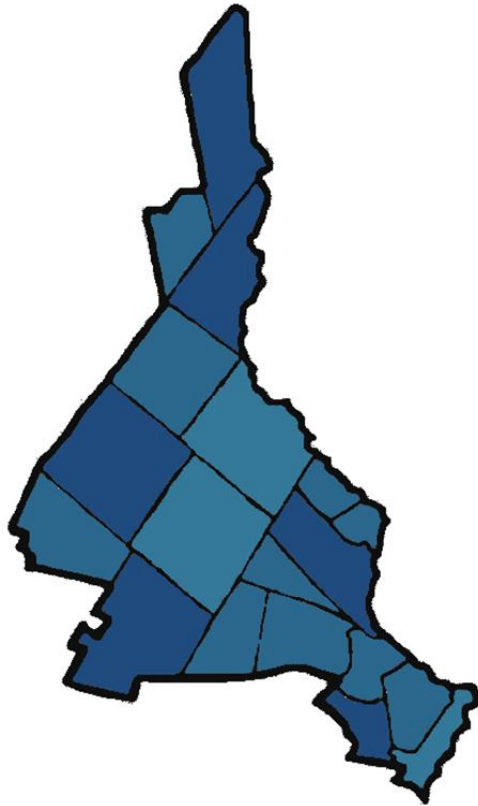


Community Data Profile

October 2011

ONE Voice for Southeastern NH Regional Network



BARRINGTON
DOVER
DURHAM
FARMINGTON
GREENLAND
LEE
MADBURY
MIDDLETON
MILTON
NEW CASTLE

NEWINGTON
NORTHWOOD
NOTTINGHAM
PORTSMOUTH
ROCHESTER
ROLLINSFORD
RYE
SOMERSWORTH
STRAFFORD
WAKEFIELD

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Alcohol, tobacco and other drug use and abuse are the most pervasive, disruptive and costly health issues in the United States and in New Hampshire. The widespread impacts of abuse touch every facet of private and public life. From emergency rooms to court rooms to living rooms, alcohol, tobacco and other drug abuse erode the well-being of individuals, families, communities, governments, and society as a whole.

Investment to adequately and effectively address such a pervasive and often stigmatized health concern is challenged not simply by general resource limitations but also by the complexity of the issue and of articulating the scope and severity of a problem that has such a wide range of consequences and contributing or mediating factors, therefore, substance use is difficult to prevent and treat because it is impacted by a constellation of factors such as media, family communication, unrecognized or untreated mental and emotional health conditions, community norms, genetic influences, self-esteem, trauma history, among others.

In addition, the greatest constraint on the ability of the health and medical field to prevent and treat this disease is its stigmatization. Many continue to see substance use and abuse as typical and therefore acceptable on the one hand, while perceiving the resulting addiction for some as a problem of the weak-willed. Yet the contributing factors, including biological influences and the treatability of substance use disorders are as evident in other chronic conditions such as heart disease and diabetes.

Therefore, the first step in beginning to address such a complex disease is to deconstruct the stigmatization through the construction of a comprehensive assessment of the scope and severity of substance use and abuse, its contributing and mediating factors, and its consequences. Enclosed within these pages is the framework of a data profile of the southeastern area of the state that is served by the ONE Voice for Southeastern NH Regional Network. This profile will more than likely grow in its breadth over time. Community leaders and representatives are encouraged to consider its contents and bring new thought, data, and insight into understanding the origins of substance abuse and related mental health conditions in order to determine a course of action to prevent and reduce their harmful consequences.

As this data profile grows and as communities consider its implications, we hope the region grows in its understanding of addiction as a devastating yet preventable disease within communities that can, with attention, leadership and action, be prevented and treated.

ONE Voice for Southeastern NH Regional Network

INTRODUCTION

The goal of New Hampshire (NH) Bureau of Drug and Alcohol Services' (BDAS) Prevention Services Unit is to reduce alcohol and other drug related problems in NH communities by building infrastructure and capacity through its regional network system. New Hampshire's strategy for building infrastructure and capacity is based on a concept of community development that involves community stakeholders across a spectrum of sectors that are mutually supportive and hold a shared interest in community well-being.

New Hampshire's regional networks have a specific mission to build *social capital, synergy and community readiness* within their partnerships so that communities are able to prevent alcohol and other drug problems through sustained evidence-based interventions and the investment of shared resources.

The geography of each regional network was determined through a 2005-2006 comprehensive assessment of existing service areas, including hospital, community mental health and school district coverage areas. A map of the New Hampshire Regional Network System is provided on the following page.

Regional Settings and Cultures

Socio-Economic Issues Relevant to Community

As with many regions in New Hampshire, socio-economic stratification is a significant issue in the area. From the highly educated professionals working for UNH and for organizations doing business with UNH as well as the high-end neighborhoods of Rye, to the blue collar areas in and around Rochester, there is significant economic disparity within communities. In several interviews, residents of the area talked about towns reconstituting themselves in the past 20 years from rural, insular enclaves to bedroom communities for urban areas, including greater Boston. These and other changes may impact youth and adults whose families have lived in the area for generations, particularly those who are low income.

Characteristics of Community

The twenty towns in the ONE Voice catchment area have a history as varied as the towns are numerous. The catchment area has unique factors, including a large university campus, a major hub for cultural activities, and isolated rural communities that exacerbate the level and severity of underage and young adult binge drinking. The cultural variation among the sub-regions is pronounced. The northern tier of the region suffers from a much lower educational attainment rate, higher teen birth

rates, increased crime, less allocation of school funding and a lack of transportation to services that are generally 20-30 miles out of reach from their own communities.

The sub-regions have unique features and were grouped by school districts, natural networks of transportation and community access as well as culturally. The Portsmouth sub-region is comprised of four towns and one city. It is unique to the region in that it would be rare for community members to travel north of Portsmouth to access shopping, cultural activities, or community events. To that end, Portsmouth is segmented from the rest of Rockingham County, as the centralized services for the county are 25 miles away.

Portsmouth often gains the most attention in the region because of its long history as a center of commerce, having been a major port for hundreds of years. Portsmouth is home to many historical and cultural sites, including the Isle of Shoals, Strawberry Banke, the Naval Shipyard, and the Portsmouth Black Heritage Trail. As a result of its rich heritage, Portsmouth is an upscale community with a high density of restaurants and bars in the downtown area.

Greater Portsmouth is home to 92 establishments with liquor licenses. It is the highest per capita in the state. Although it is home to just over 21,000 people, it has 100,000 people on a daily basis working or engaging in recreation in Portsmouth. Many of the alcohol infractions are from people living outside of Portsmouth. A unique feature of this business community is its solidarity. Without any directive, the downtown restaurants and bars established an informal network to be able to ban problem patrons. Before the self-initiated network, the bars would ask drunken, belligerent patrons to leave their establishment, unwittingly passing on the problem to the next bar on the block.

They have recently even begun to send joint letters to problem patrons banning them for a longer term. This willingness to join forces to address the problems associated with binge drinking was a benefit to the work of ONE Voice. This would be especially true given the recent history of a coalition in Portsmouth that was initiated in 2007 through the DFC Mentor grant from Makin' It Happen and the Partnership for Healthy Youth. However, it did not continue after the coordinator left and had difficulty engaging community members in sustaining it as the coalition's catchment area was 19 towns and cities, and resources were not matched for the goals of the project.

Although other towns in the region may not be in the limelight as much as Portsmouth, all have unique issues and histories. Dover is a city along the Spaulding Turnpike that recently passed a tax cap that is impacting the level of services and resources available for health and safety initiatives. Dover is also the birthplace of Dover Youth 2 Youth, one of the most successful youth-driven prevention programs in New England. The group has been successful in passing local ordinances, sponsoring state laws, facilitating mass media campaigns, and has gained national recognition for their alcohol and drug prevention efforts for many years.

The Greater Dover sub-region was more difficult to determine. Dover is a hub to several small towns, and including the town of Nottingham into the region was purely based on the population of Dover High

School. Dover has long had a tradition as an old mill town. In the 1980's it was not even safe for the police to patrol the downtown area without a minimum of two police cars, as they would allegedly be assaulted by belligerent bar patrons. It was home to many biker bars and was considered an unsafe area by many residents. That has changed for the better and Dover has seen economic development, police/community partnerships and new, upwardly mobile residents moving into town. However, it continues to have a large population of college-aged residents who have no real investment in the community. Dover lost its Drug-Free Communities grant, and once had a thriving coalition, Dover Coalition for Youth. They were de-funded in 2006.

The City of Somersworth is unique in that they had very low participation rates in the assessment process, yet in focus groups we continued to hear of the prevalence of substance abuse among its youth and adults. A renewed effort was initiated during the strategic planning process. Also of note is the fact that this sub-region has the highest population among the other sub-regions. Somersworth is studying the implementation of a tax cap, and Dover has already implemented one and that had impact on the SPF strategic plan.

The Greater Durham sub-region is home to the largest university in the state. It has long been proactive in combating underage drinking under the leadership of the University of New Hampshire (UNH) Police Department, the Durham Police Department and Health Services. Moreover, the University has instituted a universal prevention initiative that includes videos sent to all freshman accepted and their families as a requirement to watch as part of their entrance into the University. Even with the effective prevention efforts engaged by the greater Durham community, we still read headlines of "Two students sent to the hospital for alcohol poisoning after a frat party" (Fosters, October 7, 2008). Some students still perceive UNH as a great party school after it is continually rated within the Princeton Top 10 Party Schools. So, perception is set even prior to entrance into UNH by potential students, even though the reality is that alcohol arrests are down from previous years and is attributed to vigilant and creative initiatives from the University and Durham Police Department. Students still go to outlying areas to off-campus housing in Lee and Dover. Lee is a rural community with a small police department. There was a lack of resources that is committed to combating underage drinking, however, they subsequently partnered with three other communities and applied for, and received, Enforcing Underage Drinking Laws (EUDL) funds.

In addition, the Durham area had launched the Oyster River Coalition for Health Youth (ORCHY) in 2000 through State Incentive Grant (SIG) funds. Although the coalition disbanded after a funding lapse, the partners were eager to continue coordination of efforts to enhance prevention in Durham, Lee and Madbury, particularly among school-aged populations.

The Durham Police Department and UNH have had tremendous success in significant effort and policy to reduce the harm associated with underage drinking and young adult binge drinking with the campus population. The Durham PD established an aggressive, effective, and comprehensive approach to alcohol abuse through referrals directed to the UNH Dean of Students. The Durham PD sends letters

home to parents of underage students in violation of alcohol laws, and referrals are made to UNH Health Services, who provide comprehensive education, screening, counseling, and other health services related to binge drinking and alcohol abuse. The Durham PD is also vigilant in tracking data to highlight “problem” locations in off-campus housing, retailer education and compliance checks, undercover patrols, and heightened enforcement during high-risk weekends and events.

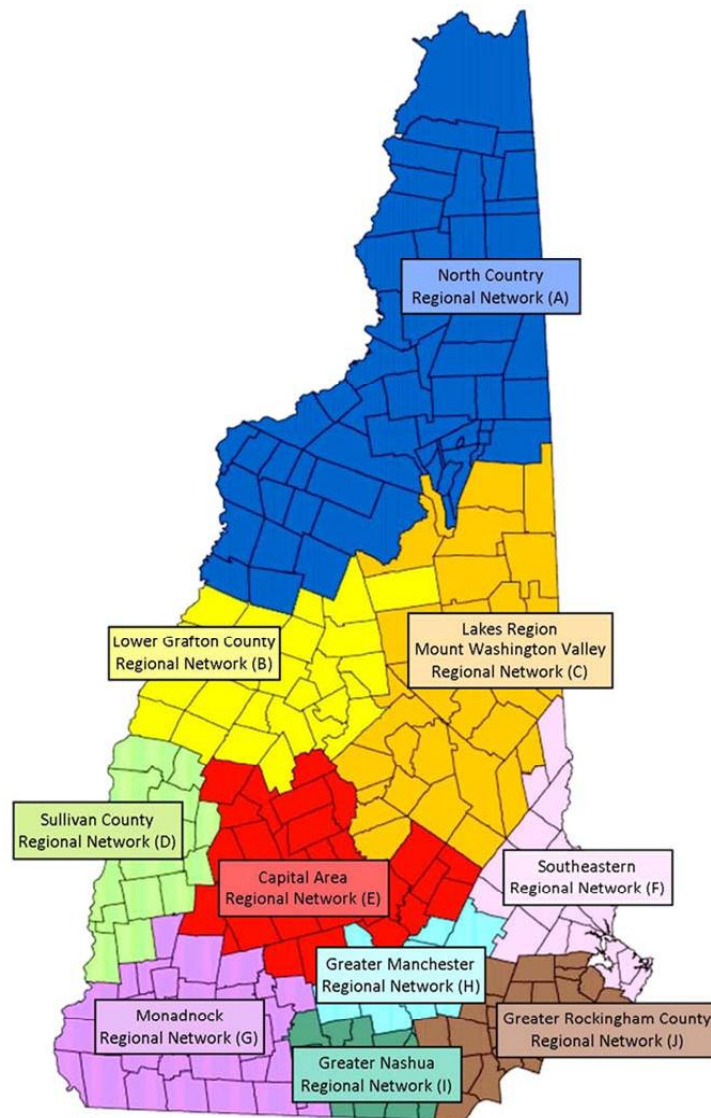
The Greater Rochester sub-region is far reaching in geography, more so than any other sub-region. As previously mentioned, it has the lowest educational attainment and the highest poverty rate within the region. Additionally, this sub-region is home to four high schools, with varying cultures and attitudes towards underage drinking. Moreover, the sub-region is home to an exponential increase in summer residents because of its lakes. This in turn becomes a stress on law enforcement resources during the summer months with increased underage drinking, summer homes being used to facilitate underage drinking parties, and a lack of training for the law enforcement community to combat the influx. The northern part of the sub-region is also sparsely populated, which means less resources dedicated to compliance checks, party patrols and saturation patrols. It is also where the youth from Rochester go to drink in order to not be harassed by law enforcement, as they believe they will be in Rochester. This sub-region has long been the least resource rich among prevention contracts and services and yet, had a grassroots coalition meeting for the several years with no funding, but a lot of heart and dedication.

Rochester is a city that has significant rates of poverty and high risk behavior, with a recognized pattern of youth from the largest city in the region traveling to the less populated and thus less monitored towns of Wakefield and Milton for partying. The Rochester School District has joined forces with city and social service organizations to build community and increase prevention efforts. This partnership culminated in a successful application for federal Drug-Free Communities funding from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Northwood and Strafford were coupled with the Rochester sub-region because they were too small to act as a stand-alone sub-region and were minimally engaged in the assessment phase of SPF. Northwood is somewhat geographically disconnected from the sub-region and it generally identifies itself as a rural community closer to Concord. This was a challenge as they did not identify as part of the natural network of many of the communities, but yet they lie within Rockingham County.

Wakefield was discovered to have a unique need. It is geographically large, has four villages that comprise the greater Wakefield area, lies within Carroll County, but utilizes many resources and attends school in Strafford County. It is a twenty-five minute drive to Rochester. It has one of the lowest property taxes in the state and thereby generates few resources that are dedicated to prevention activities.

NEW HAMPSHIRE'S REGIONAL NETWORK SYSTEM



The ten regional networks in NH are geographical areas that are funded through a fiscal sponsor who employs a full-time paid coordinator and engages a volunteer leadership team and three functional workgroups to carry out an evidence-based planning process to define and prioritize alcohol and other drug problems, design interventions and approaches to address the defined problem, and to determine the effectiveness of the community's response. These functional groups are the Data Information Group (DIG), the Resource Information Group (RIG) and the Operational Efficiency and Sustainability Group (OESG).

During the past year, New Hampshire’s regional networks have focused on infrastructure development through the continued and enhanced engagement of five core sectors: (1) Law Enforcement and Safety, (2) Health and Medical, (3) Education, (4) Government and Community, and (5) Business. These five core sectors represent sustained essential services within communities that are highly impacted by substance use. These sectors also represent five of the twelve SAMHSA¹ sectors for effective coalitions. Representatives of these sectors have been recruited to form the nucleus of each network’s functional groups. The five core sectors are presented below with examples of potential engagement pathways.

Core Sector	Focus Populations	Potential Representation
Business	Employers Employees	Chambers of Commerce Risk Management coordinators of employers Employee Assistance Programs
Education	Children and Youth Young Adults Parents Other Adults	School administrators/guidance staff Health Services departments of colleges/universities College/Campus housing Early childhood centers
Safety	General Public	Police departments EMTs/Fire departments Probation/Parole officers Court liaisons
Health/Medical	General Public Children and Families Older adults Dual diagnosed	Mental health counselors Primary Care nurses/physicians Hospital community benefits coordinators Care coordinators/medical home coordinators
Government	General Public Vulnerable populations	Town, County administrators Town welfare coordinators Aldermen/Selectmen Health Services administrators Housing Authorities

The networks will be focusing on health promotion within the sectors and working to coordinate mental health and substance abuse prevention activities throughout the state.

This community epidemiological profile was designed as an initial compilation of the current accessible data for each region. The data are organized according to their potential relationship to the five core sectors described in the prior table. The profiles will be used primarily by the regional networks’ Data Information Groups (DIGs) initially. Each DIG will review the profile, add local data as appropriate, and guide their communities in a process of using the data to determine the most problematic substances in their local communities, the key populations of concern, and the sectors and geographical areas where evidence-based prevention strategies will create the greatest population level change.

¹ U.S. Substance Abuse & Mental Health Services Administration

The networks will be responsible for dissemination of the profile, as well as for designing fact sheets and appropriate data briefs with continued support and technical assistance provided by the State Epidemiological Outcome Workgroup (SEOW). Below is a list of the key indicators included in this profile, and data sources and notes on methodology.

Approximately 30 community readiness interviews were conducted in June 2010 with community stakeholders to determine each sub-region’s readiness to address the issues of underage drinking and illicit drug use. Below are the scores for the sub-regions of the ONE Voice for Southeastern NH Region. Each score is based on a scale of 1-10 10 being the most ready and 1 being the least.

Sub-Region	Existing Efforts	Knowledge of Efforts	Leadership	Community Climate	Knowledge of Issue	Resources for Prevention	Aggregate Readiness Score
Greater Portsmouth: Portsmouth, Greenland, Newington, New Castle, Rye	6.60	3.80	6.10	4.90	5.00	5.70	5.35
Greater Dover: Dover, Rollinsford, Somersworth, Barrington, Nottingham	6.60	4.30	4.30	3.30	4.00	4.00	4.42
Greater Rochester: Rochester, Northwood, Strafford, Middleton, Farmington, Milton, Wakefield	7.00	5.25	6.13	3.88	3.88	5.13	5.21

Source: 2010 Community Readiness Interview

DATA SOURCES AND INDICATORS

Community Demographics		
Key Indicators	Sources	
Population Race/ethnicity Socio-economic status	2010 U.S. Census Target Population Age and Gender, Race/Ethnicity NH Department of Education Free/Reduced Lunch Eligibility	
Consumption Patterns and Risk Factors		
Key Indicators	Sources	Notes on Methodology
Past 30-Day Use of All Substances: Youth, Young Adults (Alcohol, Rx drugs only), Adults (Alcohol). Lifetime Use: Adults (Rx and OTC drug abuse) Past 30-Day Use by Grade: Youth Past 30-Day Use by Gender: Youth	2009 New Hampshire Youth Risk Behavior Survey (YRBS) New Hampshire Young Adult Community Survey New Hampshire Behavioral Risk Factor Surveillance System (BRFSS)	<u>New Hampshire state-level YRBS data</u> : All state level YRBS data has been generated using the state sample. Schools that did not survey students in all grades were not included. (NH n= 30,274), (ONE Voice n= 3,626), (Coe-Brown n= 557) (Farmington n= 317), (Nute n= 99), (Oyster River n= 487) (Portsmouth n=797), (Somersworth n= 356), (Spaulding n= 1,013) <u>NH Young Adult Community Survey</u> : This survey was conducted in the summer of 2009 using a cluster sampling methodology that in some cases reverted to convenience sampling. The target population was 18-25 year olds. It is important to note that there is no evidence to suggest that the population from which this data was collected was truly random or that is truly representative of this age group. (NH n= 1,624; ONE Voice n=135) Dover High School participated in a locally developed risk behavior survey similar to the YRBS; data from this local survey are included in a small number of graphs. Additional information about this survey source can be obtained from the Dover Coalition for Youth.
Key Indicators	Sources	Notes on Methodology
		<u>New Hampshire Behavioral Risk Factor Surveillance System (BRFSS)</u> : BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
Perception of Risk: Youth & Young Adults	2009 NH Youth Risk Behavior Survey (YRBS) NH Young Adult Community Survey	See <u>NH state-level YRBS data</u> above See <u>NH Young Adult Community Survey</u> above
Perception of Wrongness and Parental Disapproval	2009 NH Youth Risk Behavior Survey (YRBS)	See <u>NH state-level YRBS data</u> above See <u>NH Young Adult Community Survey</u> above
Access to Alcohol	2009 NH Youth Risk Behavior Survey (YRBS) New Hampshire Young Adult Community Survey	

Safety & Law Enforcement Sector

Key Indicators	Sources	Notes on Methodology
Indicators of Safety (violence, bike helmet/seat belt wearing, drinking and driving) amongst user and non-users	2009 New Hampshire Youth Risk Behavior Survey (YRBS)	See New Hampshire state-level YRBS data above
Perceptions of Enforcement	2009 NH Young Adult Community Survey	See NH Young Adult Community Survey above
Arrest Data	New Hampshire Department of Safety	

Health & Medical Sector

Key Indicators	Sources	Notes on Methodology
Substance Abuse Related Mental Health Condition Emergency Department Visits	NH DHHS Hospital Discharge Data Collection System	NH DHHS Hospital Discharge Data Collection System data was queried from the NH HealthWRQS data system
Substance Abuse Related Mental Health Condition Inpatient Discharges	2009 New Hampshire Youth Risk Behavior Survey (YRBS)	
Leading Causes of Death by Age Group		
Indicators of health (suicide, forced sexual intercourse, multiple risk behaviors) amongst users and non-users		

Education Sector

Key Indicators	Sources	Notes on Methodology
Population	NH Department of Education School Enrollment	Data collected semi-annually from school administrators
Substance-abuse related disciplinary actions schools	School Safety Data	Data collected annually from school administrators
Academic achievement amongst users and non-users	2009 NH Youth Risk Behavior Survey (YRBS)	See NH state-level YRBS data above
Social Norms amongst NH college students	Data Report: 2009 NH Higher Education ATOD Survey included as Appendix A	This survey is administered to college students every other year by the NH Higher Education Alcohol and Other Drug Committee. (n= 4,058)

Government & Community Sector

Key Indicators	Sources	Notes on Methodology
Indicators of sense of community within family and larger community (family rules, community service, feelings that they matter in community, clubs/orgs, parental monitoring, parental values amongst users and non-users)	2009 NH Youth Risk Behavior Survey (YRBS)	See NH state-level YRBS data above

Business Sector

Key Indicators	Sources
No local data currently available. We included statistics from SAMHSA and Maine that relate to substance abuse in the workplace in Appendix C.	Worker Substance Use and Workplace Policies and Programs. Sharon L. Larson; Joe Eyerman; Misty S. Foster; Joseph C. Gfroerer. DEPARTMENT OF HEALTH AND HUMAN SERVICES. Substance Abuse and Mental Health Services Administration. Office of Applied Studies. Accessed on June 24, 2011 at: http://oas.samhsa.gov Maine Department of Labor Substance Abuse Testing Report, 2010

NOTES TO THE USER

Weighted Data: The past 30-day use rates displayed in the graphs on pages 9-13 have been standardized to state enrollment by grade in school. Although each school aims to survey all students, various circumstances do not always allow for representative sampling by grade in school, thus potentially skewing the overall rates in each community. To resolve this potential sampling bias, the past 30-day use data presented in this report has been standardized/adjusted to the 2008-2009 school year state enrollment by grade to allow for comparisons between communities, the region and the state.

p-values: *p-values* were generated for all cross-tabulations presented in this report and are indicated on each graph. These values were generated using the Pearson's Chi-Square test. A *p-value* .05 or less suggests that the difference presented is likely to be statistically significant.

Cross-tabs: Many cross-tabs showing how one group of survey respondents compares to another group are presented in this report. Most common are graphs demonstrating how those who have used substances in the past 30 days differ in various ways from those who have not used in the past 30 days. It is important to note that the percent of "users" and "non-users" do not add up to 100% because the information shown represents each group separately as a whole (Ex: Out of 100% of Non-Users, 91% think it is wrong to drink alcohol regularly, whereas, 66.7% of users think it is wrong to drink alcohol regularly).

Acronyms

R_x - Prescription drugs not ordered by a doctor
OTC - Over the counter medications
AI - Appreciative Inquiry

COMMUNITY DEMOGRAPHICS

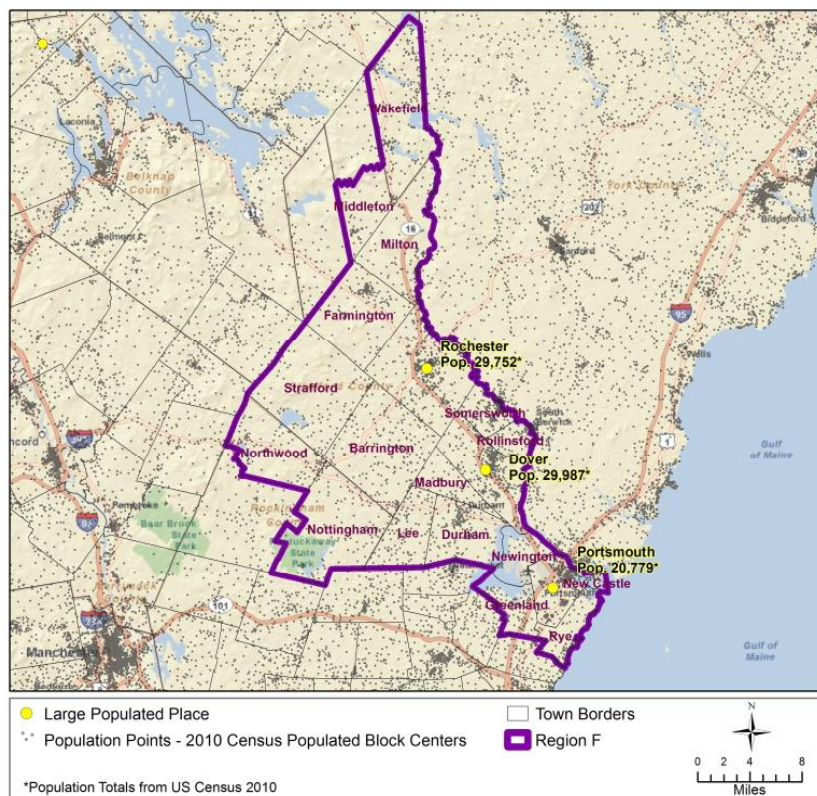
Important when considering substance use and mental health conditions within a particular geography are the demographics of the resident population. Below are age range estimations of the population of 15-49 year olds based on the 2010 U.S. Census.

ONE Voice for Southeastern NH Region Target Population by Age and Gender

Age	Total #	Total %	Total # Male	Total % Male	Total # Female	Total % Female
15 to 19 years	14,618	8.81%	7,137	4.30%	7,481	4.51%
20 to 24 years	10,659	6.42%	5,352	3.22%	5,307	3.20%
25 to 29 years	9,806	5.91%	4,898	2.95%	4,908	2.96%
30 to 34 years	10,384	6.26%	5,161	3.11%	5,223	3.15%
35 to 39 years	11,608	6.99%	5,733	3.45%	5,875	3.54%
40 to 44 years	13,349	8.04%	6,509	3.92%	6,840	4.12%
45 to 49 years	13,189	7.95%	6,543	3.94%	6,646	4.00%

(Source: 2010 US Census)

Consideration of population density is particularly important when determining the cost-benefit of environmental prevention strategies. The ONE Voice for Southeastern NH Region is home to the City of Dover, the most populated town in the region at 29,987 residents. Rochester and Portsmouth are the next largest towns in the region at 29,752 and 20,779 respectively.



**ONE Voice for Southeastern NH Region
Race/Ethnicity**

Race: for those reporting one race	Total #	Total %
White	19,720	90.3%
Black or African American	441	2.02%
American Indian and Alaskan Native	72	0.33%
Asian	726	3.33%

(Source: 2010 US Census)

Race and ethnicity information from the most recent U.S. Census is also provided to support communities in considering cultural context in the design of prevention and early intervention activities. The predominant race of residents are white or Caucasian (90.3%), followed by Asian (3.33%) and African American (2.02%).

Research relative to the relationship between socio-economic status (SES), risk behavior and emotional wellbeing has been challenged by the complexity of attempting to control for the multiple factors that co-exist with low SES, such as parent employment status, family management style, and family monitoring. In addition, SES appears to influence different risk behaviors in different ways. The interactivity of contextual versus individual risk factors, such as economic disadvantage (contextual) and peer rejection (individual), is a challenge both for researchers and for community groups attempting to reduce environmental risk in their communities.

A common indicator of SES levels within a community is the percentage of children receiving Free and Reduced Lunch (FRL) based on federal poverty guidelines. It is important to note that families must apply for FRL; therefore, rates below may under-represent poverty levels of families with school-aged children. A comparison between local school FRL rates and the state-wide FRL rate is also provided. For the 2010-2011 school year, several of the FRL rates of schools in the region were above the state average of 25.68%, including Rochester (45.8%), Farmington (45.45%), Somersworth (38.92%) and Milton (38.97%).

**ONE Voice for Southeastern NH Regional School District
Participation in Reduced Rate/Free Lunch Program for 2010-**

District Name	% Eligible Participation	State Average
Barrington	19.93%	25.68%
Cocheco Arts & Technology	11.84%	25.68%
Coe-Brown Northwood Academy	0.00%	25.68%
Dover	26.27%	25.68%
Farmington	45.45%	25.68%
Greenland	7.06%	25.68%
Milton (Nute)	38.97%	25.68%
New Castle	0.00%	25.68%
Newington	7.41%	25.68%
Northwood	19.66%	25.68%
Nottingham	16.21%	25.68%
Oyster River Cooperative	5.24%	25.68%
Portsmouth	23.45%	25.68%
Rochester (Spaulding)	45.80%	25.68%
Rollinsford	19.46%	25.68%
Rye	8.48%	25.68%
Somersworth	38.92%	25.68%
Strafford	14.53%	25.68%
Wakefield	36.12%	25.68%

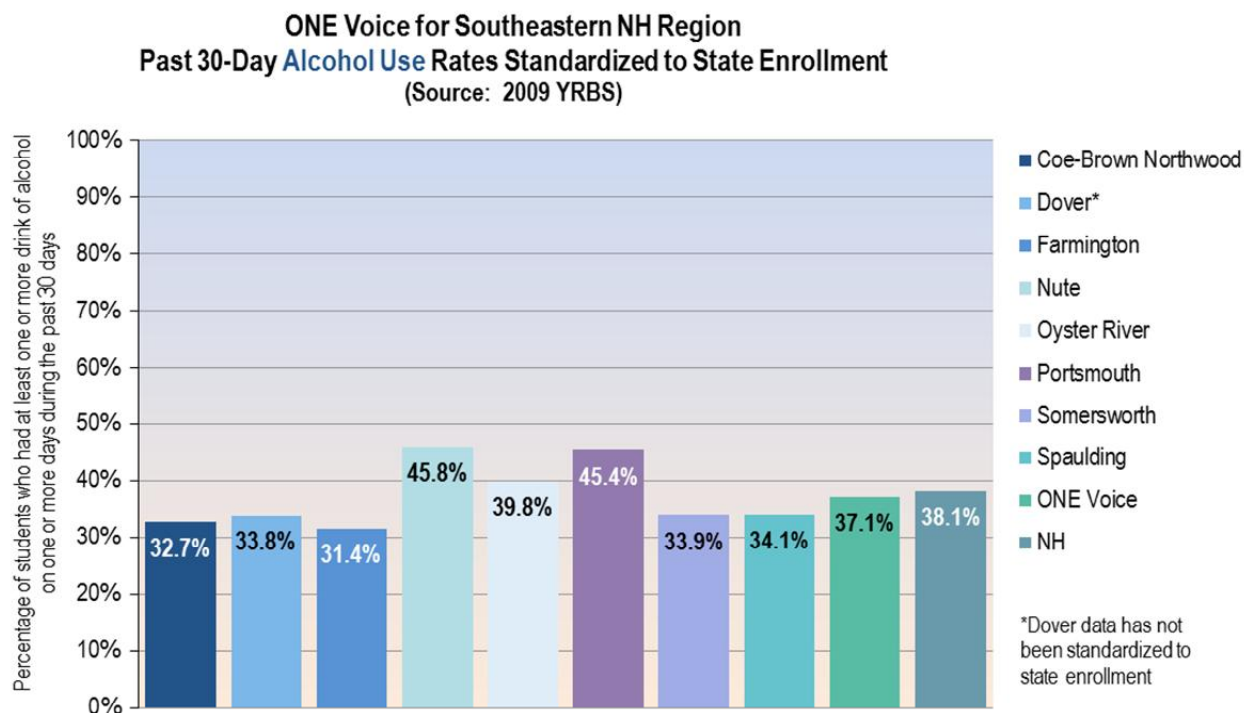
Note: State averages do not include charter schools

(Source: NH Department of Education)

PAST 30-DAY USE: YOUTH

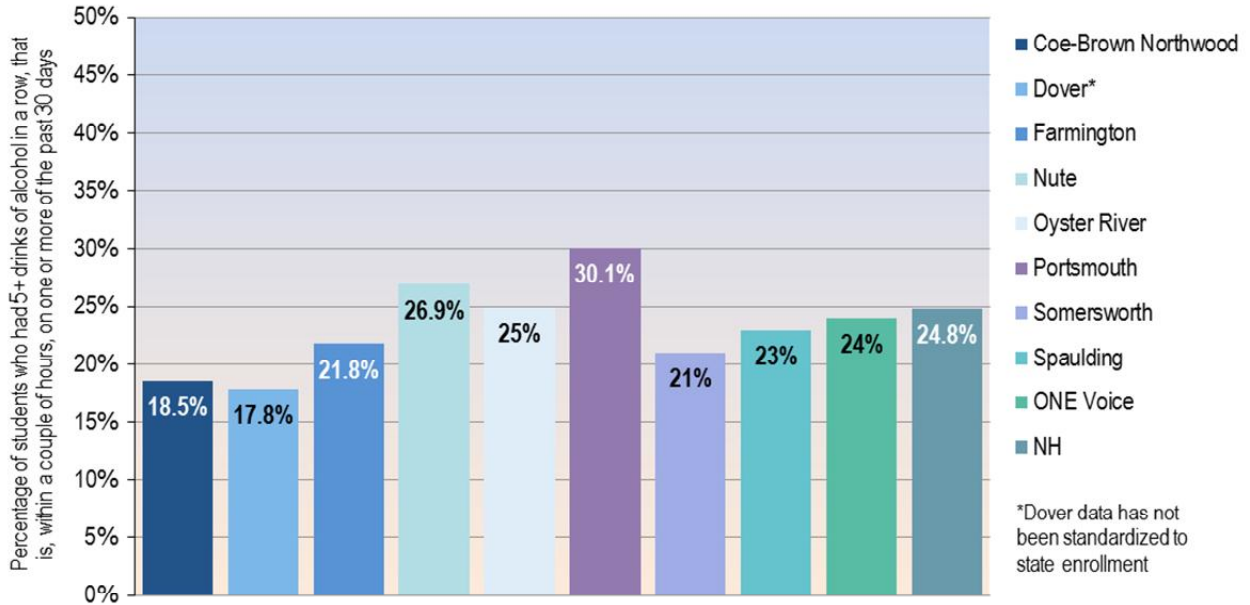
The U.S. Substance Use and Mental Health Services Administration (SAMHSA) designated self-reported past 30-day use of single substances, also referred to as “current use”, as a key indicator for epidemiological study and outcome monitoring. Past 30-day use is also a means by which the NH BDAS monitors population level change within communities. In most NH communities, past 30-day use data are collected through the bi-annual administration of the Youth Risk Behavior Survey (YRBS) that is co-managed by the NH Department of Education and the NH BDAS.

Alcohol remains the number one substance of abuse by teens nation-wide and in New Hampshire. In the southeastern region, alcohol is the most prevalent substance of abuse, with the percentage of high school respondents indicating alcohol use in the past 30 days ranging from 31.4% of Farmington High School youth to 45.8% of Nute High School youth, while the state rate for past 30-day alcohol use was 38.1%.



Binge drinking is a high risk form of alcohol use that involves the consumption of five or more drinks in one sitting or within a couple of hours. Binge drinking poses significant risk because of high levels of impairment that affect decision-making relative to drinking and driving, unplanned sexual activity, and other drug use as well as other harmful behaviors and consequences. In 2009, rates of past 30-day binge drinking ranged from 18.5% of Coe-Brown Northwood youth to 30.1% of Portsmouth youth, while the state binge drinking rate was 24.8%. The regional binge drinking rate of 24.9% is lower than that of the state.

ONE Voice for Southeastern NH Region
Past 30-Day Binge Drinking Rates Standardized to State Enrollment
 (Source: 2009 YRBS)



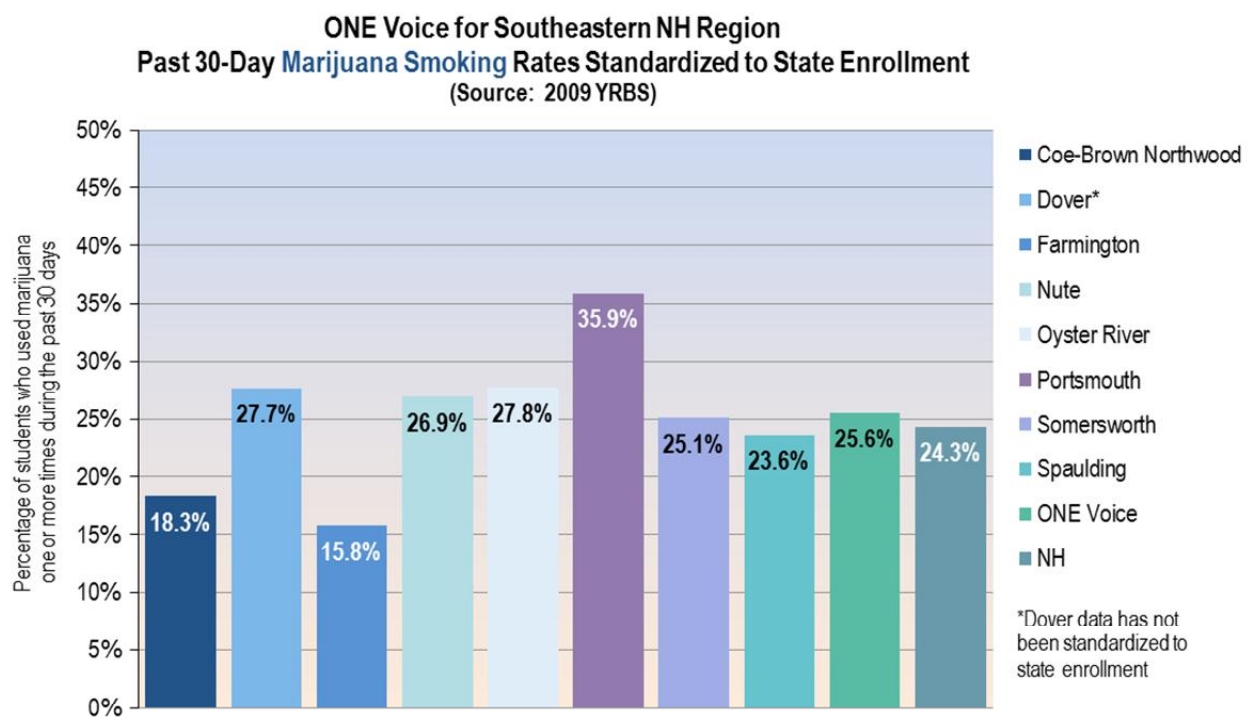
Rates of past 30-day cigarette smoking in the southeastern region ranged from 12.6% of Oyster River High School youth to 31.3% of Nute High School youth, while the state rate was 18.7%.

ONE Voice for Southeastern NH Region
Past 30-Day Cigarette Smoking Rates Standardized to State Enrollment
 (Source: 2009 YRBS)



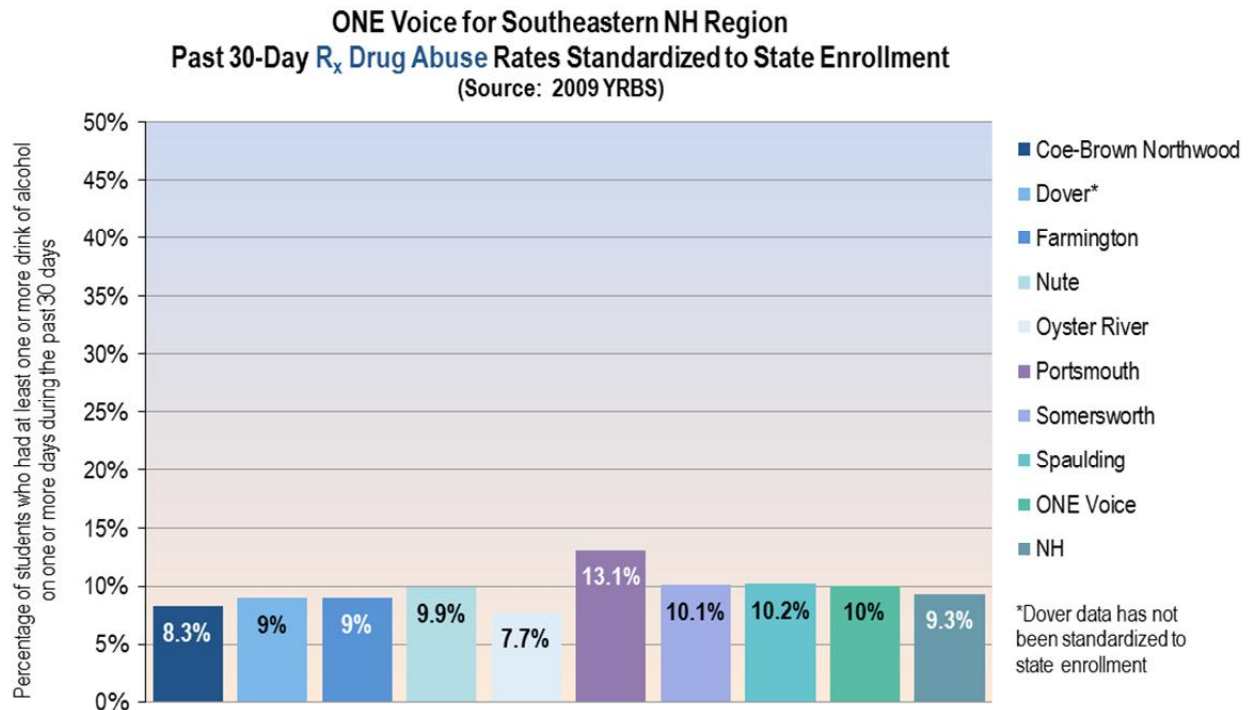
New Hampshire has one of the lowest rates of perceived risk of regular marijuana use in the country. Because research has supported perception of risk as a predictor of risk behavior, including substance use, the state is monitoring trends in marijuana use among youth due to the state’s low perception of risk. A contextual factor to consider in reviewing prevalence rates of marijuana use is the state legislature’s consideration of legislation to decriminalize marijuana and/or legalize its use for medicinal purposes in recent years as media attention surrounding proposed legislation may influence community norms.

In 2009, past 30-day use of marijuana by high school youth in ranged from 15.8% of Farmington High School youth to 35.9% of Portsmouth High School youth. The 2009 state rate of past 30-day use of marijuana by high school youth was 24.3%.



Non-medical use of prescription drugs in the U.S. has been escalating over the last decade, with several recent reports calling for state and community response to the growing epidemic. In response to community feedback and national attention, the NH Department of Education and the NH Bureau of Drug & Alcohol Services requested of the U.S. Centers for Disease Control and Prevention (CDC) that questions specific to prescription drug misuse be included in the 2009 YRBS instrument. As a result, NH now has a means to collect data and monitor trends in prescription drug abuse among youth.

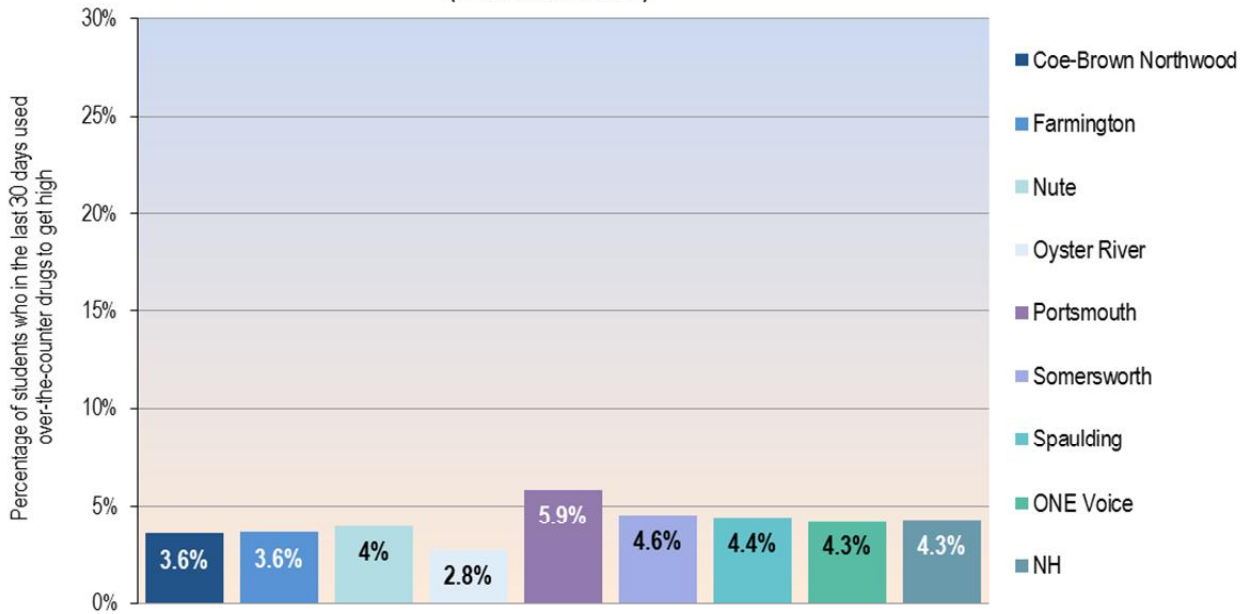
The most prevalent categories of abuse include opioid pain relievers such as oxycodone (e.g. Oxycontin) and hydrocodone (e.g. Vicodin) and stimulants such as methylphenidate (e.g. Ritalin). In 2009, the first year the YRBS posed specific questions about non-medical use of prescription drugs, southeastern region youth reported rates of past 30-day use that ranged from 7.7% of Oyster River High School youth to 13.1% of Portsmouth High School youth. The 2009 state rate of past 30-day prescription drug abuse among youth was 9.3%.



Communities may consider gathering additional data to better understand the scope and severity of prescription drug abuse as data collection, monitoring, and state and community response relative to this issue is in its early stages.

The misuse and abuse of over-the-counter (OTC) medications emerged in the early part of the decade and has remained a less prevalent but dangerous behavior among youth. In 2009, the rate of past 30-day abuse of OTC drugs was lowest among Oyster River youth (2.8%) and was highest among Portsmouth High School youth (5.9%). The rate for the entire state averaged at 4.3%.

ONE Voice for Southeastern NH Region
Past 30-day OTC Drug Use Rates Standardized to State Enrollment
 (Source: 2009 YRBS)



Past 30-day use of cocaine is also a less prevalent but dangerous risk behavior that impacts a small percentage of youth. In the southeastern region, 2.4% of high school-aged youth reported past 30-day cocaine use, with a low of 1.2% among Farmington youth to a high of 4.7% of Nute youth. The 2009 state rate was 2.6%.

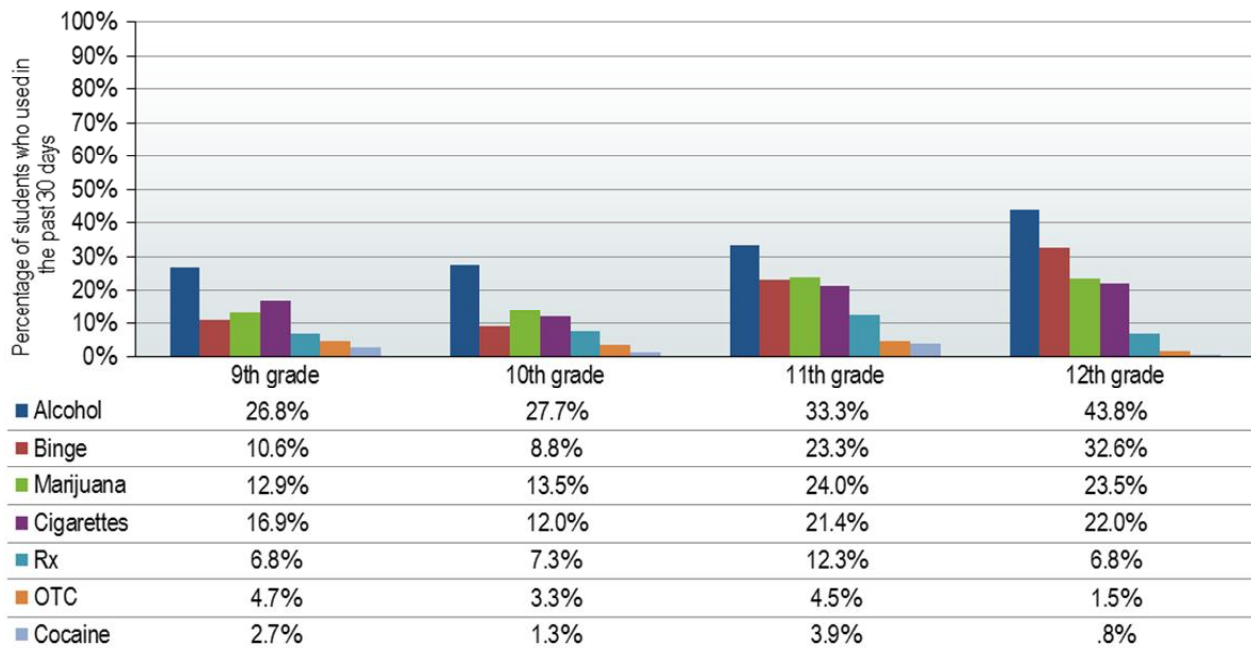
ONE Voice for Southeastern NH Region
Past 30-Day Cocaine Use Rates Standardized to State Enrollment
 (Source: 2009 YRBS)



PAST 30-DAY USE: BY GRADE

In the next series of graphs, data from the 2009 YRBS are presented by grade level in school to support community efforts in their understanding of when peak developmental stages may be prone to high incidences of initiation among youth in their communities. For example, among Coe-Brown Northwood youth, rates of past 30-day alcohol use show the greatest variance between 11th and 12th grade, whereas the greatest variance in past 30-day binge drinking and marijuana use exists between 10th and 11th grade.

Coe-Brown Northwood Academy - Substance Use by Grade
(Source: 2009 YRBS)



Among Farmington High School youth, rates of past 30-day alcohol use show the greatest variance between 9th and 10th grade. Rates of past 30-day binge drinking show significant variance between the 9th and 10th grades and between the 11th and 12th grades. Rates of past 30-day use for both cigarettes and marijuana are more than twice as high among 10th graders compared to 9th graders.

Farmington High School - Substance Use by Grade
(Source: 2009 YRBS)

