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Be a Piece of the Puzzle



Working Together Towards a Safe and Healthy Community

By DeAnna Pearl

It is not uncommon for prevention professionals to hear: “What are you doing to prevent [insert topic here]?”

A better question would be is “How do we know if prevention is working?” The measurement of prevention activities is possible, but they are measured differently to the “how” they are measured. Further, it needs to be understood what is being measured. It is often not sufficient to measure outcome: number of kids participated.

A more effective measurement would be how often did they participate, what was their level of engagement, what was the environment like when they participated and who did they participate with. Even greater, how did they demonstrate their understanding after participating. Measuring effectiveness is not always done at the level of final outcomes. Often, the processes and systems (or outputs) that lead to preferred outcomes are measured when ultimate outcome measurement is impossible.

In the last 10 years, prevention professionals have been focusing on environmental factors rather than individual factors. Factors such as laws, ordinances, information resources, training opportunities, events supporting a safe and healthy community, access to health care, enforcement of laws and support of policy changes if needed.

One way to categorize prevention strategies is to consider those that attempt to alter the environments in which individual children grow, learn, and mature (*individualized environments*) and those that attempt to alter the environment in which all children encounter threats to their health—including illicit drugs, alcohol, and tobacco (*shared environment*).

Individual Environment - Much of what we have traditionally done in prevention is in this category. As seen in figure 1, change agents in *individualized environments* may include families, schools, the faith community, and health care providers. Generally, strategies at this level seek to *socialize, instruct, guide, and counsel* children in ways that increase their resistance to health risks. Specific programs may teach parenting skills to parents or life skills to children, educate parents and children about health risks, communicate rules and expectations, or provide specialized ser-

vices to youth at high risk. All of these individualized strategies seek to prepare and assist individual children in coping with a world that presents myriad temptations and potential threats to their health and well-being.

Community or Shared Environment - While we can offer a child or family many skills they can utilize to help make healthy choices, they also need an environment where making healthy choices are normal. Figure 2 represents the world in which children face and cope with health threats in the *shared environment*. The shared environment can be a neighborhood, town, city, state, or the nation as a whole. Properly designed and managed, the shared environment can *support* healthy behavior and *thwart* risky behavior for all children, regardless of how well prepared they may be by their individualized environments. Successful environmental prevention requires a clearly defined purpose that evolves from local assessment of problems. This unifying purpose carries participants past challenges posed by resistance from those benefiting from the current ATOD status quo. Participants must think ahead to assure that the changes attained are supported, enforced and sustained.

For example, according to our state, county and local data, RX abuse, theft and related crime is on a sharp rise; Vernonia is no exception. However, youth report a lower abuse rate than two years ago but still report abuse. According to the National Institute of Drug Addiction (NIDA), the number one way youth access prescription drugs is right in their bathroom cabinet. The Vernonia Prevention Coalition and the Vernonia Police Department assessed how we could best reduce access. On September 29th, the VPD participated in the “National RX Take Back Day.” But an even greater long term solution is the placement of a permanent RX Depository, purchased by the Vernonia Prevention Coalition (VPC), so that individuals can clean out their bathroom cupboards of unused or unwanted prescriptions and OTC drugs that youth can have access too; thus reducing the access; thus reducing the potential harm of RX abuse. The bottom line: reducing the access to illegal and prescription drugs will over-

time, greatly reduce the potential harm to our kids while giving them a greater opportunity to reach their full potential and brain development.



The VPC’s mission is to develop safe and healthy neighborhoods through collaborative planning, community action, policy advocacy and enforcement. It would be safe to say most of Vernonia and its surrounding communities want safe and healthy neighborhoods. The Coalition goes even one step further. With keeping our mission in mind, it is the 12 Sector representatives whom shape the delivery of the message and the development of the community action, policy advocacy and enforcement that make sense for them.

All the while keeping in mind the collective outcome of community members whom feel they live in a safe and healthy neighborhood. Bottom line

outcome measurements are actually the increased recognition of efforts made by groups and individuals whom service Vernonia. Even greater, the increased participation of youth involved in supporting healthier and safer communities is at its all-time high for the last five years. This in turn reflects the reduction of self-harm by youth. Still further, this invigorates the community to work together to support a safe and healthy community.

Together we **ARE** working towards developing safe and healthy community where working together is the celebrated and positive outcomes are the norm.

If you would like to know more about the VPC or opportunities to work towards a safe and healthy community, please contact DeAnna Pearl, Director, @ (503) 369-7370 or DeAnna@vernonia-or.gov.

National Suicide Prevention Lifeline

1-800-273-TALK (8255)
suicidepreventionlifeline.org

Are you feeling desperate, alone or hopeless? Call the National Suicide Prevention Lifeline a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Your call will be routed to the nearest crisis center to you.

Veterans Suicide Prevention Hotline

1-800-273-TALK (8255) Press 1

A SOCIAL MIXER ISN'T WHAT IT USED TO BE

Some teens are mixing drugs because they think it will help them get high.

Many youth don't understand the dangers of combining prescription drugs with alcohol or illicit drugs. Mixing some of these drugs can slow the heart and respiration—and lead to death. Most unintentional poisoning deaths result from the abuse of prescription and illegal drugs.¹

Today's teens abuse prescription drugs to get high more than any illicit drug except marijuana.² Even more troubling? Teens who abuse prescription drugs are far more likely to be using other substances as well: **Of those teens who abuse prescription painkillers, 81% have also used alcohol and 58% have used marijuana.**³

Parents can help protect teens by setting firm rules of no drug use of any kind and stressing the serious risks of mixing any drugs.

What to do?

Safeguard all prescription drugs and alcohol at home. Monitor quantities and control access.



Set clear rules about alcohol and drug use, including marijuana, and consequences for breaking them.

Be a good role model by not sharing prescription medicines and if you choose to drink, use alcohol in moderation.

Properly conceal and dispose of old or unused prescription drugs in the trash.

Ask friends and family to safeguard their prescription drugs and alcohol as well.

In Vernonia:

97% of 6th graders say their parents would feel it is wrong or very wrong to smoke marijuana vs 76% of 11th graders.

100% of 6th graders say their parents would feel it is wrong or very wrong to smoke cigarettes vs 88% of 11th graders.

In April of 2012 Vernonia Youth Reported:

6th graders had NO marijuana abuse in last 30 days
8th graders had 14.5% marijuana abuse in last 30 days
11th graders had 31% in last 30 days

DON'T STOP TALKING!

You can keep your teen safe and drug-free. To learn more, visit TheAntiDrug.com or call 1-800-788-2800.

¹The Centers for Disease Control. (2007). Unintentional poisoning deaths—United States, 1999–2004. *Morbidity and Mortality Weekly Report*, February 9, 2007;56(05), 93–96.
²2006 National Survey on Drug Use and Health, SAMHSA, September 2007.
³Wu, L.-T., Pilowsky, D. & Paikar, A. (2008). Non-prescribed use of pain relievers among adolescents in the United States. *Drug and Alcohol Dependence*, 94(1–3), 1–11. "Painkillers" include Vicodin and OxyContin.



Office of National Drug Control Policy

