



## Community in Conversation Community Assessment: 2024 Findings

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# Executive Summary

## Introduction

The 2024 CiC Community Needs Assessment (CNA, also known as Community in Conversation) used a mixed-methods approach—an online survey, key informant interviews, and a youth focus group—to explore substance use attitudes, behaviors, and norms among Somerset Hills youth. Funded by a five-year SAMHSA Partnerships for Success grant, the CNA also examined mental health needs and protective factors by gathering input from parents, community leaders, and teenage members of the Youth Leadership Coalition.

## Key Takeaways

An overarching theme of this year's CNA is how the competitive academic environment creates substantial pressure on youth in Somerset Hills to succeed. This can lead to mental health issues and increased risk for substance use among youth.

## Somerset Hills 2024 Youth-Focused CNA: Key Findings

Mental health among their kids remains the main concern of parents. This includes:

- Pressure to succeed academically in a competitive environment
- The effects of anxiety or stress on their kids
- The influence of social media

Parents worry about the culture of achievement in the Somerset Hills and the pressure on them and their kids, leading most parents (90%) to have some level of concern that their child is stressed or has anxiety. **Most parents expressed “moderate” or “great” concern (46%) that their teen will attempt suicide**, which is a substantial increase from last year (14%; 2023 CiC CNA).

### Perceived risk.

- Fewer parents worry that their teens are using substances overall this year, compared to the past three years (2021-2023 CiC CNA).
- The **perceived risk of vaping nicotine has increased**, with 82% of respondents reporting vaping as a “great” or “moderate” risk.
- Parents’ concerns about teens drinking alcohol has **increased** to 62%, compared to last year’s 15% (2022 CiC CNA).
- Perception of the risk of marijuana use is slowly shifting to **more harmful**.

### Protective factors.

- Youth in the Somerset Hills towns are very involved in extracurricular activities.
- Only **44% of parents who have teens regularly talk to their kids about substance use**—the average age group kids start using substances. However, this is an increase from last year (38%; 2023 CiC CNA).
- Often, **coaches and trainers were a source of support for pressures and mental health**, as well as for information and guidance about substances while staying safe.

### Attitudes and norms.

- Parties with alcohol were described in the communities, and 26% of parents thought it was OK for a parent to host a party and provide alcohol to those under 21 years if the youth are not driving. **Most parents (76%) keep alcohol at home, and 28% don’t do**

anything special to prevent access by youth. Several parents described teens using ride-sharing apps, such as Uber, if they need a ride home from a party due to drinking.

- While only 9% of parents thought occasional marijuana use by high school youth is OK, 24% thought it was OK among college-aged youth (under 21 years), and 40% thought marijuana use by adults (over 21 years) is OK.
- Parents we spoke to have a high degree of trust with their teens. However, parents whose teens have already started using substances are unsure how to help their teens make good choices around substance use while in high school, even if that means accepting that they can't prevent their teens from abstaining completely.

#### Emerging issues.

Now that marijuana is legal in New Jersey (for adult recreational and medical use), more parents are noticing their adult friends using marijuana edibles socially. Most adults in the Somerset Hills (70%) know a few or some people who use marijuana.

- Teenagers have more access to marijuana as only 10% of marijuana users in the Somerset Hills secure their marijuana at home (a slight increase from last year's 9%; 2023 CNA).

## 2024 Community in Crisis Community Assessment (Community in Conversation)

The Community in Crisis (CiC) Community Needs Assessment (CNA, also known as Community in Conversation) is a mixed-methods assessment using both quantitative and qualitative methods. The aim of the CNA is to assess substance use attitudes, usage, and prevailing social and cultural norms among youth in the community of Somerset Hills, New Jersey (NJ). This initiative is funded by a 5-year SAMHSA Strategic Prevention Framework Partnerships for Success (PFS) grant.

The 2024 CNA also focused on youth mental health. The assessment included survey responses from 197 parents or guardians of children ages 5 to 21. Additionally, nine community key informants were interviewed, and seven teenage members of the Youth Leadership Coalition (YLC) participated in a focus group.

The CNA survey was briefly launched and conducted online from January 18, through March 28, 2024, for data collection. A total of 298 adults took the survey, and 197 responses were eligible to be included in the analysis. In-depth interviews with key questions and probes were conducted among nine athletic coaches and trainers, guidance counselors, high school principals, teachers, and police officers in the community. Further, CiC's YLC coordinator helped facilitate a focus group discussion among seven of the YLC youth to determine and further probe issues related to mental health and perceived substance use and risk factors among youth in the community.

See [Appendix A](#) for a description of recruiting efforts for young adults and Latino community members. Due to the convenience sampling method used to recruit participants, sampling bias may have created a sample of respondents who are more supportive of youth substance use prevention efforts and less likely to use substances themselves.

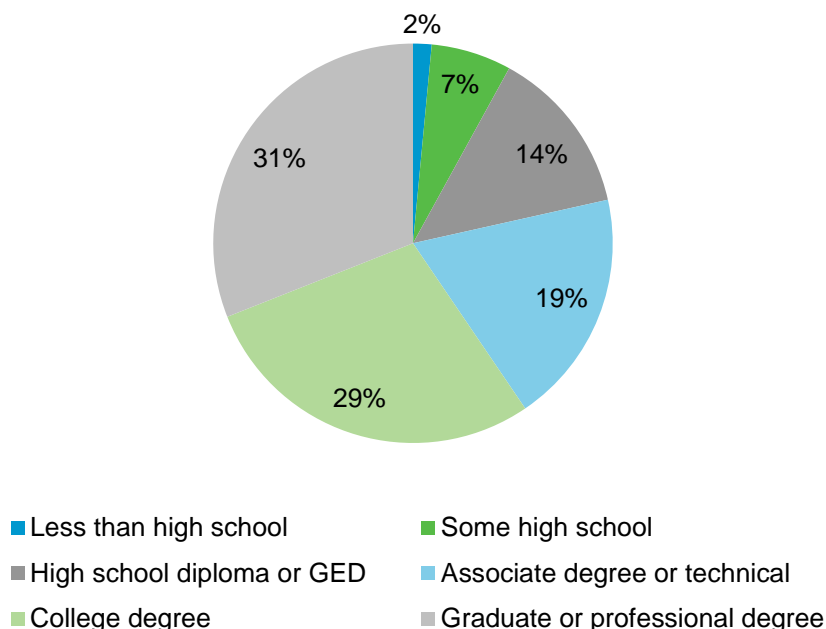
## 2024 CiC CNA Results

### Survey Respondents' Characteristics

Most survey respondents are parents living in Bernards(ville or Township), are highly educated, employed, and earn a high income. As in the previous years of data collection, the sample is not fully representative of the residents of the Somerset Hills towns in New Jersey as data are skewed. Most respondents live predominantly in either Bernardsville (30%) or Bernards Township/Basking Ridge (29%), followed by Bedminster (10%), Far Hills (5%) and Peapack-Gladstone (4%). Further, most parents surveyed were highly educated with graduate (31%) or college (29%) degrees or at least a high school diploma or GED (14%) (see Figure 1).

Due to the convenience sampling method used to recruit participants and Community in Crisis's headquarters being located in Bernardsville, sampling bias may have created a sample of more centralized local respondents, supportive of youth substance use prevention efforts and less likely to use substances themselves. As compared to the state of New Jersey, the sample appears to be more highly educated, with only 18% of adults 25 years and older with graduate degrees, 26% with bachelor's degrees, and 25% having a high school or equivalent degree.<sup>1</sup>

*Figure 1. Most parents in Somerset Hills are highly educated*



Most respondents were employed full-time (57%) or part-time (23%), while 11% were retired, 9% were homemakers and 11% were 'other.' Further, most respondents' (63%) household income was over \$88,000 annually, although this was less than the proportion of those who participated in last year's survey (81%; 2023 CNA). Respondents, compared to the rest of New Jersey, were more likely to be employed (64% employment rate in New Jersey) and had

<sup>1</sup> U.S. Census Bureau. (2023). 2023 American Community Survey 1-Year Supplemental Estimates for New Jersey. Retrieved from [https://data.census.gov/profile/New\\_Jersey?g=040XX00US34#populations-and-people](https://data.census.gov/profile/New_Jersey?g=040XX00US34#populations-and-people)

relatively similar incomes to the rest of the state (61.5% of New Jersey residents earn \$75,000 or more annually; the median household income is \$99,781).<sup>2</sup>

Most parents who responded were White (84%), followed by Black/African American (7%), South Asian (6%), American Indian (6%), Asian (3%), Native Hawaiian or Pacific Islander (2%), and Other (2%). The majority (81%) of respondents were in their 20s (24%), 30s (24%), 40s (14%) or 50s (19%). Most were women (66%; 32% were men, and 2% were transgender). There were 27% who identified as Hispanic or Latino. Most respondents were parents of children ages 5-10 years (34%), followed by parents of children ages 11-13 years (23%), then ages 14-16 years (20%), and ages 17-18 years (24%) (see [Appendix B, Figure B1](#)). Compared to the overall population of New Jersey, the respondents were more likely to identify as White (54%), female (51%), and Hispanic (23%). While the median age in New Jersey is 40.4 years, the respondents tended to be younger, mainly in their 20s or 30s. Although not directly comparable, the demographic composition of parents among the respondents was somewhat similar to that of other parents in the state. An estimated 32% of the respondents had children aged 6 to 11 years old in their households, and 36% had children aged 12 to 17 years old.<sup>3</sup>

## Perception of Living in Somerset Hills and Parents' Description of the Community

Parents that were interviewed described [many positive aspects of living in the Somerset Hills community](#), such as safety, good-quality schools, and several amenities. However, they also described several challenging aspects, including a highly competitive environment.

### Positive aspects of community.

Parents described the Somerset Hills community as [affluent, relatively safe, peaceful, and quiet, with a relatively low unemployment rate, great healthcare, and an excellent school system](#) with many activities offered. The area includes small, quiet, and quaint towns with pleasant scenery, ambiance, and natural landscapes of mountains, hills, rivers, and bountiful wildlife. Being a suburban, semi-rural area that is part of the broad New York metropolitan area, residents enjoy the ease of access to New York City and airports for travel, but they also appreciate the bucolic nature of the more rural areas.

Parents indicated a strong sense of community, inclusivity, and quality of life. Others have friends and family that live in the area. Some described the people in the community as friendly, pleasant, down to earth, and content; they're engaged as a community, tight-knit, and look out for each other with care and support. They like the "hometown feel" of the neighborhoods. Some said they appreciate the diversity of the Somerset Hills area, particularly the Paraguayan influence. Some indicated they feel [the community cares about substance use and addiction-related issues](#).

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<sup>2</sup> U.S. Census Bureau. (2023). 2023 American Community Survey 1-Year Supplemental Estimates for New Jersey. Retrieved from [https://data.census.gov/profile/New\\_Jersey?g=040XX00US34#populations-and-people](https://data.census.gov/profile/New_Jersey?g=040XX00US34#populations-and-people)

<sup>3</sup> U.S. Census Bureau. (2023). 2023 American Community Survey 1-Year Supplemental Estimates for New Jersey. Retrieved from [https://data.census.gov/profile/New\\_Jersey?g=040XX00US34#populations-and-people](https://data.census.gov/profile/New_Jersey?g=040XX00US34#populations-and-people)

### Challenging aspects of community.

Some disadvantages to living in Somerset Hills cited by key informants were the **high cost of living, including taxes and exorbitant and rising housing and real estate costs**. Despite an abundance of formal programs and sports, residents described a lack of healthy social opportunities for youth on weekends. Other negatives of the area described by interviewees included traffic congestion, overdevelopment, increasing crime, car thefts, and cold winters.

Parents described how a subset of the community experiences intense and constant competition among both kids and adults to succeed and be high-achieving, with very high expectations of the youth from parents along with inevitable comparisons among peers. Interviewed parents also indicated there was a teen party culture and described how wealthy parents often host parties with alcohol, forcing difficult decisions for parents—as not all parents agree with it, which leads to falling out with friends. They described major cliques at school that can be difficult for kids to navigate. They also mentioned there's an influx of unaccompanied minors and bullying as issues.

Further, parents indicated that since adult state marijuana use is now legal and vapes are increasing in popularity, these are easily now available to teenagers. It was cited that drugs are being brought over the border and now into the community. Others mentioned accessing resources for people who may need mental health or addiction services locally is difficult and often expensive.

### Behavior of Youth

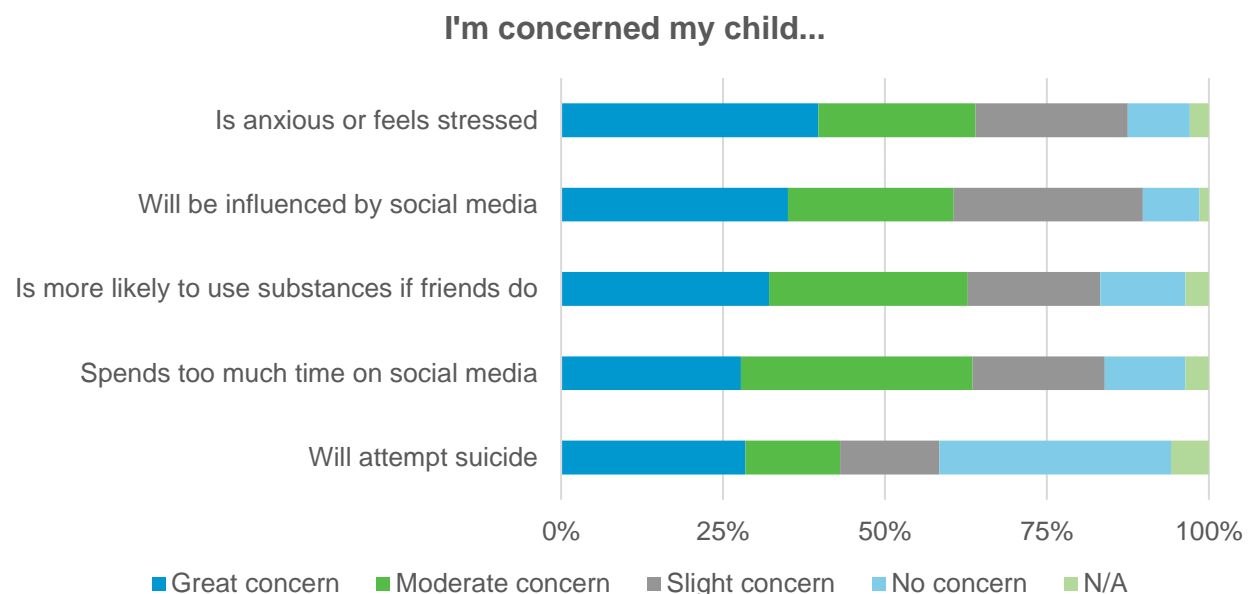
Survey data from most participants suggest **children are well-behaved, high-achieving, and active at school**. Most parents indicated that their kids get good grades in school a lot (35%) or often (27%), and they either never (39%) or seldom (28%) get in trouble at school; 19% responded that their children sometimes get in trouble, 8% indicated often, and only 3% indicated a lot. Most (87%) of parents' children participate in extracurricular activities.

### Mental Health Among Youth

**Most parents (90%) had some level of concern that their child is stressed or has anxiety.** Additionally, most parents (91%) were concerned their child will be influenced by social media or spend too much time on social media (87%). Approximately 86% of parents thought their child was more likely to use due to peer influence. Further, most parents expressed “moderate” or “great” (46%) concern or worry that their teen will attempt suicide (see Figure 2 on the next page). While this is a substantial increase from last year (14%; 2023 CiC CNA), parents have shown an increased rate of concern for their children's mental health in recent years. This increased concern may be partly due to local and state initiatives targeting mental health issues, along with the unforeseen impacts of the COVID-19 pandemic on young people.



Figure 2. Parents are concerned about mental health issues, social media, and peer influence affecting their youth



\*Ranked by mean of the sum of levels of concern vs. no concern.

### Perceived mental health risk factors.

A **competitive academic environment among all students** was described by key informants, who indicated it causes a tremendous amount of stress on youth; they express feeling they have no true outlets or support. Often, these pressures come from their parents, teachers, guidance counselors, and others. Yet the youth in the focus group indicated they wished they could talk about these feelings and obtain support. Pressure from some parents, who are often highly involved in their kids' success, can sometimes create a dynamic where youth see their worth as how much they can succeed academically, athletically and in extracurricular activities. This has led to some youth taking on extra classes, including AP classes, and overloading on classes and activities that lead to stress, lack of sleep, and mental health issues (such as anxiety and depression).

A **high degree of stress** among student-athletes was described by key informants—with the **expectation to perform athletically** and **be involved with multiple extracurricular activities**. Key informants described how many student-athletes are expected to play sports at the collegiate level, creating tremendous pressure and stress among athletes. This has led to eating disorders, the use of performance-enhancing substances (that youth are able to obtain online, such as certain steroids), and substance use to alleviate stress (including binge drinking, vaping, and marijuana use). Often, coaches see their athletes rushing from one practice to another (such as a school team practice and private club practice) and have sometimes had to intervene or offer extra support for youth berated by parents for poor athletic performance or not meeting expectations. When youth are admitted into competitive college programs, they are under further scrutiny and have even more expectations of them to perform up until they start college. This sometimes results in little time to socialize with friends, spend time with family, and engage in other activities. This has also led to burnout among some of the top athletes.

Anxiety and depression related to *academic pressures* are perceived by community stakeholders interviewed as major issues for all youth. Grades, classwork, and other academic-related stress are major issues. According to school counselors and youth in the focus group, students use varied coping strategies, including peer support and escape avoidance (such as skipping classes they're doing poorly in or engaging in risky behaviors such as substance use). The positive relationship between elevated psychological distress and escape avoidance behaviors, including substance use (alcohol, tobacco, and cannabis) and unhealthy diet, is of particular concern. Research in the published literature has demonstrated statistically significant relationships between "escape-avoidance" and gender, age, marital status, place of residence, program/year of study, and lifestyle behaviors, including diet, substance use, and physical inactivity.<sup>4</sup>

School counselors interviewees perceive *juniors to be at the highest risk for mental health issues*, as they have tremendous pressure to get into top, elite colleges and Ivy leagues and tend to be high achieving. While we assume a protective effect of highly competitive and elite schools, studies in the research indicate the reverse. Stress and academic pressure to perform are instead risk factors for substance use.<sup>5</sup>

There's also a consensus among those interviewed that there's a *lack of education and awareness* among the youth on the root causes of substance abuse and addiction, as well as a significant stigma surrounding the topic.

#### Perceived mental health protective factors.

A *protective factor* of this stress identified by key informants has been their *peers*—as youth reported feeling supported during their academic challenges and pressures by their friends and peers and that it's generally a positive, despite competitive, environment among the youth themselves. Another protective factor identified is *engagement in sports activities*—as this offers a healthy outlet and coaches interviewed from the community are very much invested in the physical and mental health of their athletes, as well as their athletic success.

Other factors identified in qualitative data that contribute to mental health and decision-making are described in [Appendix C](#).

### Perceived Risk of Substance Use Among Youth

Based on data from qualitative in-depth interviews among sports coaches in the community, the *perceived risk of substance use, and the actual use of substances appear to be increasing among youth*.

The youth on athletic teams and/or clubs are engaging in drinking at house parties or after sports games, matches, or meets; smoking or vaping socially and in schools to reduce stress; taking performance-enhancing drugs to increase athletic performance; and taking others'

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<sup>4</sup> Deasy C, Coughlan B, Pironom J, Jourdan D, Mannix-McNamara P. Psychological distress and coping amongst higher education students: a mixed method enquiry. PLoS One. 2014 Dec 15;9(12):e115193. doi: 10.1371/journal.pone.0115193. PMID: 25506825; PMCID: PMC4266678.

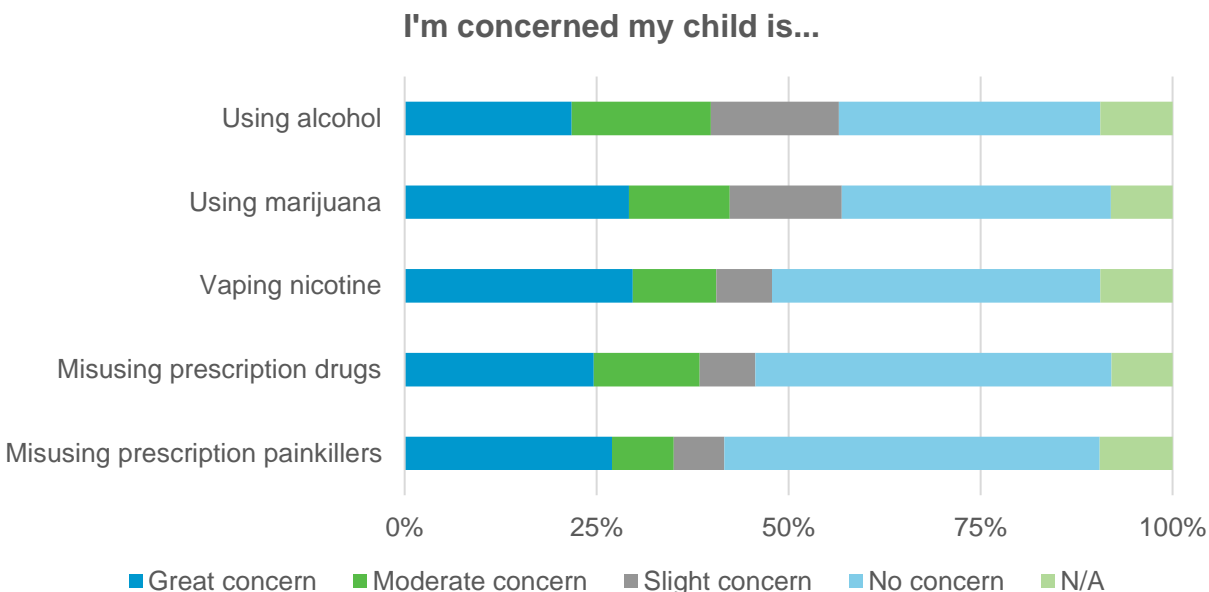
<sup>5</sup> Spěváková B, Boštíková V. Issues of risky behaviors in university students. Epidemiol Mikrobiol Imunol. 2024;73(1):12-20. English. doi: 10.61568/emi/11-6254/20240123/136238. PMID: 38697836.

prescription drugs to enhance their academic performance. Alcohol consumption among the youth seems often to occur at home, with some kids obtaining alcohol without parental permission. Further, parents sometimes allow supervised drinking at home, prioritizing their safety, and often offer rides/Uber for kids who need a ride home.

Challenges with **peer pressure to use** in schools were noted. The primary issue highlighted by youth during the focus group (among YLC) is the normalization of substance use as a coping mechanism for stress, relaxation, and fun. They expressed concern that certain substances, such as vaping nicotine or marijuana, are perceived as less harmful, contributing to their widespread use among peers.

**Most parents (57%) had some level of concern about both alcohol and marijuana use among their children.** Approximately half were concerned over their children vaping nicotine (48%) and misusing prescription drugs (46%); 42% were concerned over misusing prescription painkillers (see Figure 3).

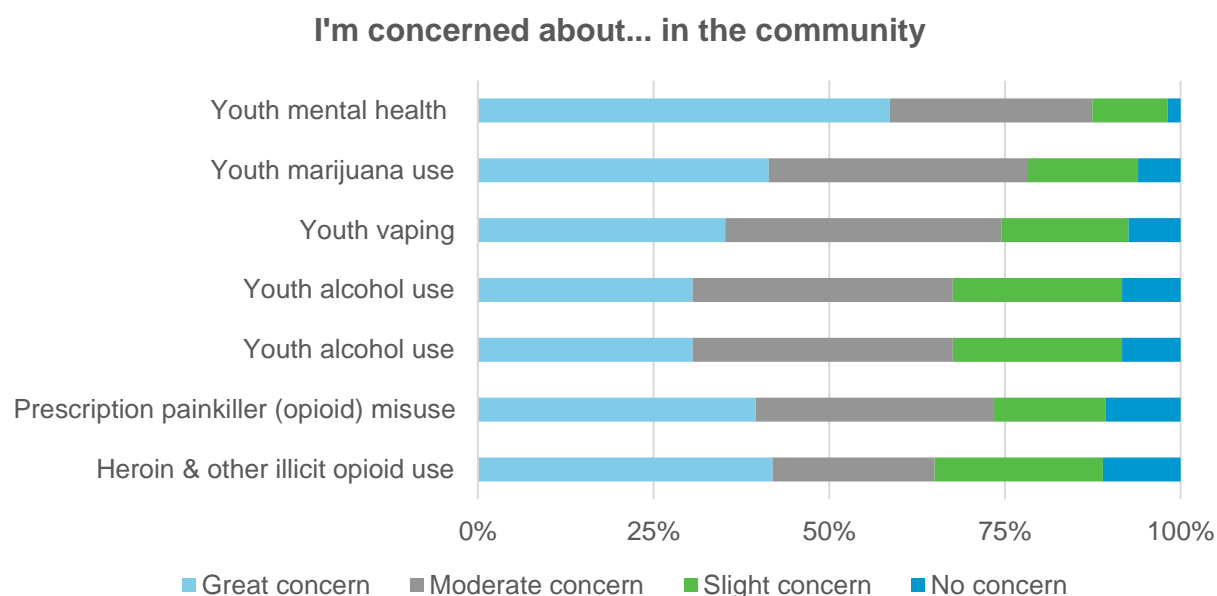
*Figure 3. Parents' concerns about substance use among their youth*



*\*Ranked by mean of the sum of levels of concern vs. no concern*

Almost all (98%) of **parents were concerned about mental health among youth in the community.** Most parents were concerned about substance use (93% vaping, 92% alcohol, 84% marijuana, 89% heroin and other opioids, 89% prescription drugs) among youth in the community (see Figure 4 on the next page).

Figure 4. Most parents are concerned about substance use among youth in the community



\*Ranked by mean of the sum of levels of concern vs. no concern

### Substance use among youth.

According to police officers and guidance counselors, there is a small group of youth in the community who have experienced **hospitalization** due to substance-related issues or had to go through **rehab programs**. There is reported to be a high amount of **stigma** among the community for youth who become addicted to substances and need to get treatment (i.e., rehab) due to the high expectations for youth to achieve and get accepted into a top university. Time spent recovering from drug or alcohol addiction is generally frowned upon, based on interviews, as there is the expectation that youth go directly to an elite or top university.

The school districts in the area test for substance use among students, including **random drug testing** and additional testing, including breathalyzers at events such as prom, homecoming, and other large sporting events. The Bernards Township School District has a policy that requires that all students in grades six through twelve and their parent(s)/guardian(s) complete the Voluntary Random Drug Testing Selection Form to be eligible for participation in school-sponsored athletic and extracurricular activities and to obtain a student parking permit. The Somerset Hills School district has a mandatory drug testing policy in which all students must opt into random drug testing if they want to play sports, get a parking spot, or participate in after-school extracurricular activities. Students in grades nine through twelve who do not participate in extracurricular activities or who park on school premises may be included in the random drug testing pool if their parent or guardian submits a written request and consent form for testing each school year. From the testing pool, approximately 10% (approximately 80 per year in Bernardsville) to 35% of students are tested. This involves a urine screening and a swab. Kids flagged as non-negative from drug tests will be required to meet with the school counselor afterward. Detection of substance is approximately 24-48 hours. There were only two students who tested positive in the first half of this 2023-2024 school year [one sophomore female and one (unidentified grade) male]. Typically, three to five students per school per year test positive per year, usually male students. Substance use identified is typically the vaping of marijuana

(occasionally pills or alcohol). The school has installed vaping detectors in the bathrooms, though in some cases, students have learned to disable them.

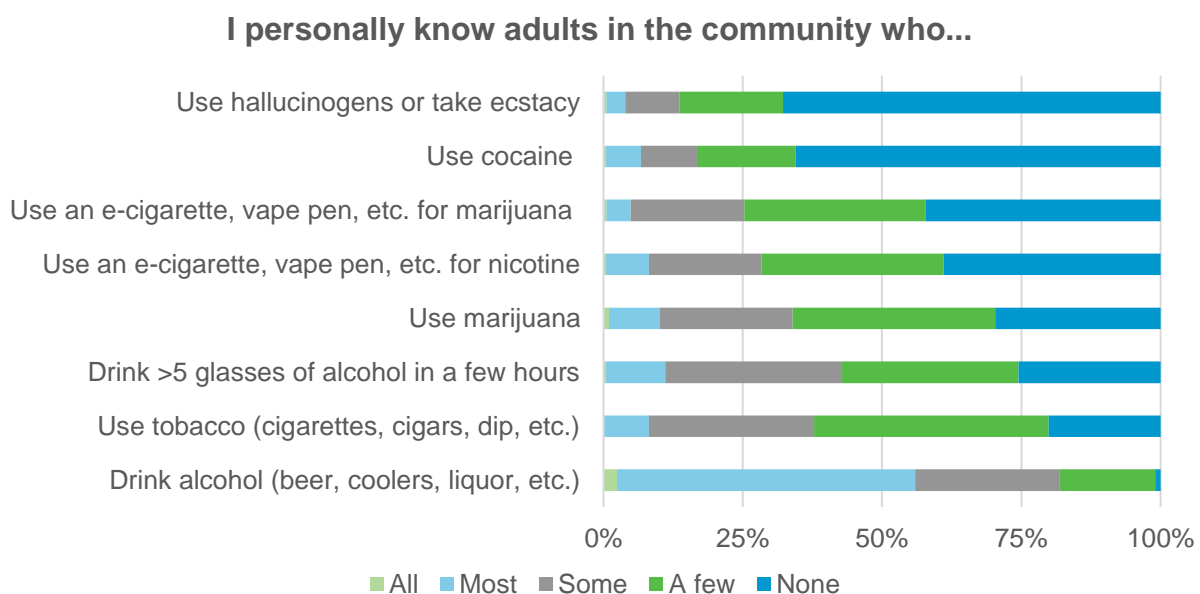
#### Youth substance use protective factors.

**Protective factors** for dealing with peer pressure include when youth have a strong identity and know one's goals to resist peer pressure effectively. Youth mentioned that peers are more likely to respect decisions if a valid excuse is provided, such as having important commitments like driving or early morning responsibilities. Healthy coping mechanisms used by the youth include engaging in art, talking with peers, and seeking support. School connectedness is associated with positive educational, behavioral, and health outcomes for youth, including mental health and substance use.<sup>6</sup>

### Substance Use Among Parents and Adults in the Somerset Hills Community

Unsurprisingly, almost all (99%) of parents surveyed **personally know other adults who drink alcohol**. In addition, personally knowing adults who use tobacco (80%), or marijuana (70%) is also prevalent (see Figure 5).

*Figure 5. Almost all parents personally know other adults who drink alcohol; most know someone who uses tobacco or marijuana*

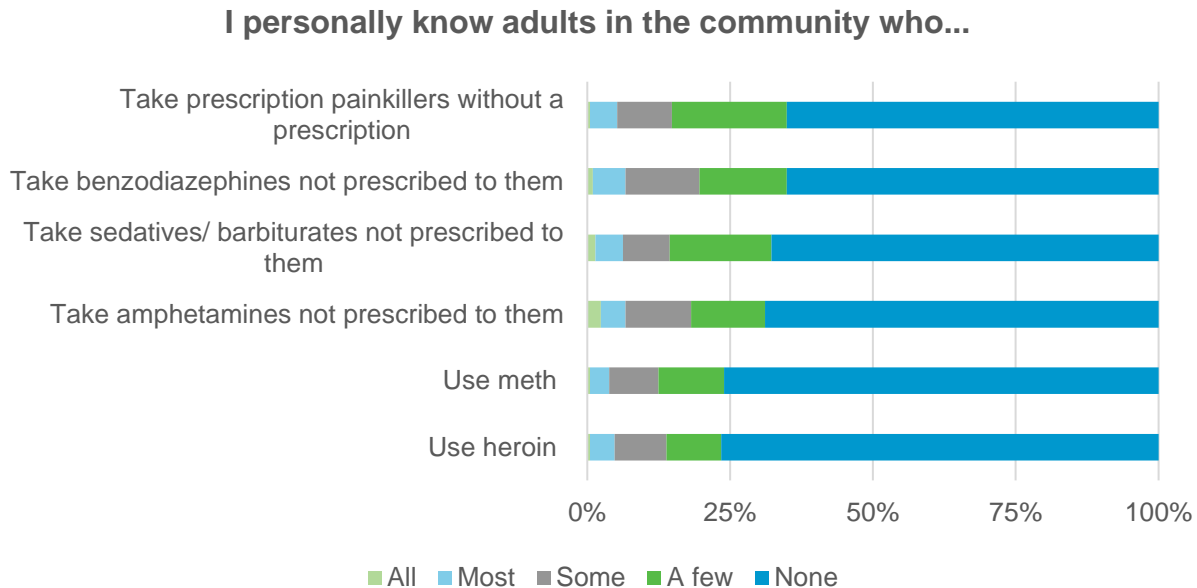


*\*Ranked by mean of the sum of levels of concern vs. no concern*

Approximately a third of adults know at least a few adults who take opioids without a prescription (35%), and take benzodiazepines (35%), sedatives/barbiturates (32%), and amphetamines not prescribed to them (31%). Approximately one-quarter of adults know at least a few adults who use meth (24%) or heroin (23%) (see Figure 6 on the next page).

<sup>6</sup> Wilkins NJ, Krause KH, Verlenden JV, et al. School Connectedness and Risk Behaviors and Experiences Among High School Students — Youth Risk Behavior Survey, United States, 2021. MMWR. Suppl 2023;72(Suppl-1):13–21. [<https://www.cdc.gov/mmwr/volumes/72/su/su7201a2.htm>]

Figure 6. Substance use among adults in the community, based on who adult parents personally know

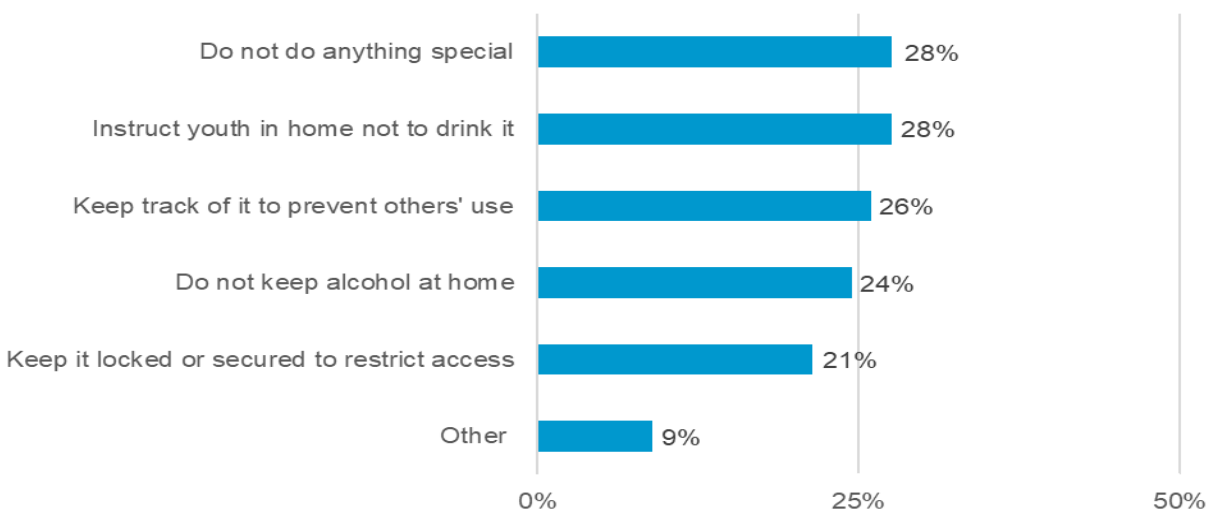


\*Ranked by mean of sum of levels of concern vs. no concern

Approximately 26% of parents thought it was OK for a parent to host a party and provide alcohol to those under 21 years if the youth are not driving. Further, 19% of parents thought occasional marijuana use by high school youth is OK, 24% thought it was OK among college-aged youth (under 21 years), and 40% thought it was OK to use marijuana by adults (over 21 years).

Meanwhile, **most parents (76%) keep alcohol at home**, and among those who keep alcohol at home, **28% don't do anything special to prevent access by youth**, while 28% simply instruct youth not to drink it (see Figure 7).

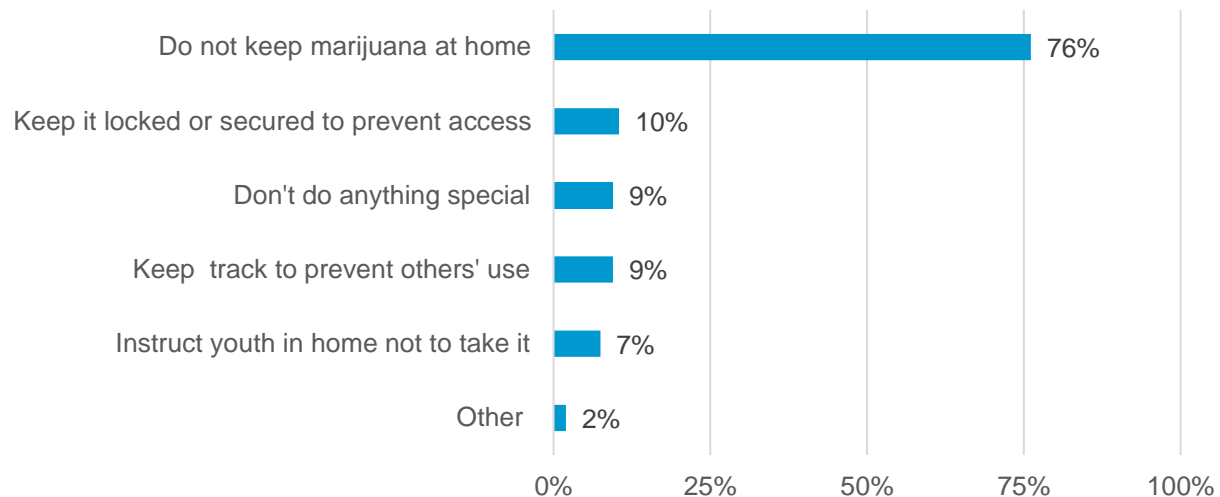
Figure 7. Most parents keep alcohol at home, but 28% do not do anything special to restrict access



\*Note: The question asked to select all that apply; hence, the sum is >100%

While most parents (76%) do not keep marijuana at home, among those that do, only 10% lock or secure it, 9% keep track of it to ensure no one uses it, 7% instruct youth not to use it to prevent their youth from accessing it at home and 9% don't do anything special to prevent access (see Figure 8). This corroborates with qualitative data (from in-depth interviews with community key informants) indicating that youth have immense **access** to substances—including alcohol, prescription drugs (such as Adderall and Xanax), unregulated performance-enhancing substances (for athletics), marijuana, edibles, vaping, and other emerging threats.

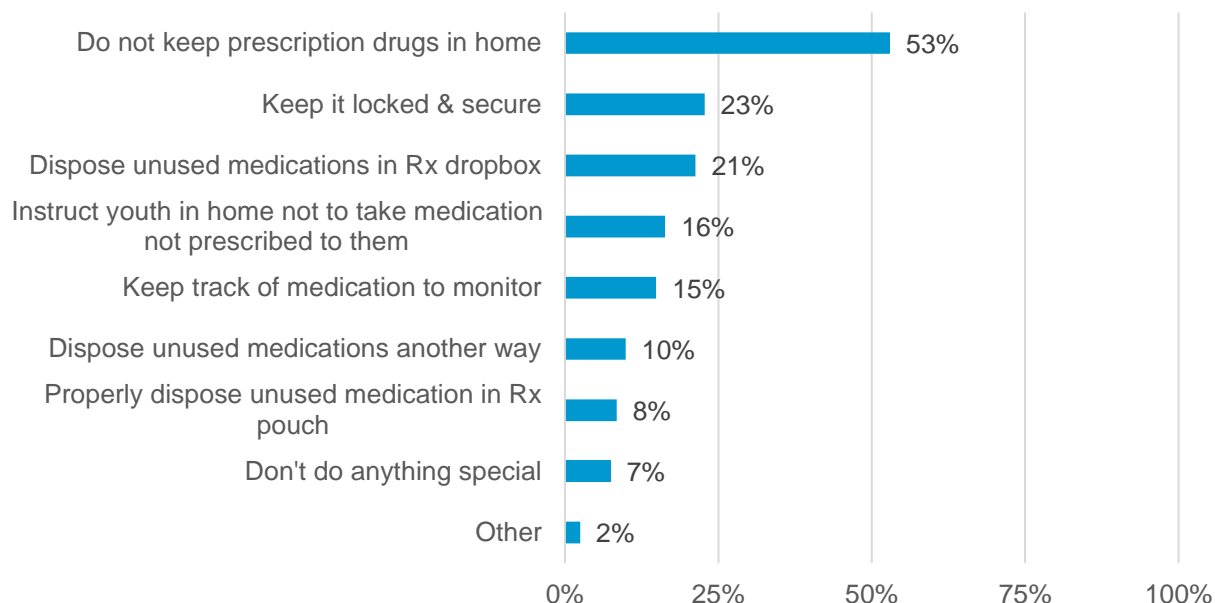
*Figure 8. Most parents do not keep marijuana at home, but 9% do not do anything special to restrict access*



*\*Note: The question asked to select all that apply; hence, the sum is >100%*

While most parents (53%) indicated they do not keep prescription drugs in their home, among those who do, indicated they keep prescriptions locked or in a place they cannot be accessed (23%), dispose of unused medications (21%), or take other measures to prevent their youth from gaining access to prescription medications not prescribed for them. Only **7% among those who have it in their homes don't do anything special regarding preventing access** (see Figure 9 on the next page).

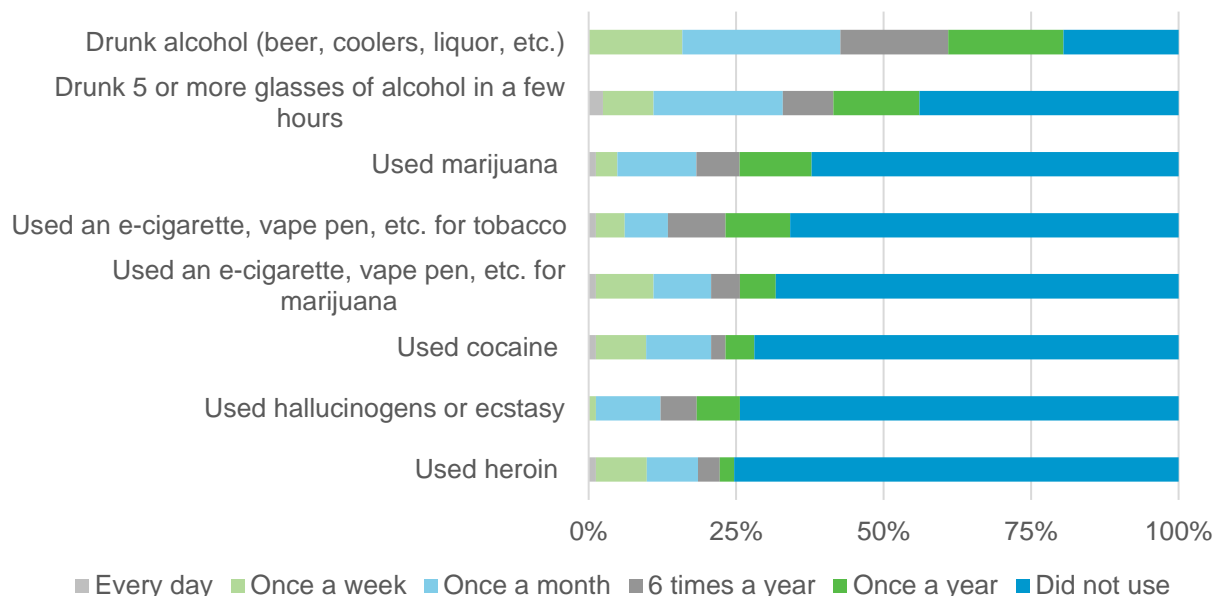
Figure 9. Most parents who keep prescription drugs at home restrict access to youth, but 7% do not do anything special to restrict access



\*Note: The question asked to select all that apply; hence, the sum is >100%

While most parents (62-74%) did not use illicit substances in the past year, a substantial proportion engaged in substance use behaviors at least once in the past year, including using marijuana (38%), e-cigarettes or vape pen for tobacco (34%), vape for marijuana (32%), cocaine (28%), heroin (25%), hallucinogens or ecstasy (26%). Further, **most parents had drunk alcohol at least once (80%) in the past year**, with 66% having drunk 5 or more glasses of alcohol within a few hours at least once (see Figure 10).

Figure 10. Alcohol is the most used substance among adults in the community

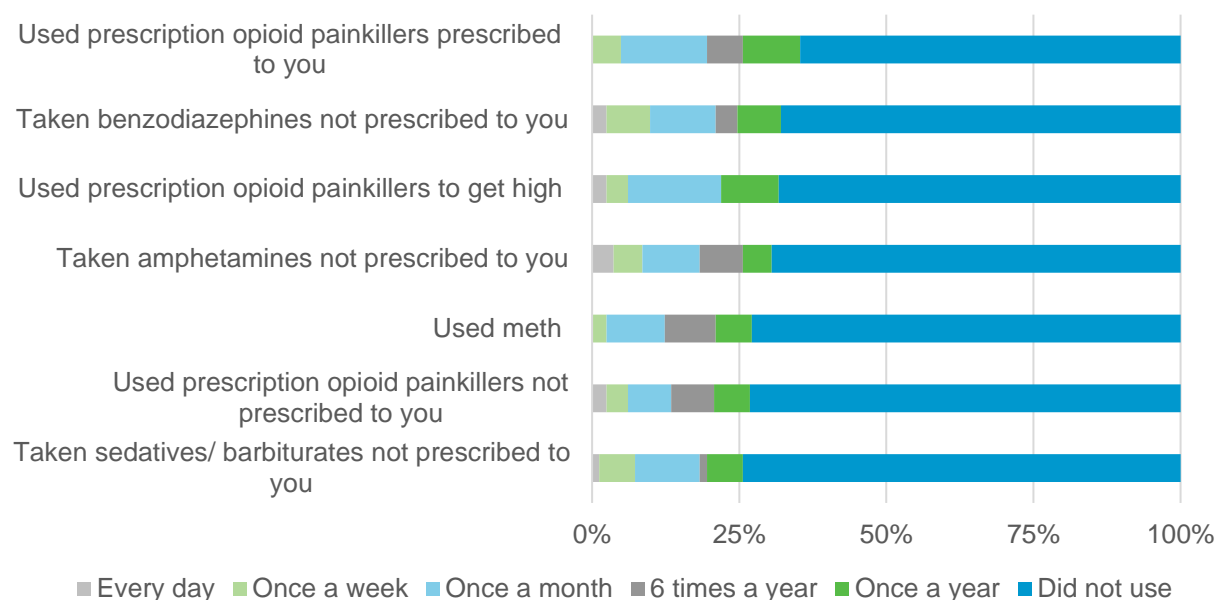


\*Ranked by mean of the sum of levels of concern vs. no concern



While the majority of parents did not use illicit drugs in the past year, a substantial proportion engaged in substance use behaviors at least once in the past year, including using prescription opioids prescribed to them (35%), benzodiazepines not prescribed to them (32%), prescription opioids to get high (32%), amphetamines not prescribed to them (30%), opioids not prescribed to them (27%), meth (27%), and sedatives/barbiturates not prescribed to them (26%) (see Figure 11).

*Figure 11. Parents' illicit substance use in the past year*



*\*Ranked by mean of the sum of levels of concern vs. no concern*

Most parents perceive people who use substances to be at great risk of harming themselves, particularly those who use heroin (77%), prescription opioids (67%), prescription drugs (60%), smoke cigarettes (52%), or vape (40%). Those who have five or more drinks of alcohol per day, smoke marijuana, or take edibles were also seen to be at risk among a substantial proportion of respondents. Further, 82% of parents thought addiction to drugs or alcohol is a disease. Most (51%) parents did not have anyone in their family, including themselves, experience addiction to drugs or alcohol. However, 35% did have another family member who has, 12% had a parent who has, 7% had a child who has, and 6% have experienced addiction themselves.

## Minority Groups in the Somerset Hills Community

Integrating the influx of **Spanish-speaking, new arrival youth** in the Bernardsville community and schools has posed challenges for both the new arrivals and school administrators, teachers, and guidance counselors. New arrival youth face language barriers, gaps in formal schooling and education, cultural and socioeconomic barriers and differences, as well as unstable living arrangements (often with extended family members away from their immediate family), and pressure to work to earn money after school. These barriers make meeting academic standards in the competitive schools in this affluent area difficult for this population. One teacher said his new arrival students say, “They (the other students at school) treat us like we are poor, but we are not that poor.”

Further, some new arrivals from Guatemala and Central America have experienced intense migration to come to the US and suffer from trauma due to this. However, in qualitative interviews, school administrators indicated that those in the Somerset Hills community who experience substance use typically do *not* come from this subset of the population. The school bullying counselor indicated that this may be because this population is so busy with school and work and tends to be lower income, so they do not have the same access to substances as other youth in the community.

Approximately 15% of respondents indicated that they or their family members would like information about substance use in Spanish.

There is a lesbian, gay, bisexual, transgender, queer, and intersex people (LGBTQI+) club at Ridge and Bernards High Schools, within the Somerset Hills and Bernards Township School Districts, that meets regularly and is quite active. School administrators indicated that they could have an informal meeting on substance use with CiC representative(s) and possibly invite these students to CiC to get used to the space. School administrators indicated that LGBTQI+ youth in school tend to be quite happy and open and associate with each other for social activities and support. So, this group is not perceived as high risk in this school, according to school staff. However, for context, this contrasts with national-level research that has found that sexual and gender minorities have higher rates of substance misuse and substance use disorders (SUDs) than people who identify as heterosexual. Further, people in LGBTQI+ communities can face stigma, discrimination, and harassment and are more likely to have mental health issues.<sup>7</sup>

These issues identified in the 2024 CNA pose both challenges and opportunities for CiC to continue to support this community and prevent substance use.

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<sup>7</sup> Lesbian, Gay, and Bisexual Behavioral Health: Results from the 2021 and 2022 National Surveys on Drug Use and Health; Substance Abuse and Mental Health Services Administration (SAMSHA), 2023. [[https://www.samhsa.gov/data/sites/default/files/reports/rpt41899/2022\\_LGB\\_Brief\\_Final\\_06\\_07\\_23.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt41899/2022_LGB_Brief_Final_06_07_23.pdf)].

# Community in Conversation Findings: Trend Data, Recommendations, and Future Considerations

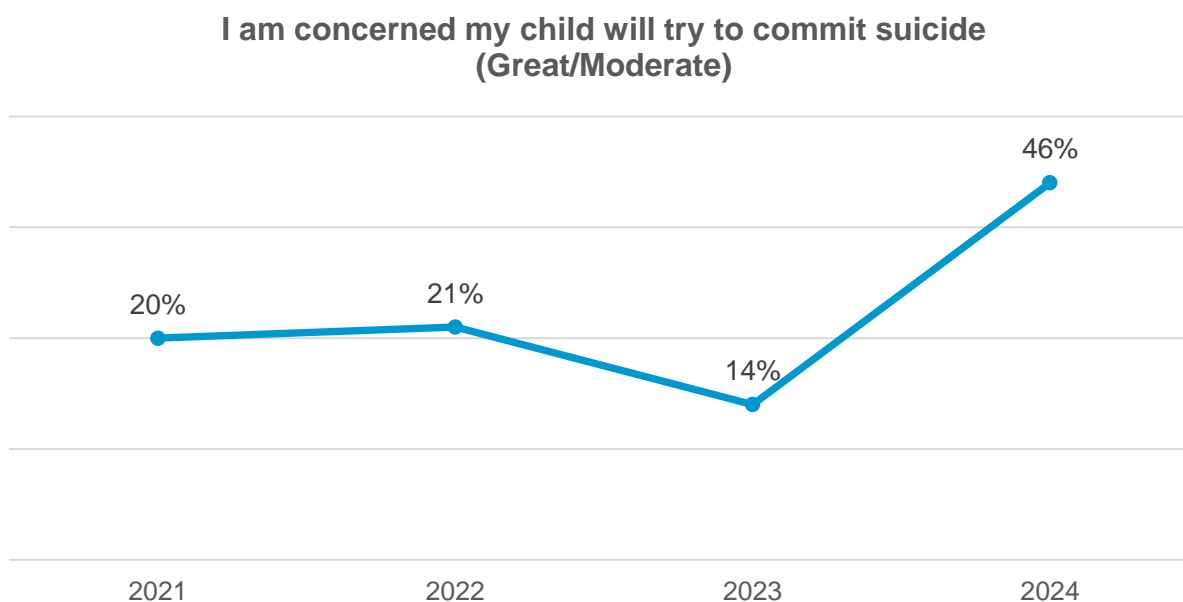
## Trends

With Community in Conversation being implemented annually since 2021, there is the opportunity to compare attitudes on youth substance use and mental health in Somerset Hills over time.

### Mental health is an increased priority.

In recent years, respondents noticed youth experiencing increased pressure to succeed academically in a competitive environment. With increases in pressures to perform at peak performance academically and athletically by parents and coaches, further exacerbated by unrealistic social media standards, respondents noted youth are feeling burnt out, which can increase susceptibility to engage in substance use as a coping mechanism for stress. Not only is there increased susceptibility for potential substance use, but overall mental health as a result can be compromised and lead to feelings of depression and/or anxiety (see Figure 12).

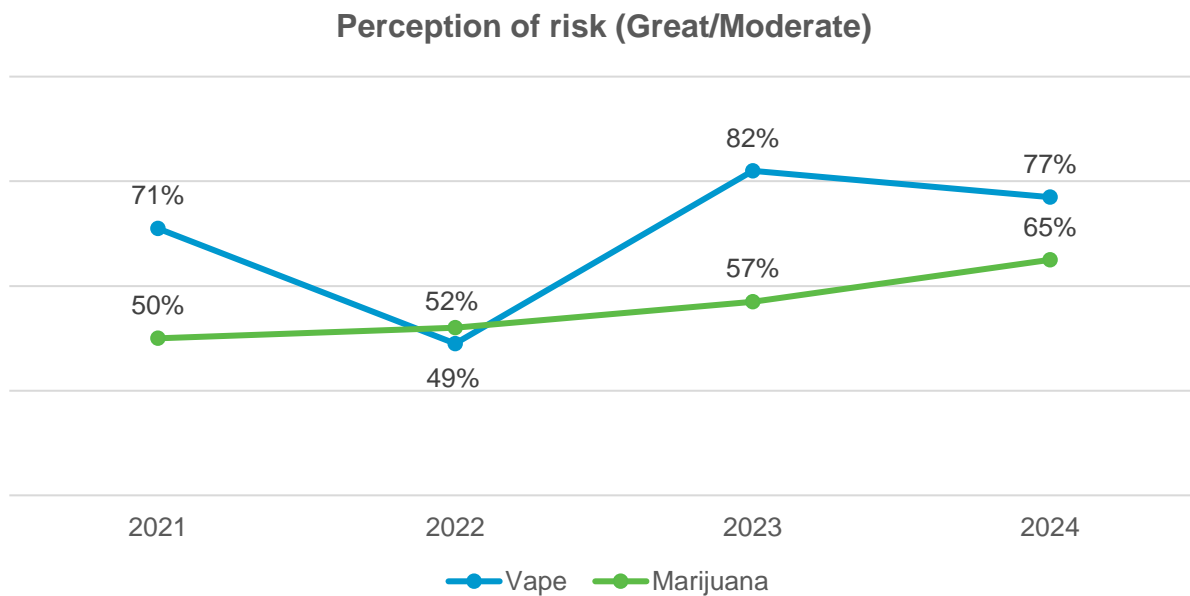
*Figure 12. Increased concern for parent survey respondents' child's mental health over the past four years*



### Perception of risk.

Overall, fewer parents are concerned about teens using substances this year compared to the previous three years (2021–2023). Notably, the perceived risk of vaping nicotine has risen significantly, with 82% of respondents in 2023 identifying it as a “great” or “moderate” risk, although this figure slightly declined to 77% in 2024. Meanwhile, concern about marijuana use is gradually increasing, with a slow but steady shift toward perceiving it as more harmful. These trends reflect evolving perceptions about substance use risks among respondents (see Figure 13 on the next page).

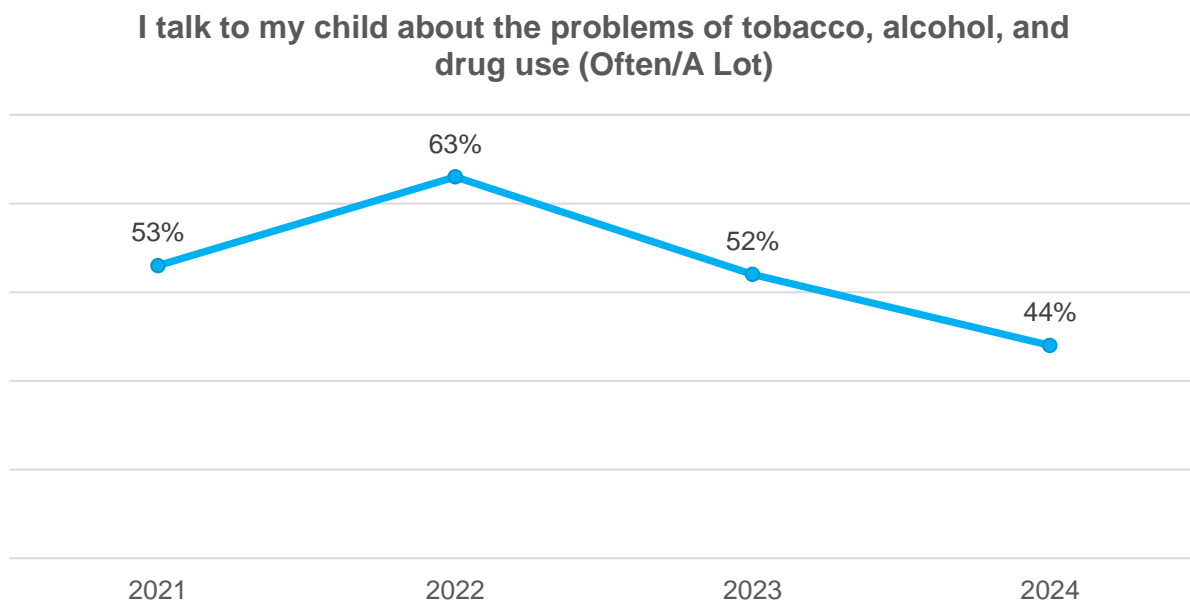
Figure 13. Respondent's perception of risk by substance over the past four years



#### Protective factors.

Youth in Somerset Hills communities are highly involved in extracurricular activities, which are a key source of positive engagement. Coaches and trainers often were a source of support for youth, providing support for mental health challenges, managing pressures, and offering guidance on substance use and safety. However, in recent years there has been a decline in parental discussions about the problems of tobacco, alcohol, and substance use, dropping from 63% in 2022 to 44% in 2024 (see Figure 14). This indicates a potential gap in protective communication between parents and youth, contrasting with community mentors' and activities' otherwise supportive role.

Figure 14. Reduced parent respondents' discussions with youth about substance use problems



## Recommendations

Based on the 2024 CNA and trend data since 2021, the following recommendations are provided:

- Continue to build upon and expand relationships with community members (teachers, counselors, school administrators, police officers, sports coaches and trainers, religious leaders, etc.).
- Continue to do outreach activities with the school to link CiC resources and space for the prevention of substance use, as well as raise awareness and reduce stigma around mental health issues.
- Continue to expand to other youth subgroups (i.e., Hispanic, LGBTQI+, etc.) through outreach or educational activities. This connection is currently being made by a YLC member who does lunchtime activities with the youth and had the idea to build on this rapport to do a CiC fieldtrip with this group.
- Consider increasing the number of students attending workshops conducted among the youth at CiC, particularly those that focus on mental health, stress, and coping skills. These could also be tailored by grade level or to provide strategies for stress management, etc.
- Implement effective measures to safeguard youth from exposure to marijuana marketing tactics, particularly considering the recent legalization of marijuana in NJ. Effective February 22, 2021, NJ law allows adults 21 years and older to buy recreational cannabis at a licensed dispensary, while adults and minors with a qualifying medical condition may participate in the Medicinal Cannabis Program.<sup>8</sup>
- Consider developing prevention materials in Spanish for the Spanish-speaking part of the community.
- Consider moving the survey time frame to the Spring or Fall season. Moving the season in which we conduct the survey will limit competition with other community surveys that conduct their surveys around the same timeframe as we currently have (January through March).
- Recruitment for survey responses could be done at sporting events (i.e., have youth or set up a booth and pass out QR codes outside or at the entrance of HS sporting events). This may be an excellent opportunity to enhance the response rate of the survey among our target population and without the extra responses (through bots or those outside our target population who complete the survey online to get the incentive (\$100), only to be tossed out because they are not residing in our target community of Somerset Hills for our age group). For a breakdown of recruitment strategies and prevention effort messaging reach from respondents in 2024, [see Appendix B, Figure B2](#). By making these key changes described above in next year's survey for 2025, we will increase the response rate to achieve our target sample size so that we are more confident about the representativeness among all regions in Somerset Hills and of the statistical significance of our results.
- Maintain and build upon connections we made during the in-depth interviews with community key informants in this year's assessment. This could help maintain these

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<sup>8</sup> Governor Murphy signed the [New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act](#) into law, legalizing and regulating cannabis use and possession for adults 21 years and older and decriminalizing marijuana and hashish possession, [A-1897](#) (P.L.2021, c.19). The Governor also signed [S-3454](#) (P.L.2021, c.25), clarifying marijuana and cannabis use and possession penalties for individuals younger than 21 years old. [<https://www.njlm.org/969/Cannabis-Legalization>].

relationships, continuously obtain their input, and facilitate attendance at events and implementation of prevention activities.

- Consider adding a 'School/community Connectedness' supplemental questions to the Pride Survey (in collaboration with the new incoming health officer). The many current heroin questions in the supplemental questions could also be replaced with more relevant themes identified from this year's CNA, such as marijuana (including edibles) and mental health questions.
- Continue to monitor attitudes about drinking alcohol and driving.
- Provide guidance to help parents manage steps they can take once their teen has used substances.
- Opportunities exist to increase the percentage of parents who secure their alcohol and marijuana supplies to prevent youth access (such as distributing 'lock your stock boxes' and/or media campaigns).
- Continue educating parents on how to keep children safe on social media and minimize the negative influence of social media.
- Continue education efforts on the dangers associated with high-THC marijuana to continue to increase the perceived risk of marijuana use.
- Continue efforts to encourage parents to talk to their children and teens about their mental health and the dangers of substance use. This will aim to increase the number of parents who talk to their children often about mental health and substance use, and ultimately awareness among the youth.
- Develop targeted, appropriate, and understandable prevention messages for the Spanish-speaking, new arrival community. Parents surveyed in this year's CNA also expressed a desire for prevention materials from CiC to be published in Spanish, and this would be another method to reach this population with tailored prevention messages. There is a need for educational support, childcare, transportation, health care, and mental healthcare in this community as well. Understanding this context and the needs of new arrivals is important to better reach this population cohort of the community.
- Continuing to listen and partner with those who have the resources and rapport to serve the community's current needs will allow CiC to provide support to the community with substance use prevention services. Initiatives by the YLC have already been underway this year to reach the Spanish-speaking, new arrival youth population at school, by conducting "Lunch Box" sessions and will be important to build trust and outreach to this community.

## Considerations for the Future

Based on the 2024 CNA and trend data since 2021, the following considerations should be made for future iterations of the CNA:

- Reflect on these findings and discuss them as a group. Further, compare findings from the 2024 CNA to the CNAs from previous years (2021-2023) and other regions in NJ. We will share these findings during our presentation to the CiC Board members in the Fall (~September 2024).
- Assess which questions in the CNA are essential versus which we can drop to make the survey shorter/more concise. Revising the survey questionnaire will make our data more relevant and reduce any data we currently capture that we're not using. We will also add

relevant questions and develop a theme for next year's assessment (2025) based on this year's findings.

- The survey questions try to mirror the PRIDE survey, but it's very structured and there are some questions in the community assessment survey we can eliminate (after discussion with CiC program staff).
- Additional feedback from parents on CiC and prevention programming can be found in [Appendix B, Figure B3](#).

## Appendix A: Sampling Strategy

### Recruiting special populations.

CiC used digital and print media to increase awareness of the online survey to recruit adults to participate. The most effective efforts were digital, linked posts in local Facebook groups, CiC's Constant Contact email newsletter and local schools' Friday Folders. The least effective recruiting tactics used included Shoprite video ads, posting on the CiC website, and mailing postcards.

Recruiting tactics should be evaluated in consideration of the resources required to facilitate them. Posting the link on the CiC website, for example, may be ineffective, but it requires little time and effort. The Shoprite videos, on the other hand, require graphic design effort and dedicated advertising dollars. Sending out the link through the Bernardsville Recreation Department email required minimal effort and recruited 4 participants.

### Young adults.

Special recruiting efforts to recruit more people under 35 years included an early launch of the survey while college students were home for winter break with paid social media boosts targeted toward that age group.

Distinct SurveyMonkey collectors should be used to identify the recruiting medium from which participants originated. For example, participants who clicked on a link to the survey from a social media post were more likely to be fraudulent than respondents invited to participate from CiC's email lists.

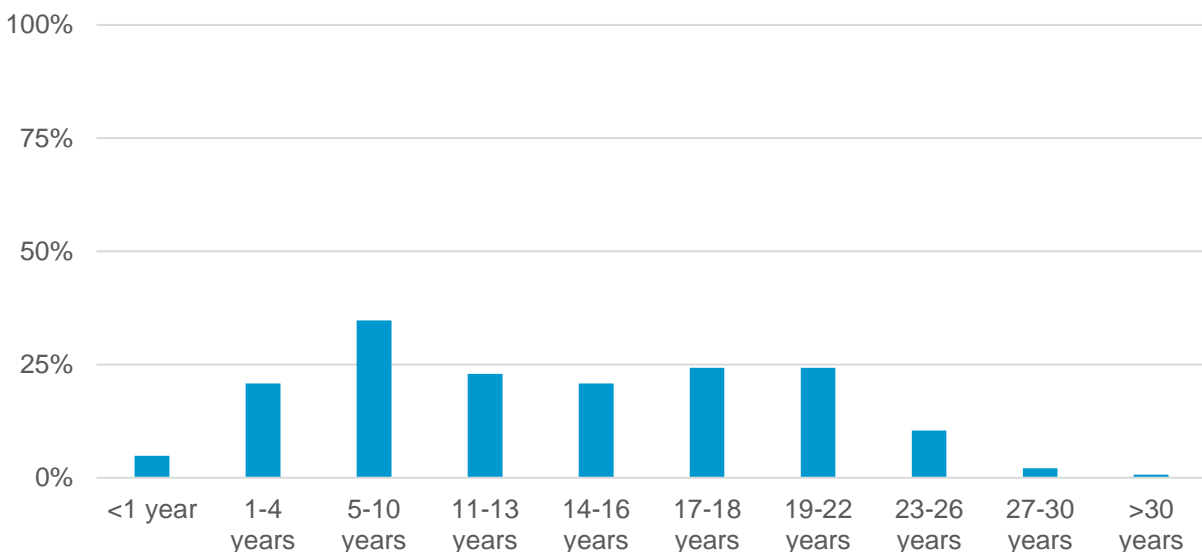
Social media posts should not be "boosted" through paid promotions through the social media site for targeted recruiting, as it attracts ineligible people taking the survey solely for the incentive. Over 100 people were taking the survey fraudulently, and those responses had to be excluded from the analysis.

In previous years, personal contacts of CiC staff had been contacted to reach respondents under 35. This year, CiC staff left postcards with QR codes at local coffee shops and doctors' offices where young people may be waiting and would have time to fill out a survey. The printed QR codes resulted in 13 responses, two of which were under 35 years old. Based on this experience, the expense of boosting social media posts and printing postcards to be displayed at community businesses is not recommended for future survey recruiting because it does not generate sufficient responses from young adults. Due to the low number of young adults taking the survey, the sample size of the questions asked only of young adults, including what substances they used in the past year, is too small to be analyzed.



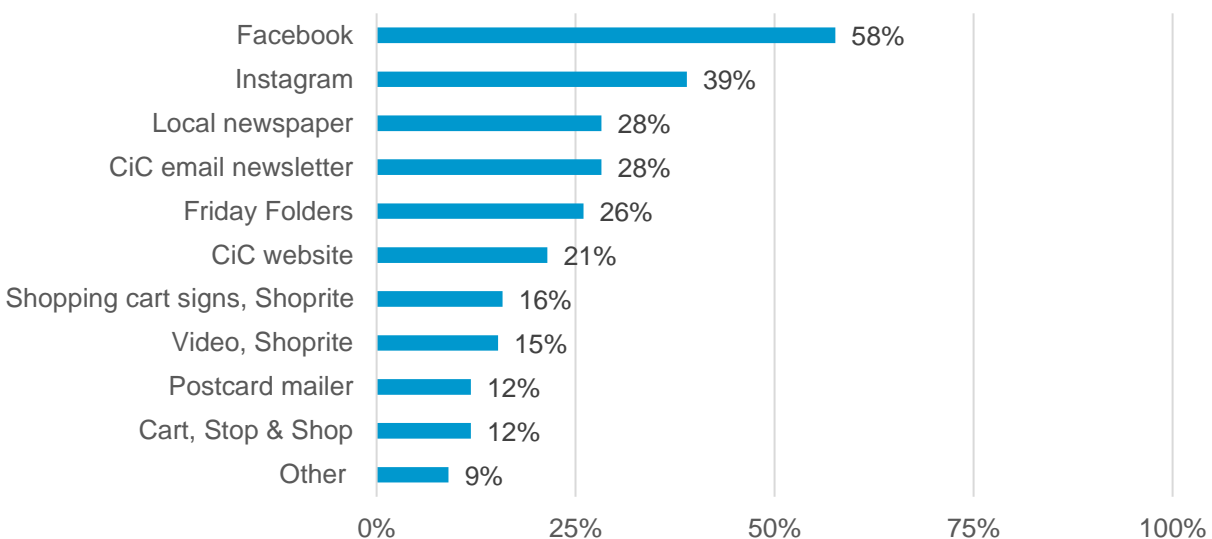
## Appendix B: Supplemental Figures and Data

Figure B1. Age Distribution of Children among Parent Respondents



*\*Note: The sum exceeds 100% as this includes all children of parents. The inclusion criteria for the survey was being a parent of at least one child ages 5-21.*

Figure B2. CiC's Prevention Messages are Most Visible to the Somerset Hills Community through Social Media



As efforts to publicize the annual assessment have been consistent over three years, fewer online survey respondents are unfamiliar with the work of CiC. Most respondents indicated that they have seen CiC's prevention messages through social media or newsletters.

Further, survey respondents indicated they either strongly agree (48%) or agree (35%) that CiC does important work in the community, while 10% indicated they were not familiar with the work of CiC, and approximately 8% disagreed.

## Figure B3. Additional Survey Feedback from Parents

### CiC is valued by the Somerset Hills community.

"I would love both my teens at private high schools to start collaborative efforts with CiC in satellite clubs to raise awareness. Husband lost best friend and also a 1st cousin to opiates/fentanyl. Kids don't realize the unknown dangers of accidental overdose because of fake pills or laced weed. My son did a Capstone presentation on the topic- it was eye-opening."

"Substances like alcohol, opioids, and cannabis clearly affect individuals and relationships. Through research and character education, mutual accountability, and support, you're building a community in the Somerset Hills, and that's inspiring. Thank you for leading the way."

"Your efforts are appreciated."

"This work is changing the lives of many people. I urge you to keep up the same. Great job!"

"I love the campaign that you guys are running, and I'd like to encourage you to keep pushing. You are changing lives!"

"Drug abuse affects the youth in the community."

"Mental health matters among the youth and should be addressed."

"Drug abuse is a disease in the community."

"There is more going on under the surface of family homes than they care to admit. Wealth is good but can also hide many things that come out too late. Kids need to learn how to handle temptation and peer pressure early in life and I do not think those conversations are happening at home."

"Substance abuse is harmful."

"I hope you can publish or promote more prevention information, and I also hope that you can continue to improve."

"I love your organization and think it is vital to our community. Too many problems swept under the rug when our children are breaking under the pressure of today's society. Social media, expectations of high achievement, and trying to fit in are too much for them."

"It's everyone's responsibility to stay away from drugs."

"Can teenagers and adults use drugs rationally and inform them of the dangers of smoking and drinking?"

"Promote the harm of drinking alcohol to young people."

"It seems all your events are for kids and no opportunities for adults to volunteer."

"You do such great work for the community; I especially like the events you host for the WAMS students and families. The more "mainstream" events you are hosting, the more you are removing the stigma from your mission. In other words, we can all learn and benefit from your outreach without having been personally affected by its originating purpose."

"Thank you for your efforts."

"Keep on keeping on!"

"Thank you for doing important and much-needed work in our community."

"Keep up the good work!"

"Thank you for your help in the community."

"Thank you for your time!"

"Please cast a wider coverage on the effects of drug abuse."

"When asked, my two children (WAMs and Ridge) share that the smell of pot coming from the bathrooms is constant and there are always vapes being disposed in the toilets. We also hear of parents hosting alcohol parties with no consequences. But I suppose that none of this is new."

"I would love to volunteer. I'm bilingual (Spanish-English). I have a counselor degree in my country, and I'm about to get my life coach certification here in the US."

"I think you are doing great work and helping so many in need."

"You do important, needed work."

"My son passed away from fentanyl poisoning. I've known too many kids in town that have struggled with addiction and are still struggling as adults. I wish there was more that the schools, police, and community could do to help. I don't know what the solution is, but something has to be done."

"It saddens me that today's youth are expected to live pristine lives— no lessons to live by, no opportunities for growth from mistakes. CiC needs to look at themselves and the pressure their (undoubtedly well-intentioned) rhetoric is placing on our youth. What's next... CiC promise rings?"

## Appendix C: Other Factors Identified in Qualitative Data Potentially Contributing to Mental Health and Decision-Making Challenges

**Academic support and tutoring needs** were seen to be the biggest gap due to the competitive nature of the school, high pressure, and expectations from parents, peers, and themselves. This was perceived as a systemic problem. School teachers, counselors, and sports coaches indicated that kids do not seem to have a balanced schedule, as there is pressure to take honors and AP classes and be involved in multiple extracurricular activities and sports. Kids are overscheduled with pressure to get into good colleges and are afraid of failure (academically). Guidance counselors indicated a need for further academic support, such as tutoring services and a concierge portal for research on mental health services, and they will call/follow up for you.

**Nutrition** was a theme that emerged from interviews with sports coaches and trainers as something that can serve as both a protective factor and a risk factor. Coaches and trainers indicated that access to good nutrition is a protective factor among the youth, while lack of good, balanced nutrition is a risk factor in behavior. For example, kids who eat high sugar or processed foods during lunch come back to class or sporting activities distracted and hyperactive and are perceived by teachers and coaches as more likely to engage in high-risk activities such as drinking at social events, smoking or vaping during and after school, ingesting edible gummies, taking prescription drugs to focus better, etc. Students, particularly athletes, who are intensely training at a competitive level, are more aware of and have more access. Some coaches and teachers suggested implementing better nutrition options at school lunches to mitigate this perceived risk factor in behavior. Poor nutrition has been evaluated as a risk factor in the published literature. A recent meta-analysis found a correlation between those with poor diet and nutritional levels and a greater tendency for higher-risk behaviors.<sup>9</sup> Further, studies have identified links between dysfunctional eating patterns or poor diet and heroin use, for example.<sup>10</sup>

**Sleep** was another aspect mentioned by coaches and trainers. They observed that their student-athletes do not always get adequate sleep, which can impede performance. They suggest that kids need support to ensure their schedules are manageable and not overloaded with classes, homework, studying, sporting and extracurricular activities. Research has demonstrated that those who experience sleep deprivation and unhealthy sleep cycles are at greater risk of developing substance use disorders (SUDs). Substances such as cannabis, Ambien, and alcohol are some drugs that people use when experiencing sleep issues, and people can become reliant on these stimulants to keep feeling functional. Further, sleep

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<sup>9</sup> Moran NP, Sánchez-Tójar A, Schielzeth H, Reinhold K. Poor nutritional condition promotes high-risk behaviours: a systematic review and meta-analysis. *Biol Rev Camb Philos Soc*. 2021 Feb;96(1):269-288. doi: 10.1111/brv.12655. Epub 2020 Oct 5. PMID: 33015971.

<sup>10</sup> Neale J, Nettleton S, Pickering L, Fischer J. Eating patterns among heroin users: a qualitative study with implications for nutritional interventions. *Addiction*. 2012 Mar;107(3):635-41. doi: 10.1111/j.1360-0443.2011.03660.x. PMID: 21933297.

deprivation can hinder cognitive function and judgment, and not getting enough sleep can make it more difficult for youth to manage impulses and make conscious choices or decisions.<sup>11</sup>

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<sup>11</sup> NIDA. 2020, March 9. Connections between Sleep and Substance Use Disorders. Retrieved from <https://archives.nida.nih.gov/news-events/noras-blog/2020/03/connections-between-sleep-substance-use-disorders> on 2024, June 27