

# **Communities that Care**

## **C O A L I T I O N**

**Community Needs Assessment  
Regarding Youth Substance Use  
in Franklin County and the North Quabbin.**

**Conducted Oct 2015-Jan 2016  
by members of the CTC Coordinating Council & Community Action Youth Programs staff**

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# Executive Summary

This report is the product of a community assessment process conducted by the Communities That Care Coalition, under the leadership of the Coalition's Coordinating Council and Regional School Health Task Force. It includes findings from youth surveys, key stakeholder interviews and parent and youth focus groups on the topic of youth substance use in Franklin County and the North Quabbin.

## **Youth substance use is widely seen to be a problem locally.**

While surveys indicate that most local young people are not using substances, the problem is common enough to provoke concern, particularly among those who work with high-risk segments of the youth population.

Student surveys indicate that alcohol is the most commonly used substance. Youth focus groups identified both the "fun" and potential harm in alcohol. Adults interviewed expressed concern about youth drinking and perceived some level of tolerance in the community for youth alcohol use.

Attitudes about marijuana are changing rapidly. **Local young people are increasingly likely to think that marijuana use is not harmful**—or even believe it is helpful for certain conditions. This casual attitude concerns adults who work with youth, given the adverse changes they see in young people who use marijuana regularly. Some adults expressed concern that using marijuana might be a prelude to using harder drugs for some youth, perhaps by priming the

developing brain for addiction, or by drawing youth into circles of friends who are using and who have ready access.

**Cigarette smoking has declined, and youth tend to see smoking as risky and not "cool."** E-cigarettes are on the rise, and while many youth in focus groups saw little harm in vaping, some adults worried that vaping could be an entrée into tobacco use.

Less prevalent, but of grave concern, is youth use of prescription drugs without a doctor's orders. Of these, amphetamines (such as Adderall) are the most commonly used, followed by narcotics (such as OxyContin). **In focus groups, youth expressed clear ideas about how prescription drugs, as well as alcohol, tobacco and marijuana can be used as a**

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**coping mechanism, with specific substances for specific**

**problems:** Adderall to cram for a test, alcohol to relieve social anxiety, marijuana to address ADHD, and so on.

The issue on the minds of many interviewed is the opioid crisis.

**Community awareness about the opioid crisis is high, and youth and adults alike**

**understand its potential for harm.** Heroin addiction is not as visible to middle and high school youth as is other drug use, in part because of the stigma attached to heroin use, and in part because the bulk of the problem occurs among older youth. (But not all of it; school personnel typically are aware of and working with a few students who are struggling with opioid abuse.)

Interviews and focus groups gave

the impression that the opioid crisis has had a dual effect: for some, youth use of alcohol and marijuana seems less consequential by comparison, and for others, the crisis provides all the more reason to be concerned about youth alcohol and marijuana use if it paves the way for some young people to try harder drugs.

**Youth may use substances to feel good, to self-medicate, or to fit in.** Their choices are influenced by norms in their families, schools and communities, and they hear a variety of messages in those environments. The messages they receive at home differ from one family to another, with some families adamantly against youth use and others providing what they believe is a “safe space” to keep young people who are drinking off the

roads. The messages youth receive in community range from vigilant enforcement of minimum age of purchase laws to ubiquitous ads for alcohol and pop culture glamorization of substance use. Most key stakeholders interviewed agreed that schools consistently communicate “no use” standards and are generally successful at discouraging substance possession and use on school grounds. Some parents and youth disagreed and cited examples of substance use in school.

Key stakeholders and focus group participants offered suggestions to address youth substance use in the areas of prevention, education for youth and for parents, enhanced treatment resources for youth, reduced stigma around substance use, and an increase in positive opportunities for youth.

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# Preface

Youth survey data indicate that a strong majority of local middle and high school students do NOT use substances: 7 in 10 do not drink, about 8 in 10 do not use marijuana, and 9 in 10 do not smoke cigarettes.

That said, a substantial number of young people DO use these and other substances. As part of a periodic community assessment, the Coalition therefore chose to supplement annual survey data with focus groups and interviews to flesh out the context for that use.

The Coalition sought out interviews with school personnel, service providers, and law enforcement officials who work directly with youth who use, and held focus groups with parents and youth who are familiar with or embedded in local youth culture, including a high-risk segment of that culture.

The purpose of the interviews and focus groups, then, was not to generalize about the state of local youth, but to turn the spotlight on substance use, including the use of tobacco, alcohol, illegal drugs, and prescription drugs without a doctor's orders.

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*What follows is a summary of views expressed by several members of the community who have extensive experience wrestling in one way or another with local youth substance use.*

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In this report, quotes are in black italicized text, and the interviewee or focus group participant is identified by sector. Charts are from the Franklin County/North Quabbin Prevention Needs Assessment, 2003-2015, and show combined results for the 5 districts that have participated in the survey since 2003 (n=964 to 1339).

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# Thanks Are Due:

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The design and conduct of interviews and focus groups was a collective effort, and this report presents the contributions of many individuals and organizations in Franklin County and the North Quabbin.

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## To the following Coordinating Council members who conducted interviews with key stakeholders and focus groups with parents:

Kat Allen (Partnership for Youth); Lev Ben-Ezra (Community Action Youth Programs); Heather Bialecki-Canning (North Quabbin Community Coalition); Jessie Cooley (Big Brothers Big Sisters); Jennifer Desjardins (Heywood Healthcare CHART); Maureen Donovan (Greenfield Safe Schools, Safe Streets); Laurie Loisel (NW District Attorney's Office); Kara McLaughlin (Gill-Montague Community School Partnership); Rachel Stoler (Partnership for Youth); Jeanette Voas (Partnership for Youth); Melissa Ward (Partnership for Youth).

## And to Community Action Youth Programs staff who conducted focus groups with youth:

Tanisha Arena, Myck LeMay, Tyanna Normandin, Sam Scovill

## Thanks are also due to the key stakeholders interviewed, who came from the following organizations:

Athol Royalston Middle School, The Brickhouse, Clinical and Support Options, Community Health Center of Franklin County, DIAL/SELF, Franklin/Hampshire Juvenile Court, Greenfield High School, Greenfield Police Department, Mohawk Trail Regional School, Montague Police Department, Northfield Police Department, Northwest District Attorney's Office, Orange Police Department, Quabbin Youth Initiative, Turners Fall High School.

## And to the following organizations that hosted parent focus groups:

Mohawk Trail Regional School, Great Falls Middle School, North Quabbin Patch

## And, finally, to the youth and parents who participated in focus groups and spoke openly about this sensitive topic.

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# Methods

## *Key Stakeholder Interviews*

The CTC Coordinating Council took joint responsibility for conducting interviews of key school staff, community service providers, and law enforcement personnel.

A core group designed the interview protocol, with guidance from Jessica Payne, Ph.D, a qualitative research specialist at Partners for a Healthier Community in Springfield, from William Geary, Ph.D., Deputy Director of Evaluation and Research in CADCA's Coalition Institute, and from Ben Spooner, our MassTAPP TA Provider.

Eleven members of the Coordinating Council brainstormed ideas for potential interviewees and assigned interviewers to two or three stakeholders each.

Two Coordinating Council members attended each interview, one to pose questions with appropriate probes for additional information, and one to take notes. The notes were then submitted to the interviewee for approval, and returned for compilation into this summary document. From November 2015 to January 2016, our team of 11 interviewers completed interviews with 29 key stakeholders.

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# Methods

## *Focus Groups with At-Risk Youth*

Community Action Youth Programs took responsibility for conducting focus groups with at-risk young people. Five Community Action staff members participated in designing and conducting the focus groups.

With guidance from the Coordinating Council on topics to be explored, the team developed a script and recruited young people to participate.

The team conducted six groups with a total of 40 in-school and out-of-school youth ranging in age from 14 to 23, including one group of 6 youth in out-of-home-placement.

Questions addressed youth perspectives on substances and the consequences of using them, as well as availability and means of access. Two or three staff members attended each focus group, with one facilitating the discussion and one or two taking detailed notes.

Each member of the team of five reviewed all the notes. The team discussed their observations, identified themes, and reported out on each of those themes.

In February 2016, the young people who participated in the focus groups took part in a digital storytelling project on local substance use.

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# Methods

## *Focus Groups with Parents of Teens*

The protocol for focus groups with parents was developed in parallel with that for the key stakeholder interviews, with advice from Dr. Payne, Dr. Geary, and Ben Spooner.

Three focus groups were held with a total of 18 parents. A fourth mixed group included 2 parents, 2 teachers, and one principal.

Two of the focus groups were in fairly high-risk, lower SES community groups, and two were in groups of well-educated highly involved parents.

Two to three Coordinating Council members attended each focus group, with one facilitating and one or two taking notes.



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# Methods

## *Student Health Surveys*

The Coalition has conducted a youth health survey every year since 2003. Five local school districts participated in the first survey, and four more districts joined the process in 2006 and 2007. The Coalition now collaborates with all nine area middle and high school districts (Athol-Royalston, Four Rivers Charter Public School, Franklin County Technical School, Frontier, Gill-Montague, Greenfield, Mohawk Trail, Pioneer Valley, and RC Mahar) to administer the survey annually to all 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders.

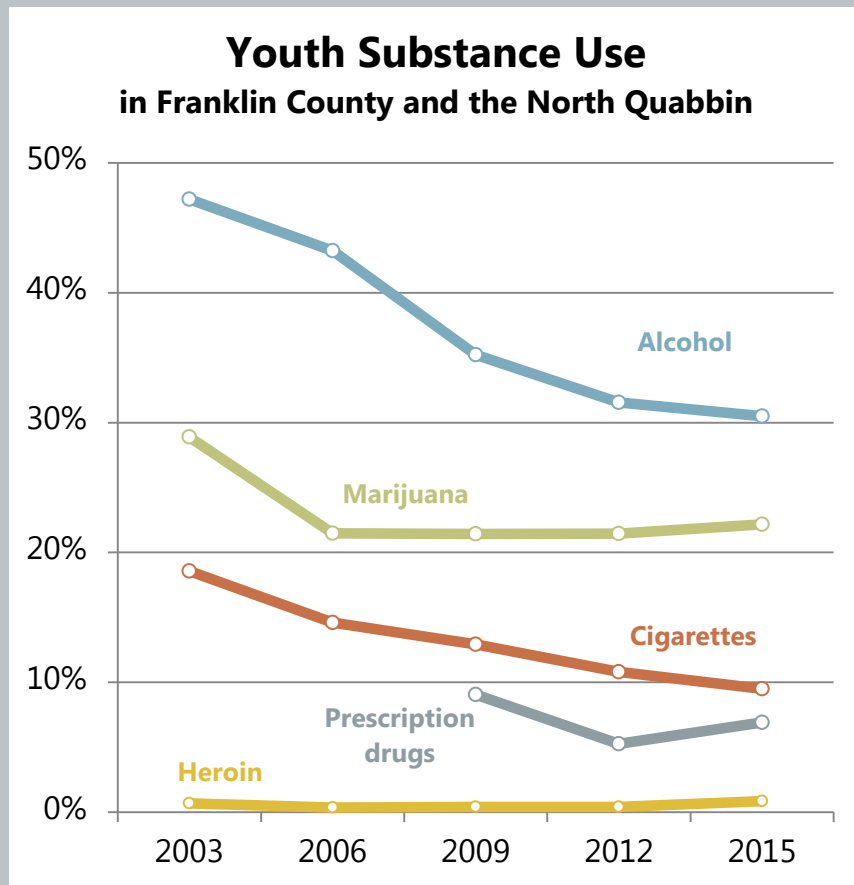
The survey process cycles through three different survey instruments: the Prevention Needs Assessment, the Youth Risk Behavior Survey, and a custom survey designed by the Regional School Health Task Force, a Coalition workgroup with representation from each of the nine districts.

Each survey fills a data need: the Prevention Needs Assessment goes “deep” with its exploration of risk factors; the Youth Risk Behavior Survey goes “wide” by covering a broad range of health behaviors; and the custom survey provides a check on issues of current local interest.

The data shown in this report are all from the Prevention Needs Assessment. It has been conducted five times since 2003, providing consistent data to trace trends over that period.

Since the surveys collect information from a broad swath of local youth, they provide some context for the more focused individual perspectives that emerged from interviews and focus groups. In some cases, interviews and focus groups confirm survey findings. In other cases, they diverge.

# SUBSTANCE USE



% of local youth reporting recent (past 30 day) use of each substance. Data for 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades combined.

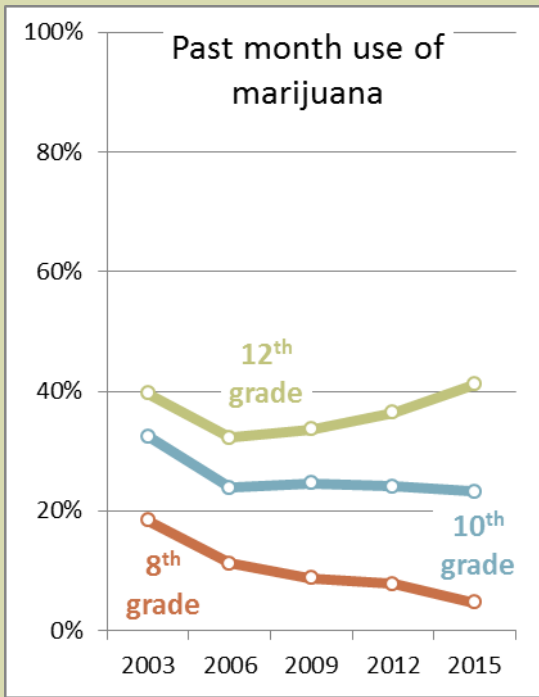
Marijuana

Alcohol

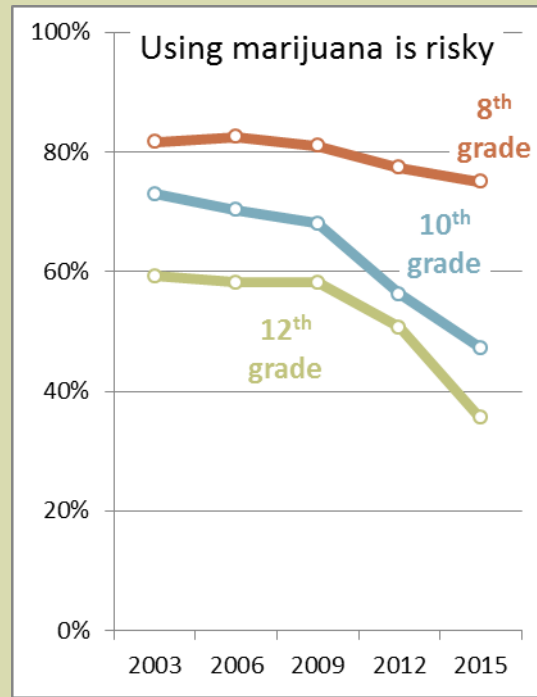
Tobacco

Prescription Drugs

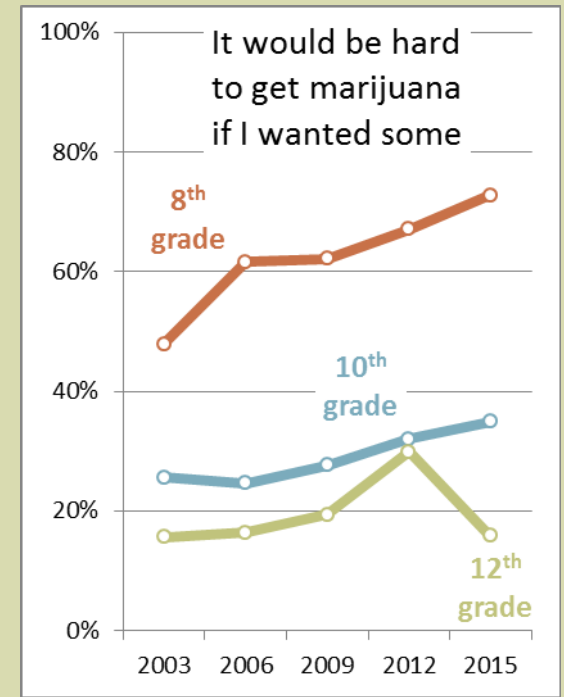
Heroin



8<sup>th</sup> grade marijuana use has declined since 2003. After an initial decline, 10<sup>th</sup> use held steady and 12<sup>th</sup> grade use rose.



Young people today are less likely to believe that using marijuana is risky than they were a decade ago.



Most 10<sup>th</sup> & 12<sup>th</sup> graders believe marijuana is easy to get. Over time, 8<sup>th</sup> graders have come to believe it is hard to get.

# Marijuana

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Prevalence

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Attitudes

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Access

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# Marijuana: Prevalence

While survey data still show marijuana use trailing alcohol use, many of those interviewed believed marijuana to be the most used substance.

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*Both young people and the adults who work with young people in the schools, in the community, and in the courts typically believe that youth marijuana use is commonplace and normalized.*

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*"Kids will freely admit to using marijuana and it seems pretty common."*  
COMMUNITY PROVIDER

*"In the morning, it's easy to smoke, along the train tracks or just driving."* YOUTH

*"Everybody smokes pot – we all know that."* YOUTH

*"Since the change in marijuana laws, we are seeing a definite upsurge in use among young people."* LAW ENFORCEMENT

*"Marijuana is such a widely used drug now that you're going to see that in every part of the community."* SCHOOL STAFF

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*A school staff member expressed a different perspective:*

*"There are small subgroups who smoke pot regularly, but there are not a lot of kids who use moderately. There's a group that comes to school stoned. They don't come to school a lot. They don't try in school. They're disconnected."*  
SCHOOL STAFF

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# Marijuana: Attitudes

## Participants in the Youth Focus group:

Did not see marijuana as a problem drug, but rather as something “natural” that can help with a variety of medical conditions;

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Did not see marijuana as addictive;

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Did not believe that using marijuana carried any stigma or broke any important rules.

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*Of all substances, marijuana is perceived to be the least consequential in terms of health, social acceptance, and legal repercussions.*

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*“People I know tend not to put alcohol, cigarettes, and marijuana in the category of drugs or substances. They aren’t defined that way unless they’re considered hardcore like heroin, coke, meth, pills.” YOUTH*

*“Kids who smoke marijuana think it’s not harmful. They don’t connect falling grades with pot smoking.” SCHOOL STAFF*

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*For some, the opioid crisis has made marijuana seem relatively benign. For others the crisis heightens concern that marijuana could serve as a gateway to harder drugs.*

*“Marijuana is less dangerous than alcohol. There’s more concern about the things that are physically more harmful. There are bigger fish to fry.” PARENT*

*“There’s been so much talk about prescription drugs and heroin that people are almost desensitized to alcohol and marijuana.” LAW ENFORCEMENT*

*“Marijuana scares me. I think it’s a gateway to prescription medication and heroin.” LAW ENFORCEMENT*

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# Marijuana: Access

**All youth focus group participants knew where to get marijuana, primarily from peers. They said it was the easiest of substances to obtain.**

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**Many adults had a similar impression that marijuana is available “everywhere.”**

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*“Everyone knows someone who sells pot.” YOUTH*

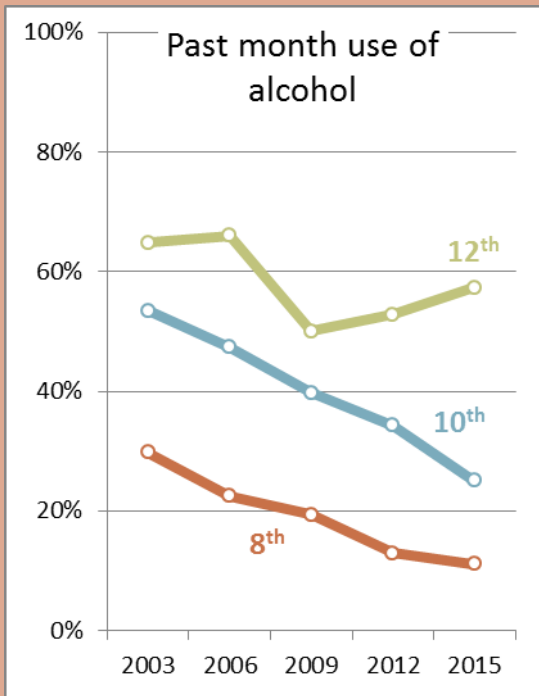
*“Marijuana is everywhere and very easy to get.” SCHOOL STAFF*

*“You can ask anyone for pot and either they have it or they know someone.” YOUTH*

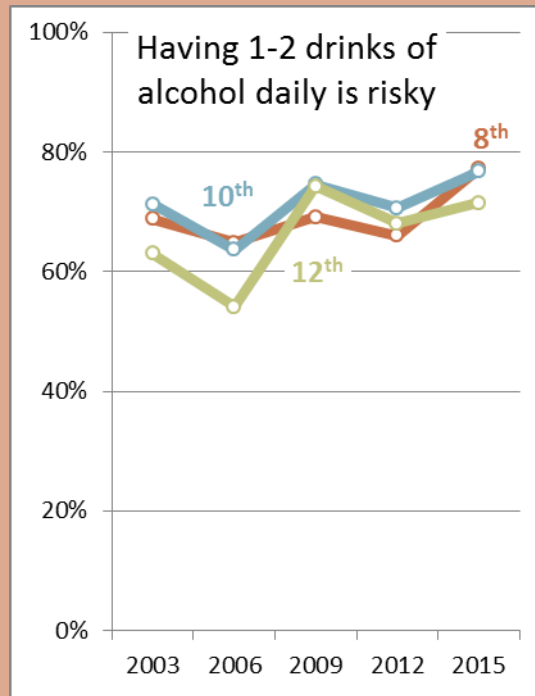
*“People grow it and sell it. I know someone who has three huge plants and their parents sell it.” YOUTH*

*“Most of the kids are getting from their peers, both in school and in their neighborhoods. You can’t walk through town and not see a way to score if you want to. It is everywhere.” COMMUNITY PROVIDER*

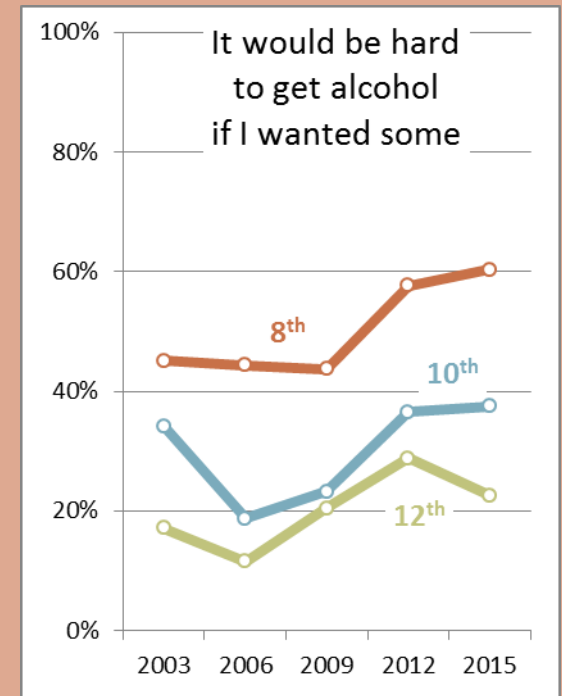
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8<sup>th</sup> and 10<sup>th</sup> grade alcohol use has steadily declined since 2003. After an initial decline, 12<sup>th</sup> grade use has crept back up.



Young people today are somewhat more likely to believe that regular use of alcohol is risky than they were a decade ago.



On the whole, local young people are finding alcohol less readily available today than they did in 2003.

# Alcohol

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Prevalence

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Attitudes

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Access

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# Alcohol: Prevalence

Interviews and focus groups confirmed survey findings that few local middle school students are using alcohol, and that drinking becomes more common in high school.

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While many choose not to use, alcohol use is a behavior that cuts across group lines, largely as part of a party scene.

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And yet, several adults, reflecting on their own high school experience, commented that alcohol is not the centerpiece of youth culture it was “back in the day” in part because marijuana use has become normalized.

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*“It’s rare for kids to come in to school smelling like alcohol or pot. That’s not the norm.”* SCHOOL STAFF

*“We don’t hear much about alcohol. Our older youth (21+) sometimes talk about it.”* COMMUNITY PROVIDER

*“I hear about drinking mainly from high schoolers, usually away from school and usually on the weekends. You see it on social media.”* SCHOOL STAFF

*“Even students who are high achievers use [alcohol]. It’s something that occurs across the spectrum. It’s not everyone, but all groups are affected.”* SCHOOL STAFF

*“If they’re drinking, then they’re probably also smoking weed. There’s a big overlap.”* SCHOOL STAFF

*“I don’t think substance use is as bad as it used to be. I see it in age 19-25, but not so much in the school system. I think of older youth. My nieces are 18-20 and I see posts of them on FB holding a beer.”* PARENT

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# Alcohol: Attitudes

Youth focus group participants described drinking alcohol as a fun activity. They said that drinking, even heavily, is okay at parties, though they frowned on daily drinking.

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Parents in focus groups expressed concern about youth alcohol use.

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School personnel said they received mixed responses from parents whose children were caught using.

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*"Drinking is used as a social lubricant to do things a person may be nervous about."* YOUTH

*"Being drunk is different from being a social drinker."* YOUTH

*"Alcohol is extremely dangerous.... It's a poison if they're prone to having it be a problem to them. They don't know enough about it. They think they're invincible."* PARENT

*"I'm not a drinker. It doesn't happen in our house.... We talk about it a lot. The perception is that it will lead to harm."* PARENT

*There are parents who know what's going on and provide what they see as a safe house, a place where their kids' friends come over and drink in the basement. Some parents think it's okay for 16-17 years olds."* SCHOOLSTAFF

*"Some parents don't even see danger in drinking at all. I've heard from parents, "My child does not do drugs, they just smoke pot and drink." Or "They are just drinking beer."* SCHOOLSTAFF

*"If you have a basement full of kids drinking, a certain percentage will do fine, a certain percentage will go on to be alcoholics, and a certain percentage will go on to die of a heroin overdose. But the social attitude is they'll all do fine."* COMMUNITY PROVIDER

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# Alcohol: Access

Local young people typically acquire alcohol at parties, or by having an older friend or sibling purchase it for them.

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Home is another common source, with and without parent permission; many youth mentioned stealing alcohol from parents.

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Although a couple of young people mentioned using fake IDs, other stakeholders interviewed said they thought the barriers to underage sales were high in the region.

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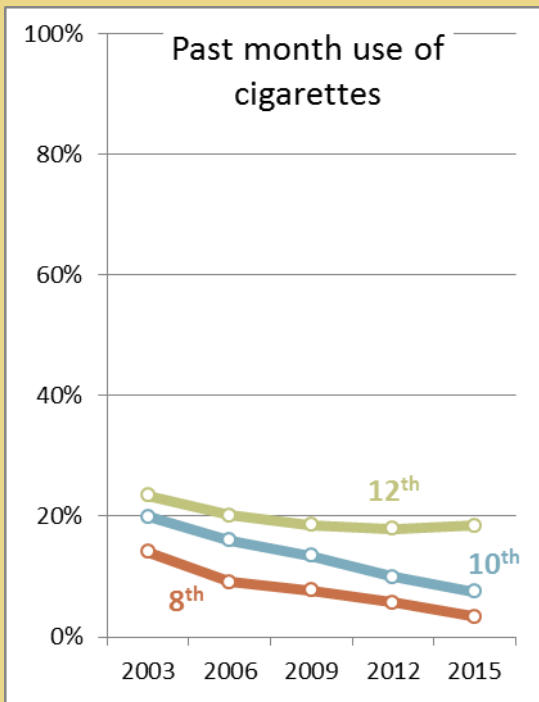
*"A lot of kids steal alcohol from their parents' homes. And there are enough people in their early 20s hanging around doing nothing that are willing to buy it for younger people."* LAW ENFORCEMENT

*"Kids graduate from here and don't go anywhere. So there are older kids who are still in the social circles of high school students."* SCHOOL STAFF

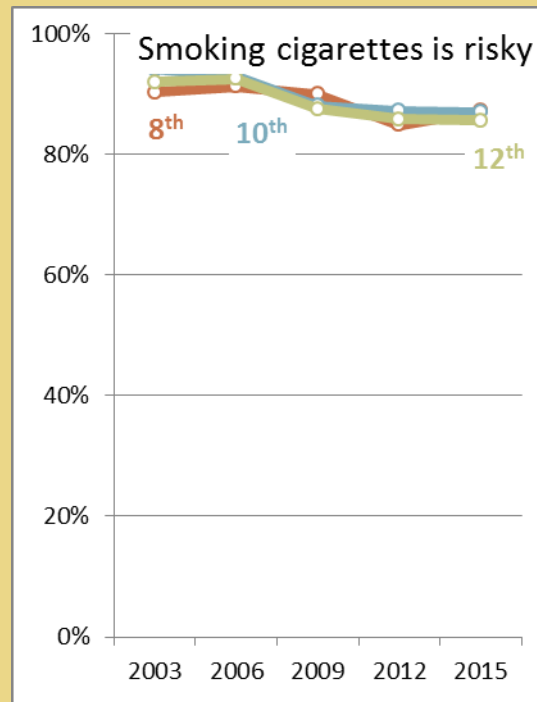
*"We're pretty good about alcohol compliance checks with the ABCC. Most of the businesses are wary about it, which is good."* LAW ENFORCEMENT

*"You can get alcohol by sneaking it out of the store."* YOUTH

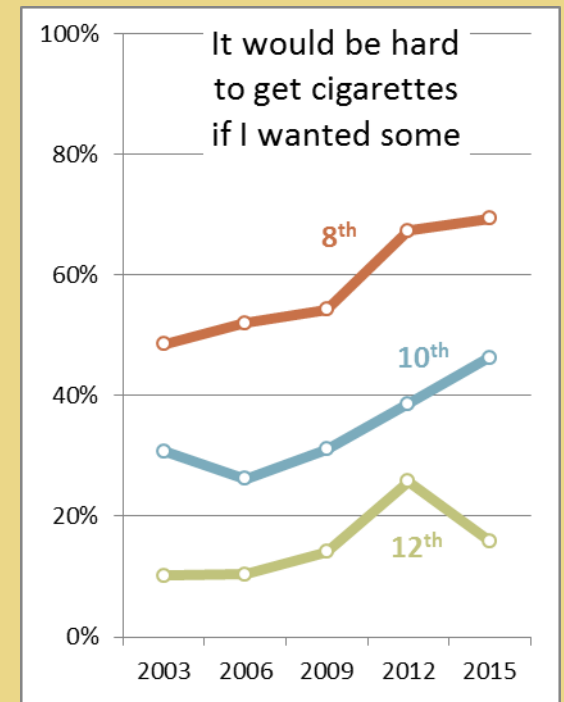
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Local youth cigarette use has declined since 2003.



Local young people understand that smoking cigarettes is risky.



On the whole, local young people are finding cigarettes less readily available today than they did in 2003.

# Tobacco

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**Prevalence**

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**Attitudes**

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**Access**

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# Tobacco: Prevalence

Those who do smoke do not typically smoke occasionally or just at parties; the smokers that youth focus group participants knew were daily users.

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Chewing tobacco is said to be popular in some circles. Vaping may be more widespread, and young people are vaping a variety of substances (marijuana and Adderall were mentioned).

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Vaping may be flying under the radar at school; youth tended to be more aware of vaping on school grounds than the adults interviewed.

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*Interviews and focus groups corroborate survey findings that fewer youth are smoking cigarettes than in past years. However, smoking remains common in high-risk groups.*

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*"I see a lot of kids smoking cigarettes, but not as much as we used to see in the past." LAW ENFORCEMENT*

*"Cigarette smoking is down. I haven't heard much about vaping." LAW ENFORCEMENT*

*"There's not many new kids getting hooked on it." YOUTH*

*"They may think that chewing tobacco is healthier than smoking. I don't hear much about vaping. It's more expensive than cigarettes." PARENT*

*"Teens vape in schools. There are strawberry and pineapple flavors. Vaping is a common thing." YOUTH*

*"There have been incidents of vaping in school because students feel they can get away with it. We don't smell it." LAW ENFORCEMENT*

*"They vape pot. They can vape all sorts of stuff, their pills." PARENT*

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# Tobacco: Attitudes

Participants in the youth focus groups expressed distaste for smoking and articulated an understanding of its health effects.

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Youth tended to see vaping as less harmful and socially preferable to smoking cigarettes.

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Some adults expressed concern about vaping as an entrée to tobacco use.

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*"It's very unpopular for kids to smoke cigarettes."* SCHOOL STAFF

*"Everyone who smokes knows it sucks."* YOUTH

*"No one thinks cigarettes are cool anymore 'cause they cause cancer."* YOUTH

*"Vaping doesn't smell as bad as a cigarette."* YOUTH

*"Vaping is better for you than smoking so I don't have to worry about it."*  
YOUTH

*"There's more of an emphasis around telling kids not to smoke cigarettes than not to use marijuana."* PARENT

*"I'm worried about the e-cigarettes that everyone is using. There's not clear research and they're not well regulated, and I wonder how many kids are starting to use cigarettes by starting with this."* COMMUNITY PROVIDER

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# Tobacco: Access

Youth focus group participants said that retailers consistently card, so they may have an older peer or sibling buy cigarettes for them, or approach a stranger outside a store to make the purchase.

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Peer networks at school are another source of cigarettes or vaping supplies, as are parents.

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A few youth mentioned “bumming” single cigarettes on the street, or picking up partially smoked cigarettes from the ground.

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*“My mom gets 5 packs of cigarettes at a time. She doesn’t notice if one goes missing.”* YOUTH

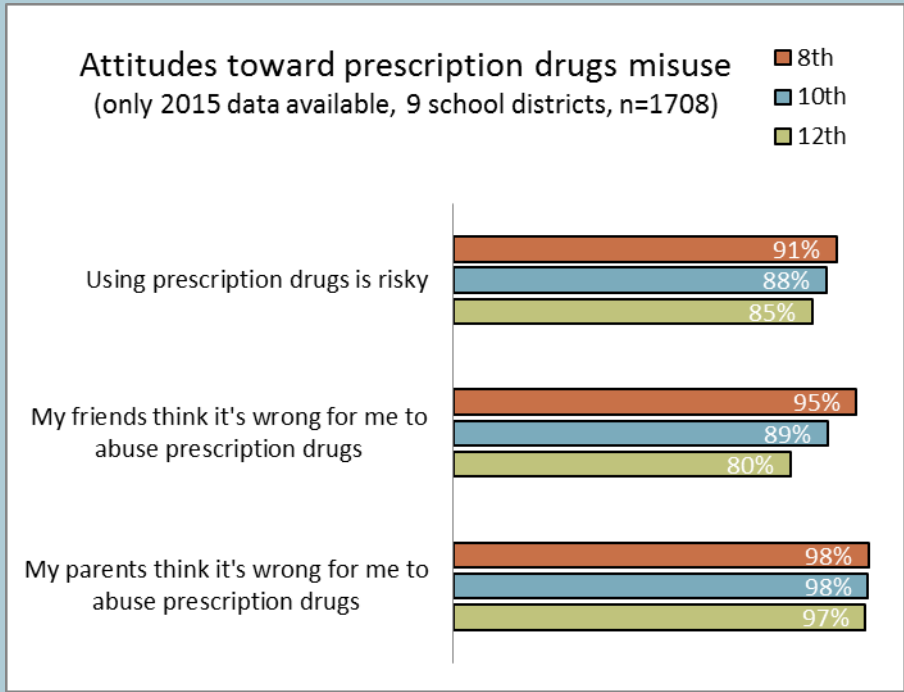
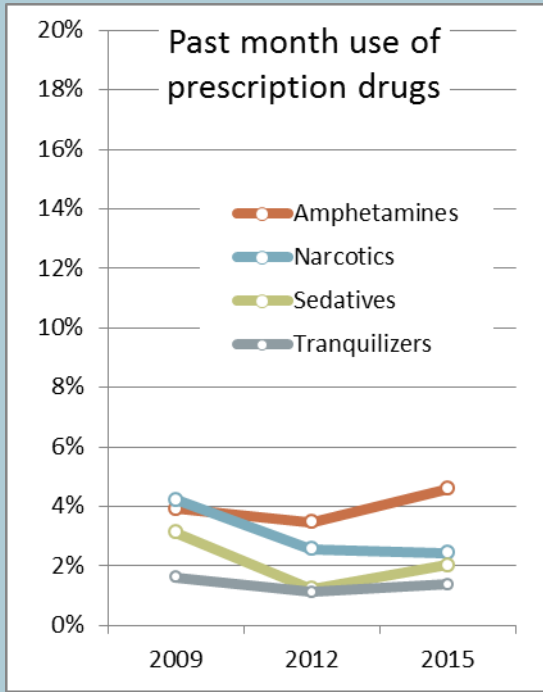
*“Raising the age to 21 for tobacco use I think helped out a lot. You can’t supply yourself downtown anymore. That’s huge.”* LAW ENFORCEMENT

*“I see a lot of adolescents smoking cigarettes. The good thing is that you have to be 21 in this town to purchase, but they still get them.”* LAW ENFORCEMENT

*“I’ve seen kids pick up some cigarettes off the ground to get stuff out of it. It’s gross, but it’s cheaper.”* YOUTH

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Note change in scale



After alcohol, marijuana and tobacco, prescription drugs (used without a doctor’s order) are the substances local youth use most. Of these, amphetamines (e.g. Adderall, Dexedrine) are the most commonly used. On the whole, young people believe prescription drug use is risky, and they say their parents and peers maintain strong norms against youth use.

# Prescription Drugs

- \_\_\_\_\_
- Prevalence*
- \_\_\_\_\_
- Attitudes*
- \_\_\_\_\_
- Access*
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# Prescription Drugs: Prevalence

**Some of those interviewed thought the problem was rising and others thought it might be down from a few years ago.**

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**Many mentioned Adderall as a commonly used substance, either taken as a pill, or crushed and snorted or vaped.**

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**Two stakeholders interviewed also mentioned cough syrup as a substance some young people are abusing.**

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**Several suggested that young people may not know what they're taking when they use pills recreationally.**

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*Key stakeholder interviews and parent focus groups show wide awareness and concern about youth prescription drug use – and acknowledgement that use is challenging to detect and quantify.*

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*"It's very ambiguous and hard to detect. We'll see students acting differently and suspect they're using, but there are so many things you can blame their behavior on – like puberty – so it's hard to know." SCHOOL STAFF*

*"Illicit use of prescription medication, from my experience, was really bad 4 or 5 years ago and I haven't seen it as much recently. I'm not saying it isn't here, but I haven't seen it much." LAW ENFORCEMENT*

*"There has always been a group of kids who use prescription drugs. It's a small percentage....I think kids are more wary than they used to be." SCHOOL STAFF*

*"Prescription drugs are a problem. They are consumed during school and this includes Adderall. Not as many Vicodin & OxyContin due to the community awareness initiatives." LAW ENFORCEMENT*

*"There are pill parties, where kids steal pills from medicine cabinets and put them out and just take them, not knowing about the effects." SCHOOL STAFF*

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# Prescription Drugs: Attitudes

**Youth focus group participants felt it was acceptable to take prescription drugs for an “appropriate” purpose, like using Adderall for studying or opioids for pain.**

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**Youth also expressed wariness and an understanding that prescription drugs can lead to addiction.**

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**Adults were uniformly alarmed by prescription drug use.**

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*“I would never mess with something like that.”* YOUTH

*“Most of us perceive prescription drugs as risky.”* YOUTH

*“It starts with pill usage and then they switch over to heroin.”* YOUTH

*Everyone wants their kid diagnosed with ADHD, and then they’re going on to other drugs.”* PARENT

*“The prescription medications scare me the most. Some people think it’s safe, and that is what has led kids into heroin.”* LAW ENFORCEMENT

*“Experimenting can quickly become a fast track to hell. Opiate pain medication is so physically addicting that it quickly becomes more than about getting high anymore. Everyone thinks they won’t ever take the next step.”* COMMUNITY PROVIDER

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# Prescription Drugs: Access

Prescription drugs come from teens' own prescriptions, or from their parents' or grandparents' medicine cabinets, and then may be further disseminated through peer networks.

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*"People are always asking if you want to pop Adderall." YOUTH*

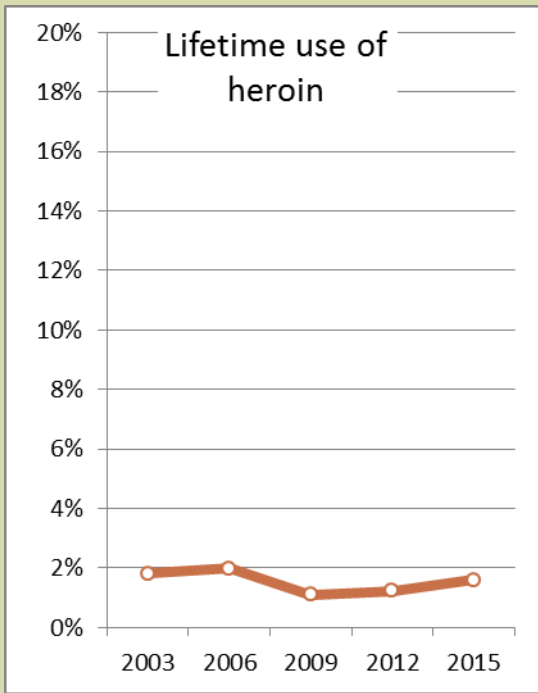
*"Prescription drugs come from kids who don't like taking their own drugs so instead they sell it and get money for it." YOUTH*

*"If your parents ask you to pick up their prescription, take some and act like the pharmacy made a mistake." YOUTH*

*"I think they are getting their substances from medicine cabinets from their parents or grandparents or had them prescribed for themselves, and taking them and selling them." SCHOOL STAFF*

*"I wonder how much more frequent it is in children who are being cared for by their grandparents because they were taken away from their parents by DCF – and their grandparents are more likely to have opioids in the house." COMMUNITY PROVIDER*

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Survey data has not provided evidence of change in heroin use among local middle and high school students.

# Heroin

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**Prevalence**

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**Attitudes**

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**Access**

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# Heroin: Prevalence

## Stakeholders identified different paths to dependence:

some follow a gradual  
progression from alcohol and  
marijuana to harder substances

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others transition from  
legitimately prescribed opiates  
to illicit opioid use

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others leap directly to heroin  
addiction.

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*Most of the key stakeholders said they perceived the heroin crisis to be greatest among older youth, but many expressed concern that use of other drugs in high school was paving the way for later addiction for some youth. Some wondered how much heroin use might be going undetected.*

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*"It's not younger kids, it's mostly older kids. I have seen older kids who look like they've had it a lot."* YOUTH

*"Heroin between the age group of say 19-30 is obviously a major problem, and it's obviously starting somewhere, but in the high school it might be starting with alcohol and marijuana."* LAW ENFORCEMENT

*"Some young people started addiction with pain pills. They were athletes, got injured, got pills, got addicted. When the doctor stopped prescribing, they found it's cheaper to get heroin on the street. It's a very common story."* LAW ENFORCEMENT

*"There's a very quick jump to heroin, not a slow progression from one drug to another. They just try it right off the bat... It's straight from out one night, try this, and then they're hooked."* LAW ENFORCEMENT

*"A lot of it goes unreported, especially with IV drug use, because of the social stigma of using needles."* COMMUNITY PROVIDER

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# Heroin: Attitudes

Youth focus group participants saw heroin use as really risky and “bad” and were aware of potential harms of heroin use, including addiction, overdose and death.

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*Interviewees and focus group participants expressed deep concern, sadness and fear about the opioid crisis.*

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*“I get the impression that the community as a whole is aware and really worried and wanting to do something.”* COMMUNITY PROVIDER

*“People don’t advertise that they’re doing it, because people see it as bad.”* YOUTH

*“There is so much more stigma and pressure to hide and keep it secret with IV drug use.”* COMMUNITY PROVIDER

*“Our young people typically have strong negative feelings about heroin. But that may be partly because we have a younger group here.”* COMMUNITY PROVIDER

*“I think a lot of our youth are really scared about what they see in the community, especially opiate addiction. I hear them talking about that.”* COMMUNITY PROVIDER

*“Adults who work in the system think it’s terrifying. It’s everywhere, every child is at risk. It doesn’t take a lot for a child to become addicted and we really don’t know what to do about it.”* LAW ENFORCEMENT

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# Heroin: Access

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**It's often friends supplying friends, or the "Avon Lady" model, as one stakeholder put it.**

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**Heroin is relatively cheap—less expensive than pills.**

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*Focus groups and interviews supported survey findings that heroin is not as readily available as alcohol or marijuana. However, those who want it do not have difficulty finding it through established networks.*

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*"Heroin sales are not as out in the open." YOUTH*

*"When they start self-medicating, they find others who are doing the same thing and that becomes their peer group. You're introduced to a new group of people and a network of supply. The current draws you in." LAW ENFORCEMENT*

*"They get ensconced into the scene, dealing, using, they are all connected somehow." LAW ENFORCEMENT*

*"I have a sense that a lot of trading things other than money is a way that youth are getting access to some of these substances. Some are engaging in sexual acts for that, some are being exploited in other ways." COMMUNITY PROVIDER*

*"You can go around town and watch the deals going down." PARENT*

*"Heroin is really cheap and really strong." YOUTH*

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# FACTORS INFLUENCING SUBSTANCE USE

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*Fun*

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*Self Medication*

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*Lack of Opportunity*

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*Fitting In*

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*Family Norms*

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*School Rules & Norms*

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*Community Laws & Norms*

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# Fun, Socializing, & Risk-Taking

Youth focus group participants said outright that using substances is fun.

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Adults were less likely to cite “fun” as a motivation for young people using, but did often mention the social aspect of using and parties as a place where substances are commonly used.

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*“Alcohol is fun.”* YOUTH

*“You can get bored of videos. You can’t get bored of drugs.”* YOUTH

*“What I hear from them is that they like it, they like how it makes them feel.”* COMMUNITY PROVIDER

*“Kids are risk takers and it’s out there.”* SCHOOL STAFF

*“There’s some typical high school experimentation, trying the forbidden fruit.”* SCHOOL STAFF

*“They’ll party at houses where there’s no parental supervision. People bring things and kids try things.”* LAW ENFORCEMENT

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# Self-Medication

% of students surveyed in 2015 who ...

**Felt some symptoms of depression in the past year. 40%**

**Said they can ask a parent for help if they have a problem. 73%**

**Have lots of chances to talk with teachers one-on-one. 81%**

## Youth focus group participants:

**agreed that some young people were intentionally self-treating;**

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**had clear ideas about what substances were appropriate to treat what conditions.**

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*Several stakeholders interviewed said they believed many youth use to relieve stress and anxiety, or to treat undiagnosed mental health conditions.*

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*"Some use it to self-soothe for emotional pain." COMMUNITY PROVIDER*

*"They're all dealing with social issues, and having a drink or smoking pot is awesome for that – it works!" COMMUNITY PROVIDER*

*"I see teens using marijuana for self-medication, for ADHD. It becomes a coping strategy. You're not dealing with underlying problems. They also use it for PTSD and other things." PARENT*

*"People smoke cigarettes for stress. It can make you feel better." YOUTH*

*"Smoking curbs your appetite, for folks with eating issues." YOUTH*

*"Marijuana helps with depression, anxiety, bi-polar, ADHD and PTSD." YOUTH*

*"I know a lot of people who use prescription drugs to get their homework done because they're overwhelmed." YOUTH*

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# Lack of Opportunity

In contrast to comments from interviews and focus groups, the % of students surveyed in 2015 who ...

**Said students have lots of chances to get involved in sports, clubs and other activities outside of class.**  
**94%**

**Many saw substance use stemming from a lack of opportunities, both day-to-day, and in a more global sense, in terms of life chances.**

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**Several commented on the hard lives many local teens lead, and the generational transmission of expectations around substance use.**

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*"There's nothing to do around here and this town is depressing."* YOUTH

*"I believe drug use is handed down generationally. I can draw a connection from parent to child many times. I also believe there are not enough activities for teens outside of high school and they are bored and getting into trouble."*  
SCHOOL STAFF

*"There's not much to do around here. That's what they say. Because of where they live and because of their socio-economic status, they don't have access to get to other places."* SCHOOL STAFF

*"We need more activities for young people. The community is fearful of youth that congregate. But they need to congregate. I always wanted a youth center."* PARENT

*"I don't think there are enough activities for teenagers. ... There's no place for teens to go and hang out. They need goals, worthwhile activities to look forward to."* LAW ENFORCEMENT

*"There's no inspiration for kids to be thinking about making their mark in the world... or having any kind of a future."* LAW ENFORCEMENT

*"Parents repeat cycles. Well, my parents drank, so it's okay for me to do it and for my kids to do it."* PARENT

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# Fitting In

While many stakeholders cited peer pressure as a reason for use, surveys indicate most students do not think substance use is “cool.” The % of students surveyed in 2015 who agreed they had a good chance of being seen as cool if they used ...

Marijuana	25%
Alcohol regularly	19%
Cigarettes	5%

**Adults interviewed, and particularly parents, saw peer pressure as a factor influencing youth substance use.**

**Youth were not likely to say they themselves were swayed by peer pressure, though some said they knew others who were.**

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*“Some will say their friends are using it, but they’re reluctant to suggest that they’re doing it because of peer pressure.”* COMMUNITY PROVIDER

*“Kids are being peer pressured to try alcohol & drugs. I remember the pressure in high school.”* PARENT

*“The bottom line is social expectations. There’s almost some level where it’s expected.”* COMMUNITY PROVIDER

*“In our culture the identity piece is still there. If you play Ultimate Frisbee you smoke pot, if you play football you drink. What is my tribe? Substances are a part of that.”* COMMUNITY PROVIDER

*“They mainly do it because they think it’s cool, because other people are doing it and their friends are doing it.”* YOUTH

*“I think that it’s encouraged by older kids to drink. Kids that are 4-5 years older than you can push it onto you.”* YOUTH

**A school staff member expressed another perspective:**

*“There are a lot more kids in society making a choice not to use. I think kids are easier to one another...peer pressure is lower. Students identify safe spaces and go there if they don’t want to use.”* SCHOOL STAFF

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# Family Norms

*Parent focus groups reinforced findings from youth and parent surveys that parents are aware of substance abuse problems in the community and concerned about youth substance use.*

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*"I tell my daughter not to use even one time. It's a different time – not like when I was growing up." PARENT*

*"Because heroin is prevalent, youth think marijuana is not a big deal. But I believe it impairs driving, judgment, memory. There's so much happening in the developing brain and marijuana and other substances can impact that development." PARENT*

*"I talk to my son all the time about it. It's out there. I say if you decide to use, I hope you will come to me. All his friends are doing it." PARENT*

*"You can't let your kids do the same stupid things you did." PARENT*

*"I see what my kid knows about it. I ask him. I think the least information is better. Why go through the details about the stuff they don't need to put their little minds through." PARENT*

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**While heroin and opioids were prominent in the discussion, parents also expressed concern about tobacco, alcohol and marijuana.**

**Most said they had talked with their kids about substance use, and some were aware of the impact of use on the teen brain.**

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# Family Norms

% of students surveyed in 2015 who agreed their parents think it is wrong for them to use ...

Marijuana	80%
Alcohol	86%
Cigarettes	94%
Prescription drugs	98%

**Some parents may feel they are protecting their children by providing a “safe space” for young people to use in their homes.**

**Some parents don’t see some substance use as harmful.**

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*While a strong majority of parents support a no-substance-use message for young people, some parents tolerate youth tobacco, alcohol and marijuana use.*

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*“Most are supportive of non-use, but there’s a small percentage that look away.” LAW ENFORCEMENT*

*“There is still a subset of parents who let their kids drink at home, supervised... It is important for other parents to know who those parents are.” LAW ENFORCEMENT*

*“Marijuana is accepted socially and parents do not express concern if their kids are smoking pot. They are not against it, but they tell their kids not to smoke it, creating a double standard.” SCHOOL STAFF*

*“Some kids smoke cigarettes because there are smokers in their family, they think it is inevitable, it is always around them.” YOUTH*

*“I have heard from parents, ‘It’s just pot, I’ll tell them to cut down.’” SCHOOL STAFF*

*“It seems...that some parents have less of a role as their parent and more of a role as their friend or associate, and I’m seeing kids getting caught up in substances being introduced by their parents.” LAW ENFORCEMENT*

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# Family Norms

% of students surveyed in 2015 who agreed ...

**The rules in my family are clear. 80%**

**My parents would know if I didn't come home on time. 85%**

**When I'm not home, my parents know where I am. 87%**

**My parents would catch me if I drank alcohol. 52%**

**Some caregivers are working multiple jobs and can't keep track of what's going on at home.**

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**Some parents expressed a need for support for families who are struggling to connect with their children and keep them safe.**

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*Whereas most local parents are setting and monitoring rules for their children, stakeholders who work with high risk populations connect youth substance use to disorganization in some households.*

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*"A higher percentage of parents/guardians are living unmanageable lives, many of which include substance use." SCHOOL STAFF*

*"There is lack of supervision because parents are consumed with their own ISSUES." LAW ENFORCEMENT*

*"Parents often don't know how to deal with their kids and most are willing to work with us." SCHOOL STAFF*

*"Parents are concerned, afraid. You try to talk to kids, try to make them understand. The kids just roll their eyes at you. Like they think they know it all. They're invincible." PARENT*

*"I don't see any ongoing open nonjudgmental support groups where parents can go and talk about their concerns and get help to figure out how to deal with things." PARENT*

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# School Rules and Norms

**Most interviewees and focus group participants believe area schools have strong rules and norms against youth substance use.**

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**Youth focus group participants said most substance use happens outside of school, though some use is evident on school grounds.**

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*"School staff don't accept any use at all." LAW ENFORCEMENT*

*"If athletes get caught once, they don't play at all for the rest of the season." LAW ENFORCEMENT*

*"Everyone is breathalyzed at school dances. This is working." LAW ENFORCEMENT*

*"We search on any suspicion. Our policies are fairly enforced and we use the same policy for all students." SCHOOL STAFF*

*"The culture at the school is that is wrong to take substances." LAW ENFORCEMENT*

*"Kids aren't really smoking marijuana at school, just before school and after school." YOUTH*

*"You don't see pills at school. If they do it there, they don't talk about it." YOUTH*

*"Cigarettes happen at school a lot. People have asked me to borrow a lighter before." YOUTH*

*"People are vaping in school and taking pills in school sometimes." YOUTH*

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# School Rules and Norms

**If students are caught with substances, or if they are suspected to be struggling with substance use, the schools have procedures in place to discuss how to proceed to help the student.**

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*"We tend to be objective, not accusatory... We try to stay really calm, just point the family in the direction of help and acknowledgement of a problem. We come from a 'we want them to be okay' attitude."* SCHOOL STAFF

*"Here at the school ... staff are pretty good about keeping an eye out. Staff will request a visit to the nurse or with the administration if they feel a student is under the influence."* LAW ENFORCEMENT

*"We try to use motivational interviewing to have them determine if their substance use is a problem. We give them resources and support if they feel they need it."* SCHOOL STAFF

*A few parents were concerned about school handling of substance issues:*

*"My son told me he saw coke and weed in a gym locker. Last year I tried to bring it up with the principal. Nothing was done. It feels futile."* PARENT

*"They should have strip search in the school. Make sure nothing's getting in. I know it's all around."* PARENT

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# Community Laws and Norms

*Changes in laws are influencing youth behavior, with both positive and negative implications.*

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*It's a positive influence that there is no smoking in public place, school grounds, public buildings, restaurants, that the age is 21. Compliance checks are pretty effective."* LAW ENFORCEMENT

*"Decriminalization of marijuana has had a negative influence. I know we can give them a fine, but it almost minimizes the damaging behavior."* LAW ENFORCEMENT

*"The fact that drugs are illegal probably keeps some kids from doing them or makes them harder to come by...the decriminalization of marijuana has had the opposite effect and it makes parents think it's not that bad."* LAW ENFORCEMENT

*"You can arrest a teen for having an open beer but you can only give an unenforceable ticket if they have pot. This is a confusing and damaging message... it is giving people of all ages the incorrect assumption that marijuana is not as serious a substance as alcohol."* LAW ENFORCEMENT

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**Stakeholders believed that T-21 and restrictions on smoking in public places are helping to reduce youth tobacco use.**

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**Many said decriminalization and medical marijuana are having the opposite effect on youth marijuana use.**

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# Community Laws and Norms

% of students surveyed in 2015 who thought police would catch a young person using ...

Marijuana	28%
Alcohol	27%

**Some school staff and parents expressed appreciation for the way police interact with young people and play a positive role with respect to youth substance use.**

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**Some in law enforcement felt their hands were tied in getting help to kids who need it.**

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*"The police are well liked... I see students talking with cops at games. They're a positive influence. They know them on a personal level."* PARENT

*"I like feeling like we in the school and the police are partners. Police officers are integrated into the community. They are local high school grads, parents, uncles and aunts."* SCHOOL STAFF

*"I would endorse a change in the law--juvenile records going away after a period of time. Because of the consequences of having the record people are afraid to use this tool, but it would be helpful for many to get them into the system, into help."* LAW ENFORCEMENT

*"Everyone, police included, are worried about giving kids drug records."* LAW ENFORCEMENT

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# Community Laws and Norms

% of students surveyed in 2015 who agreed most of their adult neighbors think it is wrong for youth to use ...

Marijuana	68%
Alcohol	72%
Cigarettes	78%

**Many youth focus group participants said they see substance use as the norm.**

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**Key stakeholders and parents said they see substance use as the norm in subgroups of the population, and they commented on a general atmosphere that promotes use of some substances.**

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*Community norms are perceived as somewhat accepting of alcohol and marijuana use, but the community holds a strong norm against heroin use.*

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*"Substances are used to become the norm, not even to be cool. It's just the norm now." YOUTH*

*"You see signs for alcohol everywhere. Any time you walk down the street, you see signs that tell you to drink beer." COMMUNITY PROVIDER*

*"The local community culture views marijuana pretty casually." COMMUNITY PROVIDER*

*"No one says heroin is ok. Adults and kids don't justify it. They all know it is a big deal." LAW ENFORCEMENT*

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# RECOMMENDATIONS

## FROM STAKEHOLDERS AND FOCUS GROUP PARTICIPANTS

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*Activities/Inspiration*

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*Prevention*

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*Treatment*

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*Education for youth*

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*Education for parents*

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*Address stigma*

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# Recommendations From Participants:

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## Activities/Inspiration

*"Some youth can't imagine getting out of Greenfield, leaving this community. We need anything that encourages them to think beyond this as their world. They can't even imagine going to GCC because it's off their script. There are a lot of programs that help that." LAW ENFORCEMENT*

*"There must be some way to have more youth programs. Some of our kids' lives suck and it's a huge portion of the school body. They need something or somewhere to go instead of numbing their brains with weed.... We need a drug free teen space, a place where teens feels safe." LAW ENFORCEMENT*

## Prevention

*"I question the focus on getting people off drugs. I think there should be a greater focus on keeping people from getting on drugs." LAW ENFORCEMENT*

*"Just say no" campaigns are not reaching the root of what the problem is, which is people not finding meaning in their lives. It's a systemic issue." LAW ENFORCEMENT*

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# Recommendations From Participants:

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## Treatment

*"Youth addicted to substances ...need real treatment and by that I mean an intensive outpatient program or an inpatient program, with community follow-up like NA and AA for teens. When I see someone with a serious problem, I feel have nothing to offer in the way of local help."* LAW ENFORCEMENT

*"There needs to be more recovery services aimed at young people (15-21), and that are more youth friendly. And there needs to be something in place for youth who are not deeply addicted and suffering yet."* COMMUNITY PROVIDER

## Education for Youth

*"We need greater prevention information in high school health classes. And start younger. Teach prevention skills in grades 4-5. Show Ruth Potee's brain discussion to all 8th graders."* SCHOOL STAFF

*"We need to get a serious message out there to delay use and give their brains a chance. I like the delay use message that mentions "hijacking" your brain."* SCHOOL STAFF

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# Recommendations From Participants:

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## Education for Parents

*"There's a need for resources for parents who become concerned about their children's use – where should they go, what should they do? What are parents' options? Often it requires an escalation of the child's use before resources are available." SCHOOL STAFF*

*"Work with parents on how to talk with their kids about drugs and alcohol. Do some role playing, practice refusal skills. What parents don't tell their kids is that the person who offers them drugs is probably going to be someone they like, someone nice. How do you negotiate that? Give the kids the language to say no." SCHOOL STAFF*

## Address Stigma

*"We need to recognize that a large number of kids are coming from homes where substance abuse is common, and by calling their loved ones by horrible names we are shutting down the chance that those kids will ever ask for help." COMMUNITY PROVIDER*

*"Just say no" campaigns are not reaching the root of what the problem is, which is people not finding meaning in their lives. It's a systemic issue." LAW ENFORCEMENT*