



*A coalition is created when the needs of a community transcend the capacity of the individual, and a collaborative effort is born. In 2010, a group of Las Vegas community members identified the need for a substance abuse coalition in southern Nevada—and the PACT Coalition was created.*

## **PACT COALITION COMPREHENSIVE COMMUNITY SUBSTANCE ABUSE PREVENTION PLAN**

# **PACT** ■ ■ ■ ■ ■ ■ ■

**PREVENTION, ADVOCACY, CHOICES, TEAMWORK**

**2014 - 2017**

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## EXECUTIVE SUMMARY

On August 26, 2010 the PACT (Prevention, Advocacy, Choices, Teamwork) Coalition for Safe and Drug-Free Communities officially became a Nevada registered, non-profit, substance abuse prevention coalition. In 2011 the PACT Coalition was awarded funding from the Nevada Substance Abuse Prevention and Treatment Agency (SAPTA) to implement their first Comprehensive Community Prevention Plan (CCPP).

PACT substance abuse prevention efforts center on residents of communities in 22 zip codes located north of Charleston Boulevard in Clark County, including the City of North Las Vegas, Nellis Air Force Base, and unincorporated communities in northern Clark County. Our Community Prevention Plan includes detailed information on residents in the target zip codes. Population in these zip codes total approximately 886,166 residents of which nearly 29 percent are youth under the age of 19.

The 2014-2017 Community Prevention Plan for the PACT Coalition includes an overview of the scope and breadth of the substance abuse problem in Clark County and in the PACT targeted service area described above and provides demographic profile data on the PACT services area. Data is also presented from a wide range of local, state and national substance abuse resources and presents information on current substance abuse issues and emerging trends. Of particular interest to the PACT Coalition is the new medical marijuana program that is available due to legislation passed by the Nevada legislature in 2011 and how this will impact youth and young adult prevention needs.

Our Prevention Plan outlines three critical priorities approved by the Board of Directors for the PACT Coalition which include:

- ***Maintaining a strong organizational infrastructure to support Coalition activities to fund, monitor, and evaluate sub-recipients' prevention;***
- ***Develop and disseminate a strong array of prevention programs and services addressing prescription drug abuse in Clark County; and,***
- ***Develop and disseminate a strong array of prevention programs and services addressing early onset of substance abuse and other risky behaviors among youth.***

The plan articulates strategies and activities which will be used throughout the period of the plan to achieve these priorities. The plan also cites evidence-based prevention strategies discussed in the National Institute on Drug Abuse Prevention Principles (Third Edition) which outlines substance abuse prevention principles and practices proven to be effective.

We also provide a brief discussion on the monitoring and evaluation activities which are conducted by the PACT Coalition to ensure continuous quality improvement and to conduct effective monitoring of agencies receiving PACT grant funds.



## INTRODUCTION

In August, 2010 the PACT Coalition for Safe and Drug-Free Communities officially became a Nevada registered, Substance Abuse Prevention Coalition and was subsequently awarded its Internal Revenue Service 501 C3 non-profit status. Today membership in the PACT Coalition numbers over 40 community organizations and 16 community agencies providing PACT funded prevention services. The PACT Coalition continues to target services to Clark County communities in 22 zip codes located north of Charleston Boulevard, encompassing the City of North Las Vegas, Nellis Air Force Base, and unincorporated northern Clark County, shown in the map on Page 5.

Over the nearly four years since its founding, the PACT Coalition has utilized prevention funding from the Nevada Substance Abuse Prevention and Treatment Agency (SAPTA) to organize the coalition's infrastructure and to build an extensive array of prevention activities to assist youth, families, schools, faith-based organizations, workplaces, communities, and businesses to take action to prevent the emotional, health, and financial devastation that substance use can bring. Additional SAPTA resources were provided to the PACT Coalition to support a public education campaign addressing methamphetamine use in Clark County.

A major accomplishment of the PACT Coalition was the dissemination of over \$1 million disbursed across a competitively selected network of sixteen (16) community organizations funded to conduct prevention programming throughout the target service area. A wide range of programs target youth, school students, women involved with prescription drugs, education and employment services for youth, services for women and children at risk of domestic violence, and many other critical community initiatives to prevent substance abuse and its health, social and legal consequences.

A critical focus of the PACT Coalition is working with Hispanic youth and parents, particularly those living in the target service area of northern Clark County communities. In 2012, North Las Vegas's estimated population was 223,491 residents of which nearly 39 percent (38.8%) were Hispanic. PACT uses lay Hispanic/Latino Community Health Workers (CHWs) or "promotoras" to provide residents with basic health education and guidance in accessing community resources. Mission and vision statements remain in effect as shown below:

### ***Mission***

The mission of the PACT Coalition is "to mobilize and unify the citizens and programs of southern Nevada by leveraging existing resources in order to prevent substance abuse and promote recovery through culturally competent advocacy, education, stigma reduction, support, and outreach. A diverse cross-section of community leadership is represented by the PACT Coalition that works together to ensure a sustainable future and a healthier community."

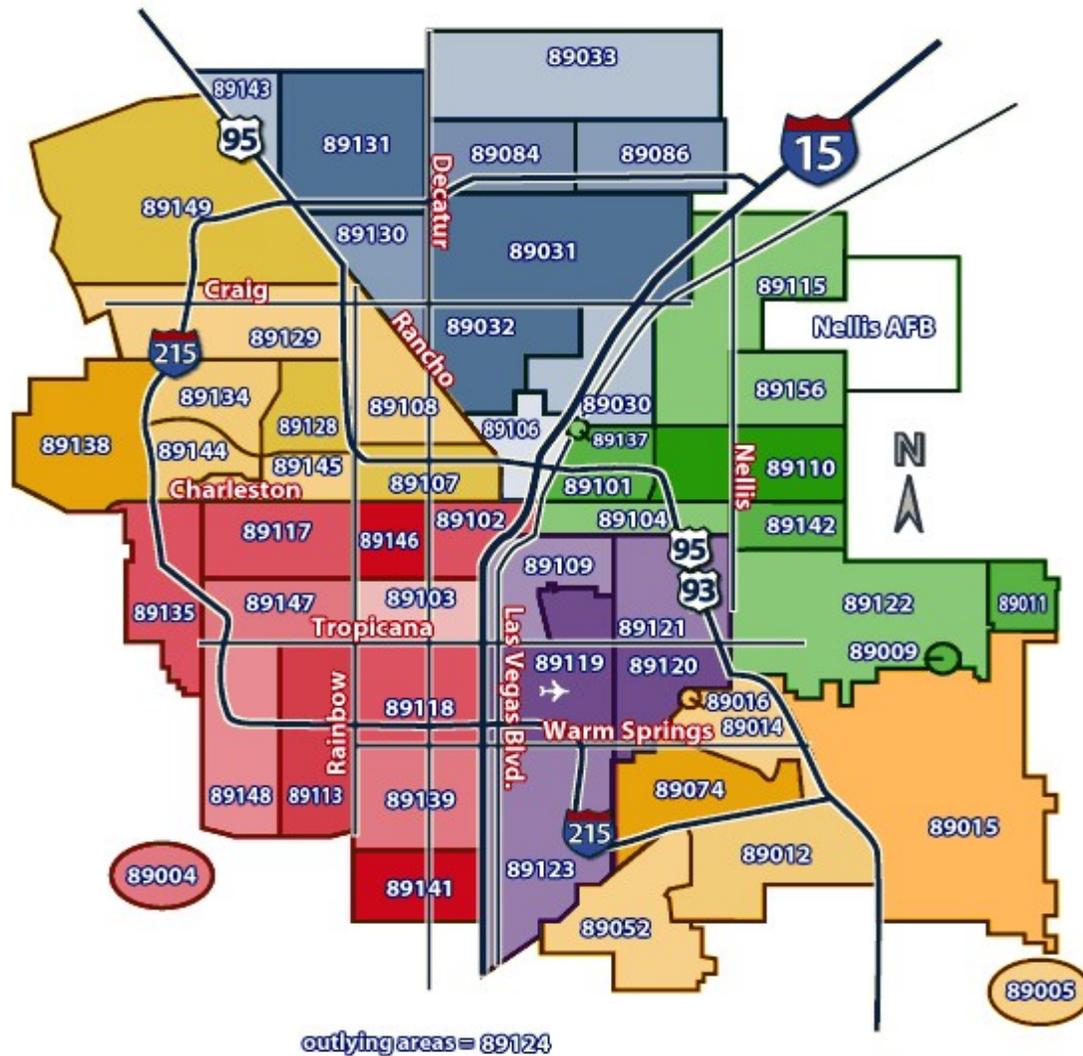
### ***Vision***

The Coalition visualizes a community in which every layer of society is involved in the prevention of substance abuse.

## NEEDS ASSESSMENT

Effective substance abuse prevention planning begins with a solid assessment of the communities to be served, along with the identification of relevant risk and protective factors, and includes specifically identified needs of the residents of those communities.

The PACT Coalition serves specific Clark County communities in 22 zip codes located north of Charleston Boulevard, encompassing the City of North Las Vegas, Nellis Air Force Base, and unincorporated northern Clark County as shown in the map below.<sup>1</sup>



<sup>1</sup> Clark County Maps

For the 2014-2017 PACT Community Coalition Prevention Plan (CCPP), needs assessment data was gathered and analyzed from over a dozen local, state, and national substance abuse and related data sources. Needs assessment data provides objective quantitative and qualitative information that is used to identify key community needs and to guide substance abuse prevention planning. Using this data, our needs assessment is organized across five critical planning variables including:

1. *Health, economic, and social impact of substance abuse in Nevada and Clark County* – substance abuse impacts a wide variety of health, economic, and social variables across the entire county which need to be considered in planning for prevention services.

2. *Demographic profile and population characteristics of target community residents* – this planning variable looks at distributions of various at-risk populations living in the target communities served by the PACT Coalition.

3. *Substance abuse trends and patterns* – using state and national reports, this planning variable examines changing trends in substance abuse and identifies new and emerging substances that PACT Coalition community planning needs to include.

4. *Substance abuse risk factors* – Social Indicator Data provides existing and readily available data at the county level for the purpose of characterizing substance abuse levels and risk factors for substance abuse in Clark County.

5. *Substance abuse protective factors* – identifies characteristics that may reduce an individual's or community's susceptibility to risk or prevent initial occurrence of a risk factor.

Information from each of these needs assessment data resources is briefly examined below:

*1. Health, Economic and Social Impact of Substance Abuse in Nevada and Clark County.*

Substance abuse is known to cause a host of problems for individual users, their communities, and society as a whole. Its cost is staggering, as measured by lost productivity, medical illness, serious injuries, and premature death, as well as by resources required to run criminal justice systems and special education programs.<sup>2</sup>

Health impacts of substance abuse encompass cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, and lung disease which can all be affected by drug abuse. Some of these effects occur when drugs are used at high doses or after prolonged use however, some may occur after just one use.

The economic impact of substance abuse includes costs for lost work productivity, homelessness, emergency room costs, and costs of arrest/incarceration for criminal offenders.

Social costs include disrupted family relationships, child abuse and neglect cases, loss of employment, and arrests for use, possession and driving under the influence.

Substance Abuse in Nevada

In 2012, over 9,200 persons were admitted to drug treatment in Nevada. Of those, nearly 12 percent were between 12 and 17 years of age. Almost 12 percent of all treatment admissions were

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<sup>2</sup> Add here

among African Americans, and over 20 percent were for persons of Hispanic origin. Treatment admissions were 33 percent for alcohol (alone or with another drug), 25 percent for amphetamines, 19 percent for marijuana, and 17 percent for heroin and other opiates.<sup>3</sup>

In contrast, for youth aged 12-17, nearly 43 percent of Nevada treatment admissions were for marijuana, over 31 percent for sedatives, 25 percent for hallucinogens, 20 percent for other stimulants, and over 31 percent for tranquilizers and inhalants.<sup>4</sup>

Drugs other than alcohol (e.g., marijuana and cocaine) were involved in about 38% to 47% of motor vehicle driver deaths in Nevada since 2007.<sup>5</sup>

It is important to note that in 2012, Clark County held *over 72 percent of Nevada's total population*, significantly influencing the current state substance abuse data discussed in this plan.

### Substance Abuse in Clark County/Las Vegas-Paradise Metropolitan Statistical Area (MSA)

In Clark County, consequences of alcohol and drug use impact schools, businesses and communities throughout the county. Clark County's population in 2014 is well over 2 million people, with over 25 percent of residents being children and youth under age 18.

Clark County incorporates the Cities of Las Vegas, North Las Vegas, Henderson, Boulder City and Mesquite. The Las Vegas Metropolitan Statistical Area encompasses the Las Vegas Valley, a 600 square mile basin that includes the metropolitan area's largest city, Las Vegas as well as the other primary city, Paradise, Nevada. The area contains the largest concentration of people in the state.<sup>6</sup>

In the Las Vegas-Paradise Metropolitan Statistical Area, an annual average of 233,000 persons aged 12 or older used any illicit drug in the past year. This represents 16.8 percent of the MSA population, which is similar to rates for the State of Nevada (17.0 percent) but higher than the Nation as a whole (14.7 percent). The rate of marijuana use in the past year was 11.2 percent, which was similar to the rates in Nevada and the Nation as a whole. The rate of nonmedical use of prescription-type pain relievers (6.7 percent) was higher in the Las Vegas-Paradise MSA than it was nationally (4.9 percent).<sup>7</sup>

### *2. Demographic profile and population characteristics of target community residents*

The PACT Coalition works to prevent substance abuse within communities located in Clark County, Nevada. Clark County had a 2012 population of 2,000,759, with a wide diversity of ethnic and racial groups, including African Americans, Asians, Native Americans, Native Hawaiians/Pacific Islanders, Whites, and Hispanics.

The primary target area for PACT Coalition prevention services encompasses 22 zip codes extending north of Charleston Boulevard to the northernmost Clark County line. Tables 1-3 below, provide demographic profile data for Clark County and more detailed data by zip code, specifically for the PACT target service area.

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<sup>3</sup> "Substance Abuse Treatment Admissions by Primary Substance of Abuse According to Sex, Age Group, Race, and Ethnicity; Year 2012. Nevada." Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through January, 6, 2014.

<sup>4</sup> Ibid.

<sup>5</sup> State Epidemiological Report

<sup>6</sup> Wikipedia, 2014.

<sup>7</sup> "Metro Brief." Updated in 2012.

**Demographic Profile of County and Target Community Residents**

*Table 1* provides an overall profile of Clark County populations.

**TABLE 1 CLARK COUNTY \***

<b>Demographic Profile</b>	<b>2012</b>
Population (2013 Estimate)	2,000,759
Youth – under 18	24.5%
Seniors – 65 and older	12.3%
White	73.2%
Black	11.3%
Asian	9.4%
Hispanic	29.8%
Average % of single family households	20.1%
Average % of persons below poverty	14.2%
Average Unemployment	8.9%
Average home ownership rate	55.7%

\*Source: US Census Bureau: 2012; 2005-2009.

**Table 2 PACT COALITION SERVICE AREA\***

<b>Demographic Profile</b>	<b>2012</b>
Population (all zip codes)	886,166
Youth – under 19	28%
Seniors – 65 and older	8.5%
White	47%
Black	19.9%
Asian	6.3%
Hispanic	38.3%
Average % of single family households	22.5%
Average % of persons below poverty	15.5%
Average Unemployment	11.6%
Average home ownership rate	59.6%

\*Source: City of North Las Vegas, US Census Bureau: 2012; 2008-2012.

These profiles reveal high percentages of Black and Hispanic groups in the PACT service area and significantly high levels of single family households, poverty, and unemployment.

*Table 3* below provides more detailed demographics and key characteristics of populations living in target service area zip codes served by PACT.

**Note:** two other zip codes north of Charleston Boulevard do not have demographic data available.

**TABLE 3 DEMOGRAPHIC PROFILE FOR PACT TARGETED SERVICE AREA**

<b>Demographic Profile</b>	<b>89138</b>	<b>89144</b>	<b>89145</b>	<b>89107</b>	<b>89101</b>	<b>89110</b>	<b>89134</b>	<b>89128</b>	<b>89108</b>	<b>89106</b>
<b>Population</b>	12,118	18,714	23,186	36,282	46,055	70,994	24,040	35,669	70,123	25,759
<b>Age</b>										
Children under 19	3,815	3,839	4,098	10,899	13,463	25,397	3,285	9,316	20,702	10,995
20-24	387	757	1,337	2,555	3,742	5,130	509	2,135	5,312	1,825
25-34	1,795	1,997	2,994	4,774	7,511	9,737	1,015	5,043	10,675	3,675
35-44	2,766	3,241	3,231	5,008	6,906	10,050	1,926	5,028	9,711	3,455
45-54	1,655	3,139	3,764	4,849	6,455	8,836	2,709	5,347	9,304	6,630
55-64	1,005	2,223	3,096	3,657	4,527	6,201	3,543	4,226	7,033	2,416
65+	695	2,177	2,728	3,540	3,450	5,638	11,053	3,933	4,883	2,527
<b>Race/Ethnicity</b>										
White	8638	14,075	16,423	21,449	21,138	35,187	20,506	22,917	38,784	7,449
African American	540	989	1,836	2,638	6,233	6,489	948	4,474	9,630	10,287
Asian/PI	1,903	2,239	1,635	1,697	1,828	4,120	1,588	2,966	3,337	1,113
Native American	48	64	186	310	509	530	65	249	582	166
Hispanic	1,387	1,953	4,887	17,211	27,622	41,830	1,539	7,356	27,897	10,111
Some Other Race	640	893	2,330	9,262	15,608	23,074	472	3,582	15,333	6,069
<b>Education of Adults</b>										
High School or less	1,614	3,667	9,267	14,089	20,631	27,111	6,253	10,202	23,845	11,066
Some College	1,843	3,387	4,215	4,856	4,692	7,366	5,652	6,723	9,653	3,013
<b>Economic Data</b>										
Unemployed	7.9%	4.8%	7.4%	9.9%	8.3%	8.5%	2.5%	6.8%	9.2%	9.1%
Poverty (all people)	8.4%	8.6%	7.3%	15.6%	34%	19.5%	4.6%	9.7%	18%	33.4%

**Table 3 DEMOGRAPHIC PROFILE FOR PACT TARGETED SERVICE AREA (Continued)**

<b>Demographic Profile</b>	<b>89110</b>	<b>89129</b>	<b>89032</b>	<b>89030</b>	<b>89156</b>	<b>89115</b>	<b>89031</b>	<b>89130</b>	<b>89084</b>	<b>89086</b>
<b>Population</b>	70,994	51,252	40,297	53,928	27,794	58,794	60,589	33,015	21,837	4,726
<b>Age</b>										
Children under 19	25,397	14,381	13,428	20,947	9,191	22,154	20,024	8,915	6,287	1,775
20-24	5,130	2,990	2,603	3,854	1,923	5,297	3,600	1,725	1,225	444
25-34	9,792	6,924	5,674	7,683	3,791	9,911	9,144	3,705	3,591	937
35-44	10,050	8,003	5,789	7,904	3,857	4,331	9,817	4,839	3,329	720
45-54	8,144	7,984	5,390	6,061	3,847	6,583	8,177	5,083	2,374	424
55-64	6,201	5,689	3,881	3,718	2,740	3,995	5,513	4,088	2,608	262
65+	5,638	5,270	3,432	3,666	2,360	2,677	4,314	4,660	2,423	164
<b>Race/Ethnicity</b>										
White	35,187	37,447	17,065	21,007	14,939	23,407	32,925	23,772	12,689	2,010
African American	6,489	4,760	10,870	9,103	3,174	10,947	10,891	3,680	3,615	1,399
Asian/PI	3,940	4,034	2,936	894	1,317	2,181	4,762	1,747	2,695	328
Native American	530	286	332	535	312	568	394	210	136	33
Hispanic	41,880	8,007	14,109	37,854	12,129	31,618	16,878	5,556	3,733	1,365
Some Other Race	23,074	2,674	7,567	21,570	7,102	20,014	8,749	2,322	1,697	707
<b>Education of Adults</b>										
High School or less	27,111	11,811	13,216	36,880	10,430	21,590	16,907	8,684	3,281	863
Some College	7,366	10,206	6,092	3,148	3,743	6,095	10,132	6,109	3,516	484
<b>Economic Data</b>										
Unemployed	8.5%	5.9%	6.6%	9.9%	9.6%	11.0%	6.2%	4.3%	4.1%	5.2%
Poverty	19.5%	7.3%	10.6%	31.9%	14.5%	28.2%	7.1%	8.0%	4.5%	16.0%

### *3. Substance Abuse Trends and Patterns*

To effectively plan for substance abuse prevention services, it is essential that PACT is aware of changing trends and patterns of drug use, especially noting new or emerging drugs of abuse that should be of concern to communities in Clark County and PACT's target service area.

Among critical issues for Clark County and Nevada is the emerging trend towards dissemination of medical marijuana. In 2001, Nevada passed legislation approving the use of marijuana for "a chronic or debilitating medical condition". The Nevada Medical Marijuana Cardholders/Caregivers Program is a state registry program within the Nevada Department of Health and Human Services, Nevada Division of Public and Behavioral Health. Their role is to administer the provisions of the Medical Use of Marijuana law as approved by the Nevada Legislature and adopted on 2001. This emerging issue has far reaching implications for substance abuse prevention planning and programming and is an issue that the PACT Coalition is closely monitoring.

For our community prevention plan, (1) national, (2) state, and (3) local community data regarding the scope and breadth of the substance problem is provided. For each substance, the subsequent paragraph denotes relevance for prevention services in Clark County and the PACT service area.

#### **(1) National Data:**

##### **❖ *January 2013 CEWG Data***

National data was reviewed from several well-known data sources including the National Institute on Drug Abuse (NIDA) 2013 Community Epidemiology Work Group (CEWG) Report and the NIDA Emerging Trends Website. The CEWG is a unique epidemiology network that has functioned since 1976 to identify and assess current and emerging drug abuse patterns, trends, and issues, using multiple sources of existing information. Although Nevada does not participate in the CEWG, we can learn about emerging issues from neighboring states (Arizona, California, Colorado, and New Mexico) that do participate and can use this information to advise PACT prevention programming.

- **Heroin** was identified as the most or one of the most, important drug abuse issues affecting their area by twelve out of 21 CEWG representatives
- **Marijuana/cannabis** was the most frequently identified drug in the first half of 2012 in 16 of 25 CEWG areas as reported by The Drug Enforcement Administration's National Forensic Laboratory System that provides indications of availability of substances in the illicit market and law enforcement engagement; used to monitor emerging new substances in local areas.
- **Methamphetamines** Five CEWG area representatives noted high and stable indicators or upward trending indicators for methamphetamine, including neighboring Phoenix which reported increased treatment admissions and hospital ER visits and admissions for meth.

##### **❖ *National Institute on Drug Abuse Emerging Trends***

- **Krokodil** - Krokodil" is a homemade synthetic form of a heroin-like drug called desomorphine, made by combining codeine tablets with various toxic chemicals including lighter fluid and industrial cleaners. This dangerous mixture gets its name from the scaly, gray-

green dead skin that forms at the site of an injection. The flesh destroyed by Krokodil becomes gangrenous; in some cases, limb amputation has been needed to save a user's life.

- **“Syrup,” “Purple Drank,” “Sizzurp,” “Lean”** - Drinking prescription-strength cough syrup containing codeine and promethazine mixed with soda was referenced frequently in early 90's rap music and has now become increasingly popular among youth in several areas of the country. Codeine is an opioid that can produce relaxation and euphoria when consumed in sufficient quantities. Promethazine is an antihistamine that also acts as a sedative. Users may also flavor the mixture with the addition of hard candies. Codeine and other opioids present a high risk of fatal overdose due to depressing the central nervous system, which can slow or stop the heart and lungs. Mixing with alcohol greatly increases this risk. Deaths from prescription opioid medications now outnumber overdose deaths from all other drugs (including cocaine and heroin), and codeine-promethazine cough syrup has been linked to overdose deaths of some prominent rap musicians.
- **“Molly”** - Molly, stands for “molecule” and is known as “MDMA.” MDMA, popularly known as ecstasy or, more recently, as Molly, is a synthetic, psychoactive drug that has similarities to both the stimulant amphetamine and the hallucinogen mescaline. It produces feelings of increased energy, euphoria, emotional warmth and empathy toward others, and distortions in sensory and time perception. It's thought to be a very pure form of Ecstasy and is meant to be mixed with other drugs which presents the biggest danger because users of the substance don't actually know they are consuming.

## **(2) Nevada State Substance Abuse Data**

- **Prescription Drugs/Opioids** – **“Nevada has the Fourth Highest Drug Overdose Mortality Rate in the United States.”**<sup>8</sup> Controlled prescription drug abuse is the fastest area of growing concern for law enforcement in Nevada. According to the Clark County Coroner, more people die from prescription drug overdoses than from illicit drugs and automobile accidents combined.<sup>9</sup> In July of 2013, Fox 5 News reported, “Prescription drug abuse is the fastest growing drug problem we face in Nevada according to the DEA.
- **Synthetic Cathinones (Bath Salts)** - The use of Bath Salts was recognized as a problem in the 2011 PACT Community Prevention Plan. The term “bath salts” refers to commercially available products that have as part of their composition the legal stimulant called 3,4-Methylenedioxypyrrovalerone or MDPV. This illegal substance causes agitation, confusion, and elevated blood pressure and heart rate. Bath salts can cause effects among users similar to cocaine, meth, or LSD. The drug can be snorted like cocaine and can cause extreme energy, rapid heartbeat, insomnia, chest pain, heart attack, and stroke; also hallucinations, psychosis and paranoia.<sup>12</sup>

## **(3) Local Clark County/Las Vegas Data**

In 2011 U.S. Census Bureau data compiled by the Annie Casey Foundations' Kids Count reveals

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<sup>8</sup> “*Prescription Drug Abuse: Strategies to Stop the Epidemic.*” Trust for America's Health.” 2013.

<sup>9</sup> “Nevada Substance Abuse Working Group 2013 Report.” January 15, 2013.

a clear picture of youth in Clark County/Las Vegas communities as shown below:

- In 2011, approximately 152,000 children age 17 and under lived in Las Vegas.
- Ninety percent of the children who lived in immigrant families were U.S. citizens.
- Twenty-nine percent of the children lived in poverty.
- Thirty percent of the children lived in low-income working families.
- Twenty-three percent of the children lived in crowded housing.
- Forty-one percent of the children lived in single-parent families.
- Fifteen percent of the teens did not attend school and did not work.

- **Clark County Youth Substance Abuse Data**

In 2014, Clark County holds 72.5% of the Nevada's total population, *significantly influencing state substance abuse data*. In 2013, the state funded 68 substance abuse treatment programs serving 11,907 clients. Seventy percent of these programs were in Clark County. Nearly 10% of treatment admissions were for adolescents. Using local information and data from SAMHSA's Behavioral Health Barometer, Nevada, 2013, the following characterizes youth substance abuse in Clark County in 2013.

- In 2013, Las Vegas Metropolitan Police reported a "heroin epidemic" in Las Vegas. Narcotics detectives say rampant prescription pill abuse has addicts seeking a stronger, less expensive high, leading them to heroin. Police also see more high school youth shooting up.
- Among 12- to 17-year-olds in Clark County, the mean age of first marijuana use was 13.6 years, and the mean age of first cigarette use was 12.8 years.
- About 3 in 4 (77.2%) 12- to 17-year-olds in Nevada in 2011- 2012 perceived no great risk from smoking marijuana once a month—a rate higher than the national rate.
- The percentage of Clark County youths perceiving no great risk from marijuana use once a month increased from 2008 to 2012.
- About 3 in 5 (60.1%) 12- to 17-year-olds in Clark County in 2011- 2012 perceived no great risk from drinking five or more drinks once or twice a week.

Community needs assessment survey data gathered by the PACT Coalition in 2011 revealed that youth, in Clark County and the PACT service area were exposed to and/or began use of drugs and alcohol at very young ages. National data indicates that the average age of first alcohol use was 14 in 2011.<sup>10</sup> However, 2013 Clark County Youth Risk Behavior Survey shows 34% of high school youth using alcohol before age 13/14. Data from youth and adults surveyed by PACT in 2011 indicates exposure to alcohol use at much younger ages than state or national age groups. In Clark County in 2013, 26% of high school youth report marijuana use before age 13/14. Twenty percent of high school youth were offered, sold, or given illegal drugs at school.

- **United Way Needs Assessment**

Nearly 8% of persons surveyed for the 2013 United Way of Southern Nevada Community Needs Assessment cited substance abuse as among top concerns. Public safety and crime, often associated with substance abuse, received an overall 8.40% rating. *Child and young adult* substance abuse was ranked very high among respondents. Weighted average was 9.33% out of a possible 10.00. Also identified as needing improvement was *alcohol and drug education*.

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<sup>10</sup> "Study: Teen Marijuana, Ecstasy, and Alcohol Use Increasing." The Partnership at Drugfree.org. May, 2011.

- **Substance Abuse Related Poisoning Deaths in Clark County**

A July, 2013 report outlines the relationship of substance abuse to both accidental and intentional deaths caused by poisoning. Fatal poisonings in Clark County nearly doubled over the past decade. Poisonings accounted for 38% of all injury deaths in 2009-2011, up from 25% in 2000-2002; 8 out of 10 drug induced deaths involved opioids or other narcotics; close to two thirds involved opioid analgesics (hydrocodone, oxycodone, and methadone).<sup>12</sup>

#### 4. Substance Abuse Risk Factors

Social indicator data for Clark County and the PACT service area provides a picture of substance abuse risks and its impact on the county and local communities.

Archival Indicators	Data/Source
<b>Alcohol &amp; Drug Abuse</b>	
Adolescent admissions to drug treatment	9.6% of 11,907 Nevada drug treatment admissions were for adolescents in 2013/SAPTA 2013
Clark County high school students who are current users of alcohol	31.8% /Nevada Youth Risk Behavior Survey, 2013
Clark County high school students who are binge drinkers	15% /Nevada Youth Risk Behavior Survey, 2013
<b>Community Disorganization &amp; Transition</b>	
Residential properties renter-occupied	40.4% up from 36% in 2011 / 2008-2012 Census Bureau
Rental property unoccupied	From 5.2% to 16.4%/ NLV 2011 Community Report
<b>Community Crime</b>	
Juvenile detention referrals to Clark County	In 2012 17,668 referrals were made to juvenile detention. Of those 11, 282 were “youth” aged 8-17/ Statistical Report, 2012.
Top ten zip codes for youth detention referrals	7 of the top ten are PACT service area/ Statistical Report, 2012
<b>Urban Environment</b>	
Population Density	1,471.0/per sq. mile. /US Census 2012
Total population living in urban areas	100%/ US Census 2012
<b>Poverty/Increased Risk for Socioeconomic Deprivation</b>	
Persons living below poverty	15.4% / North Las Vegas 2008-2012 US Census Bureau
Students receiving free/reduced lunches	53.45%/ Clark County School District, 2012-2013
<b>Alcohol &amp; Tobacco Availability</b>	
Alcohol and Tobacco licenses in NLV	Currently, there are 221 liquor licenses in NLV
<b>Lack of Commitment to School</b>	
High School Dropout Rate: 2013	30% / KTNV January, 2014
Students not graduating	Less than 60% graduate/Education Week, 3/16/2012
<b>Family Conflict &amp; Management Problems</b>	
Percent of child maltreatment cases involving alcohol or drugs	In 21% of Nevada cases, parental substance abuse was the primary reason for child welfare intervention. UNLV 2010.
<b>Sexual Behavior</b>	
Avg. teen birth rate /1,000 females 15-19	41.3% / Clark County Kids Count 2012
Students having sex with four+ persons	In Clark County, 12.9% of high school students/YRBS, 2013.
<b>Suicide</b>	
Teen Suicides	In 2011, Clark County had 15 suicides among adolescents ages 15 to 19. Las Vegas Sun, May, 2013
Youth indicating they had intentionally harmed themselves in the last 12 months.	15.9%/ PACT 2011 Needs Assessment

### 5. Substance Abuse Protective Factors

Research and evidence-based prevention programs focus on intervening early in a child’s development to strengthen protective factors before problem behaviors develop. For this reason PACT demands only evidence-based programs from its funded grantees.

The table below from the National Institute on Drug Abuse describes how risk and protective factors affect people in five domains, or settings, where interventions can take place.

<b>Risk Factors</b>	<b>Domain</b>	<b>Protective Factors</b>
Early Aggressive Behavior	Individual	Self-Control
Lack of Parental Supervision	Family	Parental Monitoring
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Anti-drug Use Policies
Poverty	Community	Strong Neighborhood

Some signs of risk for substance abuse can be seen as early as infancy or early childhood, such as aggressive behavior, lack of self-control, or difficult temperament. As children get older, interactions with family, at school, and within the community can affect that child’s risk for later substance abuse.

Children’s earliest interactions occur in the family; sometimes family situations heighten a child’s risk for later drug abuse, for example, when there is:

- a lack of attachment and nurturing by parents or caregivers;
- ineffective parenting; and/or
- a caregiver who abuses drugs.

But families can provide protection from later substance abuse when there is:

- a strong bond between children and parents;
- parental involvement in the child’s life; and
- clear limits and consistent enforcement of discipline.

Interactions outside the family can involve risks for both children and adolescents, such as:

- poor classroom behavior or social skills;
- academic failure; and,
- association with drug-abusing peers.

Association with drug-abusing peers is often the most immediate risk for exposing adolescents to drug abuse and delinquent behavior. Other factors—such as drug availability, trafficking patterns and beliefs that substance abuse is generally tolerated—are risks that can influence young people to start abusing drugs.

For these reasons, PACT Coalition planning and program activities are designed to encourage community partners to provide prevention programs that focus on youth and the early onset of substance abuse and other risky behaviors. PACT programs and activities will be focused on strengthening community and family protective factors.



## **PACT COALITION SUBSTANCE ABUSE PREVENTION PRIORITIES 2014-2017**

For the PACT Coalition Community Prevention Plan 2014-2017, three critical priorities were developed and endorsed by the PACT Board of Directors in the spring of 2014. Each priority is discussed below along with planned programs and activities needed to achieve each priority goal.

***PRIORITY # 1- Maintaining a strong organizational infrastructure to support Coalition activities to fund, monitor, and evaluate sub-recipients' prevention programs and services.***

**Planning Goal:** To retain and build membership and partnerships with the Coalition in order to maintain a strong organizational infrastructure able to support Coalition activities, including funding, monitoring, and evaluating sub-recipients' prevention programs and services.

### ***Activities:***

To address the need to maintain a strong infrastructure to enable funding, monitoring, and evaluating sub-recipients' prevention programs and services, the PACT Coalition will:

- As new programs develop, continue to assess and address needs for PACT Coalition staffing and particular staffing skills.
- Maintain a training calendar for staff, board, and coalition members to stay abreast of best practices and new and emerging substances needing specialized prevention services.
- Explore credentialing for PACT Coalition staff to ensure that PACT maintains a high level of professional standards and to enable required continuing education to keep PACT staff knowledgeable about practice changes in the field.
- Continue to gather and track trends in substance abuse, to maintain current data that reflects community needs.
- Continue to annually update PACT plans for service delivery.
- Continue to facilitate access to training and technical assistance for funded programs to ensure use of effective prevention programming and fidelity to evidence-based models.
- Maintain and enhance technical assistance resources that support PACT funded providers.

These and other strategies and activities will support the PACT Coalition infrastructure and will continue PACT's ability to promote strong community based prevention programs in the PACT target service area.

***Priority # 2 – Develop and disseminate a strong array of prevention programs and services addressing prescription drug abuse in Clark County.***

**Planning Goal:** To reduce the use of prescription drugs by youth and adults in Clark County.

***Activities:***

The PACT Coalition will engage in a variety of activities to reduce prescription drug use among Clark County youth and adults. Following national guidance, PACT will adhere to four key strategies addressing prescription drug use. These include education, monitoring, proper disposal, and collaboration with law enforcement.

***1. Provide Public Education***

PACT will provide a series of public education programs to raise awareness through education of parents, youth, patients, and healthcare providers about prescription drug misuse. Many people are still not aware that the misuse or abuse of prescription drugs can be as dangerous as the use of illegal drugs, leading to addiction and even death. Education programs will present the dangers of prescription drug abuse, and ways to appropriately dispense, store, and dispose of controlled substance medications.

***2. Collaborate in Enhancing and Increase Use of Prescription Drug Monitoring Programs in Clark County.***

PACT will work with local law enforcement and Nevada’s State Board of Pharmacy to educate the community about Nevada’s prescription drug monitoring programs which helps to identify “doctor shoppers” and detect therapeutic duplication and drug-drug interactions. In addition, prescribers and dispensers, including physicians, physicians assistants, nurse practitioners, pharmacists, nurses, prescribing psychologists, and dentists, all have a role to play in reducing prescription drug misuse and abuse. Most receive little training on the importance of appropriate prescribing and dispensing of opioids to prevent adverse effects, diversion, and addiction. Outside of specialty addiction treatment programs, most healthcare providers have received minimal training in how to appropriately manage prescription drugs.

Information will be disseminated through educational programs, written materials, newsletters and other efforts to help in enhancing and increase the use of the Prescription Drug Monitoring Program in Clark County.

***3. Conduct “Pill Take-Backs” throughout Clark County and the PACT Target Service Area.***

Annually, the PACT Coalition will participate in the National Prescription Drug Take-Back Day which aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications. The PACT Coalition will work with local law enforcement agencies which provide the safe sites in which people can dispose of their prescription drugs.

This is a national Drug Enforcement Agency (DEA) backed program operating for the eighth year in 2014. Each spring, the DEA offers residents a chance to get rid of pills, cough syrup, and other unwanted medications that have been piling up around their homes during the National Prescription Drug Take-Back Day. Pill Take-Backs have been previously very successful in Las

Vegas and Clark County and will continue to be an effective prevention strategy for the PACT Coalition.

#### ***4. Cooperate/Coordinate with Law Enforcement***

In all of its prescription drug abuse prevention efforts, the PACT Coalition will coordinate with local law enforcement agencies to improve efforts to reduce prescription drug use/misuse in Clark County and in the target service area.

*Priority # 3 – Develop and disseminate a strong array of prevention programs and services addressing early onset of substance abuse and other risky behaviors among youth.*

**Planning Goal:** To reduce the age of substance abuse onset among youth in Clark County.

#### ***Activities:***

In planning approaches and strategies to address the development of prevention programs that can reduce early drug and alcohol use among Clark County and PACT service area youth, the PACT Coalition is adhering to the research-based “Prevention Principles” established by the National Institute on Drug Abuse (NIDA). The 16 principles listed below have emerged from research studies funded by NIDA on the origins of drug abuse behaviors and the common elements found in research on effective prevention programs. Research references are cited.

The PACT Coalition will use these principles to help guide their thinking, planning, selection, and funding of substance abuse prevention programs at the community level.

*Principle # 1* Prevention programs should enhance protective factors and reverse or reduce risk factors (Hawkins et al. 2002).

*Principle # 2* Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs (Johnston et al. 2002).

*Principle # 3* Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors (Hawkins et al. 2002).

*Principle # 4* Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness (Oetting et al. 1997).

*Principle #5* Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information (Ashery et al. 1998).

*Principle # 6* Prevention programs can be designed to intervene as early as preschool to address risk factors for substance abuse, such as aggressive behavior, poor social skills, and academic difficulties (Webster-Stratton 1998; Webster-Stratton et al. 2001).

*Principle # 7* Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. (Ialongo et al. 2001; Conduct Problems Prevention Work Group 2002b).

*Principle # 8* Prevention programs for middle or junior high and high school students should increase academic and social competence (Botvin et al.1995; Scheier et al. 1999).

*Principle # 9* Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community (Botvin et al. 1995; Dishion et al. 2002).

*Principle # 10* Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone (Battistich et al. 1997).

*Principle # 11* Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting (Chou et al. 1998).

*Principle # 12* When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which includes structure, content and delivery (Spoth et al. 2002b).

*Principle # 13* Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow up programs in high school (Scheier et al. 1999).

*Principle # 14* Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding (Ialongo et al. 2001).

*Principle # 15* Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug and alcohol abuse and reinforcing skills (Botvin et al. 1995).

*Principle # 16* Research-based prevention programs can be cost-effective. Recent research shows that for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen (Pentz 1998; Hawkins 1999; Aos et al.2001; Spoth et al.2002).

The substance abuse needs assessment data and the proposed strategies and activities outlined in this PACT Community Prevention Plan are intended to serve as a guide for PACT programs and services and to help the community to better understand the scope of the substance abuse problem and what constitutes effective substance abuse prevention programming.

### **A Word about Evaluation**

All programs that provide prevention services funded by the PACT Coalition will continue to be required to use evidence based strategies in order to receive funds from PACT. All funded programs will participate in routine program evaluation activities to meet PACT and SAPTA reporting requirements. Evaluation activities will include, but are not limited to, data gathering and reporting, pre/post test scores or other evidence of knowledge gains, consumer satisfaction surveys from program participants and/or parents/teachers, gains in academic performance and/or attendance and other measures appropriate to each prevention service provided.

All funded providers will participate in an orientation training conducted by PACT which addresses reporting requirements, training needs, HIPAA and confidentiality of client information, frequency of reporting (monthly) and other information that will establish a systematic procedure for ensuring that programs and services for prevention are carefully monitored and evaluated.

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