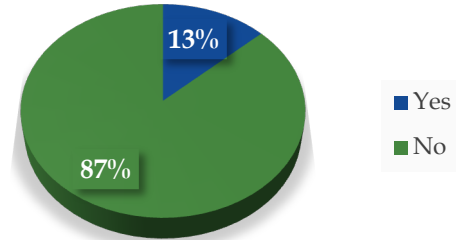


Figure 56: MS Students Who Ever Lived with Problem Drinker, Alcohol, or Abused Drugs, Washoe County 2021

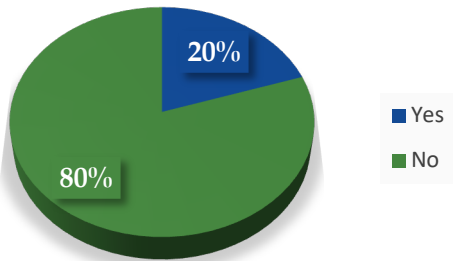


Figure 57: MS Students Ever Separated from Parent/Guardian Who Went to Jail, Prison, Detention Center, WC 2021

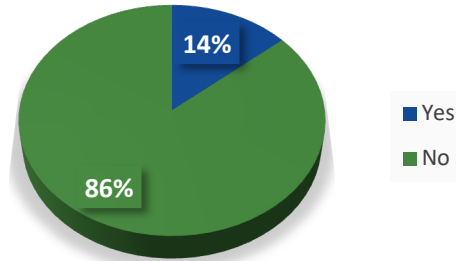
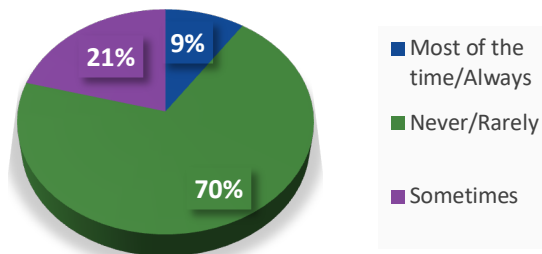


Figure 58: MS Students Ever Sworn at, Insulted, Put Down by Adult in Their Home, Washoe County 2021



High School Students

Figure 59: HS Students Ever Hit, Beaten, Kicked, Physically Hurt by Parent or Adult in Home, Washoe County 2021

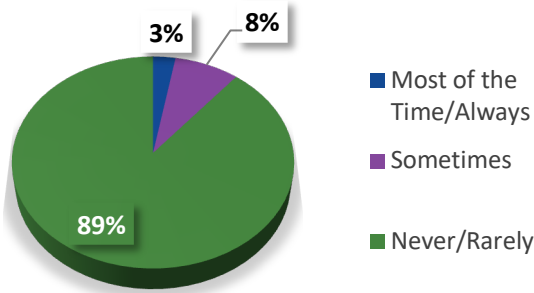


Figure 60: HS Students Who Ever Saw/Heard Adults in Home Slap, Hit, Kick, Punch, Beat Each Other Up, Washoe County 2021

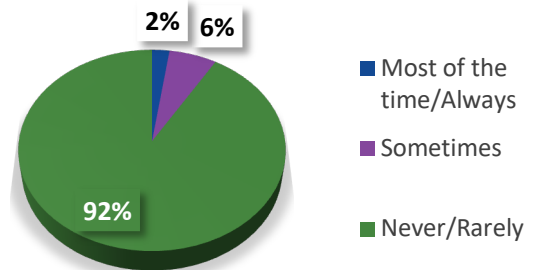


Figure 61: HS Students Who Ever Lived with Someone Who was Having a Problem with Alcohol or Drug Use, Washoe County 2021

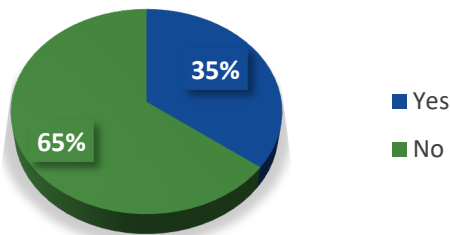


Figure 62: HS Students Ever Separated from Parent/Guardian Who Went to Jail, Prison, Detention Center, Washoe County 2021

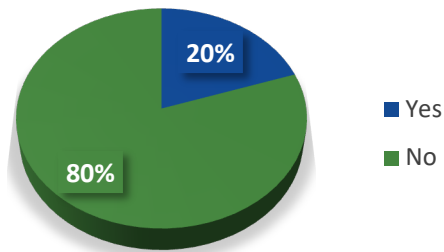
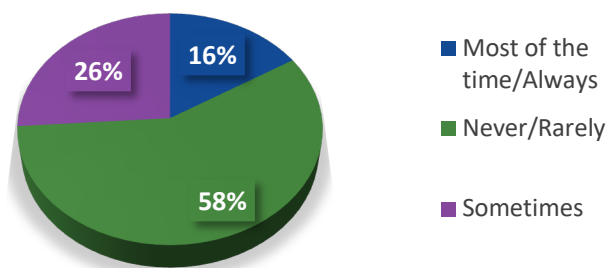


Figure 63: HS Students Ever Sworn at, Insulted, Put Down by Adult in Their Home, Washoe County 2021



School/Community

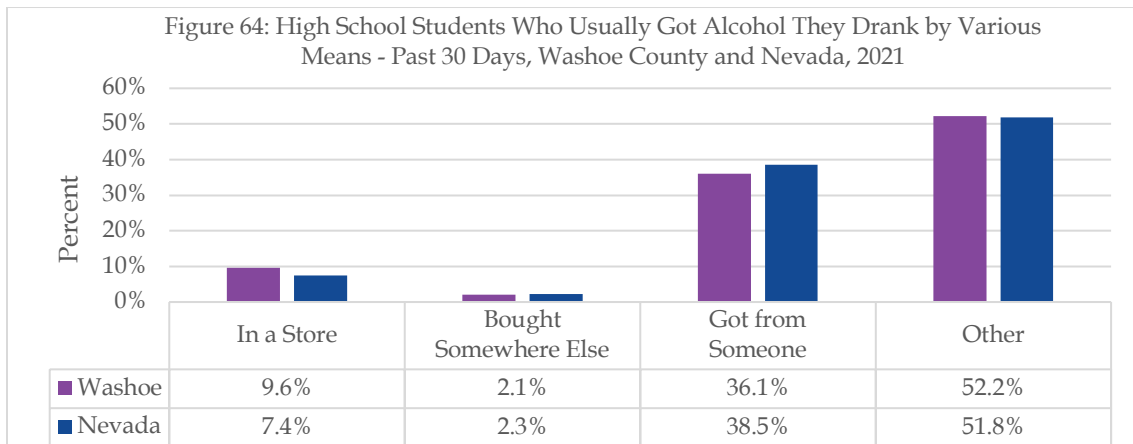
"I saw and heard about more substance use in MS than in HS."
 -Youth Key Informant Interview

Availability and access to substances

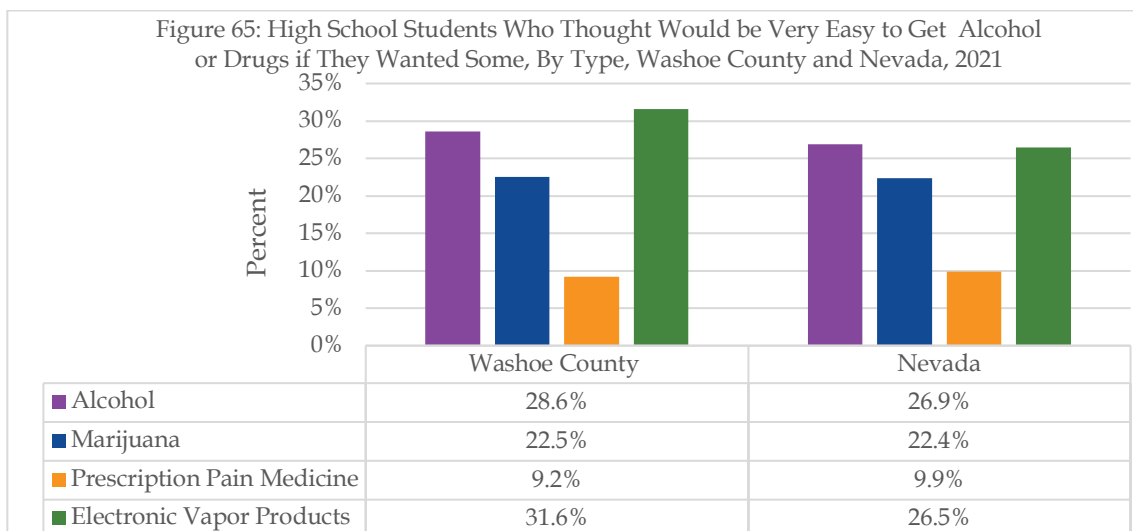
Key Findings

- 1.) Over half of high school students in Washoe County and Nevada responded “Other,” while over one third indicated they got their alcohol from someone (**Figure 64**).
- 2.) 31.6% of high school students in Washoe County identified electronic vapor products as *very easy* to access, 26.9% identified alcohol as *very easy* to access, and 22% identified marijuana as *very easy* to access (**Figure 65**).
- 3.) **Figure 69** illustrates that, in 2021/22, 37% of teachers perceived alcohol use to be *moderately or very common* among high school students and 44% perceived drug use to be *moderately or very common* among these students.

***Refer to Limitations, Challenges, and Technical Notes (pg. 14).**



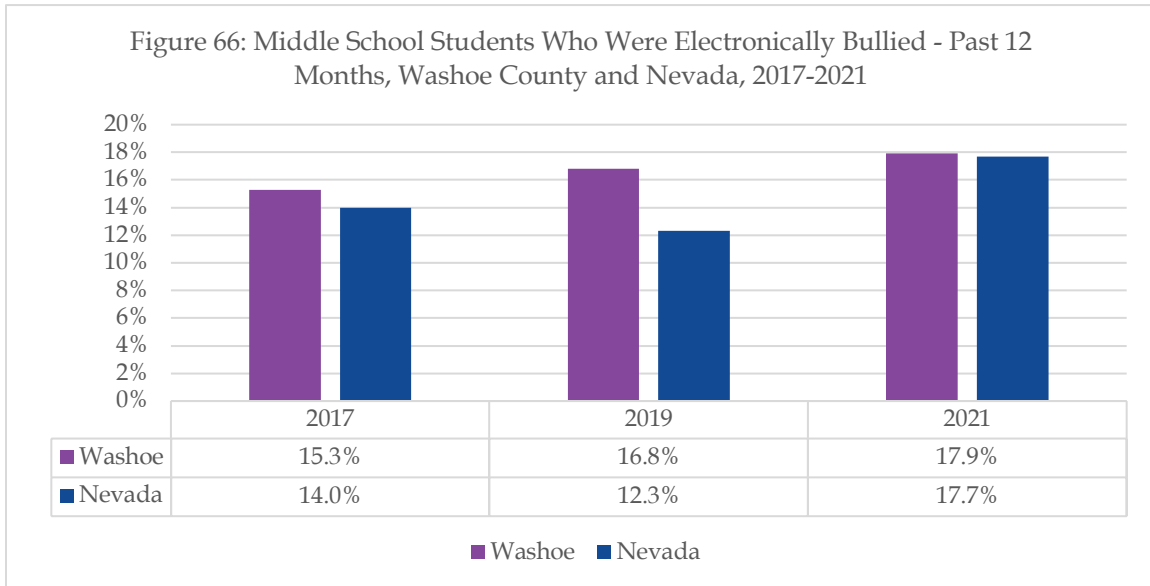
Source: Youth Risk Behavior Survey (collected every other year)



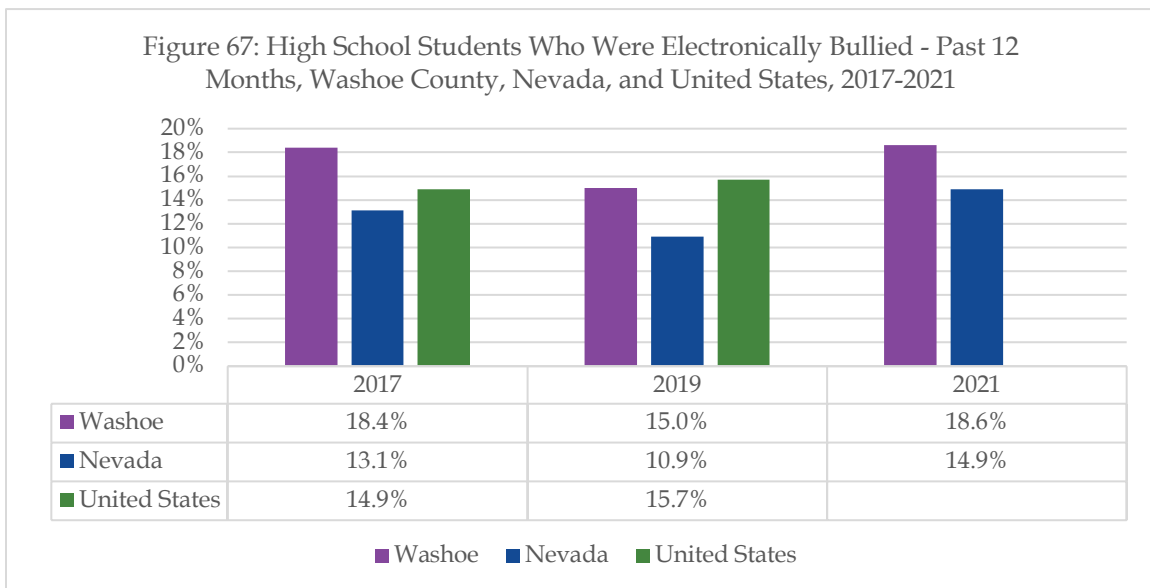
Source: Youth Risk Behavior Survey (collected every other year)

Youth Bullying

Youth who are bullied or bully others are at increased risk for injury, emotional stress, self-harm, and suicide-related behavior. Even youth who have observed, but not participated in bullying report greater feelings of helplessness and less connectedness/support from adults than youth who have not witnessed bullying behavior. Youth who bully others are also at increased risk for mental health issues and related behavioral issues including substance use.⁹



Source: Youth Risk Behavior Survey (collected every other year).

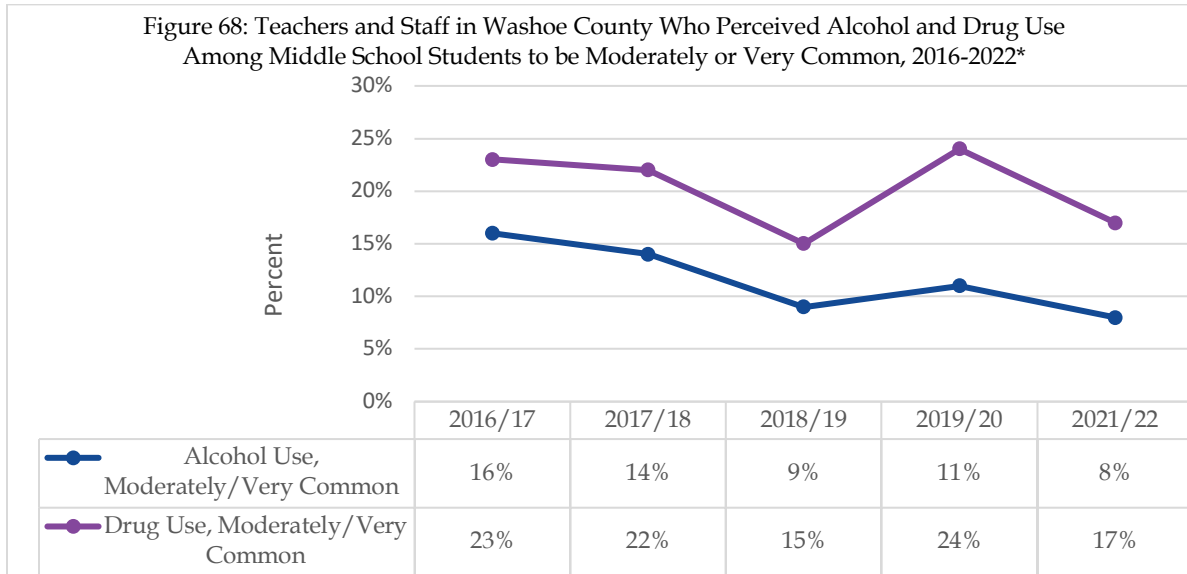


Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data unavailable at time of publication.

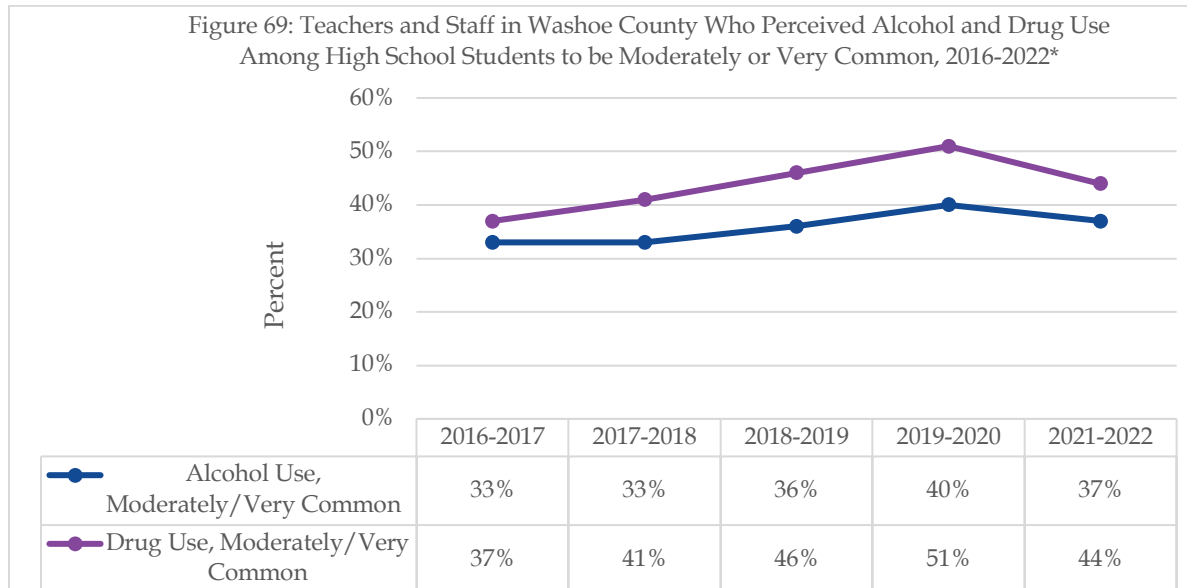
⁹ Centers for Disease Control and Prevention. (2015). *Fact sheet: Understanding bullying*. Retrieved June 17, 2016, from <https://www.cdc.gov/violenceprevention/pdf/bullying-factsheet.pdf>

Washoe County School District Staff Perceptions

The WCSD Climate Survey collects teacher and staff perceptions of alcohol and drug use among middle and high school students. Note that staff were not included in the 2021/22 survey.



Source: Washoe County School District – School Climate Survey. *NOTE: Staff did not take the 2020-2021 Climate Survey.



Source: Washoe County School District – School Climate Survey. *NOTE: Staff did not take the 2020-2021 Climate Survey.

Protective Factors

Individual

Key Findings

1.) Middle school students were asked if they think people risk harming themselves physically or in other ways when they have five or more drinks of an alcohol beverage once or twice a week. **Figure 70** summarizes responses to this question. 18.2% of middle school students in Washoe county responded with *no risk* to this question.

2.) Middle school students were asked if they think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week. One fourth of students in Washoe County (25.8%) and Nevada (25.5%) perceive a *great risk* for this metric. Over one fifth of middle school students in Washoe County (21.2%) and Nevada (21.4%) responded with *no risk* for this question (**Figure 73**).

3.) High school students were asked if they think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week. **Figure 74** summarizes responses to this question. Only 16.4% of high school students in Washoe County perceive a *great risk* for this metric, while 27.8% of high school students perceive that there is *no risk*.

4.) Middle school students were asked if they think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them. **Figure 76** summarizes responses to this question. 48.8% of middle school students in Washoe County perceive a *great risk* for this metric, while 15.2% in Washoe County perceived *no risk* to prescription drug misuse.

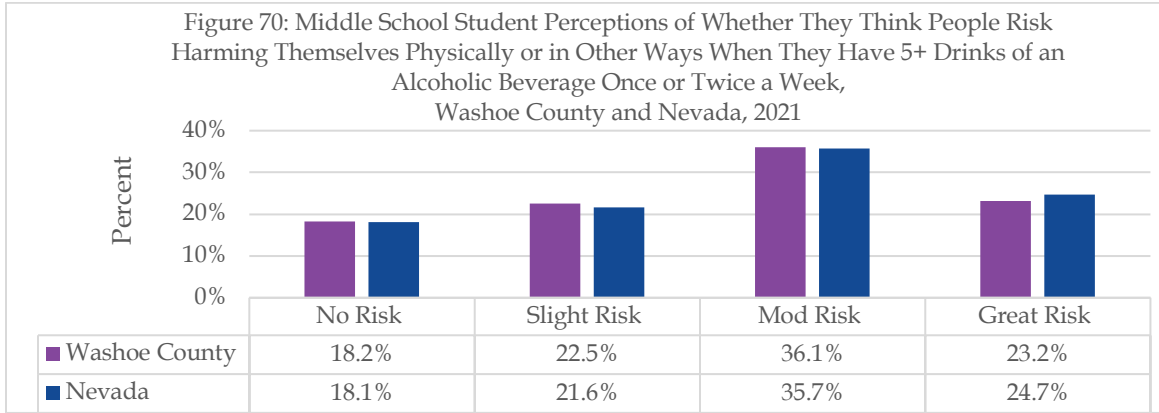
5.) Middle School Youth Middle School students were asked if they think people risk harming themselves physically or in other ways if they smoked one or more packs of cigarettes per day. **Figure 78** summarizes responses to this question. 37.7% of middle school students in Washoe County perceive a *great risk* for this metric while 16.9% of middle school students responded *no risk* for this question.

***Refer to Limitations, Challenges, and Technical Notes (pg. 14).**

Youth Perception of Risk: Alcohol

Middle School Youth

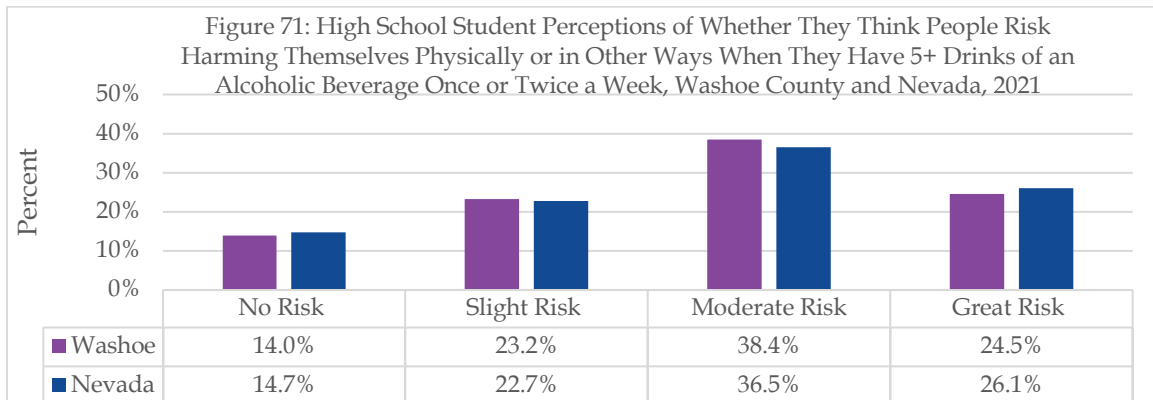
Middle school students were asked if they think people risk harming themselves physically or in other ways when they have five or more drinks of an alcohol beverage once or twice a week.



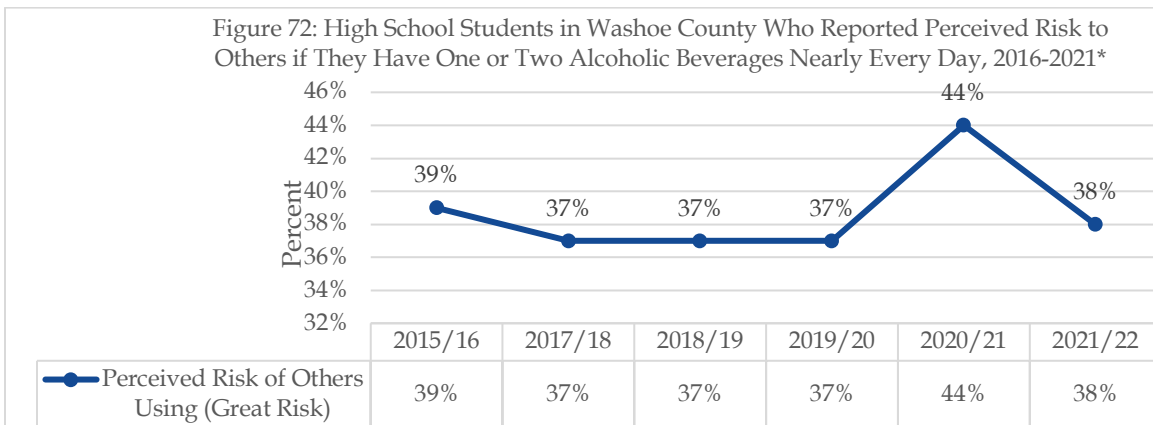
Source: Youth Risk Behavior Survey (collected every other year)

High School Youth

High school students were asked if they think people risk harming themselves physically or in other ways when they have five or more drinks of an alcohol beverage once or twice a week.



Source: Youth Risk Behavior Survey (collected every other year)



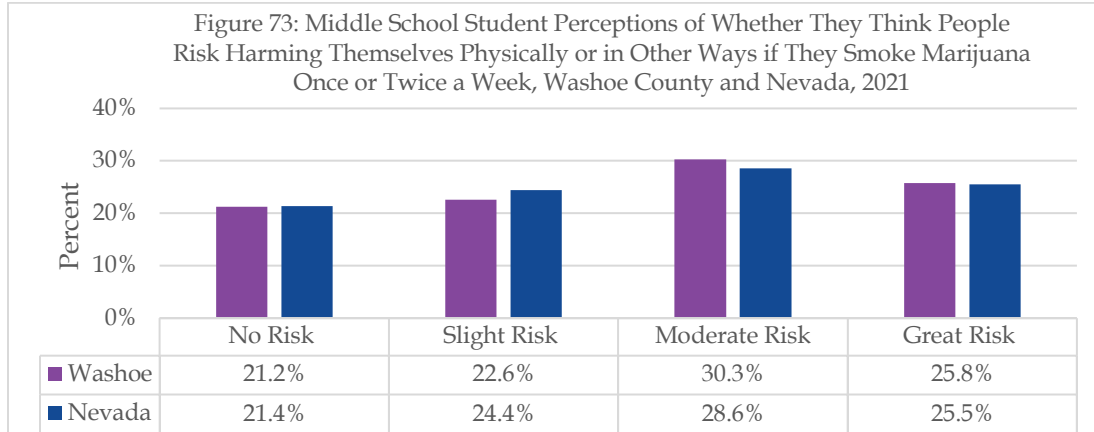
Source: Washoe County School District – School Climate Survey. *Note: Question not asked in 2016-2017

"Kids' parents are smoking weed. It feels like a lost cause to try to keep kids from smoking it."
 -Youth Key Informant Interview

Perception of Risk: Marijuana

Middle School Youth

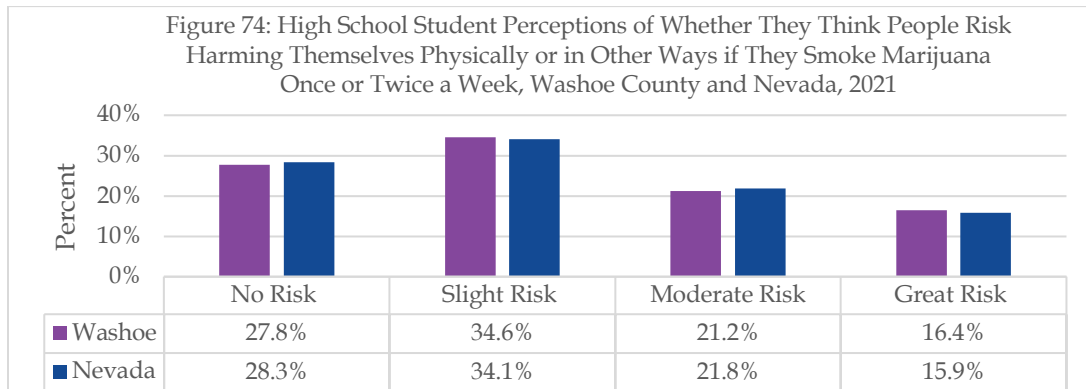
Middle school students were asked if they think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week.



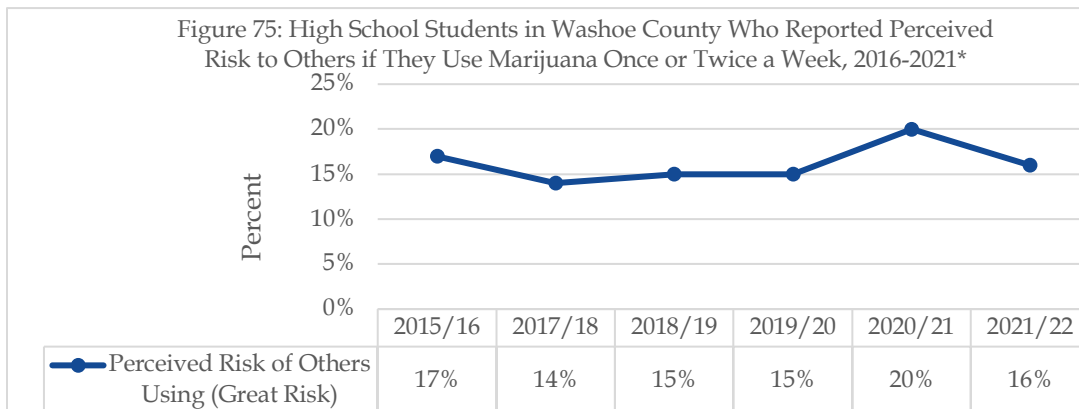
Source: Youth Risk Behavior Survey (collected every other year)

High School Youth

High school students were asked if they think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week.



Source: Youth Risk Behavior Survey (collected every other year)

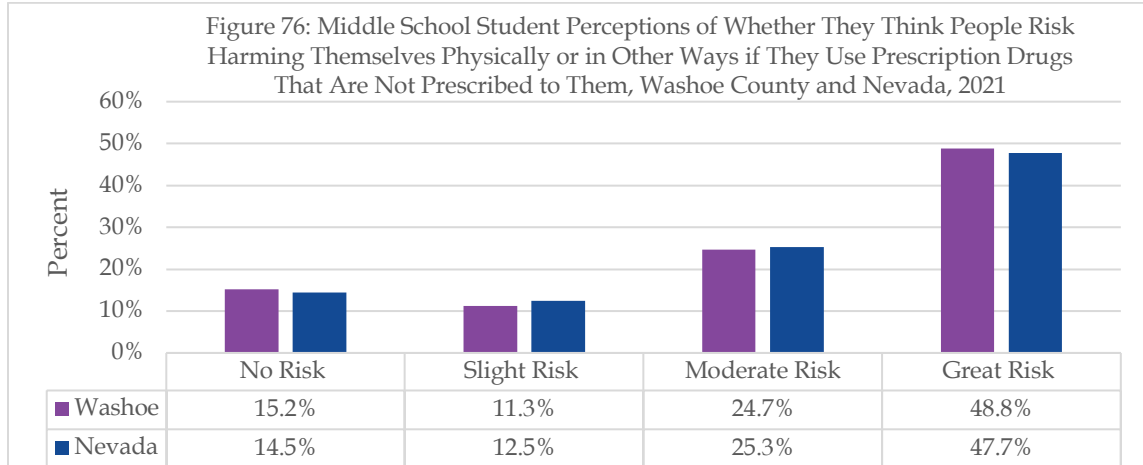


Source: Washoe County School District – School Climate Survey. *Note: Question not asked in 2016-2017

Youth Perception of Risk: Prescription Medication

Middle School Youth

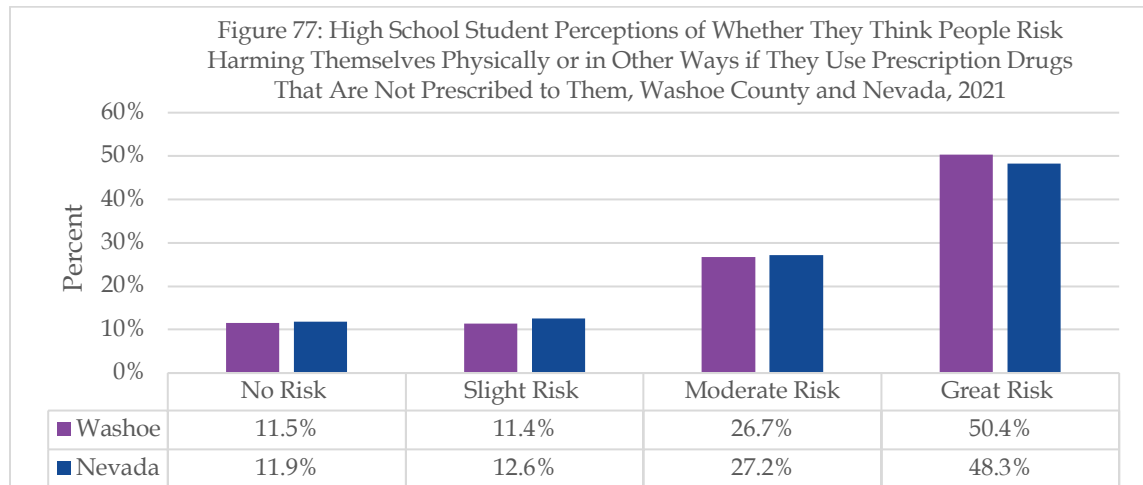
Middle school students were asked if they think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them.



Source: Youth Risk Behavior Survey (collected every other year)

High School Youth

High school students were asked if they think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them.

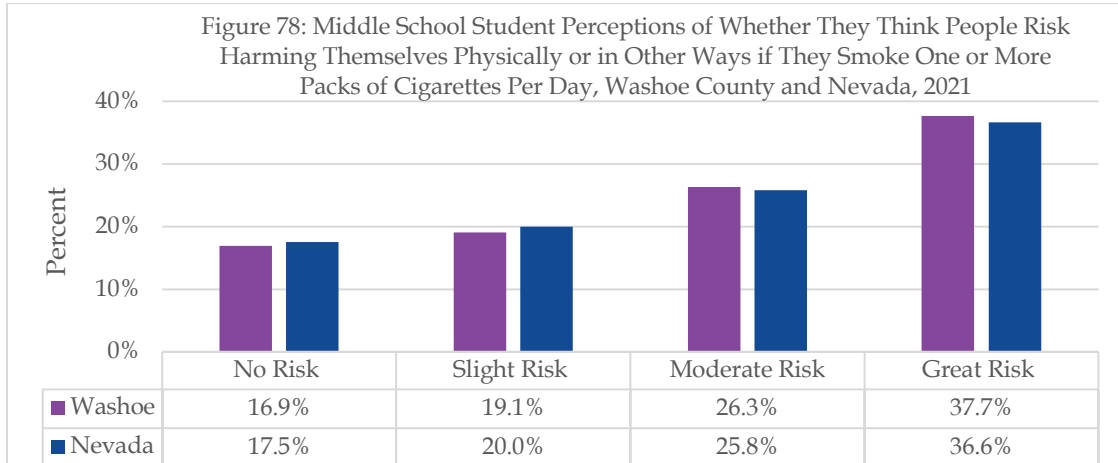


Source: Youth Risk Behavior Survey (collected every other year)

Youth Perception of Risk: Tobacco

Middle School Youth

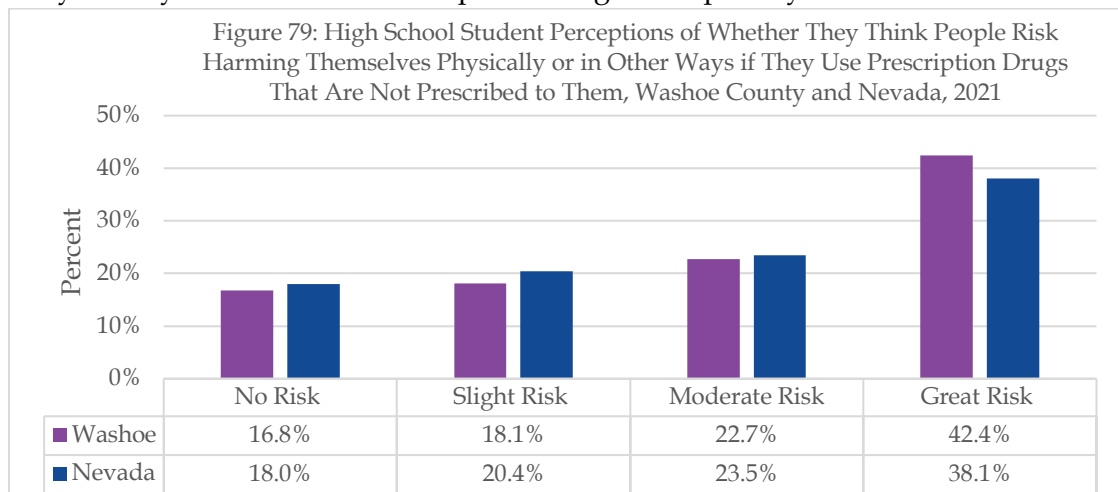
Middle school students were asked if they think people risk harming themselves physically or in other ways if they smoked one or more packs of cigarettes per day.



Source: Youth Risk Behavior Survey (collected every other year)

High School Youth

High school students were asked if they think people risk harming themselves physically or in other ways if they smoked one or more packs of cigarettes per day.



Source: Youth Risk Behavior Survey (collected every other year)

Social and Emotional Competencies

Social and Emotional Learning (SEL) is an integral part of human development. Collaborative for Academic, Social, and Emotional Learning (CASEL) states that SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.¹⁰ The key informant interview quote included below highlights the importance of the service population in creating and maintaining a robust SEL support system.

Figure 80. CASEL SEL Competencies Framework



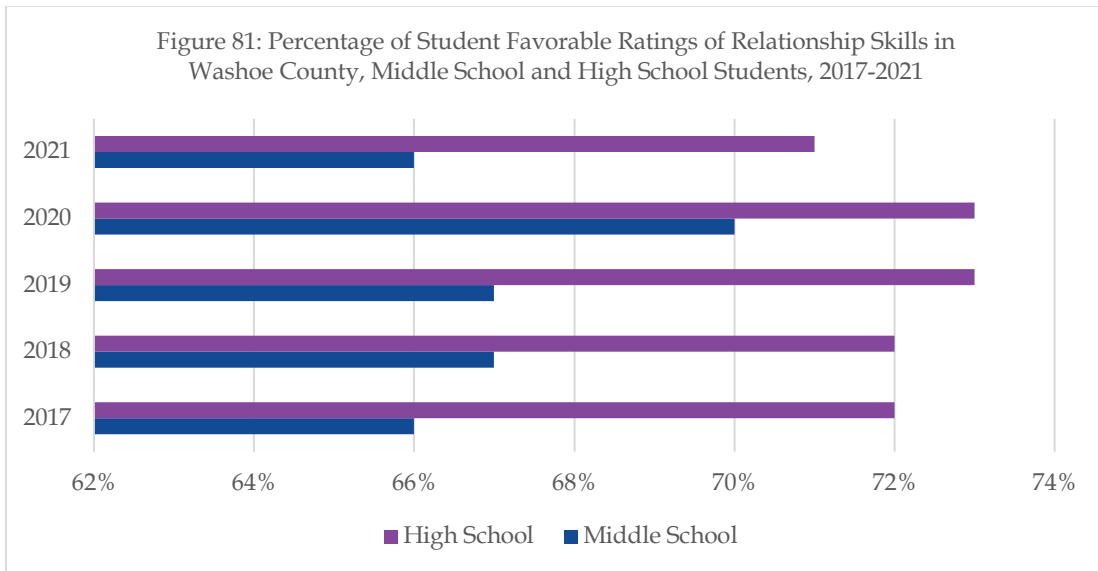
"I don't understand how decisions are made for us [youth]. Decision-makers should come here, they should talk to us, sit through our classes. They seem out of touch with what it means to be young right now."
 -Youth Key Informant Interview

Relationships

Relationship skills are the ability to establish and maintain positive relationships and to navigate settings with diverse individuals and groups effectively. In 2021, 66% of middle

¹⁰ Collaborative for Academic, Social, and Emotional Learning (CASEL). (2022). *Fundamentals of SEL*. Retrieved December 15, 2022, from <https://casel.org/fundamentals-of-sel/>

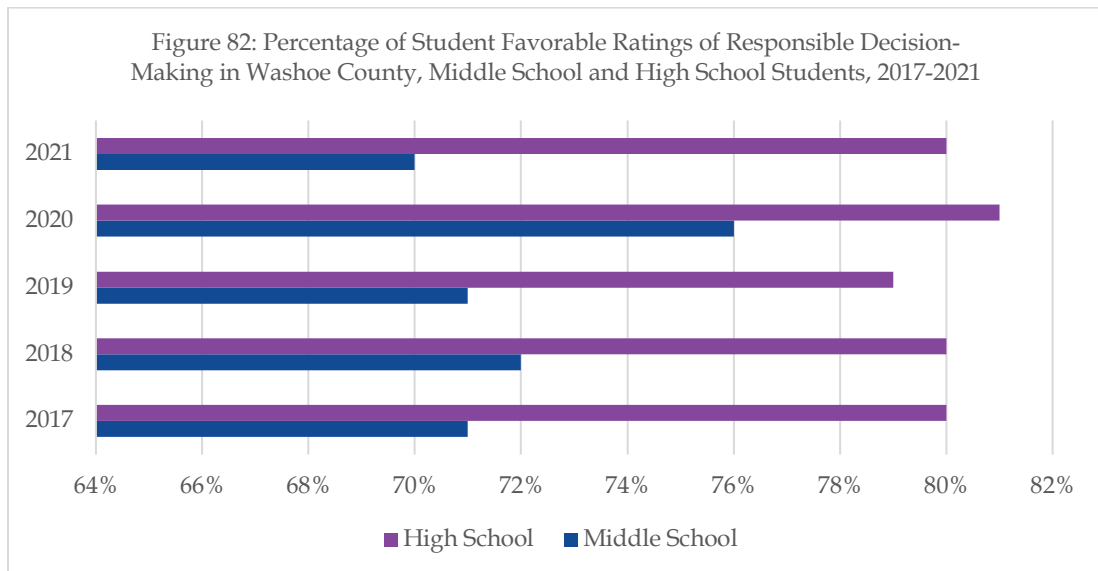
school students rated their relationship skills as *favorable*, while 71% of high school students rated their relationship skills as *favorable*.



Source: Washoe County School District – School Climate Survey

Responsible Decision Making

Responsible decision-making is the ability to make caring and constructive choices about personal behavior and social interactions across diverse situations. In 2021, 70% of middle school students rated their responsible decision-making as *favorable*, while 80% of high school students rated their responsible decision-making as *favorable*.

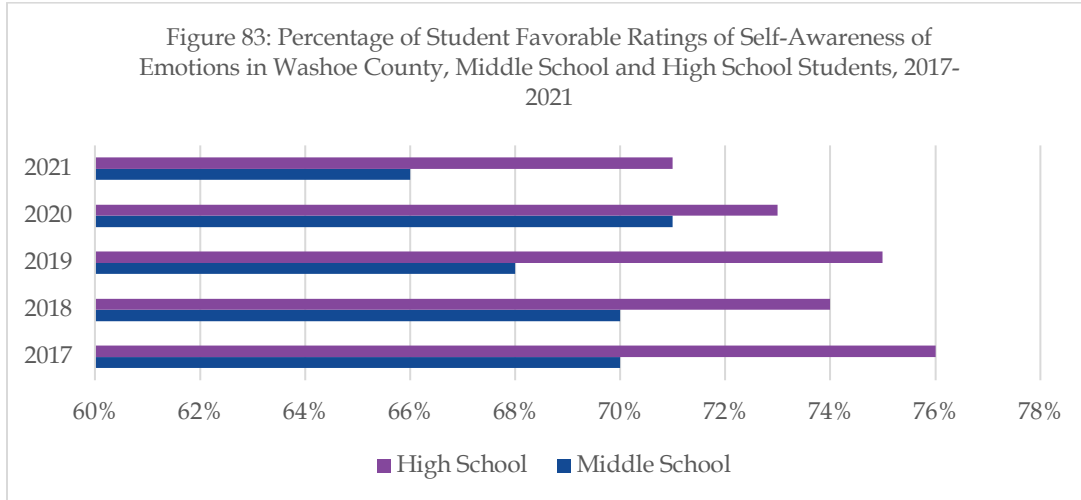


Source: Washoe County School District – School Climate Survey

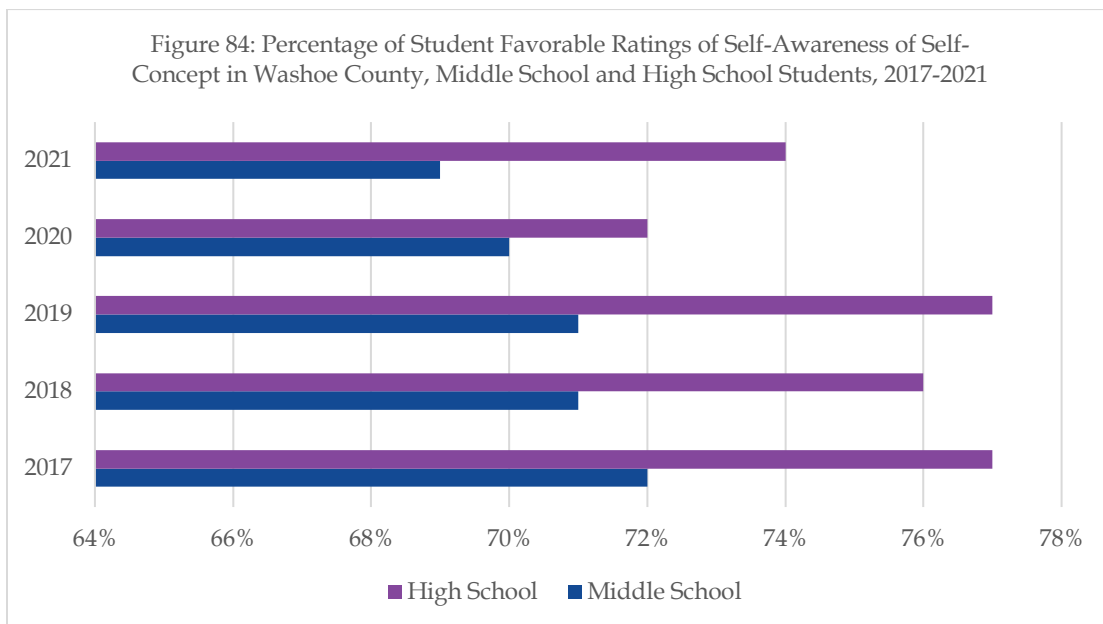
Self-Awareness

Self-awareness is the ability to understand one’s own emotions, thoughts, and values and how they influence behavior across contexts. In 2021, 66% of middle school students rated their self-

awareness of emotions as *favorable*, while 71% of high school students rated their self-awareness of emotions as *favorable*. In 2021, 69% of middle school students rated their self-awareness of self-concept as *favorable*, while 74% of high school students rated their self-awareness of self-concept as *favorable*.



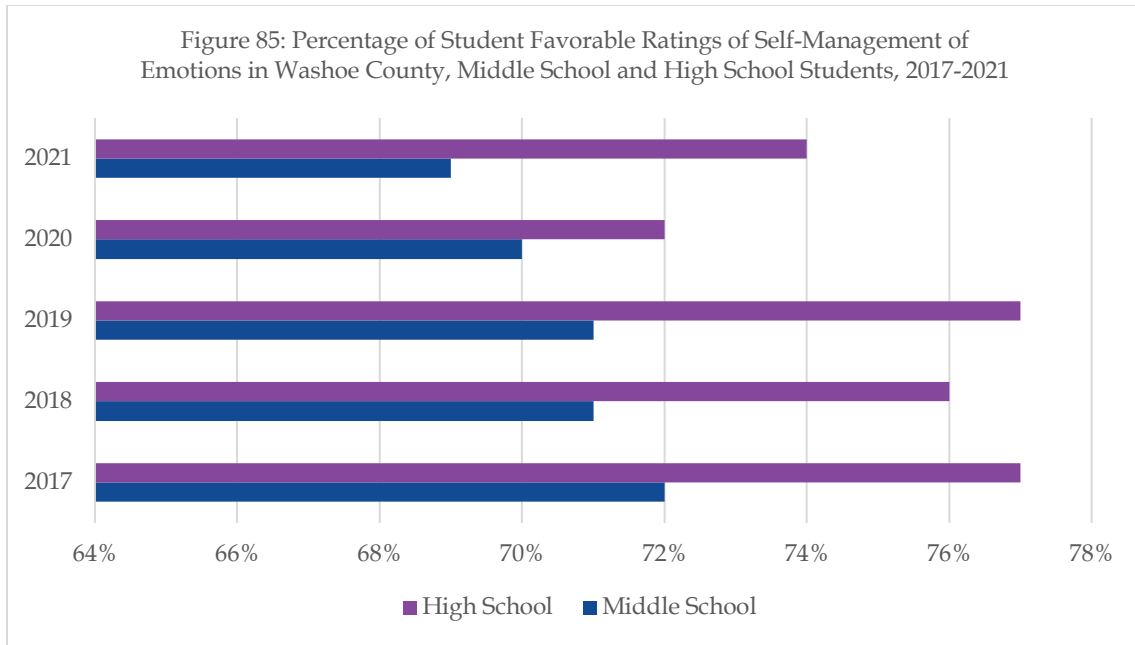
Source: Washoe County School District – School Climate Survey



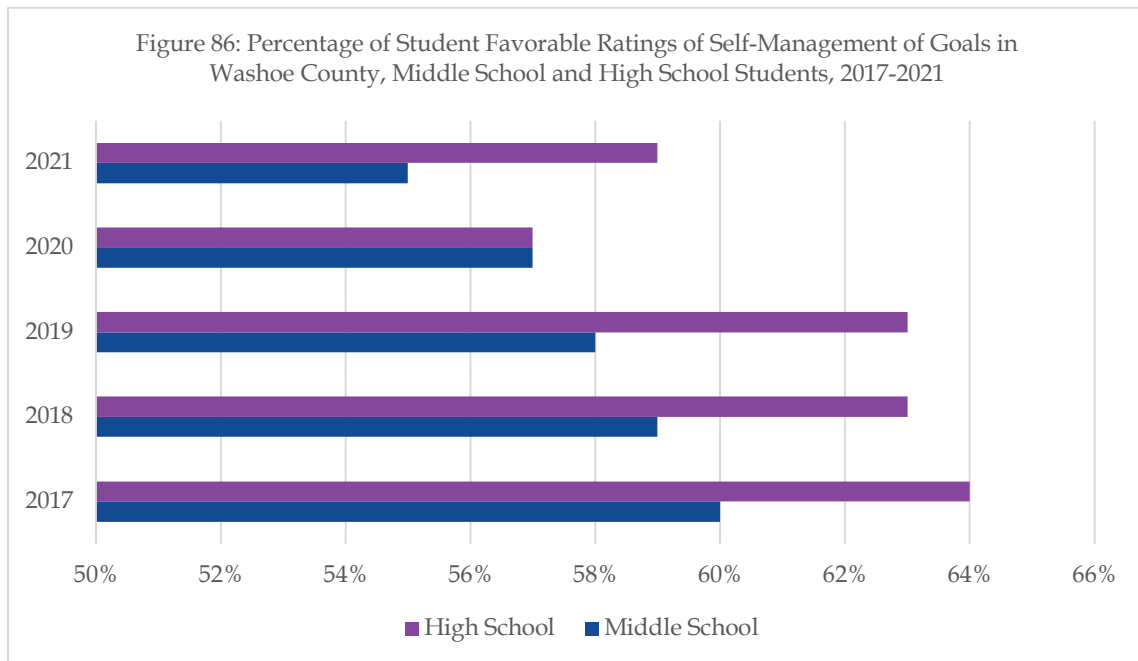
Source: Washoe County School District – School Climate Survey

Self-Management

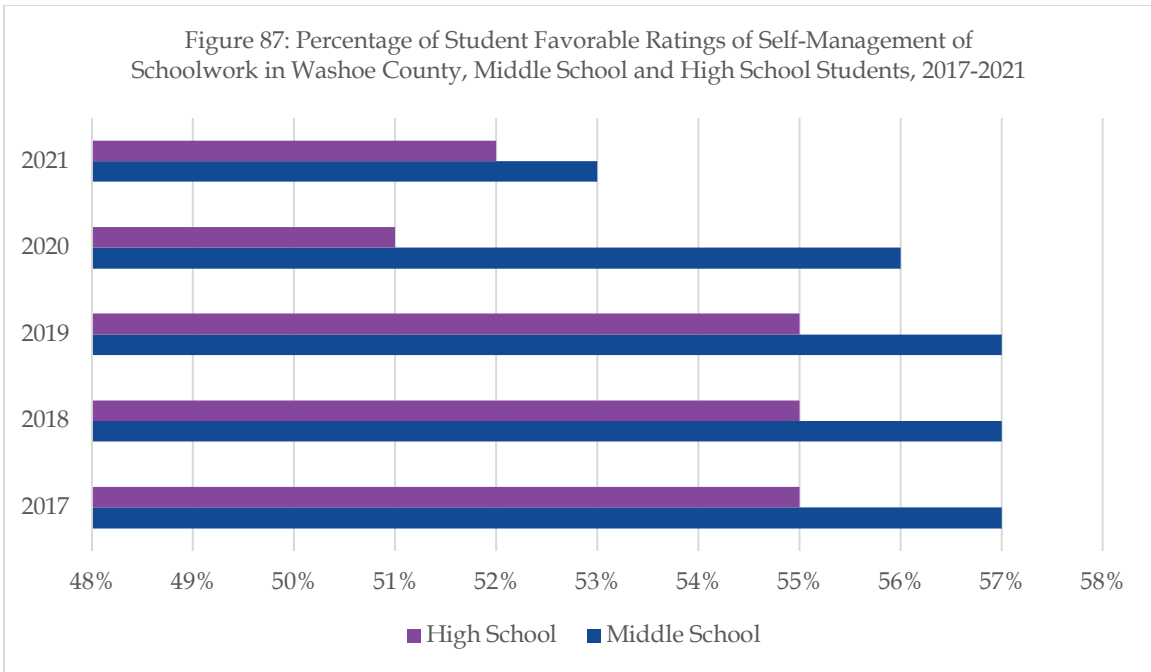
Self-management is the ability to manage one’s emotions, thoughts, and behaviors effectively in different situations and to achieve goals and aspirations. In 2021, 69% of middle school students rated their self-management of emotions as *favorable*, while 74% of high school students rated their self-management of emotions as *favorable*. In 2021, 55% of middle school students rated their self-management of goals as *favorable*, while 59% of high school students rated their self-management of goals as *favorable*.



Source: Washoe County School District – School Climate Survey



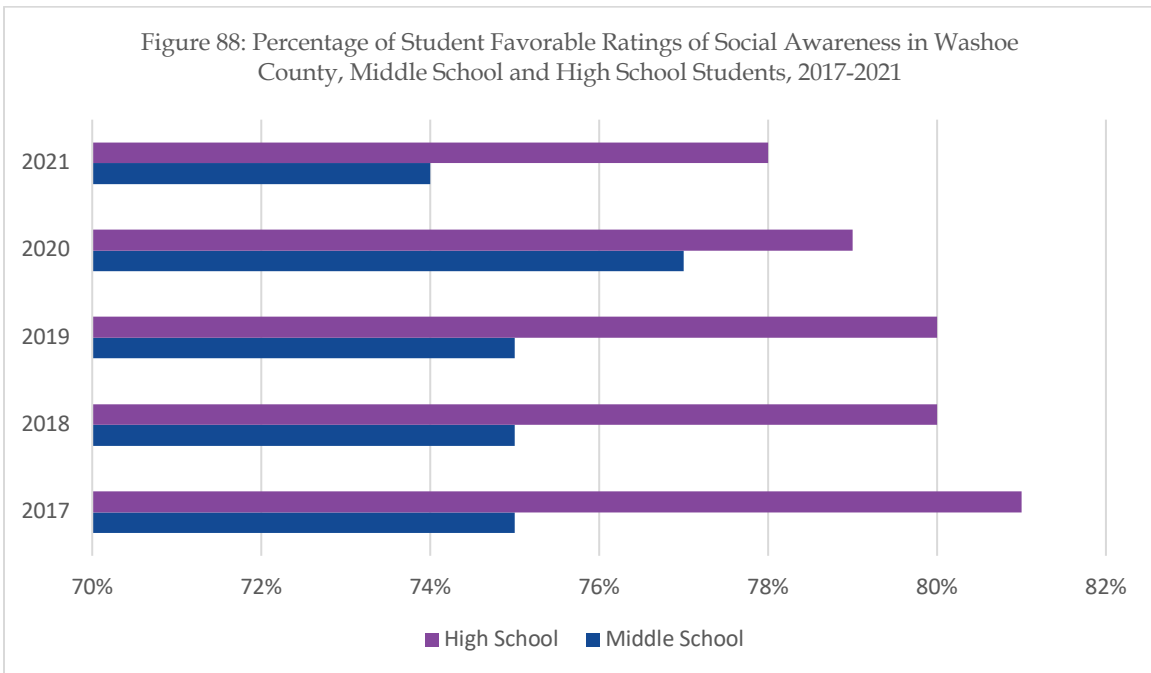
Source: Washoe County School District – School Climate Survey



Source: Washoe County School District – School Climate Survey

Social Awareness

Social awareness is the ability to understand the perspectives of and empathize with others, including those from diverse backgrounds, cultures, and contexts. In 2021, 74% of middle school students rated their social awareness as *favorable*, while 78% of high school students rated their social awareness as *favorable*.



Source: Washoe County School District – School Climate Survey

Family

Parental Disapproval of Substance Usage by Teens

Key Findings

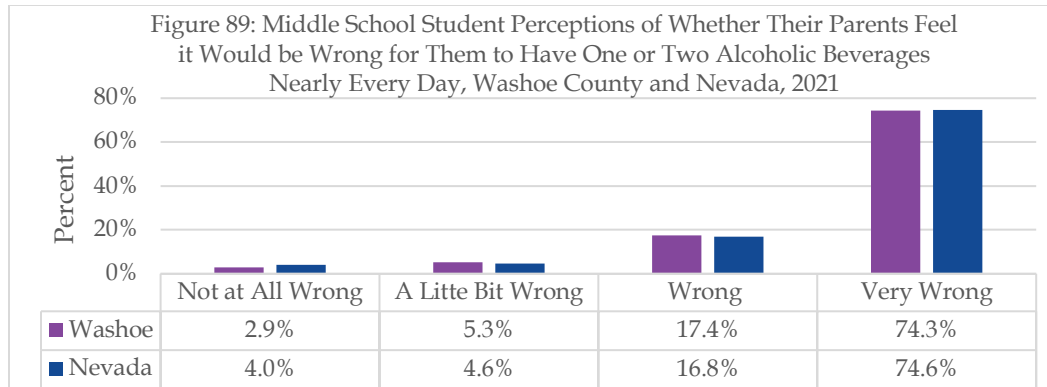
- 1.) Middle school students were asked if their parents felt it would be wrong for them to smoke marijuana. **Figure 92** summarizes responses, with the majority of middle school students in Washoe County (83.8%) and Nevada (83.1%) responding *very wrong*.
- 2.) Middle school students were asked if their parents feel it would be wrong for them to use prescription drugs not prescribed to them. **Figure 95** summarizes responses, with the majority of middle school students in Washoe County (82.4%) and Nevada (81.9%) responding *very wrong*.
- 3.) High school students were asked if their parents feel it would be wrong for them to use prescription drugs not prescribed to them. **Figure 96** summarizes responses, with the majority most high school students in Washoe County (79.2%) and Nevada (75.1%) responding *very wrong*.
- 4.) The Washoe County School District Climate survey also includes questions about parental approval perception. In 2021/22, the majority of high school students surveyed (77%) perceived their parents would disapprove (with a response of *very wrong*) if they used prescription drugs that are not prescribed to them (**Figure 97**).
- 5.) Middle school students were asked if their parents felt it would be wrong for them to smoke tobacco. **Figure 98** summarizes responses, with the majority of middle school students in Washoe County (86.6%) and Nevada (86.6%) responding *very wrong*.
- 6.) As illustrated in **Figure 100**, in 2021, approximately one third of Washoe County middle school students responded *most of the time/always* when asked if they talked to their parents/other adults in their home about their problems (31.7%) and about what is right and wrong (32.3%). Just over 40% of Washoe County middle school students reported they felt comfortable talking to their parents about personal matters *most of the time/always*. Washoe County is slightly higher than Nevada for all three metrics.
- 7.) As illustrated in **Figure 101**, in 2021, approximately one fourth of Washoe County high school students responded *most of the time/always* when asked if they talked to their parents/other adults in their home about their problems (23.4%) and if they felt comfortable talking to their parents about personal matters (27.2%). Nearly one third reported they talk to their parents about what is right and wrong (30.4%). Washoe County Metrics are slightly higher than overall Nevada metrics for these responses.
- 8.) The majority of Washoe County high school students (83%) reported they ever had an adult in their household who tried hard to make sure their basic needs were met (i.e., looking after their safety, making sure they had clean clothes, and enough to eat (**Figure 102**).

***Refer to Limitations, Challenges, and Technical Notes (pg. 14).**

Alcohol

Middle School Youth

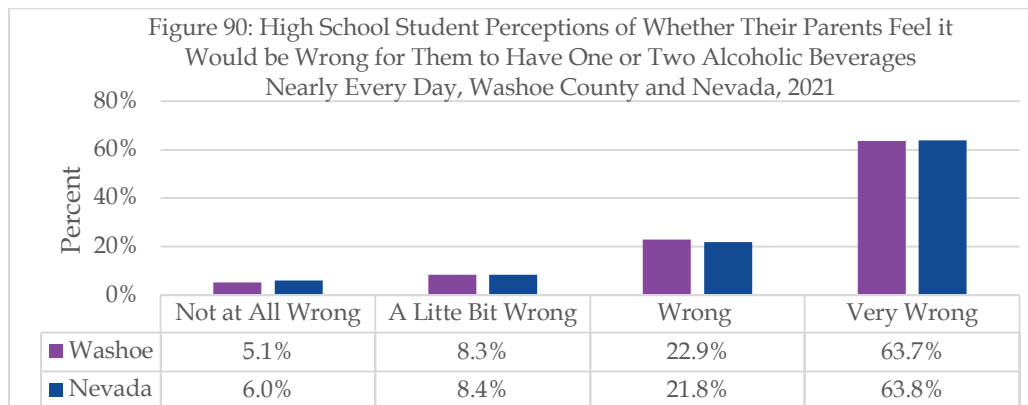
Middle school students were asked if their parents feel it would be wrong for them to have one or two drinks of an alcohol beverage nearly every day.



Source: Youth Risk Behavior Survey (collected every other year)

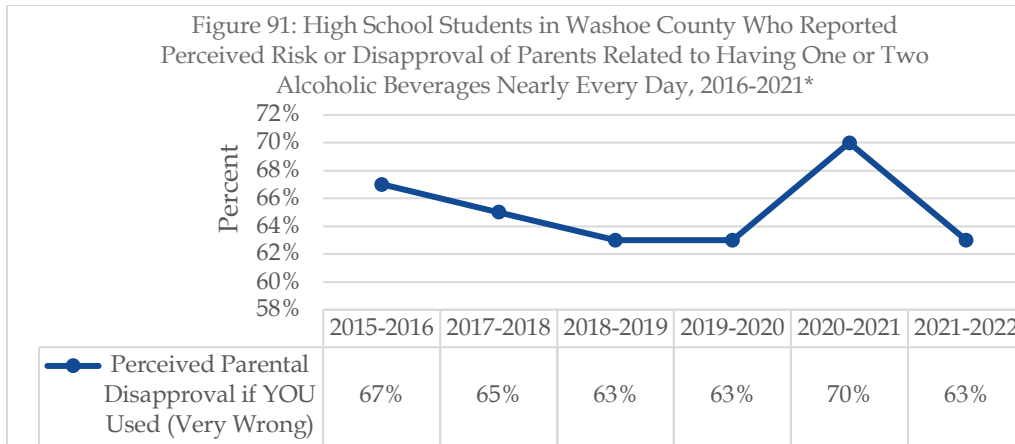
High School Youth

High school students were asked if their parents feel it would be wrong for them to have one or two drinks of an alcohol beverage nearly every day.



Source: Youth Risk Behavior Survey (collected every other year)

The Washoe County School District Climate survey also includes questions related to the perception of parental disapproval.

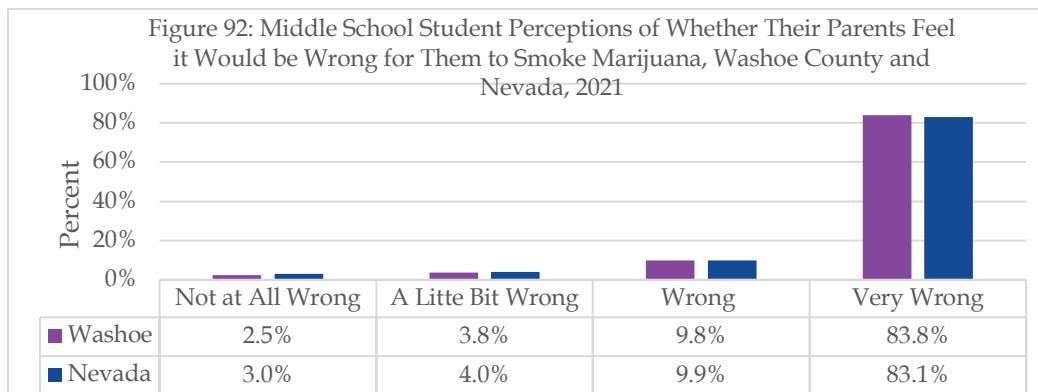


Source: Washoe County School District – School Climate Survey. *Note: Question not asked in 2016-2017

Marijuana

Middle School Youth

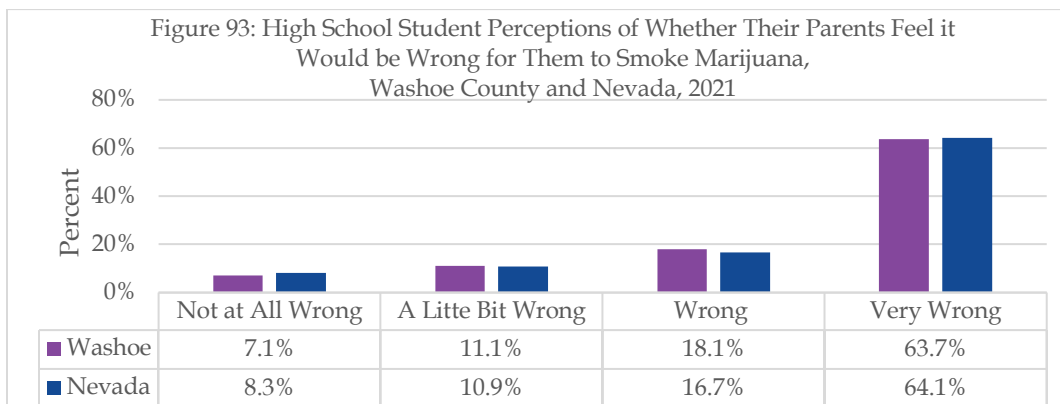
Middle school students were asked if their parents felt it would be wrong for them to smoke marijuana.



Source: Youth Risk Behavior Survey (collected every other year)

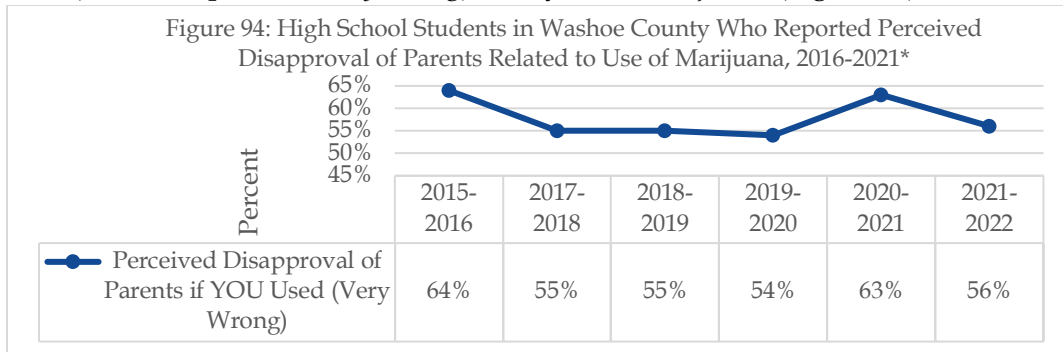
High School Youth

High school students were asked if their parents feel it would be wrong for them to smoke marijuana.



Source: Youth Risk Behavior Survey (collected every other year)

The Washoe County School District Climate survey also includes questions about the perception of peer approval. In 2021/22, over one half (56%) perceived their parents would disapprove (with a response of *very wrong*) if they used marijuana (Figure 94).

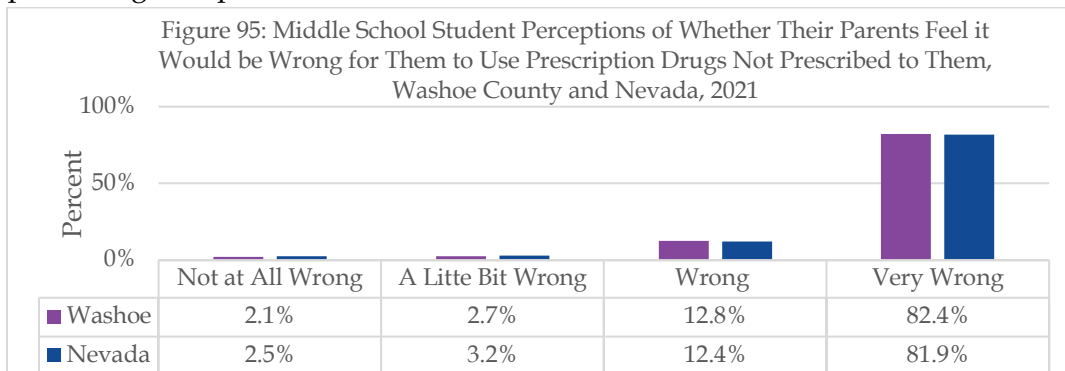


Source: Washoe County School District – School Climate Survey. *Note: Question not asked in 2016-2017

Prescription Drugs

Middle School Youth

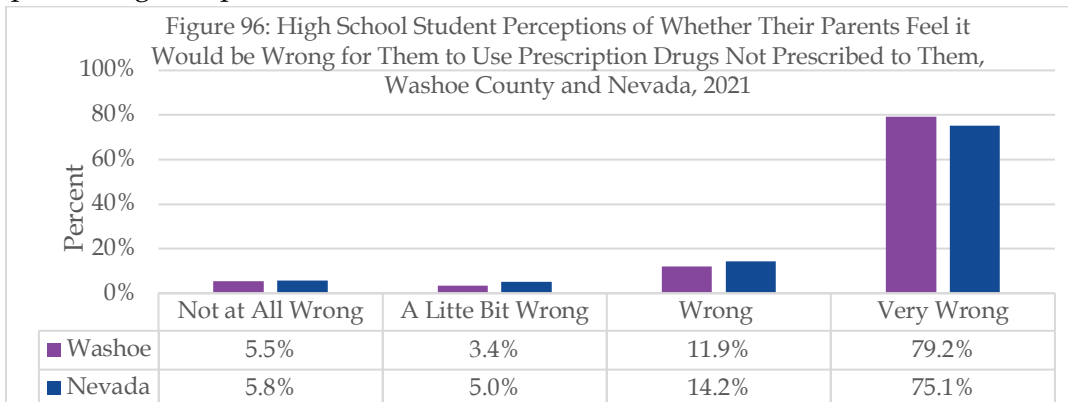
Middle school students were asked if their parents feel it would be wrong for them to use prescription drugs not prescribed to them.



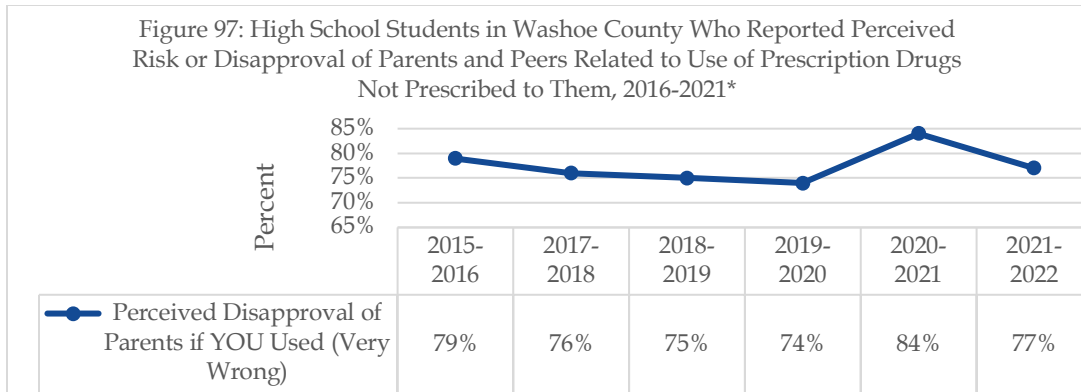
Source: Youth Risk Behavior Survey (collected every other year)

High School Youth

High school students were asked if their parents feel it would be wrong for them to use prescription drugs not prescribed to them.



Source: Youth Risk Behavior Survey (collected every other year)

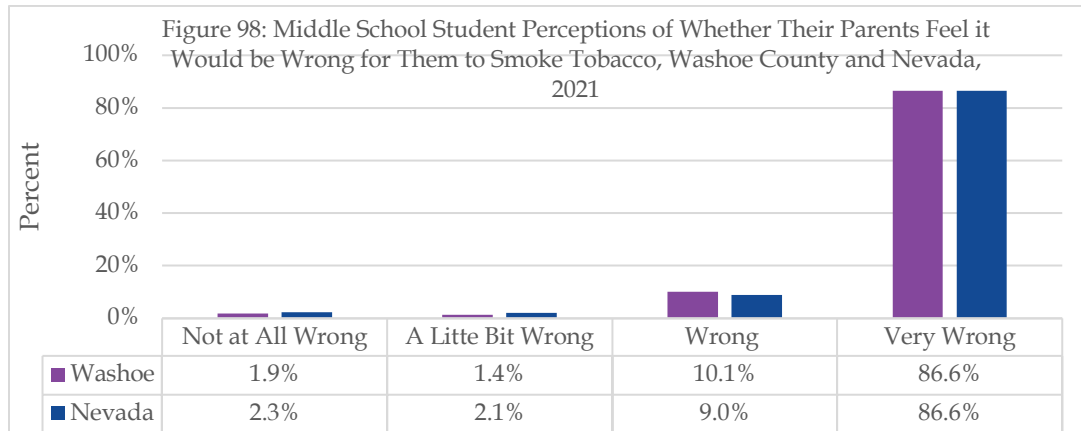


Source: Washoe County School District – School Climate Survey. *Note: Question not asked in 2016-2017

Tobacco

Middle School Youth

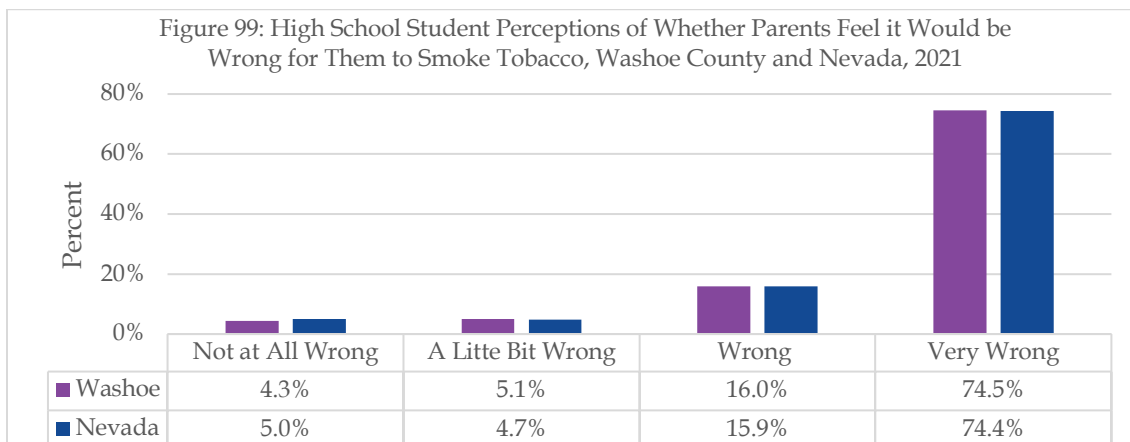
Middle school students were asked if their parents felt it would be wrong for them to smoke tobacco.



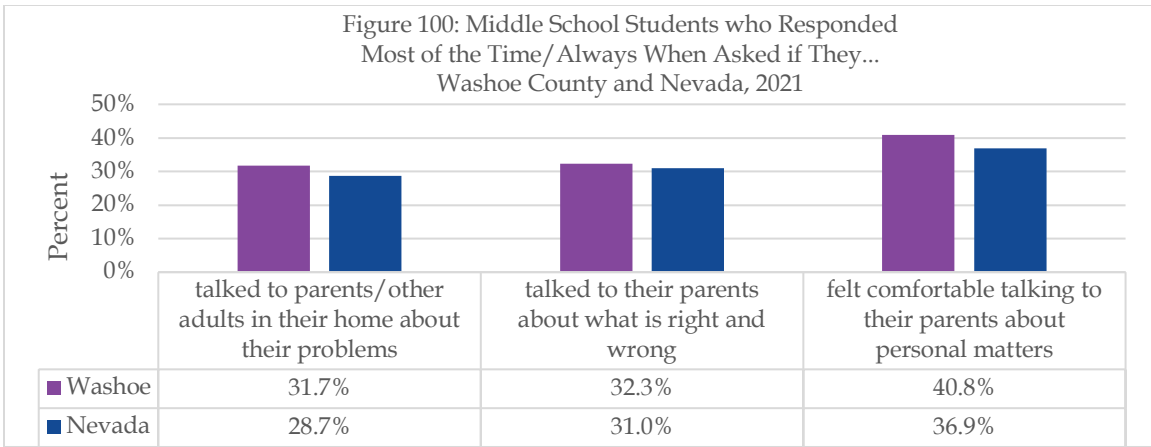
Source: Youth Risk Behavior Survey (collected every other year)

High School Youth

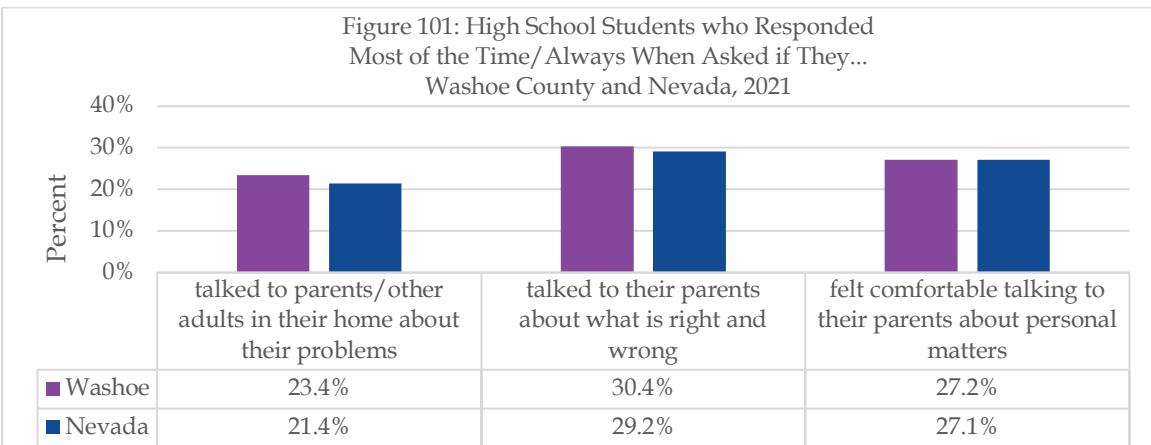
High school students were asked if their parents feel it would be wrong for them to smoke tobacco.



Source: Youth Risk Behavior Survey (collected every other year)



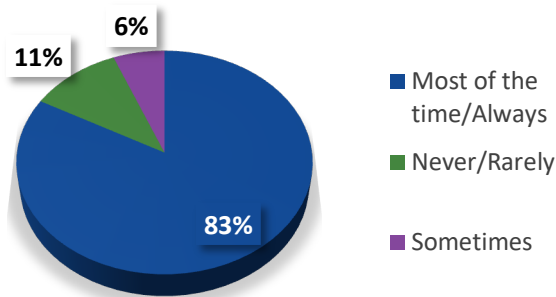
Source: Youth Risk Behavior Survey (collected every other year)



Source: Youth Risk Behavior Survey (collected every other year)

Providing of Needs

Figure 102: HS Students Ever Had an Adult in Their Household who Tried Hard to Make Sure Their Basic Needs were Met, Washoe County 2021

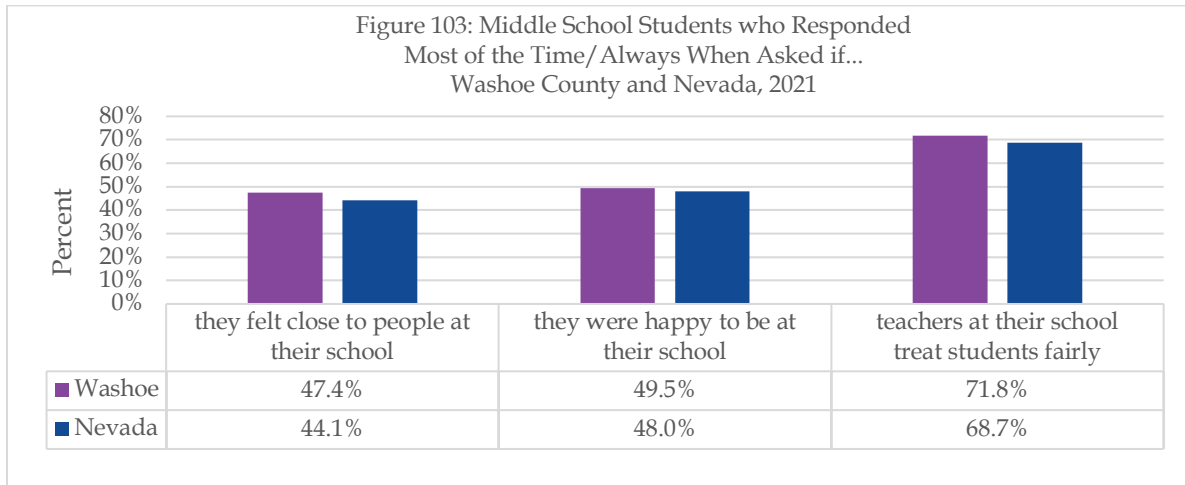


Source: Washoe County Climate Survey 2021.

School / Community

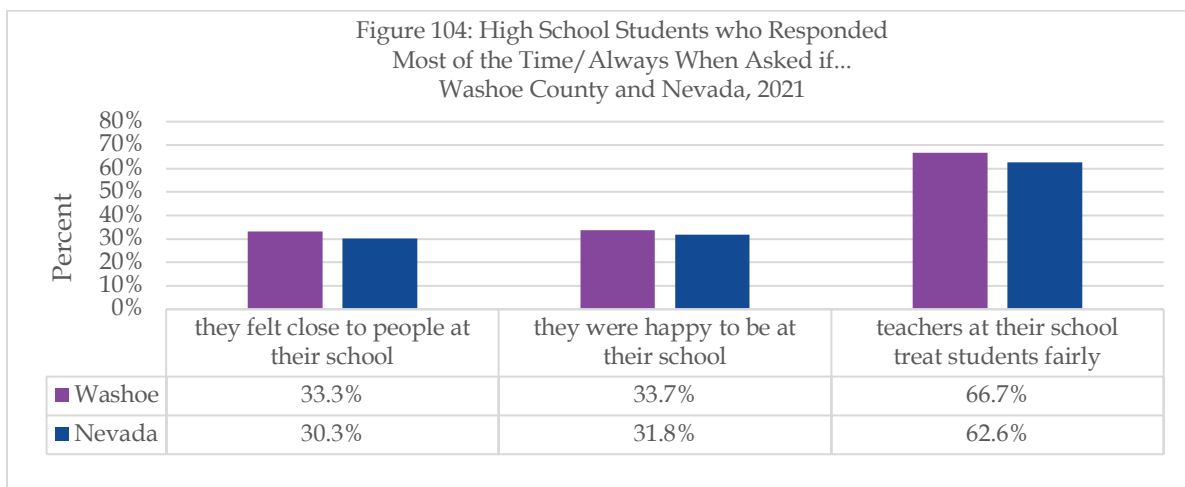
School Engagement

As shown in Figure 103, in 2021, almost half of Washoe County middle school students responded *most of the time/always* when asked if they felt close to people at their school (47.4%) and if they were happy to be at their school (49.5%). Over two thirds of Washoe County middle school students (71.8%) responded *most of the time/always* when asked if teachers at their school treat students fairly. Washoe County is slightly higher than Nevada for all three metrics.



Source: Youth Risk Behavior Survey (collected every other year)

As shown in Figure 104, in 2021, one third of Washoe County high school students responded *most of the time/always* when asked if they felt close to people at their school (33.3%) and if they were happy to be at their school (31.8%). Two thirds of Washoe County middle school students (66.7%) responded *most of the time/always* when asked if teachers at their school treat students fairly. Washoe County is slightly higher than Nevada for all three metrics.

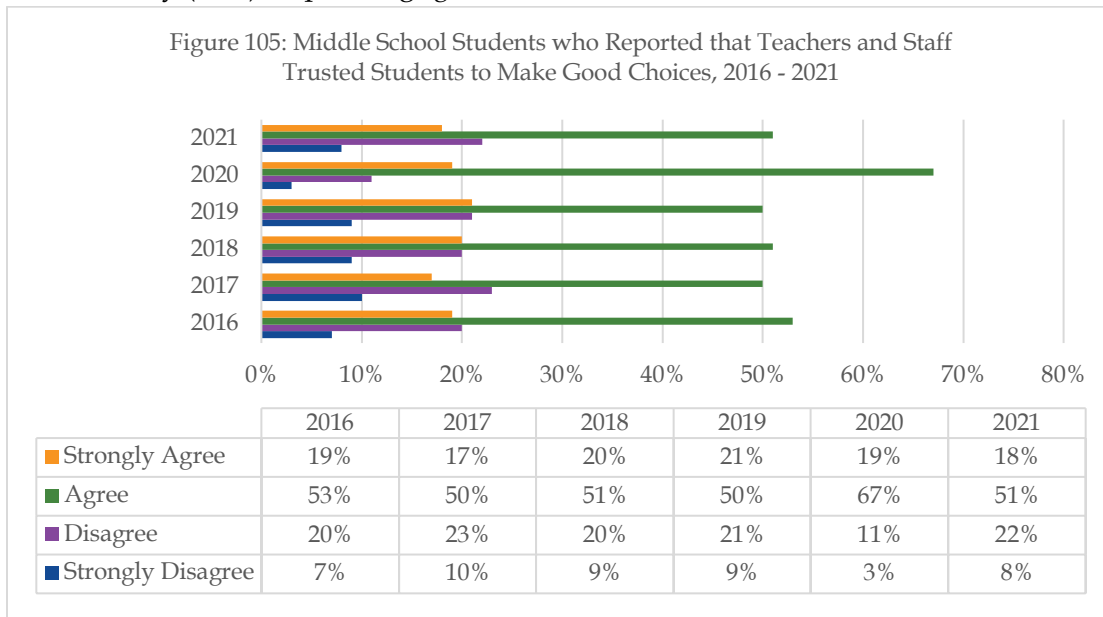


Source: Youth Risk Behavior Survey (collected every other year)

Adult Respect

Middle School

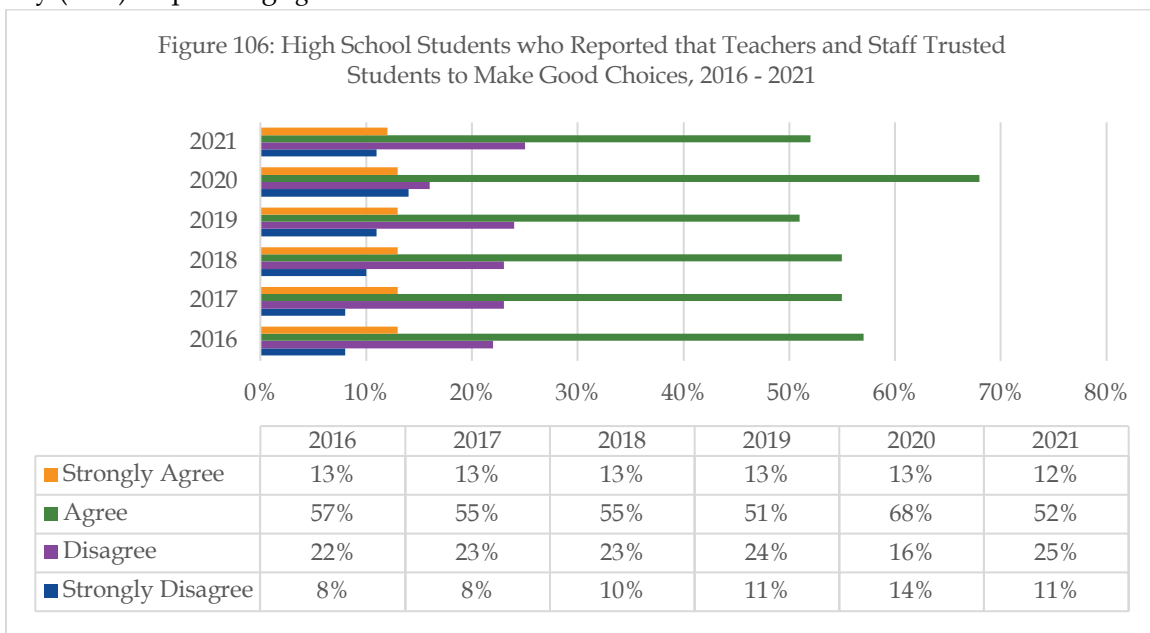
Middle school students were asked if their teachers and staff at their school trust students to make good choices. Figure 105 summarizes responses, with over half of middle school students in Washoe County (51%) responding *agree*.



Source: Washoe County School District – School Climate Survey.

High School

High school students were asked if their teachers and staff at their school trust students to make good choices. Figure 106 summarizes responses, with over half of middle school students in Washoe County (52%) responding *agree*.

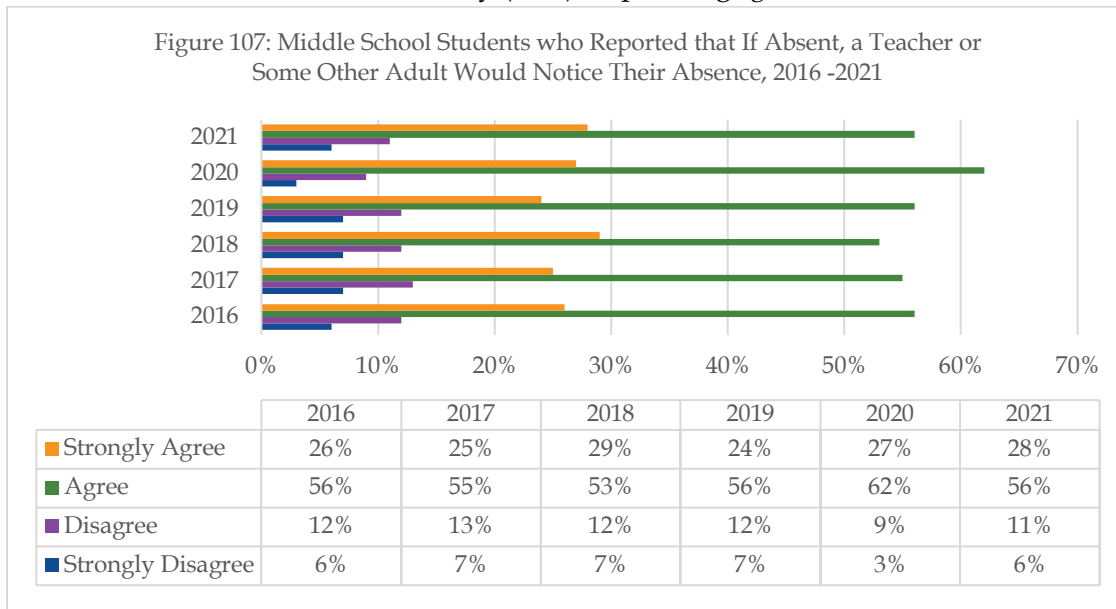


Source: Washoe County School District – School Climate Survey.

Adult Support

Middle School

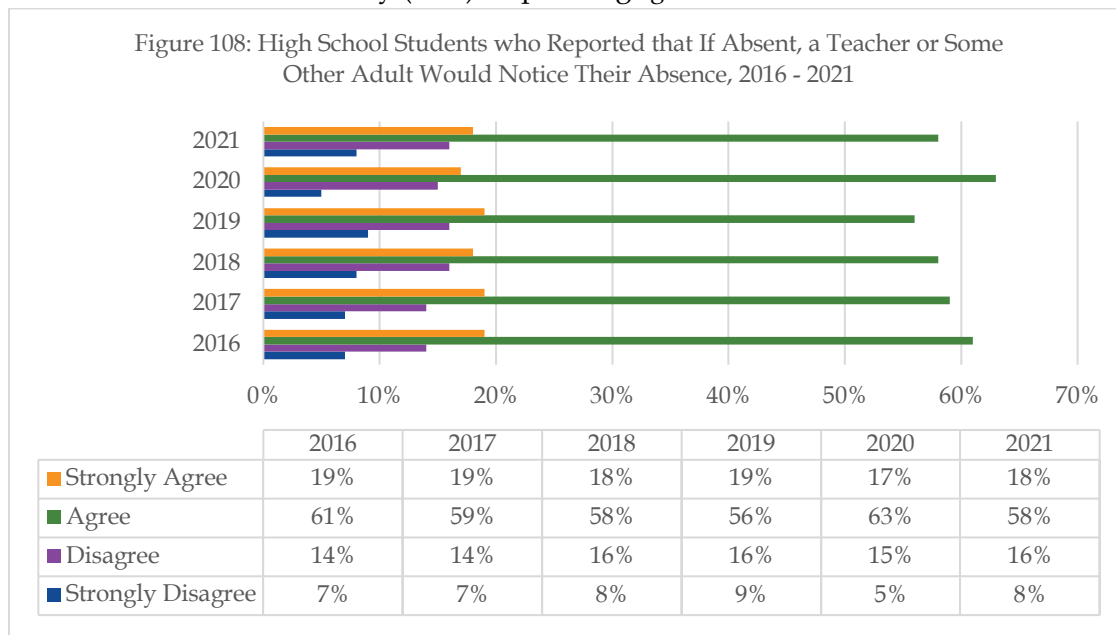
Middle school students were asked if they were absent, if there was an adult or teacher at school that would notice their absence. Figure 107 summarizes responses, with over half of middle school students in Washoe County (56%) responding *agree*.



Source: Washoe County School District – School Climate Survey.

High School

High school students were asked if they were absent, if there was an adult or teacher at school that would notice their absence. Figure 108 summarizes responses, with over half of middle school students in Washoe County (58%) responding *agree*.



Source: Washoe County School District – School Climate Survey.

Healthy Peer Groups

Peer Perception of Substance Use

Key Findings

1.) Middle school students were asked if their friends felt it would be wrong for them to have one or two drinks of an alcohol beverage nearly every day. **Figure 109** summarizes responses, with over half of middle school students in Washoe County (51.8%) and Nevada (52.4%) responding *very wrong*.

2.) High school students were asked if their friends felt it would be wrong for them to have one or two drinks of an alcohol beverage nearly every day. **Figure 110** summarizes responses, with over one third of high school students in Washoe County (35.8%) and Nevada (34.8%) responding *very wrong*.

3.) The Washoe County School District Climate survey includes questions related to the perception of peer approval. In 2021/22, one third (33%) perceived their peers would disapprove (with a response of *very wrong*) if they had one or two alcoholic beverages nearly every day (**Figure 111**).

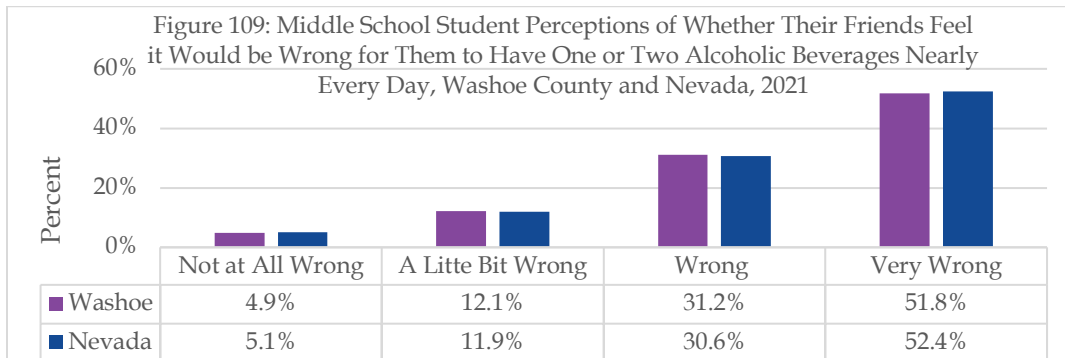
4.) High school students were asked if their friends felt it would be wrong for them to smoke marijuana. **Figure 113** summarizes responses, with nearly one third of high school students in Washoe County (31.5%) and Nevada (30.4%) responded *very wrong*. 28.7% responded *not at all wrong* which is a significant metric.

5.) High school students were asked if their friends felt it would be wrong for them to smoke tobacco. **Figure 119** summarizes responses, with less than half of high school students in Washoe County (44.4%) and Nevada (43.1%) responding *very wrong*.

***Refer to Limitations, Challenges, and Technical Notes (pg. 14).**

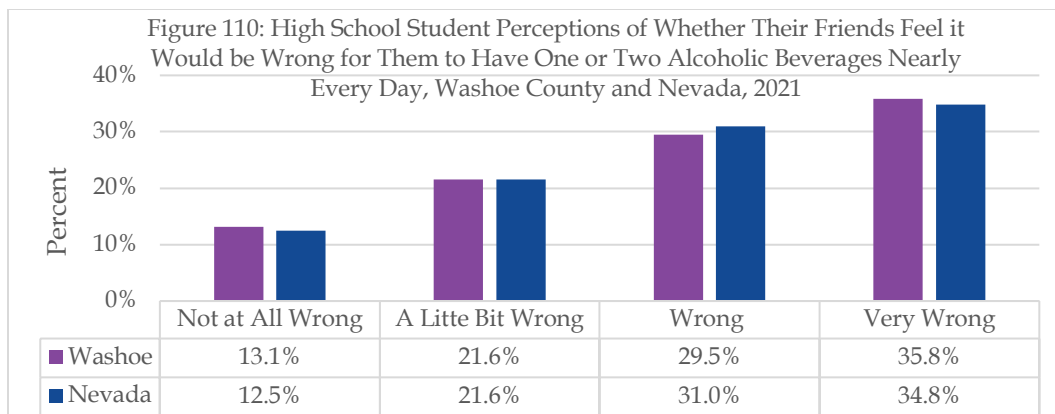
Alcohol

Middle school students were asked if their friends felt it would be wrong for them to have one or two drinks of an alcohol beverage nearly every day.



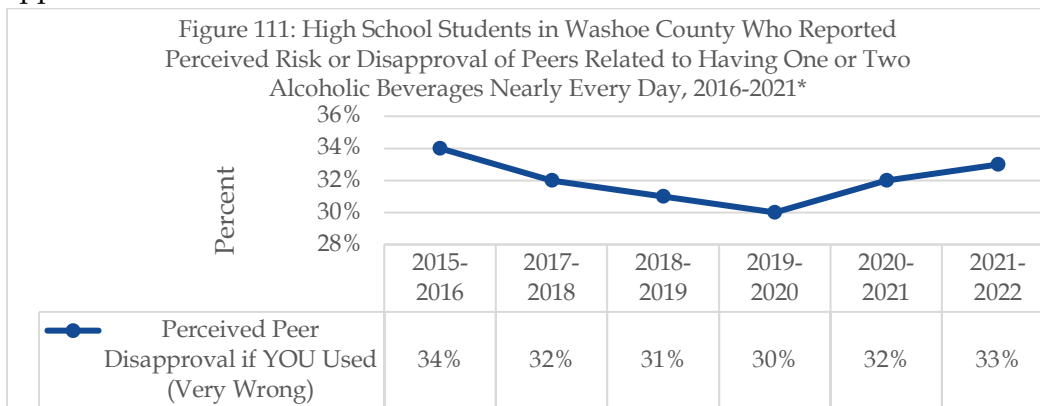
Source: Youth Risk Behavior Survey (collected every other year)

High school students were asked if their friends felt it would be wrong for them to have one or two drinks of an alcohol beverage nearly every day.



Source: Youth Risk Behavior Survey (collected every other year)

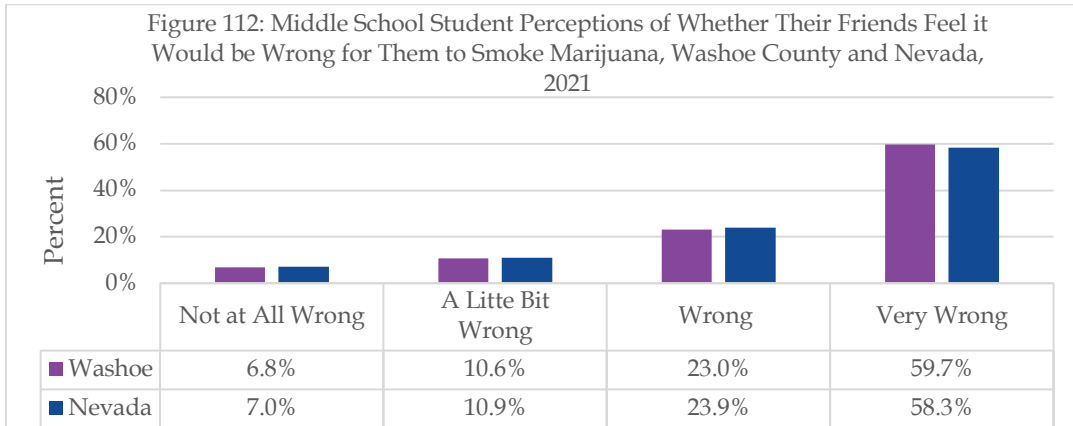
The Washoe County School District Climate survey includes questions related to the perception of peer approval.



Source: Washoe County School District - School Climate Survey. *Note: Question not asked in 2016-2017

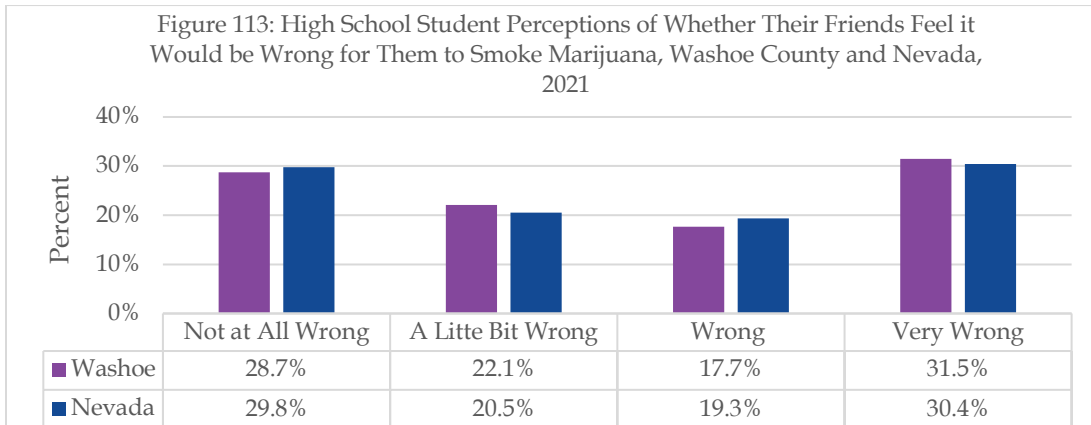
Marijuana

Middle school students were asked if their friends felt it would be wrong for them to smoke marijuana.



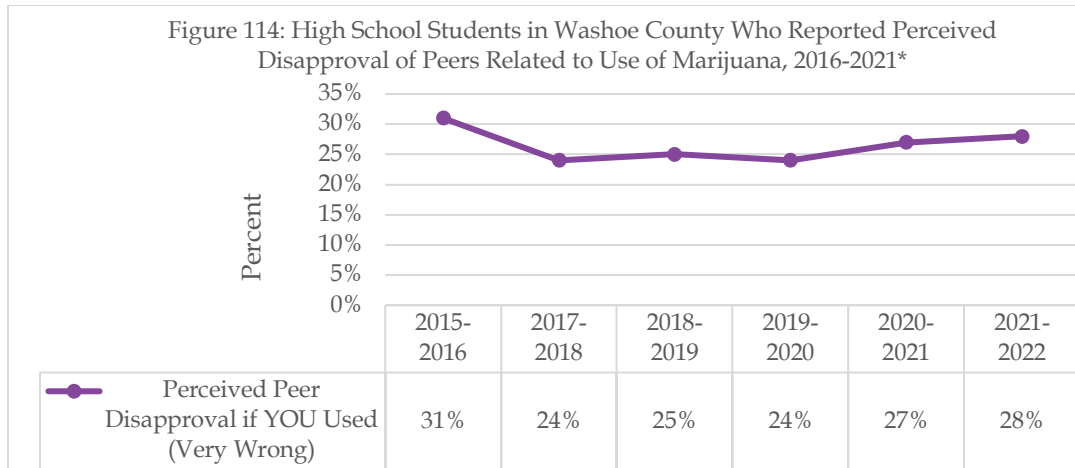
Source: Youth Risk Behavior Survey (collected every other year)

High school students were asked if their friends felt it would be wrong for them to smoke marijuana.



Source: Youth Risk Behavior Survey (collected every other year)

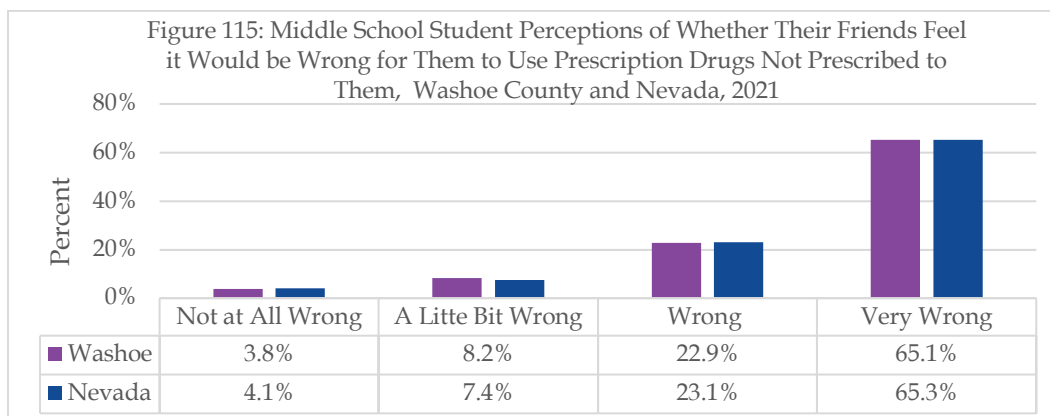
The Washoe County School District Climate survey also includes questions related to the perception of peer approval.



Source: Washoe County School District – School Climate Survey. *Note: Question not asked in 2016-2017

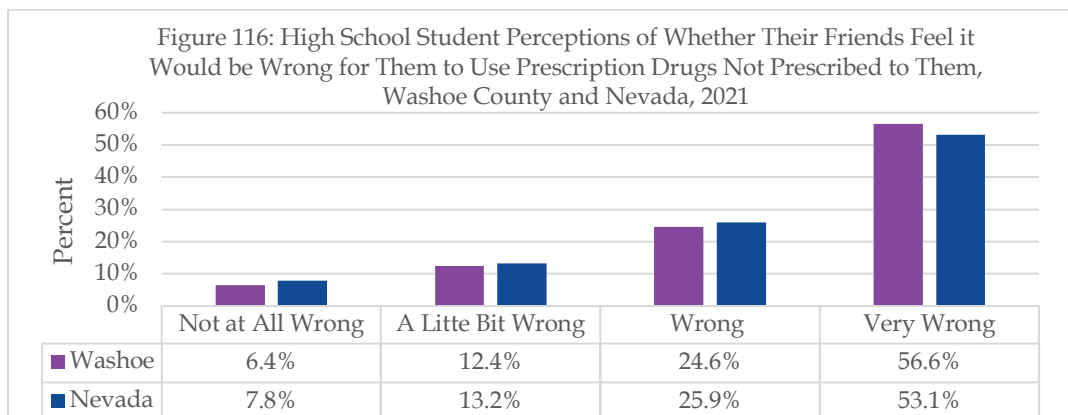
Prescription Drugs

Middle school students were asked if their friends feel it would be wrong for them to use prescription drugs not prescribed to them.



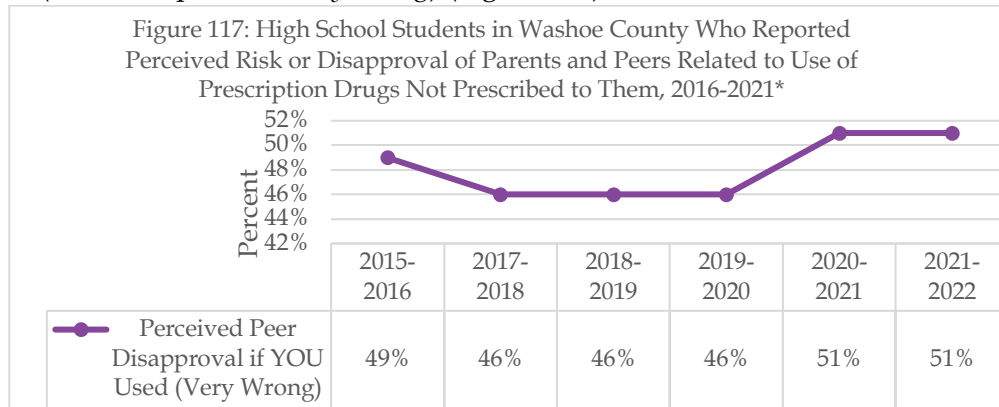
Source: Youth Risk Behavior Survey (collected every other year)

High school students were asked if their friends feel it would be wrong for them to use prescription drugs not prescribed to them.



Source: Youth Risk Behavior Survey (collected every other year)

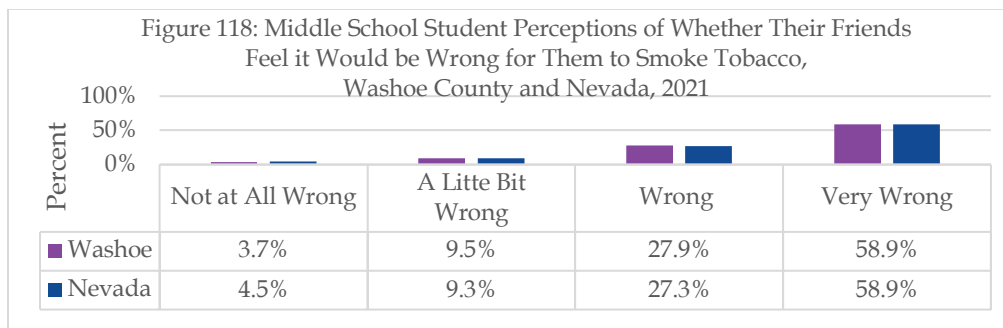
The Washoe County School District Climate survey also includes questions related to the perception of peer approval. In 2021/22, over half (51%) perceived their peers would disapprove (with a response of *very wrong*) (Figure 117).



Source: Washoe County School District – School Climate Survey. *Note: Question not asked in 2016-2017

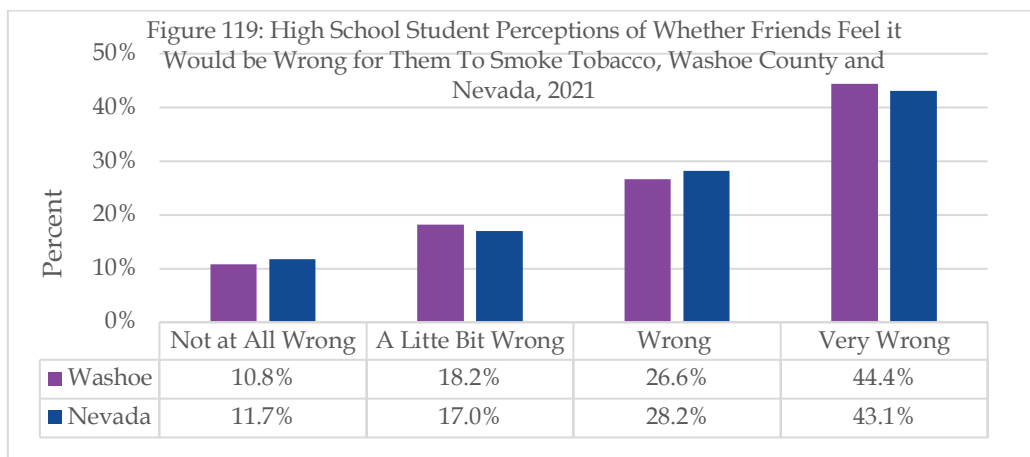
Tobacco

Middle school students were asked if their friends felt it would be wrong for them to smoke tobacco. Figure 118 summarizes responses, with over half of middle school students in Washoe County (58.9%) and Nevada (58.9%) responding *very wrong*.



Source: Youth Risk Behavior Survey (collected every other year)

High school students were asked if their friends felt it would be wrong for them to smoke tobacco.



Source: Youth Risk Behavior Survey (collected every other year)

STEP 2: CAPACITY

Capacity is defined by the ability of communities to effectively address complex problems and includes community resources, readiness, and problem identification. Capacity is one of the most important defining factors of moving toward meaningful change in substance misuse prevention. This section will explore Join Together Northern Nevada’s model for systemic change, analyze where the coalition is currently in building capacity, and identify priorities for increasing capacity.

Collective Impact Model:

Collective Impact is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change¹¹. Collective Impact within Join Together Northern Nevada was not tracked or analyzed prior to 2022.

The key component of implementing the collective impact model are as follows:

- Common Agenda - Coalition Members come together to identify and define a shared vision for the complex problem they are trying to address.
- Shared Measurement - Accountability and learning can take place when there is a consistent measurement across members. This allows growth and adaptation to be fluid and meaningful throughout the life of the process and ties all stakeholders into the Strategic Prevention Framework.
- Mutually Reinforcing Activities - Members in collective impact seek to increase capacity by engaging together to ensure maximum benefit of their activities. Member contributions are different but reinforce the overall goal and reach of the work.
- Continuous Communication - Members are in consistent contact with one another, and the building of trust and culture within the group are central to the success of the Collective Impact Model. Value is applied to communication and work toward consistent, effective, and meaningful work within the group.
- Backbone - Collective Impact requires a dedicated team to align and facilitate the success of collective.

A key aspect of identifying community capacity to deal with substance abuse problems in Washoe County is bringing together key agencies, individuals, and organizations to plan and implement appropriate and sustainable prevention efforts in the community. Between January 1, 2023 – December 31, 2024, JTNN will continue to accomplish these efforts in numerous ways outlined below. As other community needs are identified, additional mobilization activities may be added.

¹¹ Graybeal, F. (n.d.). *What Is Collective Impact*. Collective Impact Forum. Retrieved December 10, 2022. <https://collectiveimpactforum.org/what-is-collective-impact/>

All Coalition: This group consists of concerned area professionals and residents who work to increase the capacity for substance abuse treatment, collect community-wide data, and strive to prevent the initiation of drug use among youth and adults.

Community Prescription Round Up Committee: Comprised of business leaders, law enforcement personnel, members of the medical community, and substance abuse professionals, this committee works to monitor and reduce prescription drug abuse in Washoe County. The group established and monitored permanent drop boxes located in all police stations, hosts semi-annual prescription drug take back events, and educates community members about proper prescription drug storage and disposal.

Drug Endangered Children (DEC) Alliance: Comprised of school district administrators, law enforcement, children's hospital personnel, social services, and treatment agencies, this group reviews Handle With Care alerts and a prompt trauma response protocol for drug endangered children.

Environmental Strategies Group: Comprised of local business leaders, law enforcement personnel, city code enforcement, and substance abuse professionals, this group works together to reduce underage drinking by changing the environment.

Marijuana Committee: Comprised of community members, government agencies, law enforcement, prevention workers, and substance abuse professionals, this committee develops strategies to educate community members about marijuana to reduce harm to youth and the community.

Prevention Committee: Comprised of JTNN's subgrant recipients, this committee shares lessons learned and works to develop and complete projects focused on successful substance abuse prevention among youth.

JTNN Executive Board: The Executive Board is comprised of volunteer members from various sectors of the community who work collaboratively with the Executive Director to ensure JTNN's resources are handled with the greatest of care and accountability.

Polysubstance Use Committee: Comprised of community members, government agencies, law enforcement, prevention workers, and substance abuse professionals, this committee works to combat the polysubstance crisis (opioids, fentanyl, and methamphetamine) that is affecting our community.

Overdose Awareness Day Committee: Comprised of community members, government agencies, prevention workers, and substance abuse professionals, this committee works to host the Overdose Awareness Day event in Washoe County to bring awareness to the overdoses and bring hope to our community.

Other involvement: JTNN is and will continue to be involved in other local and statewide coalition efforts such as the Statewide Epidemiology Workgroup, Multidisciplinary Prevention Advisory Committee, Evidence Based Practices Workgroup, Washoe County Chronic Disease Coalition, Washoe County Substance Abuse Task Force, Nevada Statewide Coalition Partnership, Northern Nevada Behavioral Health Coalition, and the Washoe Regional Behavioral Health Policy Board.

Figure 120: Current Capacity Efforts within the Collective Impact Model

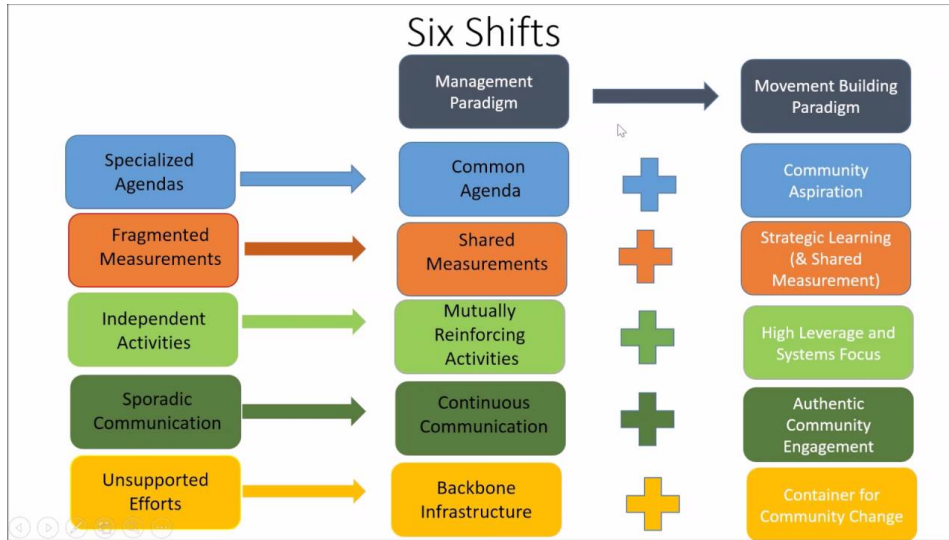


Table 5: Focus Group- Capacity Results

Results	Collective Impact Connection
The school environment is changing (charters, private, online, etc.). JTNN needs to make sure all types of schools are included	Principles of Practice: Include Community Members in the Collective
Branch out the Drug Free Communities community sector: include JPOs under “law enforcement”, include mental and behavioral health under “healthcare”, specify types of media under “media”	Common Agenda Backbone Organization Principle of Practice: Include Community Members in the Collective
Participants believe that JTNN is inviting and welcoming for new partners. There have been some disruptions with COVID and JTNN staff turnover	Principle of Practice: Build Culture that Fosters Relationships, Trust and Respect
There was evidence to support that JTNN provides prevention-based education, training and other resources to partner agencies, thus increasing capacity	Backbone Organization
A re-thinking of what JTNN wants from partners and how exactly they want partners to participate may be in order (“Re-think what you want from the community. Do you want confirmation that they agree with what you are doing? Do you want innovative ideas?”)	Backbone Organization Common Agenda
JTNN has a history of inviting leadership from agencies and organizations to attend meetings. Participants believe this is a good approach, as many of them were delegated to participate with JTNN when they first became involved	Principle of Practice: Recruit and co-create with cross-sector partners
JTNN needs input from youth. “The power is with the kids.” Keep in mind there is a	Common Agenda and Principle of Practice: Design and implement the initiative with a

difference between youth peer groups and youth who may not be motivated to join a group	priority placed on equity
Several participants indicated that their first interaction with JTNN was motivated because JTNN was offering grant funding, but that they now feel like they were able to grow their own organizations become better partners with JTNN	Backbone Organization
Participants mentioned several organizations that they believe JTNN should be involved with: Washoe Co. CPS, Washoe Co. Mental Health Consortium, MOST teams, Mobile Crisis Response Unit, Washoe Co. Substance Abuse Taskforce	Common Agenda Backbone Organization Principle of Practice: Include Community Members in the Collective
Participants would like to see less division between prevention and treatment, especially as JTNN adds harm reduction strategies to their efforts. They believe that treatment and prevention should be sending the same messages	Common Agenda Mutually Reinforcing Activities
Participants would like to see JTNN take more of a leadership role in the community and more aggressively exert themselves as experts in substance misuse prevention	Backbone Organization Principle of Practice: Cultivate leaders with unique system leadership skills
Participants who serve on JTNN's various sub-committees like the structure and clear direction they provide	Common Agenda

Table 6: JTNN Logic Model for Marijuana Misuse

Problems & Related Behaviors	Risk and Protective Factors	Evidence-Based Interventions	Short-term Outcomes	Long-term Outcomes
Youth Marijuana Misuse	Early substance use, Favorable attitudes toward drugs	Primary, Secondary, and Tertiary Prevention Practices	Reduce high school use on 20+ days during the past 30 days from 42.1% to 35%	Reduce underage past 30-day use
High Perception of Risk for Marijuana Misuse	Early substance use, Favorable attitudes toward drugs	Primary, Secondary, and Tertiary Prevention Practices	Reduce Middle School perception of moderate risk from 30.3% to 25%	Reduce youth perception of risk around marijuana
			Reduce High School perception of slight risk from 34.6% to 30%	Reduce youth perception of risk around marijuana
Low Peer Perception of Risk for Marijuana Misuse	Early substance use, Favorable attitudes toward drugs	Primary, Secondary, and Tertiary Prevention Practices	Increase peer perceived disapproval of high school marijuana use from 28% to 35%	Increase peer perceived risk of youth marijuana use
Low Parental Perception of Risk for Marijuana Misuse	Societal/community norms about alcohol and drug use	Community Education related to THC Levels, methods of ingestion, and medical/mental health impacts	Increase parental perceived disapproval of high school marijuana use from 56% to 60%	Increase parental perceived risk of youth marijuana use
High Prenatal Marijuana Misuse Rates	Societal/community norms about alcohol and drug use	Education to child-bearing age community members of the potential negative impacts of marijuana use during pregnancy	Reduce prenatal substance abuse birth rates for marijuana from 26.1 per 1,000 live births to 20.	Reduce prenatal substance abuse birth rates for marijuana

Table 7: JTNN Logic Model for Youth Resiliency

Problems & Related Behaviors	Risk and Protective Factors	Evidence-Based Interventions	Short-term Outcomes	Long-term Outcomes
Low Youth Resiliency	Antisocial Behavior Supportive Relationships, Connectedness to adults outside of family	Evidence-Based training for Drug Endangered Children	Increase the number of middle school students who received the help they needed when they felt sad, empty, hopeless, angry or anxious from 31.8% to 40%	Increase help for students who feel sad, empty, hopeless, angry or anxious
			Decrease the number of high school students who ever lived with someone who was having a problem with drugs or alcohol from 35% to 30%	Decrease the number of youths who live with someone who has an issue with alcohol or other drugs
		Re-examine Handle with Care to increase support for youth	Increase the number of middle school students who received the help they needed when they felt sad, empty, hopeless, angry or anxious from 31.8% to 40%	Increase help for students who feel sad, empty, hopeless, angry or anxious
		Offer behavioral health education at events relating to Electronic Bullying and Social Media Impacts	Reduce the number of high school students who were electronically bullied in the last 12 months from 18.6% to 15%	Reduce the number of youths who were electronically bullied in the last 12 months
	Peer attitudes toward drugs, favorable attitudes towards drugs, societal/community norms about alcohol and drug use	One Choice Programming for youth throughout service area	Increase the high school student perceptions of whether their friends feel it would be wrong for them to smoke marijuana from 28.87% to 35%	Increase student perceptions of peers' feelings on substance misuse

Table 8: JTNN Logic Model for Youth Access to Substances in Washoe County

Problems & Related Behaviors	Risk and Protective Factors	Evidence-Based Interventions	Short-term Outcomes	Long-term Outcomes
Youth Access to Substances in Washoe County	Societal/Community norms about alcohol and drug use	Medicine lock boxes, Detera Bags, RX Take Back Days	Reduce high school perception of access to prescription pain medication from 9.9% to 5%	Reduce youth perception of access to prescription pain medication
	Availability and access to alcohol	Alcohol compliance checks, Beverage Server Training, Shoulder Tap Surveillance	Reduce high school perception of access to alcohol from 26.9% to 20%	Reduce youth perception of access to alcohol
	Laws and norms favorable toward alcohol and drug use	Policy regulations related to product placement for tobacco, synthetic marijuana, kratom, and vaping products	Reduce high school perception of access to vapor products from 31.6% to 25%	Reduce youth perception of access to vapor products
	Societal/Community norms about alcohol and drug use	Educational campaigns for retailers	Reduce high school perception of access to vapor products from 31.6% to 25%	Reduce youth perception of access to vapor products
		Models Matter Campaign to challenge social norms and substance misuse	Increase high school student perceptions of whether they think people have no risk harming themselves physically or in other ways when they have 5+ drinks of alcoholic beverage once or twice a week 14.0% to 25%	Increase perception of risk of having 5+ drinks of alcoholic beverage once or twice a week

Table 9: JTNN Logic Model for Harm Reduction Services in Washoe County

Problems and Related Behaviors	Risk and Protective Factors	Evidence-Based Interventions	Short-term Outcomes	Long-term Outcomes
Confusion pertaining to the Good Samaritan Law	Societal/Community Norms About Drug Use	Review of Good Samaritan Law	Increase the percentage of naloxone administered for overdoses from 30% to 35%.	Increase naloxone administration for overdoses
		Trainings on Good Samaritan Law	Increase the percentage of naloxone administered for overdoses from 30% to 35%.	Increase naloxone administration for overdoses
High Opioid Overdose Rates	Societal/Community Norms About Drug Use	Expand installation of Naloxboxes in high-risk areas	Reduce Washoe County opioid overdoses from 63% to 55%.	Reduce Washoe County overdose deaths.
		Increase Naloxone trainings to include the public	Reduce Washoe County opioid overdoses from 63% to 55%.	Reduce Washoe County overdose deaths.

Table 10: JTNN Logic Model for Youth Vaping in Washoe County

Problems and Related Behaviors	Risk and Protective Factors	Evidence-Based Interventions	Short-term Outcomes	Long-term Outcomes
Youth Vaping Misuse	Early substance use, Favorable attitudes toward drugs	Tiered System of Response	Reduce high school students use of electronic vapor products from 41.8% to 35%	Reduce youth use of electronic vapor products
		Education related to vaping risks	Reduce high school students use of electronic vapor products from 41.8% to 35%	Reduce youth use of electronic vapor products

Table 11: JTNN Logic Model for Youth Behavioral Health in Washoe County

Problems & Related Behaviors	Risk and Protective Factors	Evidence-Based Interventions	Short-term Outcomes	Long-term Outcomes
Youth Struggling with Substance Misuse and Behavioral Health	Antisocial behavior, Conduct disorder, Anxiety, Depression	Expand current prevention services to include all aspects of behavioral health	Decrease the number of high school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months from 47.1% to 40%	Decrease the number of youths who feel sad or hopeless almost every day for two or more weeks in a row during a 12-month period
		Societal/community norms about alcohol and drug use	Development and enforcement of behavioral health standards around substance misuse	Decrease the percentage of students who never or rarely got the kind of help they need when they felt sad, empty, hopeless, angry, or anxious from 48.3% to 40%
	Favorable attitudes towards drugs, Early substance use	Evidence-Based programs for K-12 youth	Reduce the percentage of high school youth who consumed alcohol in the last 30 days from 21.4% to 15%	Reduce the number of youths who consume alcohol
			Reduce the percentage of high school youth who consumed marijuana in the last 30 days from 16.5% to 10%	Reduce the number of youths who consume marijuana
			Reduce the percentage of high school youth who used electronic vapor products in the last 30 days from 20.5% to 15%	Reduce the number of youths who use electronic vapor products

Table 12: JTNN Logic Model for Healthy Family Relationships in Washoe County

Problems & Related Behaviors	Risk and Protective Factors	Evidence-Based Interventions	Short-term Outcomes	Long-term Outcomes
Disconnect between family/caretakers and youth	Poor attachment with parents, lack of adult supervision supportive relationships with family members	Evidence-Based Education to families and caretakers	Increase the percentage of high school youth who feel comfortable to talk to their families about personal matters from 27.2% to 35%	Increase the number of youths who feel comfortable to talk to families about personal matters
		Implement Informational Campaigns based on actionable “game plans” for families and caretakers of youth	Increase the percentage of high school youth who feel comfortable to talk to their families about personal matters from 27.2% to 35%	Increase the number of youths who feel comfortable to talk to families about personal matters
		Provide researched and meaningful information and resources to families and caretakers of youth	Increase the percentage of high school youth who feel comfortable to talk to their families about personal matters from 27.2% to 35%	Increase the number of youths who feel comfortable to talk to families about personal matters

Table 13: JTNN Logic Model for Young Adult Substance Misuse in Washoe County

Problems and Related Behaviors	Risk and Protective Factors	Evidence-Based Interventions	Short-term Outcomes	Long-term Outcomes
Young Adult Substance Misuse	Attending college, Favorable attitudes towards drugs, Early substance use	Create tiered, evidence-based responses for college students who are experiencing substance use	Reduce the percentage of UNR college students who consumed alcoholic beverages (beer, wine, liquor, etc.) from 69.6% to 60%	Reduce the number of college-aged young adults consuming alcoholic beverages
Young Adult Substance Misuse			Reduce the percentage of UNR college students who used non-medical cannabis from 36.9% to 30%	Reduce the number of college-aged young adults consuming alcoholic beverages

Priority 1: Engage in Systems Change Related to Marijuana		
<i>JTNN will reduce the misuse of marijuana by working with community partners to implement systemic change</i>		
By Addressing the Risk and Protective Factors of...		
Favorable attitudes toward drugs	Societal/Community Norms About Drug Use	Early Substance Use
Through the Following Potential Activities...		
<ul style="list-style-type: none"> - Educate general public about increased THC levels, methods of ingestion (e.g., vape, edibles, etc.), and medical and mental health impacts - Educate public of child-bearing age about the negative impacts of marijuana use during pregnancy - Implement evidence-based primary, secondary, and tertiary prevention practices using a tiered approach 		
With the Assistance of the Following Potential Partners...		
Marijuana Work Group Criminal Justice System Washoe County School District UNR/TMCC Treatment Providers		

Priority 2: JTNN Alignment with Collective Impact				
<i>JTNN will align their policies and practices with the Collective Impact Framework to increase participation in the most meaningful way.</i>				
By Reviewing and Adjusting Each Area of the Strategic Prevention Framework...				
Assessment	Capacity	Planning	Implementation	Evaluation
Through the Following Potential Activities...				
<ul style="list-style-type: none"> - Interact with individuals at “entry points” (e.g., schools, CPS, etc.) to address prevention - Create and distribute simple, actionable steps for prevention - Share “problem-action-impact-result” approach w/ community partners - Expand community sector graphic (see notes from focus groups) - Assert coalition as experts - Focus on online content - Include people with lived experience - Revise mission statement - Share resource directory with other agencies - Increase opportunities for all community sectors to participate (esp. Youth) - Consider changing school environments (e.g., charter schools, online schools) - Engage families who are already engaged with youth (I.e., coaches, PTS, etc.) and grow from there - Incentivize and remove barriers for families to participate in educational opportunities - Consider small group instruction for youth 				
With the Assistance of the Following Potential Partners...				
Board of Directors JTNN Staff Washoe County School District All Coalition Members				

Priority 3: Increase Youth Resiliency					
<i>JTNN will work within existing systems to increase resiliency among young people living in Washoe County.</i>					
By Addressing the Risk and Protective Factors of...					
Antisocial Behavior	Supportive Relationships	Connectedness to adults outside of family	Antisocial behavior	Aggression towards peers	Anxiety
Peer attitudes towards drugs		Favorable attitudes towards drugs		Societal/ community norms about alcohol and drug use	
Through the Following Potential Activities...					
<ul style="list-style-type: none"> - Offer evidence-based training for: Trauma Informed Practices Drug Endangered Children - Re-examine practices related to Handle with Care program to determine if more support can be offered to children who are referred - Offer behavioral health education events at schools (including feeder schools) Include: Electronic Bullying Social Media Impacts - Implement "One Choice" Programming for youth throughout service area 					
With the Assistance of the Following Potential Partners...					
Law Enforcement Officers Drug Endangered Children Workgroup Washoe County School District Child Protective Services Foster Parents Veteran/Military Family Case Managers					

Priority 4: Reduce Youth Access to Alcohol, Tobacco, Marijuana and other Drugs		
<i>JTNN will reduce youth access to alcohol, tobacco, marijuana, and other drugs by interacting with the systems surrounding the most common sources.</i>		
By Addressing the Risk and Protective Factors of...		
Societal/Community Norms About Drug Use	Availability and access to alcohol	Laws and norms favorable toward alcohol and drug use
Through the Following Potential Activities...		
<ul style="list-style-type: none"> - Continue efforts related to lockboxes, Detera bags, RX Take Back Days, Alcohol compliance checks, and Beverage Server Training - Add Shoulder Tap Surveillance - Review regulations related to product placement for tobacco, synthetic marijuana, kratom, and vaping products and, if feasible, create education campaigns for retailers and monitoring efforts - Implement "Models Matter" educational campaign to challenge social norms 		
With the Assistance of the Following Potential Partners...		
Polysubstance Work Group Criminal Justice System Washoe County Compliance Board Washoe County School District UNR/TMCC Treatment Providers		

Priority 5: Support Harm Reduction Partnerships and Initiatives		
<i>JTNN will expand harm reduction strategies in the community.</i>		
By Addressing the Risk and Protective Factors of...		
Societal/Community Norms About Drug Use		
Through the Following Potential Activities...		
<ul style="list-style-type: none"> - Work to revise/improve existing Good Samaritan Laws and provide relevant training - Expand installation of Naloxboxes in high-risk areas - Increase Naloxone trainings, expand to include all members of public 		
With the Assistance of the Following Potential Partners...		
Polysubstance Work Group Washoe County Government Officials CASAT (Center for the Application of Substance Abuse Technologies) Washoe County Health District Washoe County Human Services		

Priority 6: Reduce Youth Vaping Use Rates		
<i>JTNN will reduce youth vaping use rates.</i>		
By Addressing the Risk and Protective Factors of...		
Favorable attitudes toward drugs	Early Substance Use	
Through the Following Potential Activities...		
<ul style="list-style-type: none"> - Work with Washoe County School District to implement a tiered system of response to youth who are caught using vapor products. Tiered systems will include: <ol style="list-style-type: none"> 1. Evidence-Based Universal Prevention Program 2. Individual/Group Evidence-Based Vaping Specific Selective Prevention Program 3. Individual Evidence-Based Vaping Specific Indicated Prevention Program 4. Referral to Treatment - Offer the parent component of Catch My Breath to parents attending Morning Mugs, Parent Night Out, and Super Parents Supervise presentations 		
With the Assistance of the Following Potential Partners...		
Polysubstance Work Group Marijuana Work Group Criminal Justice System Washoe County School District UNR/TMCC		

Priority 7: Support and Promote School Behavioral Health Education		
<i>JTNN will support/augment existing behavioral health education efforts underway through the Washoe County School District</i>		
By Addressing the Risk and Protective Factors of...		
Antisocial behavior	Conduct disorder	Anxiety/Depression
Societal/community norms about alcohol and drug use	Favorable attitudes towards drugs	Early substance use
Through the Following Potential Activities...		
<ul style="list-style-type: none"> - Work to expand existing mandatory prevention education (for parents and youth) to include other aspects of behavioral health - Maximize the development of and/or enforcement of behavioral health standards - Continue to offer evidence-based programs and work on expansion to middle school. 		
With the Assistance of the Following Potential Partners...		
Washoe County School District Nevada Department of Education Washoe County Family Resource Center Communities in Schools Juvenile Services		

Priority 8: Support Healthy Family Relationships		
<i>JTNN will support healthy family relationships</i>		
By Addressing the Risk and Protective Factors of...		
Poor attachment with parents	Lack of adult supervision	Supportive relationships with family members
Through the Following Potential Activities...		
<ul style="list-style-type: none"> - Offer evidence-based education at general public locations - Continue offering Active Parenting programming - Continue offering Parent Project for families facing adversity - Implement Parent Night Out presentations - Implement informational campaigns based on actionable “game-plans” - Provide researched and meaningful information and resource materials to families and caretakers of youth 		
With the Assistance of the Following Potential Partners...		
Washoe County School District Child Protective Services/Foster Parents Military/Veteran Families Case Workers		

Priority 9: Engage in Young Adult Outreach		
<i>JTNN will reduce substance misuse among the young adult population (18-25-year-olds) by working with systems who serve and interact with them</i>		
By Addressing the Risk and Protective Factors of...		
Attending college	Favorable attitudes towards drugs	Early substance use
Through the Following Potential Activities...		
<ul style="list-style-type: none"> - Create tiered, evidence-based responses for college students who experience substance use - Work with employers to create recovery friendly workplaces 		
With the Assistance of the Following Potential Partners...		
UNR/TMCC Reno and Sparks Chambers of Commerce Business Community		

STEP 4: IMPLEMENTATION

This section includes identifying evidence-based programs, policies, and practices to address the strategies outlined in the planning section. The implementation step is part of the strategic prevention framework (SPF) and is the result of a structured planning process which included research and evaluation of the current drug trends in Washoe County, the risk and protective factors that play a significant role in substance misuse, and plans of action that are most suited to our region.

Implementation is the impact stage of the work and includes a comprehensive approach to prevention including Center for Substance Abuse Prevention strategies as follow:

- 1.) Community-Based Processes
- 2.) Information Dissemination
- 3.) Education
- 4.) Promotion
- 5.) Alternative Activities
- 6.) Environmental Strategies
- 7.) Problem Identification and Referral

JTNN will review implementation from a three-pronged position: first, environmental strategies that affect local policies and social norms; second, local practices established that create partnerships and processes; third, evidence-based programs that scientifically address the prioritized risk factors.

Evidence-Based Programs and Practices

JTNN funds and delivers evidence-based curriculum to youth and parents throughout the year.

A sample of current programming is as follows and is subject to responsive change based on the Strategic Prevention Framework and continued community relevance:

Evidence-Based Programs and Practices	
Program	Key Outcomes
Catch My Breath	Resist curiosity, peer, and advertising pressure to experiment with e-cigarettes (vaping devices) https://www.bevapefree.org/
Project ALERT	By shifting the pro-drug mindset, students of Project ALERT administrators have benefited from these measurable results: -40% drop in students already experimenting with cigarettes in becoming regular smokers -24% lower alcohol misuse score -20% reduction of highest-risk early drinkers -20-25% decrease in cigarette use during the past month -33-55% decrease in regular and heavy usage of cigarettes -60% decrease in current marijuana use. https://www.projectalert.com/
Parent Night Out	Increase awareness about underage drinking and other drug use. Introduce skill-building techniques and share available resources and tools. Increase actions to help prevent underage drinking and other drug use. https://www.samhsa.gov/talk-they-hear-you/parents-night-out
Too Good for Drugs K-8	Students participate and actively engage in classroom lessons and homework activities, and interact with peers to set reachable goals, make responsible decisions, bond with others, identify and manage emotions and communicate effectively. Teachers model, teach, provide practice opportunities and recognize/reward pro-social skills and norms. Parents increase their positive interaction and communication with their children. https://toogoodprograms.org/
Too Good for Drugs High School	Establishes positive norms including healthy beliefs and clear standards. Promotes bonding to pro-social peers Increases personal and social skills Goal setting Responsible decision making Identifying and managing anger and other emotions Effective communication https://toogoodprograms.org/
Nevada Thrives	Youth Group that engages in peer mentoring, TOPs (Teen Outreach Program) Evidence-Based Curriculum, Community Service, and outreach. https://youth.jtnn.org/nevada-thrives/
Parent Project	Reduce Family Conflict Reduce Juvenile Crime Reduce Recidivism Improve School Attendance and Performance https://parentproject.com/changing-destructive-adolescent-behavior/
Prescription Drug Take Back	The drug overdose epidemic in the United States is a clear and present public health, public safety, and national security threat. DEA's National Prescription Drug Take Back Day reflects DEA's commitment to Americans' safety and health, encouraging the public to remove unneeded medications from their homes as a measure of preventing medication misuse and opioid addiction from ever starting. https://www.dea.gov/takebackday#results

Join Together Northern Nevada funds Evidence-Based programs and practices in our community to expand prevention capacity and support organizations in engaging in prevention work countrywide.

Table 15 summarizes the direct service prevention programs implemented by partnering community agencies:

Table 15: Direct Prevention Service Programs Implemented by Partnering Community Agencies

Organization	Program	Description	Scope
ACCEPT	Positive Action	Positive Action is an integrated and comprehensive program designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict.	Youth Ages 5-11
Big Brothers Big Sisters of Northern Nevada	School-Based Mentoring	The Big Brothers Big Sisters Mentoring Program is designed to help participating youth ages 6-18 (“Littles”) reach their potential through supported matches with adult volunteer mentors ages 18 and older (“Bigs”). The program focuses on positive youth development, not specific problems, and the Big acts as a role model and provides guidance to the Little through a relationship that is based on trust and caring.	Youth ages 5-11
Boys and Girls Club of the Truckee Meadows	Positive Action	Positive Action is an integrated and comprehensive program designed to improve academic achievement; school attendance, and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict.	Youth Ages 5-11

STEP 5: EVALUATION

Evaluation measures the impact of implementation and provides feedback for continuation or improvement of evidence-based programs, policies, and practices. The evaluation process involves collecting, analyzing, and interpreting information about how a coalition implements its strategies and activities and what measures are needed to increase impact.

JTNN completes evaluation measures using the following methods:

- 1.) Monitoring progress of grant completion
- 2.) Analysis of programing and activities
- 3.) Data gathering through surveys, focus groups, interviews, etc.
- 4.) Monitoring data trends

Sample Summary of Statistically Significant Results 2020-2022

Period	Program	Site	Participants (included in eval)	Statistically Significant Outcome(s)
Spring 2020	Lifeskills	Damonte Ranch High School	46 paired	Tobacco, increase awareness of media influence, coping mechanisms, conflict resolution, stress, and anger management skills
	Parent Project	JTNN	8 paired	Confident of what to do if discover child using drugs, can identify two local resources for parent support
Spring 2021	Brain Power	Combined (4): Echo Loder, Glen Duncan, Robert Mitchell, Sun Valley	254 paired	Increase in knowledge (all schools individually and combined)
	Lifeskills	Hug High School	59 paired	Coping mechanisms, conflict resolution, stress, and anger management skills
	Lifeskills	Damonte Ranch High School	47 paired	Marijuana, awareness of media influence
	Project Northland	Children's Cabinet, Children Ages 12-24	53 paired	Increase in knowledge
Fall 2021	Lifeskills	Reno High School	167 pre & 180 post	Media influence
	Brain Power	Echo Loder Elementary	46 paired	Increase in knowledge
	Brain Power	Billinghurst Middle School	259 paired	Increase in knowledge
Spring 2022	Brain Power/Mind Matters	Sparks Middle School	135 paired	Increase in knowledge
	Positive Action	BGCTM, K-2	269 paired	Increase in knowledge
	Catch My Breath	Bernice Mathews Elementary	63 paired	Increase in knowledge
	Brain Power	Caughlin Ranch Elementary	37 paired	Increase in knowledge
	Brain Power	Echo Loder Elementary	33 paired	Increase in knowledge
	Brain Power	Elmcrest Elementary	34 paired	Increase in knowledge
	Brain Power	Glen Duncan	42 paired	Increase in knowledge
	Brain Power	Mamie Towles	16 paired	Increase in knowledge
	Brain Power	Robert Mitchell	36 paired	Increase in knowledge
Fall 2022	Lifeskills	Reno High School	168 pre & 133 post	Increased awareness of substance abuse on health
	Lifeskills	Sparks High School	89 pre & 75 post	Refusal; alcohol; tobacco; marijuana; other drugs; impacts of substance abuse on health; coping mechanisms, conflict resolution, stress, and anger management skills

APPENDIX A

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS) - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2015-2021].

National College Health Assessment (NCHA) - American College Health Association. American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2020. Silver Spring, MD: American College Health Association; 2020.

Nevada High Intensity Drug Trafficking Area (HIDTA) - Nevada High Intensity Drug Trafficking Area 2022 Threat Assessment, June 2022.

National Highway Traffic Safety Administration (NHTSA) - National Highway Traffic Safety Administration. Traffic Safety Performance (Core Outcomes) Measures for Nevada, 2012-2020.

Nevada State Unintentional Drug Overdose Reporting System (SUDORS) - Centers for Disease Control and Prevention [2018-2021]. Nevada State Unintentional Drug Overdose Reporting System

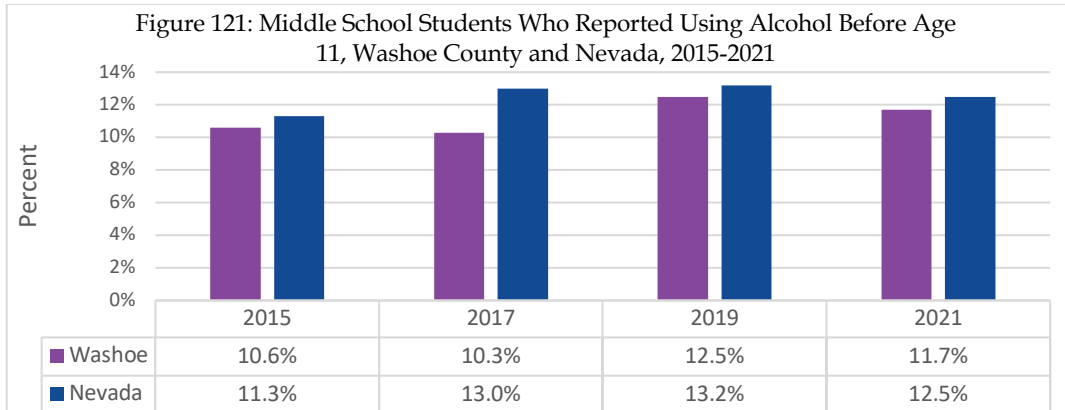
Washoe County School District Accountability Reports - Washoe County School District. District Wide Accountability Reports, 2016-2022. <https://www.washoeschools.net/Page/552>

Washoe County School District Climate Survey - Washoe County School District. Climate Survey District Reports, 2015-2021 <https://www.washoeschools.net/Page/913>

Youth Risk Behavior Survey (YRBS) - Centers for Disease Control and Prevention [2015-2021]. Youth Risk Behavior Survey

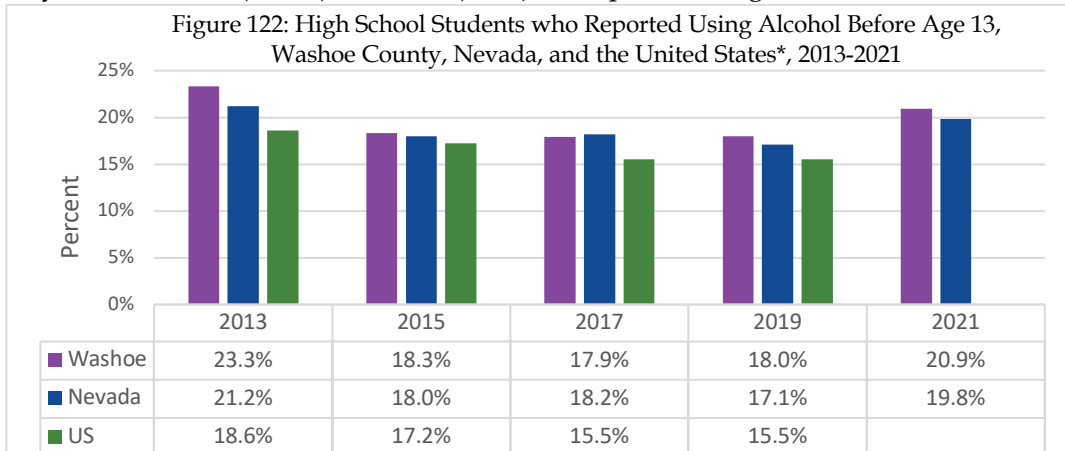
Additional Data Reviewed in the Planning Process and for Priority Setting

Alcohol

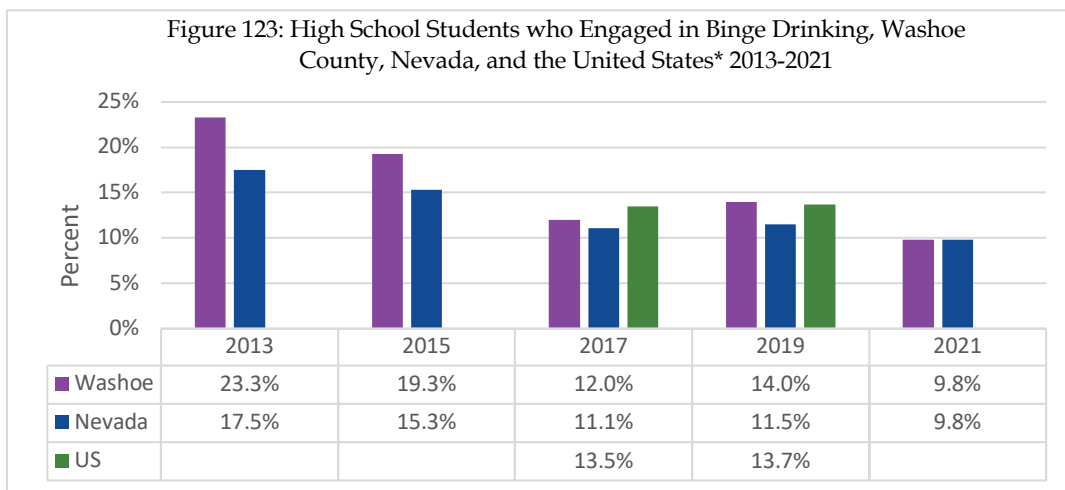


Source: Youth Risk Behavior Survey (collected every other year)

The percentage of high school students in Washoe County reporting binge drinking decreased considerably between 2013 (23.3%) and 2021 (9.8%), as depicted in Figure 123.



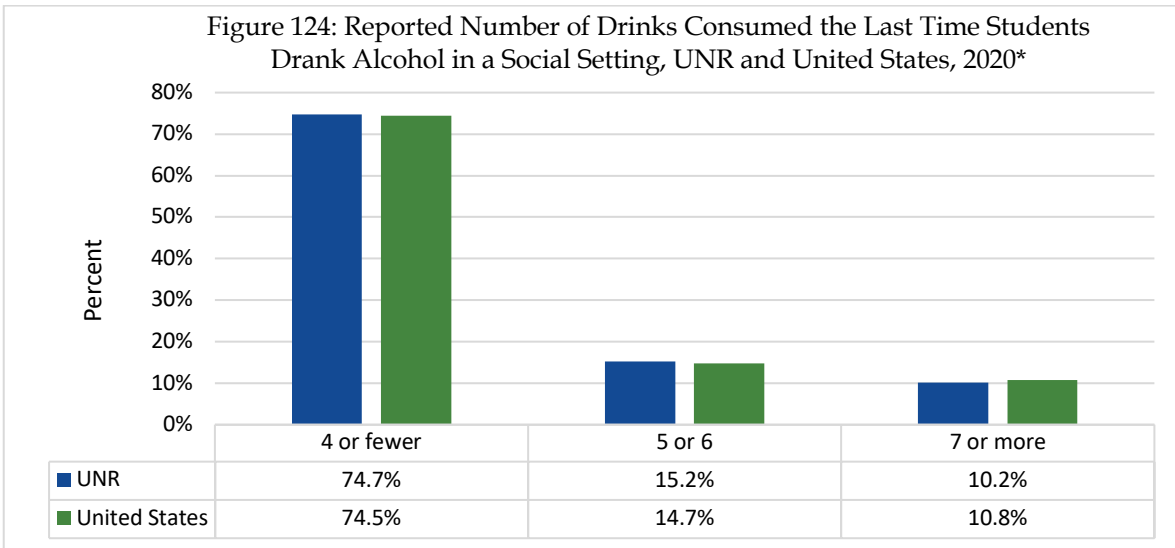
Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data not available at time of publication.



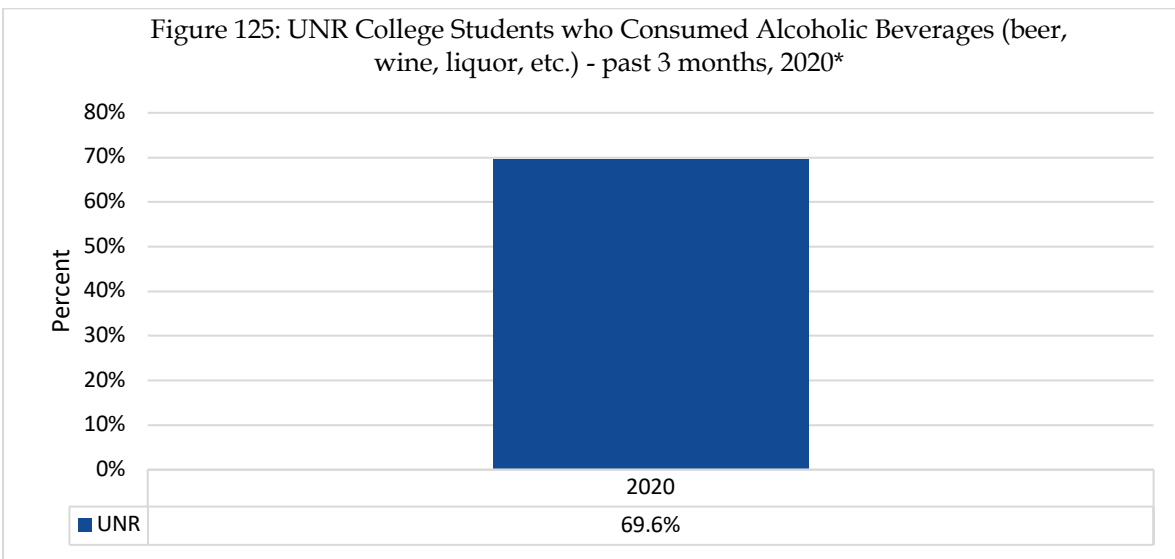
Source: Youth Risk Behavior Survey (collected every other year). *US data not available prior to 2017 and 2021 data not available at time of publication.

Alcohol Consumption by College Students

The reported number of drinks consumed the last time students drank alcohol in a social setting is similar among UNR and US college students (Figure 124). In 2020, 69.6% of UNR college students consumed alcohol (beer, wine, liquor, etc.) in the past three months (Figure 125). Due to the COVID-19 pandemic and resource limitations, UNR did not take part in the NCHA survey in 2021.



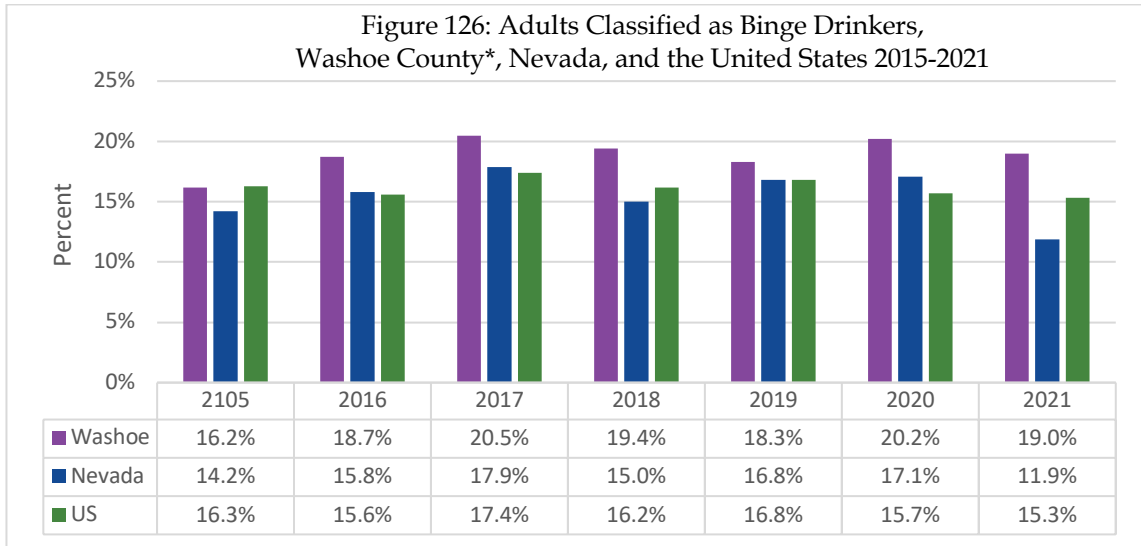
Source: National College Health Assessment. *Not conducted in 2021.



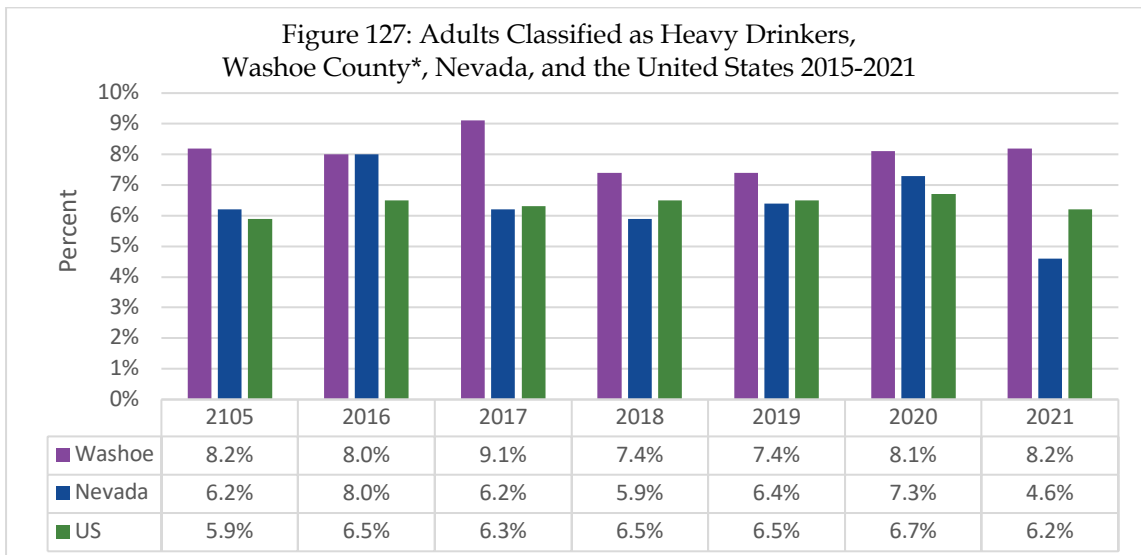
Source: National College Health Assessment. *Not conducted in 2021.

Alcohol Consumption by Adults

Use of alcohol among adults has remained higher in Washoe County compared to Nevada and the United States, both for binge drinking (Figure 126) and heavy drinking (Figure 127). This trend has been relatively stable from 2011 through 2019 for both indicators.

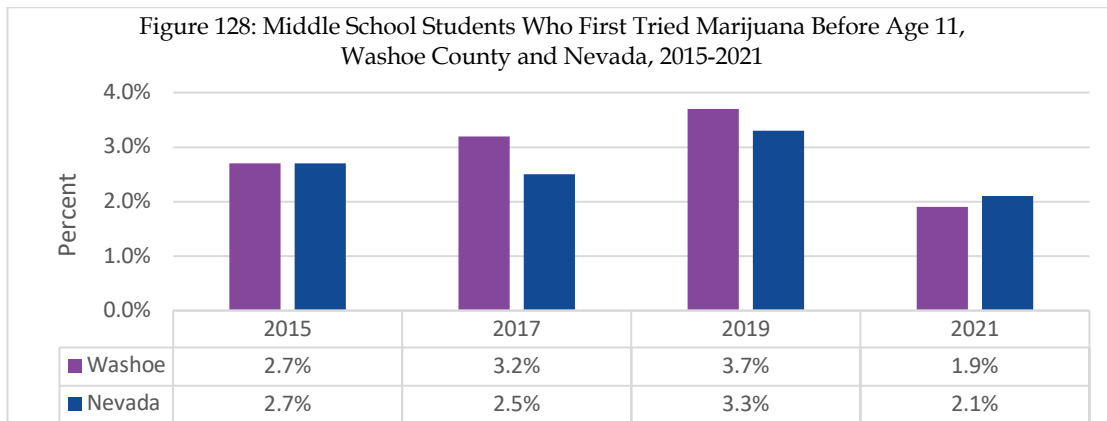


Source: Behavioral Risk Factor Surveillance System. *Washoe 2020 data is for Metropolitan and Micropolitan Statistical Areas (MMSA) provided by CDC - versus County level as data not available from NV DHHS (Department of Health and Human Services) at time of publication.



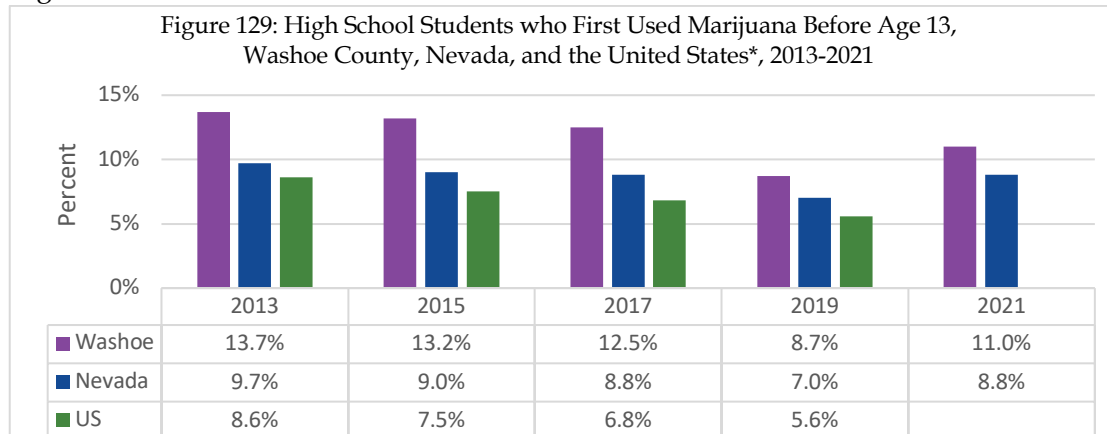
Source: Behavioral Risk Factor Surveillance System. *Washoe 2020 data is for Metropolitan and Micropolitan Statistical Areas (MMSA) provided by CDC - versus County level as data was not available from NV DHHS at time of publication.

Marijuana



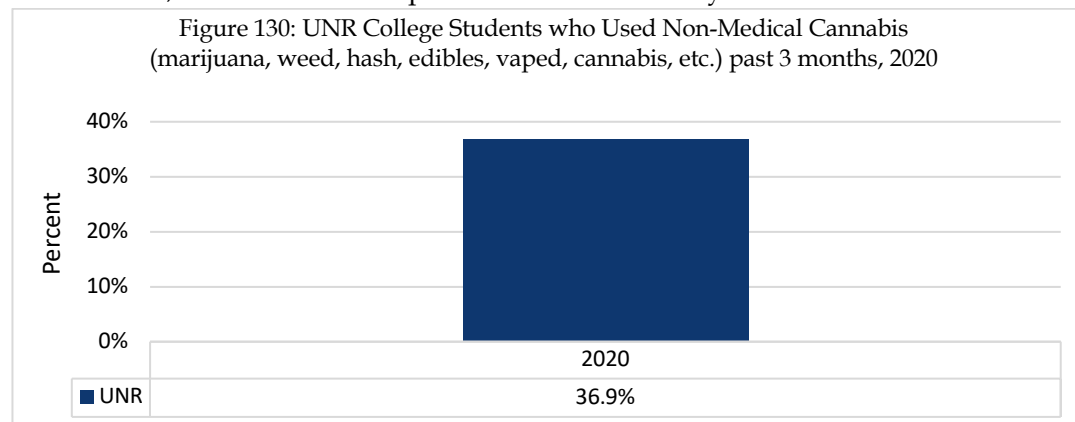
Source: Youth Risk Behavior Survey (collected every other year)

There was a slight increase in the percentage of high school students who reported their first use prior to age 13 between 2019 and 2021.



Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data not available at time of publication

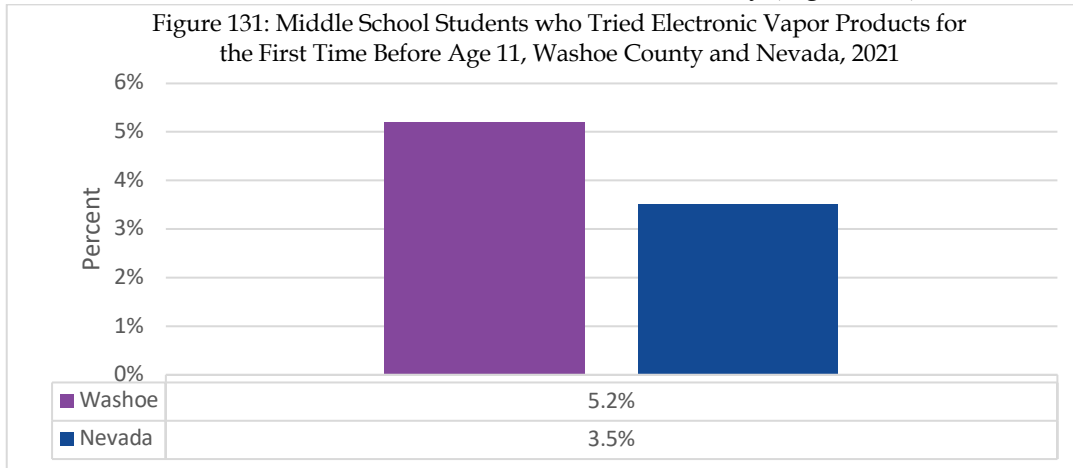
In 2020, 36.9% of UNR college students used non-medical use cannabis (marijuana, weed, hash, edibles, vaped, cannabis, etc.) in the past three months (Figure 130). Due to the COVID-19 pandemic and resource limitations, UNR did not take part in the NCHA survey in 2021.



Source: National College Health Assessment. Not conducted in 2021.

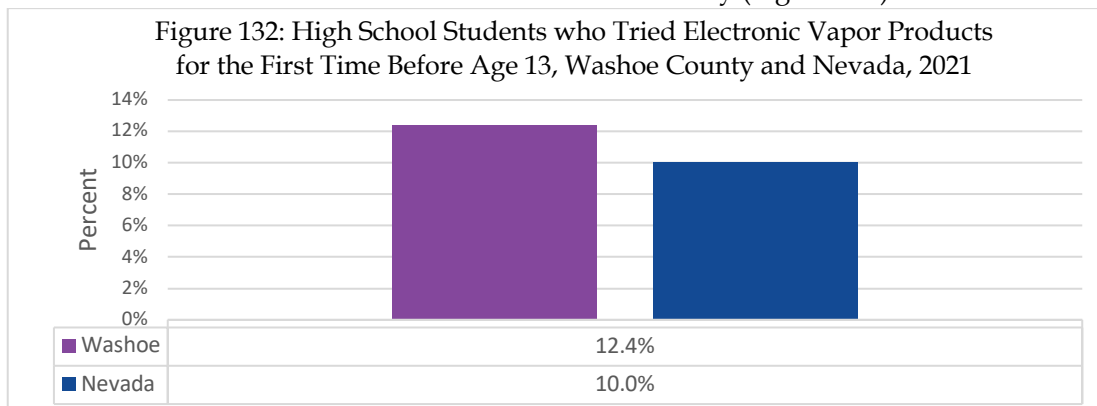
Electronic Vapor Products

The percentage of middle school students who tried electronic vapor products for the first time before age 11 years in 2021 was 3.5% in Nevada and 5.2% in Washoe County (Figure 131).



Source: Youth Risk Behavior Survey (collected every other year)

The percentage of high school students who tried electronic vapor products for the first time before age 13 years in 2021 was 10% in Nevada and 12.4% in Washoe County (Figure 132).

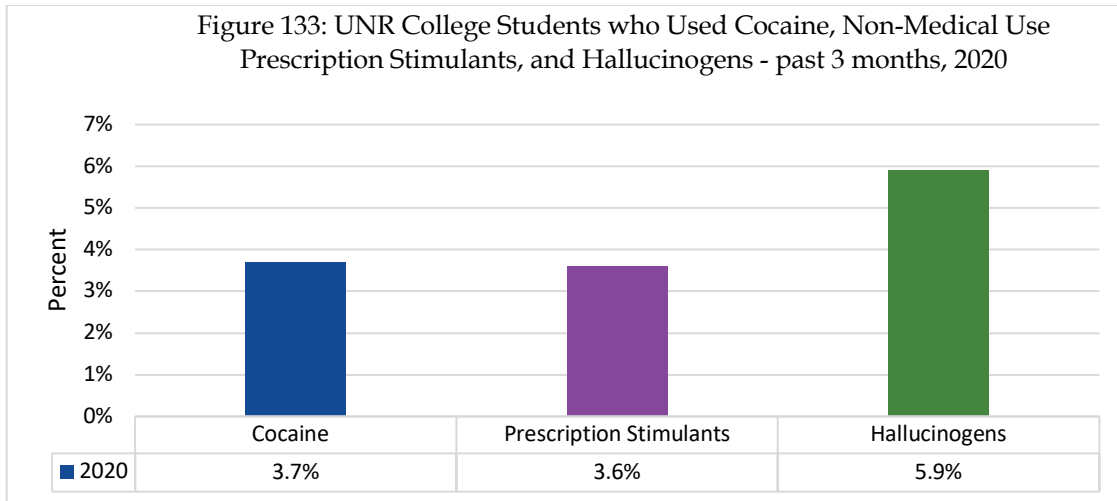


Source: Youth Risk Behavior Survey (collected every other year)

Other Drug Use

Other Drug Use by College Students

Data from the National College Health Assessment administered at the University of Nevada, Reno, and many colleges across the country, shows local college student consumption patterns in 2020, as illustrated in Figure 133. In 2020, 3.7% of UNR college students used cocaine (coke, crack, etc.), 3.6% used non-medical prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.), and 5.9% used Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.) in the past three months. Due to the COVID-19 pandemic and resource limitations, UNR did not take part in the NCHA survey in 2021.



Source: National College Health Assessment. Not conducted in 2021.

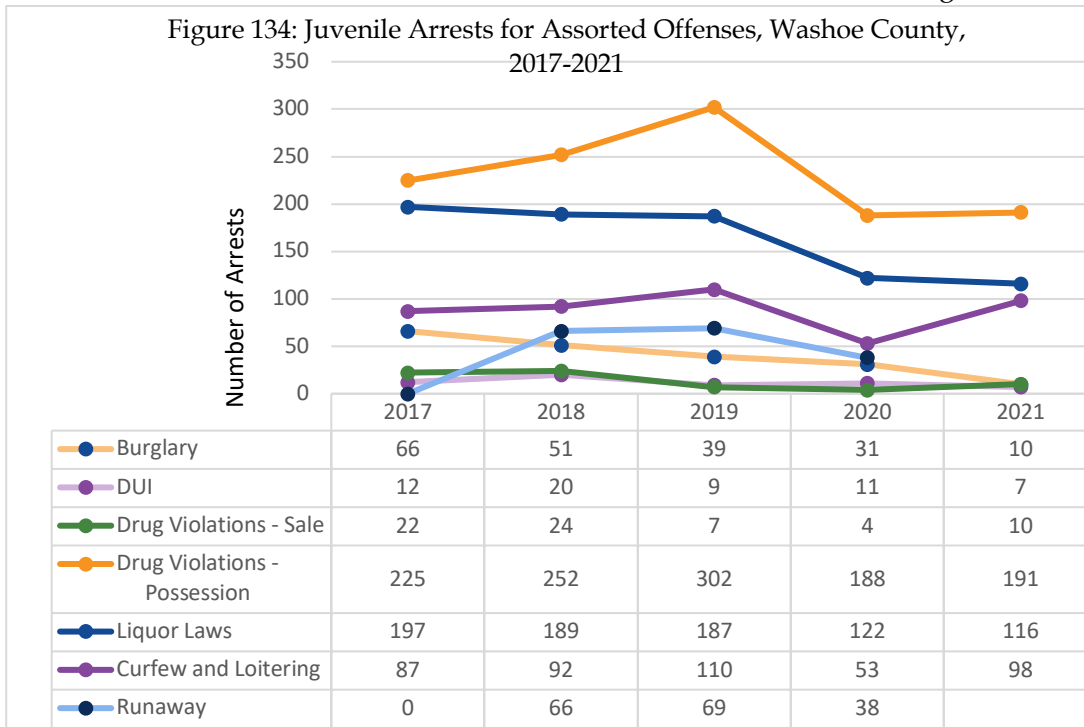
Consequence Data

Another method to assess local substance abuse patterns is to examine data related to the consequences of substance misuse and abuse. Legal and criminal consequences are commonly associated with substance abuse. Not all of the following trends are directly linked to substance abuse, but in many cases, the associations can be strong.

Arrests, Priority Drug Threats, and Seizures

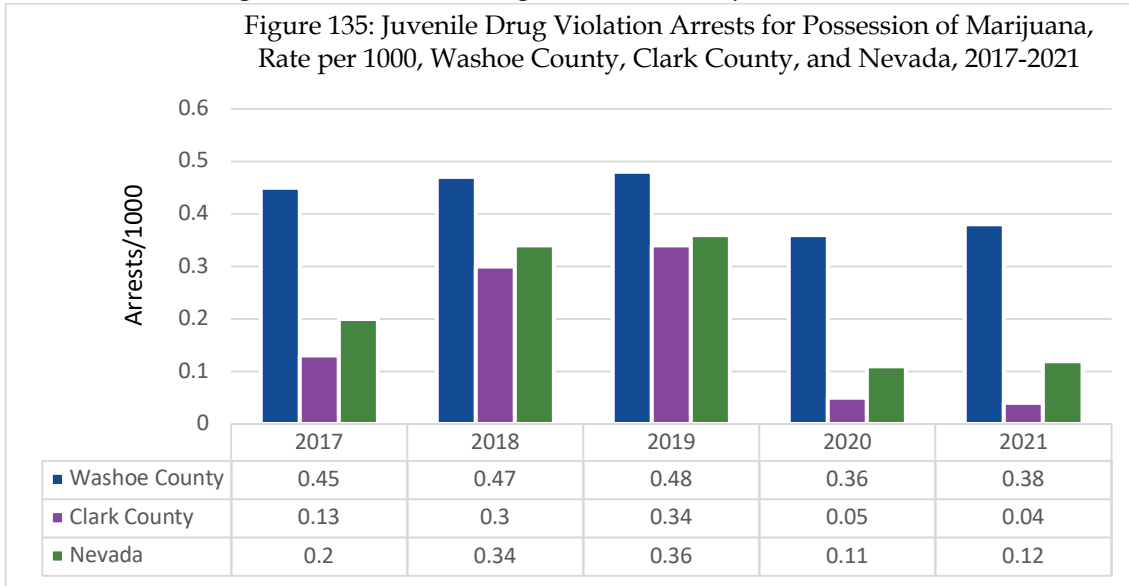
Arrests

Juvenile arrests in Washoe County for seven different offenses are illustrated in Figure 134. In 2019, there was a notable increase in possession drug violations and a slight increase in curfew and loitering offenses. All offenses decreased or remained stable in 2020, and curfew and loitering increased in 2021.



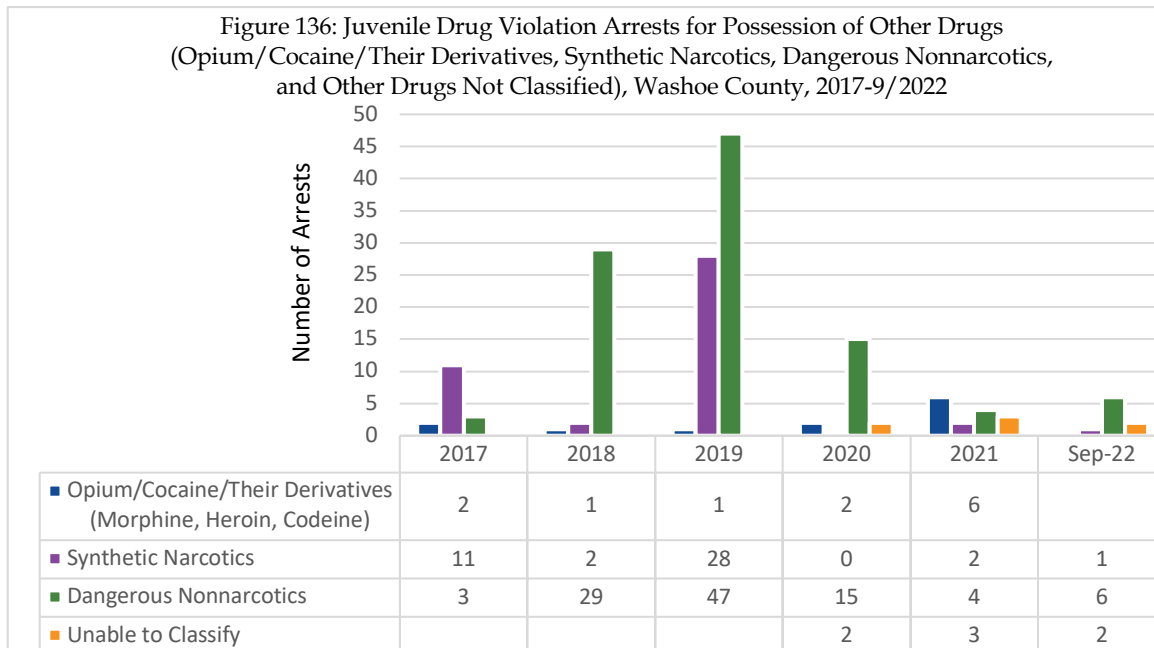
Source: Department of Public Safety – Nevada Crime Online. Retrieved September 2022: <https://crimestates.nv.gov>

The juvenile drug violation arrests in Washoe County, Clark County, and Nevada for possession of marijuana are illustrated in Figure 135. Washoe County had significantly greater arrests than Clark County and Nevada in 2020 and 2021. These trends may have been impacted by the Covid-19 pandemic and/or shifting resources with the legalization of marijuana.



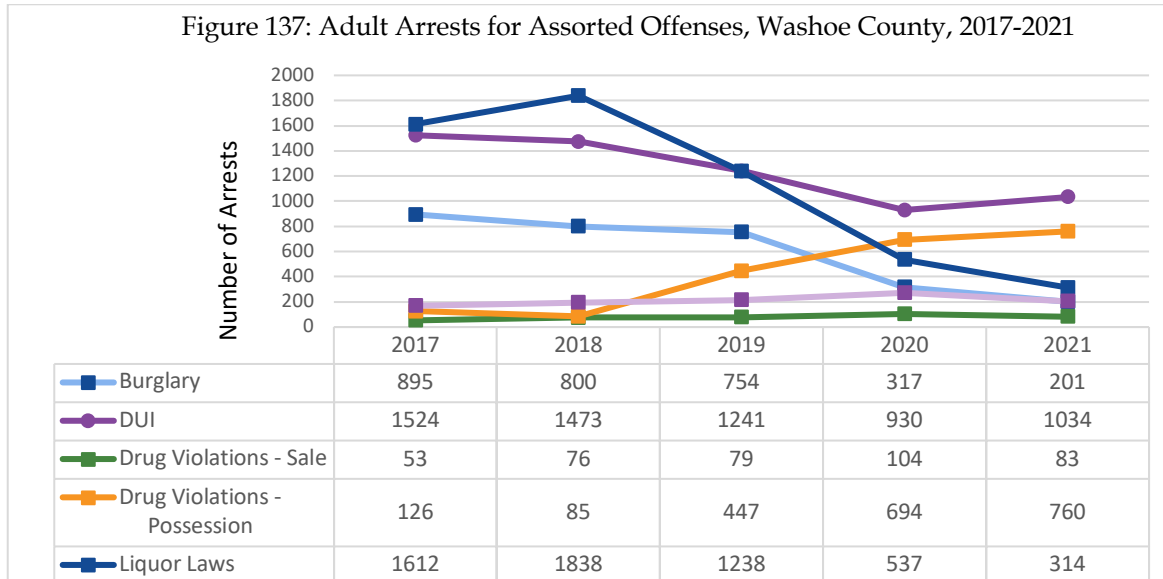
Source: Department of Public Safety - Nevada Crime Online. Retrieved September 2022: <https://crimestates.nv.gov>

Figure 136 includes juvenile drug violation arrests in Washoe County for other drugs - possession of opium/cocaine/their derivatives, synthetic narcotics, dangerous narcotics, and other drugs not classified - between 2017 and Sep-2022. Recent years have seen a decrease in these arrests, which may be impacted by the Covid-19 pandemic and/or shifting resources.



Source: Department of Public Safety - Nevada Crime Online. Retrieved September 2022: <https://crimestates.nv.gov>

Adult arrests in Washoe County for six different offenses are illustrated in Figure 137. Arrests for liquor laws and burglary decreased between 2018 and 2021. DUI offenses decreased between 2018 and 2020, with a slight increase in 2021. Possession drug violations increased between 2018 and 2021. Disorderly conduct and drug sale violations remained relatively stable between 2017 and 2021.



Source: Department of Public Safety – Nevada Crime Online. Retrieved September 2022: <https://crimestates.nv.gov>

Priority Drug Threats

Drug Threat 1: Methamphetamine

Methamphetamine seizures by Nevada High Intensity Drug Trafficking Area (HIDTA) outpace all other major drug types, with a record high 1,348 kilograms (about half the weight of an elephant) seized in Nevada 2021 (with seizure numbers rebounding and surpassing pre-pandemic amounts).¹² While Washoe and Clark Counties have reported a decrease in methamphetamine-related tracking arrests, they continue to remain higher than the other major drug types in both counties.¹³ In 2021, drug-related overdose deaths involving methamphetamines increased by 20% in Washoe County.¹⁴

According to the Nevada HIDTA Threat Assessment Survey (conducted with all HIDTA partner agencies), methamphetamine ranks high in availability, with 90% of respondents showed it ranks high in demand further outranking all of major drug types included in the survey.¹⁵

Drug Threat 2: Fentanyl

The Nevada HIDTA Threat Assessment Survey identifies fentanyl as the second greatest threat following methamphetamine. Nevada saw a record 369% increase in fentanyl-related seizures in 2021 compared to 2020.¹⁶ Nevada HIDTA indicates that fentanyl will continue to be a threat in Nevada, with increased availability and overdose deaths likely to continue. Nevada HIDTA and the state's medical examiners have also identified the presence of para-fluorofentanyl (pFF) in Nevada. pFF is a synthetic opioid with similar potency to fentanyl and is often combined with fentanyl. Washoe County saw an alarming 41% increase in fentanyl deaths between 2020 and 2021. Fentanyl continues to remain the leading cause of overdose death in those under the age of 18 in the Nevada Area of Responsibility (AOR). As noted by HIDTA, the nature of fentanyl being colorless and odorless, along with myriad new forms of fentanyl being created, suggests there is a high likelihood users will receive a product containing fentanyl despite not specifically seeking it out.

¹² (U//FOUO) Nevada HITDA Performance Management Process, 2021; UNCLASSIFIED FOR OFFICIAL USE ONLY.

¹³ High Intensity Drug Trafficking Area 2022 Threat Assessment. June 15, 2022.

¹⁴ (U//FOUO) Washoe County Medical Examiner's Office; "2017-2021 Death Data," UNCLASSIFIED//FOR OFFICIAL USE ONLY.

¹⁵ (U//FOUO) 2021 Nevada Threat Assessment Survey; UNCLASSIFIED FOR OFFICIAL USE ONLY.

¹⁶ (U) Nevada HIDTA Bulletin; Investing in Partnerships to Build Safe & Healthy Communities; April 2021; UNCLASSIFIED//FOR OFFICIAL USE ONLY.

Drug Seizures

As noted above, methamphetamine seizures outpace all other major drug types, with a record high of 1,348 kilograms seized in Nevada 2021 (surpassing pre-pandemic amounts).¹⁷ In addition, Nevada saw a record 369% increase in fentanyl-related seizures in 2021 compared to 2020.¹⁸

The National Incident-Based Reporting System (NIBRS) reported on the quantity of drugs seized between 2019 and 2021, with a significant increase noted for all substances except hallucinogens, which decreased 22% over the three-year period. The substances with the greatest increases in quantity seized are narcotics and stimulants. The quantity of depressants seized in 2020 was not reported, and while the increase is not reported for this substance, when comparing 2019 and 2021, the increase is significant.

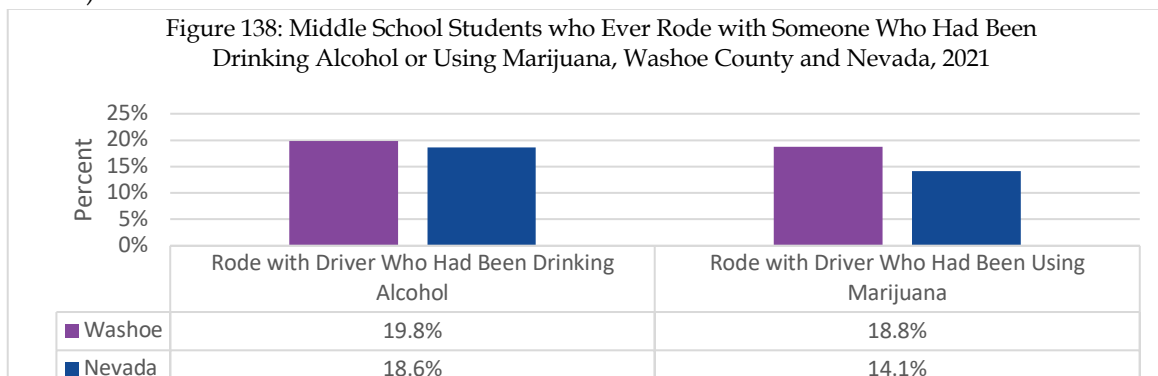
Table 16: National Incident-Based Reporting System (NIBRS) Drug Quantities Seized, Washoe County, 2019-2021

Quantity Seized (grams)				
Substance	2019	2020	2021	% Change from 2019 to 2021
Marijuana	87,444	78,1920	414,242	374% ↑
Narcotics	654	4,449	44,851	6758% ↑
Depressants	0.002		246	
Stimulants	2372	24,911	33,469	1311% ↑
Hallucinogens	1802	103	1400	22% ↓
Other Drugs	103	1598	901	775% ↑
Unknown Type	151	243	1283	750% ↑

Source: Department of Public Safety – Nevada Crime Online - National Incident-Based Reporting System. Retrieved September 2022: <https://crimestates.nv.gov>

Self-Reported Driving Under the Influence Behaviors

In 2021, the percentage of middle school students who ever rode with a driver who had been drinking alcohol was 18.6% in Nevada and 19.8% in Washoe County, and the percentage who ever rode with a driver who had been using marijuana was 14.1% in Nevada and 13.8% in Washoe County in 2021 (Figure 138).



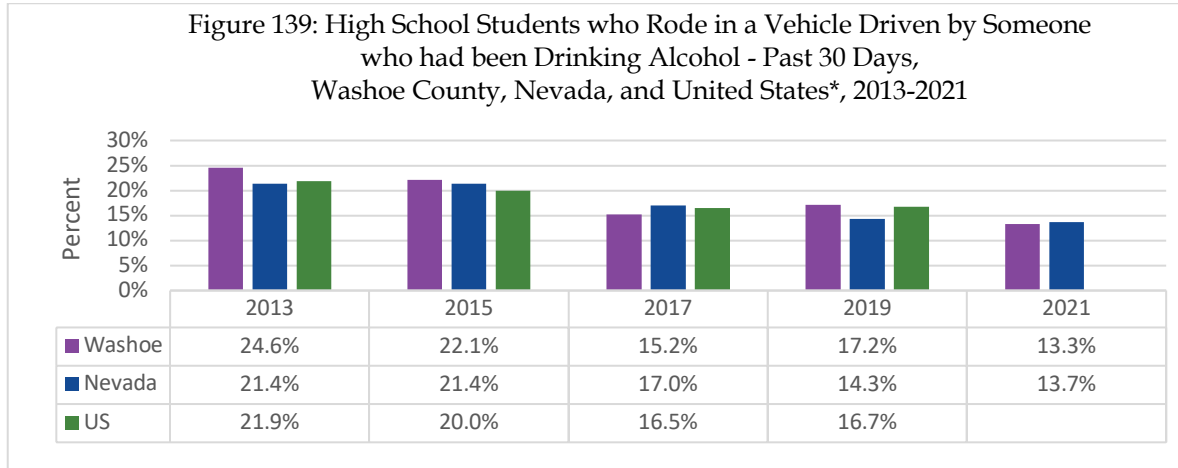
Source: Youth Risk Behavior Survey (collected every other year)

As illustrated in Figure 139, the percentage of high school students who rode in a vehicle driven by someone who had been drinking alcohol decreased in Washoe County between 2019 (17.2%) and 2021

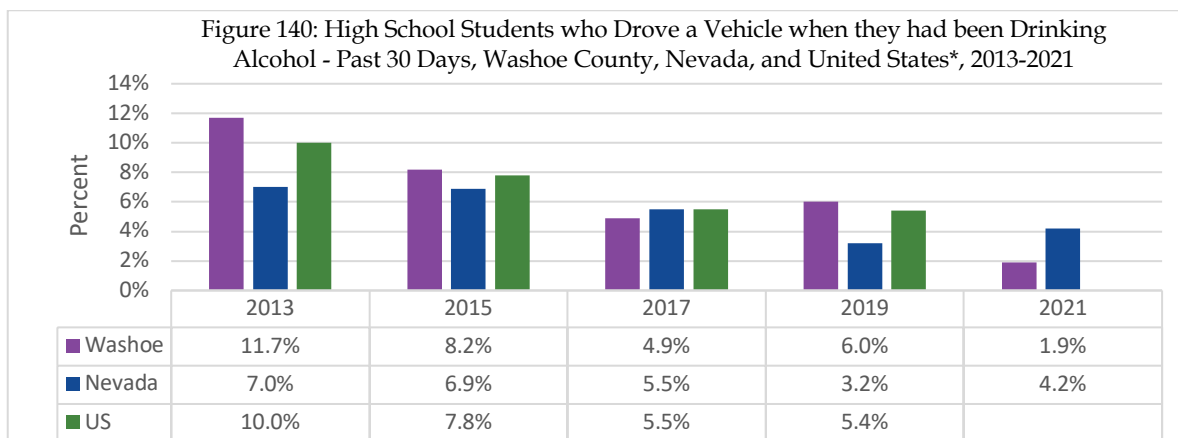
¹⁷ (U/FOUO) Nevada HITDA Performance Management Process, 2021; UNCLASSIFIED FOR OFFICIAL USE ONLY.

¹⁸ (U) Nevada HIDTA Bulletin; Investing in Partnerships to Build Safe & Healthy Communities; April 2021; UNCLASSIFIED/FOR OFFICIAL USE ONLY.

(13.3%). High school students who reported driving a vehicle when they had been drinking decreased considerably between 2019 (6%) and 2021 (1.9%) (Figure 140).

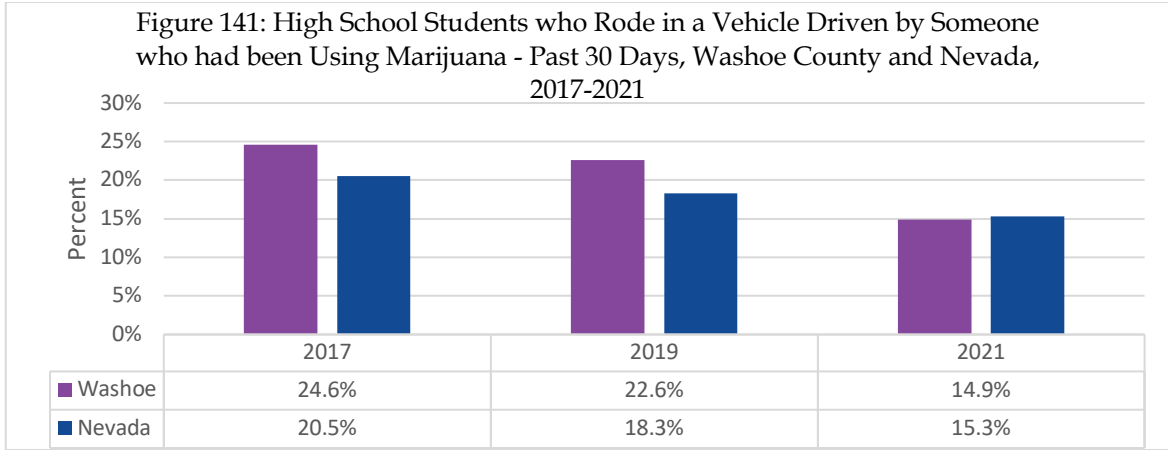


Source: Youth Risk Behavior Survey (collected every other year). *US data not available for 2021 at time of publication.

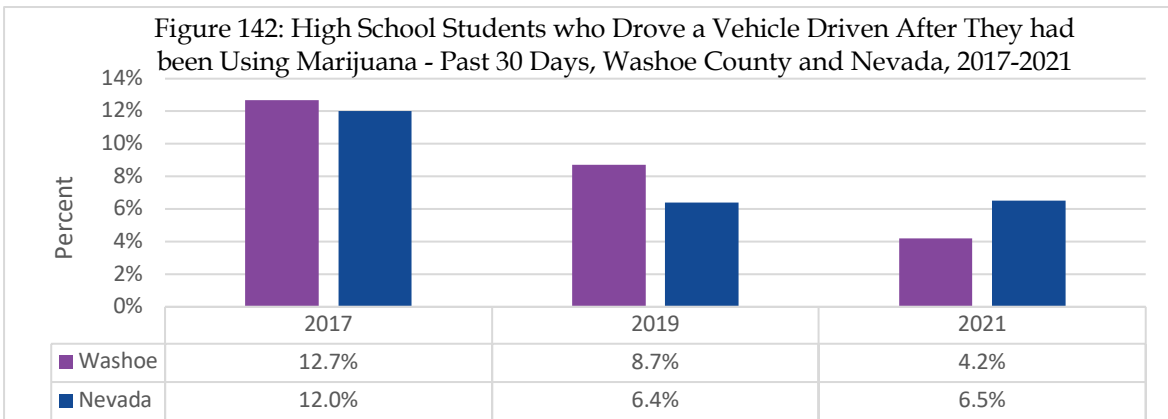


Source: Youth Risk Behavior Survey (collected every other year). *US data not available for 2021 at time of publication.

Washoe County high school students who rode in a vehicle driven by someone who had been using marijuana during the past 30 days decreased between 2019 (22.6%) and 2021 (14.9%) (Figure 141). As illustrated in Figure 142, the percentage of high school students in Washoe County who drove a vehicle while under the influence of marijuana also decreased between 2019 (8.7%) and 2021 (4.2%). Washoe County percentages, which were higher than Nevada percentages in 2017 and 2019, are the same or lower for both metrics in 2021.



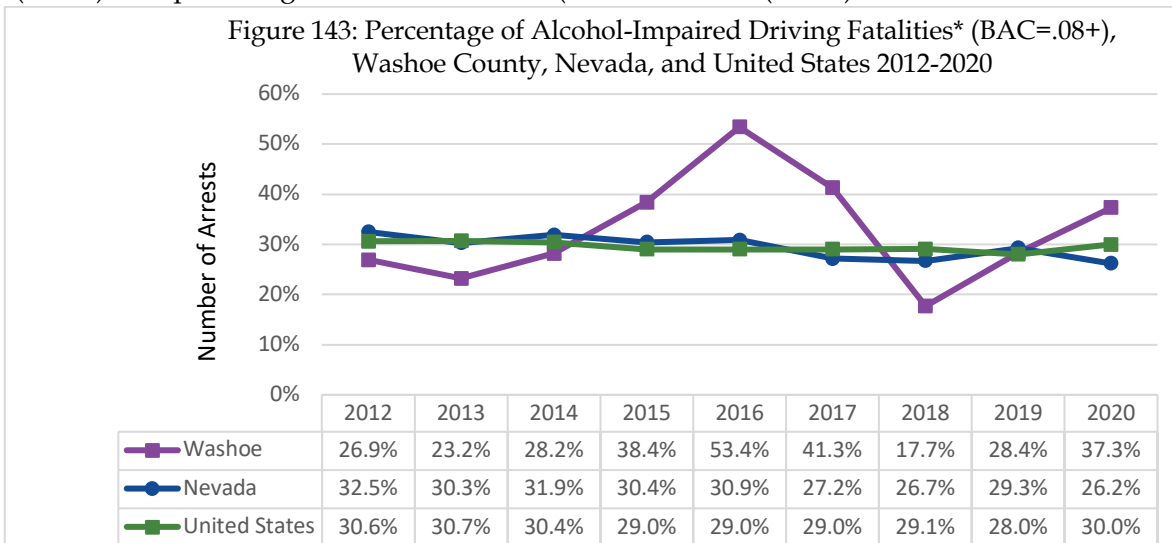
Source: Youth Risk Behavior Survey (collected every other year)



Source: Youth Risk Behavior Survey (collected every other year)

Alcohol-related Motor Vehicle Fatalities

As depicted in Figure 143, the percentage of fatalities involving one or more persons with a BAC of .08+ in Washoe County increased between 2012 (26.9%) and 2016 (53.4%), followed by a sharp decline in 2018 (17.7%). The percentages have risen in 2019 (28.4%) and 2020 (37.3%).



Source: Data Requested in September 2022 from Nevada Highway Traffic Safety Administration (NHTSA) National Center for Statistics and Analysis (NCSA) Fatalities in Motor Vehicle Traffic Crashes: US, Nevada, and Washoe County. *Data based on BAC concentration found among drivers or motorcycle riders (operators) involved in the crash.

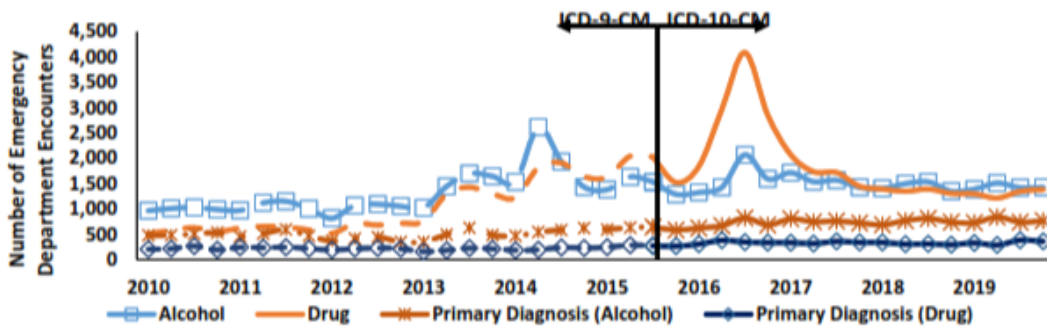
Emergency Department and Hospital Data

Select data represented in Figures 144-148 are from the 2020 Washoe County Behavioral Health Profile.

Emergency Department (ED) Encounters

Figure 144 shows alcohol and drug-related ED encounters have remained relatively stable between 2010-2018, with the exceptions of 2014 and 2016, which saw marked increases in alcohol and drug-related visits.

Figure 144: Alcohol and Drug-Related Emergency Department Encounters by Quarter and Year, Washoe County, 2010-2019



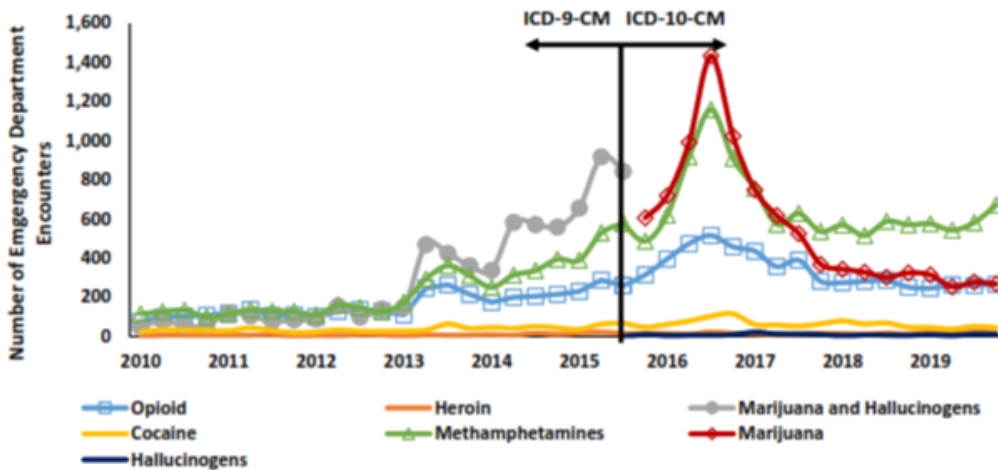
Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

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

Figure 145 illustrates drug-related ED encounters by drug in Washoe County between 2010 and 2019. Between 2013 and 2016, there were increases in the number of encounters for all drugs except cocaine, with marijuana and methamphetamines showing the greatest increases. The number of encounters for these drugs has decreased since 2016, with methamphetamine increasing slightly in mid-2019.

Figure 145: Drug-Related Emergency Department Encounters by Drug, by Quarter and Year, Washoe County, 2010-2019



Source: Hospital Emergency Department Billing.

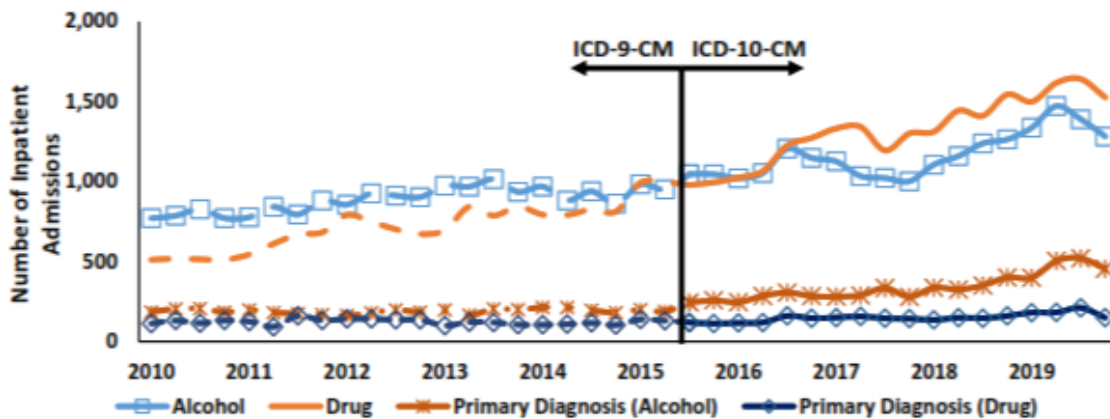
Categories are not mutually exclusive.

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

Inpatient Admissions

Figure 146 highlights the trends for alcohol and drug-related inpatient admissions between 2010 and 2019. Admissions for alcohol and drugs steadily increased between 2010 and 2019, with a slight decrease in mid-2019.

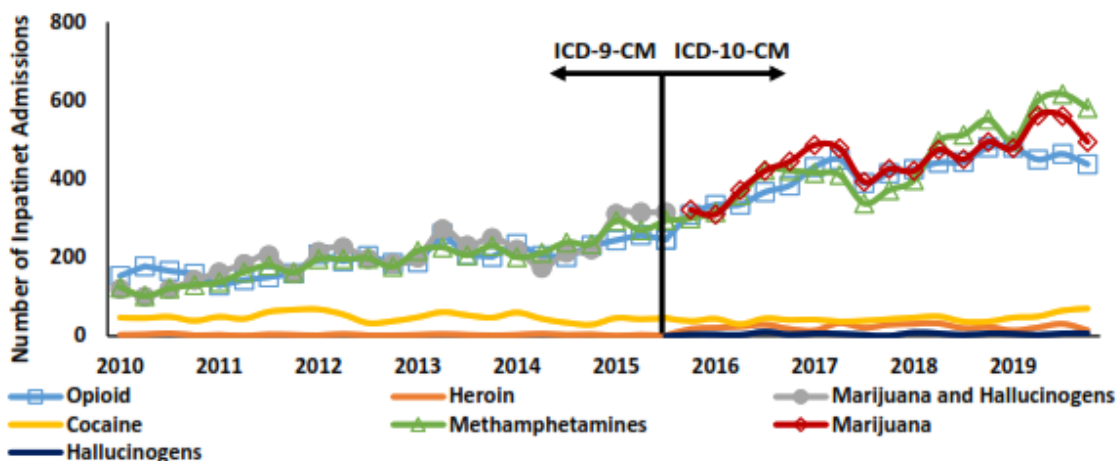
Figure 146: Alcohol and Drug-Related Inpatient Admissions, by Quarter and Year, Washoe County, 2010-2019



Source: Hospital Inpatient Billing.
 Categories are not mutually exclusive.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Figure 147 illustrates inpatient admissions by drug type in Washoe County between 2010 and 2019. Admissions for all drugs, with the exception of heroin and cocaine, have steadily risen between 2010 and 2019, with slight increases in mid-2019. Inpatient admissions were greatest for methamphetamine and marijuana.

Figure 147: Drug-Related Inpatient Admissions by Drug, by Quarter and Year, Washoe County, 2010-2019

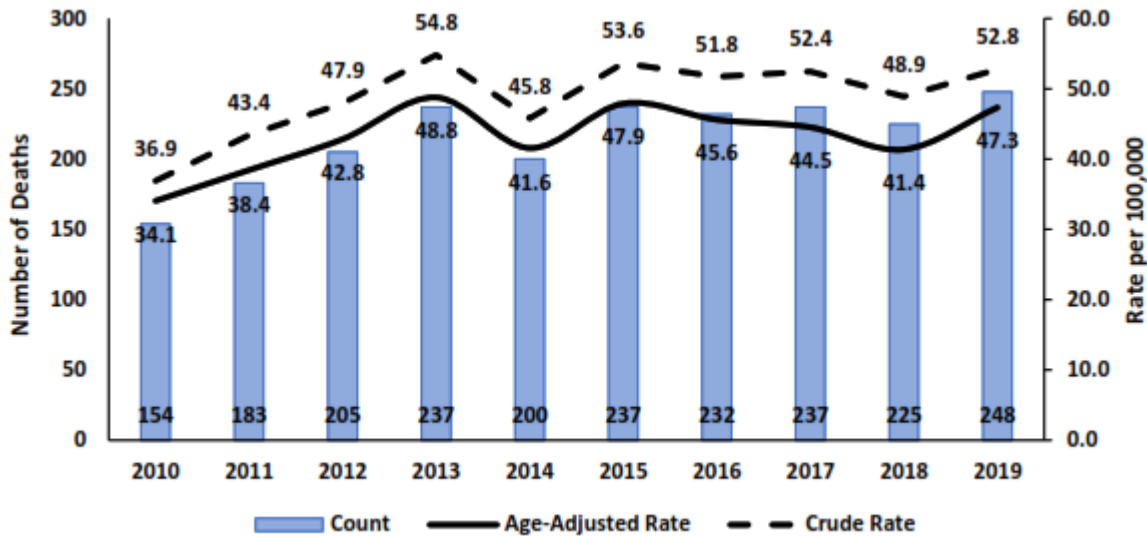


Source: Hospital Inpatient Billing.
 Categories are not mutually exclusive.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Mortality Data

As depicted in Figure 148, alcohol-related deaths steadily rose between 2010 and 2013 and have been relatively stable between 2015 and 2019.

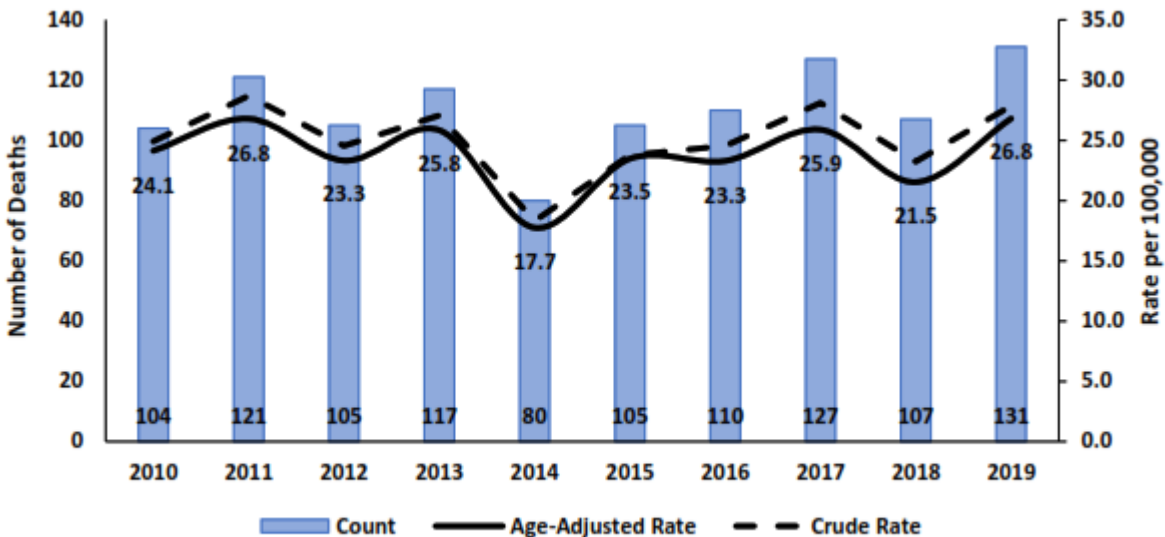
Figure 148: Alcohol-Related Deaths and Rates, Washoe County, 2010-2019



Source: Electronic Death Registry System.

The rate of drug-related deaths in Washoe County has remained stable between 2010 and 2019, except for a notable decline in 2014 (Figure 149).

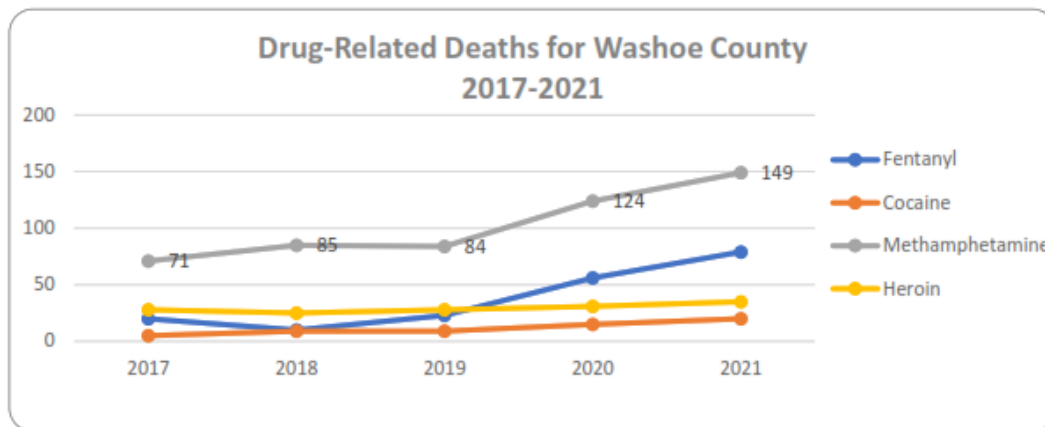
Figure 149: Drug-Related Deaths and Rates, Washoe County, 2010-2019



Source: Electronic Death Registry System.

Figure 150 depicts Drug-Related Deaths in Washoe County by drug type between 2017-2021. In 2021, methamphetamine was most prevalent, followed by fentanyl (79), heroin, (35), and cocaine (20). There was a 20% increase in drug-related overdose deaths between 2020 and 2021. Furthermore, 54% of total overdose deaths recorded in Washoe County involved methamphetamine.

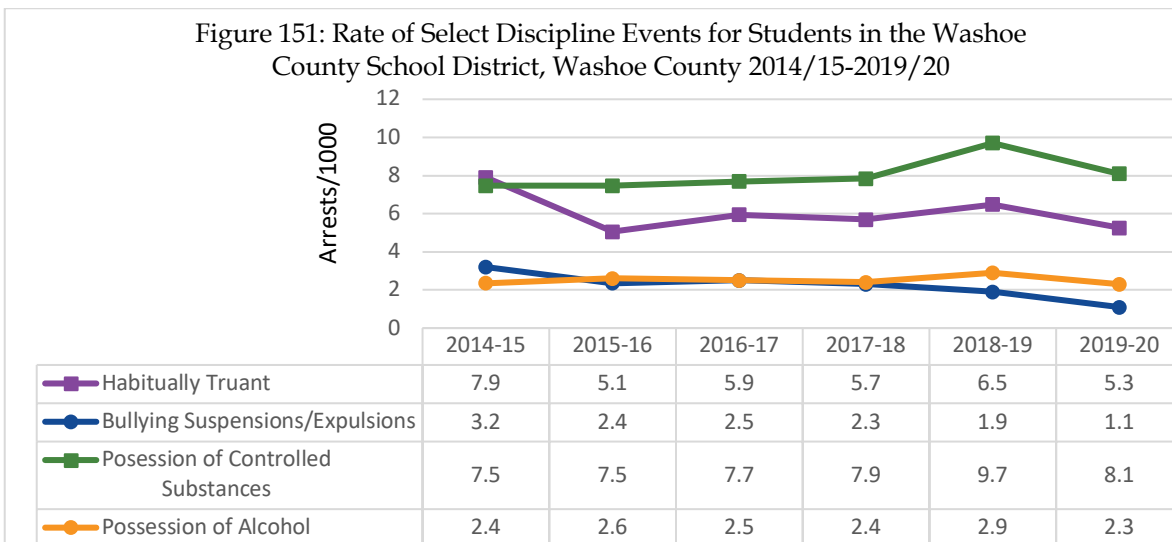
Figure 150: Drug-Related Deaths for Washoe County, by Drug Type, 2017-2021



(U//FOUO) 2017-2021 Washoe County Coroner Death Data (2017-2021); Source: Washoe County Regional Medical Examiner's Office; 2021 not yet finalized

Truancy, Suspensions, and Expulsions

Washoe County School District data for select discipline events with students are illustrated in Figure 151. Data for the two most recent school years is not available. Between the 2014/15 school year and the 2019/20 school year, possession or use of controlled substances was the disciplinary event with the rate in the district.

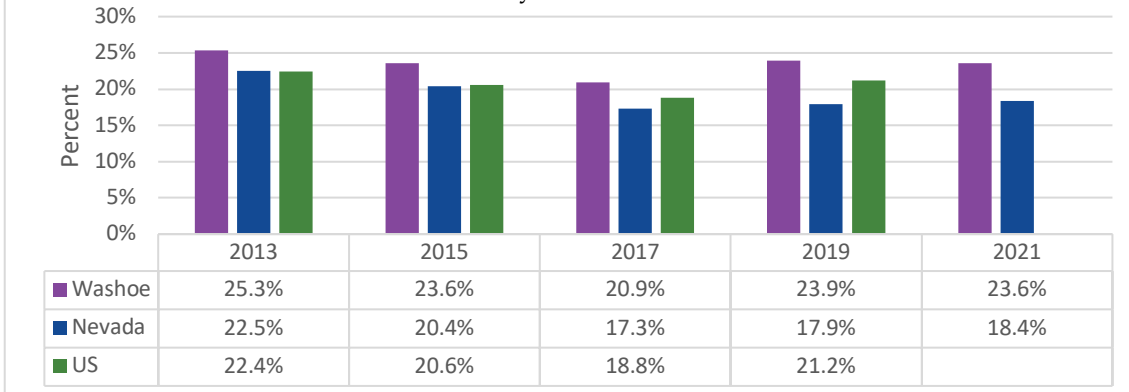


Source: Nevada Department of Education Accountability Report. Note: Data for 2020-21 and 2021-22 were identified as *unavailable* on the Department of Education's Nevada Accountability Portal.

Sexual Health

Sexual health consequences from substance abuse, such as sexually transmitted infections and unintended pregnancy, are another critical concern. Between 2013 and 2021, a higher percentage of high school students in Washoe County reported to have used alcohol or other drugs prior to last sexual intercourse compared to Nevada and the United States (Figure 152). The percentages for all jurisdictions have remained relatively stable.

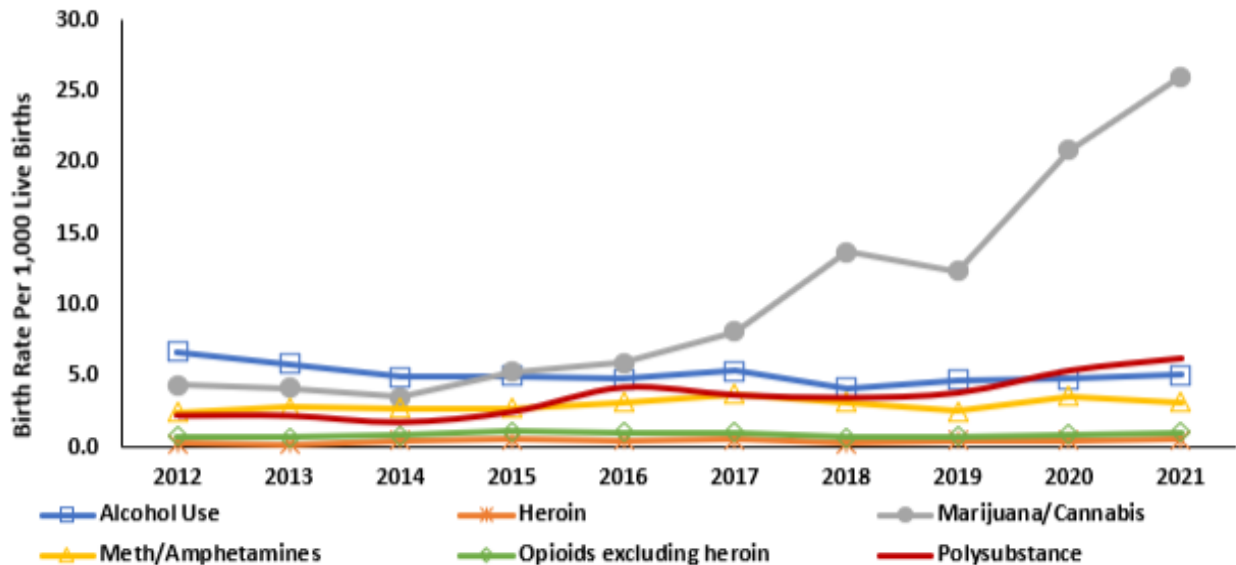
Figure 152: Among High School Students who are Sexually Active, Those who Drank Alcohol or Used Other Drugs Before Their Last Sexual Intercourse, Washoe County, Nevada, and the United States*, 2013-2021



Source: Youth Risk Behavior Survey (collected every other year). *US 2021 data not available at the time of publication.

Self-reported prenatal substance use among women in Nevada is illustrated in Figure 153. Rates of use have remained relatively stable during the 2012 to 2021 period, with the exception of marijuana/cannabis. Between 2017 and 2021, self-reported marijuana use increased from a rate of 8.0 to 26.1 per 1000 live births.

Figure 153: Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Nevada Residents, 2012-2021



Source: Nevada Electronic Birth Registry System.

Risk and Protective Factors

INFANCY & EARLY CHILDHOOD

- Difficult temperament
- Insecure attachment
- Hostile to peers, socially inhibited
- Irritability
- Fearfulness
- Difficult temperament
- Head injury
- Motor, language, and cognitive impairments
- Early aggressive behavior
- Sexual abuse

- Parental drug/alcohol use
- Cold and unresponsive mother behavior
- Marital conflict
- Negative events
- Cold and unresponsive mother behavior
- Parental drug/alcohol use
- Family dysfunction
- Disturbed family environment
- Parental loss

- Poor academic performance in early grades
- Specific traumatic experiences
- Negative events
- Lack of control or mastery experiences
- Urban setting
- Poverty

- Self-regulation
- Secure attachment
- Mastery of communication and language skills
- Ability to make friends and get along with others

- Reliable support and discipline from caregivers
- Responsiveness
- Protection from harm and fear
- Opportunities to resolve conflict
- Adequate socioeconomic resources for the family

- Support for early learning
- Access to supplemental services such as feeding, and screening for vision and hearing
- Stable, secure attachment to childcare provider
- Low ratio of caregivers to children
- Regulatory systems that support high quality of care



Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle



Disorders

- depression
- anxiety
- substance abuse
- schizophrenia
- conduct disorders

Type of Factor

- risk factor
- protective factor

Sources of Risk/Protective Factors

- individual
- family
- school/community

MIDDLE CHILDHOOD

- Negative self-image
- Apathy
- Anxiety
- Dysthymia
- Insecure attachment
- Poor social skills: impulsive, aggressive, passive, and withdrawn
- Poor social problem-solving skills
- Shyness
- Poor impulse control
- Sensation-seeking
- Lack of behavioral self-control
- Impulsivity
- Early persistent behavior problems
- Attention deficit/hyperactivity disorder
- Anxiety
- Depression
- Antisocial behavior
- Head injury
- Self-reported psychotic symptoms

- Parental depression
- Poor parenting, rejection, lack of parental warmth
- Child abuse/maltreatment
- Loss
- Marital conflict or divorce
- Family dysfunction
- Parents with anxiety disorder or anxious childrearing practices
- Parental overcontrol and intrusiveness

(family risk factors continued)

- Parents model, prompt, and reinforce threat appraisals and avoidant behaviors
- Marital conflict; poor marital adjustments
- Negative life events
- Permissive parenting
- Parent-child conflict
- Low parental warmth
- Parental hostility
- Harsh discipline
- Child abuse/maltreatment
- Substance use among parents or siblings
- Parental favorable attitudes toward alcohol and/or drug use
- Inadequate supervision and monitoring
- Low parental aspirations for child
- Lack of or inconsistent discipline
- Family dysfunction

- Peer rejection
- Stressful life events
- Poor grades/achievements
- Poverty
- Stressful community events such as violence
- Witnessing community violence
- Social trauma
- Negative events
- Lack of control or mastery experiences

(school/community risk factors continued)

- School failure
- Low commitment to school
- Peer rejection
- Deviant peer group
- Peer attitudes toward drugs
- Alienation from peers
- Law and norms favorable toward alcohol and drug use
- Availability and access to alcohol
- Urban setting
- Poverty

- Mastery of academic skills (math, reading, writing)
- Following rules for behavior at home, school, and public places
- Ability to make friends
- Good peer relationships

- Consistent discipline
- Language-based rather than physically-based discipline
- Extended family support

- Healthy peer groups
- School engagement
- Positive teacher expectations
- Effective classroom management
- Positive partnering between school and family
- School policies and practices to reduce bullying
- High academic standards

ADOLESCENCE

- Female gender
- Early puberty
- Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration
- Low self-esteem, perceived incompetence, negative explanatory and inferential style
- Anxiety
- Low-level depressive symptoms and dysthymia
- Insecure attachment
- Poor social skills: communication and problem-solving skills
- Extreme need for approval and social support
- Low self-esteem
- Shyness
- Emotional problems in childhood
- Conduct disorder
- Favorable attitudes toward drugs
- Rebelliousness
- Early substance use
- Antisocial behavior
- Head injury
- Marijuana use
- Childhood exposure to lead or mercury (neurotoxins)
- Parental depression
- Parent-child conflict
- Poor parenting
- Negative family environment (may include substance abuse in parents)
- Child abuse/maltreatment
- Single-parent family (for girls only)
- Divorce

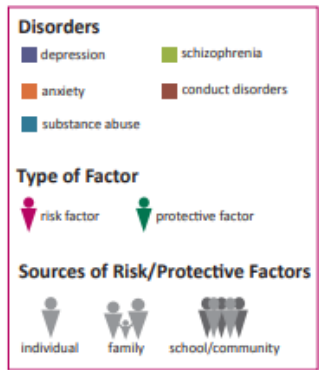
- (family risk factors continued)*
- Marital conflict
 - Family conflict
 - Parent with anxiety
 - Parental/marital conflict
 - Family conflict (interactions between parents and children and among children)
 - Parental drug/alcohol use
 - Parental unemployment
 - Substance use among parents
 - Lack of adult supervision
 - Poor attachment with parents
 - Family dysfunction
 - Family member with schizophrenia
 - Poor parental supervision
 - Parental depression
 - Sexual abuse
 - Peer rejection
 - Stressful events
 - Poor academic achievement
 - Poverty
 - Community-level stressful or traumatic events
 - School-level stressful or traumatic events
 - Community violence
 - School violence
 - Poverty
 - Traumatic event
 - School failure
 - Low commitment to school
 - Not college bound
 - Aggression toward peers
 - Associating with drug-using peers
 - Societal/community norms about alcohol and drug use

- (school/community risk factors continued)*
- Urban setting
 - Poverty
 - Associating with deviant peers
 - Loss of close relationship or friends
 - Positive physical development
 - Academic achievement/intellectual development
 - High self-esteem
 - Emotional self-regulation
 - Good coping skills and problem-solving skills
 - Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture
 - Family provides structure, limits, rules, monitoring, and predictability
 - Supportive relationships with family members
 - Clear expectations for behavior and values
 - Presence of mentors and support for development of skills and interests
 - Opportunities for engagement within school and community
 - Positive norms
 - Clear expectations for behavior
 - Physical and psychological safety

EARLY ADULTHOOD

- Early-onset depression and anxiety
- Need for extensive social support
- Childhood history of untreated anxiety disorders
- Childhood history of poor physical health
- Childhood history of sleep and eating problems
- Poor physical health
- Lack of commitment to conventional adult roles
- Antisocial behavior
- Head Injury
- Parental depression
- Spousal conflict
- Single parenthood
- Leaving home
- Family dysfunction
- Decrease in social support accompanying entry into a new social context
- Negative life events
- Attending college
- Substance-using peers
- Social adversity

- Identity exploration in love, work, and world view
- Subjective sense of adult status
- Subjective sense of self-sufficiency, making independent decisions, becoming financially independent
- Future orientation
- Achievement motivation
- Balance of autonomy and relatedness to family
- Behavioral and emotional autonomy
- Opportunities for exploration in work and school
- Connectedness to adults outside of family



Source: National Research Council and Institute of Medicine. (2009). Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. Washington, DC: The National Academies Press.

APPENDIX B

Refer to attachment: Analysis of Focus Group Results in Support of CCPP, July 2022

APPENDIX C

Refer to attachment: Analysis of Youth Key Informant Interviews in Support of CCPP, November 2022