

Vermont Afterschool

Positive Youth Development

Prevention Resource Guide for the Third Space



Updated: 08/2020

Overview

Research over the past decade has shown that the third space is critical to helping children and youth develop into healthy, well-rounded adults. It also encompasses a significant amount of time: a young person in Vermont spends only 20% of their waking hours in school and the rest of the time at home or in the third space - in the community, working jobs, hanging out with friends, participating in extracurricular activities, volunteering, and pursuing interests and hobbies.

In a small, rural state such as Vermont, out-of-school time programs and resources play a critical role in efforts to break the cycle of addiction and heal opioid-affected communities.

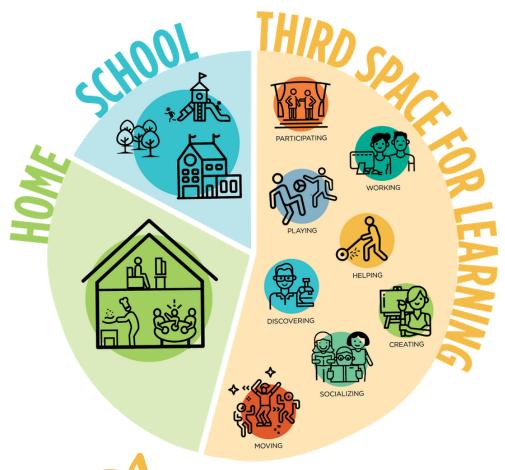
This guidebook provides afterschool and third space providors tools and resources to support prevention efforts.

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Prevention in the Third Space

What happens when youth aren't at home or at school - also known as the third space - really matters in a teen's life. This can be a significant amount of time when you take into account school vacation weeks and summer break. It is important that young people are encouraged to engage in quality activities during the out-of-school time. Whether it's playing on a sports team, volunteering in the community, learning new skills, practicing for a performance, or hanging out with friends in a safe place, these programs allow teens to further develop their social skills and build emotional resilience.



Did You Know?

Approximately 24% of Vermont youth in grades k-12 are currently enrolled in Afterschool programs. Of those not currently in programs, 33%, or more than 22,000 children and youth, would participate if a program were available.

Vermont students who participate in up to 19 hours of extracurricular activities each week are less likely to use alcohol, tobacco, or marijuana than those who do not participate in any activities. Two out of three Vermont parents agree that afterschool programs make it less likely youth with engage in risk behaviors.

One in seven Vermont youth have lived with someone who had a problem with drugs or alcohol, an Adverse Childhood Experience (ACE). ACEs can increase a child's long-term risk of substance use disorders and other future health concerns, but quality afterschool programs use trauma-informed practices that offset these impacts.

Positive Youth Development and Protective Factors

What is Positive Youth Development?

Positive youth development emphasizes building on youth's strengths, creating opportunities to help youth achieve goals, fosters healthy relationships, and promotes protective factors.

What are Protective Factors?

There are many domains that youth interact with frequently and they can have protective impacts on a youth's wellbeing. These include:



Increasing Protective Factors in the Third Space

Participation in consistent, high-quality third space programs are a known protective factor against substance use and risky behaviors. Organized quality activities, trained third space leaders, and accessible opportunities that third space programs can provide are an effective primary prevention strategy.

Did You Know?

64% of youth in Vermont Youth Project communities report that there is a great deal of social opportunities available in their community.

To learn more about Vermont Youth Project. Visit: www.vermontafterschool.org/vyp/

Common Signs

Youth go through a lot of changes and typical development between the ages of 12-18. It can be easy to mistake the changes a young person goes through during adolescence for substance misuse and mental health behaviors as many signs overlap. If you work with young people, you know them well and if there is a drastic change in behavior, it may be time to check in.

Common Signs of Alcohol and Drug Use

CHANGES IN BEHAVIOR OR MOOD

Restlessness, nervousness, paranoia, irritability, defensiveness, and/or a lack of interest in appearance or activities.



CHANGES IN FRIENDS

Switching friends and being relectant to introduce new friends.

PROBLEMS AT SCHOOL OR HOME

Poor attendance, drop in grades, and rebelling against rules.



PHYSICAL OR MENTAL CHALLENGES

Slurred speech, lack of coordination, disorientation, memory lapses, trouble concentrating, or symptoms such as nausea, vomiting, bloody noses, teeth clenching, or sweating.

Common Signs of Adolescent Development

PHYSICAL CHANGES

Changes in hormones and increase in weight and height.

MENTAL CHANGES

Developing more abstract thinking skills, forming own beliefs, and questioning authority.



EMOTIONAL CHANGES

Shifts mood quickly, feels more intensely, and increasing risk-taking and impulsive behavior.



Increase in peer influence, learning to manage relationships, and experimenting with social and cultural identity.



Alcohol

Among high school students, over half (55%) have ever drank alcohol, three in ten (31%) drank alcohol during the past 30 days, and 15% binge drank at least one time during the past 30 days.

Among students who reported drinking during the past 30 days, about half drank on one or two days; about one in eight drank on ten or more days.

- Over the past decade trying alcohol before age 13 has significantly decreased from 18% in 2009 to 13% in 2019.
- Lifetime alcohol use significantly increases with each grade level. By the time students are in their senior year, 69% have tried alcohol.
- Female students are significantly more likely than male students to have consumed alcohol during the past 30 days. LGBT students are significantly more likely than heterosexual/cisgender students to have consumed alcohol during the past 30 days.

Vermont Department of Health. YRBSS. 2019.

Know the Signs

Smelling of Alcohol

Slurred Speech

Bloodshot Eyes

Poor Concentration

Lack of Coordination

Memory Lapses

Did You Know?

For youth that did not participate in any afterschool activities, 6.2% reported binge drinking ten or more drinks at least once in the month leading up to the survey. This percentage decreased to 2.7% for youth who participated in one to four weekly hours of programming; to 3.2% for youth who participated in five to nine weekly hours of programming and 3.1% for youth who participated in ten to nineteen weekly hours of programming.

To learn more, please visit the Vermont Afterschool Blog: vermontafterschool.org/datadigest_alcohol/

Additional Information and Resources

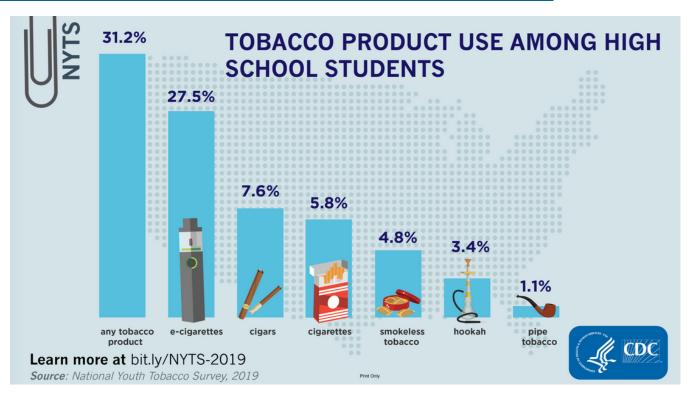
ParentUp: https://parentupvt.org

Free and confidential information and referrals

SAMHSA: 1-800-662-HELP (1-800-662-4357) / findtreatment.samhsa.gov

Tobacco

Tobacco Use in High School (2018)



Center for Disease Control and Prevention. Tobacco Use Infographics. 2019.

E-cigarettes are the most commonly used tobacco product among middle and high school students.

JUUL, a popular e-cigarette, is shaped like a USB flash drive.

Some e-cigarette products do not look like tobacco products so students can use them unnoticed in school.

E-Cigarettes deliver a high dose of nicotine which is highly addictive and harmful to adolescent brain development.

Tobacco Cessation Resources

Youth can text "VtVapeFree" to 88709 to get help and support for quitting e-cigarettes and vaping.

Free tools and support for ages 13 and older.

802 Quits: 802quits.org

Free tools and resources.

Truth Initiative: truthinitiative.org

Free tools and resources.

CDC Quits: cdc.gov/tobacco/quit_smoking/index.htm

Vaping Illness

What is Vaping Illness?

- The Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and state and local health departments, including the Vermont Department of Health, are investigating a multistate outbreak of e-cigarette or vaping product use-associated lung injury (EVALI).
- The investigation is ongoing and a cause has not been identified, but all reported cases have a history of using e-cigarette products. Many patients report using e-cigarette products with liquids that contain cannabinoid products, such as tetrahydrocannabinol (THC).

Department of Health. Lung Injury Associated with E-Cigarette Use in 2019.

How to Stay Updated

EVALI is new and evolving. To stay updated, please visit the following CDC page: cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

Know the Symptoms

Cough, Shortness of Breath or Chest Pain

Nausea, Abdominal Pain or Vomitting

Fever, Chills or Weight Loss

Additional Information and Resources

Youth can text "VtVapeFree" to 88709 to get help and support for quitting e-cigarettes and vaping.

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802 Quits: 802quits.org

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Free tools and resources.

CDC Quits: cdc.gov/tobacco/quit_smoking/index.htm

Marijuana

Two in five students (40%) have ever tried marijuana, while 27% have used it in the past 30 days.

While ever using marijuana has remained relatively stable over the past decade, marijuana use significantly increased between 2017 and 2019.

- Half of all seniors (52%) have ever tried marijuana. Ever using marijuana significantly increases with each grade level with 6% having used before the age of 13.
- LGBT students are significantly more likely to use marijuana during the past 30 days compared to heterosexual/cisgender students (35% compared to 26%).
- Among students who used marijuana in the past month, male students are significantly more likely than females to use marijuana ten or more times in the past month (48% compared to 37%).

Vermont Department of Health. YRBSS. 2019.

Know the Signs

Anxiety

Poor Physical Coordination

Smell on Clothing

Red Eyes

Difficulty with Short-term

Memory

Did You Know?



10% of high school youth surveyed in Vermont Youth Project communities on perceptions of marijuana use reported their parents would not care about their use, 26% report that almost all their friends use marijuana, and 22.5% of 11th and 12th graders reported that smoking marijuana increases peer respect.

To learn more, please visit the Vermont Afterschool website: www.vermontafterschool.org/vyp/

Additional Information and Resources

Department of Health: Let's Talk Cannabis. healthvermont.gov/lets-talk-cannabis

ParentUp: parentupvt.org

Free and confidential information and referrals

SAMHSA: 1-800-662-HELP (1-800-662-4357) / findtreatment.samhsa.gov

Opioids and Prescription Drugs

Just over one in ten high school students (12%) have ever used a prescription stimulant or pain reliever that was not prescribed to them or used one in a manner different from how it was prescribed. Misuse of any prescription pain reliever or stimulant statistically increased between 2017 and 2019.

- Ever misusing a prescription pain reliever or stimulant does not differ by sex or grade level.
- Students of color are significantly more likely to ever misuse a prescription pain reliever or stimulant compared to white, non- Hispanic students (17% compared to 11%).
- LGBT students are nearly two times as likely as heterosexual/ cisgender students to ever misuse a prescription pain reliever or stimulant.

Vermont Department of Health. YRBSS. 2019.

Know the Signs

Nausea or Vomiting

Sleepiness or Dizziness

Itching or Sweating

Confusion

Slowed Breathing

Did You Know?

Among students who didn't participate in any hours of afterschool activities, 2.6% students reported using heroin at some point in their lives. This percentage dropped to 0.9%, 1.5%, and 0.7% respectively for students who reported participating in 1 to 4 hours, 5 to 9 hours, and 10 to 19 hours of afterschool activities per week.

To learn more, please visit the Vermont Afterschool Blog: vermontafterschool.org/data-digest-opioids/

Additional Information and Resources

ParentUp: parentupvt.org

Free and confidential information and referrals

SAMHSA: 1-800-662-HELP (1-800-662-4357) / findtreatment.samhsa.gov

Supporting Youth in Crisis

Emergency (or Crisis) Services are time-limited, intensive supports provided for youth and families who are currently experiencing, or may be expected to experience, a psychological, behavioral or emotional crisis. Services may also be provided to others in the immediate support system. These services are available 24 hours a day, 7 days a week.

- Clara Martin Center Crisis Line: 1-800-639-6360 Counseling Service of Addison County Crisis Line: 1-800-388-7641 Howard Center Crisis Line: 1-802-488-7777 (First Call for Chittenden County) Healthcare and Rehabilitation Services Crisis Line: 1-800-622-4235 (Windham and Windsor Counties) Lamoille County Mental Health Crisis Line: 1-802-888-8888 (weekends and after 4:30 weekdays) 1-802-888-5026 (Monday through Friday 8am to 4:30pm) Northwestern Counseling and Support Services Crisis Line: 1-802-524-6554 Northeast Kingdom Human Services Crisis Line: (Derby) 1-802-334-6744 (St. Johnsbury) 1-802-748-3181 Pathways Peer Support Line call or text 1-833-888-2557 **Rutland Mental Health Services Crisis Line: 1-802-775-1000**
- (Bennington) 1-802-442-5491

United Counseling Service Crisis Line: (Manchester) 1-802-362-3950

Washington County Mental Health Crisis Line: 1-802-229-0591

Additional Resources

24/7 Informational Resources

- Crisis Text Line: Text 741741 from anywhere in the USA to text with a trained Crisis Counselor.
- SAMHSA: 1-800-662-HELP (1-800-662-4357) / findtreatment.samhsa.gov

Recovery Resources

Vermont Recovery Network: (802) 738-8998 / vtrecoverynetwork.org

Mental Health Resources

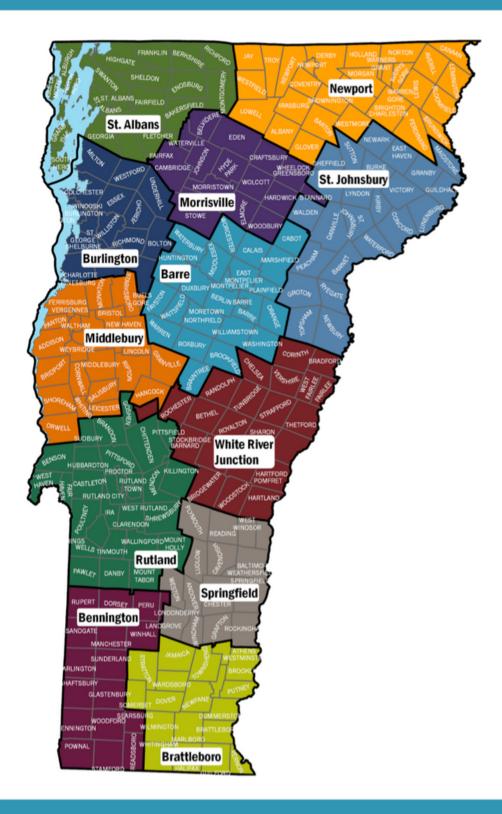
Vermont Suicide Prevention Center: (802) 254-6590 / vtspc.org

Other Resources

- Vermont 211: Vermont 2-1-1 is a free, confidential service. You can call Vermont 2-1-1 to find out about hundreds of important community resources.
- Vermont Alcohol and Drug Information Clearinghouse (VADIC): VADIC provides information on a range of topics related to alcohol and other drugs, prevention, treatment and recovery.

 (802) 223-6263 / vadic.org
- Partnership for Drug Free Kids: drugfree.org / 1-855-DRUGFREE
- Northern New England Poison Control: 1-800-222-1222

ADAP Substance Abuse Prevention Consultant (PC) Regions & Contact Information



PREVENTION CONSULTANT REGIONS
February 2020
Learn more at healthvermont.gov





PCs provide information and referral, training and consultation on substance misuse and prevention best practices, and community organizing.



BARRE DISTRICT OFFICE Matthew Whalen (802) 479-4200

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WHITE RIVER JUNCTION DISTRICT OFFICE

Claudia Marieb

(802) 295-8835

claudia.marieb@vermont.gov

PREVENTION CONSULTANT CONTACT INFO
February 2020
Learn more at healthvermont.gov





Statewide Prevention Coalitions

ADDISON COUNTY

United Way of Addison County unitedwayaddisoncounty.org 48 Court Street Middlebury, VT 05753 802-388-7189 info@unitedwayaddisoncounty.or

BENNINGTON COUNTY

Alliance for Community Transformations actbennington.org 600 Main Street, #107 Bennington, VT 05201 Dare Meunier: director@actbennington.org

CALEDONIA COUNTY

Northeast Prevention Coalition DART-NEK.org 297 Summer Street St. Johnsbury, VT 05819 802-748-8400

Tennyson Marceau: t.marceau@nvrh.org Cheryl Chandler: c.chandler@nvrh.org

CHITTENDEN COUNTY

Burlington Partnership for a Healthy Community burlingtonpartnership.org 236 Riverside Avenue, Suite F Burlington, VT 05402 802-652-0997 Mariah Sanderson: mariahbphc@gmail.com

Essex CHIPS, Inc.
essexchips.org
2 Lincoln Street
Essex Junction, VT 05452
802-878-6982 x101
Justin Hoy: justin@essexchips.org

Winooski Partnership for Prevention www.WinooskiPrevention.org 32 Malletts Bay Ave. O'Brien Community Center Winooski, VT 05404 802-655-4565 Kate Nugent: katenugent@winooskiprevention.org Connecting Youth seewhy.info 5420 Shelburne Road, Suite 300 Shelburne, VT 05482 802-985-1931 Christine Lloyd-Newberry: cnewberry@cvsdvt.org

Milton Community Youth Coalition miltonyouth.org 165 Route 7, Unit 1 Milton, VT 05468 802-893-1009 Tony Moulton: tmoulton@miltonyouth.org

Statewide Prevention Coalitions

FRANKLIN COUNTY

Franklin County Caring Communities FCCCP.org 27 Church Street, Suite 2 St. Albans, VT 05478 802-527-5049 Crystal Lampman: crystal.fcccp@gmail.com

LAMOILLE COUNTY

Healthy Lamoille Valley healthylamoillevalley.org 480 Cadys Falls Road Morrisville, VT 05661 802-730-6599 Jessica Bickford: jessica@healthylamoillevalley.org

ORANGE COUNTY

302 Cares 297 Summer Street St. Johnsbury, VT 05819 802-748-8400 Cheryl Chandler: c.chandler@nvrh.org

ORLEANS COUNTY

The Prevention Intervention Treatment Recovery Collaborative 55 Seymour Lane, Suite 11
Newport, VT 05855
802-334-7506
Allyson Howell: allyson.howell@neklsvt.org

RUTLAND COUNTY

Partners for Prevention partnersforprevention802.org 160 Allen Street Rutland, VT 05701 802-776-5515

WASHINGTON COUNTY

Central Vermont New Directions Coalition www.cvndc.org 73 Main Street, #33 Montpelier, VT 05602 802-223-4949 Ann Gilbert, Coordinator

Statewide Prevention Coalitions

WINDHAM COUNTY

Brattleboro Area Prevention Coalition brattleboroareapreventioncoalition.org Brattleboro, VT 05302 802-257-2175 Cassandra Holloway: cassandra.bapc@gmail.com

Deerfield Valley Community Partnership dvcp.org Wilmington, VT 05363 802-464-2202 Cindy Hayford: chayford.dvcp@gmail.com

West River Valley Thrives WRVthrives.com Townshend, VT 05353 802-356-4700 The Collaborative thecollaborative.us 91 Vermont Route 11 Londonderry, VT 05148 802-824-4200 Maryann Morris, Executive Director

Greater Falls Connections greaterfallsconnections.org Parks Place, 44 School Street Bellows Falls, VT 05101 802-463-9927 x208 Laura Schairbaum, Director

WINDSOR COUNTY

Black River Area Community Coalition, Inc. braccvt.org Ludlow, VT 05149 802-228-7878 Paul Faenza: paul@braccvt.org

Springfield Prevention Coalition springfieldprevention.org 59 Westview Terrace Springfield, VT 05156 info@thecollaborative.us Hartford Community Coalition White River Junction, VT 05001 603-481-1177 Barbara Farnsworth: wecare.hartford@gmail.com

Mt. Ascutney Prevention Partnership 289 County Road Windsor, VT 05089 802-674-7450 Melanie Sheehan: Melanie.Sheehan@mahhc.org



Strengthening programs. Empowering youth.

vermontafterschool.org

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