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**Alcohol and Drug Abuse Prevention
Capacity Development Project (ADAP)**

Organizational Needs Assessment Report

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Report Submitted to:

Clinton County Family and Children First Council
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Executive Summary

This Needs Assessment was conducted as the initial phase of a larger project – the Alcohol and Drug Abuse Prevention Capacity Development Project (ADAP) – launched by Clinton County Family and Children First Council (CCFCFC). This Assessment was intended to evaluate the community's existing data related to the presence of Alcohol and Other Drug (AOD) problems and recommend strategies which the community, as well as local AOD prevention providers, could implement to address identified issues.

A subgroup of CCFCFC, the Workgroup, worked collaboratively with consultants to obtain necessary information for the completion of the Assessment. Data was obtained from the following sources: (1) A review of existing sources of information relevant to the drug and alcohol problem in the state of Ohio generally and in Clinton County specifically and with regard to existing drug and alcohol abuse prevention services in Clinton County; (2) relevant quantitative data obtained from a variety of local agencies and organizations; (3) a community-wide survey; and (4) Key Informant Interviews.

Findings revealed a number of strengths present in the county with regard to the current system of drug and alcohol prevention:

- a basic foundation of traditional drug and alcohol abuse preventative services;
- education and subsequent distribution of information are being fulfilled, at least in part, by existing services;
- a general awareness of a substance abuse problem exists, with a fairly well informed public regarding the specific nature and extent of the problem;
- a good base of support for community-based prevention programs within the community; and
- the involvement of a larger, more regional campaign - Prescription for Prevention: Stop the Epidemic – providing access to resources.

Areas in need of improvement were also identified, being categorized in terms of organizational needs and with regard to specific substances and populations that warrant the attention of prevention services.

The areas in need of improvement are as follows:

- a lack of awareness regarding the difference between preventative services and treatment, or intervention, services, as well as a lack of knowledge regarding secondary and tertiary preventative services;
- uncertainty regarding the interest and availability of key parties to lead a community-based prevention effort;
- a lack of prevention messages directed to key populations;
- few certified Prevention Specialists exist who are not employed by treatment service providers or within the school system; and
- an unwillingness to reach out to teachers or school personnel for information regarding drug and alcohol abuse prevention services.
- Population and substance specific concerns, warranting targeted prevention services, included:
 - teens (13-18) and young adults (18-25);
 - unemployed / underemployed;
 - pregnant women;
 - heroin and opiates;
 - prescription medications;
 - methamphetamine;
 - alcohol; and
 - tobacco.

Specific recommendations – related to the development of community-based prevention efforts - were offered based upon these findings.

Introduction

Clinton County Family and Children First Council, herein referred to as CCFCFC, in collaboration with Mental Health Recovery Services of Warren and Clinton Counties, herein referred to as MHRS, perceived the need in Clinton County for alcohol and drug abuse prevention capacity development, resulting in the development of the Alcohol and Drug Abuse Prevention Capacity Development Project (ADAP).

The specific purpose of this project, within that overarching goal, is to evaluate the community's existing data related to the presence of Alcohol and Other Drug (AOD) problems and recommend strategies which the community, as well as local AOD prevention providers, could implement to address identified issues.

Specifically, initial questions were posed regarding priority areas to be addressed; recommended strategies to address these priorities; the readiness of the community to address needs and service gaps; and areas of focus for a drug-free coalition.

Process of the Needs Assessment and Sources of Information

A subgroup of CCFCFC, herein referred to as the Workgroup, was formed to oversee the ADAP project. Initial meetings of the Workgroup, working collaboratively with the consultants hired to conduct this Needs Assessment, served to determine the scope and scale of this project, to decide upon the process of the Needs Assessment, and to generate sources of information which would provide the basis for ultimate conclusions and recommendations.

The Workgroup consisted of representatives from CCFCFC, MHRS, Solutions Community Counseling and Recovery Center, Head Start, the Department of Job and Family Services, and United Way.

Data for this project was obtained from the following sources:

1. A review of existing sources of information relevant to the drug and alcohol problem in the state of Ohio generally and in Clinton County specifically and with regard to existing drug and alcohol abuse prevention services in Clinton County;
2. Relevant quantitative data obtained from a variety of local agencies and organizations;
3. A community-wide survey; and
4. Key Informant Interviews.

Specific information pertaining to the distribution of the survey and the completion of Key Informant Interviews is available in the relevant, specified sections below. In addition, the survey is available for review in Appendix A, while the Key Informant Interview is contained in Appendix B.

Limitations of the Needs Assessment

The results of this analysis are limited by a lack of full community participation in Key Informant Interviews and by limited quantitative data. However, given the considerable volume of previously conducted studies and other summary documentation, the significant number of survey participants, and the fact that there were participants noted from every targeted sector, it is believed that the results of this assessment provide an adequate representation of the drug and alcohol abuse prevention system currently present in Clinton County.

Review of Existing Documentation

The Workgroup assembled a considerable amount of information relevant to the drug and alcohol problem in the state of Ohio generally, and in Clinton County specifically, and with regard to existing drug and alcohol abuse prevention services in Clinton County. This section of the report is designed to provide a summary of relevant data points from those documents.

The results of a needs assessment conducted as part of the Partnerships for Success Initiative (Clinton County Partnerships for Success Workgroup, undated), which seems to have been conducted in 2006, suggested that the reduction of substance abuse was the number one Targeted Impact for the county at that time. This factor as the priority Target Impact was indicated by the following risk factors:

- possession/use or sale of drugs, alcohol, or tobacco (as indicated by offenses logged by school officials);
- youth alcohol and drug use (as indicated by youth who drank alcohol or used an illicit drug);
- use of alcohol/drugs (as indicated by student self-report of alcohol or drug use);
- client needs for mental health / recovery services (as indicated by clients admitted for service at the Mental Health Recovery Center of Clinton County);
- access to alcohol (as indicated by students having access to or using alcohol); and
- substance use and risk behaviors (as indicated by alcohol use; alcohol drunk; use of tobacco, inhalants, marijuana and other substances; driving after drinking; riding with a driver who had been drinking).

Results from an August 2007 Assessment of Youth Development report (Wright State University, Center for Urban and Public Affairs, 2007), suggested that:

- Tobacco use among expectant mothers in Clinton County showed relatively high prevalence with a rate of 21.6%, ranking Clinton County the 3rd highest among a total of eight peer counties¹, and significantly higher than the rates observed in Ohio (i.e., 17.9%) and the United States (i.e., 11.2%) overall;
- With regard to substance use during pregnancy, a rate of 13.1% of women ages 18-44 reported binge drinking during pregnancy in 2002, a rate comparable to that observed in the United States overall (i.e., 12.6%);
- 77% of Clinton County 7th graders – and 54% of 10th graders – reported never having used tobacco:
 - 88% of 7th graders reported not having used tobacco in the last 12 months and 94% of them reported not having used this substance in the last 30 days;
 - while 68% of 10th graders reported not having used tobacco in the last 12 months and 78% of them reported not having used this substance in the last 30 days.
- 52% of Clinton County 7th graders – and 23% of 10th graders – reported never having used alcohol:
 - 73% of 7th graders indicated they had not used alcohol in the last 12 months and 87% of them reported not having consumed alcohol in the last 30 days;
 - while 34% of 10 graders reported no having used alcohol in the last 12 months and 60% of them reported not having consumed alcohol in the last 30 days.

¹ Peer counties are comparison counties selected based on overall and child/youth population sizes, demographic characteristics, general rural nature, and Ohio Department of Education school district typologies. The seven peer counties used for comparison to Clinton County were Mercer, Fulton, Brown, Union, Preble, Guernsey, and Williams counties.

- 16% of 10th graders indicated they had once consumed alcohol at a party with “kids their age” and 38% of 10 graders indicated they had done so two or more times; however, 46% of 10th graders reported they had never done so;
- 11% of 10th graders indicated they had engaged in binge drinking (i.e., consumption of five or more drinks in a row on one or more occasions within the last two weeks) and 15% of 10 graders indicated they had done so two or more times; however, 74% of 10th graders reported they had never done so;
- 93% of 10th graders reported never having driven a car – in the last 12 months – after drinking; 3% indicated they had done so once while 4% reported they had driven a car after drinking two or more times;
- With regard to riding in a car with a driver who had been drinking within the last 12 months:
 - 73% of 7th graders – and 68% of 10th graders – reported they had not done so;
 - 13% of 7th graders – and 13% of 10th graders – indicated they had done so once; and
 - 14% of 7th graders – and 19% of 10 graders – stated they had done so two or more times.
- Clinton County ranked fifth – with comparable rates to three other peer counties – with regard to youth’s disciplinary occurrences related to use/possession of other drugs;
- 93% of 7th graders and 71% of 10th graders reported never having used marijuana; 2% of 7th graders and 5% of 10th graders reported having used this substance once and 4% of 7th graders and 24% of 10th graders reported using it two or more times; and
- 88% of 7th graders and 87% of 10 graders reported never having used inhalants; 6% of 7th graders and 4% of 10th graders reported having used this substance once and 7% of 7th graders and 8% of 10th graders reported having used it two or more times.

The results of a 2008 Community Attitudes Survey (Clinton County Regional Planning Commission, 2008) indicated that 29% of Clinton County residents responding to the survey strongly believed that drug-related crime was a problem in the County, while 52% of respondents agreed that drug-related crime was a problem in the County.

The Ohio Department of Health created Community Health Profiles for the state of Ohio and for each of the 88 counties in 2008. The following information was detailed in the Community Health Profile for Clinton County in December of that year (Ohio Department of Health, 2008):

- 4.6% of Clinton County adults – as compared to 5.4% of Ohio residents – reported heavy drinking of alcoholic beverages;
- 24.3% of Clinton County adults reported smoked cigarettes, as compared to 23.6% of Ohio adults; and
- Between 2004 and 2006, 27.1% of mothers living in Clinton County smoked cigarettes during their pregnancy, as compared to 18.1% percent of pregnant mothers in Ohio.

Findings from a 2009 Community Health Assessment (Wright State University, Center for Urban and Public Affairs, 2009), indicated that with regard to middle and high school students at Clinton-Massie Local Schools:

- 49% of all students abused alcohol or other substances, specifically 66% of high school students and 24.6% of middle school students; and
- 39.6% of all students reported selling or using drugs, with 53.1% of high school students and 20.1% of middle school reports reporting such behavior.

The survey associated with this study was also administered to adults living within the Clinton-Massie school district. The results of the survey, with regard to the adult responses suggested:

- 41.6% of respondents indicated that they have smoked at least 100 cigarettes in their life;
 - Of those residents, 31.9% reported that they still smoke daily while 12.6% indicated that they smoke on some days.
- Yet more than half of respondents who reported having smoked at one time in their life no longer smoke at all;
- 67.4% of respondents who currently smoke indicated that they have been advised by a medical professional to quit smoking;
- 41.8% of respondents reported having had at least one alcoholic drink in the past 30 days, with 10% of respondents reported having a binge drinking episode (i.e., five or more drinks on any one occasion) in the past 30 days; and
- 36.5% of respondents indicated their perception that alcohol and substance was a problem in their community and 31.1% reported their belief that drug sales and/or drug use was a problem in their neighborhood.

In the 2012 County Health Rankings report (Robert Wood Johnson Foundation & University of Wisconsin, Population Health Institute, 2012), Clinton County was ranked 64th out of the 88 Ohio counties with regard to health outcomes (i.e., based on mortality (length of life) and morbidity (quality of life) measures) and 55th with regard to health factors (i.e., based on four types of factors: behavioral², clinical³, social and economic⁴ factors, and factors related to the physical environment).

The results of the Ohio Youth Survey (Clinton County Family and Children First Council, Warren County Family and Children First Council, & Mental Health Recovery Services of Warren and Clinton Counties, 2010), a survey administered to 6th– 12th graders in Warren and Clinton counties during the 2008–2009 school year, suggest:

- The majority of Clinton and Warren County youth who use alcohol, tobacco, or other drugs reported first having tried any substance when they were 13–14 years old;
- 2 in 10 Clinton and Warren County youth drank alcohol in the past month;
- 1 in 10 youth binge drank, or had 5 or more alcoholic drinks on one occasion;
- The percentage of youth smoking tobacco was slightly lower than the average across the county; however, use of other tobacco products (snuff, chewing tobacco, tobacco from a pipe) was slightly higher;
- Almost half of the youth reported having fairly easy access to alcohol, and 2 in 10 don't see businesses asking for ID for alcohol or tobacco products;
- Youth are using alcohol and tobacco in the community (in private residences, parks) as opposed to at school;
- Fewer youth reported using marijuana or hashish than youth in the nation;
- 2 in 10 Clinton and Warren County youth report that they have ridden in a vehicle in the past month with a driver who had been drinking;
- With regard to substances other than alcohol, cannabis, and tobacco:
 - non-medical use of prescription drugs—or using prescription medication that was not prescribed to you—was highest for Clinton and Warren County youth, with 7% of youth reporting use;

² tobacco use, diet and exercise, alcohol use, and sexual activity

³ access to – and quality of – care

⁴ Education, employment, income, family and social support, and community safety

- Use of inhalants, such as aerosol air fresheners, cleaning products, or other sprays, followed at 4%; and
- Between 1–3% of Clinton and Warren County youth reported using cocaine, designer or club drugs, downers, hallucinogens, heroin, steroids, or uppers or stimulants.

Pertaining specifically to the issue of prescription drug abuse in Ohio, the report entitled *Burden of Poisoning in Ohio, 1999-2008* (Ohio Department of Health, Violence and Injury Prevention Program & Center for Disease Control, 2010), indicates:

- Unintentional drug poisoning became the leading cause of death in Ohio, exceeding the number of deaths caused by motor vehicle accidents and suicides;
- From 1999 to 2008, Ohio's death rate due to unintentional drug poisonings increased by 350 percent, and much of this increase can be attributed to prescription drug overdoses;
 - Of those unintentional medication poisonings, opioids used as pain relievers (e.g., methadone, oxycodone) have contributed significantly to the rise in these incidents, having been involved in at least 37% of all drug poisonings in Ohio in 2008;
- Males 45-55 years of age were found to be particularly vulnerable to unintentional overdose although the rates for females were observed to be climbing more rapidly;
- With regard to high risk groups, individuals aged 15-24, 25-34, 35-44, 45-54 and residents of Appalachian and metropolitan counties, were found to be at least 50 percent higher than among rural and suburban county residents;
- Although a relatively scarce substance, the number of methadone-related poisonings increased dramatically (394%) from 2003 (126) to 2007 (622); and
- Among unintentional poisoning decedents, hydrocodone and oxycodone were the most frequently filled opioid prescriptions and in 2008, average prescription fill rates for opioid medications (such as hydrocodone) were five to 25 times higher than among all Ohioans.

An update to this report (Ohio Department of Health, Violence and Injury Prevention Program & Center for Disease Control, undated1) provides data from 1999 to 2010. New data indicates that unintentional drug overdoses rose 5% from 2008 to 2010, making 2010 the year with the highest number of deaths on record for drug overdose. Unintentional drug overdoses continued to be the leading cause of injury-related death in Ohio, with prescription drugs being involved in most of the unintentional drug overdoses, largely driving the rise in deaths. Pain medications (opioids) and use of multiple drugs were found to be the largest contributors to the epidemic. Specifically pain medications (prescription opioids) were found to be associated with more fatal overdoses than any other prescription or illegal drug including cocaine and heroin combined.

In addition, more county-specific data, became available with the publication of the *Unintentional Drug Overdose Death Rates for Ohio Residents by County* (Ohio Department of Health, Violence and Injury Prevention Program & Center for Disease Control, undated2). This report suggests that, with regard to Clinton County, 40 drug poisoning deaths were observed between 2006 and 2010, at a rate of 18.7 deaths per 100,000, a rate placing Clinton County as the county with the 12th (out of 88 counties) highest rate of drug poisoning deaths, notably higher than the rate observed in the state of Ohio overall (i.e., 12.2 deaths per 100,000).

Because of the rise in these numbers across the state, the Ohio Prescription Drug Abuse Task Force was established on 04/02/2010. In a report dated 10/01/2010 (Ohio Prescription Drug Abuse Task Force, 2010), having been charged with developing a coordinated and comprehensive approach to Ohio's prescription drug abuse epidemic this Task Force offered the following recommendations:

- With regard to law enforcement:
 - Implement standards for pain management clinics;
 - Reform legislation to increase the effectiveness of law enforcement in investigating and prosecuting prescription drug abuse cases;
 - Promote cooperation, communication, education, and training among law enforcement agencies; and
 - Conduct comprehensive reviews of funding initiatives for law enforcement issues related to prescription drug abuse.
- With regard to regulations:
 - Examine the regulation of prescriber dispensing of controlled substances;
 - Redesign of the Medicaid lock-in program;
 - Enable state agencies and private enterprises to create medication lock-in programs;
 - Reduce regulatory barriers to increase utilization of evidence-based addiction treatment practices;
 - Implement changes to the state prescription monitoring program; and
 - Encourage increasing initial and continuing education on pain management and drug abuse.
- With regard to treatment:
 - Enhance resources available within the alcohol and other drug addiction system of care for direct client services;
 - Adopt a statewide standardized screening and referral tool;
 - Increase education of prevention, intervention, treatment, and recovery support services for prescription drug abuse;
 - Increase utilization of evidence-based practices to meet the growing need of opioid addicted individuals seeking help; and
 - Identify best practices for managing acute and chronic non-malignant pain, and disseminate and promote these proven approaches.
- With regard to public health:
 - Establish new and support existing local coalitions / task forces to address the prevention of prescription drug misuse, abuse, and overdose;
 - Implement social marketing campaigns to create awareness about prescription drug abuse;
 - Provide population specific education to increase awareness, knowledge, and resources related to the risks of prescription drug abuse;
 - Facilitate the proper disposal of prescription medications; and
 - Improve and coordinate data collection related to prescription drug misuse, abuse, and overdose.

Data from the Ohio Department of Alcohol and Drug Addiction Services, State Epidemiological Outcomes Workgroup (undated) suggests that from 2005 to 2009 liquor sales in Clinton County were lower than when compared to the state of Ohio; however, in 2010, liquor sales in Clinton County increased while the liquor sales in the state decreased.

With regard to drug abuse trends in the Cincinnati region between June 2011 through January 2012, data (Ohio Department of Alcohol and Drug Addiction Services, Ohio Substance Abuse Monitoring Network, undated) suggests that bath salts, crack cocaine, heroin, marijuana, prescription opioids, sedative-

hypnotics, and synthetic marijuana were highly available. An increase in the availability of heroin, and a likely decrease in the availability of methamphetamine, was reported.

In addition, a recent newsletter, published by the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Mental Health (2012) stated:

“Ohio has seen an alarming increase in the intentional misuse and street availability of a powerful prescription painkiller that experts say is more potent than hydrocodone, oxycodone and morphine ... Oxymorphone, sold under the brand name Opana, is rapidly becoming the pharmaceutical painkiller of choice for persons who abuse Rx medications. Oxymorphone, a Schedule II, semi-synthetic pharmaceutical opioid, has high potential for abuse and addiction. In past reporting periods, the most common and desired prescription opioid was OxyContin®. With the reformulation of OxyContin® to an abuse-deterrent tablet, there has been a drastic decrease in the both the use and availability of the drug in its original formulation. As a result, every Ohio region has reported an increase in the use and availability of Opana®. Many participants have reported that Opana® has become popular as a replacement for OxyContin® because it remains easy to use intravenously.”

Also, the results of a survey of Ohioans regarding the general population’s awareness of the ongoing opiate epidemic were presented at Ohio’s 2012 Opiate Summit in May 2012 (Ohio Association of County Behavioral Health Authorities, 2012a). The survey resulted in the following findings:

- The majority of survey respondents perceived alcohol to be the most serious drug problem in their communities, followed closely by prescription drugs;
- 82% of respondents indicated they agreed or strongly agreed that drug and alcohol addiction are diseases while 89% agreed or strongly agreed that individuals can recover from addiction;
- 98% of respondents indicated they agreed or strongly agreed that individuals can become addicted to prescription pain medications; however, only 43% of respondents indicated they have become more aware of the opiate epidemic in Ohio over the last year;
- Most respondents appeared unaware that heroin is an opiate while the majority of respondents appeared aware that some prescription pain medications are opiates;
- 62% of respondents indicated that they were unaware of someone who has misused or abused prescription medications in the past year; and
- Between 2010 and 2012 the number of individuals identifying heroin as the most serious drug problem in their communities doubled.

Discussion of Existing Drug and Alcohol Prevention Services

Solutions Community Counseling and Recovery Center is a mental health and substance abuse treatment provider in Clinton County which has a department, staffed with a certified Prevention Specialist(s) dedicated to providing drug and alcohol abuse prevention services to the community. The following data was obtained from Solutions regarding their provision of prevention services:

Table 1. Service Utilization Data for Prevention Services (Solutions Community Counseling and Recovery Center), July 2009 – June 2011

Service Utilization Data for Prevention Services		
	Numbers of units (hours) billed	
	July 2009 to June 2010	July 2010 to June 2011
Alternatives ⁵	144.9	148
Community Based Process ⁶	57.7	108
Education	267.3	4
Information Dissemination	155.6	0
Problem Identification and Referral	0	87

⁵ Alternatives was defined as “prevention strategies that provide opportunities for positive behavior support as a means of reducing risk taking behaviors, and reinforcing protective factors. Alternative programs include a wide range of social, recreational, cultural, and community service/volunteer activities that appeal to youth and adults.” Examples might include Teen Institute outings and events or participating in the Hunger Walk, the Clinton County Youth Council’s afterschool program, and Fun Nights.

⁶ A community-based process was defined as a “prevention strategy that focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building and/or networking.” Examples might include participation in the Suicide Prevention Coalition, advisory board for Alternatives to Violence, Family & Children First Council, and Clinton County Health Collaborative; the organization of medication disposal days; or time spent meeting with staff at schools or community organizations (e.g., Women’s Center, libraries, Sheriff’s Office) to discuss needs, coordinate programming, and build relationships.

Solutions, in conjunction with school staff, provide prevention services within the local school districts. The following information was provided regarding the availability of prevention services within the following school districts:

Table 2. Prevention Services Offered Within the Local School Districts

Prevention Services Offered	
Blanchester School District	<p>Teen Institute (youth led)</p> <p>Solutions provided in-service training to faculty in 2011</p> <p>Solutions Prevention Specialist provided presentations to Family and Consumer Sciences program in 2011</p> <p>Strengthening Families program (Middle School) - 2011</p>
Clinton County Youth Center	Core Leadership Team (youth led)
Clinton-Massie School District	<p>Red Ribbon week (elementary school)</p> <p>Parent education evening offered in March 2012 (no attendees)</p> <p>New Teen Institute (youth led) group forming for 2012-2013 school year</p> <p>Alcohol, tobacco and other drugs covered in 9th grade health classes</p> <p>Solutions Prevention Specialist provides four presentations / quarter (9th grade)</p> <p>Life Skills training groups for selected 3rd, 4th, and 5th grade classes</p> <p>Solutions to provide information tables at parent/teacher nights (not always able to attend)</p>
East Clinton School District	<p>Alcohol, tobacco and other drugs covered in 7th and 9th grade health classes</p> <p>Solutions Prevention Specialist provides four presentations / quarter (9th grade)</p> <p>Solutions Prevention Specialist provides eight presentations / quarter (7th grade)</p> <p>Solutions Prevention Specialist provides various presentations to Family and Consumer Science program</p>
Wilmington School District	<p>Life Skills training groups for selected 3rd, 4th, and 5th grade classes</p> <p>Life Skills training groups for selected 6th, 7th, and 8th grade classes</p> <p>Solutions to provide information tables at parent/teacher nights (not always able to attend)</p>

In addition, local law enforcement agencies also provide preventative services – in the schools as well as within the larger community – as described below:

Table 3. Prevention Services Offered by Local Law Enforcement Agencies

Prevention Services Offered	
Clinton County Sheriff's Office	<p>D.A.R.E. presented to 6th graders in all of Clinton County school districts</p> <p>Other limited programming at elementary and middle school by D.A.R.E. officer</p> <p>School Resource Officer at Laurel Oaks Career Development Campus</p> <p>Officers conduct presentations to local civic groups on the effects of drugs and the type of drug activity occurring in Clinton County</p>
Blanchester Police Department	<p>Teen driver "film nights" - 2007 (15 attendees) and 2008 (5 attendees)</p> <p>General public "film night" - 2009 (4 attendees)</p> <p>Police Sports Partnership Program - fine money and forfeited assets from drug dealers goes to provide free activities for youth (e.g., "Skate Straight" program in 2010, anti-substance abuse message presented by professional skateboarder; 60 attendees)</p> <p>Monthly "skate nights" in warm weather to build relationship between the police department and youth</p> <p>Sponsor of youth athletic teams for the last five years to promote productive use of youth free time; at least one officer assists with coaching each year</p> <p>Loan 'Truth About Drugs' materials to parents</p> <p>Availability of brochures</p> <p>Presentations - e.g., 6th grade boys basketball team at request of a parent; in-service training for middle school staff</p> <p>Medical disposal days</p>
Martinsville Police Department	<i>No information available</i>
New Vienna Police Department	Medical disposal days
Port William Police Department	<i>No information available</i>
Sabina Police Department	Medical disposal days
Wilmington Police Department	<p>Medical disposal days</p> <p>Information table at annual Clinton County Senior Awareness Day</p>

Finally, Prescription for Prevention is a comprehensive education and awareness campaign, launched by the Ohio Department of Health (ODH) to combat the epidemic of prescription drug overdose and abuse in the state of Ohio. Clinton County, as a community where the highest levels of prescription drug overdose have been reported, is currently receiving tools from this campaign, including public service announcements, the distribution of Fact Sheets and Brochures, and assistance with the implementation of medical disposal days, to educate the local community.

Discussion of Available Quantitative Data

Quantitative Data was requested from a variety of agencies and organizations including social service agencies, schools, hospitals, the health department, the coroner's office, and law enforcement agencies and courts; however, not all data requested was received by the time of this report preparation. The data received is discussed below.

Department of Job and Family Services, Children Services

Information provided from Clinton County Children Services suggests that the percentage of substance - involved cases opened with this agency between 2009 and 2011 have increased.

Table 4. Percentage of Clinton County Children Services Cases Opened with Drug Involvement, 2009-2011

	% of Cases Opened with Drug Involvement
2009	24.53%
2010	28.22%
2011	29.55%

In addition, data from this agency additionally suggests that for the year 2011, of the 57 children placed in foster care, six were babies that tested positive for drugs at birth and 35 were placed due to substance-related referrals. Further, 63 cases of Protective Supervision were opened in 2011, with ten of those children testing positive for substances at birth and an additional 38 referrals involved substance-related allegations.

Schools⁷

Data obtained from Rodger O. Borrer Middle School (Wilmington school district) indicated that the school observed the following number of substance-related incidents over the last three school years:

- 2009-2010: 13 incidents;
- 2010-2011: 20 incidents; and
- 2011-2012: 30 incidents.

All but one incident involved either cigarettes or marijuana; the one exception was an alcohol-related incident.

⁷ Data was requested from the schools in the Blanchester, Clinton-Massie, East Clinton Local, and Wilmington school districts.

Wilmington City Schools (Wilmington school district) provided the following data regarding substance-related incidents pertaining to the current school year (2011-2012):

- Suspensions for Alcohol 0;
- Suspensions for Tobacco 40 (14 incidents at the Middle School, 26 incidents at the High School); and
- Suspensions for Drugs 6 (at the High School).

Sabina Elementary (East Clinton Local school district) replied to the data request indicating that they observed no incidents pertaining to substance use that required disciplinary action.

Hospitals

Although data, pertaining to the prevalence of substance-related visits to the Emergency Department, was requested from Clinton Memorial Hospital, such data was not received by the time of this report preparation.

Health Department

Data was received from the Clinton County Health Department pertaining to the number of suicides occurring within the county; however, subsequent contact with the Coroner's Office indicated that, because autopsies are not conducted in every suicide case, data was not available to determine whether the individuals committing suicide were under the influence of substances.

Coroner's Office

Data, pertaining to the number of substance-related deaths in the county, was obtained from the Clinton County Coroner's Office.

Table 5. Number of Substance-Related Deaths in Clinton County, 2009-2011

	Number of Substance-Related Deaths
2009	9
2010	3
2011	7

Individuals ranged in age from 28 to 54 years; with deaths occurring in 12 white males and seven white females.

Table 6. Cause of Death in Substance-Related Deaths in Clinton County, 2009-2011

	Cause of Death ⁸				
	Ethanol Intoxication	Heroin Intoxication	Oxycodone Intoxication	Cocaine Intoxication	Multiple Drug Intoxication
2009	3	3	2	1	2
2010	1	0	0	0	3
2011	0	0	0	2	5

Table 7. Substances Present in Toxicology Screens in Substance-Related Deaths in Clinton County, 2009-2011

	Substances Present				
	Ethanol	Cocaine	Opiates	Other pain meds	Benzodiazepines
2009 ⁹	3	1	6	1	2
2010	2	0	3	2	2
2011 ¹⁰	1	2	3	1	3
	Antidepressants	Anti-psychotics	Muscle relaxants	Sleep meds	Antihistamines / Cough suppressants
2009	1	0	1	0	0
2010	3	1	1	0	1
2011	1	1	1	1	1

⁸ It is important to note that, in some cases, intoxication by more than one substance (e.g., Heroin and Ethanol Intoxication) may contribute to the cause of death.

⁹ This data was only available in two of the nine substance-related deaths occurring in 2009, the two cases in which the Cause of Death was Multiple Drug Intoxication.

¹⁰ This data was only available in five of the seven substance-related deaths occurring in 2011, the five cases in which the Cause of Death was Multiple Drug Intoxication.

Law Enforcement

Data was obtained, pertaining to the number of substance-related arrests in the county from the Clinton County Sheriff's Office, Sabina Police Department, and the Ohio State Patrol¹¹.

Table 8. Drug and Alcohol-Related Arrests, Clinton County Sheriff's Office and Sabina Police Department, 2009-2011

	Sheriff's Office	Sabina Police Department	
	Drug-Related Arrests	Alcohol-Related Arrests	Drug-Related Arrests
2009	130	121	122
2010	134	31	61
2011	109	28	42

Table 9. Drug and Alcohol-Related Arrests and Drug Seizures in Clinton County, Ohio State Patrol, 2009-2011

	Ohio State Patrol						
	OVI Arrests	Drug-Related Arrests	Drug Seizures				
			Marijuana	Cocaine	Heroin	Opiate pills	Stimulant pills
2009	187	37	5	2	7		
2010	116	30	2	1	0	0	0
2011	143	28	3	1	0	2	165

Courts

Data was also made available by the Clinton County Juvenile Court. Over a three-year period of time, between 01/01/2009 and 12/31/2011, the Juvenile Court held hearings for the following number of juvenile adjudicants pertaining to the following substance-related charges:

- Abuse of Harmful Intoxicants = 1;
- Aggravated Possession of Drugs = 1;
- Consuming / Possession of Alcohol = 68;
- Drug Abuse / Possession of Drugs = 187;
- Possession of Cocaine = 2;
- Possession of Heroin = 1;
- Drug Paraphernalia = 44;
- Drug Trafficking = 8; and
- Driving Under the Influence / Operating a Vehicle Impaired = 16.

¹¹ Data was also requested from the police departments in Blanchester, Wilmington, New Vienna, and Port William; a response was received from the Blanchester Police Department indicating that they do not index arrests based upon involvement of substance abuse.

Service Providers

Data was made available from Mental Health and Recovery Services of Warren and Clinton Counties (MHRS) regarding the number of clients seen for Alcohol and Other Drug (AOD) Services for the Fiscal Years of 2009 (July 2008 through June 2009) and 2010 (July 2009 through July 2010).

Table 10. Number of Clients Seen for AOD Services (by Contract Agencies of MHRS) in Clinton County, FY09-FY10

	Number of Clients Seen for AOD Services	
	FY 09	FY 10
Under 18	77	68
Above 18	404	424

The clients receiving services – from both Warren and Clinton Counties – were 95% Caucasian and 64 to 66% male from FY07 through FY10. Further, the top five diagnoses during this time period were consistently noted as follows: Alcohol Dependence, Opiate Dependence, Cocaine Dependence, Cannabis Dependence, and Alcohol Abuse.

Survey Results

Clinton County residents or individuals who worked in Clinton County were sought to respond to the CCFCFC ADAP Needs Assessment Survey, which ran from April 18, 2012 to June 19, 2012. The survey was distributed electronically through a web-based survey link and an introductory e-mail that was sent to members of the Workgroup. That group then forwarded a prepared e-mail, which included the survey distribution e-mail and link, to a list of contacts with whom they had been working for the month preceding explaining the need and model of the distribution. That list of contacts was identified by the Workgroup as community members/leaders who would distribute the survey to their e-mail network (e.g., superintendents of the schools would send out the introductory e-mail and survey link to all staff, employees, and parents) or would post the link to the survey where others would access it (e.g., flyers in waiting rooms, on blogs or websites frequented by parents, agencies that could distribute the paper copy to consumers, businesses who would send it out on a company e-mail blast, or to any groups identified as target populations). Lastly, an article was written about the Needs Assessment survey that was run in the local newspapers with a website link to the survey and QR code for use with smartphones, linking readers directly to the survey.

Additionally, members of the Workgroup carried or mailed paper versions of the survey to meetings and venues where residents, consumers, colleagues, and interested parties might be present. Then those responses were returned to the county's Mental Health and Recovery Services Board and those surveys (less than 35) were manually entered into the database. Lastly, a story about the survey was run in the Mental Health and Recovery Services of Warren and Clinton Counties' monthly newsletter, including a phone number and address to call to request a survey as well as a QR code and website link where anyone receiving the newsletter could also take the survey.

The survey was designed so that most questions had to be answered before the respondent could move on, and though most questions were multiple choice or rated using a Likert Scale, there were opportunities to record comments on nearly all questions. Multiple members at a given IP address could respond (e.g., multiple members of the same household, office, or worksite). There was no mechanism to detect if any one person responded to the survey more than once; however, there was no incentive for responding twice, other than being able to provide feedback, so multiple responses from one individual were not likely.

Respondents

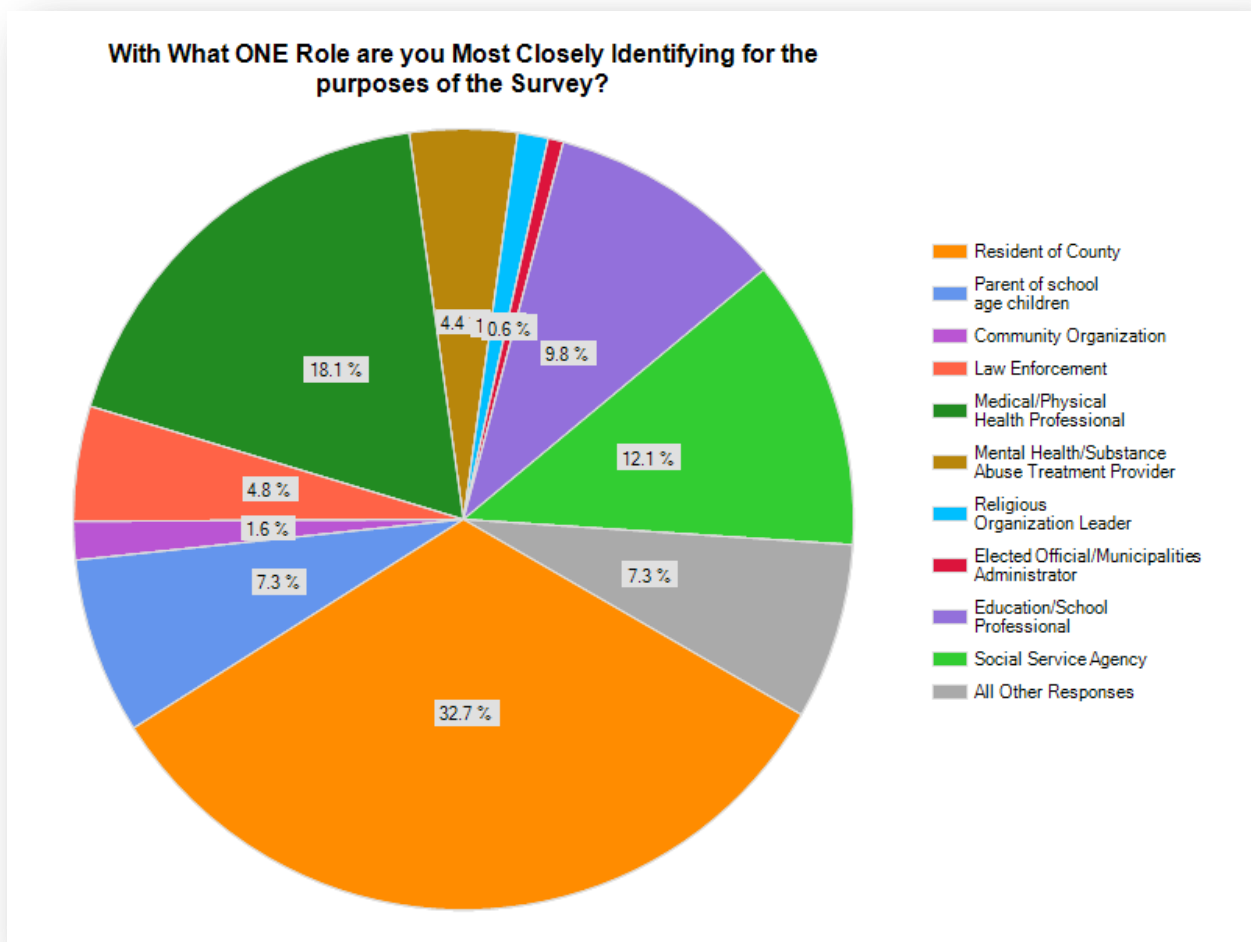
331 individuals responded to the survey. 322 lived or worked in Clinton County and of that 322, 244 completed the survey (74%). 284 respondents answered at least 16 out of 22 questions and 21 individuals (11% of eligible respondents) indicated they would like to participate in a community effort to increase the available drug and alcohol abuse prevention services. These volunteers represented several sectors of the community, including the obvious prevention service providers but also members of law enforcement, hospital personnel, residents, and representatives from the Health Department.

Respondents were overwhelmingly female (70.2%) and Caucasian (96.4%), and between the ages of 30 and 49 (52%). There were no respondents under the age of 18. 85.7% had a high school diploma or more, though 79 respondents skipped the question and 10 preferred not to say what education level they had attained.

Affiliation

62.5% of the respondents were residents of the community and additionally held jobs in the county, were parents of school-age children, or were affiliated with religious or community groups. But when asked to choose just one of those roles, 32.7% of respondents chose to identify themselves as residents of the county while most others identified themselves by their profession. 18.1% identified themselves as working within the medical/physical health profession followed by 12.1% who were affiliated with a social service agency. While all suggested sectors were represented by at least one respondent, several other professions or identities were also represented, including firefighters and EMS workers, private sector employees, a corporate security specialist, retirees, and relatives of individuals with a history of mental illness and substance abuse.

Figure 1. Most Closely Identified Roles Identified by Survey Respondents

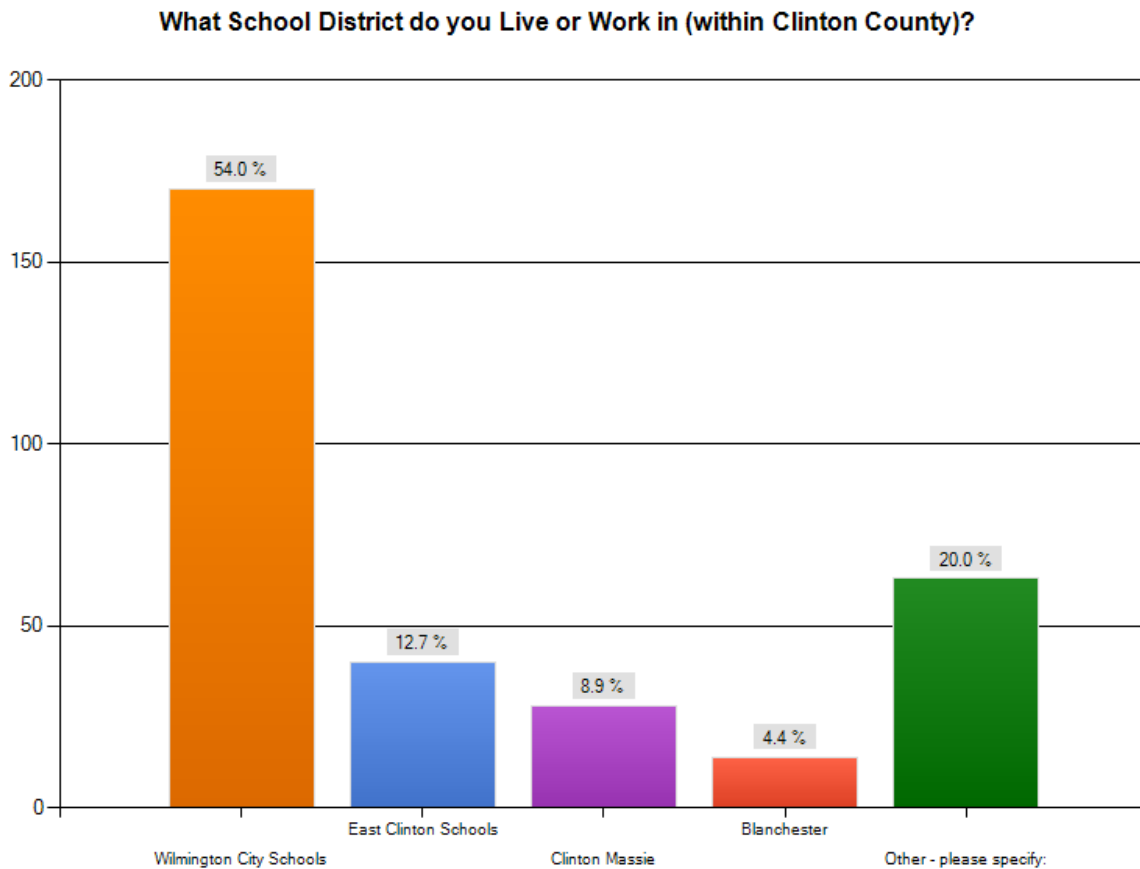


School District

The responses to this question were overwhelmingly (54%) from Wilmington City School (WCS) respondents versus less than 25% in all other identified districts combined. With the exception of WCS, the other school districts were represented by at least 14 respondents, and Greenview and Great Oaks/Laurel Oaks were identified in the “Other” category by five and seven respondents respectively.

Wilmington is the most densely populated part of the county, and as such, revealed some different issues and attitudes than its neighboring communities and villages. To determine the influence of this large subset on the overall group, a comparison was run between those who identified themselves from the Wilmington City School district and those who did not. Any identified differences are discussed under each question, but these differences raise the issue of tailoring specific needs for prevention to the local data rather than to the county-wide data.

Figure 2. School Districts Identified by Survey Respondents



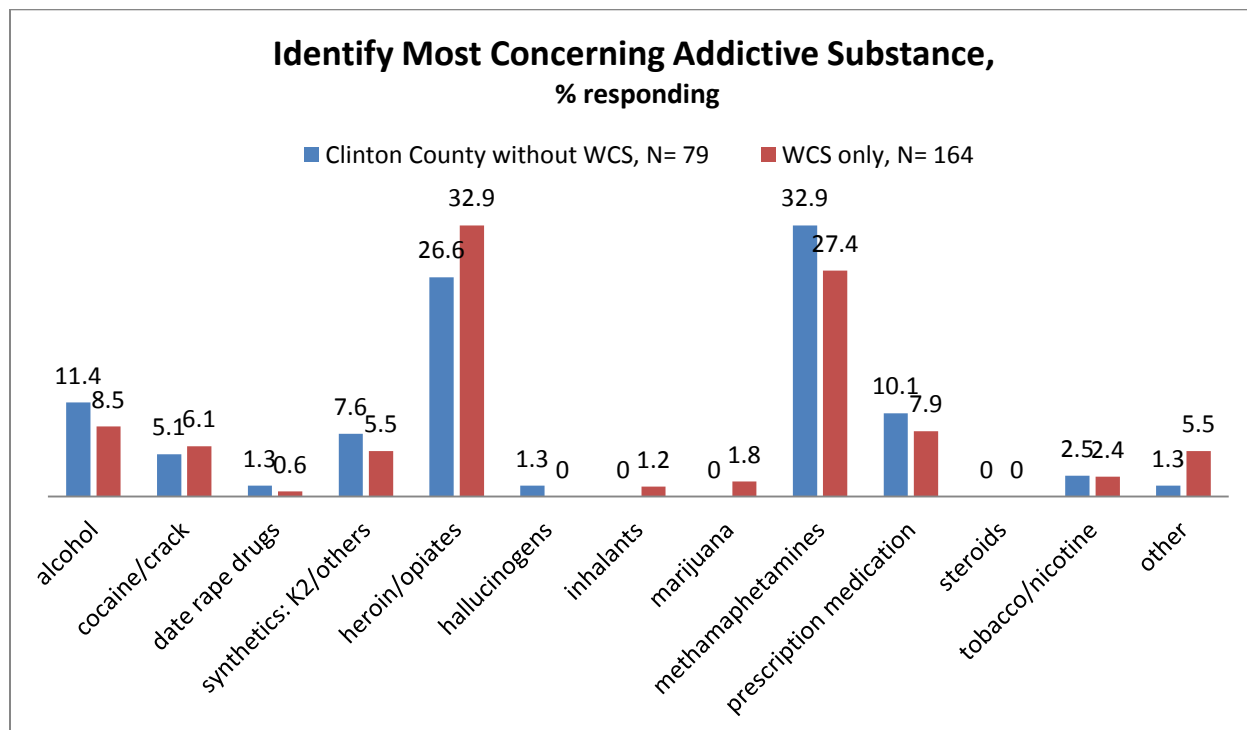
Survey Responses

Overwhelmingly respondents identified teens and young adults (75.4%) as the audience they were most concerned about with respect to using drugs or alcohol inappropriately, when considering the population by age. The other age groups (i.e., children, pre-teens, adults, and senior adults) only garnered at most 34 votes for adults (ages 25 to 65), with pre-teens following closely. However, the question immediately following required respondents to think outside of the age categories and think about environmental situations. When limited in that manner, over 50% of respondents in the whole Clinton County sample identified the under/unemployed as the group that they were most concerned about (50%), with pregnant women second at 40.1%. Athletes garnered eight responses and veterans five, out of 304. However, in the Comments field, respondents pointedly stated teens were the most at-risk group, echoing the results of the previous question.

It was on this topic of specific populations that showed a difference between those who identified with Wilmington City Schools and those who did not. In the Wilmington City School district, 53.7% of respondents indicated their primary concern was the underemployed/unemployed population's risk of alcohol and drug abuse, while 34.8% indicated a concern for pregnant women over the other groups. Yet, when the Wilmington City School district data was taken out of the larger set, pregnant women (46.8%) and the unemployed/underemployed (44.3%) were nearly equal in levels of concern.

The WCS group also differed from the rest of the county on the addictive substance that concerned them the most. 32.9% of the WCS group endorsed heroin/opiates as the top drug of concern, with methamphetamines second; whereas in the other districts' group, they saw methamphetamines as the number one drug of concern (32.9%) and heroin/opiates were second (26.6%). In third place in both groups was alcohol, but at 8.5% and 11.4% respectively.

Figure 3. Most Concerning Addictive Substance Identified by Survey Respondents



With regard to specific populations combined with specific drugs, the responses were consistent with the previous answers regarding concern about the unemployed and pregnant women but were also insightful about the more narrowly focused groups. For instance, comments mentioned the children who are being raised by substance abusers, students using their parents' or grandparents' prescription drugs, and the unemployed selling drugs to earn money and then using drugs and alcohol "instead of looking for work." Respondents were concerned about impaired teachers and impaired parents and the impact this impairment has on the development of the children and upon the school. Some of the comments demonstrated anger towards the problems created by drugs (e.g., "unemployed 'methheads'" and "welfare rats and nicotine/alcohol - we pay for their addictions") while others were concerned about youth with no future because of their escalating experimentation and potential addiction (e.g., "Young adults that are not working and have no career path forward and use drugs instead of contributing to society").

With regard specifically to prescription drugs, while it was only identified by about 10% of the group as a topic of concern, it was frequently identified in the written comments as too easily accessible both from patients with legal prescriptions and for obtaining prescriptions and from illegal purchases. In written comments, respondents related knowing people who took more of the prescription than was instructed, made references to "doctor shopping" in order to be prescribed more medication than would be called for, and stealing prescribed medications from friends and family or strangers either for sale or personal use. Other comments reported a concern about using crushed prescription medication as a means of intoxication, particularly by teens experimenting with drug use.

When asked to identify their knowledge of the abuse or misuse of prescription drugs, 38.2% of the Clinton County respondents reported knowing someone who had used a prescription drug without an appropriate prescription; 33.9% reported knowing of someone who had "shared purchased prescription drugs illegally;" and 26.4% knew of someone who experienced an overdose of prescription medication either intentionally or accidentally. Conversely, 31.9% said they did not know anyone who had misused prescription drugs.

Respondents were fairly insightful about the impact of drug, alcohol and tobacco use on their community. There were a few respondents who thought it was "not a big deal" or replied stating, "I don't really know;" however, others mentioned the impact on the schools from impaired parents or teachers creating crises for the children and therefore the schools and the impact on employment and private business because of impaired employees or out-of-work workers who cannot get work because of their addictions. Further, survey results overwhelmingly suggested a fear of increased crime (e.g., theft and robbery), safety issues (e.g., auto accidents, workplace accidents, and violence in the home or community), and health costs (e.g., babies born with developmental disabilities, individuals suffering from serious medical conditions (brain damage) as a result of drug use and its related behaviors).

Another theme of concern was the increased demands on the communities for tax dollars to be used to address either the problem or the consequences of substance abuse. Respondents were concerned about the escalating costs of trying to protect the community and for paying for the services needed. One respondent wrote, "No I never see drug, alcohol, or tobacco misuse in the community, I'm too busy working, paying their bills. God forbid if any of them had to WORK and pay their own F..... bills." This sentiment was echoed in many of the comments.

It should also be noted that a few of the respondents were concerned about the source of the drugs and pointed out the growing number of "meth labs" being reported by the media or known to the respondent. Two respondents also mentioned the prescribing of too many drugs as a source of concern.

An overall feeling that substance abuse was perceived as a serious problem in Clinton County was observed, with 94.9% reporting that it is at least “troubling.” No Clinton County respondents saw it as “No Problem at All” although 15 respondents (5.1%) considered it “A Little Bit of a Problem.”

Awareness of Prevention Services

15.2% of the respondents indicated they were “Not at all Aware” of prevention services in the county but 55% felt they were at least “Fairly Aware.” That said, 36.3% said they had not found any information in the community about prevention programs and 72.9% said they had not participated in a community-based prevention program. Of those who said they had, 17.6% stated they had been involved in D.A.R.E. with the added comment that it was through their school-age children; several comments applauded and supported the D.A.R.E. throughout the survey.

Comments about prevention services were mainly stating that the only exposure to prevention programs comes through school-age children receiving information through school-based programs and sharing that information with parents. A few respondents said they received a brief lecture or brochure at a community event or as part of their job (e.g., court-affiliated person said someone gave a presentation to the courts) and one respondent said she looks for information about prevention online. There were also some negative comments calling the court-ordered programs a “money-game,” finding these types of programs “a waste of time.”

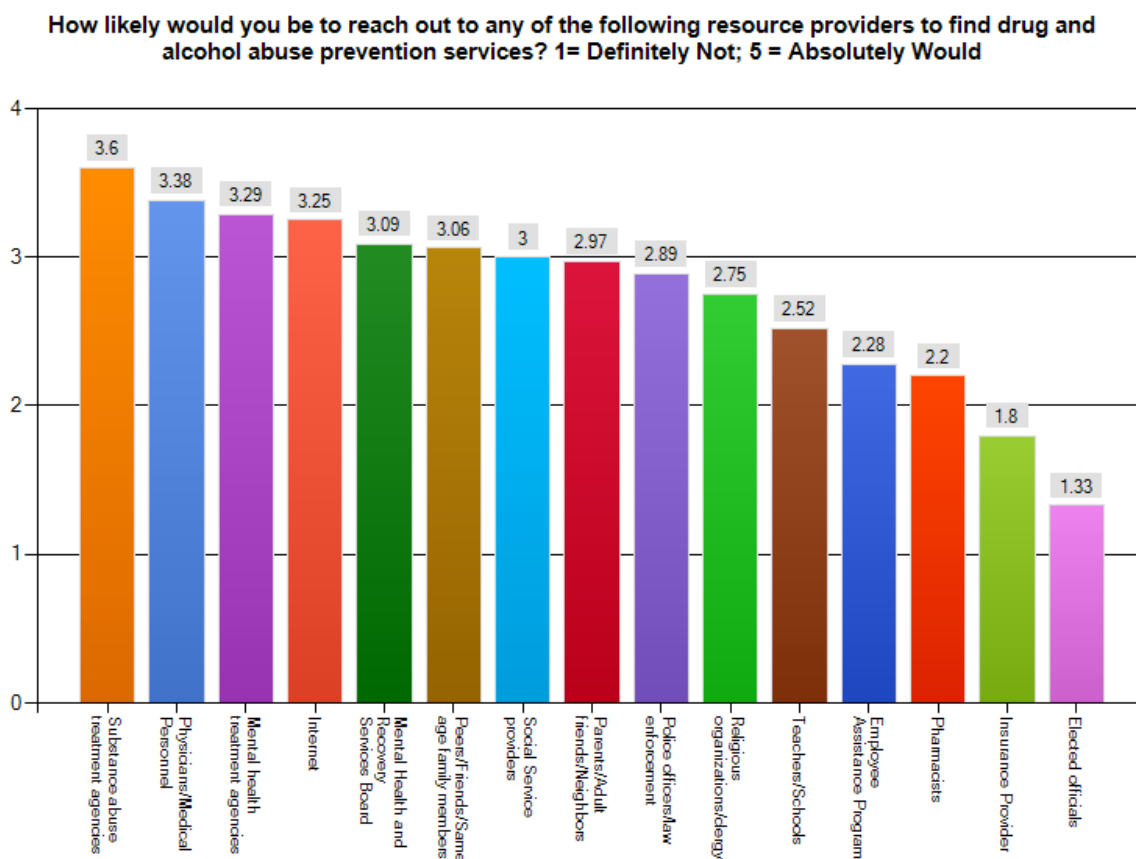
Of those who had attended a prevention program or who had received information about prevention, 40% said they found something useful in the information and 76% said they shared that information with others (e.g., children, friend, or family members). Two comments indicated that they would save the information and share it with their children in the future. Two indicated that they sought a treatment program as a result of the information they received, while five more said they changed their behavior as a result of the information that they received.

One comment pointed out the difficulties of community programming and the need to be mindful of the audience. One respondent said, “Services for teens/young adults were a joke. Most of the people attending them were high, which did little to motivate (the person attending the program). Court-ordered and clients wanting help were all in the same session.” Another comment similarly indicated the materials were “just pretty pictures” that were not relevant to their life circumstances.

That said, the next question asked who residents would go to if they were looking for information about drug and alcohol abuse prevention services. Respondents were asked to rate the likelihood of asking for information from a given resource. A score of 1 equals “Definitely Not” and likelihood increases with a higher score, so that a score of 5 means “Absolutely Would.” Substance abuse treatment agencies were the most likely setting to receive a request for prevention information, with a score of 3.6 (86.1% likelihood, 13.9% unlikelihood), with physicians/medical personnel second (3.38 or 84.7% likelihood), and mental health treatment agencies coming in third (3.29). Conversely, 75% said they were unlikely to approach an elected official for information (score of 1.33), followed by 62.4% who were unlikely to approach their insurance provider (score of 1.8); third least likely was pharmacists, followed by Employee Assistance Programs, with scores of 2.2 and 2.28 respectively. An interesting note, particularly given the level of concern for prevention services for teens and young adults, is that only 56.5% of respondents were likely to go to teachers or schools for information about prevention services (ranking them 11th out of a possible 15 choices with a likelihood score of 2.52, which places them squarely between likely and unlikely); specifically, 43.5% of respondents were unlikely to approach

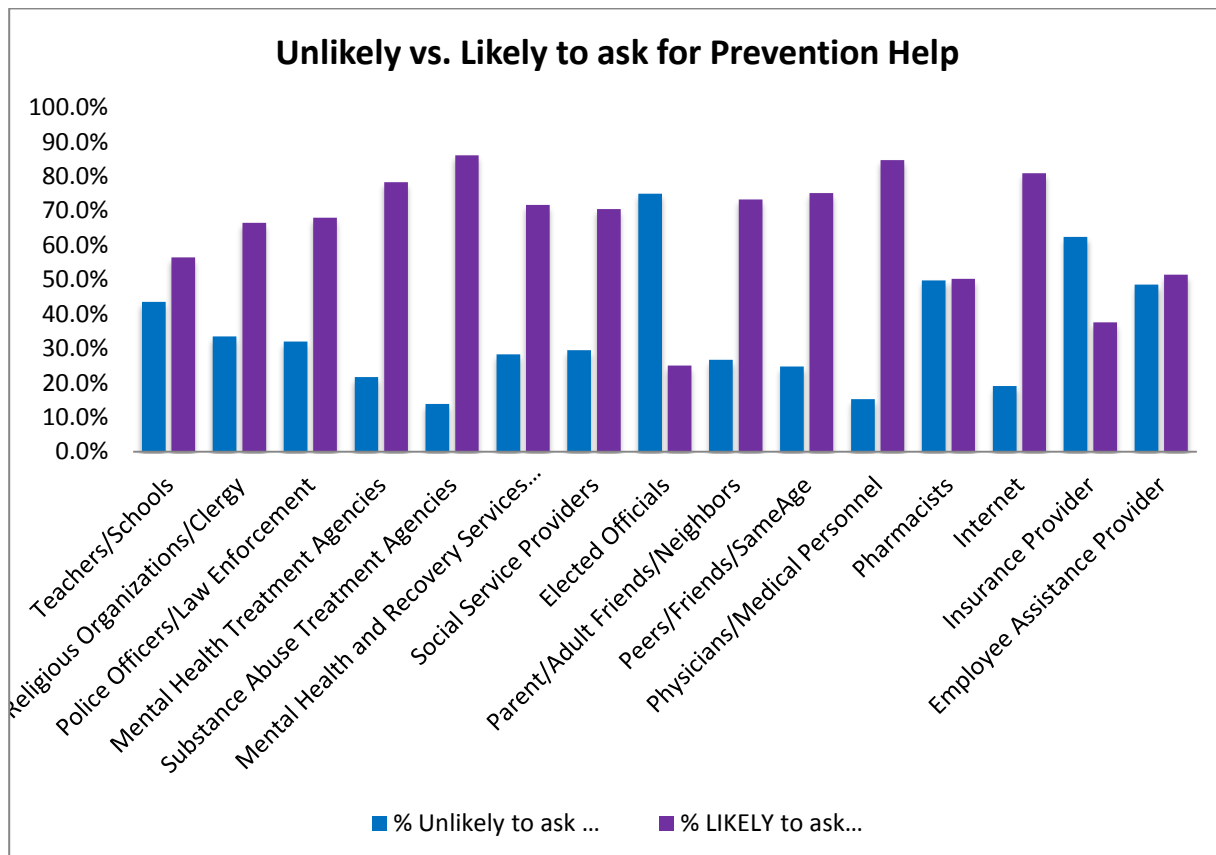
teachers or schools for prevention information (ranking 5th in least likely to be approached). These numbers change slightly for the WCS district only group, but not significantly.

Figure 4. Likelihood of Survey Respondents to Reach Out to Resource Providers



In order to look a little more closely at this data, however, the choices were collapsed into likely and unlikely, revealing some clear opportunities for workforce development within the community and suggestions for public education themes that would make prevention services more widely available.

Figure 5. Likelihood versus Unlikelihood of Survey Respondents to Reach Out to Resource Providers



After considering where a respondent would go to receive information regarding prevention services, they were asked to consider the price of services, and the availability or range of services. Over 50% of respondents guessed that the cost of using prevention services would be at least somewhat expensive or really expensive, in contrast to the fact that prevention services are generally provided for free to the community, typically funded by grants from local, state, and federal funds obtained by individual agencies or the local mental health and recovery services board. Further, although 65.9% of respondents felt that while there were at least some services, they believed there were not enough prevention services in the county. However, the individual comments associated with this question and for other similar questions indicated that respondents did not know the difference between prevention services and treatment services and were typically offering suggestions with treatment services in mind (e.g., AA without religion, residential program for girls, SMART Recovery, and more programming for treatment within the county, rather than sending someone outside of the county). That said, in general the significant majority of respondents were interested in the availability of more services and to have such services offered to a wider population than is currently being served.

Key Informant Interview Results

In addition to data gathered in a survey format, the details of which are described above, Key Informant Interviews were also conducted – via completion of a PDF document – with individuals perceived to be informed regarding alcohol and drug abuse, and drug and alcohol prevention services, in the county. Key Informants were identified, and a list was generated by, the Workgroup. Key Informants were subsequently contacted by a consultant and, in most cases, by a key member of the Workgroup as well. A copy of the Key Informant Interview can be found in Appendix B and a list of identified Key Informants can be found in Appendix C.

14 of 56 individuals approached to complete a Key Informant Interview responded. A summary of the responding parties by category of service is below:

Table 11. Responding Key Informants by Category

Responding Key Informants by Category	
Law enforcement	2
Court personnel	2
Schools	2
Social Service Agencies	4
Treatment Agencies	2
Religious Institutions	2
Youth Services	0

In response to the questions posed in the Key Informant Interview, the following themes were identified.

Perception of the drug and alcohol abuse problem in the county

Respondents consistently indicated their perception that drug and alcohol abuse in the county is a “major,” “real,” “pervasive,” and “serious” problem. One respondent indicated her perception that this problem has “has exploded over the past five years” while another stated she has seen the “problem of drug use grow by overwhelming proportions” over the past 24 years.

Some respondents noted continued concerns with regard to abuse of alcohol and marijuana; however, others noted concerns regarding the abuse of heroin, methamphetamine, and prescription medications.

Concern regarding particular drugs or populations

Overwhelmingly respondents voiced concerns regarding the abuse of heroin and methamphetamine in their community. In addition, respondents consistently voiced concerns regarding the abuse of these substances – as well as crack cocaine, alcohol, and prescription medications – by individuals with low income, who live below the poverty line, or who are unemployed. Concerns were also voiced regarding the rise in babies being exposed to heroin, prescription medications, and methamphetamine in utero.

Respondents also voiced concerns regarding other substances being abused, including marijuana, anti-anxiety medications, and the relatively new trends of bath salts and synthetic cannabinoids (e.g., K2, Spice).

Effect of drug and alcohol abuse in the community

Respondents consistently reported that drug and alcohol abuse is affecting their community with regard to a rise in crime, particularly with regard to charges of theft, burglary, and assault.

Many respondents observed that poor economic conditions have contributed to an increase in drug and alcohol abuse in this community, which then serves to further increase the unemployment rate, as individuals with substance abuse problems become unemployable. Of note, one respondent also made mention of the presence of an “underground community of bartering for services and goods due to the high unemployment rate.”

Several respondents commented that the community at large appears unaware of the substance abuse problem affecting this community.

Awareness of drug and alcohol abuse prevention services in the community

Very few respondents responded with knowledge of available preventative services, with knowledgeable respondents appearing to be those who work within the school system or for an agency that specifically provides prevention services. Interestingly, several respondents characterized themselves as aware of such services but their subsequent comments indicated they were referring to treatment (e.g., detoxification), as opposed to prevention, services. The majority of respondents acknowledged their lack of awareness of available prevention services within the county.

The few respondents reporting a familiarity of such services within the County correctly reported that the Solutions Community Counseling and Recovery Center and law enforcement were the primary providers of preventative services within the county.

With regard to suggestions for needed prevention services, the following relevant suggestions were offered:

- “A real effort to get to pregnant women and educate them on how drugs and alcohol destroy their child’s brain and exactly how it will affect their child’s life forever;” and
- “Get to the school population and have programs addressing this problem and the effects as part of the school curriculum the children are required to take.”

Community efforts to increase drug and alcohol abuse prevention services

Numerous respondents indicated the need for an increase in education and awareness. In addition, the need for whole-hearted community involvement and collaboration was echoed throughout the responses to these questions.

With regard to who should be involved in the effort, numerous groups were mentioned including: law enforcement, courts, schools, treatment and service providers, social services agencies (e.g., United Way), churches, healthy lifestyle providers (e.g., YMCA), city councils, county agencies (e.g., Job and Family Services), senior centers, hospitals, the health department, the media, parents, and youth. One respondent wrote, “Church, School, Community, and Family. It’s a table with four legs.” Again, comments regarding the need for “stakeholders” and “all members of the community” to be involved were repeatedly stated, suggesting an understanding that a prevention-oriented coalition requires membership from all sectors of the community in order to be successful.

Most respondents indicated a willingness, and even an enthusiasm, with regard to participating in an organized community effort to increase drug and alcohol abuse prevention services.

Findings

The systemic analysis described, and the strengths and areas in need of improvement identified, in this section are based on the sources of information described in the Process of the Needs Assessment and Sources of Information section of this report, including a review of previously conducted studies and other summary documents, the results of a community-wide survey (contained in Appendix A), and the responses from Key Informant Interviews (contained in Appendix B).

Strengths

1. A basic foundation of traditional drug and alcohol abuse preventative services is currently present in Clinton County. One community mental health agency – in addition to local law enforcement – appear to be providing prevention services within all of the school districts, targeting primarily 5th through 7th graders. Prevention messages are also represented at health fairs and in regularly held Medication Take-Back Days.

Additional prevention efforts are also seen, in smaller, more specific communities or with regard to more specific substances. For example, the Blanchester Police Department reported having “film nights,” in which films promoting substance abuse prevention are shown to the general public, and operating a police athletic league, the Police Sports Partnership Program, in which money from fines and forfeited assets from drug dealers goes to provide free activities for youth; specifically, in 2010, the Blanchester Police Department sponsored a “Skate Straight” program, an anti-substance abuse message, presented by a professional skateboarder to 60 attendees. The Clinton County Sheriff’s Office also reported providing presentations to local civic groups regarding the effects of drugs and the type of drug activity occurring in Clinton County.

2. Further, of the survey respondents who indicated they have participated in a community-based prevention program, the overwhelming majority reported finding the program helpful and reported sharing the information they obtained from the program with others, suggesting the goals of education and subsequent distribution of information are being fulfilled, at least in part, by existing services.
3. There appears to be a general awareness of a substance abuse problem within the county and the public appears to be fairly well informed regarding the specific nature and extent of the problem.
4. The results of this Needs Assessment suggest that there is, generally, a good base of support for community-based prevention programs within the community. The large number of survey respondents suggests that there is interest in this issue within the county; in addition, 21 people, in responding to the survey offered their personal contact information, indicating their willingness to be involved in such an effort and the majority of respondents to the Key Informant Interviews also reported an interest in being part of such an effort.
5. Clinton County has been subject to a comprehensive education and awareness campaign launched by the Ohio Department of Health, known as Prescription for Prevention: Stop the Epidemic (Ohio Department of Health, 2012a), to combat the epidemic of prescription drug overdose and abuse. This campaign has allowed Clinton County access to resources from a larger state-wide awareness and education campaign.

Areas in Need of Improvement

The areas in need of improvement in Clinton County, pertaining to the system of drug and alcohol abuse prevention services, are described below.

Areas in need of improvement specific to organizational structure are offered first, followed by a description of areas in need of improvement relevant to the presence of specific substances and populations.

Organizational

1. There is a lack of awareness regarding the difference between preventative services and treatment, or intervention, services. The Needs Assessment results suggest that most individuals acknowledge a lack of awareness of what constitutes a preventative service. That is, the individuals who characterized themselves as “fairly aware” of preventative services, when asked to describe those services, in fact, offered treatment services (e.g., counseling) or legal remedies (e.g., requirement of probationer to abstain from substance use) as opposed to preventative services.

Further, there also appears to be a lack of knowledge regarding secondary and tertiary preventative services as well. That is, some providers of preventative services failed to see themselves as such. Specifically, those community groups or organizations that unintentionally incorporate a drug-free message into their programs (e.g., promoting a healthy lifestyle via a fitness program) failed to see their efforts as a preventative service.

2. Although there is a general sense of willingness – and even enthusiasm – for community coordinated efforts to prevent drug and alcohol abuse in the community, the interest and availability of key parties to participate in – and lead – such an effort is currently unclear.
3. Although there is both a solid foundation of traditional preventative services available within the county as well as some specific preventative services targeting key substances of concern (i.e., prescription medications), additional prevention messages directed to key populations could be implemented as well.
4. Although there are numerous certified Prevention Specialists providing such services within the county, there appear to be few certified Prevention Specialists offering such services who are not employed by treatment service providers or within the school system.
5. Interestingly although most preventative services are directed toward youth, and most preventative services are provided within the school setting, Clinton County survey respondents reported an unwillingness to reach out to teachers or school personnel for information regarding drug and alcohol abuse prevention services.

Population Specific

1. Respondents to the survey and Key Informant Interviews, and supporting research (Office of Applied Studies, 2010), primarily identify teens (13-18) and young adults (18-25) as two demographics that are particularly in need of prevention services. However, the other age groups were also mentioned in the survey and in the Key Informant Interviews when respondents were describing specific combinations of individuals and addictive substances. While national attention and federal funding is directed towards designing prevention measures, particularly for binge alcohol drinking and opiate use for the 18-25 year olds (Haslum, 2012), there are also indications that 55-59 year olds are increasingly using illicit drugs (Office of Applied Studies, 2010).
2. Age notwithstanding, the group about which survey respondents were most concerned was the unemployed or underemployed. This finding was notably echoed within responses to Key Informant Interviews as well.

With the closure of the DHL hub in Wilmington in November 2008, Wilmington (with a population of 12,000) lost 7,000 jobs (New York Times, 2008), 3,000 were held by residents in Wilmington and Clinton County (CNN, 2008). Clinton County, at the present time, continues to have the 7th highest unemployment rate in the state of Ohio, at 9.8% (Ohio Department of Job and Family Services, 2012).

Of course this larger group of unemployed individuals cuts across several age groups, and specifically includes young adults (Ohio Department of Jobs and Family Services, 2011), but because of the DHL closure, this finding has local significance with regard to older adults and families.

3. There is also concern regarding the pregnant women using substances. Key Informants reported concerns regarding the rise in the number of babies born addicted to heroin and opiates. Data obtained from Children Services also suggests that the percentage of substance-involved cases opened with this agency between 2009 and 2011 have increased. Survey respondents also voiced concern regarding pregnant women using substances.

Although studies consistently show that Clinton County has a relatively high percentage of pregnant women using tobacco, their rates of use of other substances appear generally consistent with that observed in the state of Ohio overall.

Substance Specific

1. Clinton County, as is the state of Ohio in general, is seeing a rise in the abuse of heroin and opiates. Concern regarding these substances was well voiced within responses to the survey and to Key Informant Interviews and the opiate epidemic in the state is well documented.

Further, data from MHRS suggests that opiate dependence is the second most frequently treated substance-related disorder by contract AOD treatment providers in Warren and Clinton Counties, after alcohol dependence.

2. Survey and Key Informant responses also voiced significant concern regarding the abuse of methamphetamine in Clinton County although drug abuse trends in the Cincinnati region between, June 2011 through January 2012, suggest that a decrease in methamphetamine is being observed.

3. Concerns also continue to prevail regarding abuse of alcohol. Key Informants and survey respondents voiced concern regarding the abuse of alcohol.

Data from the Ohio Youth Survey, conducted during the 2008-2009 school year suggested that alcohol remains a substance of concern for Warren and Clinton County youth, with 2 in 10 reporting having consumed alcohol within the past month, 1 in 10 acknowledging binge drinking, and half of the sample reporting fairly easy access to alcohol.

This observation is consistent with more recent data, gathered in a survey of Ohioans regarding the general population's awareness of the ongoing opiate epidemic; the majority of survey respondents perceived alcohol to be the most serious drug problem in their communities.

Further, data from MHRS suggests that alcohol dependence is the most frequently treated substance-related disorder by contract AOD treatment providers in Warren and Clinton Counties.

4. Although the survey data and responses from Key Informant Interviews suggested that the abuse of prescription medications was less of a concern, statewide data indicates that Clinton County is a community where the highest levels of prescription drug overdose have been reported, placing Clinton County as having the 12th (out of 88 counties) highest rate of drug poisoning deaths. (The Coroner's data examined for this Needs Assessment constituted too small of a sample size to draw any significant conclusions.)

In addition, both the 2008-2009 Ohio Youth Survey of Clinton and Warren County youth, and the more recent survey of Ohioans regarding the general population's awareness of the ongoing opiate epidemic, suggested that the use of prescription drugs is of concern. Specifically, the Ohio Youth Survey results suggested that, at that time, 7% of Warren and Clinton County youth reported non-medical use of prescription drugs while the more recent opiate epidemic survey respondents indicated that prescription drugs closely followed alcohol as the most serious drug problem in their communities.

5. While survey respondents and key informants did not indicate tobacco use as primary concern, the August 2007 Assessment of Youth Development report found that tobacco use in pregnant women in Clinton County was higher than the state average. Further, the number of adults in Clinton County overall who smoke is higher than the state average. The 2012 Health Ratings by the Robert Wood Johnson Foundation found Clinton County to be ranked 64th out of 88 counties in Ohio with respect to health outcomes, a rating contributed to by the high rate of tobacco use in the county.

Further, the majority of youth who tried tobacco (among other potentially addictive substances) did so reportedly for the first time between the ages of 13 and 14, according to 2012 Ohio Youth Survey, with cigarette smoking among teens being correlated with future drug use and delinquent behavior (Myers & Kelly, 2006).

Recommendations

The following recommendations are offered – based upon the Findings detailed above – to assist in the development of a foundation of community-relevant drug and alcohol abuse prevention services.

Organizational

1. Clinton County would benefit from widespread community-based education regarding the following topic areas:
 - the nature, extent, and scope of the drug and alcohol problems present in the county;
 - the difference between prevention and intervention/treatment services; and
 - the need for prevention services to be provided to specific, targeted populations (e.g., unemployed, pregnant women) in addition to youth.
2. Although, as described, there appears to be a general sense of willingness – and even enthusiasm – for community coordinated efforts to prevent drug and alcohol abuse in the community, there appears to be a question regarding the interest and availability of key parties to lead such an effort.

It is therefore recommended that a Community Readiness survey be performed. In surveying key leaders with regard to Community Readiness, the Tri-Ethnic Center Community Readiness Survey would be an appropriate instrument choice.

3. Before the implementation of community-coordinated efforts can begin, an infrastructure for such efforts (i.e., the building of a drug-free coalition) must be developed.

By definition, a drug-free coalition is a group of individuals and groups representing all sectors of the community who are working collaboratively to design and implement comprehensive, community-wide substance abuse prevention strategies intended to change community norms and standards of conduct relating to substance abuse among residents.

Given that there currently appears to be a question regarding the interest and availability of key parties to lead such an effort, and with regard to the most appropriate configuration (i.e., large county-wide coalition versus smaller municipal-based coalitions) for such efforts in Clinton County, it is recommended that assistance from an organization experienced with facilitating local coalition development be enlisted. The presence of Prescription for Prevention in Clinton County is likely to be an asset with regard to such an effort as assisting in local coalition building appears to be part of the tools and resources made available by this campaign.

4. Efforts should be made to create a multi-disciplinary force of certified Prevention Specialists. As noted, a strength in Clinton County with regard to the provision of prevention services is the basic foundation of traditional prevention services being provided by certified Prevention Specialists employed in traditional venues by treatment service providers and by law enforcement. If possible, it is recommended that qualified individuals employed within other venues be encouraged to receive specialized training to become certified Prevention Specialists; such individuals may include, for example, education professionals, hospital social workers, Caseworkers working with Children Services and Adult Protective Services, and individuals working with youth service organizations or within organizations that promote healthy living (e.g., YMCA) and on college campuses. Additionally, including members of law enforcement and court services, local government, medical associations, small and large business, and residents who are involved in parent-teacher organizations

or community activities for youth would insure broad-based support for integrating prevention services in every sector of the community.

The Community Anti-Drug Coalitions of America (CADCA) would be an appropriate resource for training those community leaders and prevention interested professionals, and for further workforce development of prevention specialists. The mission of the National Community Anti-Drug Coalition Institute, the training arm of CADCA aims “to increase the knowledge, capacity and accountability of community anti-drug coalitions throughout the nation (Community Anti-Drug Coalitions of America, 2009b). The Institute offers courses from four days to three weeks to eight months, depending upon the level of involvement; course offerings also include summer programs to train youth to become prevention advocates in their communities.

There are also opportunities available for training education professionals to incorporate substance use prevention modules directly into their curriculum. The National Institute on Drug Abuse has published a compendium of evidence-based programs, including age specific teaching modules specifically to be used by teachers and parents in the school system (National Institute on Drug Abuse, 2003).

5. Of note, although most preventative services are directed toward youth, and most preventative services are provided within the school setting, Clinton County survey respondents reported an unwillingness to reach out to teachers or school personnel for information regarding drug and alcohol abuse prevention services. It is therefore recommended that efforts be made to inform parents and the public at large that the local school system is a resource for preventative services. For example, announcements could be made regarding when such services take place or are offered within the school setting; that the local schools have certified Prevention Specialists on staff or that such individuals are providing preventative services within the local school system; and if any school staff receive training that results in them becoming certified Prevention Specialists.

Prevention Strategies

When selecting a model for any prevention program, the use of evidence-based practices is preferred. The single best source of information regarding appropriate programming is the National Registry of Evidence Based Practices and Programs (NREPP) for substance abuse prevention programs (Substance Abuse and Mental Health Services Administration, 2012). However evidence-based practices are not always available or practical for a given community and particularly not for every combination of specific population and addictive substances that a community might be facing.

Communities need individualized prevention plans that recognize the characteristics that make them who they are, warranting consideration of factors such as rural vs. suburban environments, demographics of the population, available resources, support for the prevention initiative, and the size of the population being targeted. When no evidence-based practice is available, the next best approach is to have done a thorough review of the models that are available and that can be adapted or used to inform the specific situation. Factors to consider include:

- Conceptual fit with the community’s logic model (Is it relevant?)
- Practical fit with the community’s needs, resources, and readiness to act (Is it appropriate?) and
- Evidence of effectiveness (Is it effective?). (Maine Department of Health and Human Services, Substance Abuse and Mental Health Administration, 2007)

Prevention Efforts in Specific Populations

Very little research is available about prevention strategies for specific populations outside of teens and young adults. Prevention strategies specifically designed for unemployed and underemployed workers were not found; however, data from unemployment statistics showing the demographics of those workers (specific age groups, for instance) can direct decision making regarding the most effective models for a given group.

An alternative, however, is to review the research predicting successful models for at-risk populations. The research regarding successfully negotiating the period of unemployment repeatedly refers to measures of resiliency and promoting the factors that can support an individual's resiliency. Resiliency is a measure of being able to tolerate the stress of one's situation and being able to find the internal resources to solve the crisis in the moment and for the long-term.

Resiliency, however, is directly impacted by the resources available to the individual. Kempfer (2012) writes that resiliency training is instrumental in preventing individuals from starting to use addictive substances, preventing the spiral into substance abuse and addiction.

In a similar vein, programs for unemployed and underemployed alleviate the stress from the environmental factors that are a result of unemployment and assist them in productively addressing their situation; such programs might include vocational training and job search counseling to help them find a new position; mortgage and debt refinancing, and housing payment supports, to sustain their existing housing; and food pantries and social service supports to alleviate the stress of not having enough money to pay for food. Such strategies will help the individual to feel supported and keep an optimistic outlook regarding the future as they proceed through the situation.

The second component of preventing substance use in a population outside of school-age children and adolescents is finding those individuals who are at risk for substance use before they are using and communicating to them the risks of starting to use substances. A Georgia program, started in 1982, specifically trains physicians working in the area of women's health to screen for substance use and the likelihood of ongoing substance use in their pregnant patients (Georgia Department of Behavioral Health and Developmental Disabilities, 2012). By incorporating standard questionnaires into the intake and interview process, staff was able to intervene early on and reduce the number of fetal alcohol syndrome cases.

Specific Substance Prevention Models

1. Heroin / Opiates

Often considered the largest member of the prescription drug problem, and as such many of the prevention programs are not specifically for heroin/opiates, but rather for the broader category of prescription drugs (discussed in more detail below).

However, one specific model to consider is: Developing a Heroin and OxyContin Prevention Program: Lessons Learned (O'Brien & Lawrence, 2006)

2. Prescription Drugs

As described, due to the high rate of unintentional drug overdose deaths, Clinton County is one of several counties targeted for this issue and has been already working with Prescription for Prevention, a statewide initiative and coalition building campaign that provides targeted communities with a

variety of tools for prevention. Prescription for Prevention also has already made available community education materials (short and longer videos appropriate for television and radio, as well as community specific brochures and data) and will support community efforts at coalition building with community-specific programming.

Further, due to the prevalence of this problem statewide, other social media campaigns are also providing prevention messages. For example, the “Don’t Get Me Started” campaign is specifically targeting teens and young adults with YouTube videos and other social media strategies to educate and enjoin them to advocate for healthy lifestyles (Ohio Association of County Behavioral Health Authorities, 2012b).

As described in detail in the Review of Existing Documentation section of this report, the Ohio Prescription Drug Abuse Task Force offered recommendations designed to create a coordinated and comprehensive approach to Ohio’s prescription drug abuse epidemic.

It is recommended that these clearly delineated action steps be implemented at the community level; however, the following excerpts from the Task Force’s recommendations appear to be most accessible for Clinton County at the present time for community level action:

- With regard to law enforcement:
 - Support efforts for legislation reform to increase the effectiveness of law enforcement in investigating and prosecuting prescription drug abuse cases; and
 - Promote cooperation, communication, education, and training among local law enforcement agencies.
- With regard to regulations:
 - Encourage increasing initial and continuing education on pain management and drug abuse across professions in the community.
- With regard to treatment:
 - Enhance resources available within the alcohol and other drug addiction system of care for direct client services, to reduce the demand and thereby the potential exposure of new users;
 - Increase education of prevention, intervention, treatment, and recovery support services for prescription drug abuse; and
 - Identify best practice resources within the community for managing acute and chronic non-malignant pain, and disseminate and promote these proven approaches.
- With regard to public health:
 - Establish new and support existing local coalitions / task forces to address the prevention of prescription drug misuse, abuse, and overdose;
 - Implement social marketing campaigns to create awareness about prevention efforts contra to prescription drug abuse;
 - Provide population specific education to increase awareness, knowledge, and resources related to the risks of prescription drug abuse;
 - Facilitate the proper disposal of prescription medications; and
 - Improve and coordinate data collection related to prescription drug misuse, abuse, and overdose.

3. Methamphetamines

Prevention strategies specific to methamphetamines involve dealing with the supply or access to the drug. These are both local and state level strategies and are a framework for delineating a multi-step prevention model. Birchmayer et al. (2008) are clear that any one of these steps are not particularly effective, and not for the long-term, but collectively can make a significant impact.

- Supply /Availability for Purchase:
 - Local Law Enforcement Efforts to Arrest Suppliers and Dealers – does not directly affect price but does affect distribution
 - Civil Remedies to Disrupt Supply Chains – use of community policing increases the difficulty that suppliers and distributors have in setting up the production
 - Alterations to the Physical Environment – This strategy is only as effective as the level of intensity of the crackdown. For example, limiting the number of abandoned facilities that can be co-opted for production of the drugs restricts the production until another facility can be found
- Price:
 - Increased Enforcement of Laws regarding Methamphetamine Production and Distribution – in general enforcement is more likely to increase the inconvenience of operation rather than affecting the price
- Production:
 - Criminalize Importation and Possession of Precursor Chemicals – This strategy has had mixed results for effectiveness
 - Dismantle Domestic Methamphetamine Labs – This strategy is only effective if the labs are accessible to local law enforcement
- Laws about Production, Distribution, Purchase and Possession
 - Enact more penalties on more users rather than harsher penalties on fewer users
 - Required treatment for users, and required abstinence as part of community control
- Normative Education, particularly for teens and young adults, is critical to correct perceived social norms, by providing accurate information
 - Perceptions about the prevalence and frequency of peers' use of alcohol, tobacco, and other drugs are positively associated with personal substance use
 - Youth tend to overestimate how much and how often their peers engage in unhealthy behaviors, including substance use
 - Planned Public Education Campaigns – specifically focused on a given population and message, and used to reinforce information that has been delivered in a much more personal manner. Enlist the media to communicate the harms as well as the solutions, and be mindful that mass media campaigns alone are not demonstrated to be as effective as targeted specific population models

4. Alcohol

Fagan and Hawkins (2012) found that community-based prevention models that incorporate multi-component strategies have a longer-term positive outcome on alcohol and other drug use patterns than single solution approaches. When there are multiple systems in place (i.e., geographically limiting access to alcohol, consistent enforcement of existing laws, providing alternative healthy behavior opportunities, engaging parents and adults in the seriousness of the problem, creating a community norm that underage drinking is not acceptable), the factors that contribute to alcohol use are impacted in the immediate (no access) and also for the longer term because teens learn healthy alternatives and appropriate coping skills for exposure to alcohol.

A community-based strategy that relies on its members ensures a cohesive message that can be woven through all aspects of the community (i.e., education, law enforcement, religion, social service, community outreach, etc.) but also provides a natural group of support for considering budgeting issues, legislation, and priority setting when decisions are being made about community issues.

An example of a typical dilemma is consideration of accepting corporate sponsorships for local high school sporting events. In the instance of a major beer distributor, for example, offering to donate several thousand dollars to support the school and teams, community leaders would be required to consider the ramifications of that type of sponsorship for the season, particularly in light of the local law enforcements efforts to crack down on teenage drinkers and drivers.

In this meta-analysis, the demographics and study designs of twelve community-driven prevention models were reviewed and the relevant measures of success and weaknesses were listed, including the rate of attrition. The following programs were reviewed:

Fighting Back (2002)	Project Northland, Chicago (2008)
Community Partnership Program (1997)	Native American Project (2000)
A Matter of Degree (2004)	DARE Plus (2003)
Communities Mobilizing for a Change (2000)	Prosper (2007)
Midwestern Prevention Project (1989)	Incentives for Prevention (2007)
Project Sixteen (2000)	New Directions (2005)
Project Northland (2002)	Communities that Care (2009)

The authors concluded "that coalitions focusing solely on changing environmental risk factors in order to reduce access to and the availability of alcohol are not effective in reducing alcohol use among high school students or young adults" (p. 251). They also concluded that "well-meaning community based coalitions and even well-funded coalitions are no more likely to show significant impact than those that are not as well organized, unless they combined environmental strategies with the implementation of universal, school-based drug prevention curricula" (p. 263). To be successful, community-based (prevention) interventions have to be "well implemented and intensive" (p. 263). The authors also pointed out that the Communities that Care and PROSPER models were enhanced when members of the coalition were also trained in "high-quality" prevention training.

5. Tobacco

While tobacco was not identified as a drug of concern by respondents in this study, the lack of identification of concern on the part of the survey respondents and key informants is likely due to the desensitization to the use of tobacco in communities, particularly when there is so much concern over much more obviously dangerous substances like heroin and methamphetamines. However, tobacco is clearly an addictive substance with obvious health consequences on the individual and the community. The Center for Disease Control (CDC), among other national and statewide programs, published a best practices guide for comprehensive tobacco control programs (CDC, 2007), an evidence-based guide to help states plan and establish effective tobacco control programs to prevent and reduce tobacco use. Individual states have created plans for their local communities, and in Ohio, following the Ohio Smoke-Free Workplace Act, they created the Tobacco Use and Prevention division of the Ohio Department of Health (Ohio Department of Health, 2012b), a group which provides resources for communities, including evidence-based programming for within and outside of the schools.

Appendices

Appendix A: Survey

Clinton County FCFC ADAP NEEDS ASSESSMENT SURVEY

Thank you for participating in this survey about your community and the alcohol and drug abuse PREVENTION SERVICES that you might find here. We hope that you will find this interesting and informational, and that it provides you a voice to tell the community partners what services might be needed here.

This survey is specifically about services that PREVENT alcohol and drug abuse, and is not about treatment programs for substance abuse. At the end of the survey, you will be given the opportunity to volunteer to get more involved and to hear more about the PREVENTION services available.

We want to be sure to hear from as many different voices in our community as possible, so you will see that we ask you about who you are, and how you are connected to this community. We hope that you will continue to think about this topic long after you finish the survey, and we encourage you to give us any ideas you have about the needs of the community.

Thank you.

1. Do you live or work in Clinton County, Ohio? Yes No

2. Please choose the categories that best describe your role in the county:

Resident of the County	Mental Health/Substance Abuse Treatment	School/Education
Parent of school age children	Provider/Professional	Professional
Community Organization	Religious Organization	Social Service Agency
Law Enforcement	Leader	Youth/Student Based Club or Organization member
Medical/Physical Health Professional	Elected Official/Municipalities Official	Business Leader/Employer
		Other (please specify)

3. Of the choices you checked above, which ONE are you most closely identifying with for the purpose of this survey?

Resident of the County	Mental Health/Substance Abuse Treatment	School/Education Professional
Parent of school age children	Provider/Professional	Social Service Agency
Community Organization	Religious Organization Leader	Youth/Student Based Club or Organization member
Law Enforcement	Elected Official/Municipalities Official	Business Leader/Employer
Medical/Physical Health Professional		Other (please specify)

4. What school district do you live or work in, or are your children going to school in?

Wilmington City Schools	Clinton Massie
East Clinton Schools	Blanchester

If you entered "Other" please add a comment here:

5. Of the following groups, check the group of individuals you are MOST concerned about with respect to using drugs or alcohol inappropriately:

children	teenagers (13 to 18)	adults (25 to 64)
preteens (ages 9-12)	young adults (19 to 25)	senior adults (over 65)

6. Of the following groups, check the one group that you are MOST concerned about with respect to using drugs and alcohol inappropriately:

pregnant women	unemployed/underemployed	athletes
veterans		other (please specify)

If you chose "Other" (please specify):

7. What addictive substance are you MOST concerned about in Clinton County?

alcohol	heroin/opiates	prescription medications
caffeine stimulants	hallucinations: LSD, mushrooms	steroids
cocaine/crack cocaine	inhalants	tobacco/nicotine
date rape drugs	marijuana	other or more than one (please specify in comment box)
synthetic drugs: "bath salts", K2, others	methamphetamines	

8. Thinking about the previous questions, is there a combination of people and substances that most concerns you (for ex. athletes and steroids)? No Yes If yes please type that in here:

9. If you know of someone who has misused or abused PRESCRIPTION drugs, how did they misuse them?

Accidental overdose	Used a prescription drug without a written prescription from a doctor
Intentional overdose	
Shared purchased prescriptions illegally	I don't know anyone who has misused prescription drugs
Other If you chose "Other" (please specify):	

10. How do you see drug, alcohol and tobacco use impacting your community? Comment:

11. How widespread of a problem is substance abuse in your community?

Please choose your best estimate.

No problem at all	It's troubling It's serious
It's a little bit of a problem	It's the most important issue facing our community

12. How aware are you about drug and alcohol prevention services in your county?

Please choose one:

Not at all aware	Fairly aware
A little aware	Very aware

13. Have you found any information in this community about drug and alcohol abuse PREVENTION programs? (Choose as many as you know about.)

No, I have not found any information.

I saw or heard a public service announcement (t.v., billboard, radio, internet or social media ad)

I participated in a program at school

I attended a presentation

I looked online for prevention tips for talking to my kids or my friends or family

I picked up materials at a booth at the fair, at school or community agency or other location

I participated in a community program (for ex. court-ordered, or voluntarily)

Other

If you chose "Other" (please specify):

14. If you have participated in a community based alcohol and drug abuse PREVENTION program...which one(s)?

None

Medication Take Back Day

DARE

Red Ribbon Week

Teen Institute

Other

If you chose "Other" (please specify):

15. Did you learn something useful from the prevention information that you received?

No

Yes

I didn't receive any information.

16. If you followed up on any of the information you received, please tell us how you used the information. (Check any that apply.)

I shared that information with others (for ex. kids, friends, family members).

I sought services for a drug or alcohol problem.

I saved the information planning to share with others later (when the children are older; at a club meeting).

I changed my behavior with respect to my own drug or alcohol use.

I didn't find any information.

Other

Other benefits (please specify):

17. How likely would you be to reach out to any of the following resource providers to find drug and alcohol abuse prevention services?

	definitely not	unlikely	likely	probably would	absolutely would
Teachers/Schools	1	2	3	4	5
Religious organizations/clergy	1	2	3	4	5
Police officers/law enforcement	1	2	3	4	5
Mental health treatment agencies	1	2	3	4	5
Substance abuse treatment agencies	1	2	3	4	5
Mental Health and Recovery Services Board	1	2	3	4	5
Social Service providers	1	2	3	4	5
Elected officials	1	2	3	4	5
Parents/Adult friends/Neighbors	1	2	3	4	5
Peers/Friends/Same age family members	1	2	3	4	5
Physicians/Medical Personnel	1	2	3	4	5
Pharmacists	1	2	3	4	5
Internet	1	2	3	4	5
Insurance Provider	1	2	3	4	5
Employee Assistance Program	1	2	3	4	5

Other service you would likely or definitely use, but is not listed: (please specify)

18. What is your perception regarding the COST of using prevention services for drug and alcohol abuse?

Really expensive

Reasonably priced

Always free

Somewhat expensive

Mostly free

Excellent range of services	Some services, but could use more	Not enough services
Adequately wide range of services	Minimally adequate services	I don't know enough to have an opinion

21. In order to be sure we are asking a wide range of individuals from this community about their opinions, we need some information about you:

Gender:	Male	Female				
Race:	African/Caribbean	Asian	Caucasian	Latino	Multiracial	Prefer Not to Say
Age:	Under 18	18-29	30-49	50-64	65 and above	Prefer Not to Say
Education:	Still in High School or Less	High School or Less		Some College	College Graduate	
	Prefer Not to Say					

Or you can contact us directly at:

Name: _____ Phone Number: _____

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:

Thank you very much for contributing to this effort. Your opinion is very valuable to us.

If you are interested in the results of this survey, a report of the survey results and an executive summary of the needs assessment project will be posted on the web.

Mental Health Recovery Services Board www.mhrsonline.org/

Clinton County Family and Children First Council
co.clinton.oh.us/healthservices/familyandchildrenfirstcouncil

If you are completing the survey on paper (and not electronically) please return it to:

Mental Health Recovery Services of Warren & Clinton County

212 Cook Rd., Lebanon, OH 45036

By fax: 513-695-2997

Appendix B: Key Informant Interview

KEY INFORMANT INTERVIEW

Name: _____ **Title:** _____

What is your perception of the drug and alcohol abuse problem in the county?

Are there any particular drugs, populations, or drug/population combinations you're concerned about? If so, please describe.

How do you see drug and alcohol abuse affecting the community?

How aware are you of drug and alcohol abuse prevention services in the community?

What drug and alcohol prevention services are you familiar with in Clinton County?

What such drug and alcohol prevention services, if any, are missing in Clinton County?

What community efforts do you feel are necessary to increase drug and alcohol abuse prevention services in the county?

Who do you believe should be involved in such an effort?

Would you be interested in participating in such an effort?

Appendix C: Identified Key Informants

The following individuals were identified as Key Informants, that is, individuals perceived to be informed regarding alcohol and drug abuse, and drug and alcohol prevention services, in the county, by members of the Workgroup.

- Schools
 1. Kevin Abt, Blanchester High School
 2. Lisa Dean, Blanchester High School
 3. Rick Hosler, Blanchester High School
 4. Joel King, Blanchester Middle School
 5. Benny Trail, Clinton County Alternative Center
 6. Kevin Walls, Clinton County Youth Council
 7. Randy Dunlap, Clinton-Massie High School
 8. Jeff Heyob, Clinton-Massie High School
 9. Joe Hollon, Clinton-Massie High School
 10. Dan McSurley, Clinton-Massie High School
 11. Margie Eads Walker, Clinton-Massie Middle School
 12. Greg Grove, Clinton-Massie Middle School
 13. Natalie Harmeling, Denver Elementary School
 14. Betsy Wyatt, East Clinton High School
 15. Cheryl Roberts, East Clinton Local Schools
 16. Robbin Luck, East Clinton Middle School
 17. Linda Mead, East End Elementary School
 18. Carrie Zeigler, Holmes Elementary School
 19. Mitch Culbert, Laurel Oaks Career Development Campus
 20. Jeremiah Milburn, Laurel Oaks Career Development Campus
 21. Mary Groves, Rodger O. Borror Middle School
 22. Matt Freeman, Rodger O. Borror Middle School
 23. Brian Camp, Rodger O. Borror Middle School
 24. Ron Sexton, Wilmington City Schools
 25. Jeff Fryman, Wilmington High School
 26. Brent Carey, Wilmington High School
- Colleges
 27. Terri Limbert, Southern State Community College
 28. Mary Lynn Barber, Wilmington College
- Court Personnel
 29. Mike Sutton, Clinton County Common Pleas Court
 30. David Hockaday, Clinton County Juvenile Court
 31. Stephanie Blust, Clinton County Juvenile Probation
- Law Enforcement
 32. Brian Prickett, Clinton County Sheriff's Office
 33. Duane Weyand, Wilmington Police Department
 34. Scott Reinbolt, Blanchester Police Department
 35. Keynon Young, Sabina Police Department
 36. James Holcomb, New Vienna Police Department
 37. Richard Moyer, Clinton County Prosecutor's Office

- Hospitals / Public Health
 - 38. Robbin Odum, Clinton Memorial Hospital
 - 39. Kim Speaks, Clinton Memorial Hospital
 - 40. Chris Stromberg, Clinton Memorial Hospital
 - 41. Pamela Bauer, Clinton County Health Department
- Mental Health / Substance Abuse Treatment Agencies
 - 42. Russell Dern, Solutions Community Counseling and Recovery Center
 - 43. Jeff Rhein, Solutions Community Counseling and Recovery Center
 - 44. Angela Johnson, Solutions Community Counseling and Recovery Center
- Religious Institutions
 - 45. Dean Feldmyer, Wilmington United Methodist Church
 - 46. Allen Willoughby, Sugartree Ministries
 - 47. Ron Cordy, Sugartree Ministries
 - 48. Mike Simpson, Sugartree Ministries
 - 49. Eleanor Harris, Harvest of Gold
- Social Service Agencies
 - 50. Sue Caplinger, Clinton County Community Action Program
 - 51. Denise Stryker, Clinton County Homeless Shelter
 - 52. Cindy Schaublin, Clinton County Metropolitan Housing
 - 53. Carole Erdman, Head Start
 - 54. Kathi Spirk, Department of Job and Family Services
 - 55. Jason Angelica, Department of Job and Family Services
 - 56. Julie Brassel, Alternatives to Violence

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