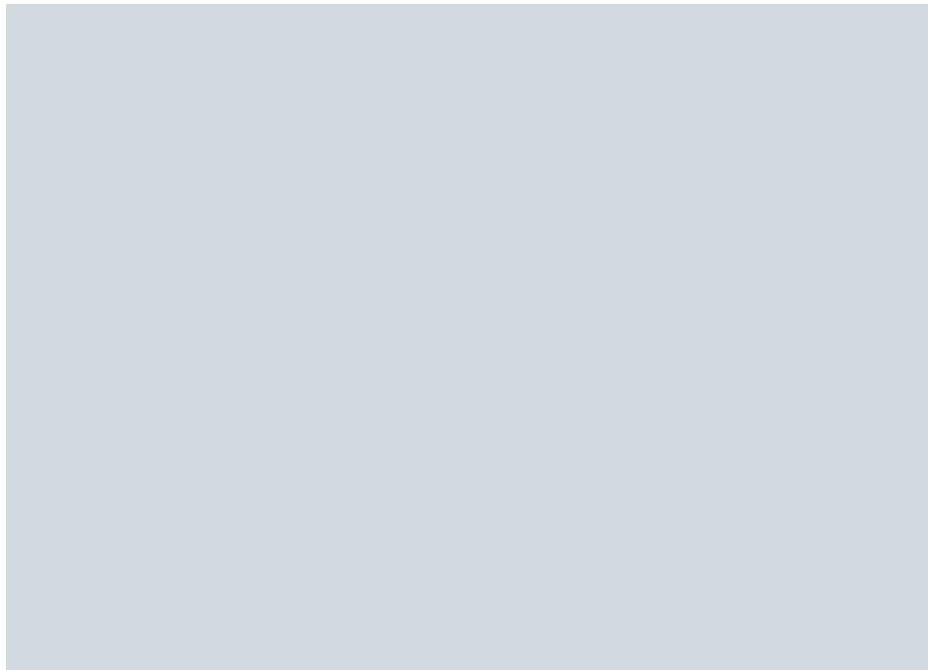


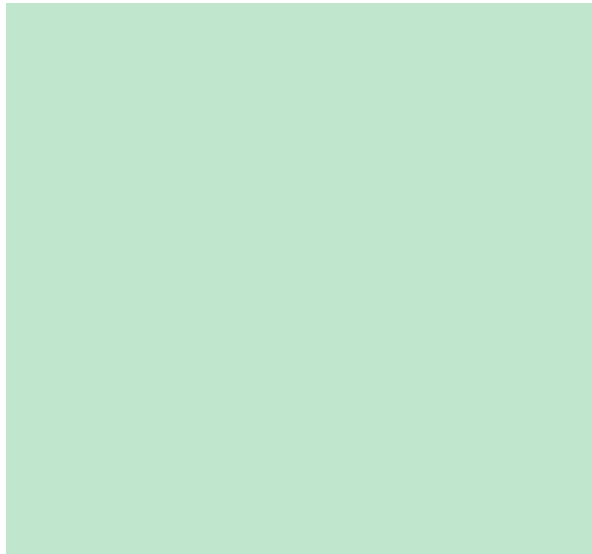
PARKS AND RECREATION:

A COMPREHENSIVE RESPONSE TO THE SUBSTANCE USE CRISIS





One of 24 syringe drop boxes installed in comfort stations.
Photo by Julien Scott, courtesy of New York City Parks



Patterson Playground in the South Bronx, site of the original outdoor syringe collection kiosk. Photo by Julien Scott, courtesy of New York City Parks



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COMMUNITY OF PRACTICE SUMMARY

Over the past few years, the National Recreation and Park Association (NRPA) has been monitoring the impact of the opioid epidemic on park and recreation professionals and the communities they serve. NRPA has hosted focus groups, conference education sessions and webinars; published magazine articles and blog posts; conducted surveys; visited communities to observe direct impacts; and analyzed data from media sources and first-hand accounts of park and recreation professionals. The stories and impacts shared have been substantial, and it quickly became clear that there was a strong need from the field to have additional discussions with peers to learn from one another about strategies to address substance misuse, discarded drug paraphernalia and other park safety/maintenance concerns.

In spring 2019, NRPA responded to the challenges experienced by those in the field by creating a Community of Practice (CoP) specifically addressing substance misuse, with a focus on opioids. The CoP

focused on two main aspects of substance misuse: prevention and operations/safety. The prevention component facilitated conversations and learning opportunities for park and recreation professionals on conducting staff training, identifying risk factors, building protective factors to prevent substance misuse, understanding adverse childhood experiences and ways to recognize substance misuse, and addressing stigma. The operations side examined park maintenance, staff safety, sharps and drug paraphernalia cleanup, partnerships with law enforcement and public health agents, and response to overdose situations on managed properties. This report provides a set of recommendations that draw from lessons learned through the CoP, data collected from agencies across the country, and recommendations from leading public health organizations and the federal government. It also includes case studies from local park and recreation agencies implementing different strategies in response to the substance use crisis.

SUMMARY OF OPIOID EPIDEMIC

Every day, more than 130 people in the United States die as a result of overdosing on opioids. Over the past few years, that number has continued to increase in communities across the country, from small rural towns in Appalachia to large urban centers like the Bronx in New York, and everything in between. The misuse of and addiction to opioids, including prescription pain medication, heroin and synthetic opioids such as fentanyl, is a national public health crisis. It's an epidemic that is costing the United States billions of dollars in healthcare, criminal justice and lost productivity; most importantly, it's a crisis that is costing us human lives.



Close-up of drug syringes on the ground. Photo by Syda Productions, courtesy of Dreamstime

According to the Centers for Disease Control and Prevention's 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes, more than 630,000 people died from a drug overdose in the United States between 1999 and 2016. The current epidemic of drug overdoses began with overdose deaths involving prescription opioids in the 1990s; this was driven by dramatic increases in prescribing of opioids for chronic pain. In 2010, rapid increases in overdose deaths involving heroin marked the second wave of opioid overdose deaths. A third wave began in 2013, when overdose deaths involving synthetic opioids, particularly those involving illicitly manufactured fentanyl, began to increase significantly. In addition to deaths, nonfatal overdoses from both prescription and illicit drugs are responsible for increasing emergency room visits and hospital admissions.

State- and county-level data on overdose rates and overdose mortality rates is available from a few sources:

- NORC at the University of Chicago. Drug Overdose Deaths in the United States. Retrieved from opioidmisusetool.norc.org
- Centers for Disease Control and Prevention. Overdose Death Maps. Retrieved from cdc.gov/drugoverdose/data/prescribing/overdose-death-maps.html

A multitude of factors have contributed to the opioid epidemic and greater substance-use crisis, including:

- Over-prescription of pain medication and the medical community's misperception about the addictive nature of opioids
- Persistence of heroin operations across the country (oftentimes targeting people who are in recovery);
- rise in synthetic opioid production, particularly fentanyl
- Increase in trauma and adverse childhood experiences
- Insufficient mental healthcare and behavioral health services
- High rates of chronic pain in specific communities;
- decline in the economic performance of certain industries
- Continued stigma associated with substance use disorder

Today, communities across the country are impacted not only by the opioid epidemic, but also by the escalating use of additional substances. This crisis encompasses the use of opioids including heroin and fentanyl, sharp increases in the use of methamphetamine, and the use of other illicit substances including cocaine and amphetamines. In addition, the resurgence of tobacco in the form of e-cigarette use and vaping are contributing to other public health challenges of epidemic proportions, especially among youth. Communities and public health officials are also grappling with how best to manage the use of marijuana in an age of widespread legalization.

For more information on the specific substances impacting communities, the National Institute on Drug Abuse provides [plain language research summaries](#).

The substance use crisis is intimately linked to a sharp rise in mental health conditions and other emerging public health threats, including depression, anxiety, social isolation and suicide. Together, deaths attributed to alcohol, prescription and illicit drug overdose; suicide; and alcoholic liver disease/cirrhosis of the liver, are known as the “diseases of despair” or “deaths of despair.” Deaths of despair are significantly higher within the Appalachian region; they are also contributing to a decline in life expectancy in the United States for the first time in our nation’s history. For this resource, we are focusing our recommendations on strategies to respond to the substance use crisis. While some components of these recommendations will highlight the need for expanded access to behavioral and mental health supports and staff training, which are inextricably linked to substance use, a greater need exists for additional resources and investments to address the emerging and alarming mental health needs across the country and to promote a culture of well-being.

With so many factors shaping this crisis and impacting communities nationwide, a multi-faceted approach is needed. Strategies that focus on and invest in substance use prevention, response and treatment while expanding access to behavioral and mental health services should be implemented at all levels of government and across a variety of sectors. This includes a comprehensive response from local government and community-based institutions that serve hundreds of thousands of people each day, like local parks and recreation.

■ IMPACT ON PARKS AND RECREATION

The impact of the substance use crisis on parks and recreation has been significant. Across the country, park and recreation professionals are confronted with navigating operational challenges and issues stemming from the epidemic. The main operational challenges expressed by park and recreation agencies include:

1. Used needles and syringes covering playgrounds, trails and ball fields
2. Use of substances and the sale of illicit drugs taking place on public lands
3. Responding to overdoses in parks, public restrooms and other managed facilities
4. Managing relationships with law enforcement, first responders, public health departments and elected officials

In addition to these operational challenges, parks and recreation also is impacted by the human aspects of the crisis, including:

1. Protecting and ensuring the safety of park users, staff and people with substance use disorder
2. Supporting staff, community members and youth who are impacted by substance use
3. Connecting people with substance use disorder to needed services and treatment
4. Building protective factors around youth, families and communities to reduce risk and stop generational cycles of use
5. Addressing the stigma of substance use

■ WHY PARKS AND RECREATION SHOULD BE PART OF THE SOLUTION

Parks and recreation is a key part of a connected, community-wide public health system, providing essential programs, services and spaces that advance health equity, improve health outcomes and enhance quality of life. Park and recreation professionals are some of the largest providers of community-based programming and services nationwide, serving millions of people each day. Parks and recreation builds protective factors around youth and adults that create positive social connections, enhance self-confidence, improve self-esteem and self-worth, develop social-emotional skills, and cultivate a sense of purpose. Parks and recreation also addresses community-level factors and environments, contributing to the safety of the community and reducing violence, adding economic value, providing jobs and workforce development opportunities, and improving access to other systems-wide factors that impact health and socioeconomic outcomes.

As the substance use crisis continues to impact communities and individuals across all races, classes, geographies and identities, the park and recreation field has a duty and a responsibility to respond and be part of the solution.

While much more research is needed to fully understand the most effective and scalable solutions to respond to the substance use crisis, many best practices have been identified by researchers, public health experts and local officials. One of those best practices is the need for community-wide interventions and solutions. [Huntington, West Virginia](#), a town once known as the “overdose capital of America,” is a great example of how implementing an innovative, community-wide response to the opioid crisis can create significant impacts. After learning almost 500 pounds of heroin was distributed across the 50,000-person town in one evening, Mayor Steve Williams knew that Huntington would not be able to “arrest their way out of the problem.” It became clear that a more comprehensive, community-wide approach focused on prevention, intervention and treatment was needed. The town has implemented a harm reduction and needle exchange program, started a quick response team that takes action after an overdose and refers patients to treatment, and created a wellness program for first responders and frontline staff to prevent compassion fatigue and implement self-care practices. Since implementation, overdoses have dropped by 40 percent.

RECOMMENDATIONS FOR THE PARK AND RECREATION PROFESSION

Outlined within this section are several recommendations for how park and recreation professionals can respond to the substance use crisis in their communities. These strategies include a wide-range of response tactics, endorsed by leading federal public health agencies and rooted in promising practices from the park and recreation field, public health departments and other like-minded community-based organizations. Strategies focus on prevention, operations and maintenance, public safety, community education, partnership building, staff training and more.

It should be noted that local response efforts should be coordinated and approved by all key players and stakeholders. For any initiative to be successful, it must have the support of leadership.

The response strategies are grouped into three overarching themes:

- 1. Responding to Substance Use in Parks and Recreation:** This section outlines how park and recreation professionals can respond to common challenges associated with substance use taking place on property owned by the park and recreation agency. It includes recommendations on drug and paraphernalia disposal and staff safety; facility modifications; naloxone training; and developing partnerships with harm reduction groups, public health organizations and law enforcement entities.
- 2. Supporting Community Members Impacted by Substance Use:** This section outlines how park and recreation professionals can support

community members, including staff and youth, who may be directly or indirectly impacted by substance use or who are at high risk for substance use disorder. Covered in this section is the importance of addressing and breaking down the stigma of substance use, developing referral systems with treatment providers and providing resources to community members, training staff on being trauma-informed, offering tailored programming for impacted community members, and encouraging a holistic focus on health and wellness to include mindfulness and self-care.

- 3. Focusing Efforts on a Prevention Lens:** This section outlines how park and recreation professionals can focus efforts on prevention to reduce the risk of substance use disorder, can identify early warning signs, and can stop the generational impact of substance use. Topics covered in this section include identifying risk factors and understanding adverse childhood experiences, building protective factors around community members, providing community education, training staff on mental health first aid, and changing policies and improving environments to support positive behavioral health outcomes.

At the core of public health is social justice and the acknowledgement that inequities exist across race, class, geography, ability, identity and other defining factors. These inequities have been exacerbated over time, perpetuated by the use of unfair and unjust discriminatory practices and policies, and a failure at all levels of government and across all sectors to equitably address barriers to the social determinants of health (access to quality healthcare; education and employment opportunities; healthy foods and environments; safe neighborhoods and social opportunities). As public service members dedicated to enhancing quality of life, park and recreation professionals have a duty, a responsibility, and an opportunity to address these inequities and to take meaningful action to reduce these disparities. It is important to apply this social justice lens when developing a response strategy to the substance use crisis.

Asset Mapping, Needs Assessments and Coalition Building

Responses can and should look different at the local level depending on community need and challenges. Prior to developing a strategic response to the substance use crisis, it's recommended that local park and recreation professionals conduct both a needs assessment and asset mapping exercise to identify local challenges and specific needs of the community, as well as local assets (individual, institutional, etc.) that can be leveraged to support to your efforts and partner on a response plan. A community needs assessment should include data collection (both quantitative and qualitative, at the macro and micro levels) to better understand the impact of substance use on the community and to inform strategic development and implementation of a response plan. NRPA's newly released [Community Needs Assessment Resource](#) can help your agency better understand what your role in response to the substance use crisis should be.

Another opportunity for agencies to be engaged in a community-wide response may include forming or joining an existing cross-sector substance-use coalition comprised of other community stakeholders. This may include representatives from public health, substance use prevention and treatment, law enforcement, emergency medical service and other community-based organizations, as well as municipal departments that may be impacted and local elected officials. It's important to make sure that those directly impacted by the crisis are represented in crafting any response strategy.

RESPONDING TO SUBSTANCE USE IN PARKS AND RECREATION

Local park and recreation agencies manage and operate a vast range of spaces and facilities across the country, serving millions of people each day. With the rise of the opioid epidemic, and specifically with increasing rates of heroin and illicit fentanyl use, public parks and recreational facilities have been inundated with a surge in substance use and its associated impacts on the properties they manage.

SUBSTANCE USE DISPOSAL

Park and recreation professionals are confronting significant numbers of needles and syringes on their properties on a daily basis. Needles and other sharps used to inject substances are left behind in public spaces, posing a serious threat to park users and staff. Infectious agents can easily be transmitted through the prick of a needle, putting patrons at risk of several diseases, such as HIV and Hepatitis C (HCV). While public works departments may be charged with disposal of hazardous materials in some communities, often, park and recreation professionals are directly responsible for maintaining the cleanliness and safety of their spaces and are called upon to dispose of these materials safely.

Safe Syringe and Sharps Disposal by Park and Recreation Professionals

A first step in managing the disposal of syringes and sharps on public properties is to coordinate with your local public health department. The public health department may have protocols in place for disposal and may provide guidelines and recommendations for staff. Some states [differ](#) in how sharps should be disposed, so make sure that you are following local guidelines. The Centers for Disease Control and Prevention (CDC) also [provides recommendations and several resources](#) on safe community disposal and blood-borne pathogen infection prevention.

After coordinating with public health officials, depending on the severity of opioid use in your community, your agency may consider creating standard operating procedures that outline how staff should respond when encountering syringes and sharps. Standard operating procedures should include:

- Plan for training staff, including providing OSHA-compliant blood-borne pathogen training
- Process for staff to report sharps and related paraphernalia
- Steps staff must take for proper disposal
- Proper equipment that staff must use (puncture-resistant gloves, tongs/grabbers, sharps containers, puncture resistant boots, etc.)
- Immunizations and vaccines that staff must have
- Plan for reporting a potential infection and medical protocols to follow
- Public safety measures to protect park users during disposal

Park and recreation professionals should consider establishing pathways for facility users to report the sharps and related paraphernalia they may come into contact with at public parks and other settings. Agencies also should consider:

- Posting clear guidance on how to report sharps on their websites, including a phone number providing direct access to key staff
- Sending out consistent communications via newsletters and social media
- Posting signage in areas of high use, outlining how to report
- Leveraging other community reporting systems

In agencies with limited staff capacity and budget limitations, there may be local sharps disposal companies that can be contracted to assist. Another option is to provide additional guidance and training to residents on safe needle disposal. Again, it's best to confer with local and state public health officials on offering guidance or training to residents.

Examples of safe disposal guidance in communities:

- [Buncombe County Needle Disposal Guidance](#)
- [City of Boston Safe Disposal Guidance and Reporting to Mobile Sharps Team](#)
- [Commonwealth of Massachusetts Guidance](#)
- [Seattle Public Utilities Find It, Fix It App](#)
- [Providing Training to Seattle Residents on Safe Clean Up](#)

Prescription Drug Disposal

The CDC has classified opioid overdose deaths into three waves. The first wave began in the 1990s with

an increase in overdose deaths involving prescription drugs; the second started in 2010 with rapid increases in overdose deaths involving heroin; and the third started in 2013 with significant increases in deaths attributed to illicit fentanyl. All three continue to impact communities, with some differences in their experiences. While many communities are dealing with surges in heroin, fentanyl and methamphetamine use, others are still navigating high rates of prescription drug misuse. Prescription drugs in the home increase the risk of substance misuse and experimentation, as well as accidental poisonings. The American Academy of Family Physicians reports that 70 percent of people misusing opioids get them from family or friends. A recent [study](#), published by the American Academy of Pediatrics, found an 86 percent increase in calls to poison control centers related to children being exposed to opioids in recent years; more than 60 percent of these children were under age 5. These findings point to a need for additional education around proper prescription drug storage and disposal. Park and recreation professionals can consider addressing prescription drug misuse in their communities by encouraging proper storage and disposal, participating in drug take back days, and providing drug disposal kits to community members.

Given the role that park and recreation agencies have in providing health and wellness resources and supporting youth and family education, agencies can provide educational materials to community members to help them understand the dangers of prescription drugs in the home and learn how to properly store and dispose of them. Agencies also can promote participation in, or join forces with, other community partners in the U.S. Drug Enforcement Administration's (DEA's) biannual National Prescription Drug Take Back Day or other locally organized take back or hazardous waste disposal days. Take back days focus on providing safe, convenient and responsible means of disposing unused or unwanted prescription drugs, while educating the community on the dangers of substance use disorder. Depending on the locality, agencies may even be able to serve as a site for take back days. Agencies also could consider providing community members, especially adults and grandparents, with proper drug disposal kits. These kits offer a convenient way for people to dispose of unwanted prescriptions, reducing risk of misuse or diversion.

Resources:

- United States Environmental Protection Agency's [guidance](#) on medicine disposal
- U.S. Food and Drug Administration's [guidance](#) on disposal of unused medicines
- DEA's [tool](#) to find a drug collection site near you

HARM REDUCTION PROGRAMS

Harm reduction strategies have emerged as an effective way to prioritize both the health of people with substance use disorder and the general public. Harm reduction programs are cost-effective, public-health oriented strategies that prevent and reduce substance use-related health risks among those actively using substances, while also taking a social justice approach and respecting the rights of people who use substances. The Harm Reduction Coalition outlines key principles that are central to harm reduction practices:

- Accepts, for better and for worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than to simply ignore or condemn them.
- Understands substance use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being — not necessarily cessation of all substance use — as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live, in order to assist them in reducing attendant harm.
- Ensures that people with substance use disorder and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms people with substance use issues themselves as the primary agents of reducing the harms of substance use, and seeks to empower them to share information and support each other in strategies that meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with substance-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit substance use.

Harm reduction strategies most applicable to parks and recreation include syringe exchange programs, outreach and education such as overdose prevention education, and access to naloxone to reverse opioid-related overdoses.

Syringe Exchange Programs and Outreach

In partnership with local public health departments or harm reduction coalitions, local park and recreation agencies can consider implementing a syringe exchange program on park and recreation properties in areas of high use. Syringe exchange programs provide two key benefits: 1) preventing the transmission of infectious agents, especially HIV and HCV, by providing sterile equipment, and 2) connecting people with substance use disorder to needed treatment and services.

Studies have demonstrated that syringe exchange programs are effective in reducing HIV and HCV transmission and reducing skin and soft tissue infections. In addition, syringe exchange programs provide an opportunity to educate people with substance use disorder about not only safe use and disposal of drugs and overdose prevention, but also needed treatment and other available social services, including housing assistance, mental health services and case workers. Providing outreach and education helps build trust among those with substance use disorder, a key step in helping people take advantage of community resources and seek treatment.

While some may express concerns that syringe exchange programs may increase use, crime or additional needlestick injuries, studies consistently demonstrate that this is not the case.

The ability to participate in or partner with syringe exchange efforts may differ from jurisdiction to jurisdiction. Consult with your local public health partners to determine the opportunities and needs that may exist.

Resources:

- The [Harm Reduction Coalition](#) has numerous resources to support harm reduction efforts, including:
 - A comprehensive, step-by-step [guide](#) for those wishing to start a syringe exchange program
 - [Online training institute](#) with courses covering engagement with people who use substances, overdose prevention, foundations of harm reduction and more
 - [Fact sheets, videos and best practices](#) to support syringe access

Carrying and Administering Naloxone

As NRPA has navigated the opioid crisis over the past few years, one of the greatest debates among the field centers on whether park and recreation professionals should carry and be trained on how to administer naloxone (commonly referred to by its brand name, Narcan®). Expanding

access to [naloxone](#) has been widely endorsed by federal agencies including the [U.S. Department of Health and Human Services](#) and the [Surgeon General](#), the [Substance Abuse and Mental Health Services Administration](#), and the healthcare field more broadly. While there are differing views among park and recreation professionals and the public about naloxone, research shows it is extremely safe, can only affect people with opioids in their system, and saves human lives.

Naloxone is a medication used to rapidly counter the life-threatening effects of an opioid overdose, including morphine, oxycodone, fentanyl and heroin. With the surge in potent fentanyl, quick access to naloxone is key to preventing deaths. Naloxone is administered when an individual is [showing signs of an opioid overdose](#). The medication is available in a variety of forms, including intranasal spray or through injections in the muscle, under the skin or intravenously. The rising number of deaths from the opioid epidemic calls for increased expansion of naloxone availability to at-risk individuals and their families, as well as the public including first responders, frontline staff and community members. Although regulations vary by state, most now have laws expanding access to naloxone.

Park and recreation agencies can consider training staff, and equipping staff and facilities with naloxone in the event of an overdose. This may be especially effective in areas of high use and for frontline staff who are consistently interacting with people with substance use disorder and often the first on site in the event of an overdose. The first step in this process is to create a plan and outline procedures for responding to an opioid overdose. The plan should address:

- Training staff
- Identifying where naloxone is stored and accessible
- Monitoring supply and replenishing naloxone when it expires
- Contacting emergency personnel
- Communicating referrals to appropriate local contacts
 - Maintaining a database of community resources, including social workers, case workers and treatment providers, is a great resource to have available
- Communicating to the public about the event

Other concerns expressed by agencies over the years include liability of administering naloxone. Just eight years ago, only six states had laws that expanded access to naloxone outside of emergency medical providers or limited criminal liability. By mid-2017, however, in response to the alarming rise in opioid overdose mortality rates

nationwide, almost every state enacted statutes that provide criminal and civil liability protections to both first responders and laypersons who administer naloxone. In addition, most states offer liability protections — civil and criminal — for prescribing or distributing naloxone to third parties. To find relevant laws for each state, visit the [Prescription Drug Abuse Policy System](#).

Agencies may also need to consider how stigma, bias and fears of negative public perception may impact their decision of equipping staff and facilities with naloxone. A prolonged and inaccurate narrative that positions people with substance use disorder as “substance abusers” impacts our ability to respond to the epidemic with empathy and through a public health lens. Our field is not alone in this. Other organizations, like public libraries, schools, universities and even social services, have experienced many of the same challenges. With an issue as stigmatized and intense as the opioid crisis, it’s fair for agencies to be concerned about what the public may think of a decision to equip their facilities and professionals with naloxone.

As with any decision that may impact your constituents, there are opportunities to bring the public into conversations about this very issue. It’s important to be transparent in decision making and provide an opportunity for input, sharing of concerns and building support. And, it’s certainly important to have the support and buy-in of local leadership and other partner organizations to help make your case. There is good reason to be hopeful that efforts to address the opioid crisis in parks and recreation will be well-received by community members. In a recent report published by [OCLC Research and the Public Library Association](#), efforts by local public libraries to support their communities through the opioid crisis — including equipping libraries with naloxone and training staff and community members on how to administer it — resulted in increased positive perception of the library.

Resources:

- [Facing Addiction in America, The Surgeon General’s Spotlight on Opioids in America](#) outlines the state of the opioid epidemic and promising strategies to respond locally, including naloxone expansion
- [San Jose, California’s decision to equip a park ranger with naloxone](#)
- The Network for Public Health Law’s [resource](#) on legal interventions to reduce opioid overdose mortality
- Drug Policy Alliance’s [Expanding Access to Naloxone: Reducing Fatal Overdose, Saving Lives](#)

Community Training on Naloxone

Surgeon General Jerome Adams recently stated that in many communities, you're more likely to administer naloxone (an opioid overdose-reversal drug) than CPR, so it's critical that more people are equipped to deliver this life-saving medicine when needed. Local park and recreation agencies should consider leveraging their spaces and direct reach into communities to provide training on naloxone administration to the community. Consider partnering with a local substance use prevention coalition, emergency services or public health department to provide this critical training. In addition, consider other frontline staff who may need training in your community, including teachers, librarians, coaches and other people directly interfacing with community members.



Naloxone kits being distributed by healthcare professionals. Photo by Newgixxer, courtesy of Dreamstime

Personal Decision to Carry Naloxone

In addition to park and recreation agencies considering carrying naloxone and providing community training, we all have a decision to make when it comes to carrying naloxone as an individual. In most states, you can request naloxone at your local pharmacy without a prescription. In some cases, physicians may give a prescription to those at risk of overdose or their family members. If you have loved ones, friends or neighbors at risk for overdose, or you generally have concerns about coming in contact with someone experiencing an overdose, you may want to make the personal decision to carry naloxone and be trained on how to properly administer it.

Consider attending a training on how to properly administer naloxone in the event of an overdose. Local organizations, including public health departments, substance use coalitions and others frequently offer training for community members. [Access an online training here.](#)



Naloxone kit with nasal delivery method. Photo by Newgixxer, courtesy of Dreamstime

Supervised Injection Sites

Another area of exploration in the harm reduction space is the concept of supervised injection sites in cities and potentially on public property. Frequently supported among physicians and public health professionals and proven to be effective at reducing overdoses in Europe, Canada and Australia, supervised injection sites save lives, promote access to treatment and prioritize health. A 2014 literature review of 75 sites demonstrated that supervised injection sites significantly lower the risk of death while increasing access to health services and treatment programs. According to the existing research, supervised sites are not associated with negative impacts on crime or drug use. Park and recreation professionals may explore advocating for these locally, as they've also been shown to limit substance use in outdoor spaces.

Much of the data on these supervised injection sites comes from Insight, a facility in Vancouver, Canada. Insight has been in operation for more than 15 years and provides supervised, safe injection, as well as wraparound addiction services. Since opening in 2013, Insight has supervised more than 3.6 million injections and responded to more than 6,000 overdoses. No one has died.

Much more research is needed on the value of supervised injection sites, but initial studies are promising and many U.S. cities, including Philadelphia, Denver and San Francisco, have recommended them.

FACILITY MODIFICATIONS

Installing Sharps Containers in Public Spaces

Over the past few years, several local park and recreation agencies have begun to install sharps containers or syringe collection kiosks in their parks, restrooms and other facilities where they have found significant numbers of needles and syringes. Installing sharps containers can protect the safety of staff, park users and people with substance use disorder by reducing the risk of infectious disease transmission. For example, when sharps are improperly disposed of in trash cans, maintenance staff run the risk of getting stuck by needles. In outdoor locations, parks and other properties have been inundated with needles, found in various areas, including on playgrounds, in sandboxes and on ball fields. While installing sharps containers and kiosks may help reduce the risk of transmission of diseases, education and outreach to people using substances on properties are key to their success. In addition, support from leadership and a strong argument for why they are needed is essential, as the presence of kiosks can influence public perception.

Should your agency choose to install sharps containers or outdoor syringe collection kiosks, it is imperative that they are properly installed, marked and secured. In addition, staff tasked with emptying kiosks should be properly trained and follow all protocols.

Agencies should strategically determine where sharps containers and kiosks may work best. A good first step is to refer to your needs assessment to identify areas of high use and with a high presence of sharps. It's also important that as staff pick up needles and syringes, they track the specific location and compile data on the prevalence of use. Often, substance use may occur in confined or consistent locations. Agencies also should consider other immediate surroundings when placing kiosks. For example, is the property shared with a school? Agencies can use this data and site scan information to track where sharps containers and kiosks may be most impactful and to make the case to decision-makers.

Case Study: New York City (NYC) Parks

Overview



8.4 MILLION
Population

32%
White

24%
Black

14%
Asian

29%
Hispanic or Latino

1%
American Indian/
Alaskan Native



82%
High school graduate or higher

34%
Bachelor's degree or higher



\$60,800
Median household income

19%
Poverty rate

4%
(Bureau of Labor and Statistics)
Unemployment rate

NYC Parks is the steward of more than 30,000 acres of land — 14 percent of New York City — including more than 5,000 individual properties. They operate more than 800 athletic fields and nearly 1,000 playgrounds, 1,800 basketball courts, 550 tennis courts, 65 public pools, 51 recreational facilities, 15 nature centers, 14 golf courses and 14 miles of beaches. They care for 1,200 monuments and 23 historic house museums, look after 600,000 street trees and 2 million more trees in parks. New York City Parks is the principal provider of recreational and athletic facilities and programs. They are home to free concerts, world-class sports events and cultural festivals.

census.gov/quickfacts/newyorkcitynewyork

Opioid Overdose Mortality Rate (OOMR): 12.1 per 100,000 (2017)

New York City Parks Syringe Litter Reduction Initiative

Background

To address increasing syringe litter in parks, NYC Parks has taken steps to mitigate the risk this poses to the general public and to NYC Parks staff, while working with public health partners to address the root causes of this issue. These include installing syringe collection kiosks, training all field staff to properly handle blood borne pathogens and to safely engage with people who inject drugs, and supporting the efforts of the Department of Health and Mental Hygiene (DOHMH) to expand outreach in parks. NYC Parks also has played a significant role over the past year in the city's broader efforts to address the opioid crisis, led by City Hall and including many city agencies, elected officials, community leaders and residents, service providers and civic groups.

Drug Use and Syringe Litter in Parks

Since 2017, NYC has seen a dramatic increase in public injection and syringe litter across the city. This has been most pronounced in the South Bronx and Northern Manhattan, although neighborhoods all across the city have been affected. Much of the use in public spaces takes place in parks, but housing complexes, business districts, and transportation hubs and infrastructure have also been significantly impacted. The increase in public injection has many drivers, making it difficult to pinpoint specific causes, but includes homelessness and a lack of low-barrier housing, development and increasing scarcity of land, a lack of facilities for people who use drugs such as drop-in centers, the expanding opioid crisis, and the infiltration of fentanyl into the drug supply.

Collecting Syringes

Since the agency began tracking syringe litter consistently in May 2018, more than 215,000 syringes have been collected in parks within the South Bronx and Northern Manhattan alone. To address this, six additional workers were hired to form a syringe disposal crew, and training to handle blood borne pathogens (BBP) was expanded to include all field staff in these areas. All of our training is in-house and provides OSHA-compliant instruction on handling BBP. Policies regarding personal protective equipment (PPE) were also reviewed, with trained staff now receiving additional PPE, such as Kevlar gloves and sleeves. We have also implemented an exposure control plan that covers policy on training, PPE and post-exposure follow-up procedures. It was created with input from both OSHA and the New York State Department of Labor.

The agency's Hepatitis B vaccination program was also expanded, with regular visits to worksites by nurses to administer the three-injection series to all staff taking part in the BBP training. Each of our boroughs has a health and safety coordinator that arranges staff training and receipt of the (voluntary) vaccine series.

Syringe Litter: Personal Protective Equipment

Description	Unit Price
Cut-resistant gloves	30.00
Trigger grabber	20.00
Sharps container, one quart to eight quarts	5.00 – 15.00
Plastic tongs	10.00
Puncture-resistant sleeve	70.00

Syringe Collection Kiosks

To further reduce the risk to staff and the public, the agency installed 46 indoor and outdoor collection kiosks at 16 parks in locations where public injection and syringe litter was consistent and pervasive. To date, more than 35,000 syringes have been deposited into the containers by people who use drugs. The use of the kiosks has varied over time and by location, with continual re-evaluation of the program by NYC Parks and DOHMH. Some kiosks have been relocated, while others have been removed, with the total now standing at 38 containers in 13 parks. In general, kiosks have been utilized more where drug use takes place primarily in a confined location, such as a specific area of a park or restroom, and where there has been consistent and effective outreach.

Engagement and Outreach

While addressing syringe litter, NYC Parks has used a multi-pronged approach to connect people who use drugs with the services they need, to deter drug use in sensitive locations such as playgrounds, and to reduce the harm caused by public injection — to our staff, our patrons and the people who use drugs. Through a memorandum of understanding, the agency leveraged an existing DOHMH contract with a harm reduction organization to use outreach staff to empty the kiosks at least once per week. While in the park, these workers reverse overdoses and distribute naloxone; provide treatment and housing referrals, HIV/HCV tests, and basic medical care; and

promote safe sharps disposal and the use of facilities such as drop-in centers. Park maintenance workers receive awareness training developed in partnership with DOHMH to help them safely and effectively engage with people who use drugs, to recognize and respond to overdoses, and to better understand the opioid crisis and the role of stigma within this context. Parks Enforcement Patrol (PEP) officers, responsible for enforcing park rules, are also trained in the use of naloxone and are required to carry it with them at all times. The officers coordinate closely with both police and school officials to maintain safety at playgrounds and other areas while children are present.

A Citywide Effort

The agency’s syringe reduction initiative falls under a broad citywide effort, known as HealingNYC, to address the opioid crisis. More localized programs under this umbrella, such as the Bronx Action Plan, focus city

resources on high-need areas. In 2017, NYC Parks and DOHMH convened a task force focused on the South Bronx parks; since then, a robust framework of task forces, working groups and committees has formed. Diverse groups of stakeholders come together to focus on the specific issues facing their communities, facilitated by City Hall, elected officials, DOHMH and others. Primary agency partners, including NYC Parks, attend these meetings and report back to City Hall during a biweekly task force meeting. This task force is charged with oversight of city policy with regard to public injection and syringe litter. Committees focus on issues ranging from school engagement to data evaluation. This system provides opportunities to hear from a wide cross section of people affected by these issues, and to connect them with a network of experts, service providers and city officials able to respond to their concerns.

List of various task force participants:

- BronxWorks
- Boom!Health
- Columbia University medical school
- Mayor’s Action Plan
- Mayor’s Office of Criminal Justice
- Planned Parenthood
- Archdiocese of New York
- “Friends of” groups of parks affected
- Partnerships for Parks
- Various schools, including principals and operations staff
- NYC Department of Education
- NYC Department of Sanitation
- New York State Assembly members and Senators
- Borough presidents
- NYC Council members
- Harlem United
- Harm Reduction Coalition
- Lincoln hospital
- Montefiore hospital
- New York Harm Reduction Educators
- Patterson Houses Tenants Association
- NYC Housing Authority
- Office of the NYC Comptroller
- District Attorney’s Office of New York City
- Project HOPE
- Samaritan Daytop Village
- St. Ann’s Corner of Harm Reduction
- Third Avenue Business Improvement District
- Washington Heights Business Improvement District
- Washington Heights Corner Project
- New York Police Department
- NYC Department of Homeless Services
- NYC Parks
- NYC Department of Transportation
- NYC Department of Health and Mental Hygiene
- New York State Department of Health

Other Physical Space Changes

Park and recreation agencies can experiment with additional tactics to curb substance misuse and to reduce overdose risk, including adjusting the design of restrooms, installing additional lighting and installing motion detection devices.

A 2017 NPR article, titled “[Public Restrooms Become Ground Zero In The Opioid Epidemic](#),” outlined ways to make bathrooms safer for both the public and people who use substances. Recommendations from leading addiction physicians at Boston Medical Center include:

“A model restroom would be clean and well-lit with stainless steel surfaces, and few cracks and crevices for hiding drug paraphernalia. It would have a biohazard box for needles and bloodied swabs. It would be stocked with naloxone and perhaps sterile water. The door would open out so that a collapsed body would not block entry. It would be easy to unlock from the outside. And it would be monitored, preferably by a nurse or EMT.”

Lighting installations have been made in both restrooms and outdoor facilities. These changes may be worth exploring in your community. Installing flood lights or motion detector devices in public spaces at night may limit substance use in that specific location. Some cities have replaced lighting in restrooms with low lights or [blue bulbs](#), which make it harder for those with substance use disorder to see veins. Research has not supported that substance use has been curbed through blue lights, rather, more people with substance use disorder are more likely to suffer injuries. While these tactics may reduce use in specific locations, they don’t solve the problem as people with substance use disorder often simply move to other locations.



Unisex toilet. Photo by Carlos Caetano, courtesy of Dreamstime

Designing Facilities with Mental Health in Mind

Local park and recreation agencies can consider making facility modifications that promote and improve mental health and well-being. Many people with substance use disorder also experience mental illness — a health condition involving a change in emotion, thinking and/or behavior, which often impairs functioning in social, work and family settings. Mental health conditions impact 1 in 5 people across the country each year. As the number of people impacted continues to grow, our society must consider how we can better serve people with mental illness and promote a culture of well-being. One opportunity is to look at the design of your facilities — recreation centers, community centers, etc. — and make changes that ensure people with mental health conditions can fully participate. For example, to ensure your community center is a welcoming, warm and safe space, consider incorporating plants and natural light when possible, using cool colors on walls, removing harsh signage, and providing a resource section where people can access needed information for substance use treatment or other behavioral health services.



Common entrance and room for elders center. Photo by Ahkenahmed, courtesy of Dreamstime

SUPPORTING COMMUNITY MEMBERS IMPACTED BY SUBSTANCE USE

Park and recreation professionals are community health leaders, dedicated to improving quality of life and health outcomes — physical and mental — for all people. As overdose rates continue to rise and people from all walks of life are impacted — directly and indirectly — it is our responsibility to support community members who are struggling. A critical part of this work is understanding the differences of others' lived experiences and approaching this issue with empathy. Park and recreation professionals can work to build a greater understanding of how experiencing trauma, toxic stress, mental health conditions and other adversities in life, including community conditions that impact health, can increase the risk of developing substance use disorder. Agencies also can take on a greater role in addressing and breaking down stigma, connecting community members to needed treatment and social services, and leveraging their park and recreation spaces.

Adverse Childhood Experiences

A rising cause for concern in communities across the country is the impact of adverse childhood experiences and trauma on youth mental and behavioral health outcomes, including substance use.

The CDC uses the term [Adverse Childhood Experiences](#) (ACEs) to describe all types of abuse, neglect and other traumatic experiences that occur in youth under the age of 18. ACEs include things like exposure to substance use in the home, domestic violence, racism or divorce, which cause toxic stress and can lead to risky health behaviors, chronic health conditions, low life potential and early death. As the number of ACEs a person experiences increases, so does the risk of potential negative life outcomes, including:

- Injury (fractures, traumatic brain injury, burns)
- Mental Health (depression, anxiety, suicide, Post-Traumatic Stress Disorder)
- Maternal Health (unintended pregnancy, pregnancy complications, fetal death)
- Infectious Disease (HIV, sexually transmitted diseases)
- Chronic Disease (cancer, diabetes)
- Risky Behaviors (alcohol and substance misuse, unsafe sex)

The groundbreaking study conducted by CDC-Kaiser Permanente in the late 1990s found that people who have had an ACE are two to four times more likely to start using [alcohol](#) or drugs at an early age, compared to those without an ACE score. People with an ACE score of 5 or higher are [up to 10 times more likely to experience substance use disorder compared with people who haven't experienced childhood trauma](#).

The presence of ACEs does not necessarily mean an individual will experience poor health outcomes. Positive life experiences and/or protective factors can prevent

children from going through adversity and experiencing negative life situations. Community-based programs, including out-of-school time programs, mentoring programs, sports programs and others provide a variety of protective factors that lower the chance of experiencing ACEs. These programs offer youth safe places to play outside of school hours, free or affordable facilities for engaging in health and wellness activities, social opportunities and chances to connect youth to their peers.

It's important to note that ACEs not only impact youth. Adults also are impacted by ACEs and trauma experienced throughout their life. Over time the impact of ACEs affects brain chemistry and decision-making ability.



Football game for youth players. Photo by Matimix, courtesy of Dreamstime

Trauma-Informed Care

In recognizing the role of ACEs and associated traumas on youth and adults, park and recreation professionals should consider being trained on [Trauma-Informed Care](#). The Buffalo Center for Social Research defines Trauma-Informed Care as an approach that assumes an individual is more likely than not to have a history of trauma. It recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.

From an organizational perspective, Trauma-Informed Care changes culture to emphasize respecting and appropriately responding to the effects of trauma at all levels. The intention of Trauma-Informed Care is not to treat individuals, but to provide support and related services in a way that is accessible and appropriate to those who may have experienced trauma. The risk for triggering or worsening trauma symptoms and re-traumatizing individuals increases when not using this approach.

Trauma-Informed Care follows five guiding principles:

1. **Safety** – (definition) Ensuring physical and emotional well-being.
 - Real-World Application: Creating welcoming common areas and respecting privacy.

2. **Choice** – (definition) Providing the individual with control.
 - Real-World Application: Providing clear and appropriate messages about individuals' rights and responsibilities.
3. **Collaboration** – (definition) Making decisions with the individual and sharing power.
 - Real-World Application: Providing a significant role for individuals in the planning and evaluation of services.
4. **Trustworthiness** – (definition) Setting task clarity, consistency and interpersonal boundaries.
 - Real-World Application: Maintaining respectful and professional boundaries.
5. **Empowerment** – (definition) Prioritizing empowerment and skill building.
 - Real-World Application: Providing an atmosphere that allows individuals to feel validated and affirmed with each contact.

In responding to substance use challenges in communities, applying a Trauma-Informed Care lens is important to ensure that practices and policies are fair, consider the value of all community members, and provide the support that people need.



Male counselor speaking at a group counseling therapy session. Photo by Fizkes, courtesy of Dreamstime

Case Study: West Allis-West Milwaukee Recreation and Community Services Department

Overview



59,000
Population

76%
White

6%
Black

3%
Asian

14%
Hispanic or
Latino

1%
American Indian/
Alaskan Native



92%
High school
graduate or
higher

23%
Bachelor's
degree or
higher



12.4%
Poverty rate

\$49,400
Median
household
income

3.8%
(Bureau of Labor and
Statistics)
Unemployment rate

census.gov/quickfacts/fact/table/westalliscitywisconsin,US/PST045219

Opioid Overdose Mortality Rate (OOMR): **36.7 per 100,000**

Background

West Allis is an urban suburb of Milwaukee. According to the West Allis Police Department and the County Medical Examiner's Office, our city experienced roughly one overdose death every two weeks between January 2017 and July 2019 (*Milwaukee Journal Sentinel*, August 13, 2019). In 2017, there were 18 overdose deaths related to opioids; in 2018, 26 overdose deaths occurred; and in 2019, 37 overdose deaths were projected. As a result, The West Allis Fire Department began recording and tracking the use of Narcan and opioid overdose-related calls using an [interactive map/app](#). Since the beginning of 2020, there have been 15 documented reports of Narcan administration by the West Allis Fire Department.

Training

Mindfulness Training

The West Allis-West Milwaukee Recreation and Community Services (WAWM RCS) Department operates before- and after-school care in 11 elementary schools and three intermediate schools. In total, we serve more than 1,100 children on a daily basis. In a world that is often hectic and overwhelming, West Allis-West Milwaukee students are learning how to use mindfulness strategies in order to better regulate their emotions. Our staff are also implementing these strategies, as we recognize the importance of self-care and mental health for both youth and adults. Mindfulness can help students and staff center their attention and control impulsive behaviors. Our department collaborates with the school district's lead psychologist to provide the training.

Trauma-Informed Care

A number of years ago, all schools in our district became Trauma Sensitive Schools. The WAWM RCS Department strongly believes in [Trauma-Informed Care \(TIC\)](#), an approach that assumes an individual is more likely than not to have a history of trauma – and recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life. This approach ensures that our out-of-school time (OST) staff have the tools necessary to address trauma and best serve the students in their care. TIC also helps shape our programs and ensures that they are safe, supportive environments.

When students are victims of trauma (i.e., divorce, death, substance use disorder, physical/emotional abuse, etc.), they may push away adults, act out, withdraw or engage in risky behaviors as a means of coping. We believe it is the job of our OST professionals to make positive connections and to provide support to these individuals and their families. We again partnered with the school district's psychologists and social workers to provide TIC training to our OST staff. The training included an overview of TIC, different types of traumas children may experience, signs of trauma, and strategies to better engage youth in OST programs. Staff also were informed about local resources available for students.

Partnerships

The WAWM RCS Department is a member of the West Allis Heroin Opiate Task Force. Other members include representatives from the City of West Allis, Village of West Milwaukee, West Allis Fire Department, West Allis Health Department, Froedtert Hospital and Medical College of Wisconsin, and Rogers Behavioral Health. The purpose of the task force is to improve quality of life in our community by preventing the harmful consequences of opiate and heroin use. The task force engages multiple community stakeholders, all of which are focused on prevention, education and support efforts. We are a key player among the education subcommittee, as we house the “[Knowledge is Power — The Power to Save Lives](#)” training room. This room is for community members, educators and parents, and serves as a replica of a teen’s bedroom. Within the room are “red flags,” indicating drug and alcohol use, which demonstrates how often the signs are [hidden in plain sight](#). With a bit of creativity and planning, this training room easily can be replicated in other communities.

Mental Health First Aid

[Mental Health First Aid](#) is a course developed by the National Council for Behavioral Health (NCBH), which teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorder. The training gives professionals the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. Frontline staff, including park and recreation professionals, can be equipped to identify and address a potential mental illness or substance use disorder, or react when someone is experiencing a mental health crisis. Courses can be offered for your agency for key staff who are directly working with community members, or even for the community to better respond to the growing concerns and rising rates of mental health conditions.

NCBH offers two trainings, the Mental Health First Aid course and a Youth Mental Health First Aid course. The youth course is primarily for adults who work with young people, teaching them how to help a young person experiencing a mental health crises, reviewing unique risk factors for youth, and emphasizing the importance of early intervention.

Address the Stigma and Provide Education

Substance use disorder remains one of the most stigmatized conditions across the world. The prolonged narrative that positions those struggling as “substance abusers” rather than “people with substance use disorder” impacts our ability to respond to the epidemic with empathy and through a public health lens. Our field is not alone in this. Other organizations, like public libraries, schools, universities and even social services, have experienced many of the same challenges.

As overdose rates continue to rise and people from all walks of life are impacted — directly and indirectly —

park and recreation professionals can build a greater understanding and promote a narrative in which the public clearly identifies substance use disorder and addiction as a disease. As community health providers, park and recreation professionals should acknowledge the biases and judgments that are held in communities, work to change the narrative that currently exists, and provide education on the science of addiction — including building a greater understanding of how experiencing trauma, toxic stress and other adversities in life can increase a person’s risk of developing substance use disorder.

Park and recreation professionals also can create a space where stories can be shared from those struggling and from those who have lost loved ones to substance use disorder. When there is a better and more widely adopted understanding of substance use disorder as a disease, it can promote empathy and understanding, and offer support to those who often desperately want help to become contributing members of the community.

Agencies can consider offering educational opportunities directly or partnering with other community organizations to host events. These events may include film screenings, book discussions, parent and caregiver education on the dangers of substance misuse, and question-and-answer sessions with physicians and recovery specialists. Agencies also can use their networks to share resources and disseminate information more widely. Consider creating a resource center in your facilities with educational materials on substance use disorder, hosting a family engagement event focused on stigma, or sponsoring a creative writing or stigma-busting campaign competition for youth in the community.

In addition to the suggestions above, the [National Alliance on Mental Health](#) shares various ways to break down the stigmas associated with mental health:

1. Openly discuss mental health

Parks and recreation can help inform the public by educating, spreading awareness and openly talking about these issues. Creating partnerships and gaining support from key stakeholders and community members can also destigmatize mental health/substance use disorder, allowing for more comprehensive treatment and recovery efforts to take place.

2. Educate yourself and others

We all have a responsibility to further educate ourselves as individuals around mental health conditions and substance use disorder. Consider providing training to staff on the issue of stigma, helping them to develop empathy for community members who may be struggling. Consider carving out some time each week to focus on reading a new article, inviting someone impacted by substance use or mental health to speak, or exploring an [NRPA learning opportunity](#).

3. Be aware of language

Words matter. Review the language that you and your staff are using in your daily interactions with one another, community members and through communications and marketing materials. [Shatterproof](#) provides some great tools on how to shift the narrative.

4. Promote equality between physical and mental health conditions

Most park and recreation agencies offer programs and services that focus on physical health improvements. We should value mental health programs and services in the same way. Are there new classes or community events that could be added to your existing schedules? Can you develop a relationship with a behavioral health service provider to conduct outreach and educational opportunities?

5. Be compassionate toward those with mental illness

Understand that mental illness is not anyone's fault. No one chooses to be mentally ill or to battle addiction. Along with educating yourself and your staff about the complexities and science behind mental health and substance use disorder, recognize that we are all human and deserve respect. If someone in your community is struggling, reserve judgement and do your best to help connect them to a local care provider.

6. Choose empowerment over shame

Help those with mental illness and substance use disorder feel respected and valued in your community. Consider hosting a treatment fair where local providers gather to provide resources and services to those in need. A recovery celebration would also be a great way to destigmatize and give power to those in recovery or looking to recover.

7. Be honest about treatment

Be open and/or encourage others to be transparent about their own mental health journey. There is so much stigma about seeing a therapist or psychiatrist, yet having an appointment with a primary care physician bears no shame. Recommend that your staff and local community speak openly about mental health treatment and the available services and resources.

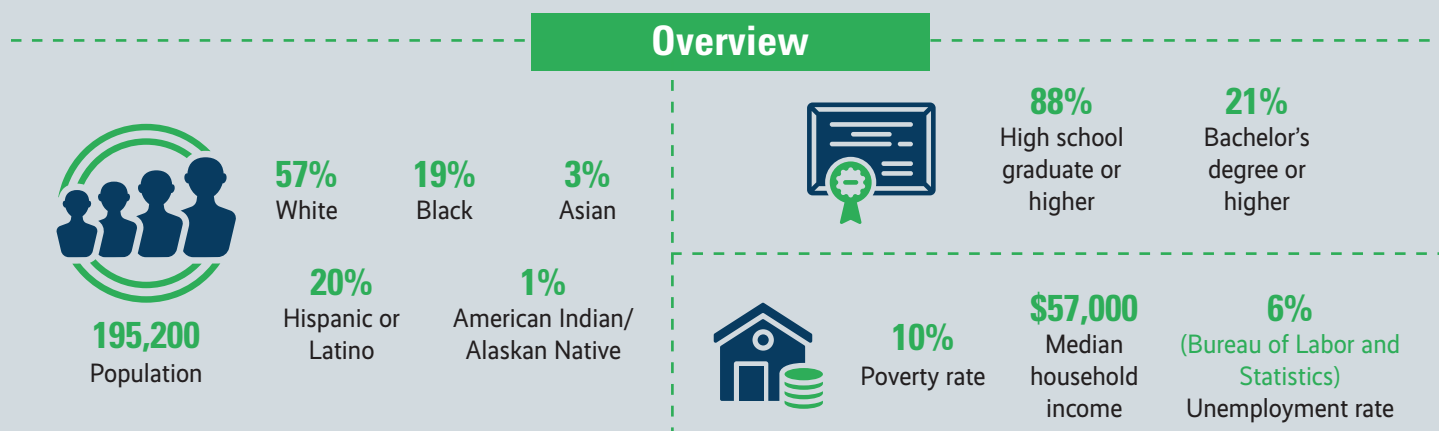
8. Tell the media when they are being stigmatic

If you/your staff come across a TV show, news broadcast or social media post that portrays mental health in a negative manner, let them know. Consider starting an anti-stigma campaign at your park and recreation department or through your social media platforms.

9. Don't harbor self-stigma

Fight the stigma of mental health by not having stigma for yourself. If you are impacted by a mental illness, do not feel shameful or embarrassed. Lead by example and show others that your disease does not define you.

Case Study: The City of Port St. Lucie Parks and Recreation



census.gov/quickfacts/fact/table/portstluciecityflorida,US/PST045219

Opioid Overdose Mortality Rate (OOMR): 12.7 per 100,000

According to the [U.S. Census Bureau's](#) 2018 population estimate, Port St. Lucie is the eighth largest city in Florida with more than 195,000 residents. Currently, it is the third largest city in South Florida and the seventh largest city in Florida, surpassing Fort Lauderdale's population of 182,600. The city's Parks and Recreation Department has more than 48 parks and facilities, and the department is responsible for maintaining more than 1,500 acres of parkland.

Background

Drug incidents within the City of Port St. Lucie Parks and Recreation Department (PSLPRD) facilities have, much like throughout the country, continued to rise. PSLPRD was able to identify 58 reported drug incidents from 2015 to 2019, which took place within the city parks and facilities. In response, the department committed to increasing awareness of this trending public health crisis by creating several staff trainings and hosting the city's first-ever public forum on the opioid epidemic. This program strives to continue providing staff and members of the public with critical information about the devastating effects that an opioid misuse disorder begets on both a personal and public level.

Partnerships

Staff initially reached out to park police officers to gain support for these efforts. Additionally, a partnership with a local not-for-profit mental health agency, called New Horizons, was formed. This collaboration between the three partners formed a substance abuse prevention alliance within the city of Port St. Lucie — with a goal of training community members on substance abuse prevention, education and awareness efforts. Through this innovative partnership, and with other local agencies, PSLPRD worked to develop the training program, with the fundamental premise and commitment to improving overall health in their community.

Program Development and Implementation

Together with New Horizons, PSLPRD developed a customized approach to educating and raising awareness about the opioid epidemic. Utilizing the knowledge of both New Horizons and a PSLPRD staff member personally impacted by the epidemic, an educational presentation was developed. Topics covered in each training and at the public forum include describing the history of opioids, defining addiction, recognizing signs of opioid use and related treatment options, sharing overdose statistics and demographics specific to Port St. Lucie. A powerful perspective from one family's experience of losing a son to opioid overdose also continues to be shared. Program staff also strive to reduce the stigma associated with opioid misuse, spreading the message that addiction is a mental health disorder that impacts all walks of life regardless of race, sex or socioeconomic status. PSLPRD describes opioid misuse as a disease and encourages a multifaceted approach when it comes to treatment — including Medication-Assisted Treatment (MAT), counseling/therapy and inpatient/outpatient treatment. Each of the trainings includes a segment on the life-saving drug naloxone/Narcan, in which the nonprofit partner, New Horizons, shares with audiences that Narcan is available, free of charge, at their facility.

Sustainability

PSLPRD has taken significant steps to sustain the momentum achieved by offering this program to the department and community members. Through this three-way alliance of PSLPD, New Horizons and staff, PSLPRD continues to offer free public forums within the community.

Since the first forum attracted approximately 25 community members, the partners now are pursuing the possibility to host additional public forums starting in June 2020. Early summer metrics shared by the PSLPD reveal a sharp incline in overdoses during the summer months. The public forum would also be offered on a “non-school” or “non-work” night. By offering a Saturday forum, the department hopes to attract more members of the public to hear this important awareness message.

“Opioid use disorder is no one’s ‘dirty little secret,’ and the public and park and recreation professionals must espouse this. At PSLPRD, we have adopted the doctrine that the opposite of addiction isn’t sobriety — it’s connectivity. We will continue to pursue innovative programming to connect those in our society who are afflicted with this disorder, so they can continuously connect with our services. If we can help save one person, or help one youth say ‘no’ to misusing opioids, our efforts will not have been in vain.” – Port St. Lucie Parks and Recreation Department

Offering Connections to Treatment

Substance use disorder and other addiction issues are complex and often require comprehensive treatment plans to support recovery. Depending on the situation, and, of course, on access to quality care, treatment may need to include a team-based approach. These teams should be comprised of a variety of professionals, including social workers, counselors, physicians, nurses, psychologists, psychiatrists, medication-assisted treatment specialists, mindfulness practitioners, exercise and fitness specialists, and more.

Given that park and recreation professionals may often be on the frontlines and interacting with community members — or other staff — who may be exhibiting signs of substance use disorder, it’s wise to develop strategic partnerships with practitioners who are able to provide information and resources on treatment and needed services. Agencies can consider creating a community resource corner, featuring pamphlets and brochures from local organizations, or building a database of health and social service organizations in the local community. Should community members come seeking help with gaining access to food, shelter, housing or medical care, staff will know what organizations they can refer them to and be able to provide information quickly.

Another possibility is for park and recreation agencies to build more intentional partnerships with social workers, peer navigators and/or community health workers who may be qualified to make formal referrals to programs. Agencies can host social workers at special events, have weekly “office hours” or “meet and greets,” or even

consider employing personnel who are able to perform these services in-house. One option that may be cost-effective includes partnering with local colleges and universities to create an internship program for students completing their social work degrees.

It’s important to note that only professionals who are qualified should make recommendations around treatment. Park and recreation staff should have discussions with social service professionals to understand their limitations and what boundaries cannot be crossed.

Leverage Your Spaces and Facilities

Some agencies may consider supporting community members by leveraging their spaces and facilities. Recovery and peer support groups often need affordable places to meet. Parks or recreation centers with meeting rooms could be offered to these community groups at little to no cost. Support groups are a critical part of recovery, providing an opportunity to connect with peers and specialists, and to receive the social support needed to maintain recovery.

In addition to offering spaces and facilities for support groups, agencies could consider opening centers to provide access to shelter, food, showers and other basic necessities, especially during cold or severe weather.

■ APPLYING A PREVENTION LENS

Amid the substance use crisis, decision-makers and leaders are understandably preoccupied with investments in provider and prescriber education, treatment access, overdose prevention, and rehabilitation and recovery. This crisis, though, calls for stark and intense public health investments and comprehensive strategies that address the root causes of substance use disorder and focus on prevention. Park and recreation professionals are well-suited to leverage their strengths as community-based providers of quality health and wellness programming, and as managers of green spaces and natural habitats that promote mental health and well-being, to lead local prevention efforts and advocate for a greater investment in protective factors.

Community and Staff Health and Well-being

The substance use crisis and alarming rates of mental health conditions call for a needed investment in promoting mental health and well-being in all communities. This expanded focus on mental health and well-being should not only focus on community members, but also staff.

Park and recreation professionals already have great tools at their disposal — green space, the outdoors, and physical activity opportunities. More time spent in parks and green spaces can help individuals **fight mental health** issues like depression, anxiety and stress. And, people who use parks and open spaces are three times more likely to achieve the recommended levels of physical activity than nonusers, **contributing to reductions in anxiety, depression, and negative mood and by improving self-esteem and cognitive function.** Exercise also has been found to alleviate symptoms, such as low self-esteem and social withdrawal. Making sure all people have access to parks and outdoor programming is a critical way to increase positive effects on health and quality of life for your community.

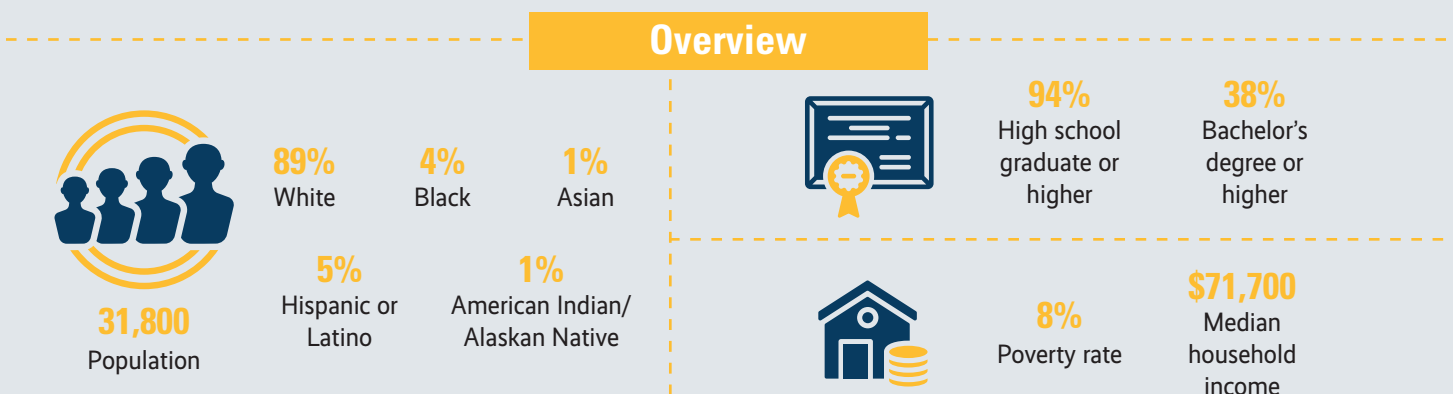
In addition to continuing to offer these critical, health-promoting services, park and recreation professionals

can explore offering additional programs and services or providing resources to staff and community members focused on improving mental health. Additional programs and services may include:

- Meditation
- Yoga and Tai Chi classes
- Outdoor exercise classes
- Arts and crafts
- Journaling and creative writing
- Community service events
- Cultural events and education
- Pain management programs, physical or massage therapy
- Cooking classes
- Resources on the importance of sleep
- Employee wellness programs

Agencies also can consider adding mental health and well-being components into existing programs. For example, adding a mindfulness exercise, like meditation, yoga or journaling, to afterschool programs or older adult programs.

Case Study: Liberty Parks and Recreation



[census.gov/quickfacts/libertycitymissouri](https://www.census.gov/quickfacts/libertycitymissouri)

Opioid Overdose Mortality Rate (OOMR): **11.7 per 100,000**

Liberty Parks and Recreation (LPR) located in Liberty, Missouri, is powered by a team of dedicated professionals who are committed to community impact, improvement and innovation. LPR believes that creating community connections by providing the highest quality parks, programs, services and facilities is essential to a prosperous and healthy community. It is home to more than 500 acres of parks, 16 miles of trails and several shelters, sports fields, an off-leash dog park, spray grounds and more.

Background

LPR believes that the most important role of any organization is employee health. It is widely accepted throughout LPR that happy and healthy employees are more productive, and that those struggling with physical and/or mental health are often unable to safely perform job-related duties. Additionally, financial stress, chronic disease and substance use can impact quality of life for employees. When the workforce includes police, fire and utility service men and women — as well as other physically demanding jobs — they have found that poor health can result in higher rates of injury, absenteeism and a decline in work performance. With this in mind, the city of Liberty's Human Resources and LPR Health and Wellness Department set out to determine how to best impact employee behavior utilizing existing resources.

Employee Wellness Program

"My Impact" Incentive Program

The city of Liberty's wellness program was inspired by a presentation titled "Impact of One." It explains how making one change every day can impact overall quality of life. These small changes add up over time and help shape a stronger, healthier future.

Together, LPR and the city of Liberty's Human Resources worked to define specifics of the program, including a reward/incentive plan for participants. During the planning stages, the team was challenged with balancing a limited budget and received. Many of the corporate models researched offered monetary compensation in the form of gift cards and/or "swag." Due to limited funds, the city decided to implement a more unique strategy. As a benefit to participating in our health and wellness program, employees earned vacation time. Studies have shown that increased vacation time is linked to higher productivity at work. In theory, both the employers and employees benefit.

The LPR Health and Wellness division now plans, coordinates and tracks progress of all 335 city of Liberty employees across all departments. Planning for the

My Impact Incentive Program began in 2016 with the following key performance areas:

1. Increase physical activity
2. Provide education about all areas of health and wellness to include physical, mental, emotional and financial; highlighting available substance use prevention services
3. Foster a culture where employees feel valued and individuals' wellness needs are met by offering a variety of ways to participate

Once key performance areas were defined, program development began. Programs currently run on a quarterly basis, with each quarter addressing either physical, mind/body, nutrition and teambuilding activities. A majority of the curriculum is designed by staff. Pre- and post-surveys accompany most programs to track success related to each objective. This information, along with enrollment numbers, helps the Health and Wellness division with future programming.

The first quarter of actual programming occurred in March 2017. A total of 23 people participated and were awarded 14 total vacation days. In the following year, roughly half of the city's staff participated in at least one program/quarter, with 59 people earning 43 days of vacation in quarter four. The highest participation occurred in 2019; staff earned an astounding vacation days.

LPR Health and Wellness Division and Available Programming

The Health and Wellness division is comprised of the following:

- Health and Wellness Manager
- Health and Wellness Coordinator
- 39 part-time instructors and trainers
- 10,000-square-foot wellness center
- 78 group exercise classes

Additional resources:

- Support of all department directors and city administrators
- ChallengeRunner — a user-friendly app that tracks steps and activity via smartphones with an employer fee that's based on the number of users
- Municipal Challenge — teambuilding programs hosted with city of Liberty Resources
- Midwest Public Risk — an insurance provider interested in implementing programs similar to ours in their other organizations; we added two turnkey programs to our existing programming, including Common Cents (a financial wellness program examining savings and planning) and Take Care of Your Health (a program rewarding employees for attending preventative doctor appointments)
- New Directions Behavioral Health Employee Assistance Program — an online resource library offered through the Wellness U program that provides more than 70 pre-recorded webinars covering various health and wellness topics, such as opioid use and abuse, as well as individual counseling sessions for those in need
- Workplace Chronic Disease Self-Management Program — an interactive program for those with a chronic disease that aims to increase confidence, physical and psychological well-being, chronic disease management knowledge, and motivation to manage challenges; adapted from the six-week Chronic Disease Self-Management Program workshop for adults struggling with at least one chronic health condition

City of Liberty Employee Wellness programs — bit.ly/38E3VtL

Youth Prevention

Park and recreation agencies foster protective factors around youth by providing a safe, supportive environment, connecting youth to positive role models and caring adults, and building critical social-emotional and life skills. These factors are linked to positive health, behavioral and academic outcomes for youth. Agencies can continue to offer youth programming, including before- and after-school programs, summer programs, youth sports, community service projects, and other enrichment and learning opportunities for youth, while embedding an additional focus on social-emotional health into curricula. Park and recreation professionals can help youth develop positive communication, as well as decision-making, problem-solving and interpersonal skills within these programs.

Local park and recreation professionals also function as mentors and role models. Park and recreation staff are called on to mentor and nurture youth in their communities, including troubled, at-risk youth. In times of emerging public health threats, including substance use, trauma, adverse childhood experiences, and rising rates of depression and suicide, parks and recreation is well-suited to build protective factors around youth and families and create positive connections across communities.

Formal one-on-one and group mentoring programs, as well as informal mentoring opportunities, support youth in establishing strong connections with compassionate, caring adults and positive role models. Youth who are at risk of falling off track, but have a mentor, maintain

better attitudes toward school and are **55 percent more likely to enroll in college and 52 percent less likely to skip a day of school** than their peers. Mentoring also plays a role in preventing young people from engaging in harmful behaviors. Youth with mentors are **46 percent less likely** than their peers to start using drugs.

Mentoring programs should be unique to the individual, the community being served, and the relationship between the mentor and mentee. In confronting substance use challenges, agencies can focus efforts on providing substance use prevention education, teaching life skills and connecting youth to career pathways through mentorship programs. NRPA's *Youth Mentoring Framework* can be used to help design your mentoring program.



Basketball Practice Training Mentoring Playing Concept. Photo by Rawpixelimages, courtesy of Dreamstime

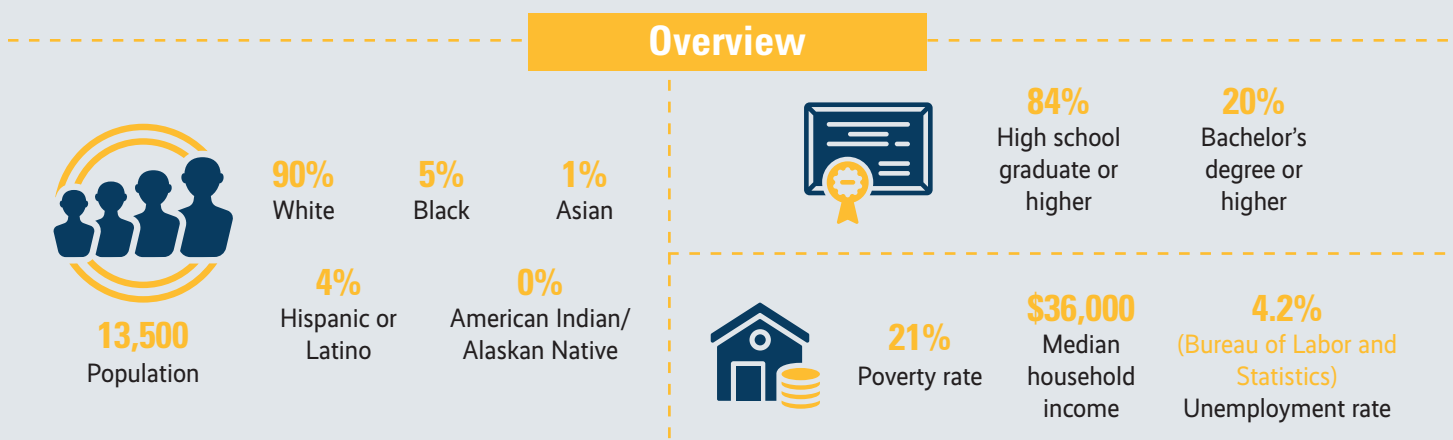
Join a Substance Use Prevention Coalition

A great way to focus efforts on prevention and collaborate with other community stakeholders is to join a local substance use prevention coalition. Coalitions strengthen collaboration between public and private organizations in communities, while focusing on addressing factors that increase the risk of substance use and implementing interventions and initiatives that decrease the risk of substance use. Coalitions can turn ideas into cross-sector actions by developing a deeper understanding of community challenges and needs, sharing data, leveraging resources, advancing policies and linking communications. Coalitions also can collaborate on generating philanthropic support to expand efforts by applying for grant opportunities or securing financial support from other partners.

Resources:

- Find or start a coalition using the Community Anti-Drug Coalitions of America (CADCA) website: cadca.org
- CADCA's National Coalition developed a Handbook for Community Anti-Drug Coalitions: cadca.org/sites/default/files/files_coalitionhandbook102013.pdf
- Drug Free Communities funding opportunities are offered by:
 - CADCA: cadca.org/drug-free-communities-dfc-program
 - Substance Abuse and Mental Health Services Administration: samhsa.gov/grants/grant-announcements/sp-19-005

Case Study: Elizabethton Parks and Recreation



census.gov/quickfacts/fact/table/elizabethtoncitytennessee,US/PST045219

Opioid Overdose Mortality Rate (OOMR): **24.1 per 100,000**

The city of Elizabethton (Tennessee) Parks and Recreation Department manages 101 acres of parkland that offers amenities, such as playgrounds, pavilions, athletic facilities, walking trails and open areas.

Background

The climate of the Elizabethton Parks and Recreation Department has shifted drastically over the years. For Elizabethton, a rural Tennessee community of less than 14,000, residents are deeply impacted by heavy opioid use, overdose and related deaths. With more and more people affected by the opioid crisis, its damage had begun to spill over into the once upbeat world of parks and recreation. Morning trash, once consisting of litter from family picnics and birthday parties, now contains drug paraphernalia — including dangerous syringes and needles.

Programs and special events also are evolving. Now, grandparents often bring their young grandchildren to participate because one or both parents are suffering from substance use disorder and unable to care for their children. One of Elizabethton's most well-known locations is Covered Bridge Park — a once lively gathering place for family recreation — is now a highly trafficked drug area that many feel is unsafe at night.

Partnership and Community Engagement

As a solution, Elizabethton Parks and Recreation sought help from the local Carter County Drug Prevention (CCDP) — an anti-drug coalition with a mission to reduce substance use through collaborative planning, community action and policy/advocacy efforts. Together, the collaboration works to engage at-risk youth and to increase available programming through the park and recreation department. The coalition provides the opportunity to reach and engage with local youth — through the newly formed Youth Coalition Board, as well as the mentoring and outreach efforts already in place.

According to the CDC's most recent *Youth Risk Behavior Survey*, 1 in 34 Elizabethton teens admitted to the misuse of prescription drugs; only 45 percent of students reported having talked to a parent about the dangers of prescription drugs. With parks and recreation providing opportunities for connection and access to the outdoors — which act as protective factors against substance use — a partnership focusing on combining recreation and prevention made sense.

Youth Coalition Board

The relationship with the Youth Coalition Board — a group of youth dedicated to supporting the CCDP — continues to be instrumental to the park and recreation department's efforts. Members range from elementary to middle school students and provide a voice for local youth that is so very important in their work. With youth input, the first recreation/prevention event was created and successfully implemented. The Battle at the Bridge, held at Covered Bridge Park, hosted a number of rock bands, graffiti artists and skateboard professionals and shared how music, art and sports can act as coping mechanisms and preventative tools against drug and alcohol use. Aside from the sheer number of participants, this event was successful in a different way: Elizabethton gained the trust of local teens and young adults who frequented Cover Bridge Park and formed a mutual respect with them.

Community Engagement and Education

While not all of Elizabethton's problems were resolved after a single event, benefits of the partnership were seen almost immediately. Together, they were able to stretch budgets and combine assets to further prevention efforts. Community partners almost doubled and increased the number of resources and volunteers available for additional programs and events. Through this collaboration, Elizabethton Parks and Recreation also recognized a need to provide education and resources to empower parents to discuss the dangers of alcohol, tobacco and other drugs, as well as related overdoses. Once a platform of resources and materials was developed, the city decided to offer trainings on ACEs and Narcan. These trainings have since been offered to both youth and adults at Elizabethton Parks and Recreation and CCDP events.

Nearly 1,000 families now have access to Narcan and often have it available in their homes. The ACEs trainings also have helped promote parental and community involvement — effectively training hundreds of community members in resiliency and reducing stigma around substance use and related traumas. Since that first event at Covered Bridge Park, more than 70 percent of programming and special events continue to be combined efforts. Together, the duo has created a mutually beneficial partnership, striving for a happy and healthy community.

Advocate for Policy Changes

Park and recreation professionals can use their voices and influence to advocate for local policy changes that help prevent substance use. Over the past decade, tobacco-free policies have risen in popularity and have proven to be extremely effective in deterring use. It's more important now than ever to revisit these policies and ensure that all forms of tobacco, including e-cigarettes, are included in smoke-free bans. According to the CDC, 4.9 million middle and high school students were tobacco users in 2018, up from 3.6 million in 2017. This shockingly high increase is attributed to a surge in e-cigarette use. E-cigarette use in young people, and the use of nicotine products in any

form, [can lead](#) to nicotine addiction and make other drugs like cocaine and methamphetamine more pleasurable to a teen's developing brain. In addition, nicotine affects brain development and inhibits the ability to control attention and learning.

CDC Director Robert R. Redfield [says](#), "The skyrocketing growth of young people's e-cigarette use over the past year threatens to erase progress made in reducing youth tobacco use. It's putting a new generation at risk for nicotine addiction. Despite this troubling trend, we know what works, and we must continue to use proven strategies to protect America's youth from this preventable health risk."

In addition to ensuring that e-cigarette use is included in tobacco-free park policies, with the rapid legalization of marijuana, agencies may consider creating policy changes specifically addressing illegal marijuana use. Legalization has been tied to [increases in illegal and problematic marijuana use](#) among adolescents and adults. Research shows that marijuana use can have permanent effects on the developing brain, especially with heavy or regular

use, and [frequent use is connected to](#) an increased risk of mental health issues, such as depression and anxiety, decline in school performance and lower educational attainment, impaired driving, and potential for addiction. Marijuana use has also been [linked to a greater likelihood](#) to develop alcohol use disorder, substance use disorder and nicotine addiction.



Holding hands in a support group. Photo by Seventyfourimages, courtesy of Dreamstime

■ CONCLUSION

While we have learned a great deal of information related to substance use on park grounds and in communities, there is still so much to be discovered. Substance use is an ever-changing issue with trends evolving at a rapid rate. Parks and recreation is on the frontlines daily — faced with addressing and responding to a wide array of substance use challenges. We hope this report provides applicable strategies and best practices for all levels of response, based on the specific needs and infrastructure of your community. NRPA will be developing supplemental resources to complement this report and will include topics, such as partnership and asset building, mental health, and homelessness.

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