

“What can we do together to address alcohol and other drug problems in our community?”

A NH Listens Summary Report of:

New Futures Community Conversations

June 6, 2014



ABOUT NH LISTENS



New Hampshire Listens is a civic engagement initiative of the Carsey Institute at the University of New Hampshire.

Our mission:

To bring people together for engaged conversations

Our work:

- **Create engaged community conversations on local and statewide issues**
- **Serve as a resource and support network for new local Listens groups**
- **Cultivate a network of facilitators for public engagement and action**

Our principles:

- **Bring people together from all walks of life**
- **Provide time for in-depth, informed conversations**
- **Respect differences as well as seek common ground**
- **Achieve outcomes that lead to informed community solutions**

New Hampshire Listens

www.NHListens.org

NH.Listens@unh.edu

(603) 862-0692

EVENT HIGHLIGHTS

Event

New Futures Community Conversations

Date

February 20–May 20, 2014

Duration

Three hours

Participants

154 New Hampshire residents

Locations

Berlin, Concord, Derry, Keene, Laconia, Lebanon, Manchester, Nashua, Rochester, and Portsmouth

Question

What can we do together to address alcohol and other drug problems in our community?

New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to prevent and reduce New Hampshire substance abuse problems. New Futures envisions a state and local communities where public policies support prevention, treatments, and recovery oriented efforts to reduce alcohol and other drug problems.

PROJECT TEAM

Team Leaders

Michele Holt-Shannon
Bruce Mallory
Quixada Moore-Vissing
Hannah Peckham

New Futures Staff

Sarah Sadowski
Linda Saunders Paquette
Sarah Ward
Joe Gallagher
Bethany Arcand

Facilitators

Dennis Calcutt
Cara Cargill
Courtney Croteau
Michele Holt-Shannon
Bruce Mallory
Quixada Moore-Vissing
Hannah Peckham

SUMMARY FINDINGS

The conversations among participants in all of the groups converged around four primary sets of shared concerns or conclusions including:

1. Funding—All groups raised issues related to a lack of funding and revenue sources to support effective substance use prevention, treatment, recovery, education, and advocacy. Although there was a range of views about where to find funding and how to sustain it, groups discussed how funding was a key aspect of addressing substance use related issues. Topics of conversation included the need to allocate funds to treatment and prevention from New Hampshire alcohol revenues, as well as a general discussion of state and federal funding needs.

2. Treatment and Services—All groups talked about issues related to effective treatment and services for individuals with substance use disorders, including access, quality, cost, and treatment types and variety. Thirteen groups specifically discussed difficulties around access to treatment. Nine groups specifically discussed concerns about insurance coverage and the cost of treatment. Seven groups talked about the variety or kinds of treatment needed in the state, and six commented on the quality of existing services. Five groups talked specifically about the need for more treatment centers. Three groups discussed the need in particular for youth access to treatment.

3. Strategies to Address Problems—All groups felt that problems of denial, misunderstanding, and stereotyping create barriers to individuals with substance use disorders and their loved ones from getting help. Many groups talked about various approaches to address these problems, with an emphasis on prevention and education.

4. Building Understanding of Recovery—All groups discussed the importance of sharing positive stories about the efficacy of treatment and the possibility of recovery. Some groups talked about building a recovery movement or creating advocacy and awareness campaigns to reduce the role that misunderstanding and negative perceptions play as barriers to recovery.

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The following appendices to this report are located at <http://nhlistens.org>:

Appendix A: Statewide Steering Committee Membership
Appendix B: Invitation to Participants
Appendix C: Discussion Guide
Appendix D: Small Group Discussions
Appendix E: How NH Listens Collects and Reports Findings

THEMES

drinking **help** heroin **issues** access **addiction** insurance stories
available **policy** awareness **community** costs culture data denial
know **lack** law **programs** public kids **services** **state** many address
substance success support talk huge media medical **drugs**
group **treatment** use alcohol
want work **youth** understanding **abuse** change **recovery**
schools info works funding **problem** resources **need**
disease barriers based care **people** marijuana money
new **NH** practice high **stigma** focus parents impact **social** police
prevention enough one **families** economic **get** good health time
legislators **education**

**“What can we do
together to address
alcohol and other drug
problems in our
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A NH Listens Summary Report of:

New Futures Community Conversations

June 2014

Introduction

In February and March of 2014, residents from across the state of New Hampshire gathered to discuss issues related to substance use and addiction in the Granite State. Fifteen groups met in nine regions of the state including Berlin, Derry, Keene, Laconia, Lebanon, Manchester, Nashua, Rochester, and Portsmouth. In addition, a conversation with business leaders about substance use in New Hampshire took place on May 20, 2014. One hundred and fifty-four New Hampshire residents met to talk about their priorities, concerns, and ideas related to substance use and addiction in New Hampshire. The goals of the conversations were to:

- Encourage ongoing community conversation about substance use in New Hampshire
- Learn more about how New Hampshire residents understand the scope of use and misuse (of substances) in New Hampshire
- Inform New Futures¹ planning over the next three to five years

At each site, participants met for three hours to share their thoughts, as well as to listen to and engage with others about the following question:

What can we do together to address alcohol and other drug problems in our community?

The conversations explored a wide range of topics and resulted in suggestions for more effectively addressing the needs of individuals with substance use disorders² as well as those who support them. Although individual participants and groups talked about a variety of issues, this report summarizes the key concerns and topics across groups and locations. At the end of the conversations, groups summarized those issues they found most critical. These final priorities included the following categories, and will be used as the framework for this report.

- *Funding*—Groups discussed what constitutes sufficient funding for effective substance use prevention, treatment, recovery, and education.
- *Treatment and Services*—Groups talked about access to treatment, treatment quality, and treatment types and variety.
- *Prevention, Education, and Awareness*—Groups discussed ways to address the issues of denial, misunderstanding, and stereotyping through education, awareness, and prevention.
- *Building Understanding of Recovery*—Groups discussed the importance of sharing stories and advocacy campaigns as a way to promote recovery from substance use disorders.

Conversations, such as those organized for the New Futures report, help to augment (not replace) traditional forms of government and policy making. What follows is a detailed description of the process, outcomes of the conversations, and an analysis of all notes from small group discussions that

¹ New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to prevent and reduce New Hampshire substance abuse problems.

² Throughout this document, you will see a range of terms used to describe substance-related conditions and individuals affected by them. Use of negative language such as “abuse” or “addict” may evoke blame and punitive attitudes, whereas describing someone as having a “substance use disorder” embraces a person-first perspective and encourages understanding the issue as a medical condition. Direct quotes from program participants remain unchanged, but—wherever possible—we have used language that is believed to be least stigmatizing.

identify areas for further consideration and action. The results of the conversations, as presented in this report, will be shared with all those who participated, as well as with the board and staff of New Futures as they consider their work in the coming years.

The Community Conversations

NH Listens and New Futures had a goal of recruiting participants from across the state representing multiple perspectives and communities. Outreach was conducted statewide through email and personal contact (see Appendix B: Invitation to Participants). Everyone was welcome to attend these community conversations, and in keeping with NH Listens' approach, the purpose of these conversations was to engage people in a constructive conversation, not to advance a particular set of goals or solutions. All views and perspectives were recorded and integrated into this report.

The participants in this project spent three hours on a weekday evening in a facilitated discussion about substance use disorders, addiction, and the problems substance use creates for New Hampshire communities. It is significant that our overall summary shows evidence of substantially overlapping concerns. Over 150 people registered in advance to participate in the sessions and represented about 40 different towns in New Hampshire. The following locations were chosen to provide representation from different regions across the state:

- Keene—February 20, 2014
- Berlin—March 5, 2014
- Lebanon—March 6, 2014
- Portsmouth—March 12, 2014
- Manchester—March 13, 2014
- Nashua—March 19, 2014
- Rochester—March 20, 2014
- Derry—March 26, 2014
- Laconia—March 27, 2014
- Concord – May 20, 2014

Not all participants who attended a particular conversation were from that location; for instance, participants at the Derry conversation were from Derry and a variety of surrounding towns.

Focus Questions

New Futures and NH Listens worked collaboratively to develop a set of focus questions to guide the discussion. These questions were focused on four areas: understanding the basics, social and economic costs, barriers to treatment and reducing stigma, and impacts of policy and practice. The key questions asked of participants were:

- What does substance abuse mean to you and what does it look like?
- Are there problems that are unique to New Hampshire?
- What forces contribute to drug and alcohol problems in New Hampshire?
- What are the implications of substance abuse challenges for our community as a whole?
- What actions could be taken to reduce stigma for individuals with substance use disorders?
- How can we work with local, regional, and statewide federal decision makers to create healthier communities?
- What actions would make the biggest impact to reduce drug and alcohol problems in New Hampshire?
- If laws change or remain the same regarding marijuana, what about that policy matters most to you?

Attendees of the conversations were grouped into small groups of six to fifteen participants so that they could discuss these issues in detail. After introductions in each small group and a general brainstorm of various issues, participants were asked to explore the information provided in the discussion guide (see Appendix C). The discussion guide adapted information from a variety of sources including:

- State data from the NH Department of Health and Human Services and the NH Youth Risk Behavior Survey
- National data from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Disease Control (CDC), and the *Journal of the American Medical Association* (JAMA)
- *The High Cost of Excessive Alcohol Consumption in New Hampshire*, Executive Summary, PolEcon Research, December 2012

The information section of the discussion guide was used to inform participants about a variety of issues, but the focus of the conversation followed the participants' interests and concerns. Facilitators asked questions like "What do you notice about this information?" often following up with prompting questions such as "What stands out to you?" or "What is most important to you?" or "What seems like the most critical aspects of this challenge?"

Key Findings

This section summarizes the themes and priorities noted most frequently across the fifteen small groups in all nine conversations across the state. Although each location reflected some regional differences and issues pertinent to the towns and communities where participants live, general themes emerged across regions related to trends and challenges facing the state of New Hampshire.

In the summary and analysis of input shared by participants, some topics arose directly from the discussion guide and were explored in significant ways by participants. This was true, for example, for discussions about barriers to treatment and the legalization of marijuana. Other topics were generated by participants. This occurred in the case of building a recovery movement, since sharing stories and conducting advocacy campaigns about substance use was seen as a key aspect of reducing stigma, promoting education, and encouraging increased funding and resources.

Although a range of topics was discussed at each regional event, certain topics were of particular interest to participants across the state. At the end of the conversation, small groups summarized what they spent most of their time discussing or what they felt were the most important recommendations or areas of contention that they wanted to share with others. These final priorities included:

- Funding and revenue sources to support effective substance use prevention, treatment, recovery, education, and advocacy
- Issues around treatment and services for substance use disorders, including access, quality, cost, and treatment types and variety
- Prevention, education, and awareness as approaches to reduce denial, misunderstanding, and stereotyping of substance use
- Building an understanding of recovery which could include personal stories about treatment and recovery as well as advocacy and awareness campaigns

Of these issues, *every group in every region* across the state spent time discussing funding, treatment, and issues of denial, misunderstanding, and stereotyping. All groups in all regions discussed the need for more individuals with substance use disorders and the people who support them to tell their stories in a public way. There were various reasons for this, but most revolved around helping others to know that it is okay to seek help and that substance use treatment works and recovery is possible. Most groups in regions around the state discussed prevention and education. In addition, the majority of groups in almost all of the regions in the state talked about New Hampshire's unique challenges as a state in relation to substance use disorders and addiction. Participants also spent time discussing issues such as the culture around substance use, the connection between substance use and the criminal justice system, and trends and problems related to substances including alcohol, marijuana, heroin, and prescription drugs. The following information will summarize the conversations around each of the issues listed above.

Funding

All fifteen groups in nine regions across the state discussed the importance of funding for effective prevention, treatment, recovery, and education and advocacy about substance use and addiction in New Hampshire. A Derry group commented on the need for resources for education and a continuum of services. In Berlin, a group discussed how funding and resources need to be distributed more effectively to rural areas. Groups in Manchester and Nashua talked about how to create buy-in with the

business community by showing business leaders how substance use impacts them economically. Participants in Manchester discussed how substance use prevention and treatment advocates may want to solicit private funding by demonstrating the return on investment to businesses. A group in Keene looked to increases in federal and state funding as potential supports.

In addition to funding needs for general support and treatment programs, participants discussed how more funds need to be made available for individuals who do not have insurance or sufficient insurance coverage for the services they need. In Rochester, a group discussed the personal costs of treatment and recovery programs for individuals. A Keene group urged expansion of Medicaid funding. A group in Berlin recommended that the state make funds available to middle class individuals who are not eligible for Medicaid and who do not have enough income to pay out of pocket. A Nashua group commented that a large percentage of costs are medical, and that this issue needs to be addressed with the medical community.

Alcohol Sales Revenue

Eight groups in regions including Keene, Berlin, Portsmouth, Derry, Rochester, Lebanon, and Laconia raised concerns about the low percentage of money designated for substance abuse prevention, treatment, and recovery programs from the proceeds of the state sale of alcohol.³ In Derry, a group discussed how given the revenue generated from alcohol and cigarette sales, not much of this goes toward treatment. A Manchester group questioned why New Hampshire wouldn't invest further funds given the return of investment on providing treatment. A Laconia group wondered why only 1 percent of funds from alcohol sales go to prevention. A Keene group commented that the 1 percent in taxes speaks to state priorities. A Portsmouth group wondered if there is a legislative mandate assigning 5 percent of alcohol profits to treatment and prevention and questioned whether this could be increased. In Berlin, a group discussed whether proceeds from alcohol sales should be made fully available for treatment programs. Some Lebanon group members suggested that citizens advocate for more taxes on substances and to put state profits from alcohol into funding treatment programs. Some mentioned that the 5 percent that is supposed to be allocated is frequently reduced.

Treatment and Services

All fifteen groups in all regions of the state discussed the importance of effective, accessible, and affordable treatment programs. Discussion centered on types of treatment, quality of treatment, and access to treatment options. Participants expressed concern that people in need of help were deterred by the cost of treatment as well as rules stipulating who is eligible for treatment. A Berlin group member commented that it's easier to get heroin than treatment.

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³ New Hampshire controls the sale of liquor and wine within the state and profits directly from sales at state-operated liquor stores. In 2013, alcohol sales contributed an estimated \$150 million to the state general fund. Current law requires that 5 percent of gross profits from the sale of liquor and other revenues from the Liquor Commission be deposited in the Alcohol Fund annually to support substance use disorder prevention, treatment, and recovery services (RSA 176:16, II and RSA 176-A:I). However, in every year since 2002, the statutory provisions related to the Alcohol Fund have been suspended as part of the state budget process and, as a result, only limited state funding for substance use disorder services has been provided.

Access to Treatment

Many groups discussed barriers to accessing treatment, which subsequently makes it difficult for individuals with substance use disorders to effectively recover. Conversation around treatment ranged from access to treatment (thirteen groups) to availability of treatment centers (five groups) to the cost of treatment (ten groups). Participants also had various thoughts about the quality of treatment in New Hampshire (six groups) as well as conversations about the variety and range of treatment services offered (seven groups).

Participants discussed a lack of treatment options and resources. Another issue was that, even if treatment were available, many individuals commented that it is difficult to get the treatment due to waiting lists, rules and regulations, transportation, or cost of services. As a consequence, groups shared stories of individuals who went out of state for services, accrued major medical costs, or simply went without treatment. Similar to the Berlin comment cited above, a group member in

A group member in Rochester commented, “Access to drugs is easy in New Hampshire, but treatment is not.”

Rochester commented, “Access to drugs is easy in New Hampshire, but treatment is not.” In Laconia, a group discussed how there are not a lot of treatment facilities available in the state. A Portsmouth group commented that we need more providers and counselors in New Hampshire. A Keene group commented that New Hampshire needs adequate access to and adequate amounts of treatment. In Derry, a group discussed the lack of treatment and recovery beds available in the state. In Berlin, a group commented on a lack of treatment programs and questioned how we could get more rehabilitation centers back into the state. A Keene group participant said that there are too many cracks in the treatment system.

Multiple groups in regions around the state expressed frustration at accessing existing treatment options. A leading concern was that waiting lists are too long for treatment, and that people do not get the services needed in a timely way. A Manchester group discussed how we need treatment available now. Groups in Berlin and Keene discussed long waiting lists and a need for quicker access to treatment. In Laconia, a group commented that sometimes people have to wait a year to get into treatment. Laconia participants also stated that most people who want treatment are unable to get it, with one person commenting that, “we need more treatment centers [where] people [can] get in faster.” Another concern was that, even if treatment were available, cost can be a barrier in accessing services. Many groups discussed how lack of insurance or high costs even with insurance prohibited people from getting the help that they need. Many participants talked about how people in their communities lack health insurance and therefore cannot afford services. Groups in Keene, Derry, and Laconia cited lack of insurance as a barrier to treatment. In Keene, a group discussed how there are high treatment costs but low funding. A participant in Berlin commented that treatment doesn’t exist, especially if you are poor. In Derry, participants noted that there are too many caps (on the number of people who can be served) and not enough coverage for treatment. In Berlin, a group questioned how treatment options might change due to the Affordable Care Act.

Even with health insurance coverage, groups discussed how individuals still experience difficulties with the cost of treatment. Some groups commented specifically on how middle class families may not qualify for low-income programs but still do not have enough financial resources to manage the cost of treatment. In Laconia, a group discussed how families drain their savings to pay for treatment and how

this has major social and economic costs (such as marriages failing and people not able to buy homes). In Derry, a group commented that affluent people can afford treatment out of state. A Laconia group member shared a story about how—because he could not get his child the treatment needed in New Hampshire—he took his child to a facility in Maine that cost \$500 a day without insurance subsidies. In Laconia, a group suggested that perhaps the lack of treatment options drives up costs. A Derry group commented that New Hampshire needs funded recovery centers.

In addition to concerns about cost, groups also commented that treatment systems were generally challenging to navigate. In Laconia, a group said that people can't get help when substance use is the problem and that things have to get really bad before they can get help. In Nashua, a group discussed how New Hampshire Hospital will not admit someone with a primary diagnosis of substance use disorder. In Keene, a group suggested that the police allow people to call 911 if they are struggling with a substance crisis such as overdosing without facing criminal charges so that people can get the help they need rather than punishment for engaging in illegal activities. A Laconia group commented that there should be no wrong door to get treatment.

A Laconia group member commented that there should be no wrong door to get treatment.

Transportation to services was cited as an issue in some groups, especially in the North Country. In Berlin, a group discussed issues of accessing treatment due to a lack of transportation or a lack of facilities in the North Country. The same group suggested that providers go to where the people are.

Quality of Existing Treatment

Groups also discussed the quality of existing treatment options. In Laconia, a group discussed how the medical community needs to treat substance use issues in a more holistic way. Some individuals in the group felt that the medical community is too quick to prescribe medication rather than exploring other treatment options. A Derry group questioned the effectiveness of treatment centers that give medications such as methadone or suboxone to people with substance use disorders. The group wondered if one drug was just being substituted for another and questioned if these programs really work. A Berlin group commented on the need for evidence-based programs. In Keene, a group expressed concern that existing programs do not provide long enough treatment. The group commented how twenty-eight days is not enough time to overcome addiction. A Laconia group echoed this concern. One group member shared a story of how a family member needed more treatment but was discharged after a month due to insurance restrictions. A Laconia group commented that most New Hampshire residents do not get substance specific treatment. A Berlin group commented that chronic disease such as addiction needs appropriate treatment. A Laconia group commented that individuals with substance use issues exiting treatment facilities need options to break free from past friends and families that may have been bad influences. A Derry group cited the effectiveness of peer-based programs, role modeling, and personal stories, which will be further discussed in the *Building Understanding of Recovery* section on page 19.

Co-occurrence of Mental Illness and Substance Use Disorders

Eight groups discussed the need for mental illness and substance use disorders to be treated concurrently for individuals with co-occurring conditions. A group in Keene commented that there is a link between mental health issues and substance use disorders. In Laconia, a group talked about how substance use is common for individuals with mental health issues because it is easier to engage with

substances than with the issues in their lives. A Nashua group commented that both mental health and substance use issues need to be addressed at the same time but that New Hampshire does not have good providers or programs to address these two issues together. In Keene, a group talked about how school guidance counselors need to be trained to recognize links between mental illness and substance use. For more information about the co-occurrence of mental illness and substance use disorders, see the NH Listens *All Walks of Life* report at www.NHListens.org.

Types and Variety of Treatment Options

Participants around the state expressed the need for more variety in treatment options, especially options that focus on the needs of specific populations. In Derry, a group discussed a gap in recovery support, noting that we need the right treatment for the right person, including a variety of programs for all ages. Many groups talked about the specific need of treatment options for young people. A Derry group commented that there is a lack of resources for youth in New Hampshire who have substance use disorders. In Keene, a group member shared a story about how a school did not help when a young person reached out for support and that there is a need for more effective intervention programs in schools. In Manchester, a group discussed how to make early intervention in schools a part of standard practice so that children get the message early on that there is help. A Laconia group talked about how youth who come from families torn apart from substance use need support. For instance, foster youth may need special attention for preventive and supportive services. Groups also frequently talked about the need for more effective treatment of incarcerated individuals and ex-convicts, which will be discussed in more detail in the criminal justice section on page 24. Some groups mentioned a need to create more effective programs for veterans and military personnel. Participants also felt that there needs to be more comprehensive services that provide a “continuum of care.” In Derry, a group commented that New Hampshire lacks resources and treatment facilities as well as aftercare and transitional housing. Participants in Manchester, Laconia, Keene, and Berlin echoed the need for aftercare and transitional services. A Keene group commented that there needs to be more regular, ongoing, and long-term treatment, including opportunities for transitional and sober living. A Keene group also discussed the need for peer help, including increased offerings of Alcoholics Anonymous or Narcotics Anonymous meetings.

Strategies to Address Problems

All of the groups in all regions of the state discussed how denial, misinformation, and stereotyping have created obstacles to addressing substance abuse in the state of New Hampshire.

Denial was discussed as a problem that could prevent individuals from admitting problems and seeking help. Denial also was connected to stereotyping and stigma. Participants in Keene, Lebanon, and Portsmouth commented that their communities are in denial. A Portsmouth group member stated that people tend to think that substance use doesn’t relate to their kids or that it’s “not that bad.” A Keene group talked about how the community discounted the results of the Youth Risk Behavior Survey. A Keene group also discussed how schools are in denial and that they don’t want to admit that their schools have issues with substances. A Laconia group member commented that people don’t want to address the problem, and that denial is a barrier to treatment. A Derry group member commented, “If we can hide from [substance abuse], we don’t see it, we [are] reluctant to help each other, and want to live in a bubble...ignorance...it’s everywhere!”

Partnered with denial was the issue of a cultural misunderstanding of substance use and addiction. Participants in Portsmouth, Keene, and other regions commented that people do not understand that addiction is a brain disease. Groups in Nashua,

A Portsmouth group discussed the cyclical nature of recovery, and a participant noted that relapse is not failure.

Derry, and Laconia discussed how society needs to be educated that addiction is not a moral failing but a disease. A Keene group participant commented, “We are misinformed about substance use disorders...decision makers need to know [that] stigma exists [and] denial is strong.” Derry participants discussed how no one chooses to be dependent on substances. A group in Lebanon talked about how alcoholism is a unique disease and it is difficult for people to understand. Groups also felt that society at large is not aware that many substance use problems co-occur with mental health issues. Groups in Portsmouth, Laconia, and Rochester discussed how people don’t understand that relapsing often occurs on the pathway to recovery. A Portsmouth group discussed the cyclical nature of recovery, and a participant noted that relapse is not failure. In Rochester, a group discussed how misunderstanding creates a lack of support from family and friends.

Misinformation about substance use was a major contributor to stereotyping and stigma. Groups around the state discussed how many people still had little understanding of the reality of addiction and substance use, and instead gravitated toward media and historical portrayals of stereotypical addicts. Because feelings of fear, disapproval, and discomfort are connected with substance abuse, in turn this creates further isolation for those struggling with substance use disorders. In Derry, a group talked about how people don’t want substance users in their neighborhoods or think of substance users as “those people.” A Portsmouth group talked about the stigma around medication and seeking out prescriptions for help with substance use or mental health issues. The group felt that there were lots of extremes of either over or under prescription, and that potentially addictive substances were often prescribed to addicts for treatment, which could add to existing problems. Another issue many groups discussed was that of social isolation of individuals with substance use disorders. A Derry group member commented that the “idea of community has eroded...[we] shut ourselves in...[due to] fear or stigma.”

This stigma was said to be particularly pertinent in certain cultures including the military and in the medical field. In Rochester, a group talked about how seeking help or admitting substance issues for individuals who work in the military can have immense consequences including the end to one’s career. In Nashua, a group talked about how stigma prevents veterans from seeking help, and that there is a cultural view that people who need help are weak or have something wrong with them. The same group questioned how post-traumatic stress disorder (PTSD) might play a role in addiction. In Derry and Manchester, groups talked about stigma related to substance use in the medical field. In Derry, a group commented that nurses are often not sympathetic to people with addiction and substance use disorders. In Nashua, a group commented that the medical community needs to be better educated so that they focus on holistic treatment approaches rather than just medicating people. A Manchester group discussed how addiction is common among nurses and doctors due to the ease of obtaining medical prescriptions, and how this is not often admitted or addressed. In Rochester, a group talked about how admitting that you have substance use issues in the medical field can potentially end your career, so people in these fields who have drug or alcohol problems have nowhere to go.

Addressing and Overcoming Stigma through Prevention and Education

Many groups around the state discussed ways to address the issues of denial, misunderstanding, and stereotyping through education, awareness, and prevention.

Groups had some different ideas about ways to reduce misinformation, stereotyping, and denial. In Nashua, a group raised the question of what factors in general have been proven to reduce stigma and discussed the need for more research on how to reduce discrimination against people with addictive disorders. A Lebanon group talked about the need to change the way we talk about substance abuse, both by changing the language we use to refer to these issues as well as encouraging people to be open about substance use issues in their families and own experiences. The same group in Lebanon discussed the importance of families sharing histories of addiction and substance use with each other so that people in the family system could be aware of potential predispositions and relationships with substances. In Lebanon, a group also talked about a “just say hello” campaign to reduce isolation, which would encourage people to connect with others in their community rather than fearing or avoiding individuals with substance use disorders. Groups discussed the balance of encouraging individuals with substance use issues to speak out but also the need to allow people to disclose their use on their own time frame. For some participants, anonymity was important and this balance should not be overlooked. A Keene group commented that stigma can sometimes be used as a positive social pressure to encourage people not to use at all, such as with anti-smoking campaigns.

Education, awareness, and emphasis on a recovery movement were some of the most widely discussed approaches to reduce stigma and encourage people in need to get treatment. Ideas related to education and awareness centered on getting groups such as youth, community decision makers, the legislature, business owners, and society at large to understand facts and trends regarding substance use in New Hampshire. Suggestions for a recovery movement were more focused on storytelling by individuals with substance use disorders and their family members.

Education and Prevention

Twelve out of fifteen groups talked specifically about the need for further education about substance use disorders. This education ranged from sharing resources for help and support, facts about substance use disorders, and information about trends in New Hampshire.

A Laconia group member summarized this idea well, stating that we need to help people know that they are not alone and that the community supports them. However, participants did identify some populations who particularly would benefit from education about substance use, such as youth, families, medical professionals, and legislators. Some groups secondarily identified law enforcement, business leaders, and faith leaders as targets for outreach and education.

Many groups discussed the importance of educating young people about substances, both through school and at home. A participant in a Nashua group commented that we need education that is continuous in both schools and the community. A Derry group advocated for education on all fronts including home, work, and school. A Rochester group discussed how families need to be educated on how to manage and respond to substance use issues. A Laconia group talked about the need to educate legislators about how substance abuse affects communities, what is needed, and how appropriate support and treatment can help. A group in Derry echoed these concerns, stating that legislators need to learn more about the issues and the scope of the problem. A Lebanon group discussed how employers should be educated on how to support employees to get help; for instance,

employers could allow people to self-report without penalty so that they could get help without a fear of losing their jobs. In Derry, a group talked about the importance of educating businesses about substance use and how to create healthy workplace cultures. Groups in Laconia talked about how to build community investment in treating substance use disorders by educating police officers, PTAs, public health officials, and faith communities. In Berlin, a group specifically pointed out that there needs to be more education within the state about New Hampshire's growing heroin problem.

In terms of approaches to education and awareness, groups talked about the importance of getting resources out there, as well as general education about the disease of addiction. In Nashua and Laconia, groups talked about how we need more education around substance use disorders as a disease. In Rochester, a group talked about the need to educate people about the differences between choice and addiction. A Lebanon group commented that we need more outreach education and conversation about substance abuse in the community. A Derry group commented that we are focused on crimes rather than the disease. In Rochester, a group discussed how people need to be educated about the basics of substance abuse. A participant asked, "How do you respond, what are the warning signs? At every level, what are the ramifications?"

Prevention Strategies

Eleven groups discussed the importance of prevention as a strategy for addressing problems of substance use and addiction in our communities. A Nashua group talked about how we need to give people tools to talk about substance use issues through prevention coalitions. A Berlin group suggested that part of prevention could be to decrease access or increase the cost of substances. Although groups generally want to see increased prevention in the communities as a whole, they also discussed the need to build prevention in specific sectors. For instance, participants discussed the importance of encouraging doctors to build prevention and education about substance use into their regular practice with patients. In Keene, a group talked about how there should be screening for substance abuse predispositions and warning signs in regular medical check-ups.

Groups also discussed the importance of building prevention programs in schools. A Keene group questioned what young people are ready for in terms of prevention, and at what times in their development. The group also talked about effective anti-bullying programs and how to build resistance to peer pressure. In Laconia and Berlin, groups recommended that prevention and education about substance use begin in fifth grade or middle school, and that schools commit to doing more than the DARE program. In Rochester, a group talked about how students need more consistent education in grades K-12 about what constitutes health and wellness, and that this should be state-mandated to ensure that schools commit to this education.

Participants focused on parents and families as another important population to support with prevention resources. One of the consistent messages from many groups was that we need to create a culture where families feel like it is acceptable to talk about substances and substance abuse without judgment and shame. In particular, parents can help by talking about family histories and risk factors with their children, including genetic predispositions or family cycles of substance use and abuse. In Nashua and Keene, groups focused on the importance of teaching parents how to talk openly with their children about substances and family histories. Another important aspect of how families can support prevention is through role modeling. Parents can be conscious of their own use of substances around children. Groups also discussed how parents can challenge the dominate culture of substance

use, particularly alcohol use. A Berlin group commented that we need to give parents the tools to talk with their children about substances and be vocal that drinking is not a necessary rite of passage.

Groups commented that prevention programs in particular need increased funding. In Nashua, groups also discussed costs, and mentioned that for every \$1 spent on prevention, \$7 is saved on treatment. A Nashua participant also commented that prevention could reduce the number of people who are incarcerated in that “it’s cheaper to care for people up front and keep them out of prison.” Although there was general support for prevention, some groups questioned what the best prevention practices were. For instance, a Keene group asked what the best practices were for early and very early interventions. Several groups discussed DARE as a prevention program, and some groups questioned what other prevention efforts could supplement the DARE program.

Building Understanding of Recovery

All groups in all regions discussed the importance of building a recovery movement that educates and inspires people to take the steps needed to treat, recover, and live successfully with substance use disorders. Key aspects of this discussion were sharing personal stories about recovery and talking about substance use treatment and recovery, both with one’s own families and with the public. In Manchester, a group discussed the need for a public face for recovery. A Lebanon group commented that sharing success stories helps reduce social stigma about substance abuse and addiction. A Keene group commented that people in recovery need to speak out, and that people in recovery should do outreach and education for others at risk. A Derry group discussed how first-hand accounts of recovery are very impactful for others. In Manchester, a group member commented, “Seeing the transformation of recovery is very powerful. People need models [of] success [and] need to see before and after stories.” In Keene, a group talked about how we need to create a more accepting culture around the occurrence of substance use so that people feel they can talk and that it’s okay to need help. In Derry, a group discussed how advocates need to more effectively demonstrate to the public that recovery works, including statistics on how many people have recovered successfully from treatment. In Manchester, a group discussed the effectiveness of peer-based programs, role models, personal stories, and empathy and familiarity with experience. A participant in a Derry group commented, “Personal stories from folks in recovery are inspiring and show success. You wouldn’t know that they were in recovery.” A Laconia group talked about the need for more positivity about the possibilities for recovery. In Laconia, groups also discussed how sharing stories could help shift the culture around substance abuse.

Personal stories from folks in recovery are inspiring and show success. You wouldn’t know that they were in recovery.

A Derry group commented how people are embarrassed or ashamed of having addicted children, but that these stories are important to share with others. In Manchester, a group member discussed how even though he was not embarrassed by his child, others were embarrassed for him. He commented, “Friends of mine talk about their kids and their successes including the honor role, college acceptance, etc. Even though people know my child, no one asks about her because she has substance abuse issues. It’s like she doesn’t exist. I wish people knew it was okay to ask about her. We need to make it clear to our children that we are not embarrassed.”

Participants also discussed the need for an advocacy and awareness campaign to support a recovery movement. A Manchester group discussed how some historically discriminated against groups, such as

gays and lesbians or HIV-positive individuals, have successfully shifted the culture through education and advocacy. The group said it would like to see a similar campaign related to educating society about substance use and addiction. In Berlin, a group expressed similar sentiments, recommending that

In Manchester, a group member commented, “We need to get people to come out of the substance abuse closet.”

advocates draw on breast cancer campaigns as a model. The Berlin group also talked about a potential media campaign about substance use and addiction. In Manchester, a group member commented, “We need to get people to come out of the substance abuse closet.”

Another aspect of a recovery movement included efforts to shift New Hampshire culture toward a focus on healthier communities. In Laconia, a group talked about the need to promote self-care. A participant commented, “We take better care of our cars than we do of ourselves.” Part of self-care would be regular check-ups and encouraging healthy lifestyle choices. In Nashua, a group talked about building community-based programs and supports where parents, students, police, businesses, and medical professionals come together to talk in monthly meetings. Nashua commented that this is not an individual problem but a community problem. In Lebanon, a group talked about the importance of creating opportunities for people in the community to connect and enjoy activities together without substances.

Additional Topics

In addition to the topics mentioned above, significant information was shared by participants related to specific substances, the role of media and the criminal justice system, and New Hampshire’s challenges with high rates of substance abuse.

Substance Specific Discussion

Participants frequently discussed challenges specific to a particular substance. For example, groups commented on the social acceptance of alcohol use. Others discussed the questions of decriminalizing and legalizing marijuana as well as the alarming increase in opiate use.

Alcohol

Thirteen groups in all regions of the state discussed problems related to alcohol. Some groups commented on how New Hampshire culture symbolically supports alcohol use by the presence of state-run liquor stores. Since many of these liquor stores are located off of major highways, groups also talked about how this sends a mixed message from the state about drinking and driving. A group in Lebanon commented on how New Hampshire as a state makes money on alcohol sales. Manchester participants also commented how alcohol revenue is not struggling. A group member in Keene commented that the NH liquor store is a “state drug dealer” and asked why the liquor commission isn’t held responsible for community education, intervention, and youth prevention programs. A Derry group participant said that one of New Hampshire’s state attractions is the state liquor store, which attracts traffic from border state residents looking to purchase cheap alcohol. In Lebanon, a group questioned how the affordable price of alcohol influences alcohol use in New Hampshire.

In Berlin, the group talked about how alcohol is normalized, and that there is a whole culture where people use alcohol to come together for “a glass of wine” or to “get a beer.” The group also talked about how the fact that many work functions serve alcohol conveys a social pressure for people to

drink. A group in Keene talked about how alcohol is cheap and easy to get. A group in Manchester expressed concern about how teenagers have easy access to alcohol and that this behavior is culturally accepted. Groups in Nashua and Berlin expressed particular concern over college students who binge drink. A group in Nashua discussed how New Hampshire has the highest percentage of substance use in the nation. In Berlin, the group questioned what colleges are doing to address students' binge drinking. A Manchester group talked about using reverse peer pressure and suggested we focus on promoting the percentage of students who choose not to drink rather than the percentage that does engage in drinking. A group member commented that it, "matters how you frame something—focus on success." In Laconia, a group commented that alcoholism is a family disease and mentioned ALANON as a support for friends and families of alcoholics.

A group member commented that it, "matters how you frame something—focus on success."

Marijuana

Thirteen groups in all regions of the state specifically discussed issues related to marijuana. Conversations about marijuana generally focused on marijuana use and culture as well as issues of decriminalization or legalization. A group in Keene wanted to know more information about the differences between the effects of marijuana and alcohol, such as how it affects IQ and brain development as well as the percentage of people currently jailed for marijuana use or sales. A group in Berlin echoed this question and wondered why there is not more information about potential decreases in IQ for adolescents who use marijuana. A group in Lebanon also expressed concern over teenage use of marijuana, particularly its impact on brain development. Several groups talked about marijuana as a gateway drug to stronger substances. Groups also discussed the culture behind marijuana. In Derry, a group member commented that many baby-boomers have passed on an accepted practice of using marijuana to younger generations. In Nashua, a group also discussed baby boomer use of marijuana and expressed concern that adults who use marijuana have kids who use marijuana. A Portsmouth group talked about how the legalization of medical marijuana may further condone a cultural acceptance of marijuana in New Hampshire.

There was considerable discussion among participants about the legalization or decriminalization of marijuana. Groups and group members did not necessarily agree on this issue. In addition, New Hampshire Listens believes that the study guide did not adequately distinguish between these two different policy concepts: "decriminalization" of marijuana and "legalization" of marijuana. The participant survey results in Figure 4 on the question "I agree with recent proposals to legalize drugs such as marijuana" likely reflect this ambiguity.

Some groups talked about the benefits of legalization, particularly as a means to generate state revenue and to open up spots in correctional facilities for more severe offenses. A group in Keene talked about the potential benefits of changing policies for jailing people who use marijuana. Participants in Lebanon expressed some interest in decriminalization because it would decrease prison costs. A Portsmouth group commented how there are huge penalties currently for youth who engage with marijuana and that the charges can ruin their records. Group members in Lebanon discussed how legalization of marijuana could increase revenues for the state. Other participants talked about the risks of legalizing marijuana with concerns about public safety. For instance, a group in Manchester wondered if traffic accidents would increase with marijuana legalization. A group in Rochester

expressed concern that legalization might lead to on-the-job injuries. Other groups worried about the social ramifications of legalization. For instance, a Keene group debated the challenges of how to talk to youth about why not to use marijuana if it is legal in the state. If legalized, participants expressed concerns over how this process would be managed and regulated effectively. Several groups wondered how the state would enforce age limits for marijuana use. A Rochester group expressed concern over ensuring that mold or pesticides were not used in marijuana. In the same Rochester group, it was discussed that perhaps New Hampshire should observe Colorado's transition, with a participant suggesting that we "let them be the guinea pig" before deciding anything about legalization in the Granite State.

Heroin and Other Drugs

Ten groups in regions including Derry, Manchester, Laconia, Nashua, Rochester, Berlin, Lebanon, and Portsmouth specifically expressed concern about increasing heroin use in their communities. Part of the conversations around heroin revolved around the fact that the drug is accessible, cheap, and very dangerous. Several participants in the conversations had lost loved ones to heroin-related deaths. A Laconia group commented that they see heroin use covered almost daily in the news. A Manchester group talked about how heroin use is increasing in their community. The group wondered how heroin has become a norm in New Hampshire. A Rochester group commented that heroin is cheaper than a six-pack.

Several group members in various communities around the state commented that they felt prescription drug use could sometimes lead to opiate addiction, particularly to heroin. For instance, a group in Manchester discussed how prescription drugs like opiates or oxycontin are gateway drugs to heroin. According to this group, these prescription drugs are easily available, often prescribed, and very addictive. Other groups also expressed concern that prescription drugs such as painkillers are over prescribed. A Berlin group commented that problems start with prescription drugs and then people sell those on the street and switch to heroin due to cost. In Lebanon, a group discussed how veterans in need of medication may end up using heroin because the Veteran's Association is such a long distance away.

Participants cited increases in heroin-related crimes and arrests in their communities. A group in Portsmouth talked about how there has been increased heroin use as well as meth in the community. There was talk about increases in robberies, crimes, and arrests connected to drug-related offenses. In Lebanon, the group commented that the heroin arrests in local, small northern communities have been alarming. In Rochester, one group talked about recent arrests of heroin dealers in Ossipee.

Substance-Related Deaths

Eight groups in regions such as Keene, Derry, Nashua, Rochester, Berlin, Manchester, and Lebanon expressed specific concern about overdoses and other substance-related deaths. Although much of the conversation focused on death by overdose, groups also talked about car accidents and other accidents linked to substance use. Some groups talked about the connection between substance use and suicide. A group in Keene expressed concern that people in need of treatment have to be suicidal to get help.

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In particular, heroin-related deaths were frequently discussed. A group in Nashua took time to discuss heroin death statistics and urged that New Hampshire intervenes with this problem so that we do not

lose the next generation. In Nashua, a group also discussed deaths related to prescription medication. A group in Derry talked about the risk of overdosing after detox. A group in Keene wanted more information about the percentage of people who had overdosed and had been saved by EMTs or hospitals, especially in Cheshire Country.

Media and Culture

Ten out of fifteen groups in all regions of the state also spent time discussing how media, state, and national culture impacts people's understandings and views on substance use. In Manchester, a group talked about young stars and celebrities who have substance use problems. The group questioned what impact media glamorization has on our culture and young people. In Keene, a group talked about how the media focuses on the substance-related crimes that celebrities commit rather than their treatment or lack thereof. A group in Rochester discussed how pop culture normalizes substance use and abuse. The group talked about how this media depiction of reality was in contrast with the fact that most kids are not using. A Berlin group discussed how the media can desensitize people to substance use. The same Berlin group discussed a need for media regulation around depictions of substances. In Rochester, a group talked about how the media sends a message that the taxpayer is supporting addiction through their tax dollars, but that this does not necessarily square with reality. A Portsmouth group commented that media culture around substance use perpetuates denial about the problems in our communities.

Participants also discussed statewide culture that supports substance use. As referenced in the section on the alcohol sales tax, many groups commented that the presence of state-run liquor stores including stores right on the state border send a message that New Hampshire is a drinking state. A Keene group commented on the presence of state liquor stores, saying that it sends mixed messages in the state. A group in Lebanon also discussed how denial is a problem in the Upper Valley region. In Portsmouth, a group discussed how the University of New Hampshire has a party school culture that affects the region. The group spent time talking about how colleges could create a culture of acceptance around not drinking and seeking out alternatives for fun. Berlin participants also discussed the problematic nature of a binge drinking culture in college. A Portsmouth group talked about how military culture encourages drinking, particularly for men. Participants in Rochester also discussed the connection between military culture and alcohol use.

Criminal Justice and Substance Use

Fourteen groups in all regions of the state discussed issues related to criminal justice, including arrests, jail, and treatment programs within correctional facilities. As referenced in the sections on specific drug problems and substance-related deaths, many participants in the conversations across the state are concerned that substances are posing problems of crime and threats to safety in their communities. For instance, a group in Manchester discussed how it seems that crime is increasing in Manchester and that police do not have enough resources to respond effectively to these problems. Other groups felt that the fact that so many arrests and convictions are drug related contribute to the problems in New Hampshire rather than helping to manage them. In Portsmouth, a group talked about alternatives to incarceration for drug-related charges. The group questioned why jail should be the result of nonviolent drug-related offenses. A Keene group debated the idea of jail sentences for small amounts of marijuana use and possession. Groups in Manchester, Keene, Laconia, Nashua, Berlin, Lebanon, and Portsmouth discussed the pros and cons of drug courts, and many participants expressed support for these models. A Berlin group talked about how a Grafton drug court had seen recidivism rates drop

dramatically, and that this could be a model to explore further. A Nashua group member commented that drug courts are a model that works.

Participants also spent time talking about the treatment options available while individuals spend time in New Hampshire correctional facilities. Some groups expressed praise and support of existing treatment programs. A participant in Laconia attributed programs that he participated in while in jail as a key factor in his successful recovery. Other participants commented that they felt that some of the most effective treatment resources in the state are in correctional facilities and that they would get arrested intentionally so that they could get treatment. Other groups expressed concern about the quality of treatment options available in the criminal justice system. A Keene group member commented that prisons and jails don't have enough programs. A Derry group felt that corrections often do not treat concurrent mental health and substance use issues together. The same group commented that zero tolerance doesn't work. Several groups felt that there is a lack of treatment options available in correctional facilities. Some groups attributed ineffective treatment as a force behind recidivism. A Manchester group commented that because there is not enough treatment for drug-related charges in jail, it's common to return because people have no resources. The same group talked about how parole revocations are often due to substance abuse. Other groups talked about a lack of transition services from jail back into society as part of the problem behind recidivism and lack of recovery. A group in Laconia commented that incarcerated individuals in Concord and Manchester have no buffer besides a half-way house, and that it is tough to go from being locked up back into the community.

The discussion about effective approaches to decreasing substance use and crimes in New Hampshire communities often gravitated toward conversations about prevention. As a Berlin group commented, if New Hampshire addressed substance abuse early, it could reduce the number of people who get incarcerated. The group commented that it would be significantly cheaper to care for people up front and keep them out of prison. The issue of prevention is discussed further in the prevention section on page 17.

New Hampshire's Specific Challenges

In the conversations, many groups talked about New Hampshire's specific problems with substance use. Thirteen out of fifteen groups in regions including Berlin, Lebanon, Rochester, Nashua, Laconia, Manchester, Derry, and Keene spent time discussing New Hampshire's high rates of substance use compared to other states in the nation. A group in Derry commented that New Hampshire has a serious problem. A Laconia group questioned how or why New Hampshire's statistics are so much higher than other states. A Nashua group talked about New Hampshire's high rates of substance use, particularly marijuana. In Manchester, a group was perplexed by New Hampshire state dynamics. The group talked about how New Hampshire has a reputation for being one of the safest states, healthiest states, and best states for children. The group questioned how this could be true in the face of such high substance use rates. The group commented that we need to ask why so many are doing this in New Hampshire instead of accepting the trend. A Rochester group expressed concern that people in the state aren't aware of these high substance use rates. In Manchester, a group member shared that we should not be surprised that New Hampshire is number one in substance abuse due to the fact that we have a weak infrastructure for treatment and prevention.

Participant Attendance and Evaluation Summary

NH Listens gathers basic demographic data to provide useful feedback on who was interested and able to attend an event on substance use in New Hampshire. However, it's important to note that the content of this report has been generated from the people who attended the event and, consequently, does not represent all voices or viewpoints in the Granite State. Still, the demographic information indicates a healthy mix of backgrounds and experiences, ensuring that the conversations summarized in this report have great value. In the fall of 2013, NH Listens brought together individuals interested in mental health and substance use issues in regions around the state for a conversation called *All Walks of Life*, which is available on the [NH Listens website](#). The New Futures conversations occurred after the *All Walks of Life* conversations in the winter and spring of 2014. Only 12 percent of participants who attended the New Futures conversations chronicled in this report previously attended the *All Walks of Life* conversations in the fall. Thus, the large majority of people who attended the New Futures conversations were new faces and perspectives.

Who Attended the Event?

Of the 154 people who attended the New Futures community-based conversations around the state, 100 people total completed the evaluations. The participants in the business conversation completed a shorter evaluation due to the timing of the event, so their information is not summarized below but is available in the section on business conversations located on page 34.

This information is generated from the 100 responses from across the state.

- The average age of participants was 46 years old. However, 25 percent of participants identified in the age range of 17 to 29 years of age, which indicates that this conversation was of interest to a range of ages including youth.
- More women (57 percent) attended the event than men (38 percent). Five percent of respondents chose not to indicate gender.
- Participants indicated a fairly even split when it came to political leanings, although there were slightly more liberals than conservatives who attended the conversations. Of participants, 38.5 percent identified as liberal or very liberal, 23.1 percent of participants identified as conservative or very conservative, and 38.4 percent identified as moderates.

Participation across New Hampshire in "New Futures Community Conversations"

- Primary Locations
- Towns of surveyed participants

Primary locations drew participants from shaded towns. Additional participants' home towns were not surveyed.

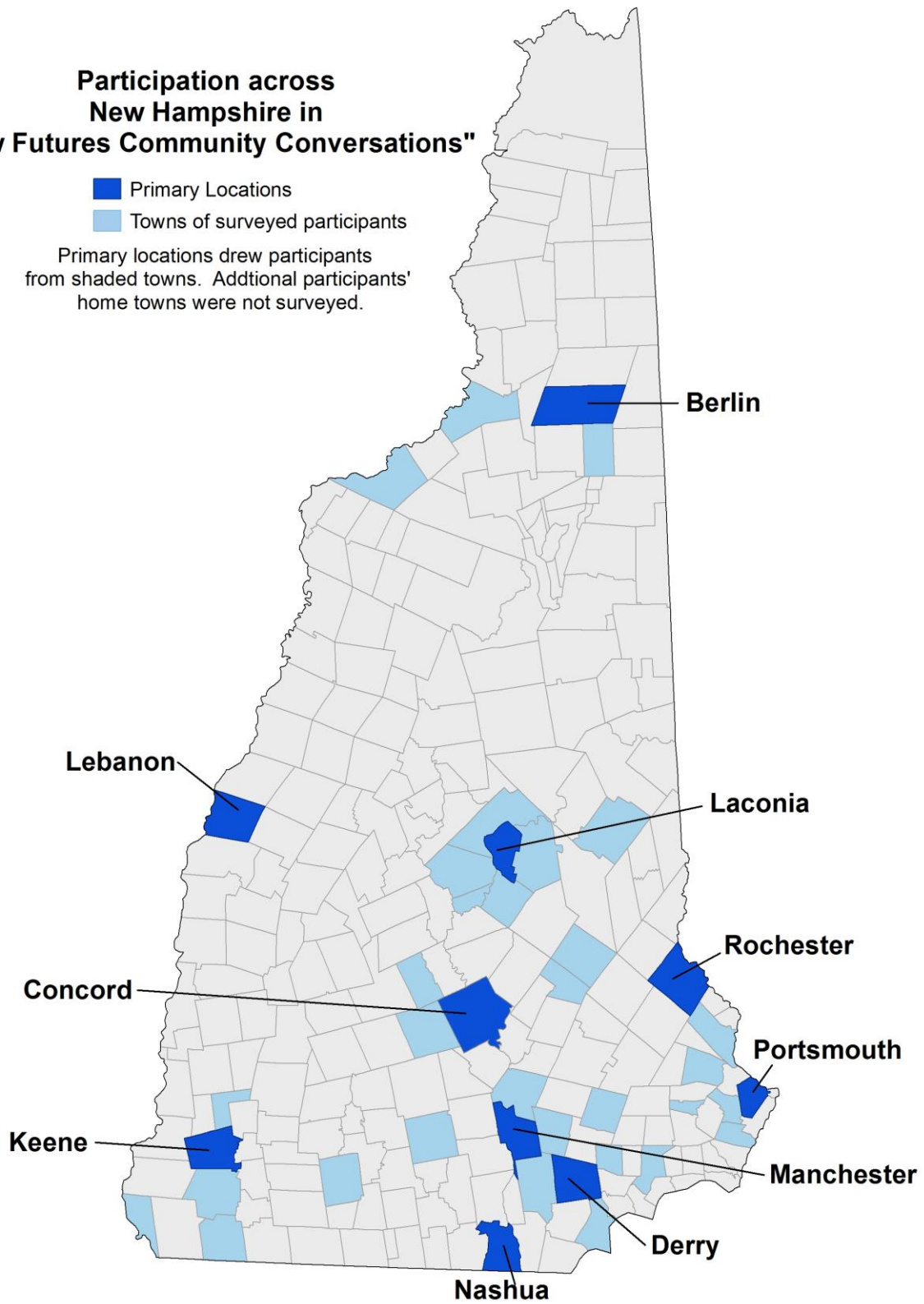
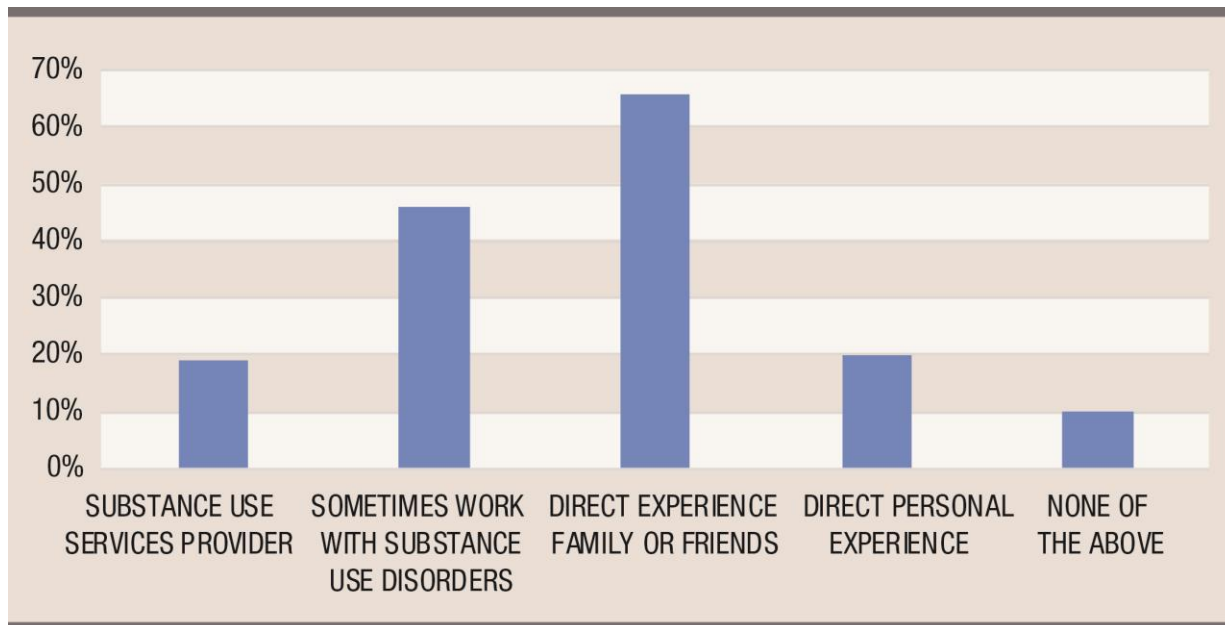


Figure 1. “My personal experience with substance use disorders includes”



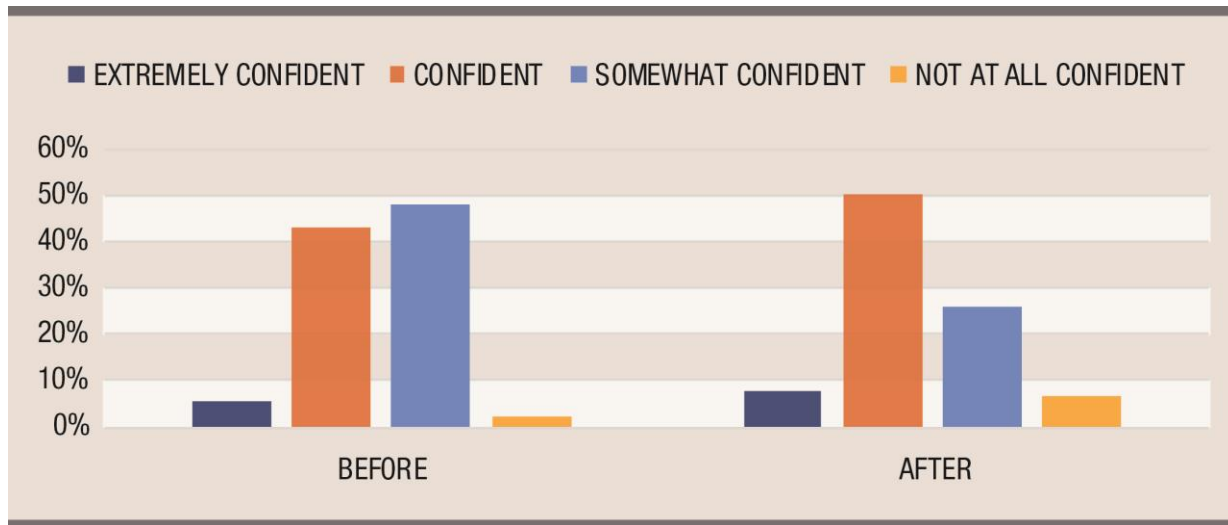
As seen in Figure 1, participants were asked what their personal experience was with substance use disorders. They were given a range of choices, and could select as many experiences as applied. The majority of participants (66 percent) had experienced substance use disorders with a family or friend. Twenty percent of participants had directly experienced substance use disorders in their own lives, and 20 percent of participants were care providers. Nearly half of the group (46 percent) sometimes worked with individuals with substance use in their jobs (that is, police or EMT). Ten percent of participants did not identify with any of the labels.

Survey Results

Participants were polled on several questions related to substance use and addiction. Some of the questions were asked of participants before and after the conversation to measure changes in attitudes, while other questions were just asked of participants at the beginning or end of the conversation.

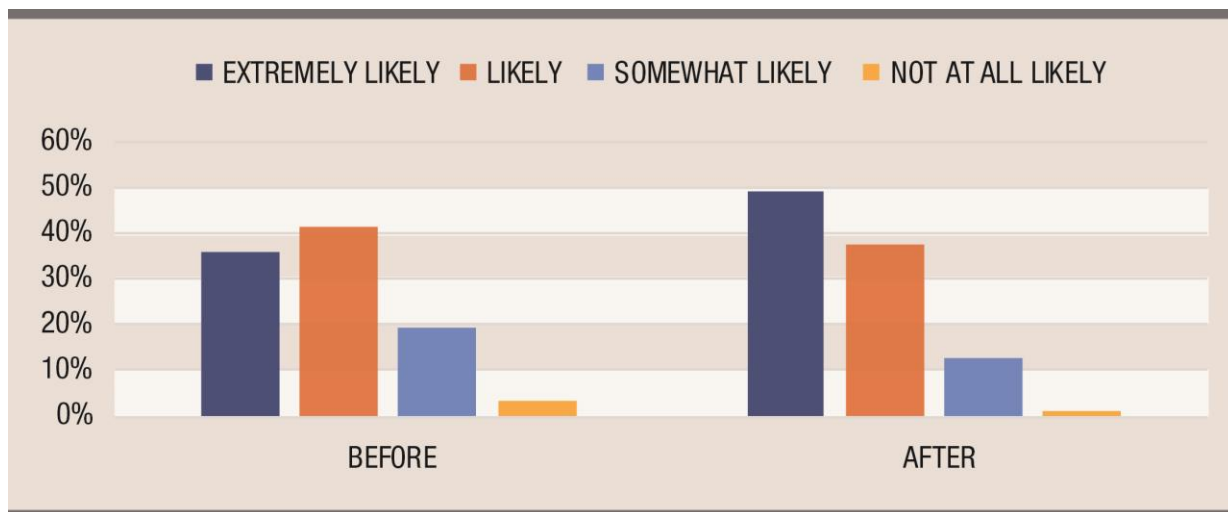
Participants were asked about their confidence that participants in their discussion could develop an effective plan to address substance use challenges in their community. Prior to the conversation, 48.9 percent felt confident or extremely confident that the conversation could yield a plan. After the conversation, 58 percent of participants felt confident or extremely confident, which indicates an increase in confidence of over 10 percent. Overall, low confidence levels decreased by about 25 percent from before to after the event. Prior to the event, 50.1 percent of participants felt only somewhat confident or not at all confident that the conversation could yield a plan. After the conversation, 26.9 percent of participants indicated low confidence levels.

Figure 2. “How confident are you that participants in today's discussion can develop an effective plan to address substance use challenges in your community?”



This information indicates that talking about the issues may make people feel that forward steps are possible for change. However, not everyone who participated in the conversations increased in confidence. A small percentage, participants who were not at all confident nearly tripled—changing from 2.3 percent to 6.8 percent.

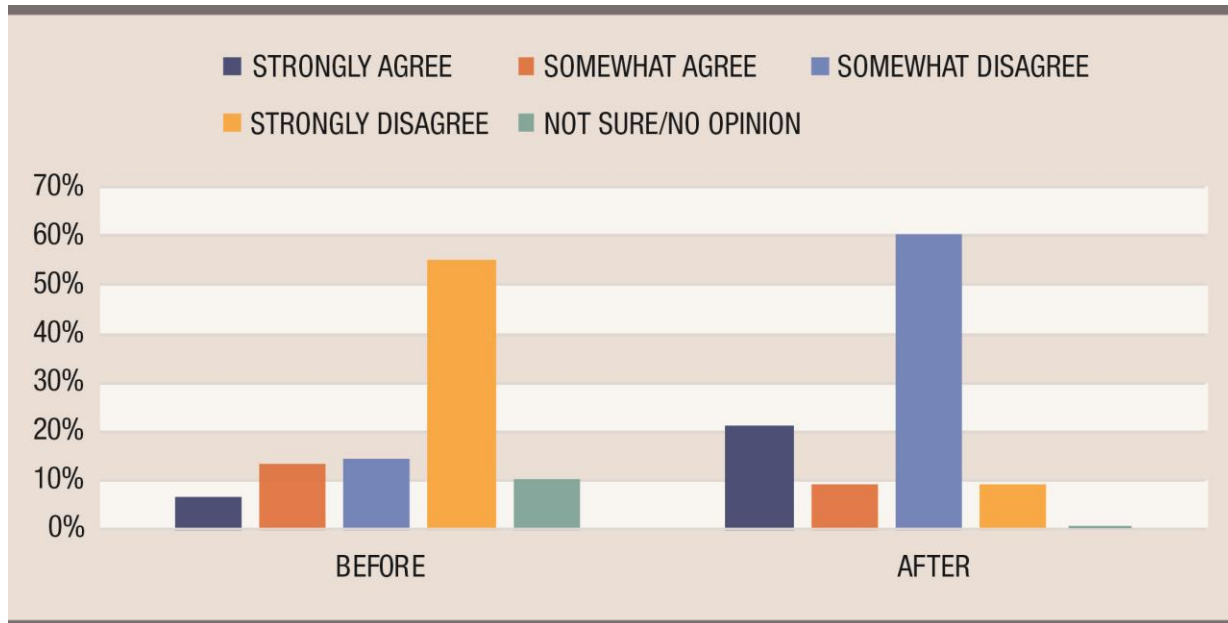
Figure 3. “How likely is it that a person seeking to recover from addiction to substances can do so with a combination of therapy, medical help, and continued support?”



After participating in the conversation, participants indicated increased confidence that it's possible to recover from addiction with a combination of therapy, medical help, and continued support. Prior to the conversation, 77.6 percent felt that recovery was likely or extremely likely. After the conversation, 86.4 percent felt that recovery was likely or extremely likely, indicating about a ten percent increase.

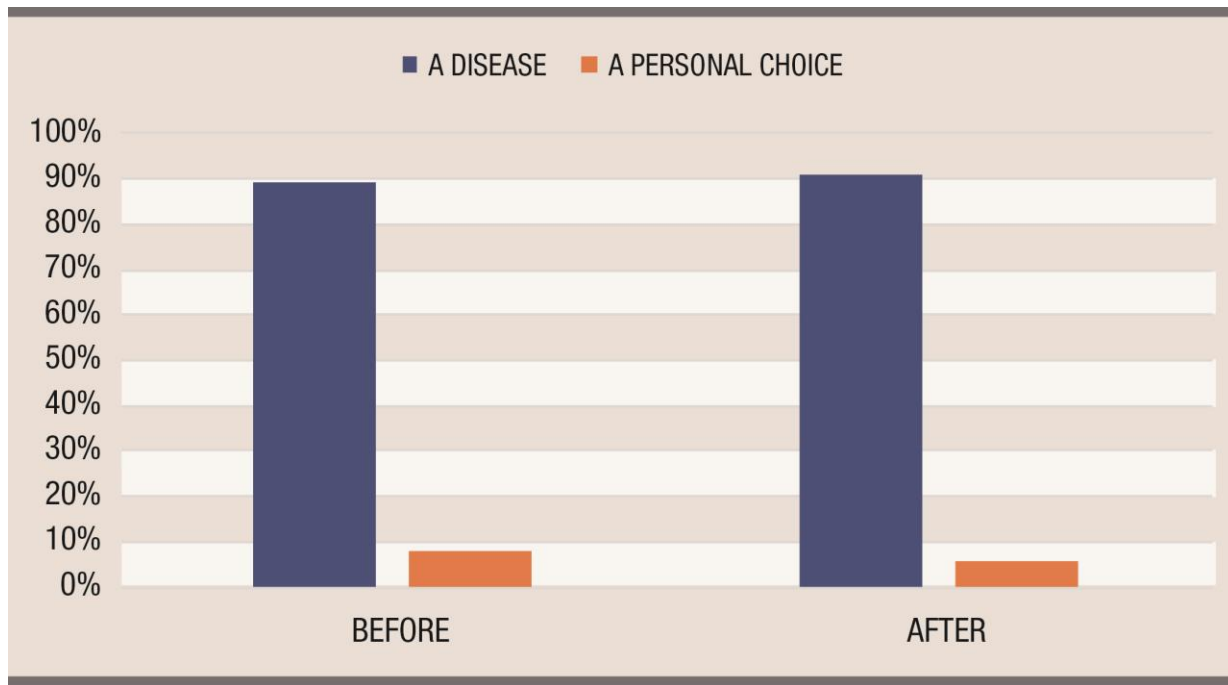
Out of this increase, many participant views changed to extremely likely; before the event, 36 percent felt recovery was extremely likely whereas, after the event, this rose to 48.9 percent. This information indicates that conversations about substance use increase participants' feelings that recovery is likely with the right combination of supports.

Figure 4. "I agree with recent proposals to legalize drugs such as marijuana."



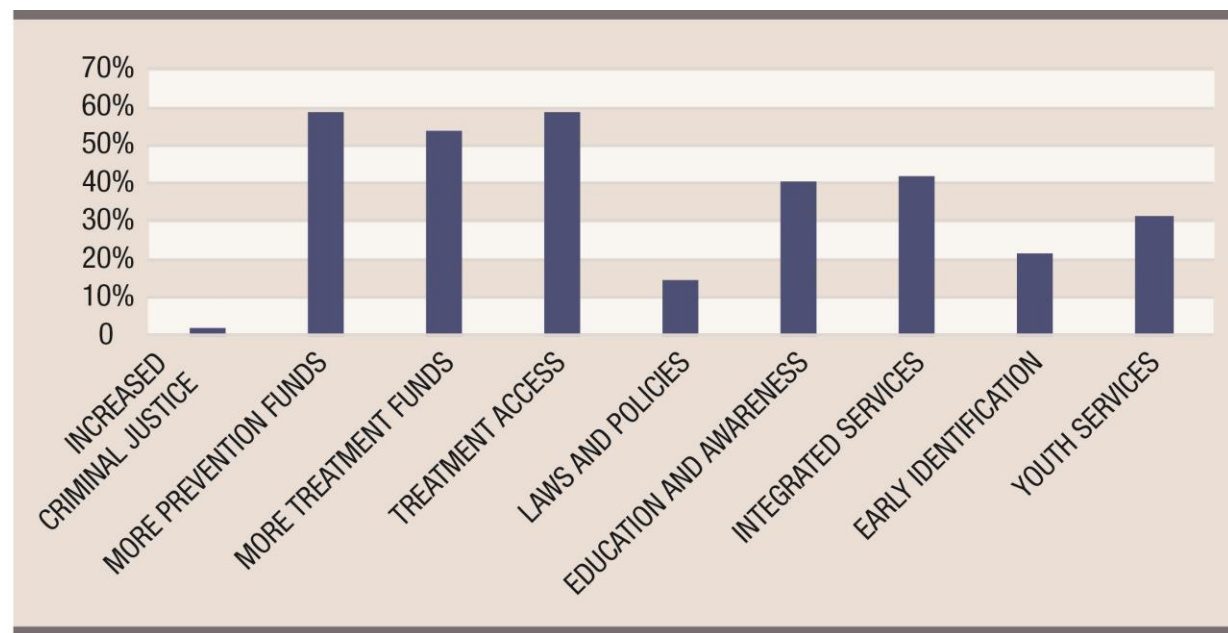
Before the event, 20.2 percent of participants agreed strongly or somewhat agreed that marijuana should be legalized. After the conversation, this agreement increased about 10 percent to 30.3 percent of participants agreeing strongly or somewhat. Disagreement levels about marijuana legalization stayed static. At the beginning of the conversation, 69.7 percent of participants strongly disagreed or somewhat disagreed with marijuana legalization, and at the end of the conversation 69.7 percent strongly disagreed or somewhat disagreed. However, there was a large decrease in the percent of participants who strongly disagreed before and after the conversation. Before the event, 55.1 percent of participants strongly disagreed that marijuana should be legalized while, after the event, only 9.0 percent strongly disagreed that marijuana should be legalized. At the beginning of the conversations, 10.1 percent of participants felt unsure or had no opinion about marijuana legalization. After the conversations, this uncertainty and/or ambivalence dropped to 0 percent. As mentioned previously, New Hampshire Listens believes that the study guide did not adequately distinguish between “decriminalization” and “legalization” of marijuana.

Figure 5. “If I had to choose, I’d characterize addiction as”



There was a small decrease from before the conversation to after the conversation in the viewpoint that addiction is a choice. Before the conversation, 8.1 percent of participants felt addiction was a choice, whereas, after the conversation, 5.7 percent felt this way. The view that addiction is a disease stayed about the same—from 89.5 percent prior to the conversation to 90.8 percent afterwards.

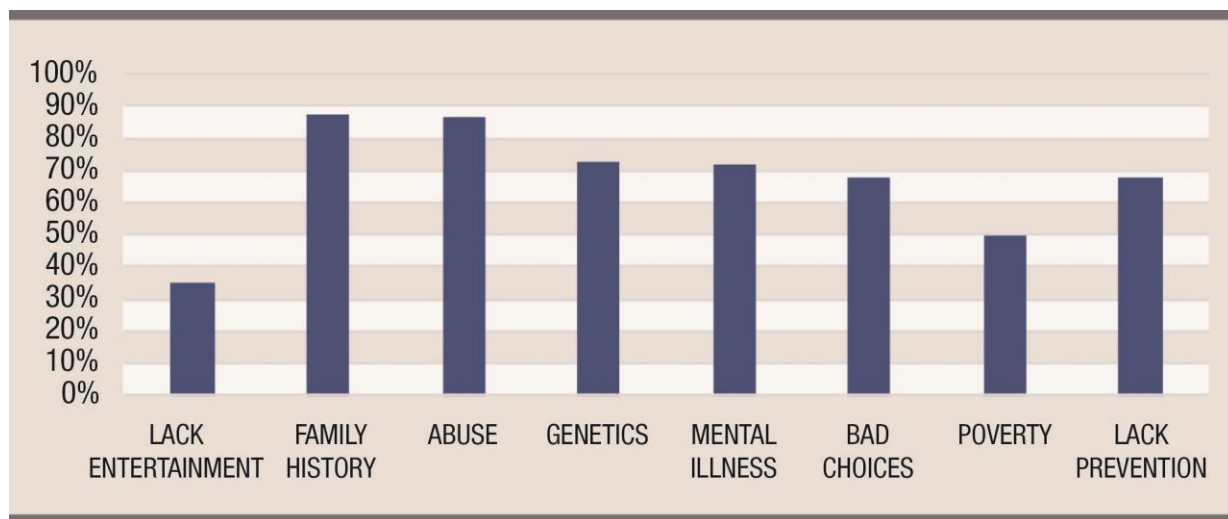
Figure 6. “Progress can best be made to address alcohol and drug issues in my community by “



Participants were asked to identify the top three ways that they felt progress could be made in their community to address alcohol and drug issues. The majority of participants identified more funds and resources for community-based prevention services (58.4 percent), increased access to treatment (53.9 percent), and more funds and resources for treatment (53.9 percent) as top priorities. Other priorities such as integrated mental health, substance misuse services, and primary care services (41.6 percent) as well as education and awareness about addiction and substance use (40.4 percent) were also frequently selected items. This finding seems to strengthen findings in the report that participants in the conversations across the state identified funding, treatment, and prevention as key issues.

Of participants, 31.5 percent identified more effective services for youth as a top priority, and 21.3 percent selected early identification of tendencies or risk factors. Only 14.6 percent selected laws and policies that address the issues as a top priority, and a small amount of participants (2.2 percent) selected increased criminal justice resources such as police.

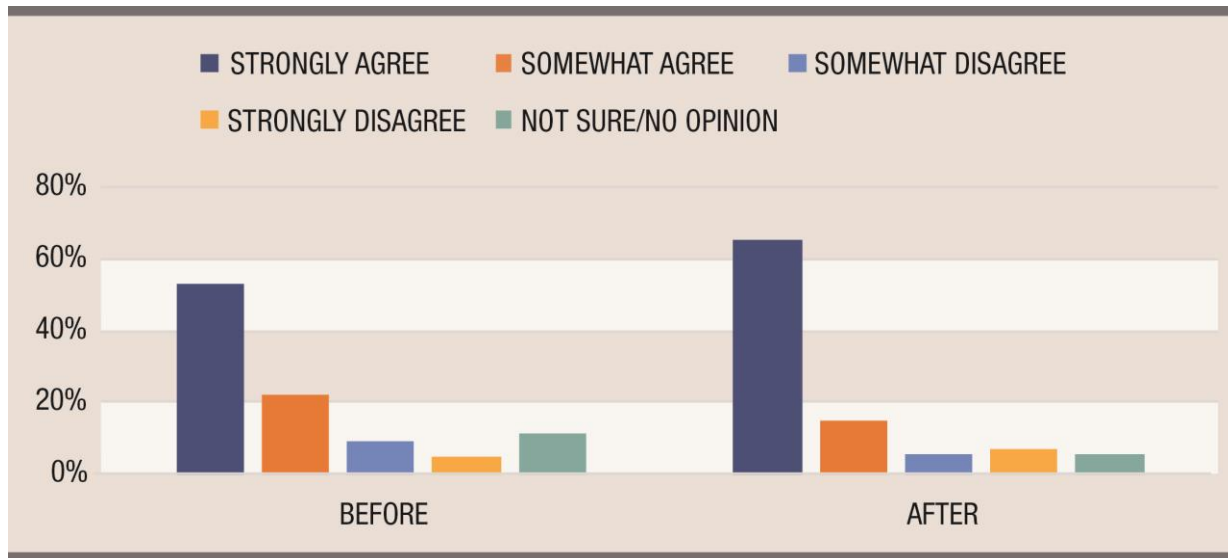
Figure 7. “Contributors to alcoholism and drug use in my community include”



Participants were asked to select any and all factors that they felt were contributors to alcoholism and drug use in their communities. Interestingly, the top three issues selected were ones that individuals have little control over—family history (87.6 percent); past experience with physical, mental, or sexual abuse (86.5 percent); and biochemical and genetic tendencies (73 percent). The fact that family history and genetics were identified as leading contributors reiterates the need to support families in talking to each other about family histories and genetic predispositions toward substance use and addiction. Mental illness was also selected as a key contributor, at 71.9 percent. The fact that many participants felt mental illness is a major contributor to drug and alcohol use supports the need for integrated mental health and substance use disorder treatment. Similarly, as any form of abuse can have a major impact on an individual’s mental health and well-being, the high rank of abuse as a contributor also validates the need for access to adequate treatment and help.

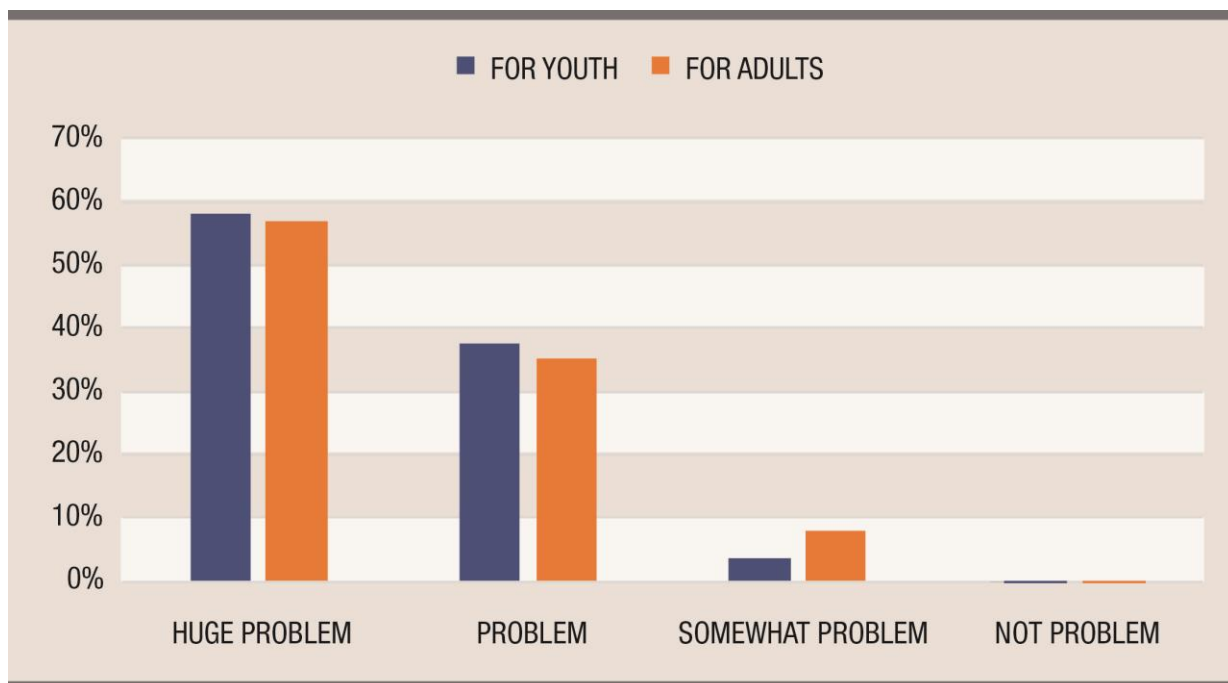
Participants also frequently selected a lack of community-based prevention services and bad choices, which both were selected at 67.4 percent. In addition, 49.4 percent of participants viewed poverty as a factor, while 31.8 percent felt a lack of entertainment and recreation activities in the community played a role in contributing to drug and alcohol use.

Figure 8. I would be in favor of my doctor screening my child during an annual exam for alcohol or drug use.”



Participants indicated a small increase (about 5 percent) in support for medical screening of their children for alcohol or drug use. Before the conversation, 74.7 percent of participants agreed strongly or somewhat with screening whereas, after the conversation, 80.2 percent agreed strongly or somewhat. About 12 percent of participants changed their minds from other viewpoints to strongly agreeing with medical screening for children after the conversations concluded. There was only a small decrease in participants who disagreed with medical screening, which moved from 13.8 before the conversation to 12.8 percent after the conversation. The percentage of participants who were unsure about the topic or had no opinion decreased by about half, moving from 11.5 percent before the conversation to 5.8 percent afterwards.

Figure 9. “Substance use in my community is. . .”



Participants were asked about problems of substance use in their community for adults and for youth as separate question items. Interestingly, participants felt the problems connected to substance use were about the same for adults and youth. Of participants, 95.5 percent felt that substance use in their community is a huge problem or a problem for youth. Ninety-two percent of participants felt that substance use in their community is a huge problem or a problem for adults. Over half of participants felt that for both youth and adults in their communities, substance use is a huge problem. Notably, 0 percent of participants felt that substance use for youth and adults is not a problem. This information supports the fact that participants feel that New Hampshire as a state has a substance use and addiction problem that needs addressing.

Conclusion

People from regions around the state of New Hampshire came together in the spring of 2014 to discuss substance use problems facing our state and communities and to brainstorm solutions and pathways for change. Participants generally talked about how, when help is available, recovery works. The final recommendations from groups centered on a few areas, although there were different views about how to approach these issues depending on the range of perspectives present in the group. These final recommendations included taking a holistic approach to substance use and abuse problems in New Hampshire by concentrating on prevention and creating more accessible, affordable, and effective treatment, as well as increasing offerings of treatment types in the state. Many groups discussed the importance of shifting state and national culture around substance use by educating people about substance use disorders as a disease. Education also includes efforts to provide people with resource and supports, particularly for those with substance use disorders, youth populations, and families. Groups talked about how to create more acceptance of and support for getting help with substance use through building a recovery movement and conducting advocacy campaigns. Groups discussed how policy and legislation in the state needs to support these key areas, particularly through consistent and increased state funding.

The primary purpose of the public engagement and conversations described in this report is to guide New Futures in its strategic decision making and positioning in future years. In addition, this report adds to other strategic plans and analyses recently conducted by state agencies and nonprofit organizations concerned with substance misuse and mental health challenges. We hope that the findings of the report will be useful to providers, policy makers, advocates, and consumers as they work to design cost-effective, long-term solutions.

New Futures Business Conversation

On May 20, 2014, twenty-one business leaders in New Hampshire came together in Concord to discuss how substance use influences their business. Participants represented a range of organizations including construction, hospitality, trucking, nonprofits, and employment agencies. The focus question for the hour-and-a-half conversation was:

How can we reduce the impacts of alcohol and drug misuse in our workplace and on our bottom line?

The three groups of participants at the business leaders' conversation hailed from various communities including Auburn, Barnstead, Concord, Contoocook, Derry, Greenland, Hooksett, Hopkinton, Kingston, Laconia, Manchester, and Webster. Participants discussed how substance use prior to work as well as at work had an impact on various workplace dynamics. Concerns about employee substance use included safety and productivity as well as the reliability of employees and the reputation of the company. Business leaders discussed how issues like safety, low productivity, a poor reputation, or unreliability of employees could hurt the financial well-being of their organizations or companies. In this way, social stigma was not limited to individuals, but also to organizations who employ individuals with substance use problems.

All of the groups discussed how shame, fear, and stigma were barriers for employees in seeking help for their substance use issues. For instance, employees might be afraid that they would be fired or excluded at work if they admitted that

All of the groups discussed how shame, fear, and stigma were barriers for employees in seeking help for their substance use issues.

they needed treatment or that they were in recovery. One group member discussed how the general reaction is to get rid of employees with substance use issues, so the fears that people have of disclosing are real. Groups talked about how people who work in certain professions—like physicians or lawyers—may feel that that they could lose their licenses or hurt their careers if they disclosed issues with substance use. One group talked about how managing employees with alcohol problems was more of a grey area than employees with drug issues since alcohol is a legal and socially accepted drug. This prompted conversations about how things would change if marijuana is legalized, and how workplaces will have to adjust to that legislation. Participants expressed that legalization of marijuana would mean significant barriers to establishing workplace policies and practices.

All of the groups also discussed different ways that employers could manage substance use with their organizations. Although substance use is present in all types of professions, business leaders discussed how certain professions experienced more difficulties with employee substance misuse. In particular, construction and hospitality were identified as workplace environments where employees had frequent substance use and abuse issues. Participants talked about employee assistance programs (EAP) and other treatment options. A participant commented that EAPs are not always used even when people need them, and that employers might think about how to make these accessible to more staff. One group discussed drug testing, and a participant commented that the cost is expensive. Another group talked about the need to offer medical leave for people who want to get treatment. Groups also discussed how to build a general culture that promotes disclosing substance use disorders or addiction without an immediate threat of losing one's job. One participant talked about how this cultural shift could include "safe" places, similar to the LGBT movement, where employers posted a flag outside their door so people knew they could talk about issues of substance use treatment and recovery. A different group discussed establishing drug diversion teams in workplaces.

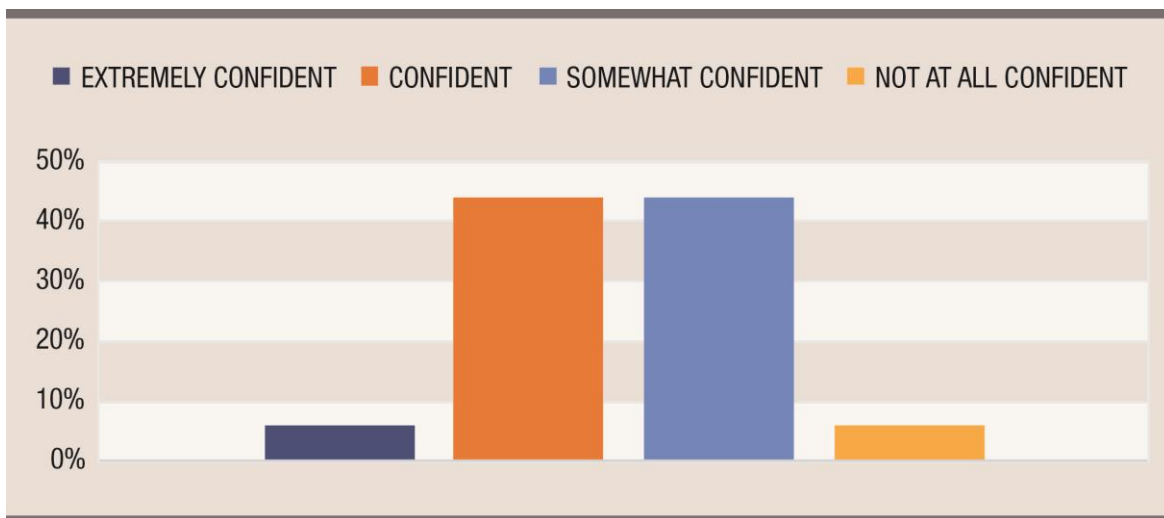
In addition to creating safe spaces to admit needing help, business leaders also talked about how to transform existing workplace cultures that currently promote alcohol use. Participants in two different groups mentioned that, although the “martini lunch” of the past had waned in popularity, workplace events that are held at bars or encourage drinking remain and can create difficulties for individuals with substance use disorders and those in recovery. A group member used an example of open bars at work events to illustrate how employers may inadvertently support alcohol use. One participant commented that restaurants should consider moving away from offering “shift drinks” to their employees.

Group members commented on how the general lack of treatment resources in society impacted individual employees’ abilities to seek help. One group discussed how businesses need to shift their thinking about substance use from a private and individual problem to a business and community problem. Another group suggested that this shift could include education to other business owners about the cost and impact of substances in their workplace. Participants also talked about business budgets and resources for prevention and treatment. Some groups talked about the need to do further advocacy and leadership at the policy level about the impact of substance misuse on businesses.

Seventeen of the business leaders who attended the Concord conversation completed a survey after the event. The results from the survey are detailed below:

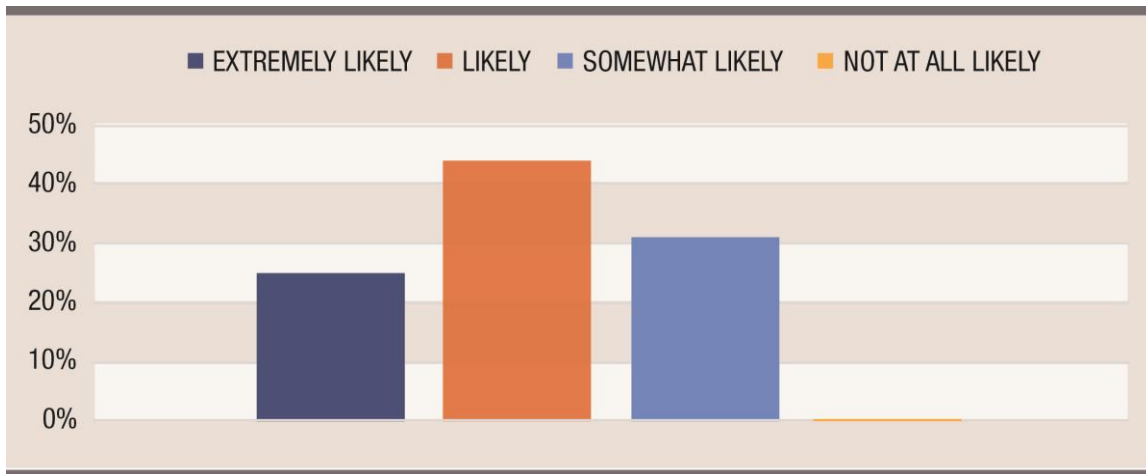
- As shown in Figure 10, 88 percent of participants indicated that they felt extremely confident, confident, or somewhat confident that the day’s discussion could develop an effective plan to address substance abuse challenges in their workplace. Only 6 percent (one participant) felt that this was not possible.

Figure 10. “How confident are you that participants in today’s discussion can develop an effective plan to address substance use challenges in your community?”



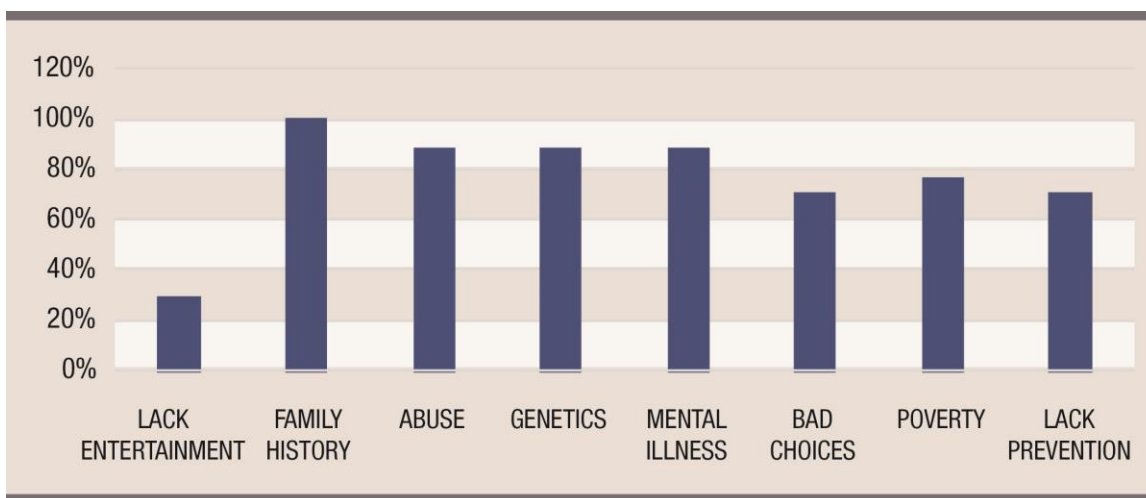
- The majority of participants (69 percent) felt that it was extremely likely or likely that a person could recover from addiction to substances with a combination of therapy, medical help, and continued support, and 31 percent of participants felt this recovery was somewhat likely. See Figure 11.

Figure 11. “How likely is it that a person seeking to recover from addiction to substances can do so with a combination of therapy, medical help, and continued support?”



- As shown in Figure 12, 100 percent of participants who were surveyed felt family history was the leading contributor to alcoholism and drug use. Participants felt other leading causes behind substance use and addiction included mental illness, biochemical or genetic tendencies, or past experience with physical, mental, or sexual abuse as major contributors to substance use (each contributor was selected by 88 percent of participants). It may be interesting to note that all the above leading causes are not easily controllable by individuals—for instance, it’s difficult to be able to change your family history or genetic tendencies. Seventy-six percent of participants viewed poverty as a contributor to alcoholism and drug use. Seventy-one percent of participants selected bad choices as a contributor. Seventy-one percent of participants also indicated that a lack of community-based prevention services was a contributor to substance use. Only 29 percent of participants felt that a lack of entertainment or recreation activities bore an influence on substance use. Two participants wrote in that general stress was a contributor to alcoholism and drug use.

Figure 12. “Contributors to alcoholism and drug use in my community include”



- The majority of participants strongly agreed or agreed that the conversation helped them to become better informed about substance use and addiction (94 percent), and 94 percent of participants also strongly agreed or agreed that they learned new things about the topic from other group members.

NH Listens

**Carsey Institute at the
University of New Hampshire
NH.listens@unh.edu
www.nhlistens.org
603 862-2821**