

**A STRATEGIC PREVENTION FRAMEWORK
COMMUNITY ASSESSMENT
FOR CARROLL AND TUSCARAWAS
COUNTIES, OHIO**

**A special initiative for the purpose of reducing substance abuse
among the residents of Carroll and Tuscarawas Counties.**

REPORT AND RECOMMENDATIONS

JUNE, 2011

**Project funded by Ohio Department of Alcohol and Drug Addiction Services
through a special grant awarded to the Alcohol, Drug Addiction and Mental Health
Services Board of Tuscarawas and Carroll Counties.**

**The community assessment was conducted by Dianne Oliver, Program Planning and
Assessment Consultant, Canton, Ohio.**

**STRATEGIC PREVENTION FRAMEWORK
COMMUNITY ASSESSMENT FOR CARROLL AND
TUSCARAWAS COUNTIES, OHIO**

Table of Contents

Introduction.....3

Results of the Community Assessment:

Part One: Community Stakeholder Engagement and Research.....5

Common Themes.....6

Types of Substances Reported.....7

Risk Factors Influencing Use and Abuse.....9

Protective Factors that Promote Drug-Free Choices.....11

Barriers that Prevent Solutions.....13

Most Pressing Issues to Be Addressed.....17

Consumer Input.....18

Part Two: Review of Data on Prevalence, Incidence and Consequences.....19

County Demographic Profiles.....19

Ohio’s Prescription Drug Use Epidemic.....20

Alcohol, Tobacco and Drug Use Patterns and Consequences.....21

Local Data from Carroll County.....23

Local Data from Tuscarawas County.....27

Characteristics of Persons Receiving Services.....28

Part Three: Recommendations for Community Action.....32

Draft Memorandum of Understanding..... 36

REPORT AND RECOMMENDATIONS
JUNE, 2011

Introduction:

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Tuscarawas and Carroll Counties received a grant from the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to design and implement a strategic prevention framework. The goal of the project is:

To create a coalition of public, private and citizen stakeholders charged with influencing policies and developing programs and services which will reduce substance abuse by the residents of Tuscarawas and Carroll Counties.

Developing a strategic prevention framework requires cross-system, community-wide collaboration. It should build upon the strengths and successes that organizations and systems have established in the community and it must focus on shared goals and measurable outcomes. Early conversations about the project explored the options of conducting a shared two-county process which would bring Carroll and Tuscarawas stakeholders together in a single approach or maintaining separate county identities by running parallel and independent processes. It was recommended that separate planning processes, strategic prevention frameworks and community coalitions be established for each county.

The defining elements of the approach being set forth are:

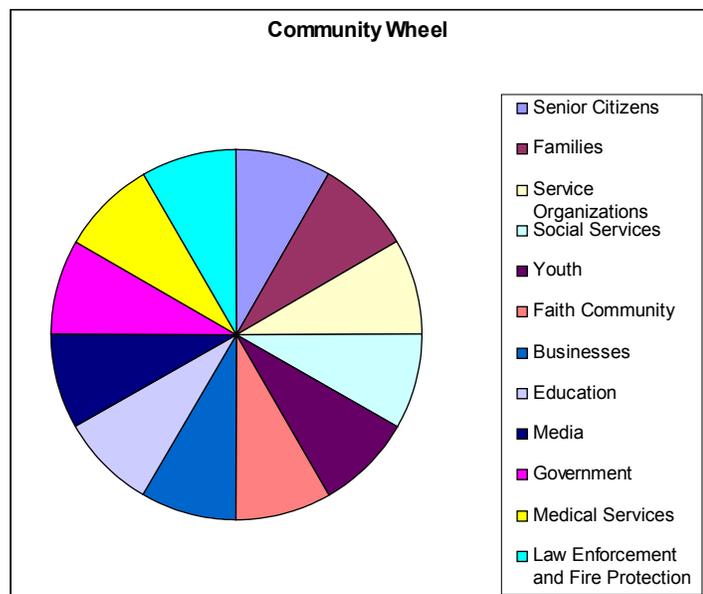
- **Data Informed** - *The strategic prevention framework will be developed in light of the most current local and statewide data available on adolescent and adult substance abuse and will continue to utilize new and emerging data as it evolves.*
- **Action Oriented** – *The strategic prevention framework will be supported by a detailed action plan to be designed, implemented and monitored by a community coalition comprised of public, private and citizen stakeholders.*
- **Results Focused** – *The plan will include measurable outcomes to assess progress toward achievement of project goals on a regular basis.*

The first step in developing strategic prevention frameworks for Tuscarawas and Carroll counties was to conduct community assessments in each county. The community

assessment is intended to provide a comprehensive look at the prevalence of substance abuse in the community, the nature and range of substance abuse related problems or consequences that exist and the availability of resources to effectively deliver substance abuse prevention, intervention and treatment services. The community assessment also explores the issue of “community readiness” which is the community’s acknowledgement, willingness and capacity to mobilize a community-wide effort to prevent and reduce substance abuse and related problems.

The community assessment report process consisted of two research components:

1. **Community Stakeholder Engagement and Research** – Key stakeholders were identified in Carroll and Tuscarawas Counties to reflect the segments of the community presented in the community wheel:



The objective was to obtain input from a broad cross-section of each community and to engage individuals with diverse perspectives on the problems associated with substance abuse. Stakeholder perceptions and insights regarding the substance abuse problem in the community were gathered utilizing a personal interview or focus group format. Specific questions addressed were:

- *What are the key risk factors influencing use and abuse of alcohol, tobacco and other drugs?*
- *What barriers exist in the community that prevent solutions and/or promote continued use and abuse?*
- *What are the protective factors present in individuals and communities that encourage and support drug-free behavior?*
 - *What issues should a community-wide initiative address first?*

2. **Review of Data on Prevalence, Incidence and Consequences Related to Substance Abuse** - Data on prevalence, incidence and consequences associated with substance abuse was gathered. The information presented in this report includes national, statewide

and local data. It should be noted that a major barrier in this community assessment process was the lack of easily retrievable county-level data on alcohol and drug related behaviors. This barrier exists in all systems that have been invited to participate. Therefore, the data is not as comprehensive as needed to give a complete picture of the problems associated with substance abuse in the community. The need for current relevant data will be a recurring theme throughout this report.

Based on the information gathered through both the stakeholder research and the review of existing data, recommendations for community action will be presented in the conclusion of the report.

RESULTS OF THE COMMUNITY ASSESSMENT

Part One: Community Stakeholder Engagement and Research

The community stakeholder engagement and research process was conducted in May and June of 2011. The individuals identified for participation were interviewed to solicit input on risk factors, protective factors and barriers regarding substance abuse and related problems.

Carroll County stakeholders participating in the interview process were:

Rose Brace, Director, Mercy Health Center of Carroll County
Donald Burns, Jr., Prosecuting Attorney, Carroll County
Jennifer Burns, Service Coordinator, Family and Children First Council
Judge John Campbell, Carroll County Juvenile Court
Melanie Campbell, Director, Carroll County Health Department
Mike Durkin, Chief Probation Officer, Carroll County Municipal Court
Seth Filburn, Youth Pastor, Carrollton First United Methodist Church
Palmer Fogler, Superintendent, Carrollton Exempted Village School District
Dr. Mandal Haas, Carroll County Coroner
Kate Offenburger, Director, Carroll County Job and Family Services
Rachel Rinkes, Court Administrator, Carroll County Juvenile Court
Amy Rutledge, Director, Carroll County Chamber of Commerce
Randy Smith, Senior Probation Officer, Carroll County Adult Probation
Larry Townsend, Carroll County Alcohol and Addiction Program

Tuscarawas County stakeholders participating in the interview process were:

Scott Ballentine, Drug Enforcement Officer, Tuscarawas County Sheriff's Office
Diana Boyd, Vice President of Nursing Services, Union Hospital
Teri Edwards, Director, Twin City Chamber of Commerce
Mike Ernest, Assistant Prosecuting Attorney, Tuscarawas County
Dr. Jim Hubert, Tuscarawas County Coroner
Judge Linda Kate, Tuscarawas County Juvenile Court

Alison Kerns, Executive Director, United Way of Tuscarawas County
Kory Kochera, Director, Tuscarawas County Community Corrections
Tracey Penrod, Therapist, Tuscarawas County Juvenile Court
Scott Robinson, Executive Director, Tuscarawas County Chamber of Commerce
Judge Elizabeth Thomakos, Tuscarawas County Court of Common Pleas
Michelle Tope, Director, Tuscarawas County Job and Family Services
Rich VanArsdalen, Coordinator, A New Beginning
Jared Wade, Probation Officer, Tuscarawas County Court, Southern District
Calvin White, Caseworker, Friends of the Homeless
Chaz Willett, Drug Enforcement Officer, Tuscarawas County Sheriff's Office
Walter Wilson, Tuscarawas County Sheriff

In addition to the personal interviews, two other group facilitated discussions were conducted. The first was a facilitated discussion with the ADAMHS Board of Directors at their May, 2011 meeting. The second was a facilitated discussion with the substance abuse service providers that receive funding through the ADAMHS board. The agencies represented in this discussion included:

Advocacy, Choices and Empowerment
Alcohol and Addiction Program - Tuscarawas County
Alcohol and Addiction Program - Carroll County
Community Corrections
Community Mental Healthcare
Personal and Family Counseling Services
Southeast, Inc.

An attempt was made to interview emergency room doctors, but scheduling issues became a barrier. Input was obtained in writing from two emergency room doctors at Union Hospital.

The final component of the stakeholder research process was consumer input. The consumers of service bring an important and unique perspective to the table. It is a critical but often overlooked voice when a community is mobilizing around an issue. Facilitated discussions were conducted at three separate agencies during group treatment sessions for recovering addicts – Alcohol and Addiction - Tuscarawas County, Alcohol and Addiction - Carroll County and Harbor House.

Common Themes:

The themes that emerged from the interviews were fairly consistent across systems and also across county lines. Among the most common themes was the recognition by most persons interviewed that the problems related to substance abuse are likely to be far greater than most people realize and also far greater than what is captured by the data. Coupled with that is the impression by those interviewed that many people in the community are in denial, trying to ignore the fact that substance abuse problems exist.

Several people commented that there is a widespread mentality that “it’s not in my neighborhood”.

Another consistent theme across both counties was the estimate that *at least* 90% of all criminal activity has a drug or alcohol component. This was reported by every person interviewed who is involved in the judicial system, law enforcement or corrections. Some claimed that it was closer to 100%. People do not commit crimes out of anger or greed. Theft is nearly always a means of generating money to purchase drugs. Violence is nearly always precipitated by use or abuse of one or more substances. The residual effects of alcohol and drugs fill jail cells and recovery programs. Unfortunately there is a lack of inter-system incidence reporting to document this relationship. Incidence data currently available from the judicial and law enforcement systems is limited to alcohol and drug specific offenses (i.e.: possession, trafficking, etc.). It was also reported that recidivism among those prosecuted is approximately 90% which suggests that in the majority of cases, the substance abuse problems are not being successfully addressed.

Types of Substances Reported:

Differences emerged between the two counties in regard to prevalence of use of specific substances.

Carroll County:

The majority of the stakeholders interviewed reported that drinking, particularly beer drinking is the number one substance consumed in Carroll County. It was reported repeatedly, in fact, that drinking is simply a part of the Carroll County culture and that underage drinking is common and to some extent accepted. Further, stakeholders reported concerns about the extent of underage drinking. One person interviewed said, “drinking is a rite of passage”. The message is that alcohol is not viewed as a drug or serious danger.

Marijuana is also considered to be a prevalent substance of choice in Carroll County. There is reportedly a great deal of marijuana being grown in the county. The sheriff’s department has made significant progress in cracking down on dealers through drug busts.

Heroin was reported by several persons to be on the rise in Carroll County. The prosecutor’s office reported that heroin is their biggest problem and the users are mostly in the mid-twenties age group with some as young as high school. Cocaine use was also reported to be increasing. Crystal Methamphetamine use wasn’t consistently reported as having a very high prevalence in Carroll County, although it does occur. Synthetic drugs such as K2, Spice and White Lightning (made from bath salts) are gaining in popularity among young people because they are legal. The serious dangers associated with these synthetic drugs are not widely understood.

Prescription drug abuse is increasing in Carroll County as it is elsewhere. Drugs include opiates such as Vicodin and OxyContin. Some users became addicted because of

legitimate use of prescribed medication for pain management. Others started using the medications of family members and friends. Others simply purchase pills illegally. The risks associated with prescription drug abuse are severe. Addiction can lead to use of heroin because heroin is cheaper and sometimes easier to obtain than OxyContin, for example. The issues surrounding prescription drug use are complex. Medicaid clients often sell the prescriptions they are given to purchase other illegal, less expensive drugs. Kids are reportedly having “pharm parties” a recreational use of prescription drugs which entails bringing prescription medications, typically from home and throwing them all in a big bowl. Pill mills have increased the flow of prescription pain medications into communities. The new pill mill legislation is a positive step in controlling the dispensing and use of these addictive prescription opiates.

Tuscarawas County:

The overall theme in Tuscarawas County is that people are using harder drugs at a much younger age than ever before. Substances identified as being prevalent in the county ran the gamut from alcohol to marijuana, prescription drugs, cocaine and heroin. Four persons interviewed reported that prescription drug use and abuse is the first and foremost problem and many others considered the problem to be of great concern. It is widespread, cutting across all ages and classes. It often starts in 7th and 8th grades. By the time users are in their late teens, twenties and thirties, it takes so much more to get high that they snort or inject which presents a greater risk of overdose. It was reported that prescription drug use has increased the number of women that are coming into the system. SSI recipients use their benefits to acquire prescription drugs and then turn around and sell them. The other issue with prescription drug use is that people are over-prescribed and are sharing their medications. The coroner’s office reported that substances can be within normal limits and still lead to death. In other words, an individual can follow the prescriber’s directions still die from drug induced causes because of the number of different medications he/she is on. Again, this reflects a culture of over-medicating. As noted above, Pill Mills have flooded the market with prescription pain killers but progress in slowing to flow has been made through the efforts of the Law Enforcement Against Drugs (L.E.A.D.) Taskforce and through legislation regarding prescribing practices and tracking.

Heroin was reported by the majority of those interviewed to be a significant problem in Tuscarawas County. Heroin use is increasing and is starting at a younger age than ever before. Prescription drug abuse sometimes leads to heroin use because heroin is cheaper and easier to obtain. It is reported that recovering heroin addicts have a 95% rate of relapse.

The synthetic drugs were also reported as an emerging issue of great concern. The emergency room at Union Hospital has seen an epidemic of bath salt visits in the last 12 months, although specific numbers are not available to document the magnitude of the problem. K2/armageddon is an extremely dangerous substance but because it is legal, young people don’t view it as harmful. One of the probation officers interviewed

reported that synthetic drug screening tests have been developed which is a positive step toward identifying the presence of those substances.

Risk Factors Influencing Use and Abuse of Alcohol, Drugs and Tobacco:

The stakeholder interviews, consumer focus groups and other facilitated discussions solicited insights regarding the primary risk factors that influence an individual's use and/or abuse of substances. These are presented below for both counties combined. It will be noted when specific differences between counties surfaced.

▪ **Demographic Factors:**

Low education levels, high percentage of illiteracy, high unemployment and higher rates of poverty all create increased risks for abuse. That being said, it must be stressed that addiction cuts across all social, cultural, economic and generational categories. One of the judges interviewed said that you'd be surprised to see who uses heroin.

▪ **Family Environment:**

All persons interviewed reported that substance abuse problems often start within the family setting. There are many different aspects to the family environment which may create an elevated risk for substance abuse. Families with a history of substance abuse often create a cycle of abuse that is difficult to break. If the parents are using substances openly, the children are at greater risk of becoming users, sometimes at a very young age. Several of the consumers interviewed reported getting high or drinking with their parents in their early teens, leading to a pattern of abuse. Sometimes the parents simply don't "parent" which puts a child at risk of using substances. The main message here is that an unhealthy or permissive family environment without positive role models puts a child at much greater risk for developing problems with substance abuse.

The issue of underage drinking at home with the parent's permission is a universal issue, but it was reported as a much greater problem by those interviewed in Carroll County.

Specific risk factors identified within the family domain can be summarized as follows:

- Family history of problem behavior
- Family management/parenting problems
- Family conflict
- Favorable parental attitudes and involvement in problem behaviors

- **Mental Health Issues:**

People with mental health issues are also at greater risk for developing problems with substance abuse. Many clients are dual diagnosis (i.e.: suffering from both addiction and mental health problems). Problems with recovery from addiction can occur when a patient is prescribed medications for mental disorders. Providers of substance abuse services report that mental health professionals need to exercise more caution when prescribing medications to recovering addicts.

- **Physical and Emotional Abuse:**

People who have suffered from physical and emotional abuse either as children or adults are at greater risk for developing problems with substance abuse. Clearly some of the family issues noted above fall into this category as well. Trauma focused care is a growing field of service to help persons who have a history of physical and/or emotional abuse.

- **Availability of Alcohol and Other Drugs:**

Put quite simply, people use substances because they are available. Whether it is marijuana, opiates, prescription medications, alcohol or tobacco, the supply is plentiful regardless of age. Some of the synthetics such as K2 and Spice can be purchased legally at head shops. Underage access to alcohol was reported in many stakeholder interviews as a big problem and one that could and should be addressed. Drug trafficking is reportedly a greater problem in Tuscarawas County because of the main arteries coming through the county. Carroll County reports that they are a bit more insulated.

- **Lack of Healthy Alternatives for Young People:**

Many of those interviewed reported that there is a lack of healthy alternatives for youth. This was a significantly bigger issue in Carroll County than in Tuscarawas County. There are very few healthy entertainment options and very few structured activities available in Carroll County. Kids are bored and boredom can lead to unhealthy alternatives.

- **Genetics Versus Environment:**

A few of the people interviewed adhere to the notion that some people are just wired differently and that some people have addictive personalities. Family history of substance abuse has been widely established through research as a risk factor suggesting that there is a genetic predisposition to addiction. This doesn't guarantee that an individual will become addicted, but it increases the likelihood in the absence of other protective factors. Clearly both genetics and environment play a role.

- **Low perceived risk of harm:**

It was reported that many young people have no concept of the potential severity of alcohol and drug abuse. They don't understand the consequences and costs, including the immediate danger to oneself or the longer-term impact from abusive behavior. One of the younger participants in a substance abuse support group reported that when he started using he had no idea how it would impact his life in terms of lost educational and employment opportunities once he became involved in the court system. It was also noted earlier in this report that stakeholders involved with juveniles report that adolescents don't understand the dangers of the "legal" synthetic drugs.

Protective Factors in Individuals and Communities That Promote and Encourage Drug-Free Choices:

There was considerable discussion about protective factors that exist and/or are needed to help individuals make drug-free choices. Protective factors can be personal attributes that help insulate an individual such as a supportive family or inner resiliency. Protective factors can also be environmental or community attributes that support or encourage drug-free choices such as availability of healthy alternatives or stiffer penalties for underage consumption. This discussion included the prevention aspect (i.e.: what protective factors are needed to help prevent people from abusing substances?) and the intervention aspect (i.e.: what protective factors are needed to help people recover?). Again, both counties will be reported together with differences highlighted where applicable.

- **Family and Social Supports:**

The most important protective factor reported in the stakeholder interviews was the family. Children need positive parental role models and a supportive family environment. If the parents cannot provide that role, a child needs to have a positive adult in his/her life to learn and model behavior from, to learn judgment and to develop character. Adults and children alike need to surround themselves with people who provide positive influences and they need to have a core group of peers that provides a positive and healthy environment. Interestingly, there was very little said by the stakeholders interviewed regarding the influence of peers in substance use and abuse.

- **Sense of Future:**

The ability to plan for the future and to set goals is an important protective factor. Several people interviewed, particularly those who work with youth, reported that many of their clients do not have any sense of a future. When asked the question, "where do you see yourself in five years?" it is not uncommon for many of the youth in the juvenile system to report seeing

nothing positive in their futures. The absence of future goals and dreams and the inability to think beyond the present is a serious risk factor for young people.

▪ **Professional Supports/Substance Abuse Programs:**

It is clear from the stakeholder research that professional supports are critical to the recovery process. There is a continuum of quality substance abuse services available in the community. Data on service delivery in both Carroll and Tuscarawas Counties is provided in Part Two of this report. Many consumers and some of the stakeholders interviewed expressed a need for more programs locally, particularly residential care and detoxification. The ADAMHS Board reports, however, that outpatient treatment is available and has replaced inpatient care as trends in services have changed.

▪ **Prevention Education and Community Awareness:**

The stakeholder research underscored the importance of substance abuse prevention education for children and adolescents. School-based education about the risks and consequences of alcohol, tobacco and drug use and abuse is important. Younger ages benefit from education about wise choices. The best primary prevention is learning how to make good decisions.

Stakeholders also reported that community education about substance abuse and the problems associated with it is important. The community needs to have accurate information about the nature of the problem, current trends (such as bath salts) and the costs to the individual and the community. An informed community is a critical step toward developing community solutions.

▪ **Resiliency:**

Just as some people may have more addictive personalities, some people are more resilient and have an inner core strong enough to either make healthy drug-free choices from the start or to succeed at becoming drug-free. This is not to say that a strong inner core alone will protect an individual from drug related problems. Rather, personal strength combined with other positive influences will increase the likelihood of drug-free choices and behaviors.

▪ **Faith:**

Faith is an important protective factor for many. Several consumers who participated in the support group facilitated discussions reported that God had given them the strength to recover. Faith based programs can be very effective in treating and supporting recovering addicts. Faith based programs for youth can provide successful prevention through teaching values and building character. It was suggested in interviews with faith based program directors

that faith works better in a community such as a church or a group setting because of the notion that people are interdependent and need one another for support. It was suggested that faith alone is seldom a strong enough protective factor to ensure long-term success.

▪ **Random Drug Screening:**

A couple of people interviewed, including a school official, reported that drug screening, when paired with consequences, can be a motivating factor to keep individuals from using substances.

Barriers that Prevent Solutions and/or Promote Substance Abuse:

Understanding the dominant risks and protective factors is important in the development of a community based substance abuse initiative. Equally as important is an understanding of the barriers that exist within the community that may prevent solutions or perhaps promote the continued use and abuse of substances.

This part of the stakeholder research uncovered significant differences between Carroll and Tuscarawas Counties. Therefore, the results will be presented separately for each county.

Carroll County Barriers:

▪ **Community Norms Regarding Alcohol:**

In the discussion of common themes earlier in the report it was noted that there appears to exist in Carroll County an acceptance of alcohol consumption, particularly beer, as okay. Carroll County stakeholders who were interviewed cited this as a major barrier to accepting that there are problems with over-consumption by adults and underage drinking by youth. Some stakeholders suggested that it might be difficult for the community to admit that there's a problem and be forced to deal with the stigma associated with it.

▪ **Lack of Opportunities for Young People:**

Nearly all of the stakeholders interviewed commented that the Carroll County community is aware of the risks that are created by having few healthy and desirable social and recreational opportunities for youth. Most of the stakeholders interviewed pointed to either an inability or an unwillingness on the part of the citizens of Carroll County to invest in opportunities for young people. An example of this is the community's failure to pass a school levy in 34 years.

▪ **Lack of Commitment and Buy-In:**

Whether or not people recognize that there's a substance abuse problem, there is a reported lack of willingness to get involved. All stakeholders interviewed reported that **all** community leaders and citizens need to make a commitment to substance abuse prevention and they must own the problem. Carroll County needs buy-in from all segments of the community.

- **Availability of Alcohol, Tobacco and Other Drugs:**

Availability of drugs and alcohol was cited as a risk and also cited as a barrier. Unless the supply is cut off, it is difficult to reduce or prevent use. Successful efforts are being made with regard to availability of supply of some drugs. As noted earlier, the Sheriff's Department has had much success with marijuana busts. The Carroll County community is more insulated from drug trafficking than Tuscarawas County because there aren't any main arteries coming through the county. Abuse of prescription drugs should be impacted by House Bill 93 which addresses the availability of prescription opiates. The Ohio Automated Rx Reporting System (OARRS) has somewhat diminished the potential for abuse of prescription drugs. The urgent care center reports that doctors are much more suspicious of requests for pain medications and that the OARRS system has helped prevent abuse by patients.

Underage access to alcohol was reported by stakeholders as an area in which progress could and should be made. Permissive parental attitudes and parents as suppliers" were repeatedly noted as issues requiring attention.

The final issue worth noting regarding availability has to do with the legal synthetic and herbal drugs such as K2 and Spice and the new bath salt craze. Professionals consider these substances to be as or more dangerous than illicit drugs but these substances can be obtained legally.

- **Lack of Available Resources:**

There is a perceived shortage of substance abuse treatment options in Carroll County. All systems who come into contact with individuals needing treatment reported that there is nowhere to refer clients for residential treatment or detoxification. This was reported for both adults and youth. Adult consumers reported frustration with the lack of treatment options in close geographic proximity. It was also noted that treatment, particularly for youth, has to include the families. The ideal family focused treatment approach would be an in-home service that works with the youth and the entire family. Another service delivery issue that came up in several conversations with stakeholders is the need for psychiatric assessment and care.

- **Inconsistent Consequences and/or Leniency:**

Many of those interviewed in Carroll County reported that the consequences for abuse of alcohol and drugs are inconsistent. One interviewee said that “in every system someone makes a discretionary decision”. It was reported that some law enforcement officers tend to be more lenient in Carroll County than in other communities, particularly in regard to alcohol related offenses. On the flip side it was reported that the court is taking a much tougher stance on substance abuse related cases.

Tuscarawas County Barriers:

Availability of Alcohol, Tobacco and Other Drugs:

Availability of prescription and illegal drugs appears to be a more complex issue in Tuscarawas than in Carroll County. New Philadelphia and Dover are I-77 access points and are at greater risk for availability of substances. While the Law Enforcement Against Drugs (L.E.A.D.) Taskforce is making progress in arresting drug traffickers, there will always be an available supply of drugs. Crack downs on pill mills and policies regarding dispensing and tracking of prescription use (i.e.: the OARRS system), have somewhat diminished the potential for abuse of prescription drugs. Emergency room doctors are much more cautious about prescribing pain medications. Persons interviewed reported that a big problem with availability is the fact that physicians (not emergency room physicians) still continue to over-prescribe.

Permissive parental attitudes about underage drinking were reported as a problem in Tuscarawas County as well. Parents are providing alcohol to their underage kids. The problem wasn't given quite as much attention by Tuscarawas County stakeholders as it was in Carroll County, but it was still reported as a problem and is one that creates a barrier to change in the community. Clearly, there is too much parental leniency with regard to alcohol.

Medical marijuana use was also cited as a barrier to preventing and/or reducing problems related to marijuana use. Although marijuana for medical purposes has not been legalized in Ohio, the adoption of usage laws in other states has fostered a perception of reduced risk.

Availability of Evidence-Based Prevention and Treatment:

All of the stakeholders interviewed pointed to the need for evidence-based strategies, for both the prevention and treatment of substance abuse. Some of those interviewed said that there are very few strategies that really do work and make a difference. It's a complicated issue because not all people respond the same way to the same strategies. What is clear, however, is that some strategies are more effective than others. In-home strategies, for example, are very effective in working with juvenile offenders but they are expensive and

create staffing challenges. Ideally, the therapist goes into the home and works with the entire family. One of the judges interviewed reported that the biggest challenge is finding the “right” person to deliver service. Credentials don’t always guarantee that the therapist will be able to develop the type of relationship with the family needed in order to be successful. Drug Court was reported by many stakeholders to be highly effective. Drug Court officials report that out of 50 graduates, only 2 have been arrested for new felonies. Diversion programs are also considered by many to be effective in reducing recidivism, particularly for young people.

Residential care and detoxification programs were noted as gaps in service in Tuscarawas County as well as in Carroll County. Another gap in resources reported in both counties is psychiatric care. There is a need for psychiatric assessment and treatment.

- **Lack of Accurate Information Versus Denial:**

A recurring theme among the stakeholders that participated in this assessment is that there is little information or misinformation in the community about the prevalence of substance abuse and the costs to individuals and society. Part of the problem is that inconsistencies in reporting create difficulty in objectively assessing the extent of the problem. This prohibits a full understanding of the “real” versus the “perceived” magnitude of problems related to substance abuse.

- **Community Commitment and Buy-In:**

As was reported for Carroll County, the need for community wide buy-in was stated as a potential barrier by several individuals interviewed. If an initiative is going to be successful, all segments of the community must be committed to the project. One of the community service agency providers suggested that “we tend to work in silos”. Everyone needs to come together around the issue of substance abuse in a collaborative approach.

- **Barriers to Employment:**

Poverty and unemployment were reported by stakeholders as risk factors for substance abuse. Another side of the unemployment issue was raised by the business community. The Tuscarawas County Chamber of Commerce reports that employers have recently had difficulty filling unskilled or machinist positions because applicants were not able to pass a drug screening. Jobs are available but substance abuse prohibits employment, perpetuating the cycle of abuse.

What are the Most Pressing Issues to be Addressed in a Community Wide Substance Abuse Initiative?

Stakeholder interviews, community focus groups and consumer focus groups all included a discussion of “where do we start?” Where to start is the biggest challenge of any community-based initiative that deals with a complex social and behavioral problem that impacts all segments of the population and all systems of care.

Based on the responses, the following common themes emerged:

■ **Family:**

It was said repeatedly that “it must start with the family”. The family is the most important support system in a person’s development. In order to positively impact the problem with substance abuse, families must be strengthened and supported.

■ **Young people:**

Prevention of substance abuse starts with children and adolescents. The family is just one piece of that equation. Young people must also be provided with accurate information, decision-making skills, healthy alternatives, positive adult role models and positive peer interactions.

■ **Community Awareness and Education:**

All citizens in the community need accurate information about the risks and consequences of alcohol, tobacco and other drug use and abuse. Education needs to break down stereotypes and promote a call to action. An educational component must also include information about where to go for help, whether it’s for oneself or for a friend or family member.

■ **Availability:**

As long as there is a supply, there will be demand. One stakeholder said that “it’s impossible to completely cut off the supply, but we can certainly reduce it and make it harder to get.” There are many different issues with regard to availability, depending on the type of substance. The discussion about where to focus a community-based initiative highlighted the following issues:

- Reducing availability of prescription drugs and synthetics
- Reducing underage access to alcohol, prescriptions and other drugs

Consumer Input:

The final component of the stakeholder research was consumer input. Persons who were receiving services through the Alcohol and Addiction Programs in Tuscarawas and Carroll Counties and through Harbor House in New Philadelphia were asked to share their insights and recommendations about risks, barriers and protective factors during group treatment sessions. Their comments were consistent with the comments shared by stakeholders, and have been incorporated into the results presented above. However, because their perspective is unique, a brief summary of their responses is presented here.

Most individuals in treatment programs are motivated to get better. They hold themselves accountable for their behavior but point to breakdowns or weaknesses in their lives and in the system that either contributed to their addiction or inhibited them from seeking help. Most of the consumers that participated were court ordered. The key issues that emerged in the discussion were:

- **We need resources:**

The number one message from the consumers is that the community needs to expand services. Many consumers felt that there was nowhere to go for help when they were ready to recover. This was reported most often in regard to residential treatment and detoxification services. A sobriety club was also proposed as a needed resource in the community. A sobriety club is a drug-free drop-in center that is a safe place for people who are recovering to be with other people who are recovering.

While there may be a need for more services, consumers also reported a lack of information about where to go for help.

- **We need consequences:**

“I would never have quit if it hadn’t been for the consequences”. This was a consistent message among consumers. It supports the notion that a person has to be faced with losing something they care deeply about before they become motivated to get better. Whether it was losing their kids, going to jail or risk of death, they all agreed that if there hadn’t been consequences, there would have been no motivation to change. One consumer reported that her driver’s license wasn’t revoked until after her fourth DUI. By then her problems were so severe that she ended up in the court system on felony drug charges.

- **We need education:**

There are too many different messages about addiction. The community needs a single message that provides accurate information. There needs to be education about consequences. Some consumers said that they had no idea what would happen to them if they ended up in the court system. “I had no idea that one drug charge would destroy my life”. There is a huge need for

better prevention education in the schools. It was suggested that persons who are recovering are the ones that should be doing the prevention education, leading by example. Finally, there is a need for better education in the community to help people with addiction find support and to help family members of the addicted person find resources.

▪ **We need child care and transportation:**

Child care and transportation are barriers to receiving services. Transportation was clearly a bigger issue in Carroll County than in Tuscarawas.

Part Two: Review of Data on Prevalence, Incidence and Consequences of Substance Abuse

1. County Demographic Profiles:

The county demographic profiles present basic social and economic characteristics for each county. The population data is taken from the 2010 United States Census. Unemployment data is from the Bureau of Labor Statistics.

Carroll County:

Population	28,836
Percent of adults age 25+ with high school diploma	83%
Percent of adults age 25+with BA or advanced degree	12%
Median household income	\$40,277
Percent living at or below poverty level	13.5%
Unemployment rate (April 2011, not seasonally adjusted)*	9.9%

* April 2011 employment rate in Carroll County is down from 13.2% a year ago.

Tuscarawas County:

Population	92,582
Percent of adults age 25+ with high school diploma	84.1%
Percent of adults age 25+with BA or advanced degree	13.5%
Median household income	\$40,933
Percent living at or below poverty level	14.1%
Unemployment rate (April 2011, not seasonally adjusted)	8.7%

Selected State and National Comparisons:

Ohio – Percent living at or below poverty level	15.1%
U.S. – Percent living at or below poverty level	14.3%
Ohio Unemployment rate (May 2011)	8.5%
U.S. Unemployment rate (April 2011)	9.1%

2. Ohio's Prescription Drug Use Epidemic:

In 2007, unintentional drug poisoning became the leading cause of death by injury, surpassing motor vehicle crashes for the first time on record. From 1999 to 2009, Ohio's death rate due to unintentional drug poisonings increased 335%, caused largely by prescription drug overdoses (Ohio Department of Health). Ohio's death rate has grown faster than the national rate. In 1999, Ohio's unintentional drug overdose death rate was 2.9 per 100,000 compared to the national rate of 4.0 per 100,000. In 2006, Ohio's unintentional death rate had risen to 11.1 per 100,000 population compared to the national rate of 8.8. By 2008 Ohio's death rate was nearly 13 per 100,000 (Ohio Prescription Drug Abuse Task Force Report, 2010). On average four people die everyday in Ohio from a drug overdose (Ohio Department of Health). The number of overdose deaths in Ohio from 2001-2008 was 8,400.

According to the task force report, prescription opioids were involved in 37% of all unintentional overdoses in Ohio compared to 33% by heroin and cocaine combined. The opioids most commonly involved in overdose cases include methadone, oxycodone (e.g., OxyContin), hydrocodone (e.g., Vicodin) and fentanyl. Opioid use resulting in accidental overdose often occurs in combination with other drugs such as alcohol, heroin, cocaine, hallucinogens, barbiturates and benzodiazepine.

In Tuscarawas and Carroll Counties the rates of death by unintentional drug overdose are lower than the statewide average, with Tuscarawas reporting between 3 - 5% and Carroll County less than 3 %. Carroll County's neighbor Jefferson County, however, has a rate of greater than 15% putting Carroll County at greater risk (Ohio Prescription Drug Abuse Task Force Report, 2010).

Unintentional death caused by abuse of prescription medications occurs in all age groups but is the most prevalent in 45 – 54 year olds. Although males have a 1.5 times higher rate of death, females are the fastest growing at-risk group. Young people are also being impacted. Four out of the top five drugs abused by 12th graders are prescription or non-prescription medications. According to the National Center of Addiction and Substance Abuse, teenagers surveyed in 2008 reported that they were able to purchase prescription drugs more easily than beer. Additional statistics on use patterns by youth are presented later in this report.

Prescribing patterns: The rate of opioid distribution between 1999 and 2007 increased 325% in the State of Ohio. This represents nearly a 1:1 correlation with the death from

unintentional overdose which increased 305% during the same time period. Vicodin was the most prescribed drug in the U.S in 2008 (IMS, an independent healthcare information company). This high rate of prescribing has been accompanied by aggressive marketing by pharmaceutical companies.

The Ohio Automated Rx Reporting System (OARRS) statistics document how much of each drug is being prescribed and purchased. In 2010, between 40.33 and 43.64 mg per capita of hydrocodone was prescribed and filled each quarter. The mg per capita rate per quarter for oxycodone ranged from 57.7 to 61.13 and for tramadol from 144.71 to 163.83.

3. Alcohol, Tobacco and Drug Use Patterns and Consequences:

Selected statistics have been compiled to illustrate the prevalence and incidence of substance abuse. In most cases, the data is reported on a national and Ohio statewide basis. Except where noted, the statistics have been taken from the State Epidemiological Outcomes Workgroup (SEOW) database on the Ohio Department of Drug and Alcohol Addiction (ODADAS) website.

- There are approximately 100,000 deaths each year in the U.S. caused by alcohol, making it the third leading cause of preventable mortality in the country.
- More than 7% of the population ages 18 and over have problems with drinking (National Council on Alcoholism and Drug Dependency).
- 4.4% of adults in Ohio are heavy drinkers (defined as women drinking at least one drink per day and men drinking two or more per day). The rate is 4.2% nationally.
- The rate of binge alcohol use (defined as five or more drinks in a single setting) in Ohio is broken down by age groups as follows:

9.25%	Ages 12 – 17
41.4%	Ages 18-25
22.01%	Age 26+

- Retail liquor sales reported by SEOW indicate that rates of bottles per capita sold in Tuscarawas and Carroll Counties are lower than the statewide average:

2.60	Tuscarawas County
1.63	Carroll County
4.11	Ohio

(These numbers include bottled liquor with an alcohol content of at least 21%. Beer and wine are not included.)

- The 2007-2008 rates of alcohol dependency for persons age 12 and over are 2.08% for the State of Ohio and 2.04% nationally.
- The death rate from chronic liver disease, most commonly caused by excess drinking, was 9.04 per 100,000 population in Ohio and 8.9 nationally in 2007-2008.

- The 2007-2008 rates of drug abuse and/or dependence for persons age 12 and over are 3.02 in Ohio and 2.78 for the U.S.
- Rates of illicit drug use in the past month, as reported in 2007-2008 data for persons age 12 and over are 3.3% for Ohio and 3.58% nationally. There has been little change in these rates since 2002.
- The rates of marijuana use in the past month, as reported in 2007-2008 data for persons age 12 and over are 5.86% for Ohio and 5.96% for the U.S. These rates have declined slightly since 2003.

The costs and consequences associated with substance are many and they are severe. Selected statistics are presented to demonstrate the impact the alcohol and drug use and abuse has on individuals and on society.

- The rate of alcohol related motor vehicle crashes in 2009 was:

5.8%	Tuscarawas County
8.7%	Carroll County
4.5%	Ohio

(Carroll County has consistently exceeded the statewide rate since 2001 and has shown a steady increase with the exception of a slight dip in 2008)

- The lung cancer death rate in 2008, per 100,000 population:

53.5	Tuscarawas County
62.3	Carroll County
58.3	Ohio

- Ohio Department of Health estimates that unintentional fatal drug poisoning costs Ohioans \$3.5 billion on average each year. Non-fatal, hospital admitted poisonings cost an additional \$31.9 million including medical, work loss and quality of life loss.
- The cost of substance abuse to society is staggering with estimates ranging from \$468 billion to \$638 billion. These costs include prevention and treatment as well as the costs incurred by the justice and social welfare systems (CADCA National Coalition Institute).

The following information addresses patterns of use of substances among high school students and presents usage rates for the State of Ohio and the U.S. Except where noted, this information is taken from the SEOW report on the ODADAS website and from the Youth Risk Behavior Surveillance System.

- Youth who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs in adulthood (CADCA National Coalition Institute).
- Forty-five percent of youth who began drinking before age 15 were classified as dependent later in life, compared to ten percent of those who started drinking at age 21 (CADCA National Coalition Institute).

- Approximately 20% of U.S. high school students smoke cigarettes.
- Cocaine use in 2007 was 3.3% in Ohio and 3.7% nationally.
- Marijuana use among high school students has dropped:
 - 1999 rates were 26.1 in Ohio and 26.7 nationally.
 - 2007 rates were 17.7% in Ohio and 19.7 nationally.
- The percentage of youth who tried marijuana under the age of 13 has declined:
 - 1999 – 10.2% in Ohio and 11.3% in the U.S.
 - 2007 – 8.5% in Ohio and 8.3% in the U.S.
- The percentage of youth who drank alcohol before age 13 has dropped as well:
 - 1999 – 30.4% in Ohio and 32.2% in the U.S.
 - 2007 – 20.3% in Ohio and 23.8% in the U.S.
- The percentage of youth who smoked a whole cigarette before the age of 13 has also declined:
 - 1999 – 27.7 in Ohio and 24.7 in the U.S.
 - 2007 – 14.3 in Ohio and 14.2 in the U.S.

The Youth Risk Behavior Surveillance System measured the percentage of high school students who had used a substance one or more times. This data is reported for 1999 and 2007:

	1999 Ohio	1999 U.S.	2007 Ohio	2007 U.S.
Cocaine	7.8%	9.5%	8.3%	7.2%
Ecstasy*	8.3%	11.1%	6.7	6.3
Heroin	2.5%	2.4%	3.5%	2.3%
Illegal Injection	2.3%	1.8%	3.1%	2.0%
Illegal Steroid Use	4.2%	3.7%	5.0%	3.9%
Inhalants	17.1%	14.6%	n/a	13.3%
Methamphetamine	9.8%	9.1%	5.9%	4.4%

* The statistics for Ecstasy are for the years 2003 and 2005

4. Local Data Obtained From Stakeholders:

The community assessment process included the compilation of county level data on incidence, prevalence and consequences associated with substance abuse. The limited availability of retrievable, relevant data created a significant barrier to preparing a complete and accurate picture of the problem in Carroll and Tuscarawas Counties. Despite this barrier, the assessment did yield a considerable amount of local data. This data is presented for each system for which information was available.

Carroll County:

The Carroll County Common Pleas Court, Department of Adult Probation:

The Adult Probation Office provided a breakdown of current active alcohol and drug specific cases:

Trafficking in marijuana	22
Aggravated possession of drugs	8
Cultivation of marijuana	4
Aggravated trafficking of drugs	14
Possession of Drugs	2
Trafficking cocaine/heroin	8
Deception to obtain drugs	3
Possession of heroin	1
Treatment in lieu	5
Total	67 cases

Carroll County Juvenile Court:

The Carroll County Juvenile Court provided historical data which included a breakdown of alcohol and drug specific delinquency, traffic and diversion cases for 2009, 2010 and 2011 to date:

	2009	2010	2011 (as of June 1)
Delinquency:			
Drug Possession	11	7	14
Alcohol Possession	9	4	7
Drug Paraphernalia	6	5	6
Drug Trafficking	1	1	0
Sale of Dangerous Drug	1	0	0
Marijuana Cultivation	0	1	0
Theft of Drugs	0	0	2
Aggravated Drug Possession	0	0	1
Abusing Intoxicant	0	0	1
Smoking	0	0	1
Total	28	17	25
Percent of Total Delinquency Cases	19%	11%	33%
Traffic:			
DWI/DUI	1	1	0
OMVI	0	1	0
<21 Age	0	1	0
Total	1	3	0
Percent of Total Traffic Cases	.7%	2%	
Diversion:			
Alcohol Offense	21	1	0
Drug Possession	4	0	5
Tobacco Offense	3	0	0
Total	28	1	5
Percent of Total Diversion Cases	48%	2%	19%

Carroll County Coroner’s Office:

Carroll County reported an average of three to four drug related deaths each year. They report that they clearly are not one of the worst counties in the state but Carroll County borders counties with more severe problems which remains a risk factor.

Law Enforcement Against Drugs (L.E.A.D.) Task Force:

Carroll and Harrison Counties joined forces with the Tuscarawas County L.E.A.D Taskforce earlier this year. Statistics for both Carroll and Tuscarawas Counties were obtained from the Tuscarawas County Coordinator. Carroll County prosecuted 32 drug trafficking cases in 2010. Most of the cases involved marijuana or pills.

Carroll County Health Department:

The Health Department asks clients in the prenatal program to self-report alcohol or drug use. In 2010, three clients or 8% self-reported using drugs. None reported using alcohol. The Health Department also asks clients in the family planning program to self-report use of substances. In 2010, only two clients (less than 1%) reported using alcohol or drugs. Sixty-four or 28.4% reported using tobacco. Officials report that the rate of substance use is likely greater than is self-reported.

Carrollton Exempted Village Schools:

School officials shared the 2010-11 High School Incidence Report:

Use or possession of a weapon	1
Use or possession of alcohol	2
Use or possession of drugs	7
Use or possession of tobacco	14

School officials report that they try to be prescriptive in their disciplinary actions based on the child’s circumstances. The authorities are brought in if the offense is a criminal issue. In-school suspension in a separate building is offered in so that the students may remain in school. Some students are referred to counseling and/or are required to do community service.

Carroll County Youth Risk Behavior Survey:

A survey was conducted in all high schools and middle schools in Carroll County in 2008 to measure student involvement in unhealthy or risky behaviors. The findings related to substance abuse are summarized below:

- Have you ridden in a car in the last 30 days with someone who had been drinking?

	Middle School	High School
Yes	32%	23.8%
No	49.1%	76.2%
Not Sure	18.9%	n/a

- 10.9% of high school students reported driving a car or vehicle after drinking alcohol one or more times during the past thirty days.
- Age reported by high school students when first tried marijuana, cigarettes and alcohol:

	Marijuana	Cigarettes	Alcohol
Never tried	65%	24%	56%
By age 12	10%	20%	29%
By senior year	37%	43%	77%

- 45% of high school students report having had at least 1 drink in the past 30 days. 7% report drinking 10 or more days.
- 19.3% report having smoked pot at least once during the past 30 days. 6.8% report smoking pot 10 or more days during the past month.
- Percentage of students reporting using the following other drugs during the past 30 days included:

6.8%	Inhalants (glue, aerosols, paints)
7.2%	Cocaine
27.7%	Prescriptions w/out a prescription
6.2%	Steroids w/out a prescription
5.9%	Hallucinogenic drugs
4.3%	Heroin

- The final question on the high school survey that has a bearing on the risk and protective factors associated with substance abuse was “How many adults would you feel comfortable seeking help from if you had an important issue affecting your life?” 14.6% of students reported that they had NO adults to talk to. 19.5% reported having 1 adult and 65.95 reported having 2 or more.
- The middle school survey asked students whether or not they had tried cigarettes. 29.8% reported that they had tried cigarettes. 5.3% reported that they had smoked cigarettes one or more times during the past 30 days.
- Students were asked how many days during the past 30 days they had used chewing tobacco, snuff or dip. 7.4% reported using one or more times.

- Experimentation rates with a variety of substances was measured. Percentage of students who have tried the following substances are:

39.6%	Alcohol
9.1%	Marijuana
3.5%	Cocaine
10.7%	Sniffed blue, spray cans, inhaled paints
3.1%	Steroids (w/o prescription)

Tuscarawas County Data:

Tuscarawas County Juvenile Court:

Data provided by the Tuscarawas County Juvenile Court included juvenile adjudications for alcohol or drug offenses in 2010

Type of Offense	Number of Cases
Abusing Harmful Intoxicants (“huffing”)	7
Disorderly conduct w/ intoxication	1
Drug Abuse	28
Drug Paraphernalia	20
Possession and/or consumption of alcohol	51
Open Container	1
Possession of Drugs	3
Trafficking	1
Total Alcohol and Drug Specific Cases	112
Percent of total adjudications	40.8%

Tuscarawas County Court, Southern District:

The Southern District Court reported placing 49 persons in court diversion programs for underage alcohol and drug offenders. Twenty-seven or 55% successfully completed the diversion program. Fifteen failed to complete the program and were prosecuted. Seven remain pending in the program.

Law Enforcement Against Drugs (L.E.A.D.) Task Force:

Detailed data from the sheriff’s departments in Carroll and Tuscarawas County wasn’t obtained but the Tuscarawas County L.E.A.D. Taskforce Coordinator reported that they prosecuted twenty-two drug trafficking cases in 2010. The majority of the cases in Tuscarawas County involve cocaine.

Coroner’s Office:

Data maintained on alcohol and drug related deaths is complex. Deaths are recorded at the location where the death occurs. If a resident of Carroll or Tuscarawas County is pronounced dead at a hospital in another county, the death is recorded for that county. Therefore it is difficult to get an accurate picture of drug and alcohol induced deaths of local residents. Both coroners’ offices did provide some basic statistics for this report. In Tuscarawas County there were 16 fatalities in the last 4 years caused by street drugs or combined effect.

The Tuscarawas County Department of Job and Family Services:

Tuscarawas County JFS reported that 15.6% of their cases in 2009 and 11.7% of their cases in 2010 were categorized as having an alcohol and drug component requiring attention by caseworkers.

5. Characteristics of Persons Receiving Services:

Data on clients utilizing substance abuse services funded by the ADAMHS Board was compiled. Demographic information on selected variables is presented below and is separated by county. Service statistics regarding number of persons served and type of service received is presented as well for each county.

Carroll County:

Highest Education Level	# of Clients	%
HIGH SCHOOL DIPLOMA/GED	98	51.85%
ELEVENTH GRADE	22	11.64%
TENTH GRADE	19	10.05%
SOME COLLEGE	17	8.99%
EIGHTH GRADE	10	5.29%
NINTH GRADE	7	3.70%
TRADE/TECHNICAL SCHOOL	4	2.12%
SEVENTH GRADE	3	1.59%
2YR COLLEGE/ASSOCIATE DEGREE	3	1.59%
SIXTH GRADE	2	1.06%
THIRD GRADE	1	0.53%
FOURTH GRADE	1	0.53%
FIFTH GRADE	1	0.53%
4YR COLLEGE/UNDERGRADUATE DEGREE	1	0.53%

Employment Status	# of	%
-------------------	------	---

	Clients	
UNEMPLOYED BUT ACTIVELY LOOKING FOR WORK	86	45.50%
PART TIME EMPLOYED	25	13.23%
STUDENT	24	12.70%
FULL TIME EMPLOYED	22	11.64%
DISABLED	16	8.47%
HOMEMAKER	9	4.76%
OTHER NOT IN LABOR FORCE	3	1.59%
INMATE OF JAIL/PRISON/CORRECTIONS	2	1.06%
RETIRED	1	0.53%
ENGAGED IN RESIDENTIAL/HOSPITALIZATION	1	0.53%

Primary Drug of Choice	# of Clients	%
ALCOHOL	107	60.80%
MARIJUANA/HASHISH	31	17.61%
COCAINE/CRACK	15	8.52%
OTHER OPIATES AND SYNTHETICS	11	6.25%
HEROIN	7	3.98%
OTHER STIMULANTS	1	0.57%
OTHER AMPHETAMINES	1	0.57%
INHALANTS	1	0.57%
BENZODIAZEPINES	1	0.57%
BARBITURATES	1	0.57%

Age of First Use	# of Clients	%
16	25	14.53%
18	23	13.37%
20	18	10.47%
15	16	9.30%
17	15	8.72%
0	13	7.56%
14	13	7.56%
25	11	6.40%
21	9	5.23%
13	9	5.23%
12	8	4.65%
19	7	4.07%
23	5	2.91%

# Children under 18 in home	# of Clients	%
0	99	52.38%
1	40	21.16%
2	26	13.76%
3	18	9.52%
4	5	2.65%
5	1	0.53%

Carroll County Service
Information

2010

Type of Service Provided	# served
Individual Counseling	71
Group Counseling	72
Intensive Outpatient	31
Case Management	66
Halfway House	2

Tuscarawas County:

Highest Education Level	# of Clients	%
HIGH SCHOOL DIPLOMA/GED	523	50.78%
SOME COLLEGE	168	16.31%
ELEVENTH GRADE	113	10.97%
TENTH GRADE	67	6.50%
NINTH GRADE	39	3.79%
2YR COLLEGE/ASSOCIATE DEGREE	39	3.79%
EIGHTH GRADE	27	2.62%
TRADE/TECHNICAL SCHOOL	25	2.43%
4YR COLLEGE/UNDERGRADUATE DEGREE	13	1.26%
UNKNOWN	5	0.49%
THIRD GRADE	2	0.19%
SIXTH GRADE	2	0.19%
SEVENTH GRADE	2	0.19%
FIFTH GRADE	1	0.10%
FIRST GRADE	1	0.10%
FOURTH GRADE	1	0.10%
MASTERS/DOCTORATE/OTHER PROFESSIONAL DEGREE	1	0.10%
LESS THAN ONE GRADE COMPLETED	1	0.10%

Employment Status at Admit	# of Clients	%
UNEMPLOYED BUT ACTIVELY LOOKING FOR WORK	451	43.79%
FULL TIME EMPLOYED	194	18.83%
PART TIME EMPLOYED	126	12.23%
DISABLED	83	8.06%
OTHER NOT IN LABOR FORCE	57	5.53%
STUDENT	51	4.95%
HOMEMAKER	21	2.04%
INMATE OF JAIL/PRISON/CORRECTIONS	19	1.84%

ENGAGED IN RESIDENTIAL/HOSPITALIZATION	12	1.17%
RETIRED	9	0.87%
UNKNOWN	4	0.39%
SHELTERED EMPLOYMENT	3	0.29%

Primary Drug of Choice	# of Clients	%
ALCOHOL	542	52.62%
MARIJUANA/HASHISH	183	17.77%
COCAINE/CRACK	88	8.54%
HEROIN	55	5.34%
OTHER OPIATES AND SYNTHETICS	45	4.37%
BENZODIAZEPINES	17	1.65%
NICOTINE	16	1.55%
OTHER NON-BARBITURATE SEDATIVES OR HYPNOTICS	3	0.29%
METHAMPHETAMINES	3	0.29%
UNKNOWN	2	0.19%
OTHER HALLUCINOGENS	1	0.10%
BARBITURATES	1	0.10%

Primary Age Of First Use	# of Clients	%
16	174	17.51%
18	105	10.56%
15	104	10.46%
17	97	9.76%
14	88	8.85%
13	58	5.84%
12	52	5.23%
19	34	3.42%
20	32	3.22%
21	23	2.31%
25	21	2.11%
22	20	2.01%
23	14	1.41%
9	13	1.31%
10	13	1.31%
24	12	1.21%
11	11	1.11%
26	7	0.70%
30	7	0.70%
39	6	0.60%
27	6	0.60%
7	5	0.50%
34	5	0.50%
35	5	0.50%

# Children under 18 in home	# of Clients	%
0	656	63.75%
1	173	16.81%
2	126	12.24%
3	58	5.64%
4	13	1.26%
5	3	0.29%

Tuscarawas County
Service Information 2010

Service Provided	# served
Individual Counseling	427
Group Counseling	483
Intensive Outpatient	104
Case Management	408
Halfway House	52

Part Three: Recommendations for Community Action:

The results of the community assessment highlight opportunities for the development of strategies targeted to reducing substance abuse in Carroll and Tuscarawas Counties. It was clear from the stakeholder interviews and the review of available data that substance abuse is an issue that involves and impacts all individuals and systems, either directly or indirectly. As a result, the only effective approach is one that is collaborative and inclusive of all segments of the community.

“Community readiness” was mentioned in the introduction as a factor to consider when developing community solutions for identified problems. A community must acknowledge the presence of a problem, be willing to take action and have the resources needed to develop and implement targeted strategies. Both Carroll and Tuscarawas Counties have committed stakeholders who have expressed a willingness to participate in a community wide process focused on the prevention and reduction of substance abuse. While there is still work to be done in establishing buy-in from *all* segments of the community, there is a large core group of community leaders willing to take action. This project has a special grant for the purpose of developing strategies and there are opportunities for additional resources as community action plans become formalized.

The recommendations for action will ultimately be decided by the stakeholders in Carroll and Tuscarawas Counties. As a starting point, the following recommendations are proposed for discussion purposes:

1. Create County-Level Anti-Drug Coalitions in both Carroll County and Tuscarawas County

The National Community Anti-Drug Coalition Institute (CADCA) reports that local, community-based coalitions have had great success in “choosing and implementing the right combination of strategies to address local conditions contributing to substance use and abuse in their communities”. Research on the impact of anti-drug coalitions supports the notion that the complexity of the substance abuse problem requires a collaborative response. Therefore it is recommended that coalitions be created in both Carroll and Tuscarawas Counties. The majority of the stakeholders interviewed expressed interest in participating.

Action Step(s):

- Conduct strategic planning sessions on behalf of the Coalitions within Carroll and Tuscarawas Counties in order to establish priorities for action and measurable outcomes for each.
- Establish a memorandum of understanding with Coalition member organizations for the purpose of identifying their roles and responsibilities in relation to Coalition operations.

2. Develop and Implement Strategies for Preventing and Reducing Substance Abuse

Substance abuse is a complex problem with multiple causes. Therefore, it is important to intervene at all levels, from the prevention and intervention at the individual level to broader societal levels of change. The CADCA advocates for multi-strategy, comprehensive action to work at all levels and to facilitate linkages between levels. The levels suggested by the CADCA are:

Individuals: This level includes prevention and interventions aimed at the individual directly.

Microsystems: This level represents the environments in which individuals interact directly with other people such as families, peer groups and work groups.

Organizations: Organizations are the formal systems that surround individuals and microsystems such as schools, human service organizations, health care and religious organizations.

Localities: This level addresses local policies and practices that influence community health.

Macrosystems: This level represents the broader cultural, political, economic and social forces that influence behavior.

The CADCA further suggests that coalition strategies be categorized into the following areas, ranging from more individually-focused activities to those that are considered to be “environmental strategies”:

Providing Information: Community awareness and education which informs individuals and communities about substance abuse

Enhancing Skills: Workshops and training programs targeting individuals and community members (e.g., parents, citizens, law enforcement)

Providing Support: Creating opportunities to reduce risk factors and/or increase protective factor through alternative activities or support groups

Enhancing Access/Reducing Barriers: Improvements which lead to enhanced access to services such as better availability of transportation or expanded programming

Changing Consequences: Using incentives or disincentives to alter consequences of a specific behavior such as loss of privileges or recognition for drug-free behavior and policies

Changing the Physical Design of the Environment: Making changes in the physical environment of the community to make individuals less likely to engage in substance abuse such as better parks or reduced alcohol advertising signage

Modifying/Changing Policies: Working to create formal changes in written procedures, policies and laws which impact substance abuse

3. Suggested Recommendations of Broad Goals for Coalitions to Address:

Goal: Develop and implement unified policies, statutes, ordinances and projects which reduce the use, abuse and unintentional consequences of drug abuse, including alcohol.

Action Step(s):

Create an inventory of best or evidenced-based substance abuse prevention programs, ordinances, policies and statutes.

Goal: Ensure that existing policies, statutes and ordinance which address the use, abuse and consequences of drug abuse, including alcohol, are being administered effectively.

Action Step(s):

Conduct a review of existing and pending legislation concerning the abuse of both licit and illicit substances

Routinely monitor the application of statutes in response to substance abuse related crimes and criminal activity within each county.

Monitor the use of existing diversion programs along the criminal sentencing continuum.

Goal: Advocate for the increased availability of necessary treatment and supportive services for individuals, families and partner organizations in responding to drug abuse, including alcohol.

Action step(s):

Increase community awareness through a unified public awareness strategy of the health risks and consequences of drug abuse, including alcohol.

Create targeted education programs which raise awareness of the consequences of substance abuse within the workplace, medical community, schools, neighborhood and other environments.

Mobilize key stakeholders and organization in order to quickly respond to emerging drug abuse trends within each county via media, electronic methods, news alerts or other forms of communication

Goal: Establish unified and baseline, county-specific data which is correlated to measuring the effectiveness of any intervention or program which addresses drug abuse, including alcohol.

Action step(s):

Determine the source (e.g. agency), reporting format (e.g. agency specific data collection systems), timeframes for reporting, (e.g. monthly, quarterly, annually) and persons responsible for reporting information to the Coalitions.

DRAFT MEMORANDUM OF UNDERSTANDING (MOU)

Between

Members of the (County Name) Anti-Drug Coalition

And

Alcohol, Drug Addiction and Mental Health Services Board of Tuscarawas and
Carroll Counties

1. Purpose and Scope:

This is an agreement between members of the (County Name) Anti-Drug Coalition, hereinafter called members, and the Alcohol, Drug Addiction and Mental Health Services Board of Tuscarawas and Carroll Counties, hereinafter called ADAMHS. The purpose of this MOU is to delineate the roles and responsibilities of both parties as they relate to carrying out the goals of the Coalition. The (County Name) Anti-Drug Coalition, created on (Date), is comprised of public, private and citizen stakeholders who share a commitment to mobilizing resources to support a drug-free community. The Coalition is under the auspices of ADAMHS but has its own community identity and will establish its own community agenda.

2. Goal of the (County Name) Anti-Drug Coalition:

The goal of the Coalition is *to reduce substance abuse related problems in (County Name)*. This goal will be pursued through the implementation of a strategic prevention framework which includes community awareness and marketing, advocacy for drug-free policies and the development of programs and services to support a drug-free community.

3. Coalition Member Responsibilities:

Members shall agree to:

- Support the goal of the Coalition and publicly endorse the work by being listed as an active member on all Coalition materials.
- Regularly attend Coalition meetings and actively participate in all planning and decision-making processes.
- Provide current, accurate and relevant data that supports the work of the coalition, within the limits of confidentiality requirements.
- Be willing to represent the Coalition in the community in the pursuit of Coalition goals.

4. ADAMHS Board Responsibilities:

The ADAMHS Board shall agree to:

- Provide oversight to the Coalition, including the provision of staff support and technical assistance with projects.
- Serve as fiscal agent and pursue funding opportunities to support Coalition activities.
- Invite the Coalition chair or designee to serve as a member of the ADAMHS Board Standing Committee on Alcohol and Drug Services.
- Promote the work of the Coalition on its website and through other established marketing efforts.

5. Terms of Understanding and Authorization:

The term of this MOU is for a period of 12 months from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed periodically to ensure that it is fulfilling its purpose and to make any necessary revisions.

The signing of this MOU is not a formal, binding action. It is a good faith agreement which implies that signatories will strive to reach, to the best of their ability, the objectives stated in the MOU.

Coalition Member:

Name of Organization: _____

Representative: _____

Signature: _____

Date: _____

ADAMHS Board:

Dave Schaffer, Executive Director

Signature _____

Date: _____

Sources

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS) Summary Data, retrieved June, 2011 from www.cdc.gov/HealthyYouth

Community Anti-Drug Coalitions of America (CACDA) National Coalition Institute, "Research Support for Comprehensive Community Interventions (2010), retrieved June, 2011 from www.cadca.org

National Council on Alcoholism and Drug Dependency Website, retrieved June, 2011 from www.ncadd.org/facts

Ohio Department of Alcohol and Drug Addiction Services Website: State Epidemiological Outcomes Workgroup (SEOW), retrieved June 2011 from www.odadas.state.oh.us

Ohio Department of Alcohol and Drug Addiction Services Strategic Prevention Framework RFP (2011)

Ohio Department of Health Website, retrieved June, 2011 from www.odh.ohio.gov

Ohio Prescription Drug Abuse Task Force Final Report (2010)

State Pharmacy Board, Ohio Automated Rx Reporting System (OARRS) Summary Data (2011)

Local data sources for Carroll County and Tuscarawas County are referenced in the body of the report