



The Leeward Initiative Coalition

STRATEGIC PLAN 2017-2021

Last Revised: June 2018

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Success Grant managed by the Lakeshore Regional Entity.
District 10 Health Department serves as the fiduciary agency.*

Coalition History and Background

The Mason County Substance Abuse Prevention Coalition (“The Leeward Initiative”) was developed in April of 2016 as part of the Partnerships for Success project. The coalition completed a variety of data collection processes during the summer of 2016 to guide the strategic planning process, which was completed between the months of April and December of 2016. Coalition members completed additional data collection processes in the spring of 2017 to set the baseline data points for specific objectives within the strategic plan.

The mission of The Leeward Initiative is to “[work] together to achieve a reduction in substance abuse by increasing understanding, ensuring treatment services, and supporting our families and community.” The main focus areas for the coalition include: 1) underage alcohol use; 2) marijuana use among youth and pregnant/breastfeeding women; 3) opiate/heroin use among young adults; and 4) synthetic drug use among youth and young adults.

Planning Process

Development of this plan was facilitated by Kori Bissot of KWB Strategies over three planning meetings in April, October and November of 2016. On the first day of planning, the coalition began by developing the mission statement to guide the planning process and support the coalition in sustaining focus over the next five years:

Mission Statement: Working together to achieve a reduction in substance abuse by increasing understanding, ensuring treatment services, and supporting our families and community.

The group reviewed local data available to inform the substance abuse problems present in Mason County. The information reviewed data from the Mason and Lake County Michigan Profile for Healthy Youth (MiPHY) 2014 survey results, with state and national comparisons provided by the Youth Risk Behavior Surveillance Survey (YRBSS) conducted by the Centers for Disease Control and Prevention (CDC). Data review also included an overview of youth substance use rates followed by a more in-depth review of the top drugs of abuse, including alcohol, tobacco, marijuana and prescription drugs. (***Data from the Mason County MiPHY Survey from 2014- with Lake County data excluded- was later used to re-set the baseline data points for the four prioritized issues*).

The coalition prioritized the following problem statements based on data reviewed and stakeholder input:

- **Youth Using Alcohol at a Young Age:** Almost half (46.5%) of high school students report using alcohol at least once and almost one-fifth (19.7%) report doing so before the age of 13 (Mason/Lake MiPHY 2014).
 - **Updated data:** Almost half (43.9%) of high school students report using alcohol at least once and almost one-fifth (19.7%) report doing so before the age of 13 (Mason MiPHY 2014).
- **Youth using Marijuana at a Young Age:** More than one-third (36.2%) of high schoolers have ever used marijuana, including 33.3% of 9th graders, and 40.4% of 11th graders, with

an average age of 12.9 for 1st use. (Mason/Lake MiPHY 2014)

- **Updated data:** More than one-fourth (27.3%) of high schoolers have ever used marijuana, including 24.4% of 9th graders, and 32% of 11th graders, with an average age of 13.2 for 1st use (Mason MiPHY 2014).
- **Increased Use of Opiates among Young Adults:** 15% of young adults reported having taken a prescription painkiller without a prescription in the past year and 6.3% report having used heroin at least once (Young Adult Survey, 2016).
- **Synthetic Drug Use with Life-threatening Consequences:** Key stakeholders report that use of synthetic drugs (MDMA, cathinones, and synthetic marijuana) and related hospitalizations have increased in recent years for middle schoolers, high schoolers, and young adults in Mason County (Stakeholder Interviews, 2016).

The group then began working to identify potential intervening variables for each of these problem areas based on further data review and stakeholder input. Based on this work, the facilitator compiled recommendations to guide further data collection to assist the coalition in more fully understanding the local conditions contributing to these problem areas.

Between the April and October meeting a dedicated committee met to collect data to inform planning based on priorities established at the first planning meeting in April. In October of 2016, the full coalition reconvened to review this data and prioritized intervening variables and local conditions to target with interventions.

In November 2016, the coalition reconvened for the 3rd planning session to brainstorm and prioritize strategies for inclusion of the strategic plan. At the subsequent coalition meeting in December 2016, measurable goals and objectives were developed to assist the coalition in monitoring progress and success of strategic plan implementation.

Acknowledgements

Preparation of this plan was a community effort, with representation from numerous community members and organizations committed to supporting the coalition in addressing substance abuse in Mason County.

The following provides a list of community members who have actively supported the development of this strategic plan. Special thanks to all who contributed their time to this effort.

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- ❖ Marie Fay, Alateen
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- ❖ Niki Shafer, Parent
- ❖ Nirmala Pettinato, Parent
- ❖ Patti Hammond, HR Director, FloraCraft
- ❖ Patti Klevorn, Editor, Ludington Daily News
- ❖ Paul Spaniola, Prosecuting Attorney, Mason County Prosecutor's Office

- ❖ Quran Griffin, Lake County "Communities that Care" Coordinator
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- ❖ Tony Kuster, City of Ludington Police Department
- ❖ Tracy Shimel, TrueNorth Community Services

Prioritized Goal Area: Alcohol

GOAL 1: Reduce the percentage of high school students reporting having ever used alcohol by **14** % (from 43.9% to **37.8%**) and the percentage reporting having used alcohol before the age of 13 by **24**% (from 19.7% to **15**%) by 2021. (Source: *Mason County MiPHY 2014*)

Objective 1.1: Increase the percentage of students who report that: a) there are multiple activities in their community for people their age to participate in (by 10%: from 79.2% to 87.1%) and b) their parents give them lots of opportunities to do fun things with them (by 5.4%: from 63.1% to 66.5%) by 2021 (Sources: Student Survey, 2017; Mason County MiPHY, 2014).

STRATEGIES:

Part a):

1. Promote positive community activities, events and volunteer opportunities.
2. Ensure transportation is available to community events.
3. Provide support to partnering agencies with the development of a community center to serve as ‘hub’ for positive youth events and activities.

Part b):

1. Raise awareness of the importance of positive family time in preventing risky behaviors among youth
2. Increase alcohol-free events for families available in the community and promote existing events.
3. Provide sponsorship for families to allow participation in community events where cost may be prohibitive; ensure inclusion of grandparents raising their grandchildren.

Objective 1.2: Decrease the percentage of youth reporting that: a) they know parents in the community who allow non-family members under the age of 21 to drink at their home (by 15%: from 29.6% to 25.2%), and b) their parents are not home when they get from school more than two days every week (by 15%: from 31.6% to 26.9%) by 2021. (Source: Student Survey, 2017).

STRATEGIES:

Part a):

1. Educate parents on social host laws and consequences (ex: handout at outreach events; social media; press release).
2. Promote anonymous reporting of upcoming underage drinking parties and use of social media to support law enforcement in identifying and preventing parties before they occur (ex: Ok2Say).
3. Educate retailers and community members about consequences of providing alcohol to minors (ex: sticker shock/point of purchase display).

Part b):

1. Provide support to parents in monitoring youth, including ensuring their teens are not drinking.
2. Promote the message that ‘good parenting’ and not allowing underage drinking is the norm in Mason County.
3. Support parents in promoting ‘character’ building to help youth understand their role and responsibilities within the broader community.

4. Develop a mechanism to link positive parents with others in the community to provide support and encouragement
5. Support and acknowledge positive parenting practices; identify and provide recognition for parents who are doing good things

Objective 1.3: Increase the percentage of youth reporting that they feel comfortable going to their parents or another adult for help with a personal problem by 10% (from 82.7% to 91%) by 2021.

STRATEGIES:

1. Create and disseminate an annual letter to parents of high school students with information pertaining to youth alcohol use during special events (ex: prom) and how to effectively communicate with their child regarding non-use and safer alternatives.
2. Provide support to partnering agencies with enhancing local mentor programs that pair youth with a supportive adult and promote participation.
3. Enhance trauma-informed approach throughout service systems.

Prioritized Goal Area: Marijuana

GOAL 2: Reduce the percentage of high school students who report they have ever used marijuana by 5% (from 27.3% to 25.9%) and the percentage of high school students reporting having used marijuana before the age of 13 by 15% (from 9.1% to 7.7%) by 2021. (Source: *Mason County MIPHY, 2014*)

Objective 2.1: Reduce the percentage of high school students who report that: a) it would be ‘sort of easy’ or ‘very easy’ to get marijuana (by 10%- from 45.3% to 40.8%) and b) smoking marijuana once or twice a week is low risk (‘no risk’ or ‘slight risk’) (by 20%- from 60.9% to 48.7%) by 2021. (Source: *Mason County MIPHY, 2014*)

STRATEGIES:

Part a):

1. Support parents with resources, materials and strategies to effectively promote no-marijuana use with their teens
2. Educate the community on marijuana legislation implications and current laws:
3. Inform coalition members on marijuana related legislation
4. Quantify the societal cost of pro-marijuana legislation via presentations for: township and county officials; business community; parents/general public.

Part b):

1. Educate youth on the potential consequences of marijuana use (e.g. employment opportunities, reduced salary potential, health and safety).
2. Educate youth on healthy coping skills

Objective 2.2: Increase the number of sites providing education to expectant parents about the risks associated with marijuana use during pregnancy from 0 to 7 by 2021 (Source: *Provider Survey, 2017*).

STRATEGIES:

1. Provide education to new parents in childbirth classes and through community programs on the dangers to baby for using marijuana while pregnant; implement educational resources in OB/GYN waiting areas
2. Provide education to pediatricians, nurse practitioners, and OB/GYN providers on the health impact of marijuana use during pregnancy/breastfeeding

Prioritized Goal Area: Opiates

GOAL 3: Reduce the percentage of young adults (ages 18-25) reporting misuse of a prescription painkiller in the past year by 25% by 2021 (from 15.0% to 11%) as a means to also reduce future heroin use. (*Source: Young Adult Survey, 2016*)

Objective 3.1: Reduce the percentage of young adults reporting it would be ‘sort of easy’ or ‘very easy’ to get a prescription painkiller without a prescription by 30% (from 67% to 47%) by 2021. (*Source: Young Adult Survey, 2016*)

STRATEGIES:

1. Promote policies (in keeping with CDC guidelines and state regulations) regarding responsible opiate prescribing.
2. Empower patients by promoting informational materials that support a patients’ understanding of opiate medications and their ability to appropriately manage opiate prescriptions or request alternative options (such as the CDC patient checklist).
3. Make lock boxes more available by distributing lock boxes to persons at risk for passive stealing of their medications.

Objective 3.2: Reduce the percentage of young adults who report that using prescription painkillers without a prescription is low risk (‘no risk’ or ‘slight risk’) by 25% (from 24% to 18%) by 2021. (*Source: Young Adult Survey, 2016*)

STRATEGIES:

1. Raise community understanding of risks related to misuse of prescription opiates, including:
 - Dangers of using differently than prescribed
 - Which prescription drugs *are* opiates
 - Magnitude of opiate related problem and local data regarding overdoses and deaths
 - Overdose prevention information
2. Disseminate public service messages on the importance of never sharing prescribed medications (in keeping with updated Michigan laws, effective June 2018).
3. Promote the availability of Naloxone (available over-the-counter as of October 2017) as an effective measure for harm reduction, and encourage medical providers to provide information to their clients regarding overdose prevention and response.

Objective 3.3: Increase the percentage of primary care providers who refer patients to chronic pain or injury to alternative or complementary treatment options by 50% (from 10% to 15% of total providers) (*Source: Provider Survey, 2017*).

STRATEGIES:

1. Encourage and support doctors with sharing risks of opiate prescription drugs and offer alternative options for pain management to patients before prescribing.
2. Increase availability and access to alternative pain management options.
3. Raise awareness of the effectiveness and success of alternative pain management options.

Objective 3.4: Increase the number of sites offering medication disposal by 100% (from 2 to 4). (*Source: Community Scan, 2016-2017*).

STRATEGIES:

1. Investigate options for medication disposal for local pharmacies.
 - a. Provide education to local pharmacists about the important of medication disposal and promote the purchase of a medication disposal unit or product for their facility.
2. Collaborate with community agencies to provide medication disposal packets directly to clients to assist with medication disposal.

Prioritized Goal Area: Synthetic Drugs

GOAL 4: Decrease the number of primary and secondary diagnoses in Mason County for synthetic drug issues (from 60 to 50, a 16.7% decrease and from 64 to 50, a 21.9% decrease, respectively) by 2021. (Source: TEDS-A treatment admissions data, 2015).

Objective 4.1: Reduce use and perceived access to synthetic drugs among both youth and young adults:

- Reduce the percentage of youth reporting it would be easy to get synthetic marijuana by 20% (from 33.3% to 26.7%) and MDMA by 20% (from 26.7% to 21.4%) by 2021. (Source: Student Survey, 2017).
- Reduce the percentage of young adults reporting it would be easy to get synthetic marijuana by 20% (from 65.8% to 52%), MDMA by 10% (from 47.2% to 44%), and cathinones (“bath salts”) by 10% (from 32.8% to 29%) by 2021. (Source: Young Adult Survey, 2016).
- Reduce the percentage of youth reporting that they have used synthetic marijuana by 20% (from 4.7% to 3.8%) by 2021. (Source: Student Survey, 2017).
- Reduce the percentage of young adults reporting that they have used synthetic marijuana by 20% (from 19.8% to 15.8%), bath salts by 20% (from 4% to 3.2%) and MDMA by 20% (from 19.4% to 15.5%). (Source: Young Adult Survey, 2016).

STRATEGIES:

1. Advocate for legislation that helps to restrict sales of constantly evolving synthetic drugs:
 - Monitor changing issues to proactively respond to new drug variations.
 - Advocate for inclusion and enforcement of penalties for retailers that offer paraphernalia or advice on how to use currently legal synthetic drugs for the purpose of getting high.
2. Mobilize the community to pressure local retailers to encourage them to discontinue selling of currently legal synthetic drugs and related paraphernalia.
3. Promote anonymous reporting for youth and young adults to identify peers who may possess synthetic drugs.
4. Educate parents and other adults on concealment trends so they are equipped to identify and respond to youth/young adult possession of synthetic drugs.

Objective 4.2: Increase perceptions of risk of synthetic drug use among youth: Increase the percentage of youth reporting that using MDMA is “very dangerous” by 10% (from 64.7% to 71.2%); the percentage of youth reporting that using bath salts is very dangerous by 10% (from 82.5% to 90.1%); and the percentage of youth reporting that using synthetic marijuana is “very dangerous” by 20% (from 45.8% to 55%) 2021. (Source: Student Survey, 2017).

STRATEGIES:

1. Incorporate the dangers of synthetic drugs into existing programming for middle and high school students.
2. Promote the risks of synthetic drug use through social media.

Prioritized Goal Area: Substance Use Disorder and Addiction

GOAL 5: To support the development of a strong and vibrant substance use recovery community in Mason County.

Objective 5.1: Increase the number of primary care providers that screen and refer persons with mental health struggles (including substance use issues) to appropriate services by 50% (from 10% to 15% of total providers). (Source: Provider Survey, 2017).

STRATEGIES:

1. Identify a mental health screening tool and promote screening and referral opportunities throughout community service systems.
2. Encourage medical professionals to incorporate mental health screening and referral processes.

Objective 5.2: Establish safe, reliable, and timely transportation options for individuals in Mason County to attend substance use treatment when needed.

STRATEGIES:

1. Create an exhaustive list of all existing transportation options which includes criteria and clear procedures for accessing. Assess for existing gaps this list presents.
2. Identify solutions to fill gaps by either expanding current options or developing new options to meet needs. Secure funding, if needed.
3. Inform and promote these resources to the community.

Objective 5.3: Establish at least one additional option of a community-based mutual aid support group in addition to AA/NA (Women's, Smart Recovery, Life Ring, etc.).

STRATEGIES:

1. Create an exhaustive list of all existing mutual aid support groups.
2. Identify the type of mutual aid group that would meet the need in a community. (Women's only, non-religious based, etc).
3. Take all necessary steps to establish the group.
4. Promote to the community (public, courts, treatment programs).

Logic Model: Alcohol

PROBLEM	BUT WHY?	BUT WHY HERE?	STRATEGIES	OBJECTIVES (INTERMEDIATE)	GOALS (LONG-TERM)
Youth Using Alcohol at a Young Age: Almost half (43.9%) of high school students report using alcohol at least once and almost one-fifth (19.7%) report doing so before the age of 13 (Mason MiPHY 2014).	Social Norm (“required for fun”): 100% of teens in focus groups stated that they think teens start drinking ‘to fit in’ (Teen Focus Groups 2016). Many parents believe that underage drinking is very common in the community (Parent Focus Groups 2016).	Lack of positive alcohol-free activities for youth with transportation: Parents indicated that there are limited resources and positive activities in the community for youth (Parent Focus Groups 2016).	<ul style="list-style-type: none"> Promote positive community activities, events and volunteer opportunities. Support development of a community center to serve as ‘hub’ for positive youth events and activities. Ensure transportation is available to community events. 	Objective 1.1: Increase the percentage of students who report that there are multiple activities/events/programs in their community for people their age to participate in by 10% (from 79.2% to 87.1%) by 2021 (Source: Mason MiPHY 2014).	GOAL 1: Reduce the percentage of high school students reporting having ever used alcohol by 14% (from 43.9% to 37.8%) and the percentage reporting having used alcohol before the age of 13 by 24% (from 19.7% to 15%) by 2021. (Source: Mason MiPHY 2014)
		Positive Family Time: Less than two-thirds (63.1%) of high schoolers report that their parents give them lots of chances to do fun things with them (Mason MiPHY 2014).	<ul style="list-style-type: none"> Increase alcohol-free events for families available in the community and promote existing events. Provide sponsorship for families to allow participation in community events where cost may be prohibitive; ensure inclusion of grandparents raising their grandchildren. Raise awareness of the importance of positive family time in preventing risk behaviors among 	Objective 1.2: Increase the percentage of youth who report that their parents give them lots of opportunities to do fun things with them by 5.4% (from 63.1% to 66.5%) by 2021. (Source: Mason MiPHY 2014)	

			youth.		
	Parental Communication and Monitoring: Many teens stated that their parents expect them to learn about alcohol use at school (Teen Focus Groups 2016)				
		Monitoring/securing of alcohol in the home: More than one-fourth of teens (29.6%) reported knowing parents in the community who allow non-family members under the age of 21 to drink at their home (Student Survey 2017). Many parents were not aware of social hosting laws; particularly what the law states for having minors drink in the home while you are not there or aware of it happening (Parent Focus Groups 2016; Parent Survey 2017).	<ul style="list-style-type: none"> Educate parents on social host laws and consequences. Promote anonymous reporting of upcoming underage drinking parties and use of social media to support law enforcement in identifying and preventing parties before they occur. 	Objective 1.3: Decrease the percentage of youth reporting that they know parents in the community who allow non-family members under the age of 21 to drink at their home by 15% (from 29.6% to 25.2%) by 2021 (Source: Student Survey, 2017).	
		Parents need resources to support them in setting boundaries and expectations for their teens (general parenting skills): 13.8% of high schoolers report that their parents would not know if they did not come home on time and only 27.7% report that their parents ask whether their homework is done (Mason MIPHY 2014)	<ul style="list-style-type: none"> Provide support to parents in monitoring youth, including ensuring their teens are not drinking. Support and acknowledge positive parenting practices; Identify and provide recognition for parents who are doing good things. Develop a mechanism to link positive parents with others in the community to provide support and encouragement. Promote the message that 'good parenting' and not allowing 	Objective 1.4: Decrease the percentage of youth reporting that their parents are not home when they get from school more than two days every week by 15% (from 31.6% to 26.9%) by 2021 (Source: Student Survey).	

			<p>underage drinking is the norm in Mason county.</p> <ul style="list-style-type: none"> • Support parents in promoting 'character' building to help youth understand their role and responsibilities within the broader community. 		
	<p>Stress, anxiety and depression: 29% of HS students reported depression symptoms in past year (Mason/Lake MIPHY 2014). Teens reported that teens start drinking alcohol 'to relieve stress' (73%) and because 'they feel anxious or depressed' (67%). (Teen Focus Groups 2016).</p>	<p>Youth lack coping skills to deal with life stressors because there is a lack of healthy role models and opportunities to learn coping skills. (data needed)</p>	<ul style="list-style-type: none"> • Enhance trauma-informed approach throughout service systems. • Enhance local mentor programs that pair youth with a supportive adult and promote participation. • Create and disseminate an annual letter to parents of high school students with information pertaining to youth alcohol use during special events (ex: prom) and how to effectively communicate with their child regarding non-use and safer alternatives. 	<p>Objective 1.5: Increase the percentage of youth reporting that they feel comfortable going to their parents or another adult for help with a personal problem by 10% (from 82.7% to 91%) by 2021 (Source: Student Survey 2017).</p>	

Logic Model: Marijuana

PROBLEM	BUT WHY?	BUT WHY HERE?	STRATEGIES	OBJECTIVES (INTERMEDIATE)	GOALS (LONG-TERM)
<p>Marijuana use: 27.3% of high schoolers have ever used marijuana, including 24.4% of 9th graders, and 32% of 11th graders with an average age of 13.2 for 1st use. (Mason MiPHY 2014)</p>	<p>Easy to Access: Almost half (45.3%) of high schoolers reported it would be 'sort of' or 'very easy' to get marijuana (Mason MiPHY 2014).</p>	<p>Low regulations (ex: medical MJ): Legalization of medical marijuana has made marijuana more available to youth (Stakeholder Interviews 2016; Parent Focus Groups 2016).</p>	<ul style="list-style-type: none"> Advocate for legislation that allows for more effective enforcement of medical marijuana laws and to prevent further pro-marijuana legislation. Inform coalition members on marijuana related legislation to support advocacy efforts. Quantify the societal cost of pro-marijuana legislation to support advocacy efforts. 	<p>Objective 2.1: Reduce the percentage of high school students who report it would be 'sort of easy' or 'very easy' to get marijuana by 10% by 2021 (from 45.3% to 40.8%) (Source: Mason MiPHY 2014).</p>	<p>GOAL 2: Reduce the percentage of high school students who report they have ever used marijuana by 5% (from 27.3% to 25.9%) and the percentage of high school students reporting having used marijuana before the age of 13 by 15% (from 9.1% to 7.7%) by 2021 (Source: Mason MiPHY 2014).</p>

	<p>Low Perception of Risk: 60.9% of high schoolers in Mason County think that smoking MJ 1-2x/week has “no” or only a “slight risk,” (Mason MiPHY 2014). Many teens indicated that marijuana is safer than other substances (Teen Focus Groups 2016).</p>	<p>Parents are not communicating the risks: Teens indicated that their parents haven't had specific conversations with them about marijuana, and/or their parents just say the same things to them about alcohol as they do for marijuana (Teen Focus Groups 2016).</p>	<ul style="list-style-type: none"> Support parents with resources, materials and strategies to effectively promote no-marijuana use with their teens. 	<p>Objective 2.2: Reduce the percentage of high school students who report that smoking marijuana once or twice a week is low risk ('no risk' or 'slight risk') by 20% by 2021 (from 60.9% to 48.7%) (Source: Mason MiPHY 2014).</p>	
		<p>Consequences: Parents and teens do not understand the health and legal consequences for teen marijuana use (Teen and Parent Focus Groups 2016).</p>	<ul style="list-style-type: none"> Raise awareness of the potential consequences of marijuana use (the 'cost for being cool') including things like employment opportunities and reduced salary potential. 		
		<p>Social Norm- “Everyone uses it”: Almost half (43%) of high schoolers reported that they thought more than half of the students in their grade had used marijuana in the past month, even though only 12.1% had done so. (Mason MiPHY 2014)</p>	<ul style="list-style-type: none"> Educate youth on the potential consequences of marijuana use (the 'cost for being cool') including things like employment opportunities and reduced salary potential; inspire youth to find their 'natural 		

			high' and develop skills to live life healthfully (ex: "Natural High" campaign and other resources).		
	<p>High use among pregnant or breastfeeding women: Due to legalization of medical marijuana in Michigan and no policy on use for medical cardholders who become pregnant, use among pregnant and breastfeeding women has increased: Many women who give birth at the local hospital test positive for THC at birth (Provider Survey 2017).</p>	<p>Providers are not educating expectant parents on the risks associated with using marijuana during pregnancy or while breastfeeding: None of the local offices that provide prenatal or postpartum care educate women on the risks of using marijuana while pregnant or breastfeeding.</p>	<ul style="list-style-type: none"> • Develop new tools and resources to educate community members about the risks associated with marijuana use during pregnancy • Provide education to new parents in childbirth classes and through community programs (such as WIC) on the dangers to baby for using marijuana while pregnant. • Implement education resources (ex: videos) in OB/GYN waiting areas • Provide education to pediatricians, nurse practitioners, and OB/GYN providers on the Child Abuse and Prevention Treatment Act of 2010 and the specific laws in Michigan regarding substance use during pregnancy and reporting requirements • Work with local health care providers and the Michigan Department of Health and Human Services to develop a mechanism to track 	<p>Objective 2.3: Increase the number of sites providing education to expectant parents about the risks associated with marijuana use during pregnancy from 0 to 7 by 2021 (Source: Provider Survey 2017).</p>	

			the positive THC tests for women and infants at childbirth.		
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Logic Model: Opiates

PROBLEM	BUT WHY?	BUT WHY HERE?	STRATEGIES	OBJECTIVES (INTERMEDIATE)	GOALS (LONG-TERM)
<p>Increased Use of Opiates among Young Adults: 15% of young adults reported having taken a prescription painkiller without a prescription in the past year and 6.3% report having used heroin at least once (Young Adult Survey 2016).</p>	<p>Easy to Access: Two-thirds (67%) of young adults report it would be 'sort of' or 'very easy' to get a prescription painkiller without a prescription and two-fifths (41%) report it would be 'sort of' or 'very easy' to get heroin (Young Adult Survey 2016).</p>	<p>Doctor prescription; overprescribed by some: Between 2009 and 2015 there was a 35% increase in prescriptions for opiates written to Mason County residents while the population remained stable. Substance use providers, parents, and law enforcement personnel all have indicated that prescriptions are readily available to individuals seeking pain management services in Mason County (Stakeholder Interviews, 2016).</p>	<ul style="list-style-type: none"> Promote policies in keeping with CDC guidelines regarding responsible opiate prescribing. Empower patients by promoting informational materials that support a patients' understanding of opiate medications and their ability to appropriately manage opiate prescriptions or request alternative options (such as the CDC patient checklist). 	<p>Objective 3.1: Reduce the percent of young adults reporting it would be 'sort of easy' or 'very easy' to get a prescription painkiller without a prescription by 30% (from 67% to 47%) by 2021. (Source: Young Adult Survey 2016)</p>	<p>GOAL 3: Reduce the percent of young adults (ages 18-25) reporting misuse of a prescription painkiller in the past year by 25% by 2021 (from 15.0% to 11%) to reduce future heroin use. (Source: Young Adult Survey 2016)</p>
		<p>Taken from home/peer's home: 391 households participated in Household Hazardous Waste Day in Mason County in 2016; a majority of those interviewed were not aware of local Rx disposal resources (HHW Day, 2016). Additionally, substance use treatment providers and medical professionals indicate that Rx meds are easy to access within the home because they are not being monitored or disposed of appropriately</p>	<ul style="list-style-type: none"> Publicize the availability of local prescription drug disposal sites. Make lock boxes more available by increasing visibility of lock boxes at local retailers and distributing lock boxes to persons with high risk of diversion. Install a medication disposal unit at the Scottville Police Department. Investigate options for medication disposal for 	<p>Objective 3.5: Increase the number of sites offering medication disposal by 100% (from 2 to 4). (Source: Community Scan 2017).</p>	

		(Stakeholder Interview, 2016).	<p>local pharmacies.</p> <ul style="list-style-type: none"> • Provide education to local pharmacists about the important of medication disposal and promote the purchase of a medication disposal unit or product for their facility. • Collaborate with community agencies to provide medication disposal packets (e.g. Detera product) directly to their clients 		
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	<p>Low Perception of Risk: One fourth (24%) of young adults report 'no risk' or 'slight risk' for using a prescription painkiller that was not prescribed for them (Young Adult Survey 2016).</p>	<p>People do not understand the risk of prescription opiate medications: Community members are unaware of the risks of prescribed opiate use and feel that they must be safe because they are prescribed by their doctor (Stakeholder Interview, 2016; Parent Focus Groups 2016; Teen Focus Groups 2016).</p>	<ul style="list-style-type: none"> • Encourage and support doctors to share risks of opiate prescription drugs and offer alternative options for pain management to patients before prescribing. • Raise community understanding of risks related to misuse of prescription opiates (Including: dangers of using differently than prescribed; which prescription drugs are opiates; magnitude of opiate related problem and local data regarding overdoses and deaths; overdose prevention information) • Disseminate public service messages on the importance of never sharing prescribed medications. • Encourage medical providers to provide a prescription for Naloxone when prescribing opiates and provide information to their clients on overdose prevention and response. 	<p>Objective 3.2: Reduce the percent of young adults who report using prescription painkillers without a prescription as low risk ('no risk' or 'slight risk') by 25% (from 24% to 18%) by 2021. (Source: Young Adult Survey 2016)</p>	
	<p>Self-diagnosing physical/emotional pain: 21.6% of young adults report it is 'okay' to take a Rx drug to deal with injury/pain as long</p>	<p>Untreated mental health issues: Substance use treatment providers indicate that users of opiates/heroin often have a</p>	<ul style="list-style-type: none"> • Identify the number of agencies in Mason County currently providing mental health screening and 	<p>Objective 3.3: : Increase the number of primary care providers that screen and refer persons with mental health struggles (including</p>	

	as not getting high: 13.2% reported 'okay' to take a Rx drug to treat symptoms similar to the person w/ Rx (Young Adult Survey 2016).	co-occurring mental health issue that has not been addressed (Stakeholder Interviews 2016).	<p>referral services.</p> <ul style="list-style-type: none"> • Identify a mental health screening tool and promote screening and referral opportunities throughout community service systems. • Encourage medical professionals to incorporate mental health screening and referral processes. 	substance use issues) to appropriate services by 50% (from 10% to 15% of total providers). (Source: Provider Survey 2017).	
		Lack of alternatives: Medical professionals and SUD providers indicate there is a lack of resources/awareness of alternatives (Stakeholder Interviews 2016).	<ul style="list-style-type: none"> • Increase availability and access to alternative pain management options. • Raise awareness of the effectiveness and success of alternative pain management options. 	Objective 3.4: Increase the percentage of primary care providers who refer patients to chronic pain or injury to alternative or complementary treatment options by 50% (from 10% to 15% of total providers). (Source: Provider Survey 2017).	

Logic Model: Synthetic Drugs

PROBLEM	BUT WHY?	BUT WHY HERE?	STRATEGIES	OBJECTIVES (INTERMEDIATE)	GOALS (LONG-TERM)
<p>Synthetic Drug Use with Life-threatening Consequences: Key stakeholders report that use of synthetic drugs (MDMA, cathinones, and synthetic marijuana) and related hospitalizations have increased in recent years for middle schoolers, high schoolers, and young adults in Mason County (Stakeholder Interviews 2016).</p>	<p>Easy to Access: Too many young adults report it would be 'sort of' or 'very easy' to get synthetic drugs: 61.5% for synthetic marijuana, 47.2% for MDMA, and 32.8% for cathinones ("bath salts") (Young Adult Survey, 2016). High school students in focus groups indicated that teens "know where to get" synthetic drugs; 26.7% stated that MDMA would be "sort of easy" to get and 13.3% stated that synthetic MJ would be "sort of easy" to get. (Teen Focus Groups 2016).</p>	<p>Not illegal, no age barriers (i.e. synthetic marijuana, bath salts): Synthetic marijuana products and bath salt products bypass federal regulations and are legal to purchase (Stakeholder Interviews 2016).</p>	<ul style="list-style-type: none"> Advocate for better legislation to restrict sales of constantly evolving synthetic drugs: Monitor changing issues to proactively respond to new drug variations; and advocate for inclusion and enforcement of penalties for retailers that offer paraphernalia or advice on how to use currently legal synthetic drugs for the purpose of getting high. Mobilize the community to pressure local retailers to encourage them to discontinue selling of currently legal synthetic drugs and related paraphernalia. 	<p>Objective 4.1: Reduce the percentage of young adults reporting it would be easy to get synthetic marijuana by 20% (from 65.8% to 52%), MDMA by 10% (from 47.2% to 44%), and cathinones ("bath salts") by 10% (from 32.8% to 29%) by 2021. (Source: Student Survey 2017).</p>	<p>GOAL 4: Decrease the number of primary diagnoses in Mason County for non-alcohol or opiate related issues from 60 to 50 (16.7% decrease), and secondary diagnoses in Mason County for non-alcohol or opiate-related issues from 64 to 50 (21.9% decrease) by 2021. (Source: TEDS data, 2015).</p>

		<p>Accessible through peers (i.e. networking, social media, school): Teens in focus groups indicated that they think teens in the community get synthetic drugs by being 'given by a friend/peer'; 100% reported this for synthetic marijuana, 77% for 'bath salts', and 93% for MDMA (Teen Focus Groups 2016). Many high school students have heard about these drugs or seen them via social media: 48.3% for MDMA; 55.5% for bath salts; and 63% for synthetic marijuana. (Source: Student Survey 2017).</p>	<ul style="list-style-type: none"> Promote anonymous reporting for youth to identify peers who may possess synthetic drugs. 		
	<p>Seen as Acceptable because of a Low Perception of Risk: Only half of young adults reported 'great risk' for using MDMA (48%) or synthetic marijuana (51%), while 85% reported 'great risk' for using bath salts (Young Adult Survey, 2016). Only one-third (33%) of teens in focus groups reported 'great risk' for</p>	<p>Lack of knowledge among youth: Teens in focus groups did not know the specific dangers or risks of these substances (Teen Focus Groups 2016).</p>	<ul style="list-style-type: none"> Incorporate the dangers of synthetic drugs into existing programming for elementary students. Promote the risks of synthetic drug use through social media, highlighting the potential for dire consequences. 	<p>Objective 4.2: Reduce the percent of high school students who report using synthetic drug is low risk ('no risk' or 'slight risk') by _____% by 2021. (baseline data needed).</p>	

	<p>using synthetic marijuana or bath salts and only two-thirds (67%) reported 'great risk' for using bath salts (Teen Focus Groups 2016). The percentage of students surveyed who feel that synthetic drugs are "very dangerous" is as follows: 64.7% for MDMA, 82.5% for bath salts; and 45.8% for synthetic marijuana. (Source: Student Survey, 2017).</p>	<p>Lack of knowledge among parents: Many parents do not know what synthetic substances are or how they would identify them (Parent Focus Groups 2016).</p>	<ul style="list-style-type: none"> • Educate parents and other adults who work with youth on concealment trends so they are equipped to identify and respond to youth possession of synthetic drugs. • Provide drug education to parents on current drug trends and pro-drug materials (such as the Tall Cop presentation). 		
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