

Bay County, Florida

Prevention Blueprint Action Manual



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Introduction

This document is intended to be a starting guide for substance use prevention planning in your community. The most effective prevention is data-driven to enable you to respond to the unique and changing needs of your community and populations across the lifespan. Reviewing and understanding your local data can also help guide your prevention decisions around which population(s) may need to be prioritized (e.g., early childhood, youth, young adults, justice-involved individuals, pregnant women, and older adults) and can inform selection of the most effective policies, practices, and programs that best address the needs of the population(s).

Prevention is more successful with a team approach: prevention planning benefits greatly from participation of diverse community partners (e.g., health and human service providers, education and business sectors, community leaders, the faith community, members of the population of focus, and more). Engaging a broad range of stakeholders is key to unlocking a community's capacity for prevention. These people can help you share prevention information and resources, raise awareness of critical substance use problems, build support for prevention efforts, and ensure that prevention activities are appropriate for the populations they serve.

Creation of County

On February 12, 1913, representatives from five towns on the bay, met at Panama City for the purpose of selecting a name for the proposed new County. After discussion the name Bay was selected as one which would be satisfactory to the majority of the citizens, and as being distinctive of the territory that would be included. On July 1, 1913, Bay County was created by the Legislature from portions of Washington, Calhoun and Walton counties. The Nativity of Bay County was fittingly honored by a celebration in the City Park, now known as McKenzie Park.

First Legislators

The newly selected legislators held their first meeting on Monday, July 10, 1913, in rooms secured over the Bank of Panama City. The session was informal, but later in the day the commissioners met in the Owl's Nest on the dock at the end of Harrison Avenue and began strenuous work.



Understanding your data and what is happening in your community.

Data Literacy:

- What substance use or misuse and or substance misuse consequence is being observed in your community?
- Who is misusing the substances? Who is affected?
- What data are available?
- Is there substance use or misuse data available from partners including substance use or other behavioral health treatment providers? What do your partners understand from their data?



Diagnostic Analytics:

- What does your data say?
- Is teen vaping a problem? Is underage drinking a problem? Is adult drinking and driving and or overdoses a problem?
- Why is substance misuse happening more often here and among this population?
- Which data assists you in understanding “why here”?
- Are alcohol and/or drug related car crashes or overdoses happening in specific areas?
- Which data do you need to supplement your available published data such as parent/caregiver surveys, focus groups with parents/caregivers, key informant interviews with law enforcement, schools, the faith community?

Predictive Analytics:

- Review your trend data. Many data sources will include past years of trend data. Even if your substance misuse is on a downward trend, you may still need at least minimal thresholds of programs or practices to keep things moving in the right direction.
- Has the substance misuse or substance misuse consequence been increasing or decreasing?

Descriptive Analytics:

- What are local attitudes and beliefs, community norms, and social norms?
- Do parents/caregivers disapprove of their teens drinking?
- Are bartenders overserving alcohol while DUI crashes are increasing? Are there excessive alcohol outlets? Are DUI crashes happening in certain areas? Does local law enforcement have the capacity to target these areas or increase officers?
- Are your local stores selling alcohol to teens?
- Are Alcoholic Beverages and Tobacco (ABT) representatives active in your community? Note: In the future, ABT may oversee recreational marijuana in addition to alcohol.
- Are they training alcohol licensed vendors in Retail Beverage Server Training? Will they train recreational marijuana businesses in safe serving practices? Will your agency need to work to develop Retail Beverage Server Training for alcohol vendors and possibly future recreational marijuana outlets to promote safe selling practices such as not serving intoxicated individuals, and checking IDs, WE ID signage deterrents?



Prescriptive Analytics:

- Which programs, strategies, policies, and practices can be implemented to reduce the population of focus and or community level problem?
- Which population does your agency serve?
- Which agencies can you partner with if you serve adults or teens? What are the service needs for adults and or teens?
- Are efforts needed to destigmatize and promote substance misuse treatment or mental health services?
- If permitted by your funder, are you using incentives such as meals, gift cards, etc. to engage individuals in services?

Learning More: Resources and Capacity Assessment

As you begin reviewing data, sharing data and meeting with partners and potential partners you need to know who will support this prevention initiative. If your schools, law enforcement and or other community sectors do not believe there is a problem, they may not support you in your effort to target the problem. You may need to develop a 5-minute elevator speech. You may only have 5 minutes to engage them in your initiative for change. Example: In our county, 20% of all high school students have consumed alcohol. xx% of our high school students reported drinking alcohol before the age of 13, xx% have consumed alcohol in their lifetime and xx% have driven a car under the influence of alcohol. In addition, xx% of adults are heavy alcohol users or binge drink. We are working on an initiative to prevent or reduce alcohol use among teens and reduce alcohol related crashes and injuries among adults in our community.

Meeting with community leaders and other agencies is an important part of the planning process to identify programs and strategies currently implemented. These meetings additionally will provide an opportunity to better understand the policies and practices within the community agencies including systems such as referrals and existing or planned service integrations. You will need support from decision making leaders to change policies, practices, and partners to integrate and or create prevention systems in your community.

Use critical thinking skills as you learn more about your community. Agencies may be set in their ways and or have policies and practices that you may not be able to change. The more you find out about how the policies and practices are being implemented in your community, the more likely you will be to find additional ways to target the problem.

Some things to consider as you identify the resources and capacity of the current programs and strategies, policies, and practices (systems) includes:

- What human resources, technology and materials are needed to support your prevention effort? Which agencies are invested in and or committed to support the initiative? Develop a team for prevention planning including outside agencies.
- What is the message if law enforcement catch youth with alcohol and pour it out instead of giving citations, meeting with parents/caregivers as a warning with clear consequences for next time, referring for prevention education and or referring youth to treatment centers?

- What is the message if school staff take away vape pens without referring them to nicotine or marijuana programs? A better alternative could be a referral for the first violation to a prevention program and the second time for a formal intervention. Suspension has not been effective in reducing use. Another alternative might be a consequence where the parent or caregiver must accompany the youth in the vape prevention or cessation program. If parents/caregivers must give up their time for their youths' behavior, they may increase their support in the home including reinforcing a no use message. You may need to provide tools to start parent/caregiver conversations with teens.
- If your high school youth is the population with the highest substance use prevalence, you may want to begin implementing prevention in the middle school programs or elementary for preventing early initiation of use or to reduce use. Are there programs in the middle or elementary school already? Which ones? You may want to supplement these programs with additional programs and or services.
- You may discover that high school youth may need more intensive services such as substance misuse and behavioral health referrals and screenings. Some youth may require interventions, substance misuse treatment and or vape/tobacco cessation programs. Is there a referral system in place?
- As you are reviewing your substance use/misuse data? Some programs and strategies may be challenging to implement with barriers such as human and fiscal capacity or other barriers that need to be addressed.
- Meeting with key leaders, decision makers and potential partners will provide an opportunity to assess resources and capacity as well as commitments from partners.
- Meeting and sharing your data with these potential partners will help you to understand the current policies and practices to see if these can be improved.
- Include your potential partners in the needs assessment process because their data may shed new light on the problem.

The next section includes county substance use/misuse data from various sources to identify the population most affected by the substance use/misuse behavior, risk factor and or consequence.

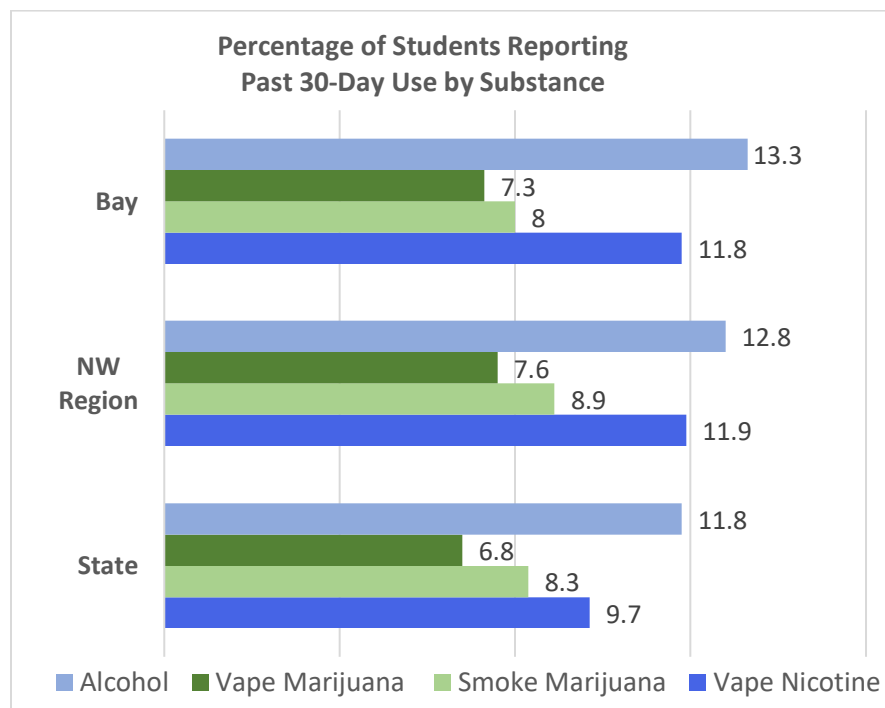
County Level Assessment Data

Section 1 Youth Substance Use Data

Florida Youth Substance Abuse Survey 2022 (FYSAS): Bay County

Past 30-Day Use Substances middle and high school youth

The graph below includes overall middle and high school students reported Past 30-Day Use by substance and by Bay county, NWF Health Network region, and state average. The table to the right includes county Past 30-Day Use by middle and high school separately and tables below are county data.



Past 30-Day	Middle School	High School
Alcohol Use	9.1	16.6
Vape Marijuana	4.4	9.7
Smoke Marijuana	4.8	10.4
Vape Nicotine	7.6	15.1
Inhalants	3.6	0.4
RX Pain Relievers	3.9	0.8
RX Amphetamines	1.4	0.4
Over the Counter Drugs	2.0	1.1

Early Initiation of Use

Early ATOD use is defined as the percentage of high school students who started using at 13 or younger.

Early ATOD Use	High School
More than a sip of alcohol	19.9
Drinking at least once a month	3.1
Smoke cigarettes	6.8
Smoke marijuana	7.1

Lifetime Use

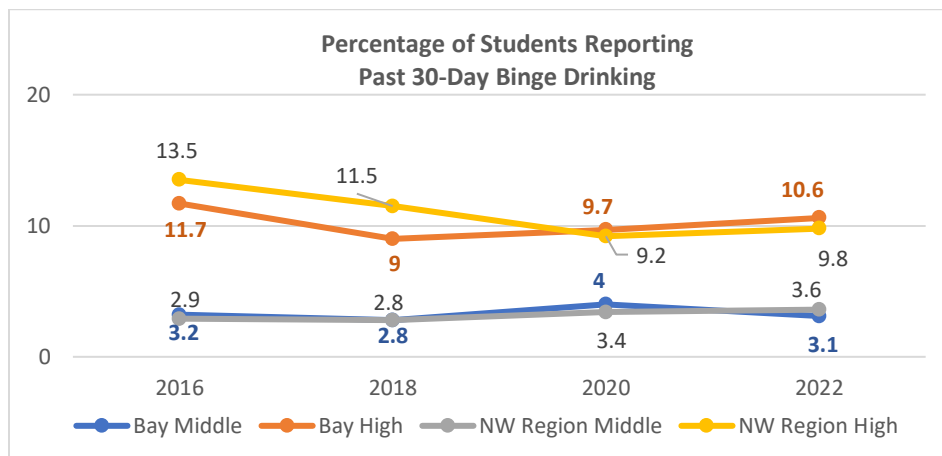
Percentages of students who reported using drugs in their lifetime by middle and high school youth.

Lifetime Use by Substance	Middle School	High School
Alcohol	27.3	40.2
Cigarettes	8.7	13
Vaping Nicotine	20.4	32.8
Vaping Marijuana	9.9	19.1
Smoking Marijuana	10.0	22.5
Inhalants	10.8	4

One of the major goals of drug use prevention programs is to delay the age of onset of substance use. What is called early initiation, usually occurring in adolescents under the age of 15, is a salient predictor of Substance Use Disorders later in adulthood.ⁱ

Binge Drinking

Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Below graph includes binge drinking county comparison to NWF Health Network region as reported by middle and high students for data years 2016 through 2022 (FYSAS).



Attitudes Towards Substance Use

Attitudes towards use/misuse is a risk factor that can influence the individual's behavior. If a teen does not believe there is any "risk of harm" or harmfulness, or disapproval such as "think it is wrong" and or "peers do not perceive it as wrong" then the students' belief system may be that these behaviors are not harmful or wrong.

As longitudinal research has shown, youth attitudes about the risks associated with substance use are often closely related to their use, with an inverse association between use and risk perceptions (i.e., the prevalence of use is lower among those who perceive high risk of harm from use). SAMHSA

Perception of Great Risk of Harm

Data includes the percentage of overall middle and high school students who reported perception of "Great Risk of Harm". Students were specifically asked "How much do you think people risk harming themselves (physically or in other ways) if they...":

Perception of Great Risk of Harm	Bay	NW Region	State
1 or 2 drinks nearly every day	40.5	44.2	45.9
5+ drinks once or twice a week	54.4	56.1	56.6
1+ packs of cigarettes per day	63.4	65.8	65.7
Vaping nicotine	39.3	43.9	43.6
Vaping marijuana	38.8	42.5	41.8
Marijuana once or twice a week	32.7	34.4	34.3
Try marijuana once or twice	21.1	23.6	23.5
Use prescription drugs	70.2	68.3	67.8

Personal Disapproval

Data includes the percentage of overall middle and high school students who disapprove or think it is wrong. Students were asked “How wrong do you think it is for someone your age to:”

Personal Disapproval	Bay	NW Region	State
Smoke cigarettes	91.4	92.4	93.6
Drink regularly	77.2	79.2	80.4
Smoke marijuana	78.2	78.0	78.3
Vape nicotine	81.1	83.2	84.9
Vape marijuana	81.9	82.5	83.1
Use other illicit drugs	95.7	96.0	96.3

Peer Disapproval

Data includes the percentage of overall middle and high school students who perceive their friends disapprove or think it is wrong. Students are asked “How wrong do your friends feel it would be for you to...”:

Peer Disapproval	Bay	NW Region	State
Have 1 or 2 drinks nearly every day	85.1	86.5	87.9
Smoke tobacco	88.4	89.9	91.7
Smoke marijuana	78.2	77.5	77.6
Vape nicotine	75.9	78.7	80.7
Vape marijuana	78.6	80.2	80.8
Use prescription drugs not prescribed to you	93.8	93.9	94.3

Source of Alcohol

The source of alcohol is collected from high school student reported drinkers. High school students are asked “how they usually get alcohol during the past 30 days” with the response choices below. Risk factors include Easy Access and Availability, Retail Access and Social Access. Source of alcohol county, NWF Health Network region and state average data are included in the table below for comparison.

High School Student Alcohol Source	Bay	NW Region	State
Bought in a store	16.1	14.7	11.7
Bought in a restaurant, bar, or club	0.0	1.6	3.2
Bought at a public event	0.0	1.1	0.8
Someone bought it for me	11.9	17.0	9.0
Someone gave it to me	42.3	34.8	41.5
Took it from a store	0.0	1.1	1.2
Took it from a family member	7.0	9.5	13.5
Some other way	22.8	20.2	19.1

High School Student Source of Alcohol by Gender

Tables below include alcohol source by gender and source. Females and males' source of alcohol may differ depending on local conditions in your community.

Females Reporting Alcohol Source	Bay	NW Region	State
Bought in a store	6.1	10.9	9.6
Bought in a restaurant, bar, or club	0.0	1.7	3.4
Bought at a public event	0.0	0.9	0.7
Someone bought it for me	15.8	19.2	8.6
Someone gave it to me	61.2	39.1	44.4
Took it from a store	0.0	0.0	0.9
Took it from a family member	5.1	8.0	15.6
Some other way	11.7	20.0	16.9

Males Reporting Alcohol Source	Bay	NW Region	State
Bought in a store	23.6	18.8	14.7
Bought in a restaurant, bar, or club	0.0	1.4	2.9
Bought at a public event	0.0	1.3	1.0
Someone bought it for me	8.9	14.8	9.5
Someone gave it to me	27.9	30.5	37.9
Took it from a store	0.0	2.3	1.7
Took it from a family member	8.5	10.4	10.4
Some other way	31.1	20.6	21.9

Source of Alcohol

How are teens getting alcohol in your community?



Alcohol Related Behaviors

Usual drinking location

High School students were asked "During the past 30 days, where did you usually drink alcohol?" Responses below are from those who reported drinking during the past 30 days.

Past 30-Day Drinking Location	Bay	NW Region	State
My home	45.6	40.1	43.8
Another person's home	31.8	37.5	31.0
Car or other vehicle	2.4	2.7	1.9
Restaurant, bar, or club	2.1	3.4	1.6
Public Place	3.6	3.1	6.6
Public Event	0.0	1.4	2.4
School property	0.0	0.8	0.7
Some other place	14.4	11.1	9.9

Drinking Where?

Why is it easy for them to drink there?



Drunk or High Before or During School

Data includes percentages of overall middle and high school students who reported drinking alcohol, smoking marijuana, or using another drug to get high before or during school.

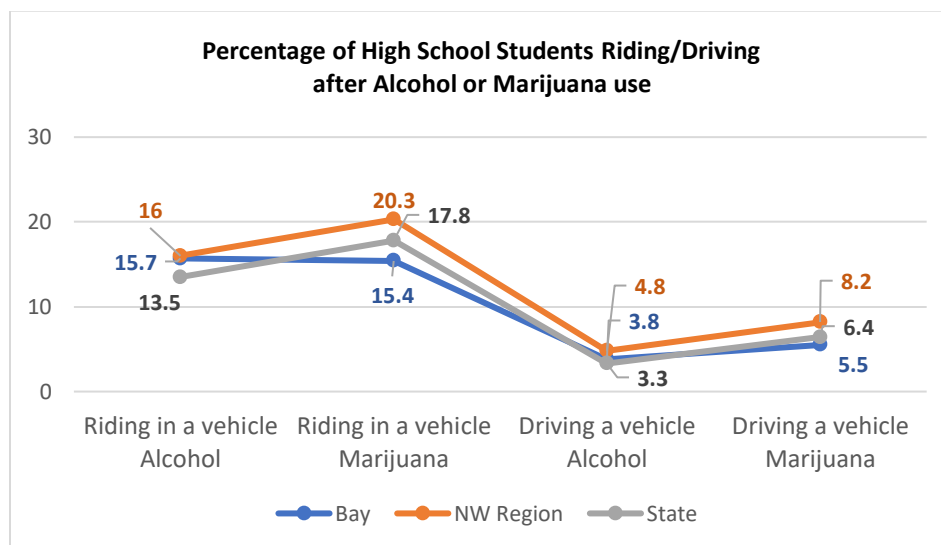
Drug Use Before or During School	Bay	NW Region	State
Drinking alcohol	5.7	4.6	3.5
Smoking marijuana	7.6	8.1	7.1
Using another drug to get high	3.3	2.7	2.4

Drunk or High Before or During School middle and high school separately for Bay County

Drug Use Before or During School	Bay Middle	Bay High
Drinking alcohol	4.8	6.4
Smoking marijuana	4.6	10.1
Using another drug to get high	3.1	3.4

Past 30-Day Riding in a Vehicle/Driving a Vehicle after alcohol or marijuana use

Percentages of high school students who reported riding in a vehicle within the past 30 days driven by someone who had been drinking alcohol or using marijuana or driving a vehicle within the past 30 days after drinking alcohol or using marijuana, for county, NWF Health Network region, and Florida Statewide youth, 2022.



FYSAS Risk Factors and Protective factors

Risk Factors by Domain

Risk factor prevalence rates for County, Region, and Florida Statewide youth, 2022

Domain	Scale	Bay		NW Region		State	
		Middle	High	Middle	High	Middle	High
Community	Laws and Norms Favorable to Drug Use	47	30	39	31	41	29
	Perceived Availability of Drugs	43	15	35	17	33	15
	Perceived Availability of Handguns	33	34	32	36	25	30
Family	Poor Family Management	52	36	46	35	47	34
	Family Conflict	50	31	42	34	43	34
School	Poor Academic Performance	56	47	47	47	48	48
	Lack of Commitment to School	79	74	72	70	73	68
Peer and Individual	Favorable Attitudes towards Antisocial Behavior	53	38	51	41	52	39
	Favorable Attitudes towards ATOD Use	37	31	32	31	33	29
	Early Initiation of Use	27	17	22	17	21	13
Average Prevalence Rates		48	35	42	36	42	34

Note: Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better student behavioral outcomes, it is better to have protective factor scale scores with high values.

Protective Factors by Domain

Protective factor prevalence rates for middle and high school students in County, Region, and Florida Statewide youth, 2022

Domain	Scale	Bay		NW Region		State	
		Middle	High	Middle	High	Middle	High
Family	Family Opportunities for Prosocial Involvement	46	49	55	55	53	55
	Family Rewards for Prosocial Involvement	45	46	47	48	46	49
School	School Opportunities for Prosocial Involvement	49	56	52	59	51	60
	School Rewards for Prosocial Involvement	42	51	46	53	45	56
Peer and Individual	Religiosity	45	55	41	41	36	46
Average Prevalence Rate		45	51	51	53	46	53

Percentages of County, Region and Florida Statewide youth who reported participation in extracurricular activities, 2022

Extracurricular Activities	Bay		NW Region		State	
	Middle	High	Middle	High	Middle	High
School Sports	44.0	44.1	41.9	43.2	36.6	36.4
Organized Sports Outside of School	39.8	23.3	42.0	23.7	39.8	23.8
School Band	18.8	8.5	16.3	8.7	14.6	7.7
School Club(s)	23.3	37.1	22.3	29.5	20.6	30.2
Community Club(s)	7.7	11.5	8.5	11.3	8.7	12.0

Florida Substance Abuse Survey

<https://myflfamilies.com/services/substance-abuse-and-mental-health/florida-youth-substance-abuse-survey>

Section 2 Youth Mental Health

The following tables show depressive feelings of current youth who use substances for your county compared to the NWF Health Network region by gender. This includes those that have consumed alcohol in the previous month, engaged in binge drinking (5 or more drinks at one time in the past 2 weeks), used marijuana in the past month, or used a drug other than marijuana and alcohol in the past month. These data were analyzed specifically for this report from the FYSAS datasets.

Past 30-Day Alcohol Use

FYSAS Depression questions	Response	Bay		NW Region	
		Female	Male	Female	Male
Sometimes I think that life is not worth it.	No	35.7%	68.3%	36.9%	58.0%
	Yes	64.3%	31.7%	63.1%	42.0%
At times I think I am no good at all.	No	32.0%	75.5%	28.6%	56.1%
	Yes	68.0%	24.5%	71.4%	43.9%
All in all, I am inclined to think that I am a failure.	No	43.8%	79.1%	49.1%	67.1%
	Yes	56.2%	20.9%	50.9%	32.9%
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	No	24.0%	55.0%	25.9%	46.7%
	Yes	76.0%	45.0%	74.1%	53.3%

Binge Drank (5 or more drinks at one time in the past 2 weeks)

FYSAS Depression questions	Response	Bay		NW Region	
		Female	Male	Female	Male
Sometimes I think that life is not worth it.	No	46.3%	72.1%	31.9%	62.1%
	Yes	53.7%	27.9%	68.1%	37.9%
At times I think I am no good at all.	No	30.7%	79.2%	26.7%	62.4%
	Yes	69.3%	20.8%	73.3%	37.6%
All in all, I am inclined to think that I am a failure.	No	44.8%	82.4%	43.3%	68.6%
	Yes	55.2%	17.6%	56.7%	31.4%
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	No	12.8%	63.9%	18.9%	47.0%
	Yes	87.2%	36.1%	81.1%	53.0%

Past 30-Day Marijuana Use

FYSAS Depression questions	Response	Bay		NW Region	
		Female	Male	Female	Male
Sometimes I think that life is not worth it.	No	30.5%	71.2%	31.9%	57.3%
	Yes	69.5%	28.8%	68.1%	42.7%
At times I think I am no good at all.	No	29.3%	70.9%	25.1%	53.1%
	Yes	70.7%	29.1%	74.9%	46.9%
All in all, I am inclined to think that I am a failure.	No	33.4%	77.4%	47.0%	70.2%
	Yes	66.6%	22.6%	53.0%	29.8%
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	No	31.5%	62.8%	18.4%	43.0%
	Yes	68.5%	37.2%	81.6%	57.0%

Past 30-Day Other Drugs: Used a drug other than marijuana and alcohol in the past month

FYSAS Depression questions	Response	Bay		NW Region	
		Female	Male	Female	Male
Sometimes I think that life is not worth it.	No	12.3%	53.4%	28.3%	50.0%
	Yes	87.7%	46.6%	71.7%	50.0%
At times I think I am no good at all.	No	12.3%	58.6%	26.2%	46.8%
	Yes	87.7%	41.4%	73.8%	53.2%
All in all, I am inclined to think that I am a failure.	No	24.9%	71.7%	43.4%	63.7%
	Yes	75.1%	28.3%	56.6%	36.3%
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	No	10.8%	50.3%	17.4%	42.6%
	Yes	89.2%	49.7%	82.6%	57.4%

Florida Youth Tobacco Survey (FYTS) 2022 Mental Health Indicators

The FYTS is a classroom-based survey that is administered with the FYSAS. Like the FYSAS, county-level data is available in even numbered years only. The FYTS primarily tracks indicators of tobacco use and exposure to secondhand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth. However, the survey also includes two mental health indicators, which are shown below and on the following page.

"Students Who, in the Past Year, Did Something to Purposely Hurt Themselves Without Wanting to Die"			
	Middle/High combined	Middle School	High School
Florida	13.9	15.1	13
Bay	16	13.6	18
Calhoun	19.3	23.1	16.3
Escambia	13.5	13.6	13.5
Franklin	16.8	18.5	14.5
Gadsden	13.6	16.5	11.3
Gulf	18.9	15	21.9
Holmes	14.5	11.8	16.6
Jackson	14.6	17.4	12.4
Jefferson	17.2	24.8	(-)*
Leon	15	14.9	15
Liberty	8.1	5	10.9
Madison	12.3	15.9	9.5
Okaloosa	15.2	11.7	18
Santa Rosa	15.3	15.7	14.9
Taylor	11.5	13.6	9
Wakulla	17.6	19.6	16.1
Walton	15.5	14.5	16.4
Washington	14.5	18.5	11.4

**Prevalence is excluded (blank cells or missing years of data) from the tables for any subpopulation with a sample size less than 30, which would yield statistically unreliable estimates.*

Florida Youth Tobacco Survey (FYTS) 2022 Mental Health Indicators

“Students Who, in the Past Year, Felt Sad or Hopeless for Two or More Weeks in a Row and Stopped Doing Usual Activities”			
	Middle/High combined	Middle School	High School
Florida	31.5	29.4	33.1
Bay	35.2	30.2	39.4
Calhoun	39	39.8	38.3
Escambia	27.8	24.1	30.6
Franklin	33.8	36.1	30.7
Gadsden	28	31.1	25.6
Gulf	32.8	25.5	38.5
Holmes	29	26.9	30.7
Jackson	33.7	32.3	34.8
Jefferson	31.3	37.3	(-)*
Leon	33.1	29	36.1
Liberty	22.2	18.8	25.3
Madison	25.1	23.1	26.6
Okaloosa	30.2	25.2	34.1
Santa Rosa	29	25.2	31.9
Taylor	26.7	29	24.2
Wakulla	35.9	37.2	34.9
Walton	31	29.1	32.6
Washington	33.2	31.4	34.6

**Prevalence is excluded (blank cells or missing years of data) from the tables for any subpopulation with a sample size less than 30, which would yield statistically unreliable estimates.*

Florida Youth Tobacco Survey (FYTS) 2022 Mental Health Indicators

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.YTS.Dataviewer>

Section 3: Overdose Data

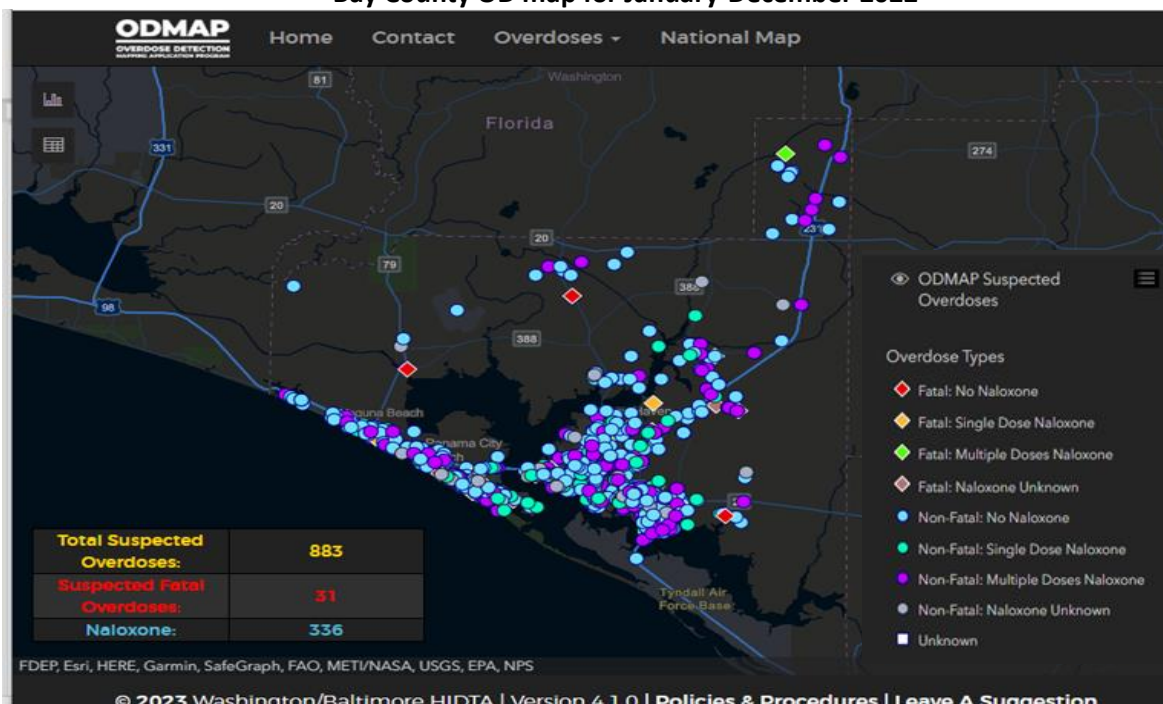
Overdose Data 2022

High Intensity Drug Trafficking Areas (HIDTA) implemented an opioid overdose tracking system called ODMAP, that some law enforcement and Emergency Management Services (EMS) use to enter overdose data. Florida overdose data is submitted to ODMAP in 1 of 2 ways. The first is through direct submission by the agency that responded to the overdose incident, such a law enforcement or fire/rescue agency.

The second means by which overdose data can be submitted to ODMAP is via the Florida Department of Health Automated Programming Interface (API) feed. There are over 300 Florida agencies that subscribe to ODMAP. Only half of those submit data to ODMAP. The API was developed to capture overdose data that was not being submitted by first responders. Most Florida fire and rescue agencies electronically submit ALL incident data to the Florida Department of Health via EMSTARS. Florida Department of Health computer algorithms search the data received from EMSTARS for overdose incidents. Once detected, the overdose incident data is automatically submitted by the Florida Department of Health to ODMAP, and “suspected overdoses” may include duplications and other incidents.

If data are entered in your county, reach out to your Department of Health and law enforcement agencies who can provide you with information from the system and raw de-identified data by drug. Naloxone is often a first step for EMS for suspected drug use. Data are not confirmed until the medical examiner confirms cause of death and drugs present in system at time of death. Many street drugs including cocaine, methamphetamine, marijuana, and others have been laced with fentanyl or fentanyl analogs. The OD map system additionally includes the number of doses of Naloxone administered.

Bay County OD map for January-December 2022



Published data are not always available in real time and for the current year. Data are released periodically, and it is beneficial to check data sources regularly for updated releases. The following page includes data that are available for 2021. Although data may be a couple years old, they are still an indicator of what is going on in your community.

Drug Death Occurrences

The Florida Medical Examiner's Commission is mandated by Florida Statute to collect and report data on substance-related deaths in Florida. When reporting the data, Florida's medical examiners are asked to distinguish between the drugs determined to be the cause of death and those drugs that were present in the body at the time of death. A drug is indicated as the cause of death only when, after examining all evidence, the autopsy, and toxicology results, the medical examiner determines the drug played a causal role in the death. It is not uncommon for a decedent to have multiple drugs listed as a cause of death. However, a drug may not have played a causal role in the death even when the medical examiner determines the drug is present or identifiable in the decedent. Therefore, a decedent often is found to have multiple drugs listed as present; these are drug occurrences and are not equivalent to deaths.

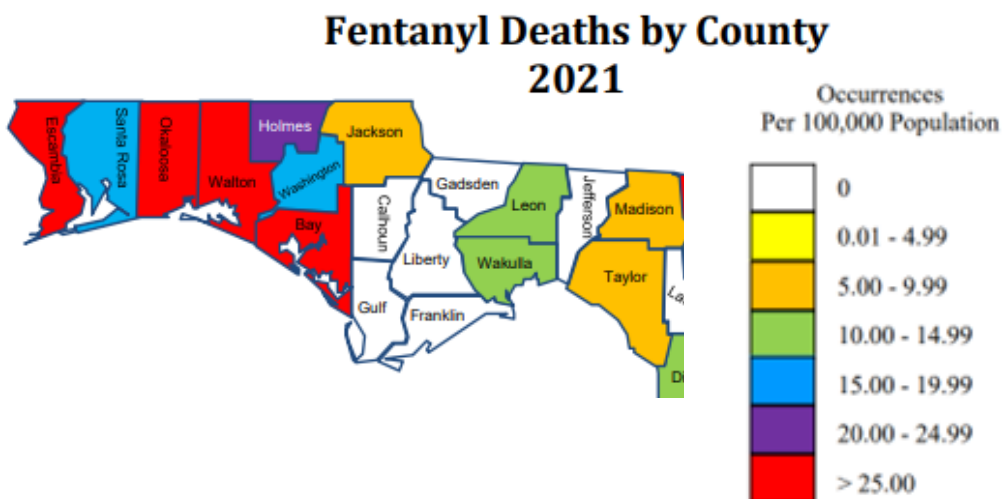
In the table below, Benzodiazepines includes 9 drugs, Cocaine and Psychostimulants with abuse potential include 3 drugs, Opioids include 13 drugs, and Other includes 15 drugs.

Bay County 2021	Cause of Death	Present at time of death	Total
Benzodiazepines	11	44	54
Cocaine and Psychostimulants with Abuse Potential	52	72	88
Ethanol	6	50	56
Opioids	71	62	112
Other	11	57	65

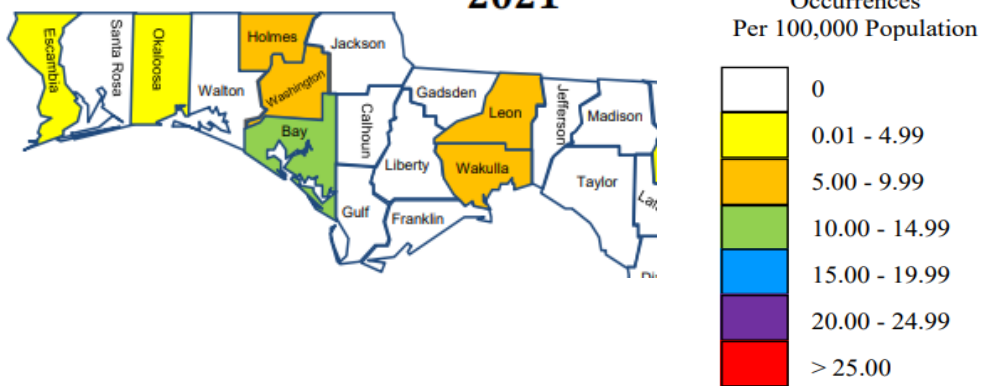
Data Source: FROST <https://frost.med.ufl.edu/frost/>

Medical Examiner Drug Related Deaths by County

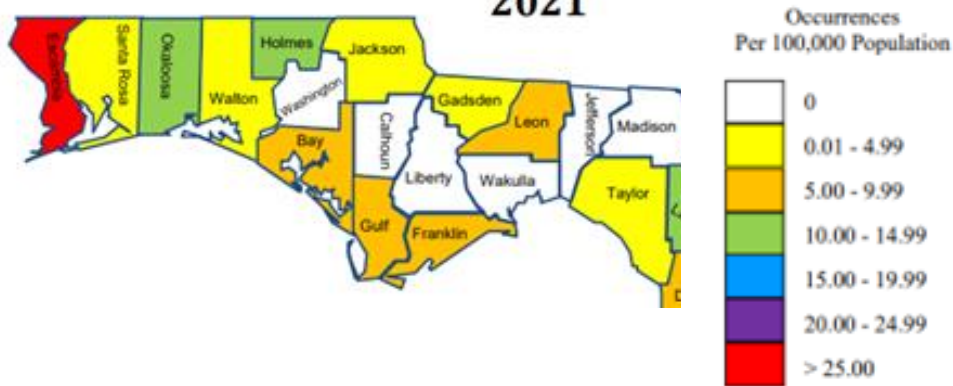
Maps below include the NWF Health Network's region and county drug deaths as a visual for deaths by drug and rate of occurrence for selected substances.



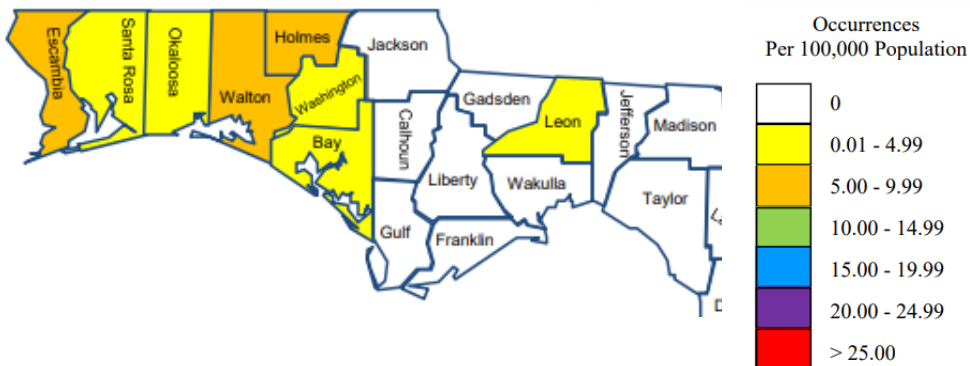
Fentanyl Analog Deaths by County 2021



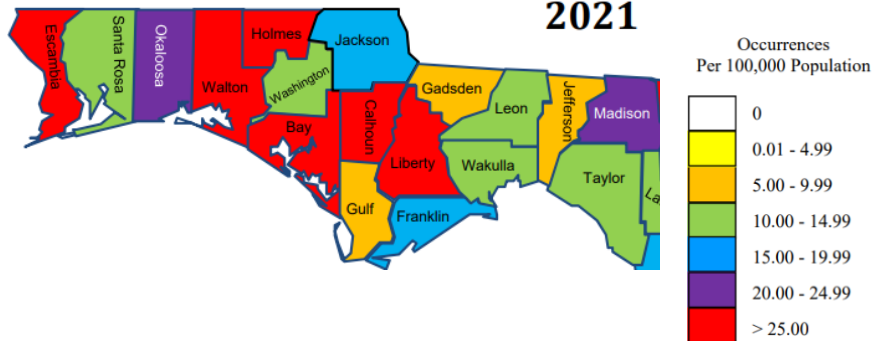
Cocaine Deaths by County 2021



Heroin Deaths by County 2021



Methamphetamine Deaths by County 2021



Morphine Deaths by County 2021



Medical Examiner Drugs in Deceased Persons Report 2021

<https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2021-Annual-Drug-Report-FINAL.aspx>

Non-fatal Overdose Emergency Department Visits

Tables below include counts and rates per 100,000 population by NWF Health Network region individual counties.

Circuit 1

2021	Escambia Count	Escambia Rate	Santa Rosa Count	Santa Rosa Rate	Okaloosa Count	Okaloosa Rate	Walton Count	Walton Rate
All Drug	924	283	281	147.6	479	232.1	70	88.2
Opioid involved	457	139.9	52	27.3	212	102.7	19	23.9
Stimulant involved	48	14.7	35	18.4	17	8.2	6	7.6
Heroin involved	194	59.4	12	6.3	73	35.4	5	6.3

Circuit 14

2021	Bay Count	Bay Rate	Calhoun Count	Calhoun Rate	Gulf Count	Gulf Rate	Holmes Count	Holmes Rate	Jackson Count	Jackson Rate	Washington Count	Washington Rate
All Drug	465	262.9	0	0.0	26	174.8	28	140.0	91	195.0	43	168.5
Opioid involved	167	94.4	2	13.7	7	47.1	4	20.0	21	45.0	8	31.4
Stimulant involved	33	18.7	0	0.0	1	6.7	3	15.0	10	21.4	2	7.8
Heroin involved	76	43.0	0	0.0	3	20.2	0	0.0	5	10.7	2	7.8

Circuit 2

2021	Franklin Count	Franklin Rate	Gadsden Count	Gadsden Rate	Jefferson Count	Jefferson Rate	Leon Count	Leon Rate	Liberty Count	Liberty Rate	Wakulla Count	Wakulla Rate
All Drug	23	192.0	60	129.0	20	138.7	416	137.5	10	115.8	60	172.3
Opioid involved	11	91.8	10	21.5	9	62.4	119	39.3	0	0.0	27	77.5
Stimulant involved	5	41.7	2	4.3	1	6.9	35	11.6	3	34.8	4	11.5
Heroin involved	1	8.3	3	6.4	3	20.8	33	10.9	2	23.2	11	31.6

Circuit 3: Madison and Taylor County

2021	Madison County	Madison Rate	Taylor Count	Taylor Rate
All Drug	25	131.9	47	209.0
Opioid involved	5	26.4	10	44.5
Stimulant involved	4	21.1	5	22.2
Heroin involved	1	5.3	1	4.4

Data Source: Florida Agency for Health Care Administration

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overdose>

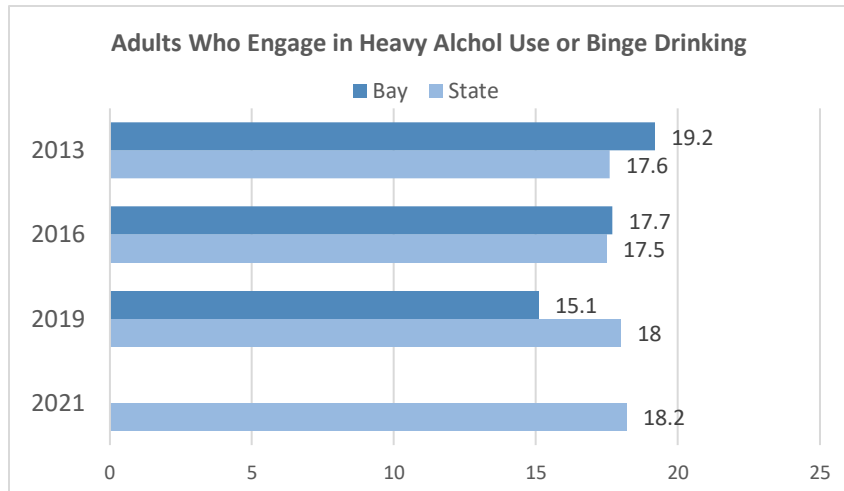
Additional info:

<https://resources.cste.org/ICD-10-CM/Drug%20Overdose%20Indicator/Drug%20Overdose%20Indicator.pdf>

Section 4: Adult Alcohol and Marijuana

Adult Alcohol Consumption

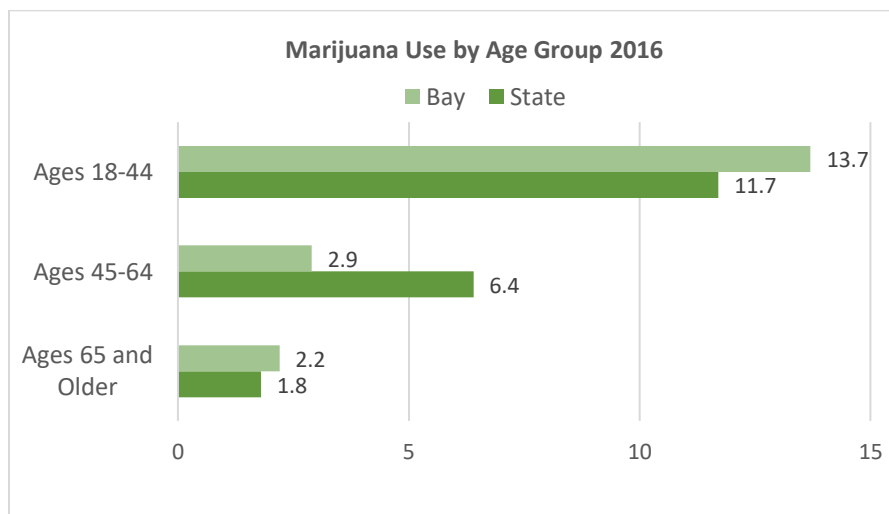
Percentages of adults who reported engaging in heavy or binge drinking during the 2013, 2016 and 2019 Behavioral Risk Factor Surveillance System (BRFSS) data collection. In 2021, only state level data were collected.



The data about Adults Who Engage in Heavy or Binge Drinking come from a state-based telephone surveillance system called the Behavioral Risk Factor Surveillance System (BRFSS). In Florida, the BRFSS data is collected at the state level each year, and it is collected at the county level every three years (2007, 2010, 2013, 2016 and 2019). BRFSS

Adult Marijuana Use

Percentages of individuals who reported using marijuana or hashish during the Past 30 Days by age group during the 2016 Behavioral Risk Factor Surveillance System (BRFSS) data collection. In 2018, data were only collected and analyzed for the state level report and this question was not modified to differentiate between recreational and medical marijuana. This question has since been removed from the survey.



In 2016, in Bay County, 6.3% Adults Who Used Marijuana or Hashish During the Past 30 Days (Overall) can be compared to 7.4% statewide.

During the statewide BRFSS collection in 2018, 16.8% of adults 18-44 years old, 7.9% of adults 45-64 years old and 3.2% of adults 65 and older reported past 30-day marijuana use. BRFSS

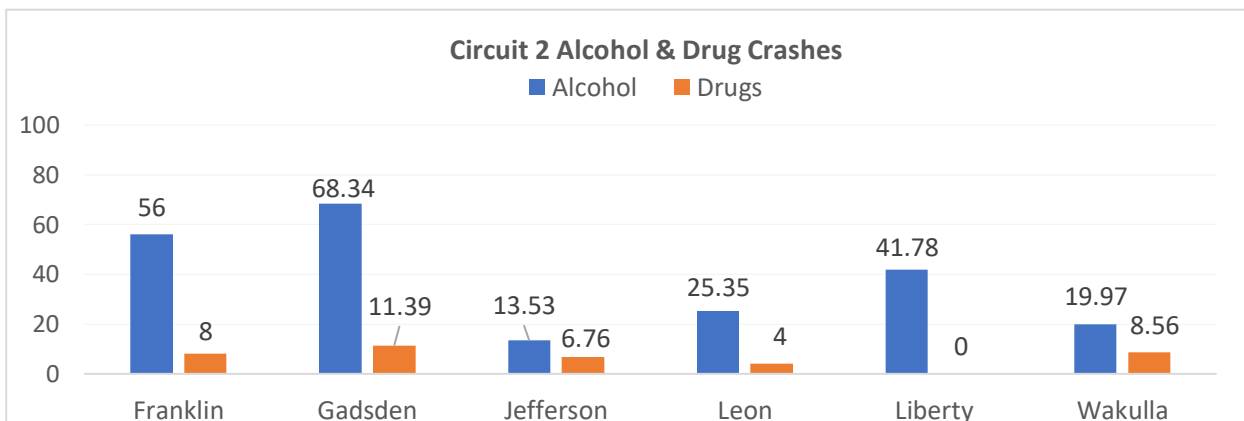
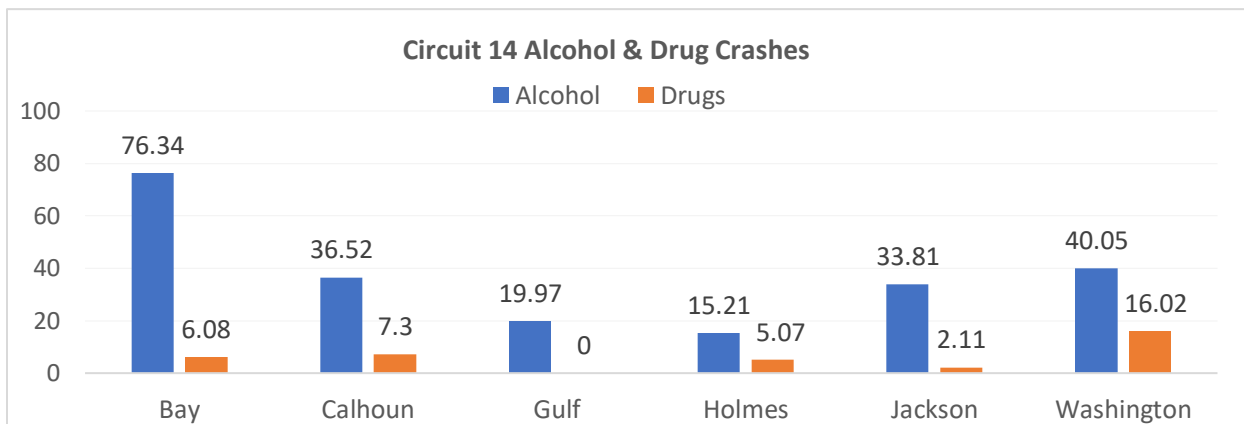
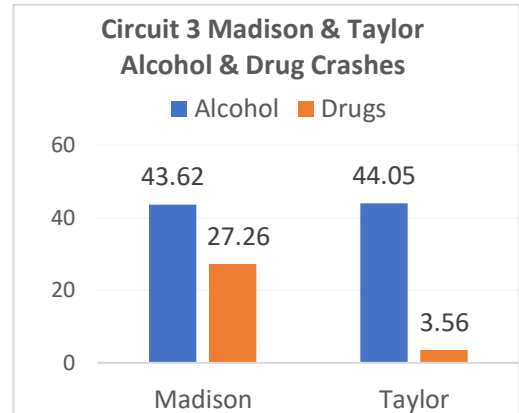
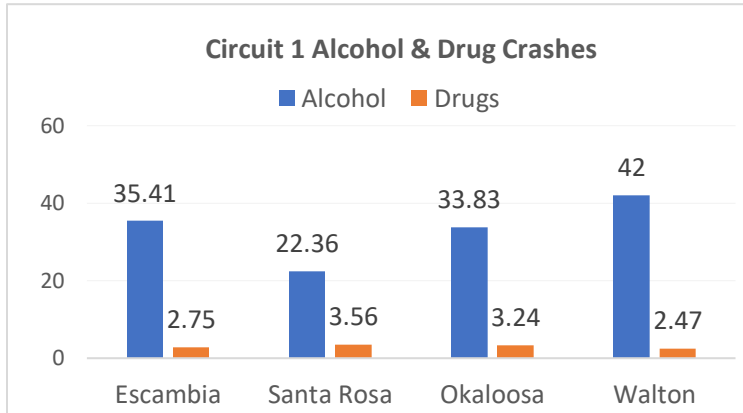
Note this data, collected in 2016, was collected prior to the medical marijuana legalization which was rolled out in early 2017.

BRFSS

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BRFSS.Dataviewer&bid=10>

Section 5: Alcohol and Drug Vehicle Crashes

The graphs below reflect the rate of alcohol and drug related 2022 crashes by county. Florida rate for alcohol is 24.39 and drugs is 3.75, NWF Health Network region rate is 37.9 for alcohol and 4.76 for drugs. Rates are based on 100,000 population.



FLHSMV Traffic Crash Reports Dashboard

<https://www.flhsmv.gov/traffic-crash-reports/crash-dashboard/>

Section 6: Alcohol Licensed Outlets

The below tables include the ratio of population to alcohol selling establishments by county, circuit, and region. Data does not include permits for events.

Circuit 1

Code	Description of Retail Alcohol Licenses	Escambia Count	Santa Rosa Count	Okaloosa Count	Walton Count	Circuit	Region
1APS	Beer only-off premises consumption		6	5	5	16	85
1COP	Beer only-on premises consumption	4	3	3	3	13	41
2APS	Beer and wine-off premises consumption	7	133	201	87	428	1244
2COP	Beer and wine -on premises consumption	154	53	153	133	493	966
3 (PS)	Beer, wine, liquor package store (includes 3PS, 3APS, 3BPS, 3CPS, 3DPS)	405	20	25	7	457	578
4-8 COP	Beer, wine and liquor consumption on premises	246	48	225	140	659	1196
11AL	American Legion Club beer, wine and liquor						2
11C	Lodges, clubs	20	9	19	4	52	83
11CG	Private golf club	6	1	5	3	15	26
11CT	Board of Trustees of the John & Mable Ringling Museum of Art or the board's designee						1
11PA	Performing Arts venue	2	1			3	7
12RT	Jai Alai, Dog/ horse track	1				1	3
13CT	Caterer	5		5	7	17	35
Number		850	274	641	389	2154	4267
Population ratio to establishments		384:1	322:1	695:1	204:1	373:1	366:1

Circuit 14

Code	Description of Retail Alcohol Licenses	Bay Count	Calhoun Count	Gulf Count	Holmes Count	Jackson Count	Washington Count	Circuit	Region
1APS	Beer only-off premises consumption	5	7	1	1	13	3	30	85
1COP	Beer only-on premises consumption	7	3		2	1	2	15	41
2APS	Beer and wine-off premises consumption	233	13	24	31	60	30	391	1244
2COP	Beer and wine -on premises consumption	185	5	21	1	24	5	241	966
3 (PS)	Beer, wine, liquor package store (includes 3PS, 3APS, 3BPS, 3CPS, 3DPS)	22	4	3	7	17	3	56	578
4-8 COP	Beer, wine and liquor consumption on premises	217		23	3	6		249	1196
11AL	American Legion Club beer, wine and liquor								2
11C	Lodges, clubs	16		1				17	83
11CG	Private golf club	2						2	26
11CT	Board of Trustees of the John & Mable Ringling Museum of Art or the board's designee								1
11PA	Performing Arts venue								7
12RT	Jai Alai, Dog/ horse track						1	1	3
13CT	Caterer	2						2	35
Number		689	32	73	45	121	44	1004	4267
Population ratio to establishments		257:1	458:1	204:1	444:1	386:1	580:1	297:1	373:1

Circuit 2

Code	Description of Retail Alcohol Licenses	Franklin Count	Gadsden Count	Jefferson Count	Leon Count	Liberty Count	Wakulla Count	Circuit	Region
1APS	Beer only-off premises consumption	2	5	5	7	5	3	27	85
1COP	Beer only-on premises consumption	1	1	1	6		2	11	41
2APS	Beer and wine-off premises consumption	24	56	19	228	9	28	364	1244
2COP	Beer and wine -on premises consumption	23	9	6	167		16	221	966
3 (PS)	Beer, wine, liquor package store (includes 3PS, 3APS, 3BPS, 3CPS, 3DPS)	3	14	4	31		6	58	578
4-8 COP	Beer, wine and liquor consumption on premises	25	14	7	211		13	270	1196
11AL	American Legion Club beer, wine and liquor				1			1	2
11C	Lodges, clubs	1	1		6		2	10	83
11CG	Private golf club		1	1	6			8	26
11CT	Board of Trustees of the John & Mable Ringling Museum of Art or the board's designee				1			1	1
11PA	Performing Arts venue		1		3			4	7
12RT	Jai Alai, Dog/ horse track		1					1	3
13CT	Caterer		1		14			15	35
Number		79	104	43	681	14	70	991	4267
Population ratio to establishments		152:1	447:1	335:1	444:1	617:1	498:1	423:1	373:1

Circuit 3 Madison and Taylor Counties

Code	Description of Retail Alcohol Licenses	Madison Count	Taylor Count	Circuit	Region
1APS	Beer only-off premises consumption	10	2	12	85
1COP	Beer only-on premises consumption		2	2	41
2APS	Beer and wine-off premises consumption	25	36	61	1244
2COP	Beer and wine -on premises consumption	5	6	11	966
3 (PS)	Beer, wine, liquor package store (includes 3PS, 3APS, 3BPS, 3CPS, 3DPS)	3	4	7	578
4-8 COP	Beer, wine and liquor consumption on premises	2	16	18	1196
11AL	American Legion Club beer, wine and liquor	1		1	2
11C	Lodges, clubs		4	4	83
11CG	Private golf club	1		1	26
11CT	Board of Trustees of the John & Mable Ringling Museum of Art or the board's designee				1
11PA	Performing Arts venue				7
12RT	Jai Alai, Dog/ horse track				3
13CT	Caterer		1	1	35
Number		47	71		4267
Population ratio to establishments		403:1	317:1	351:1	373:1

Florida Department of Business and Professional Regulation

<https://www.myfloridalicense.com/wl11.asp?mode=0&SID=>

License Types 2023

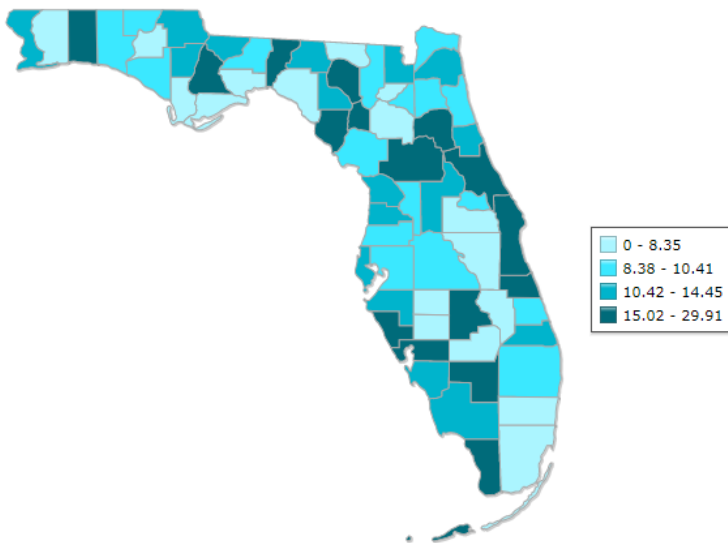
<https://www.myfloridalicense.com/intentions2.asp?chBoard=true&SID=&boardid=400&professionid=4006>

Section 7: Alcohol and Tobacco Health Consequences

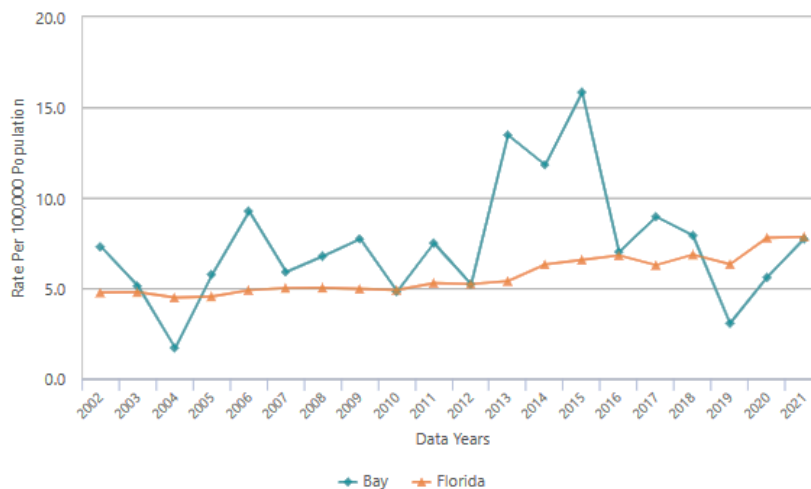
Alcohol Related Liver Disease

Alcoholic liver disease involves an acute or chronic inflammation of the liver induced by alcohol abuse. Alcoholic liver disease usually occurs after years of excessive drinking. Looking at death rates by the different causes of death provides information about trends and opportunities for prevention and treatment. Crude rate can be run by age range on Florida Charts.

Deaths from Alcoholic Liver Disease, Rate per 100,000 population 2021



Deaths From Alcoholic Liver Disease, Single Year



In 2021, the age-adjusted rate per 100,000 population of Deaths From Alcoholic Liver Disease (All) in Bay County was 7.7 compared to Florida at 7.8. Since the oldest age at death varies, an ending age of 999 is used to retrieve all records up to and including the oldest age.

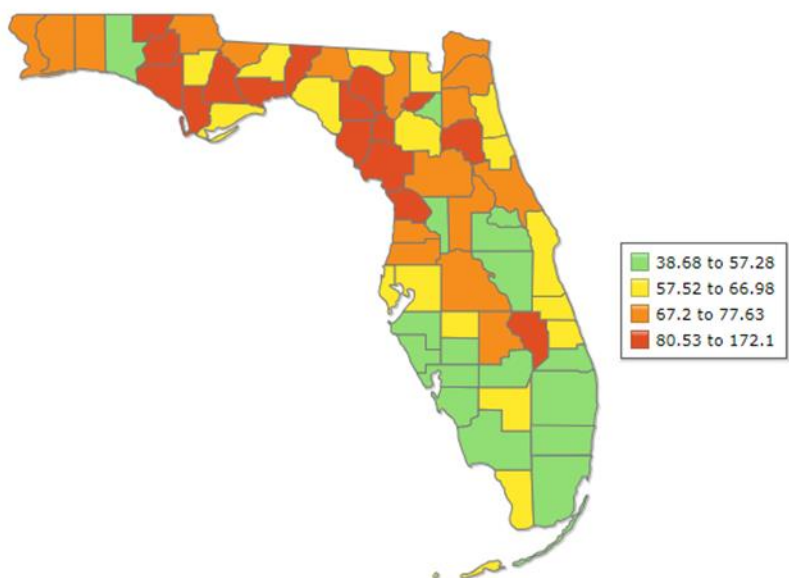
Data Source: Florida Department of Health, Bureau of Vital Statistics

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=Death.Dataviewer>

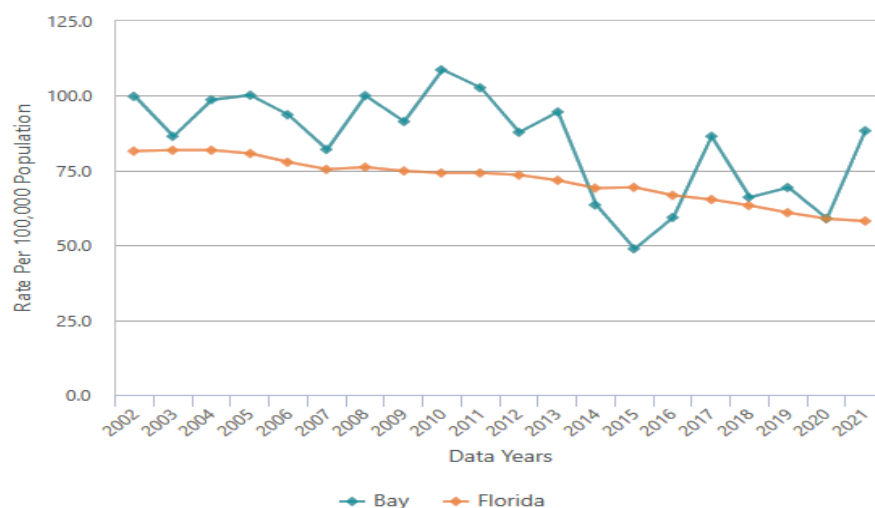
Tobacco Related Cancers

Tobacco-related cancer deaths include deaths due to cancer of the lip, oral cavity, pharynx, esophagus, stomach, pancreas, trachea, bronchus, lung, cervix, kidney, bladder, or acute myeloblastic leukemia. Cancer is one of the leading causes of death. Cancer causes premature death, years of potential life lost, lower quality of life and high healthcare costs. Cancer caused by tobacco is preventable by reducing the prevalence of tobacco use.

Deaths From Tobacco-Related Cancers, Crude Rate Per 100,000 Population, 2021



Deaths From Tobacco-Related Cancers, Single Year



In 2021, the age-adjusted rate per 100,000 of Deaths From Tobacco-Related Cancers in Bay County was 88.3 compared to Florida at 58.1.

Tobacco Related Deaths

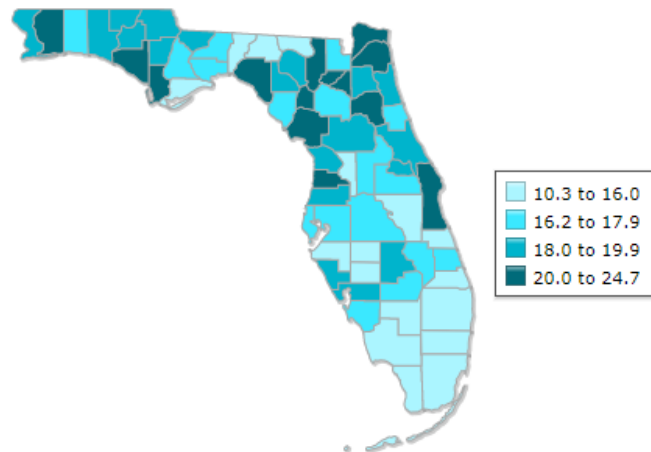
Data Source: Florida Department of Health, Bureau of Vital Statistics

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalInd.Dataviewer>

Section 8: Adult Mental Health

Adults Who Have Ever Been Told They Had a Depressive Disorder, Overall, 2019

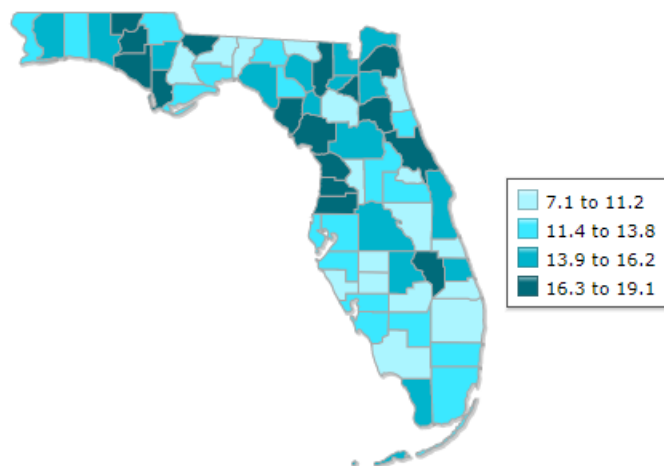
The data about Adults Who Have Ever Been Told They Had a Depressive Disorder comes from a state-based telephone surveillance system called the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Florida is one of 50 states conducting the BRFSS with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). In Florida, the BRFSS data is collected at the state level each year, and it is collected at the county level every three years (2007, 2010, 2013, 2016 and 2019).



In 2019, in Bay County, 20% Adults Who Have Ever Been Told They Had a Depressive Disorder (Overall) can be compared to 17.7% statewide.

Data Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BRFSS.Dataviewer&bid=10>

Adults Who Had Poor Mental Health on 14 or More of the Past 30 Days, Overall, 2019



In 2019, in Bay County, 17.9% Adults Who Had Poor Mental Health on 14 or More of the Past 30 Days (Overall) can be compared to 13.8% statewide.

Data Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BRFSS.Dataviewer&bid=0061>

Data Priorities

Data priorities listed below are just some items to consider as you implement your data driven planning process.

Youth

- Past 30-Day alcohol higher than region and state.
- Perception of Great Risk of Harm for daily/weekly alcohol use is lower than region and state.
- Perception of Great Risk of Harm vaping/smoking nicotine/cigarettes is lower than region/state.
- Perception of Great Risk of Harm for smoking/vaping marijuana is lower than region and state.
- Source of Alcohol: Someone gave it to me is higher than region and state for high school students. Female source is substantially higher for someone gave it to me. Males source is higher for Bought in a store & Some other way. Drinking location: My home is higher than region/state.
- Students reporting drinking alcohol or smoking marijuana is higher than region and state.
- Students riding in a vehicle with someone who has drank alcohol or used marijuana and they have driven a vehicle after drinking or smoking marijuana is higher than region and state.
- Risk factors: Laws and Norms Favorable to Drug Use, Perceived Availability of Drugs, Poor Family Management, Family Conflict, Poor Academic Performance, Lack of Commitment to School, Favorable Attitudes towards ATOD Use and Early Initiation of Use are higher for middle school.
- Female depression indicator “All in all, I am inclined to think that I am a failure” who drank alcohol during the past 30 days is much higher than regional females. Female depression indicator “In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?” who binge drank and smoked marijuana is much higher than regional females.
- Female depression indicator “All in all, I am inclined to think that I am a failure “who used a drug other than marijuana and alcohol in the past month is substantially higher than regional females.
- High school youth who reported they “Did Something to Purposely Hurt Themselves Without Wanting to Die” and “Felt Sad or Hopeless for Two or More Weeks in a Row and Stopped Doing Usual Activities” on the FYTS is higher than state average.

Adults

- Fatal and non-fatal drug overdoses for all drugs should be targeted.
- Alcohol and drug related crashes should be targeted. Local crash data requested from law enforcement may provide more info on population age ranges.
- Tobacco related cancer deaths are substantially higher than the state average.
- Adults who had poor mental health on 14 or more days during the past 30 is higher than state.

Implementation Suggestions

Below are just a few implementation suggestions that can be considered during your data driven planning process. Your additional data, resources and capacity will additionally contribute to your implementation decisions.

- Increase prevention programs targeting alcohol, nicotine, and marijuana use.
- Narcan is available free from the state through the I save Florida initiative.
- Law enforcement and education campaigns for drug overdoses.
- Campaign and law enforcement strategies for alcohol and drug related crashes. Data may be needed to identify adult drinking locations and possible bar overserving.

Risk factors and Community Conditions

Once you have identified the substance use, misuse and or substance use consequence and population you are targeting, you will want to begin identifying risk factors and other community conditions that contribute to the substance misuse behavior and or consequence. Below are some of the many risk and protective factors which serves as a list for evidence-based planning. There is no intended relationship between the Risk and Protective Factors in the two columns provided.

Risk Factors

- Easy access/availability
- Social access
- Retail access
- Excessive alcohol outlets
- Low perception of harm/risk
- Early initiation of substance use
- Rebelliousness
- Peer substance use
- Academic failure
- Lack of school commitment
- Perception of parental/caregiver approval of use
- Poor family management
- Family conflict
- Attitudes and beliefs
- Antisocial behavior
- Laws and norms favorable to use
- Community norms favorable to use (tourism)
- Social norms accepting of behavior
- Family norms accepting of behavior
- Individual history of Substance Use Disorder
- Family substance use disorder

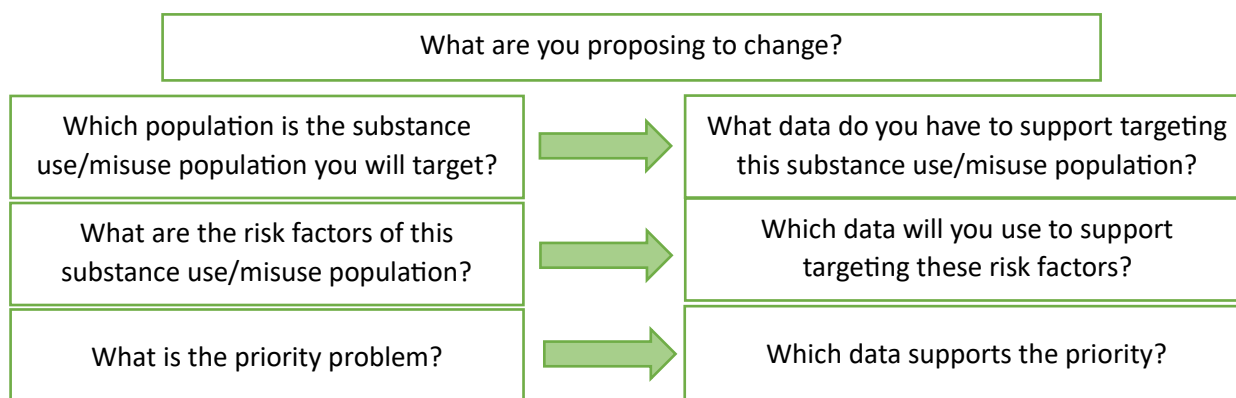
Protective Factors

- Healthy beliefs and clear standards
- Resistance skills
- Decision making skills
- Coping and problem-solving skills
- Opportunities for prosocial involvement
- Increase in social skills
- Extracurricular activities
- Academic success
- School bonding and commitment
- Social support systems
- Positive norms
- School rewards for prosocial involvement
- Family bonding
- Family communication
- Parental involvement
- Family rules and monitoring
- Parenting skills
- Family rewards for prosocial involvement
- Social connections
- Support groups
- Religiosity/spirituality

Assessing risk and protective factors is vital because you cannot change a substance use problem directly. Instead, you need to work through the underlying risk and protective factors.ⁱⁱ

Identifying Logic Model Priorities Based on Data

After reviewing your substance use/misuse data, you will begin identifying the substance use/misuse priority, targeted population and risk factors that contribute to the problem. Additional data may be needed to identify specific age ranges, gender, areas in your community and other conditions within the community. Using numerous data sources will assist you in prioritizing the substance use/misuse and or consequence your agency will target. It is important to understand the relationship between your population and your substance use/misuse data to align strategies, programs, policies, and practices to target the problem. In addition, the data you use to identify the problem, risk factors and local conditions is your baseline data in your logic model and action plan.



Goal: By 2026, reduce the number of adult alcohol related crashes in ABC community by 10%. Current rate is xx% ABC community vs. State 23.2.		
There has been an increase in adult alcohol and drug related crashes in ABC community.	➡	Alcohol and drug related crashes have increased since 2018 with a rate of xx in 2019, xx (state rate xx) in 2020 (state rate xx) and xx in 2021 compared to state rate 1.9. <i>Source: Florida Department of Highway Safety and Motor Vehicles (Florida CHARTS)</i>
- Retail Access - Easy Access/Availability Local Conditions Lack of Safe Serving Practices and Retail Beverage Server Training Overserving patrons	➡	- Excessive outlets, there are xx bars in zip code 99999 90% of bars have not received Retail Beverage Server Training in four or more years Source: ABC agency survey 25 bars 2023 85% of Alcohol related DUI's crashes are individuals coming from these xx establishments <i>Source: Law enforcement</i>
Alcohol is the primary drug for DUI related crashes in ABC community. Law enforcement has reported the highest number of alcohol related crashes are in zip codes 99999 and 88888.	➡	<u>Drug Confirmed Motor Vehicle Traffic Crashes</u> have increased since 2018 with a rate of xx in 2019, xx (state rate xx) in 2020 (state rate xx) and xx in 2021 compared to state rate 3.4. <u>Alcohol Confirmed Motor Vehicle Traffic Crashes</u> have increased since 2018 with a rate of xx in 2019, xx (state rate xx) in 2020 (state rate xx) and xx in 2021 compared to state rate 23.2. <i>Source: Florida Department of Highway Safety and Motor Vehicles (Florida CHARTS)</i>

Logic Models

The development of your logic model will not only provide a blueprint of the substance misuse, risk factors and community conditions you will target but additionally identify the data you will use to monitor and measure outcomes from your programs. Prevention programs generally have pre and posttest surveys that you use to measure knowledge gain, behavior changes, etc. but single programs can be integrated with partner programs, strategies, policies, and practices within your community to create changes on the community and or systems level.

Logic models can be depicted in many ways and describe the relationship between your problem and your intended outcome. The risk factors are the community conditions you will target to reduce the substance use behavior and consequences or substance related high risk behavior.

Youth Alcohol Use Logic Model Example

Substance Use Behaviors	Risk Factors (The why here)	Other Conditions within the community	Proposed programs and Strategies
<u>Past 30-Day Alcohol Use</u> xx% of high school students and xx middle school students reported drinking alcohol during the past 30 days. (FYSAS 2022) <u>Past two week Binge Drinking</u> xx% high school students (FYSAS 2022)	<u>Low Perception of Harm/Risk</u> xx% of middle school youth do not perceive alcohol as harmful (FYSAS 2022) <u>Social Access</u> xx% of high school youth reported source of alcohol as someone gave it to me. (FYSAS 2022) <u>Retail Access</u> xx% of high school drinkers purchase from a store. (FYSAS 2022)	Tourist community with excessive alcohol promotion and advertising Parents/caregivers believe all kids try it and or is a Rite of Passage (parent/caregiver survey 2023) Alcoholic Beverages and Tobacco has one agent for the entire circuit. No compliance checks for 5 yrs. (ABT)	<i>To Be Determined</i> Note: While drug prevention may be the primary goal, some people with long-term substance users may require SUD and or MH screenings, brief or more intensive interventions and or outpatient or inpatient treatment.

Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks.

*A logic model is a graphic depiction (road map) that presents the shared **relationships among the resources, activities, outputs, outcomes, and impact for your program. It depicts the relationship between your program's activities and its intended effects.**ⁱⁱⁱ*

Identifying Programs, Strategies, Policies, and Practices

You have completed your needs assessment and logic model and have identified the resources and capacity in your community. Now it is time to start identifying evidence-based programs, strategies, policies, and practices that you can work to change among your population and or in your community. Prevention programs may not always be an ideal fit. Below is a logic model format that can be used on the agency or community level. Agencies are encouraged to work with community coalitions and or partners to increase the capacity to target numerous risk factors.

Reach out to program developers and provide information about your population and community to assist you in any potential modifications. In some cases, developers may already have a set of “core curriculum” for the specific settings and populations in which you are interested.

Youth Alcohol Use and Consequences Planning Example

Substance Use Behaviors	Risk Factors and Comm. Conditions <i>Target: Increase or Decrease</i>	Proposed programs and Strategies <i>EBP=Evidence Based Program</i>
<u>Past 30-Day Alcohol Use</u> xx% of high school students drinking alcohol during the past 30 days (FYSAS 2022) xx% of middle school students drinking alcohol during the past 30 days (FYSAS 2022) <u>Binge Drinking</u> xx% high school students binge drinking during the past two weeks (FYSAS 2022)	<u>Low Perception of Harm/Risk</u> xx% of middle school youth do not perceive alcohol as harmful <u>Easy Access and Availability</u> xx% of high school youth reported source of alcohol as someone gave it to me <u>Retail Access</u> xx% of high school drinkers purchase from a store <u>Excessive Use/Family Substance Use Disorder</u>	- Increasing EBPs in middle/elementary - Increased EBPs in high schools - Education/awareness to deter family, siblings, and friends from providing substances - Enforcement with parents/caregiver who permit substance use in their home, law enforcement visits/arrests - Increased awareness of social hosting laws - Parent/caregiver education - Shoulder tap operations <i>Party Patrols</i> (including asking youth where they obtained the alcohol) - Compliance check operations to reduce sales to minors <i>Retail Beverage Server Training</i> improve practices - We ID deterrent signage - Sticker Shock - Referral systems for substance use disorder/MH disorders screenings - Brief Interventions - Family programs

Connecting the Dots: Programs, Strategies, Policies, and Practices

Identifying all the programs and strategies in one document can be a visual tool in capturing your community plan as well as identifying baselines, and interim and post evaluation measures during the planning process. In addition, other programs and strategies implemented by partners can be added and integrated into your community prevention system. Your evaluation measures will assist you in deciding if adaptations, program changes and or strategies are not successful. The same measures can be used throughout the life of your program(s) and strategy) implementation and other programs, policies, and practices can be added if needed. Collaborations will strengthen your program and provide resources to support your project. Below are a couple of examples of how data can be used to measure all programs, strategies, policies, and practices.

Goal: By 2026, reduce Past 30-Day use among middle school students by 5% and high school students by 5%							
Substance Use/Misuse	Risk Factor and Contributing Factor	Risk Factors/Community Condition <u>Objective and Baseline Measure</u>	Programs and Strategies Targeting Risk Factors and Contributing Factors	Baseline 2022	2024	Post 2026	Increase /Decrease
<u>Past 30-Day Alcohol Use</u> xx% of high school students drinking alcohol during the past 30 days (FYSAS 2022) xx% of middle school students drinking alcohol during the past 30 days (FYSAS 2022) <u>Binge Drinking</u> xx% high school students' binge drinking during the past two weeks (FYSAS 2022)	Low Perceived Risk of harm "1-2 drinks"	<u>Increase</u> # youth who perceive "Great Risk of Harm daily use" Middle School	•EBP youth prevention program 1 •EBP youth prevention program 2	68.5%			
	Low Perceived Risk of harm "1-2 drinks"	<u>Increase</u> # youth who perceive "Great Risk of Harm daily use" High School	•EBP youth prevention program 1 •EBP youth prevention program 2	54.2%			
	Retail Access	<u>Reduce</u> # of youth who reported "bought in a store"	•Retail Beverage Server Training <i>Number trained pre and post tests</i>	# trained			
	Retail Access	<u>Reduce</u> # of youth who reported "bought in a store"	•Safe serving policies for managers and employees to sign, and # signed •We ID Signage # Businesses	# signed # We ID signs			

Middle and high school EBP program pre and posttest outcomes should additionally be included to measure program impact.

Measurable Logic Model Outcomes

Once you have completed your logic model you will begin identifying the indicators or measures you will utilize to monitor your activities and measure your outcomes.

Goal: What is your goal? What is the current percentage or rate of the problem?

- Reduce 30-Day Use among middle school students by 5%
- Reduce adult alcohol related crashes by 10%
- Reduce opioid overdose deaths by 10%

Which risk factors and or community conditions identified are supported by data which can be used as a baseline and post measure?

- Early initiation of use
- Youth do not perceive alcohol or other drugs as harmful/Low perception harm or risk
- Favorable Attitudes toward ATOD Use
- Family history of substance use/misuse
- Retail or Social Access (FYSAS) and % of youth reporting alcohol access
- Alcohol establishments with zero training or compliance check operations
- Lack of Narcan training and availability, lack of treatment referrals or court mandated treatment
- Lack of universal programs, indicated interventions and/or treatment programs

What other factors contribute to the problem?

- Parents think all kids try it or experimentation is a rite of passage
- Lack of Alcoholic Beverages and Tobacco establishment oversight, establishments overserving
- Law enforcement capacity for undercover operations to arrest people who deal drugs

Integrating Programs, Strategies, Policies and Practices

It is important that you document policy and system changes. Some examples include:

- Your agency is now working with a partner agency that works with the same population. If they refer clients to you and you refer clients to them, the client receives more services, and your agency reaches more clients.
- The hospital will now provide a service referral packet on services your agency provides to those seen at the emergency room for alcohol or drug related issues such as overdose, alcohol, or drug related injuries, alcohol or marijuana poisoning or psychotic episodes, etc.
- Establishing a system for following up on alcohol and other drug emergency management system (EMS), hospital visits, and developing policies and programs to respond effectively with youth with alcohol and other drug violations or problems identified on school property.
- School policies can require youth who are caught three times with vape pens to be mandated to a smoking cessation program. Schools can develop a policy or practice that requires parents/caregivers to pick up their youth after a violation and as a group discuss vape prevention and programs.
- Your agency could develop policies for alcohol establishments that can be implemented with sellers and servers to prevent overserving. Working with alcohol establishment owners to prevent overserving can reduce their potential liability from an overserved individual leaving the

establishment and injuring someone. Increasing the adoption of safe serve policies and practices can save money and lives.

- Promoting citizen reporting of methamphetamine and other drug selling locations to law enforcement can reduce community access and associated risk.
- Increase law enforcement training about best practices in conducting drug arrests when children are present and best practice options for follow up with the children.

Drug Prevention Programs

Below are some examples of programs. The programs listed below are not recommendations but serve as examples with links. Program selection should be carefully considered to meet the needs of your population.

Population	Program	Program Information
Universal Elementary Families	The <i>PATHS</i> ® Curriculum	The <i>PATHS</i> ® curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. This innovative curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. Although primarily focused on the school and classroom settings, information and activities are also included for use with parents. https://www.pathstraining.com/main/curriculum/
Universal Elementary Middle School High School	Raising Healthy Children (RHC)	Raising Healthy Children (RHC) is a multifaceted program with separate components targeting classroom teachers, parents, and students to promote opportunities, skills and recognition in developmentally appropriate ways from grades 1-12. The goal is to decrease the negative impact of the student in the classroom by providing services to the family. The teacher program includes a series of workshops for instructional improvement in classroom management. Workshop topics include proactive classroom management, cooperative learning methods, strategies to enhance student motivation, student involvement and participation, reading strategies, and interpersonal problem-solving skills. https://www.blueprintsprograms.org/programs/369999999/raising-healthy-children/
Universal Young Adults Early Adulthood (19-24)	InShape Prevention Plus Wellness	InShape Prevention Plus Wellness is based on the Behavior-Image Model (BIM) which states that positive social images and future self-images can be used to link and simultaneously motivate multiple different health risk habits of college students. InShape emphasizes the positive image benefits of setting goals to increase physical activity and exercise, healthy eating, sleep, and stress management, while avoiding alcohol, cigarette and illicit drug use to achieve and maintain a fit and active lifestyle. The main program components include a self-administered behavior image survey, a brief talk about fitness and health with a designated Fitness Specialist, and a set of fitness recommendations and goal plan to improve fitness behaviors and future image. Although materials developed by the program designer are available in both a group and a one-on-one format, only the one-on-one version is certified by Blueprints as it is the version that was used in the evaluation that met Blueprints quality standards. https://www.blueprintsprograms.org/programs/559999999/inshape-prevention-plus-wellness/

Drug Prevention Programs

Population	Program	Program Information
Selective Elementary Families	The Incredible Years®	The Incredible Years® is a series of interlocking, evidence-based programs for parents, children, and teachers, supported by over 30 years of research. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence. The programs are used worldwide in schools and mental health centers and have been shown to work across cultures and socioeconomic groups. https://incredibleyears.com/
Selective Family Focused	Familias Unidas	Familias Unidas is a family-centered, evidence-based substance use and sexual risk behavior prevention intervention for Hispanic youth and their families. It was developed by Drs. Hilda Pantin and Guillermo Prado at the University of Miami's Department of Public Health Sciences. Familias Unidas is a multi-level intervention that targets risk (e.g., poor adolescent communication) and protective factors (e.g., parental involvement) at the family, peer, and school level. Familias Unidas has been implemented in several cities across the U.S., and is currently being implemented in Ecuador and Chile. Familias Unidas is being adapted for use on the internet, for obesity prevention, delivery in primary care settings and expanded roll-out in Latin America. https://www.sonhs.miami.edu/research/familias-unidas/index.html
Indicated Middle School High School	Teen Intervene	An Individualized Screening and Brief Intervention Program The Hazelden Betty Ford Foundation's Teen Intervene program provides education, support and guidance for teens and their parents. The program is based upon the Teen Intervene curriculum. Teen Intervene is designed as a comprehensive screening, brief intervention and referral to treatment (SBIRT) model of care. Teenagers who have experienced mild to moderate problems associated with alcohol or drug use work one-to-one with an addiction treatment counselor to identify and, ultimately, change their choices and behaviors. https://www.hazeldenbettyford.org/addiction/teen-intervention

Additional resources for programs

Blueprints

<https://www.blueprintsprograms.org/>

The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Program Guide

<https://ojjdp.ojp.gov/model-programs-guide/home#07byc>

<https://ojjdp.ojp.gov/evidence-based-programs>

Title IV-E Prevention Services Clearinghouse

https://preventionservices.acf.hhs.gov/index.php/program?combine_1=&progarea_filter%5B2%5D=2

Prevention Plus Wellness Programs

<https://preventionpluswellness.com/>

Other Programs

Population	Program	Program Information
Elementary Middle School High School Adults	COPE	Manual-based Programs for Primary Care Practices, Healthcare Systems, Primary/Secondary Schools, and Colleges/Universities Help children, teens, and young adults develop coping skills for current challenges and those they will face throughout their lives. 7-Session Manual-Based Program Package for Children, Teens, Young Adults, and Adults Through a series of brief, easy-to-follow sessions, complete with skills-building activities, the evidence-based COPE 7-Session programs convey that there is hope for change, and that both depression and anxiety are treatable. https://www.cope2thrive.com/order-form-manual-based-program
Elementary	The Caring School Community (CSC) program	The Caring School Community (CSC) program, formerly the Child Development Project, is a research-based elementary school program that builds classroom and school community. It focuses on strengthening students' connectedness to school--a pivotal element for promoting academic motivation and achievement, for fostering character formation, and for reducing drug abuse, violence, and mental health problems. CSC is designed to (1) create a caring, cooperative school environment, (2) build connections and foster trust and respect among students and teachers, (3) strengthen connections between school and home and promote parents' involvement in their children's learning, (4) build students' academic motivation and support their academic learning, (5) foster students' empathy and understanding of others, and (6) promote students' commitment to being fair, helpful, respectful, and responsible. https://cdc.thehcn.net/promiseppractice/index/view?pid=883
Elementary	First Step to Success	First Step to Success is an early intervention program designed to prevent antisocial behavior in school. The program targets at-risk kindergartners who show the early signs of an antisocial pattern of behavior (e.g., aggression, oppositional-defiant behavior, severe fits of temper, victimization of others). The intervention is based on the early-starter model of the development of antisocial behavior. Early signs of conduct problems can be detected as early as preschool. Many children bring a pattern of antisocial behavior with them from home when they enter school. This early pattern can indicate the beginning of a stable pattern of maladaptive behavior that predicts more severe problems later on when the youths are then less amenable to treatment. More severe problems include issues such as peer rejection, school dropout, and delinquency. https://cdc.thehcn.net/promiseppractice/index/view?pid=903

Other Programs

Population	Program	Program Information
High School	Teen Connection Project	Wyman's Teen Connection Project® (TCP®) is a highly interactive program for high school students focused on: Connections. Teens develop authentic relationships with peers and adults, and apply new relationship skills at home, at school, and within their communities. Building Skills. Teens build critical social-emotional skills, like communication and empathy, that supports the development of positive connections with others. Well-Being. Teens feel well, physically and emotionally, and express hopefulness about the future. TCP is a nationally recognized, evidence-based program that builds strong connections with others through 12 interactive curriculum lessons led by a trained, caring facilitator. Lessons focus on communication, conflict, trust, vulnerability, giving and getting support, and exploring personal strengths. Teens learn to interact, share, and create and maintain supportive social connections, fostering greater feelings of overall well-being. https://wymancenter.org/programs/teen-connection-project-tcp/
Middle School Parents	Positive Family Support Program (PFS)	The Positive Family Support (PFS) program, formerly known as Adolescent Transitions Program (ATP), is a multilevel, family-centered intervention targeting children at risk for problem behaviors or substance use and their families. Designed to address family dynamics related to the risk of adolescent problem behavior, the program is delivered to parents and their children in a middle school setting. Parent-focused segments of PFS concentrate on developing family management skills such as making requests, using rewards, monitoring, making rules, providing reasonable consequences for rule violations, problem solving, and active listening. https://crimesolutions.ojp.gov/ratedprograms/289#pd

Additional links

Conduent Healthy Communities Institute

<https://cdc.thehcn.net/promiseppractice>

U.S. Department of Justice

<https://crimesolutions.ojp.gov/rated-programs>

Programs That Work, from the Promising Practices Network on Children, Families and Communities

<https://www.rand.org/pubs/tools/TL145.html>

Planning Resources

SAMHSA's Strategic Prevention Framework Guide

Prevention planners are pressed to put in place solutions to urgent substance misuse problems facing their communities. But research and experience have shown that prevention must begin with an understanding of these complex behavioral health problems within their complex environmental contexts; only then can communities establish and implement effective plans to address substance misuse. The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

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

<https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf>

The Center for Communities that Care

The Center for Communities That Care is part of the Social Development Research Group, School of Social Work, University of Washington.

<https://www.communitiesthatcare.net/>

Trainings and events: <https://www.communitiesthatcare.net/events/>

Evidence-Based Practices Resource Center

SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders. The Evidence-Based Practices Resource Center provides communities, clinicians, policymakers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

<https://www.samhsa.gov/resource-search/ebp>

W.K. Kellogg Foundation Logic Model Development Guide

<https://wiki.preventconnect.org/wp-content/uploads/2018/08/WK-Kellogg-Foundation-Logic-Development-Guide.pdf>

I SAVE Florida

Narcan availability, education, find treatment and resources.

<https://www.isavefl.com/>

Preventing Drug Use among Children and Adolescents

A research guide for parents, educators, and community leaders

<https://archives.nida.nih.gov/sites/default/files/preventingdruguseamongchildren.pdf>

U.S. Department of Health and Human Services

Reports and Publications

<https://www.hhs.gov/surgeongeneral/reports-and-publications/index.html>

Tobacco Reports And Publications

<https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html>

Current Priorities U.S. Surgeon General Youth Mental Health Advisory 2021

<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

U.S. Department of Health and Human Services Resource Guide

<https://addiction.surgeongeneral.gov/sites/default/files/appendix-c.pdf>

Person-Centered Practices Self-Assessment 2020

This Self-Assessment is designed to help leadership at human service agencies in States, Tribes, and Territories to measure their progress in developing a more person-centered system. It is designed for use by the administrative entities (“agencies”) with the authority to administer or operate federal programs for long-term services and support, including home and community-based services. It can be used by the wide range of systems that oversee services and support for people with disabilities of all ages, older adults with long-term service and support needs, and other health and social service programs.

National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute. (2020). NCAPPS Person-Centered Practices Self-Assessment. Cambridge, MA: National Center on Advancing Person-Centered Practices and Systems.

https://ncapps.acl.gov/docs/NCAPPS_SelfAssessment_201030.pdf

Rural Health Information Hub Prevention Programs for Youth and Families

Several federal agencies have compiled information about evidence-based substance use disorder (SUD) prevention programs in rural communities that focus on youth and families. These programs are primarily implemented in schools and may also take place in the home or in community settings. Rural program planners should review the evaluation criteria and program content to determine if these programs can address community needs.

<https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/prevention/youth-and-families>

<https://www.ruralhealthinfo.org/toolkits/health-promotion/1/introduction>

Getting Ready to Make Lasting Change. How do I get started making change in my community?

There are lots of ways to make change in your community, and there's not one single path to getting there. However, we have compiled some of our favorite resources that can help you get started and feel confident you've taken the foundational steps to make lasting changes that impact those around you.

<https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/getting-ready-to-make-lasting-change>

Communities Talk to Prevent Alcohol and Other Drug Misuse

Establishing Strategic Partnerships for Communities Talk Activities

<https://www.stopalcoholabuse.gov/communitiestalk/tips-resources/establish-strategic-partnerships.aspx>

The Community Tool Box

Millions of people use the Community Tool Box each year to get help taking action, teaching, and training others in organizing for community development. Dive in to find help assessing community needs and resources, addressing social determinants of health, engaging stakeholders, action planning, building leadership, improving cultural competency, planning an evaluation, and sustaining your efforts over time.

<https://ctb.ku.edu/en>

U.S. Department of Health and Human Services (HHS) Overdose Prevention Strategy

The Overdose Prevention Strategy expands the scope of the crisis response beyond opioids to include other substances that are often involved in overdoses, including stimulants such as methamphetamine and cocaine. This new strategy promotes groundbreaking research and evidence-informed methods to improve the health and safety of our communities.

https://www.hhs.gov/overdose-prevention/?utm_source=SAMHSA&utm_campaign=a132d88398-EMAIL_CAMPAIGN_2023_05_09_01_44&utm_medium=email&utm_term=0_a132d88398-%5BLIST_EMAIL_ID%5D

CPSTF Findings for Motor Vehicle Injury

The following table includes alphabetized lists of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence and access supporting materials. This table does not include [inactive](#) or [archived](#) reviews. Findings are divided into the following categories:

- [Reducing Alcohol-Impaired Driving](#)
- [Use of Child Safety Seats](#)
- [Use of Motorcycle Helmets](#)
- [Use of Safety Belts](#)

<https://www.thecommunityguide.org/pages/task-force-findings-motor-vehicle-injury.html>

Healthy People 2030 Building a healthier future for all

Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade. Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.

- Social Determinants of Health: Social determinants of health have a major impact on people's health and well-being — and they're a key focus of Healthy People 2030.
- Leading Health Indicators: Leading Health Indicators (LHIs) are a small subset of high-priority objectives selected to drive action toward improving health and well-being.
- Healthy People 2030 Framework video: The Healthy People 2030 framework details 5 key areas to address in your work to help improve health and well-being for people in your community.
- Evidence-Based Resources: Healthy People 2030 provides hundreds of evidence-based resources to help you address public health priorities.

<https://health.gov/healthypeople>

Prevention Programs and Tools

Toolkits, evidence-based approaches, media campaign materials and other helpful information for use in prevention efforts to combat the opioid crisis.

<https://www.hhs.gov/opioids/prevention/prevention-programs-tools/index.html>

Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States

There are strategies that can assist community leaders, local and regional organizers, non-profit groups, law enforcement, public health, and members of the public in understanding and navigating effective ways to prevent opioid overdose in their communities.

<https://www.cdc.gov/drugoverdose/featured-topics/evidence-based-strategies.html>

Evidence-Based Strategies for Preventing Opioid Overdose (PDF – 40 pages)

<https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

50 State Review on Opioid Related Policy

The development of the Arizona 50 State Review on Opioid Related Policy was a group effort. A team of Arizona Department of Health Services staff representing the Bureau of Epidemiology and Disease Control, Office of Injury Prevention, and Bureau of Tobacco and Chronic Disease worked collaboratively to produce the document and reference materials. An exhaustive literature review was conducted to gather relevant and meaningful information to support discussion of each of the sixteen indicators included in the Arizona 50 State Review on Opioid Related Policy. Over 3,000 pages of text representing federal and state guidance documents, state task force publications, academic articles, federal, state, and local laws, administrative rules, and stakeholder contributions were reviewed. Information was then categorized by topic to provide a high-level picture of what opioid intervention initiatives were taking place across the country.

<https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/50-state-review-printer-friendly.pdf>

Developing SMART Objectives

The “SMART Objectives Template” can guide you through the steps needed to define goals and SMART objectives.

<https://www.cdc.gov/publichealthgateway/phcommunities/resourcekit/evaluate/develop-smart-objectives.html#template>

CollegeAIM

Developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) with leading college alcohol researchers and staff, *CollegeAIM*—the College Alcohol Intervention Matrix—is an easy-to-use and comprehensive booklet and website to help schools identify effective alcohol interventions.

<https://www.collegedrinkingprevention.gov/CollegeAIM/>

NEW GUIDE FOR PREVENTION PROFESSIONALS ON COLLEGE AND UNIVERSITY CAMPUSES

This guide provides a roadmap for college -and university-based prevention professionals to collaborate with a wide range of stakeholders, from students to administrators, to address campus-wide drug misuse issues. Prevention with Purpose: A Strategic Planning Guide for Preventing Drug Misuse Among College Students, is now available on Campus Drug Prevention!

<https://www.campusdrugprevention.gov/preventionguide>

Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners

Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners This document from SAMHSA offers guidance on selecting effective programs and practices to address substance misuse and related behavioral health problems such as injury, addiction, and overdose.

https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

Vape Education

Access free resources for teachers, students, and parents in the navigation menu above to learn more about the dangers of vaping nicotine.

https://digitalmedia.hhs.gov/tobacco/educator_hub

Office of Juvenile Justice and Delinquency Prevention

Office of Juvenile Justice and Delinquency Prevention (OJJDP) evidence-based programs and practices

<https://ojjdp.ojp.gov/evidence-based-programs>

Model Programs Guide: <https://ojjdp.ojp.gov/model-programs-guide/home>

Blueprints Programs: <https://www.blueprintsprograms.org/program-search/>

Parents and Educators

Find the latest science-based information about drug use, health, and the developing brain. Designed for young people and those who influence them—parents, guardians, teachers, and other educators—these resources inspire learning and encourage critical thinking so teens can make informed decisions about drug use and their health.

<https://nida.nih.gov/research-topics/parents-educators>

Robert Wood Foundation

An example of how programs and services reduced the number of asthma related emergency room visits. Combining two evidence-based interventions yielded a reduction in asthma symptoms and health care utilization.

<https://www.rwjf.org/en/insights/our-research/2013/03/moving-the-discourse-on-quality-in-pediatrics/reducing-quality-of-care-disparities-in-childhood-asthma.html>

Community Health Needs Assessment (CHNA) tool

This Community Health Needs Assessment (CHNA) tool, developed by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri, supports users in assessing the health of their communities. Users can create custom data reports at the county-level using a wide range of indicators from many data sources, including the County Health Rankings.

<https://sparkmap.org/report/>

College Surveys

Check with your local colleges to see if they collect data or would be willing to allow you to collect survey data from this population.

Data Sources Youth

Florida Youth Substance Abuse Survey (FYSAS) Middle and High School Students

The Florida Youth Substance Abuse Survey (FYSAS) is based on the "Communities That Care" survey, assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. The survey was first administered to Florida's middle and high school students during the 1999-2000 school year, and is repeated in the spring, annually.

<https://myflfamilies.com/services/substance-abuse-and-mental-health/2022-florida-youth-substance-abuse-survey>

Florida Youth Tobacco Survey (FYTS) Middle and High School Students

Florida Youth Tobacco Survey (FYTS). FYTS tracks indicators of tobacco use and exposure to secondhand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth. In Florida, the FYTS data is collected at the state level each year, and it is collected at the county level every other year. Also includes mental health indicators: Students Who, in the Past Year, Did Something to Purposely Hurt Themselves Without Wanting to Die. and Students Who, in the Past Year, Felt Sad or Hopeless for Two or More Weeks in a Row and Stopped Doing Usual Activities (All Middle and High School Students)

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.YTS.Dataviewer>

Florida Youth Tobacco Survey (FYTS) 2022 Mental Health Indicators

Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS).

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.YTS.Dataviewer>

Youth Risk Behavior Surveillance System (YRBSS)

CDC's Youth Risk Behavior Surveillance System (YRBSS) monitors priority health behaviors and experiences among students across the country. Not collected in all counties in Florida.

<https://www.cdc.gov/healthyyouth/data/yrebs/results.htm>

Data Sources Adults

Behavioral Risk Factor Surveillance System (BRFSS)

Telephone survey of Florida adults on a wide range of health issues including, but not limited to: physical activity, diet, tobacco and alcohol use, HIV/AIDS, asthma, diabetes, and cancer screenings. This survey has been conducted annually since 1986 in Florida. Data from this survey has been used for health planning, program evaluation, and monitoring health objectives in Florida. County Level Reports: BRFSS data collected in 2021 did not include a large enough sample for county reports.

<https://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/2019county/index.html>

Florida drug-related outcomes surveillance and tracking system

Drug related trends, deaths, county maps

<https://frost.med.ufl.edu/frost/>

<https://www.floridahealth.gov/statistics-and-data/survey-data/index.html>

Florida Charts Risk Health Risk Factors

This map depicts cardiovascular disease, respiratory disease, cancer, diabetes, and vulnerable population data at the ZIP code level in Florida.

[https://www.arcgis.com/apps/webappviewer/index.html?id=94e5d8f155934192ac999a3a9fd7960d&extent=-10885565.6504%2C2548005.9719%2C-7754704.9718%2C3863945.8509%2C102100\](https://www.arcgis.com/apps/webappviewer/index.html?id=94e5d8f155934192ac999a3a9fd7960d&extent=-10885565.6504%2C2548005.9719%2C-7754704.9718%2C3863945.8509%2C102100)

BRFSS Tobacco Related Deaths

Florida Department of Health, Bureau of Vital Statistics

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalInd.Dataviewer>

BRFSS Adult Marijuana Use

Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BRFSS.Dataviewer&bid=10>

BRFSS Poor Mental Health

Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BRFSS.Dataviewer&bid=0061>

National Drug Early Warning System (N DEWS)

Includes some hotspot Florida County data

<https://ndews.org/novel-surveillance/ndews-hotspot-alerts-2/>

<https://ndews.org/novel-surveillance/911-dispatch-data/>

Archived Web Monitoring Alerts

<https://ndews.org/novel-surveillance/web-surveillance/>

FLHSMV Crash and Citation Reports and Statistics

Annual Uniform Traffic Citation Report

<https://services.flhsmv.gov/SpecialtyPlates/UniformTrafficCitationReport>

FLHSMV Traffic Crash Reports Dashboard

Crash Dashboard 2018-2023

<https://www.flhsmv.gov/traffic-crash-reports/crash-dashboard/>

Florida Injury Surveillance System State and County level data

The Florida Injury Surveillance System is used to:

- monitor the frequency of fatal and non-fatal injuries
- determine the risk factors for fatal and non-fatal injuries
- evaluate the completeness, timeliness, and quality of data sources
- provide information to Florida's injury prevention community for program planning and evaluation

<https://www.floridahealth.gov/statistics-and-data/florida-injury-surveillance-system/index.html#profiles>

Non-fatal Overdose Emergency Department Visits

Florida Agency for Health Care Administration

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overview>

Medical Examiner Drugs in Deceased Persons Reports 2021

<https://www.fdle.state.fl.us/MEC/Publications-and-Forms>

2021 Full report

<https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2021-Annual-Drug-Report-FINAL.aspx>

Florida Department of Law Enforcement

Uniform Crime Reports data

<https://www.fdle.state.fl.us/CJAB/UCR/Annual-Reports/UCR-Arrest-Data>

Domestic Violence

<https://www.fdle.state.fl.us/CJAB/UCR/Annual-Reports/UCR-Domestic-Violence>

Florida Poison Information Center Network County data

<https://floridapoisoncontrol.org/poisoning-data/>

Prevention Programs, Strategies, Prevention Education Materials

Successful Prevention and Youth Development Programs: Across Borders

https://www.academia.edu/77228156/Successful_Prevention_and_Youth_Development_Programs_Across_Borders

Unleashing the Power of Prevention

Every day across America, behavioral health problems in childhood and adolescence, from anxiety to violence, take a heavy toll on millions of lives. For decades the approach to these problems has been to treat them only after they've been identified—at a high and ongoing cost to young people, families, entire communities, and our nation. Now we have a 30-year body of research and more than 50 programs showing that behavioral health problems can be prevented.

https://www.academia.edu/68136845/Unleashing_the_Power_of_Prevention?email_work_card=view-paper

PHRASES Framing and Messaging Toolkit

This toolkit (from Public Health Reaching Across Sectors) provides evidence-based framing and messaging tools and strategies to help public health professionals communicate across sectors.

CollegeAIM

Developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) with leading college alcohol researchers and staff, *CollegeAIM*—the College Alcohol Intervention Matrix—is an easy-to-use and comprehensive booklet and website to help schools identify effective alcohol interventions.

<https://www.collegedrinkingprevention.gov/CollegeAIM/>

Robert Wood Foundation: County Health Rankings and Roadmap

Search by county, state, or ZIP code

<https://www.countyhealthrankings.org/explore-health-rankings/florida?year=2023>

Robert Wood Foundation: Tools and Resources

<https://www.countyhealthrankings.org/resources?f%5B0%5D=resource-type%3ATools%20for%20Action>

Choose Effective Policies and Programs

Evidence matters. Selecting and implementing policies and programs that have been shown to work in real life and that are a good fit for your community will maximize your chances of success.

<https://www.countyhealthrankings.org/take-action-improve-health/action-center/choose-effective-policies-programs>

The Real Cost Smokeless Tobacco Campaign

In April 2016, FDA launched a new campaign under “The Real Cost” brand to reach rural male youth ages 12-17 who were at risk for smokeless tobacco use. Our Goal: Prevent and reduce smokeless tobacco use in rural male youth, an audience that was more than twice as likely to use smokeless tobacco as those in urban areas. This was the first large-scale smokeless prevention campaign designed to reach this audience and was built on extensive research.

<https://www.fda.gov/tobacco-products/real-cost-campaign/real-cost-smokeless-tobacco-campaign>

INDEPTH

Intervention for Nicotine Dependence: Education, Prevention, Tobacco, and Health (INDEPTH) is a new, convenient alternative to suspension or citation that helps schools and communities address the teen vaping problem in a more supportive way. Instead of solely focusing on punitive measures, INDEPTH is an interactive program that teaches students about nicotine dependence, establishing healthy alternatives and how to kick the unhealthy addiction that got them in trouble in the first place.

<https://www.lung.org/quit-smoking/helping-teens-quit/indepth>

CATCH My Breath

CATCH My Breath’s peer-led teaching approach empowers students with the knowledge and skills needed to make informed decisions about e-cigarettes and resist social pressures to vape. Informed by tobacco youth prevention researchers and practitioners, years of real world implementation, and a youth advisory board, it is the only school-based vaping prevention program proven to reduce the likelihood of vaping among youth.

<https://catch.org/program/vaping-prevention/>

The Stanford Cannabis/Marijuana Awareness and Prevention Toolkit

Theory-based and evidence-informed resources created by educators, parents, and researchers aimed at preventing middle and high school students’ use of cannabis/marijuana.

<https://med.stanford.edu/cannabispreventiontoolkit.html>

Cannabis Remote-Learning Curriculum

A free curriculum for teaching students remotely about the harms of using cannabis

<https://med.stanford.edu/cannabispreventiontoolkit/Remote-LearningCurriculum.html>

The Opioid Crisis Practical Toolkit

Helping Faith-Based and Community Leaders Bring Hope and Healing.
<https://www.hhs.gov/sites/default/files/the-opioid-crisis-practical-toolkit.pdf>

The Drug-Free Workplace Toolkit

Step-by-step guidance for starting and maintaining drug-free workplace policies and programs:
<https://www.samhsa.gov/workplace>

Montana Meth Project

<https://montanameth.org/>

DEA Prevention and Resources

<https://www.dea.gov/what-we-do/education-and-prevention>

Florida Poison Information Center Network

Prevention materials- Home Safety, adults, seniors, kids and parents
<https://floridapoisoncontrol.org/prevention/>

NIDA Lesson Plans and Activities

Search for free lessons and activities on the science and consequences of drug use. All lessons are based on national science and education standards and were developed by scientists from leading universities and the National Institute on Drug Abuse.

<https://nida.nih.gov/research-topics/parents-educators/lesson-plans>

Robert Wood Foundation

An example of how programs and services reduced the number of asthma related emergency room visits. Combining two evidence-based interventions yielded a reduction in asthma symptoms and health care utilization.

<https://www.rwjf.org/en/insights/our-research/2013/03/moving-the-discourse-on-quality-in-pediatrics/reducing-quality-of-care-disparities-in-childhood-asthma.html>

Citations

ⁱⁱ Center for Applied Research Solution
s <http://ca-cpi.org/wp-content/uploads/2020/02/Foundational-Prevention-Theories.pdf>

ⁱⁱⁱ Program Evaluation Framework Checklist for Step 2
<https://www.cdc.gov/evaluation/steps/step2/index.htm>