

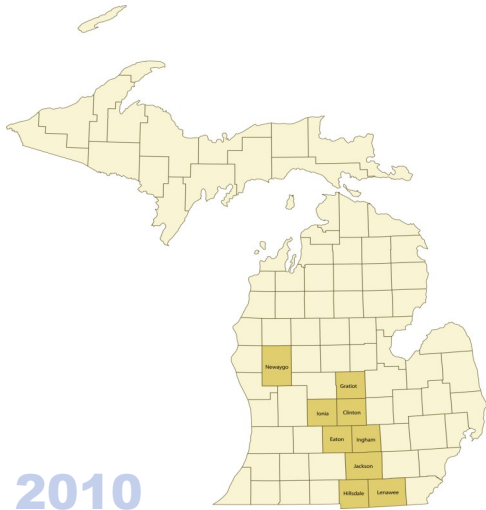
Strategic Prevention Planning 2010

Regional Substance Abuse Outcome Evaluation Monitoring Tool

2010

Mid-South Substance Abuse Commission
No. 2 • October 2010





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The Mid-South Substance Abuse Commission is one of 16 Substance Abuse Coordinating Agencies in the State of Michigan that serves a nine-county region. This region includes Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Lenawee and Newaygo Counties. MSSAC oversees the Center for Substance Abuse Prevention (CSAP) Block Grant Funds, State of Michigan Bureau of Substance Abuse Addiction Services, County PA-2 (Liquor Tax) Funds and State Medicaid Funds for the provision of Substance Abuse Prevention & Treatment services.

Mid-South Prevention Focus

- **Fund “Outcome-Based” prevention programs, policies and practices that improve community contextual factors, increase protective factors, and weaken or decrease risk factors in the region.** There is a significant state and national movement towards outcome-based prevention programs, policies, and practices. The ability to evaluate and measure our effectiveness in reducing risks and increasing protection within the prevention services we invest in is paramount.
- **Implement the Mid-South Substance Abuse Commission 2010-2015 Strategic Substance Abuse Prevention Plan** (available at www.mssac.com) through corresponding annual Implementation Plans. The Strategic Plan includes four goal areas: Capacity Building, Alcohol, Tobacco, and OTC and Prescription Drugs.
- **Utilize the Strategic Prevention Framework (SPF) to create regional and local systems change.** This planning process increases capacity and organizes infrastructure (agencies, staff and other resources) in local communities to create positive, lasting population-level change involving substance use and abuse.
- **Engage local communities in data-driven decision making to reach prevention outcomes.** Communities utilize local, regional, state and national data to identify needs, develop plans and allocate available resources.
- **Work in conjunction with structured, multi-sectoral Substance Abuse Prevention Coalitions.** The Mid-South Prevention Department funds, participates in, trains and provides technical assistance to all nine county coalitions and their provider networks operating within the Mid-South Region.

Purpose

- Provide an assessment of community needs for the prevention and/or reduction of substance-related problems in the community as identified in the 2010-2015 Regional Strategic Prevention Plan.
- Document trends in key indicators of substance use and abuse consequences, consumption patterns, and risk and protective factors as identified in the 2010-2015 Regional Strategic Prevention Plan.
- Assist communities in conducting future needs and resource assessments to meet the goals outlined in the 2010-2015 Regional Strategic Prevention Plan.

This Report Contains:

1. Data on community context (p. 8)
2. Consequences, consumption patterns, and risk and protective factors for priority indicators targeted in the Strategic Plan: (a) Alcohol (p. 11), (b) Tobacco (p. 20), and (c) Prescription Drugs/Painkillers (p. 27), as well as (d) Marijuana (p. 29) and (e) Methamphetamines (p. 33)
3. A set of Excel files with complete data for the region and indicator definitions (MSSAC 2010 Regional.xls)
4. Power Point slides of the charts and tables from this report (MSSAC 2010 Regional.ppt)

Section 1. Building a Strategic Prevention Framework

This Outcome Evaluation Monitoring Tool is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. SAMHSA's Strategic Prevention Framework is a systematic, community-based approach in which the community uses findings from public health research along with evidence-based prevention programs to build state and community capacity for prevention. The absence of a common strategic prevention framework has been a barrier to developing a cross-program and cross-system approach to health promotion.

CSAP created this 5-step model to guide states and communities through the process of creating a planned, data-driven, effective, and sustainable prevention program. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grants (SPF-SIG) Request for Application and supports the goal outlined in the 2010-2015 Regional Strategic Prevention Plan to build community capacity to sustain substance abuse prevention and institutionalize the Strategic Prevention Framework.

Step 1: Needs Assessment. Profile population needs, resources, and readiness to address the problems and gaps in service delivery.

- **Community needs assessment:** The results presented in this report will help you identify needs for prevention in the goal statements outlined in the 2010-2015 Regional Strategic Prevention Plan—alcohol, tobacco, and prescription drugs—and in the additional areas of marijuana and methamphetamines. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, and key informant interviews, as well as data from surveys of youth assessing adolescent substance use, antisocial behavior, and many of the risk and protective factors that predict adolescent problem behaviors.
- **Community resource assessment:** It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community readiness assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Capacity Building. Mobilize and/or build capacity to address needs. Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities. These activities are critical to meet the 2010-2015 Regional Strategic Prevention Plan goal of building infrastructure to sustain long-term substance abuse prevention.

Step 3: Strategic Planning. Develop a comprehensive strategic plan. States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation. Communities can look to the 2010-2015 Regional Strategic Prevention Plan for guidance.

Step 4: Implementation. Implement evidence-based prevention programs and infrastructure development activities. By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Evaluation. Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail. Finally, ongoing monitoring and evaluation are essential to determine whether the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. Data in this report provide information that can inform evaluation efforts.

To support the 2010-2015 Regional Strategic Prevention Plan, this biannual report tracks and displays baseline and trend data for the region's identified priority consequence areas (alcohol-involved traffic fatalities, injuries, and crashes; tobacco-related deaths, and poisonings and death due to OTC and prescription drug abuse), associated consumption patterns, and risk and protective factors. This report will be essential in monitoring, tracking, and documenting the intended behavioral and systems outcomes of the 2010-2015 regional strategic planning process. It will ultimately assist the Mid-South region and its counties in presenting measurable contributions to the reduction of substance use and abuse and the related consequences.

The approach is based on the following **theory of effective change**:

- There are factors that cause substance-related consequences and consumption patterns in communities. By positively influencing these factors, one can make changes in population-level patterns of consumption and their consequences.
- Evidence-based programs can prevent substance abuse, promote mental health, and prevent related health and social problems by reducing risk factors and increasing protective factors.
- The most effective approach is to influence population-level change, focusing on consequences and consumption patterns throughout the entire life span. It is a public health approach to prevent and reduce substance abuse.
- By engaging in a systematic planning process based on accurate data about incidence and prevalence of problems, risk and protective factors, and existing community resources, communities can develop a data-driven, effective, and sustainable prevention program.

Data from this Substance Abuse Outcome Evaluation Monitoring Tool can be used to help school and community planners assess current conditions and prioritize areas of greatest need in order to address the goals outlined in the 2010-2015 Regional Strategic Prevention Plan.

What is the Risk and Protective Factor Model of Prevention?

The SAMHSA/CSAP model uses a risk and protective factor approach to the assessment of prevention needs in the community¹. This model focuses on reducing the number of risk factors to which an individual is exposed and increasing the number of protective factors to positively influence consumption patterns.

- **Risk factors** *increase* the likelihood that individuals will engage in alcohol, tobacco or drug use.
- **Protective factors** *decrease* the likelihood that an individual will engage in these (or other) risky behaviors.
- Risk and protective factors fall into **five domains**: community factors, school factors, and characteristics of the individual, family, and peers.
- The likelihood that an individual will abuse ATOD increases with the **total number** of risk factors in his/her life (**cumulative risk**²).
- **Some risk factors are not changeable** (e.g., family structure) but help you assess the level of risk in your community.
- **Other risk and protective factors are amenable to change** (e.g., community or family norms and values) and can be targets for intervention.

All risk and protective factors measured in the Michigan Profile for Healthy Youth survey and the social indicators studies have been found by research to be related to the use of alcohol, tobacco, or drugs.

¹Arthur, M.W., Hawkins, J.D., Pollard, J.A., Catalano, R.F., & Baglioni, Jr, A.J. (2002). Risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The Communities That Care Survey. *Evaluation Review*, 26(6), 575-601.

²Rutter, M. (1987). Psychological resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316-371.

Risk and Preventive Factors for Substance Use and Abuse

RISK FACTORS	PREVENTIVE FACTORS
Individual	
Early initiation of substance use	Religiosity
Favorable attitudes toward substance use	Belief in the moral order
Perceptions that substance use is low risk	Social skills
Depressive symptoms	
Rebelliousness	
Peer	
Friends who use substances	
Perceptions of social norms (believing that it is typical for same-age peers to use substances)	
Peer rewards for substance use	
Family	
Family history of substance abuse	Family opportunities for prosocial involvement
Favorable parental attitudes towards substance use	Family rewards for prosocial involvement
Family management problems	Family attachment
Family conflict	
School	
Academic failure (grades 4-6)	School opportunities for prosocial involvement
Low commitment to school	School prosocial involvement
	School rewards for prosocial involvement
Community	
Availability of substances	Opportunities for prosocial involvement
Laws and norms favorable toward substance use	Rewards for prosocial involvement
Transitions and mobility	
Low neighborhood attachment	
Community disorganization	
Extreme economic deprivation	

Note. Adapted from New York State OASAS Bureau of Prevention, <http://www.oasas.state.ny.us/prevention/documents/NYSOASASRiskFactorchart2007.pdf>, retrieved 8/6/10.

Section 2. How to Conduct the Needs Assessment

The needs assessment process focuses on using reliable, valid data to make informed decisions about the problem behaviors and populations identified in the 2010-2015 Regional Strategic Prevention Plan and to select the types of interventions you will use to address those problems.

The needs assessment process has 9 steps:

1. Review data about local community context and needs.
2. Review data on the consequences of ATOD use in your community.
3. Review data on the incidence and prevalence of substance use and abuse in your community.
4. Identify problem ATOD behaviors in your community.
5. Review risk and protective factors by domain in your community.
6. Identify risk and protective factor needs in your community.
7. Prioritize ATOD behaviors and risk/protective factors to focus on in your community.
8. Identify data gaps for your community that need to be filled.
9. Conduct a local prevention resource scan.

What data are available in this report?

1. **Community context and needs.** This report provides data about community demographics and economic well-being. This information provides a snapshot of the context in which your work will be conducted.
2. **Consequences of substance use and abuse.** This report also provides data on the consequences of substance use and abuse in the region in the areas identified in the 2010-2015 Regional Strategic Prevention Plan. These are often indicators that can be affected by community planning more readily than the overall incidence and prevalence of substance use and abuse. They provide key information about where your community may want to focus its attention for prevention and treatment. Complete data for all indicators of consequences are provided in the Excel tables.
3. **Consumption patterns of substance use and abuse.** This report presents data to help you assess the status of the region on incidence and prevalence of substance use and abuse in the areas outlined in the 2010-2015 Regional Strategic Prevention Plan. In this report, we provide baseline data and trends for priority indicators of substance use and abuse for the region as well as for selected other indicators. In addition, complete data for all indicators of incidence and prevalence of substance use and abuse are provided in the Excel tables.
4. **Risk and protective factors.** Finally, this report presents data about key risk and protective factors in the region. Because risk and protective factors are often core targets for preventing or reducing substance use and abuse, it is critical to conduct planning around strengthening protective factors and reducing risk factors. Complete data for all risk and protective factors in this report are available in the Excel files.

What were the data sources for this report?

Data for this report are identified from multiple sources:

- **Social indicators taken from existing community-level data** (such as crime statistics, census figures, population data from the Michigan Department of Community Health)
- **Surveys of youth in the community** (such as the Michigan Profile for Healthy Youth, or MiPHY)

Each set of data presented is accompanied by information on the specific source. Complete information on sources, including website addresses, and definitions of indicators is available in the Excel file that contains data for indicators.

What are the limitations of this data?

To be useful in planning, data must be representative of the population you are studying, up to date, and comparable from year to year (for example, surveys should ask the same questions each year). To compare changes in an indicator between the MSSAC region and the state, you must have data from the same years to make a valid comparison. In each section we describe the limitations of the specific data reported. You should also be aware of how indicators are defined. The excel file provides notes about specific definitions.

What are the indicators and how do we use them?

To study abstract concepts such as “alcohol abuse,” “family strengths,” or “risky youth behaviors,” one first has to define what is meant by each concept in a way that can be measured. Some concepts, like family poverty, have been defined by federal guidelines, but most characteristics or behaviors have several dimensions.

An **indicator** is a specific, measurable characteristic or behavior that allows you to measure change or differences in the concept of interest. Often, we use several different indicators for one concept because this gives us a fuller picture of the behavior or characteristic. **Priority indicators** are measures identified as important for tracking progress of substance use and abuse prevention and treatment efforts in support of the 2010-2015 Regional Strategic Prevention Plan.

For example, if we want to measure “alcohol use,” what exactly does that mean? Alcohol use has multiple dimensions and can be measured in several ways. Some possible indicators of alcohol use include “used alcohol in the last 30 days” and “binge drinking,” defined as 5 or more drinks at one time.

Indicators that can vary a great deal from year to year, such as fatalities, may be presented as a 3-year average. For example, a change in the rate of 2 per 10,000 residents represents only 8 people in a county with a population of 40,000, so we take the average over 3 years.

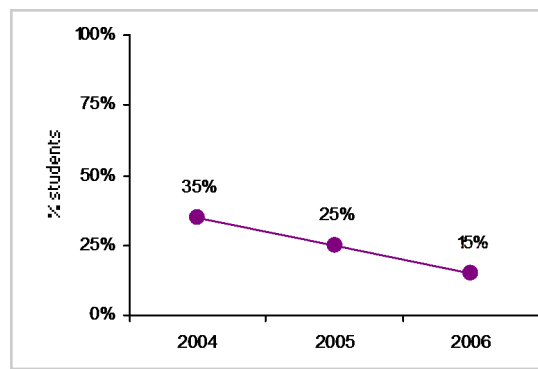
The source of much of this data is the Michigan Profile for Healthy Youth, or MiPHY. The first data were collected for the MiPHY in 2008, and the MiPHY was expanded statewide in 2010. MiPHY data were available for 5 counties in 2008 and 8 counties in 2010.

How do I read the tables and charts in this report?

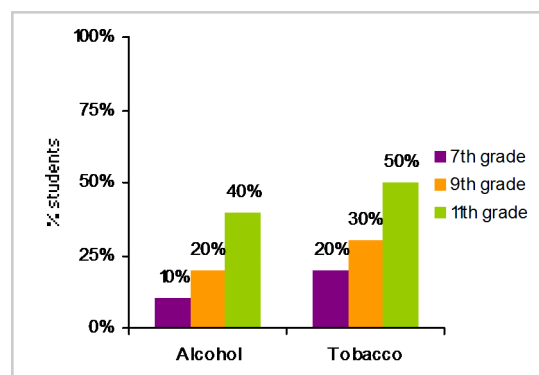
You will find two types of charts in the data sections of this report. Each one shows a different type of comparison.

Trend lines. These show **change in an indicator over several points in time**. Reading from left to right:

- A line going up indicates an increase
- A line going down indicates a decrease



Column Charts. These provide **baseline information** about levels of one or more indicators. A higher column indicates a higher incidence. These are also used to present more complex data over time—that is, data that has several categories and covers multiple grades across years, such as in the MiPHY.



Section 3. Community Context

This section includes data about your community that serve to set the context for alcohol, tobacco and drug use. The general demographics of your community, such as age and ethnic identity of the population, are presented in Table 1. Other charts cover factors that may create a supportive environment for the prevention of ATOD use or may be negatives associated with use. These data describe:

- School dropout rates
- Community economic stability
- Teen pregnancy rates
- Indicators of family disruption, including divorce, domestic violence, child abuse and neglect, and children in foster care

Many of these factors may not be easily changed, but they can help you better understand the level of risk in your community.

Demographic Characteristics

Table 1 allows you to compare the region to the state on demographic indicators such as age, ethnicity, and mobility of the population. These are not factors that you can change, but they help you understand how the issues your community faces may be similar to or different from the state. For example, do you have a larger proportion of children or of seniors? Are certain racial/ethnic groups prevalent? Is your population more transient?

In the region:

- The percent of children and seniors is comparable to the state.
- The population is less diverse than the state as a whole.

Table 1. Region: Demographic Characteristics, 2000		
	2000^a	
Demographic Characteristics	Region	State
Total population	903,244	9,938,444
Population under age 18	229,686	2,595,767
Total population over age 65	102,134	1,219,018
% Black or African American	6.5%	14.2%
% Asian	1.6%	1.8%
% American Indian	0.5%	0.6%
% White	87.7%	80.2%
% Other ¹	3.7%	3.2%
% Hispanic (any race)	4.2%	3.3%
Net migration ²	12,357	159,662

Definitions: ¹Includes individuals who reported more than one race. ²The number of residents who reported living elsewhere in 1995.

Source: ^aU.S. Bureau of the Census.

School Dropout Rates

Table 2 shows the percent of region and state residents aged 25 and over who do not have a high school diploma and the percent of students who drop out of school. These individuals are at greater risk of economic instability. In the region:

- In 2000, the percent of the population in the region without a high school diploma was lower than the state.
- Rates of youth dropout have been fairly stable and are lower than state rates.

Table 2. Region: School Dropout Rates, 2000-2009						
	2000					
Population	Region			State		
% Adults without a high school diploma ^{1a}	11.0%			16.6%		
	2007		2008		2009	
	Region	State	Region	State	Region	State
% Youth dropout ^{2b}	9.2%	15.1%	9.7%	14.2%	8.0%	11.3%

Definition: ¹Percent of population age 25 and older who did not report a high school diploma or higher. ²Percent of students who were assigned to a graduating class and did not graduate, or did not receive a General Educational Development (GED) certificate, or were not considered a transfer, or whose enrollment status was otherwise unknown.

Sources: ^aU.S. Bureau of the Census (2000). ^bMichigan Department of Education. In 2007, Michigan began reporting this data based on the cohort of students entering 9th grade 4 years earlier. Dropout includes % of students in cohort who left high school permanently or whose whereabouts are unknown. This may include students who received a GED.

Economic Indicators

Table 3 gives you information about the extent to which the region's population is at risk of economic instability. In the region:

- As of 2000, indicators of economic stability were comparable to the state, except for the percent of children living in poverty, which was slightly lower in the region than in the state.

Table 3. Region: Economic Indicators, 2000-2008		
	2000 ^a	
Economic Indicators	Region	State
Median household income	\$43,535	\$44,667
% Unemployed	3.3%	3.7%
% Individuals below 100% poverty level	10.0%	10.5%
% Under age 18 in poverty	11.3%	13.4%

Sources: ^aU.S. Bureau of the Census (2000).

Pregnancy Rates

Table 4 shows the percent of pregnant region and state residents aged 19 and under. These individuals are at greater risk of school dropout, economic instability, and family disruption. Pregnancy can also be a consequence of substance use. In the region:

- Rates of teen pregnancy have been stable and comparable to state rates.

	2002-2004		2004-2006		2006-2008	
	Region	State	Region	State	Region	State
Teens aged up to 19 years	53.8	55.8	52.3	53.6	53.5	54.0

Source: Michigan Department of Community Health.

Family Disruption

Table 5 describes indicators of family disruption in the region and across the state, including rates of divorce, domestic violence, children in foster care, and child abuse and neglect victims. Stresses such as these can increase the incidence of substance use and abuse. In the region:

- Divorce rates have been stable and are close to state rates.
- Domestic violence rates have increased since 2004 and are similar to state rates.
- Rates of children in foster care have increased slightly and are higher than state rates.
- Child abuse and neglect rates have increased and are higher than state rates.

	2004		2006		2008	
	Region	State	Region	State	Region	State
Divorce rate (per 1,000 individuals) ^a	7.6	6.9	7.5	6.9	7.6	6.7
Domestic violence incidents (per 1,000) ^b	6.6	5.6	10.3	10.5	9.4	10.0
Children in foster care rate (per 1,000) ^c	6.3	6.8	6.7	6.6	8.5	5.9
Child abuse and neglect victim rate (per 1,000) ^c	13.8	11.7	15.1	11.4	17.7	12.0

Source: ^aMichigan Department of Community Health. ^bUniform Crime Report. ^cKids Count in Michigan. Rates for children in foster care and child abuse and neglect victims are available directly from Kids Count in Michigan and were revised from the 2008 report.

Section 4. Alcohol

Consequences, Consumption Patterns, and Risk/Protective Factors

2010-2015 Regional Strategic Prevention Plan Goal: To reduce alcohol-involved traffic fatalities, injuries, and crashes due to the use/misuse of alcohol by youth and adults in the Mid-South region.

The 2010-2015 Regional Strategic Prevention Plan outlines the following objectives for meeting the goal of reducing consequences of alcohol use and abuse:

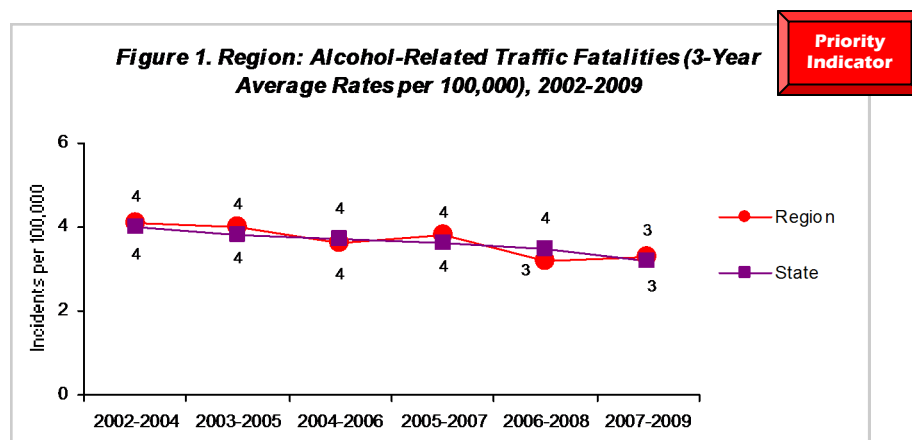
- *Community Norms:* To correct the misperceived community norms involving alcohol use/misuse.
- *Enforcement and Adjudication:* To support and/or enhance the effective enforcement and adjudication of alcohol-involved violations.
- *Social Availability:* To reduce youth social access to alcohol, and to impact adult social access to alcohol.
- *Retail Availability:* To reduce youth retail access to alcohol, and to impact adult retail access to alcohol.
- *Laws and Policies:* To support and/or enhance laws and policies that reduce alcohol misuse.

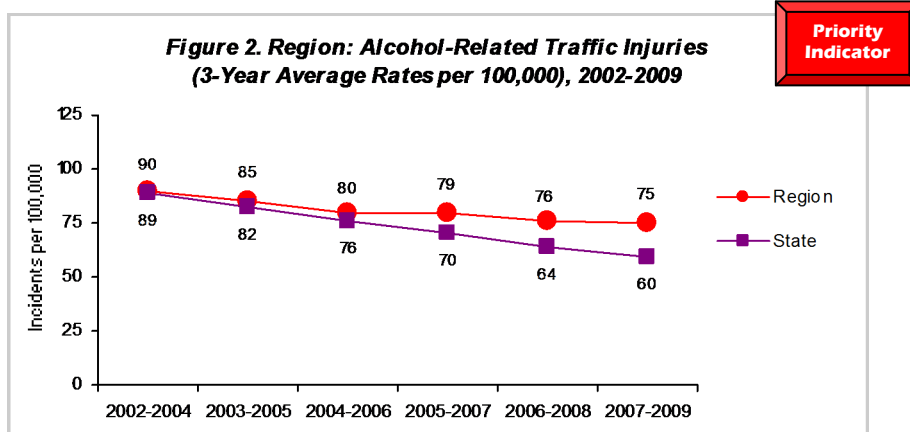
In this section, we present priority and other indicators of alcohol use and abuse: consequences of alcohol abuse, consumption patterns among youth, and risk factors for youth. In your accompanying data tables, you will find the numbers for all of these priority indicators as well as for additional indicators.

Alcohol: Consequences

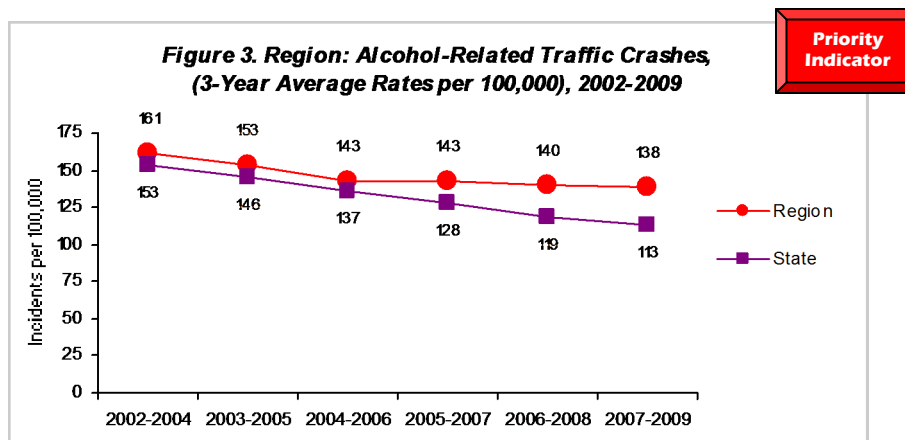
Figures 1 to 3 provide information on three priority consequences of alcohol abuse: traffic crash fatalities involving alcohol, traffic crash injuries involving alcohol, and traffic crashes involving alcohol. For each data point, a three-year average is presented. In the region:

- **Fatalities.** Since 2003-05, fatality rates have been stable and currently match state rates.
- **Injuries.** Injury rates declined gradually since 2002-2004 and appear to have recently stabilized. Because state rates have continued to decrease, regional rates are now higher than state rates.
- **Crashes.** Similarly, crash rates showed a gradual decline, while state rates dropped more quickly. Regional rates are now higher than state rates.





Source: Michigan Annual Drunk Driving Audit.

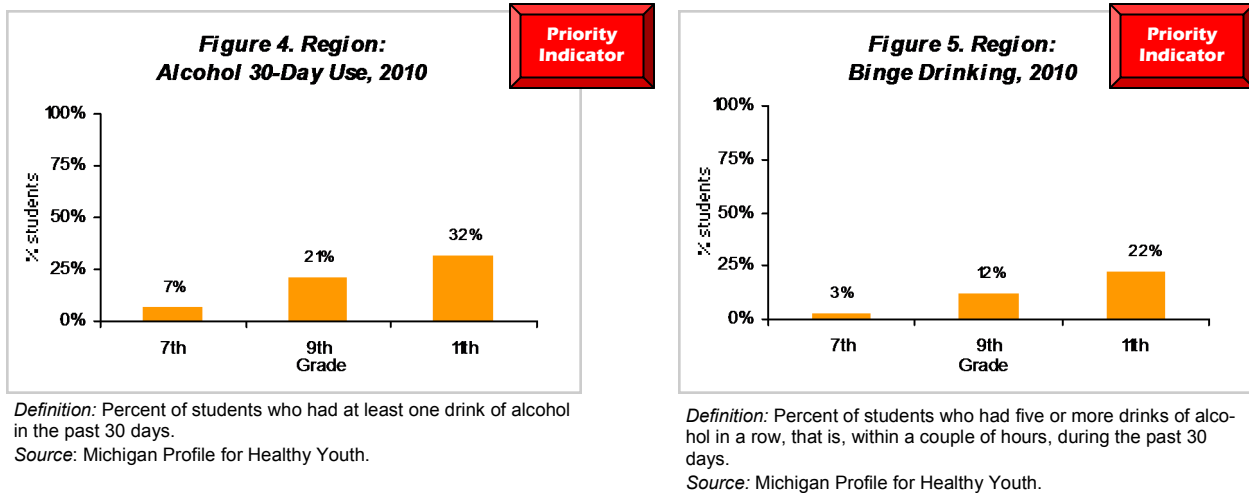


Source: Michigan Annual Drunk Driving Audit.

Alcohol: Consumption Patterns

Figures 4 and 5 provide data over time for two priority indicators of youth alcohol consumption: the percent of students who have reported using alcohol and binge drinking in the past 30 days. In the region:

- **30-day alcohol use.** 30-day use increased with age; about a third of 11th-graders reported drinking in the past month.
- **Binge drinking.** Among students who drank, relatively few acknowledged binge drinking. However, the proportion of students binge-drinking in the past month increased to nearly a quarter by 11th grade.



Alcohol: Risk/Protective Factors

This section presents information about risk and protective factors in the region to help you identify areas to build upon to prevent alcohol use and abuse. Risk and protective factors can be categorized in several different domains: here, we focus on individual, family, peers, and community.

Individual domain. The individual domain includes youth reports of the perceived harmfulness of a substance and whether youth think substance use is wrong. Perceived harmfulness of substance use is considered a protective factor because if students think a behavior is harmful, they are less likely to engage in it. Likewise, if students think it is wrong to use a substance, they are less likely to actually use it. For these measures, *higher* scores are an indicator of *protection* because they mean that more students consider substance use to be harmful or wrong.

Family domain. Youth are less likely to use substances if they feel that their parents are strongly against use of the substance. For this indicator, *higher* scores are an indicator of *protection* because they mean that more students have received the message that their parents have negative attitudes about use of the substance.

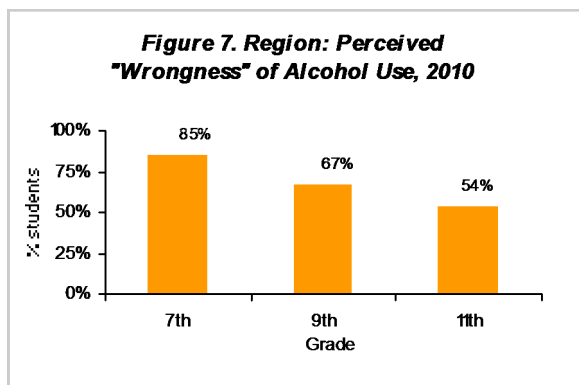
Peer domain. Youth are less likely to use substances if they feel that the social norms support non-use. Peers typically provide the basis for what youth consider to be social norms. This report provides information on whether students report having friends—people whom they trust and regularly interact with—who use substances. It also presents student reports of the number of same-grade peers who use substances. This represents the extent to which they believe it is normal for students their age to use substances. Finally, data are presented on the percent of youth who report being a passenger in a car with a drunk driver. Although the drunk driver may be an adult rather than a peer, the assumption is that most youth will refer to drunk driving by peers in answering the question. For these indicators, *higher* scores are an indicator of *risk* because they suggest that students are more likely to perceive use as the norm for youth their age.

Community domain. The community domain represents access to substances. Youth can obtain substances through multiple sources, data presented describe where youth report obtaining substances and how easy they feel it is to get those substances. Additionally, communities with more outlets for the sale of liquor provide greater access to alcohol. Information about numbers of liquor licenses and retail alcohol sales outlets and gross liquor sales is presented here. For indicators in the community domain, *higher* scores are an indicator of *risk* because they represent greater access to alcohol.

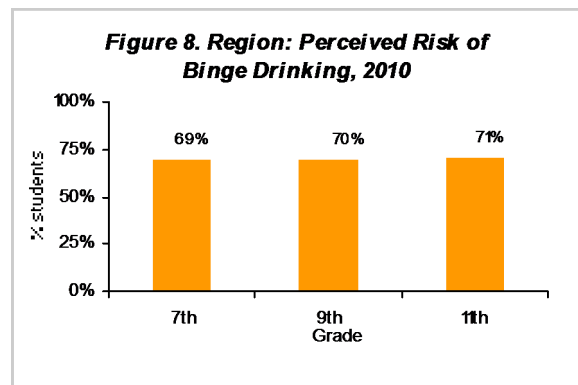
Individual Domain

Figures 7 and 8 present data on youth attitudes about alcohol use. In the region:

- **Wrongness.** Most 7th-graders saw alcohol use as wrong. By 11th grade, only about half of students thought it was wrong.
- **Risk.** The percent of students who saw binge drinking as risky was stable across all grades, with around 70% of students seeing it as risky.



Definition: Percent of students who report that it is wrong or very wrong for peers to drink beer, wine, or hard liquor regularly.
Source: Michigan Profile for Healthy Youth.

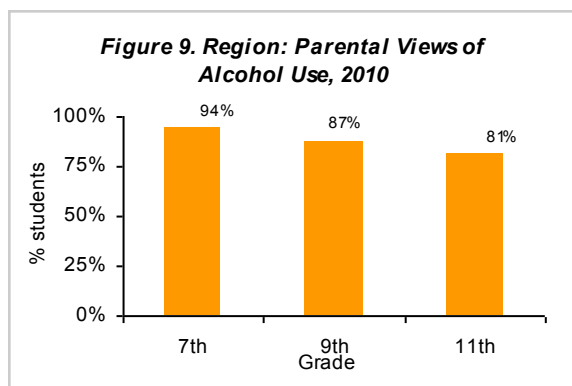


Definition: Percent of students who report that people have a moderate or great risk of harming themselves if they have five or more drinks of alcohol once or twice each weekend.
Source: Michigan Profile for Healthy Youth.

Family Domain

Figure 9 shows students' perceptions of their parents' beliefs about alcohol use. In the region:

- **Parent views of alcohol use.** Most students, regardless of grade, felt that their parents saw alcohol use as wrong. Nonetheless, the percent of students reporting parental prohibitions against alcohol use dropped off significantly in high school.

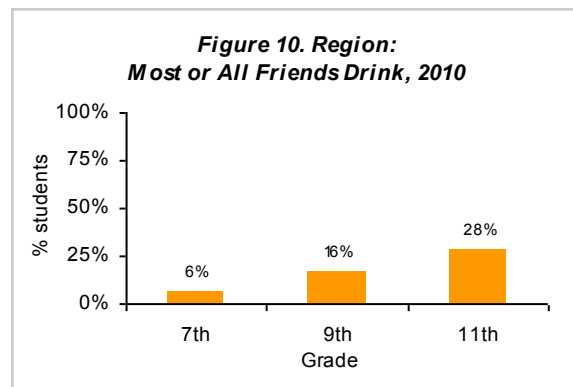


Definition. Percent of students who report that their parents feel that drinking beer, wine, or hard liquor regularly is wrong or very wrong.
Source: Michigan Profile for Healthy Youth.

Peer Domain

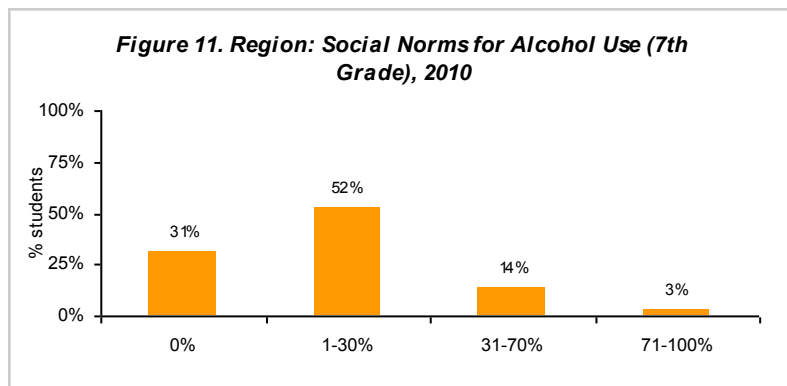
Figure 10 presents data on student reports of whether most or all of their friends have been drunk in the past 30 days. Figures 11 to 13 show students' perceptions of social norms, defined as the percent of students in their grade whom they believe have drunk alcohol in the past month. Figures 14 and 15 show the percent of students reporting that they were a passenger in a car with a driver who had been drinking ever (7th grade) or in the past 30 days (9th and 11th grade). In the region:

- **Friends drink.** The percent of students reporting that all or most of their close friends drink increased to 28% by 11th grade.
- **Social norms.** Perceptions of how normative alcohol use is increased as students aged. By 11th grade, about a quarter of students thought that nearly all of their same-grade peers in the school had used alcohol in the past month.
- **Riding with DUI driver.** Thirty percent of 7th-graders reported ever riding with someone who had been drinking, although they may have been referring to family members. Just under a quarter of high school students reported riding in the past month with a driver who had used alcohol.



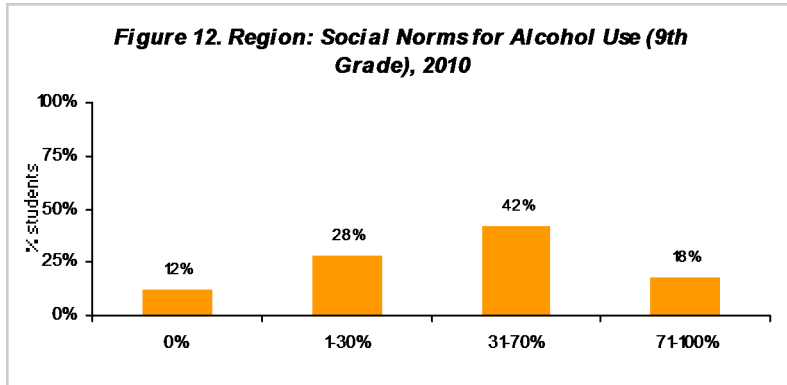
Definition: Percent of students who thought that most or all of their closest friends had been drunk in the past 30 days.

Source: Michigan Profile for Healthy Youth.

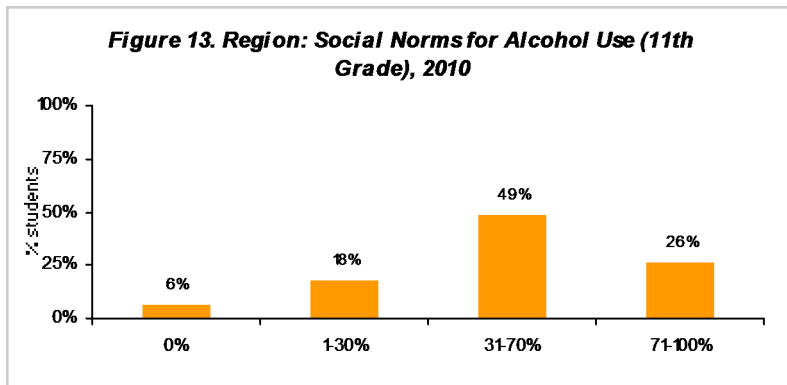


Definition: Percent of students reporting the percent of same-grade peers whom they estimate drank alcohol in the past month.

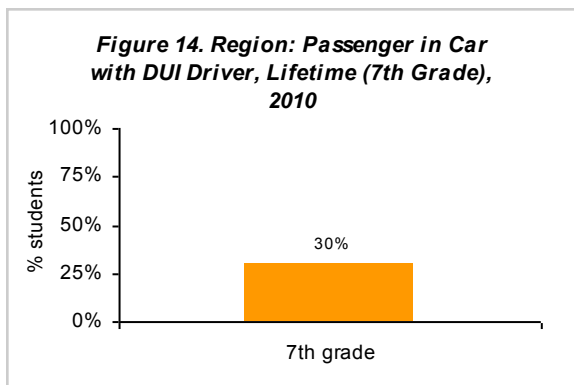
Source: Michigan Profile for Healthy Youth.



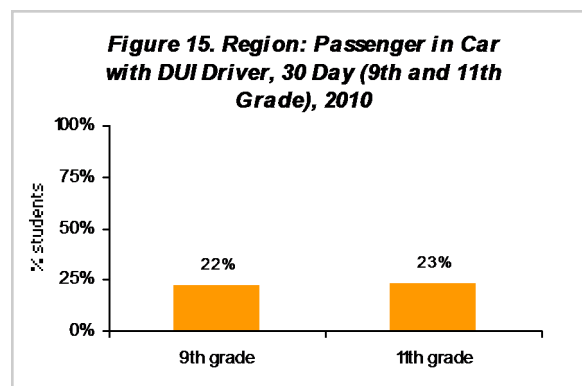
Definition: Percent of students reporting the percent of same-grade peers whom they estimate drank alcohol in the past month.
Source: Michigan Profile for Healthy Youth.



Definition: Percent of students reporting the percent of same-grade peers whom they estimate drank alcohol in the past month.
Source: Michigan Profile for Healthy Youth.



Definition: Percent of students who reported ever riding in a car or other vehicle one or more times that was driven by someone who had been drinking alcohol. 7th grade only.
Source: Michigan Profile for Healthy Youth.

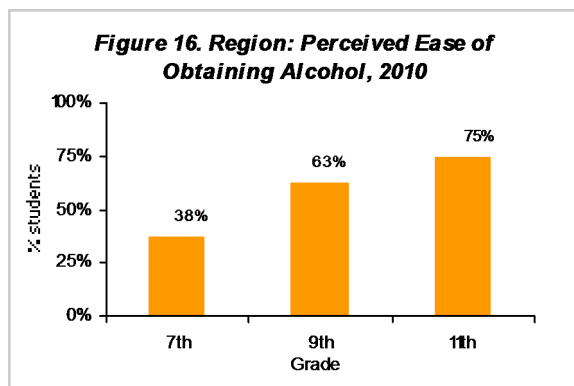


Definition: Percent of students who reported riding in a car or other vehicle one or more times during the past 30 days that was driven by someone who had been drinking alcohol.
Source: Michigan Profile for Healthy Youth.

Community Domain (Access)

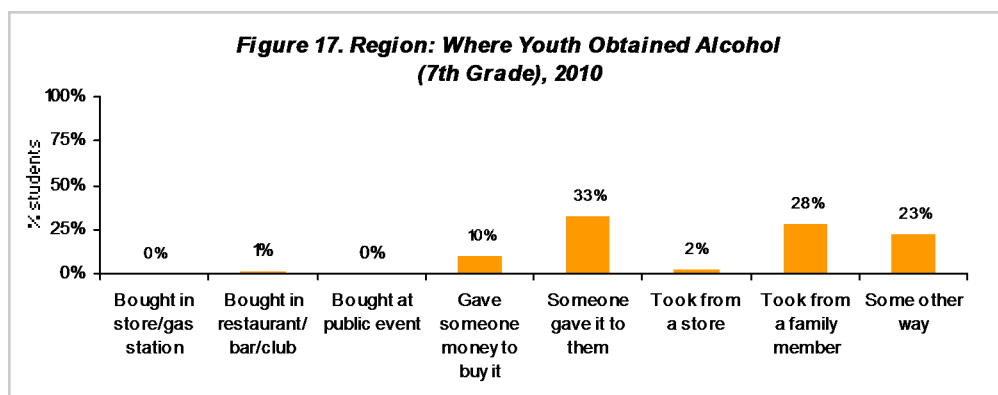
Figure 16 shows students' reports of how easy it is to get alcohol. Figures 17 to 19 display how students report obtaining alcohol. Figures 20 through 22 present the number of liquor sales permits and outlets as well as gross sales at alcohol outlets. In the region:

- **Ease of obtaining alcohol.** Students reported that it was fairly easy to get alcohol; even among 7th-graders, more than a third indicated it was easy. By 11th grade, three-quarters of students reported that it was easy to obtain alcohol.
- **Where alcohol was obtained.** Students who drank recently were most likely to report getting alcohol by giving someone money to buy it, someone giving it to them, or taking it from a family member. In addition, a number indicated that they obtained alcohol in ways that were not MiPHY options. Students rarely obtained alcohol by buying it in stores, gas stations, restaurants, bars, clubs, or public events or by taking it from a store.
 - ◆ 7th-graders were most likely to have someone give it to them or take it from a family member.
 - ◆ 9th-graders were most likely to have someone give it to them, take it from a family member, or give someone money to buy it.
 - ◆ 11th-graders were most likely to have someone give it to them or give someone money to buy it. Four percent of 11th-graders reported buying alcohol in stores or gas stations.
- **Alcohol outlets.** The number of liquor licenses, number of retail sales outlets, and gross sales of alcohol per capita increased slightly in the county, region, and state. Regional numbers of liquor licenses and retail sales outlets per 10,000 are about the same as for the state; regional alcohol sales are lower than in the state.



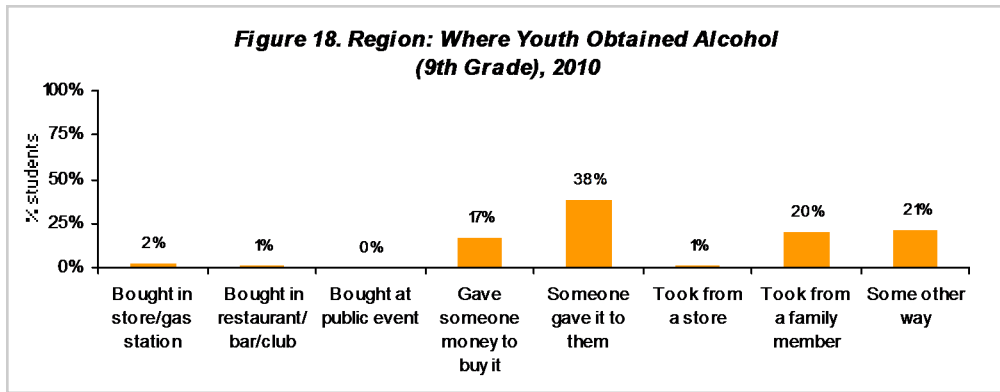
Definition: Percent of students who reported that it is sort of easy or very easy to get alcohol.

Source: Michigan Profile for Healthy Youth.

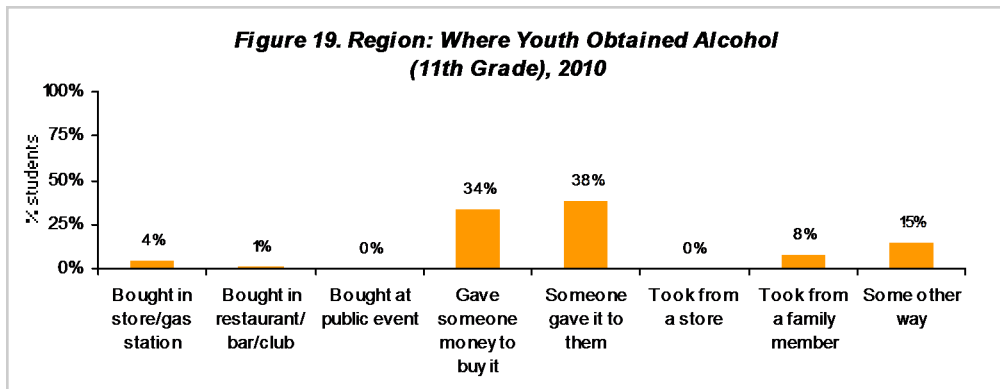


Definition: Percent of students reporting where they had obtained alcohol out of those who drank alcohol recently.

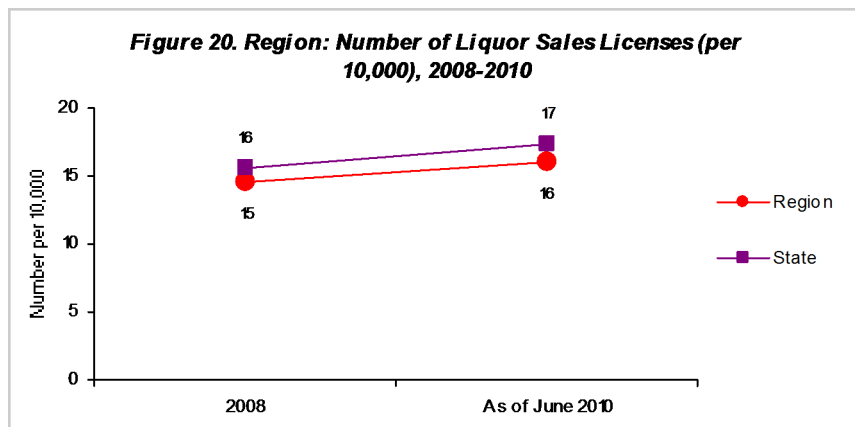
Source: Michigan Profile for Healthy Youth.



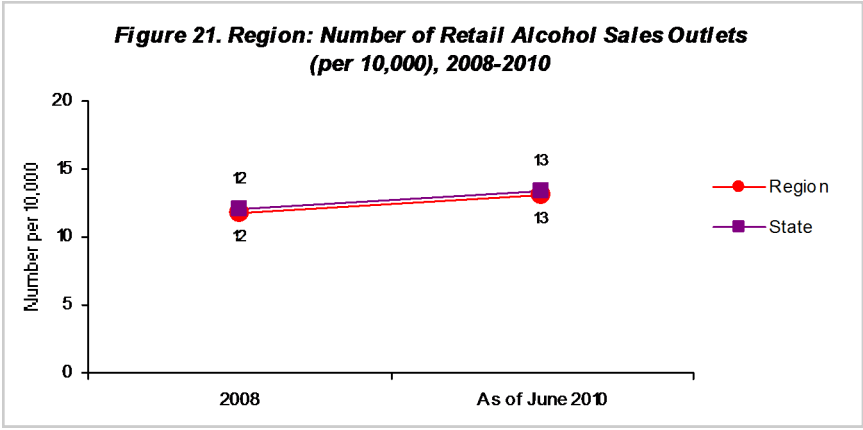
Definition. Percent of students reporting where they had obtained alcohol out of those who drank alcohol recently.
Source: Michigan Profile for Healthy Youth.



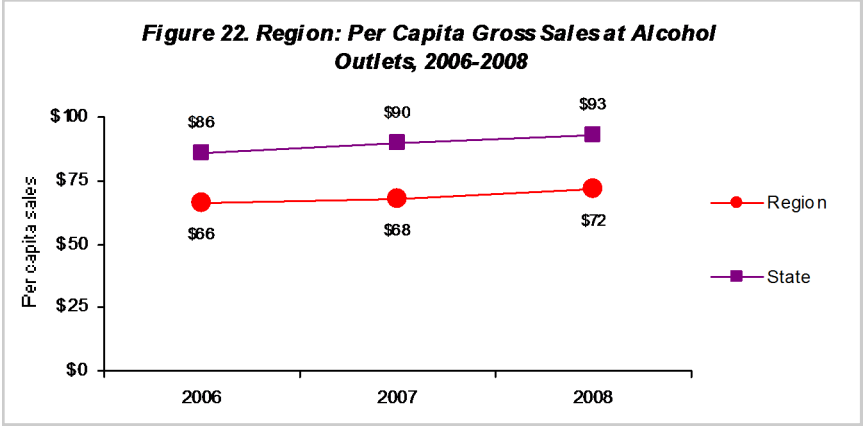
Definition. Percent of students reporting where they had obtained alcohol out of those who drank alcohol recently.
Source: Michigan Profile for Healthy Youth.



Source: Michigan Liquor Control Commission.



Source: Michigan Liquor Control Commission.



Source: Michigan Liquor Control Commission.

Section 5. Tobacco

Consequences, Consumption Patterns, and Risk/Protective Factors

2010-2015 Regional Strategic Prevention Plan Goal: To reduce tobacco-related death due to tobacco use and exposure to secondhand smoke by youth and adults in the Mid-South region.

The 2010-2015 Regional Strategic Prevention Plan outlines the following objectives for meeting the goal of reducing consequences of tobacco use and abuse:

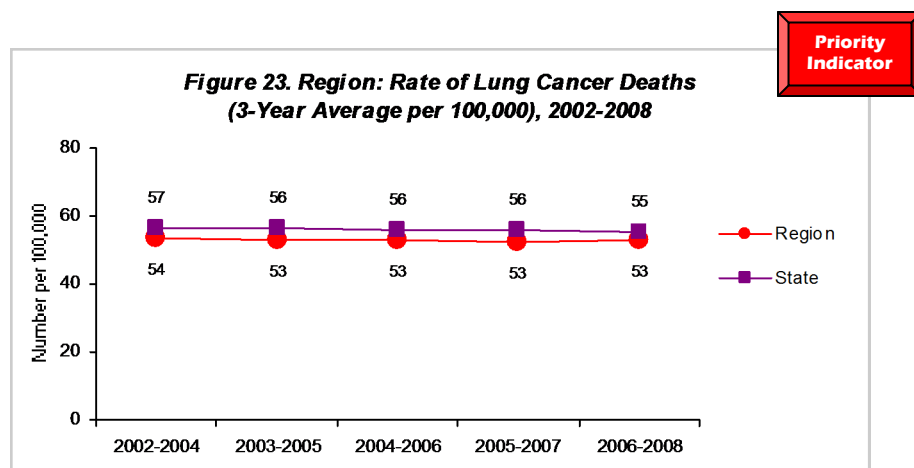
- *Community Norms:* To correct the misperceived community norms involving tobacco use and exposure.
- *Laws and Policies:* To support and/or enhance laws and policies that reduce tobacco use and exposure.
- *Promotion:* To reduce the product promotion of tobacco.
- *Social Availability:* To reduce youth social access to tobacco, and to impact adult social access to tobacco.
- *Retail Availability:* To reduce youth access to tobacco, and to impact adult retail access to tobacco.

In this section, we present priority and other indicators of tobacco: consequences of tobacco use, consumption patterns among youth, and risk factors for youth. In your accompanying data tables, you will find the numbers for all of these priority indicators as well as for additional indicators.

Tobacco: Consequences

Figure 23 provides information on one priority consequence of tobacco use: rates of lung cancer deaths. In the region:

- **Lung cancer deaths.** Rates of lung cancer deaths have been stable and comparable to state rates.

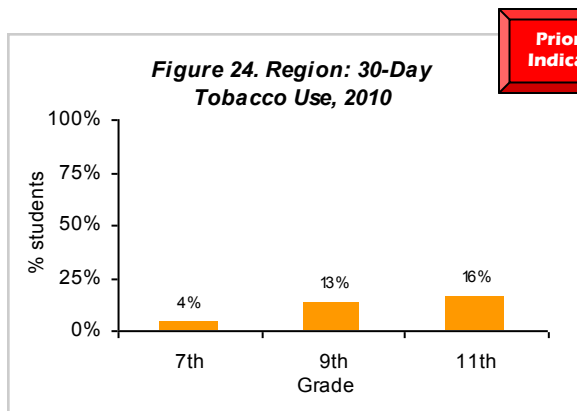


Source: Michigan Department of Community Health.

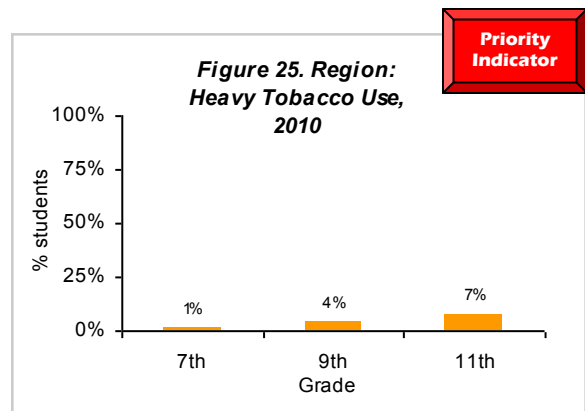
Tobacco: Consumption Patterns

Figures 24 and 25 provide data for two priority indicators of youth tobacco consumption: the percent of students who report smoking at all in the past 30 days and the percent who report heavy use—that is, smoking cigarettes on 20 or more of the past 30 days. In addition, Figure 26 provides data on the rate of smoking among pregnant women. In the region:

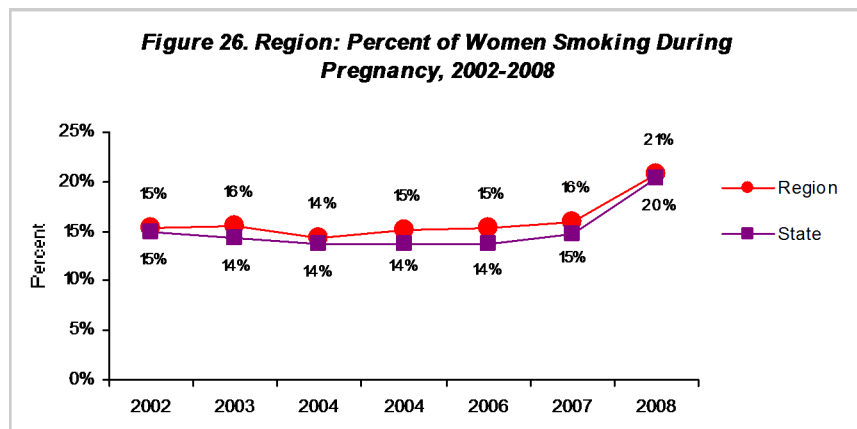
- **30-day use.** 30-day tobacco use increased between middle and high school, but did not increase greatly during high school. By 11th grade, 16% of students report smoking in the past 30 days.
- **Heavy use.** Most students who acknowledged smoking did not report heavy use. By 11th grade, 7% of students report heavy smoking.
- **Pregnant women smoking.** For both the region and state, the percent of pregnant women who smoke increased sharply in 2008 after being stable for several years. Currently, regional and state numbers are almost identical, with about 20% of women smoking while pregnant.



Definition: Percent of students who smoked cigarettes during the past 30 days.
Source: Michigan Profile for Healthy Youth.



Definition: Percent of students who smoked cigarettes on 20 or more of the past 30 days.
Source: Michigan Profile for Healthy Youth.



Source: Michigan Department of Community Health.

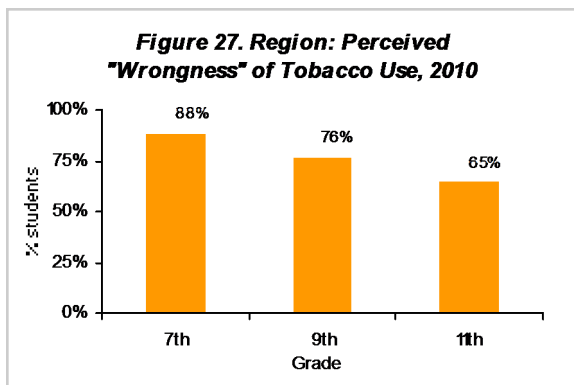
Tobacco: Risk/Protective Factors

The figures below provide information on indicators related to risk and protection in tobacco use. The previous section on alcohol provides expanded information about the individual, family, peer, and community domains of risk and protective factors.

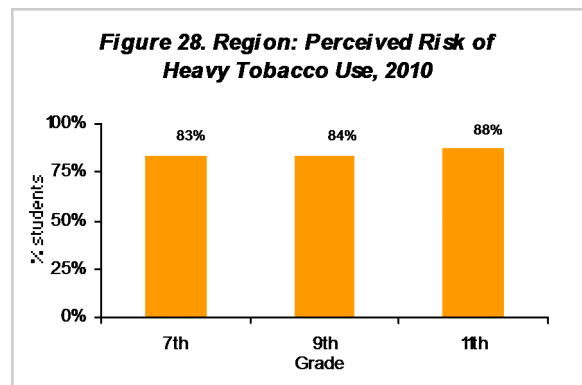
Individual Domain

Figures 27 and 28 present data regarding youth attitudes about tobacco use. In the region:

- **Wrongness.** Most 7th-graders saw smoking as wrong. By 11th grade, 65% of students thought it was wrong.
- **Risk.** The percent of students who saw heavy smoking as risky was stable across all grades, with around 85% of students seeing it as risky.



Definition: Percent of students who report that it is wrong or very wrong for someone their age to smoke cigarettes.
Source: Michigan Profile for Healthy Youth.

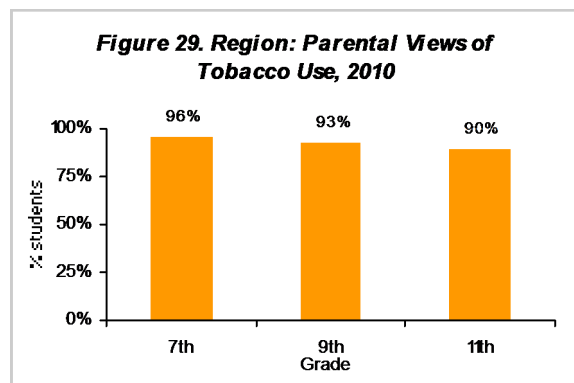


Definition: Percent of students who report that people have a moderate or great risk of harming themselves if they smoke one or more packs of cigarettes per day.
Source: Michigan Profile for Healthy Youth.

Family Domain

Figure 29 shows regional students' perceptions of their parents' beliefs about how wrong they consider tobacco use to be.

- **Parent views of alcohol use.** Most students felt that their parents saw tobacco use as wrong. By 11th grade, 90% of students still reported that their parents felt that smoking was wrong.

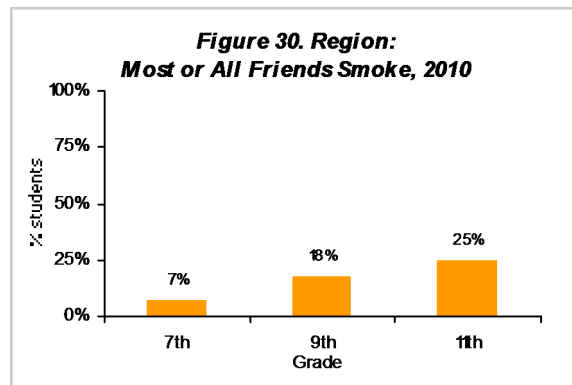


Definition: Percent of students who report that their parents feel that smoking cigarettes is wrong or very wrong.
Source: Michigan Profile for Healthy Youth.

Peer Domain

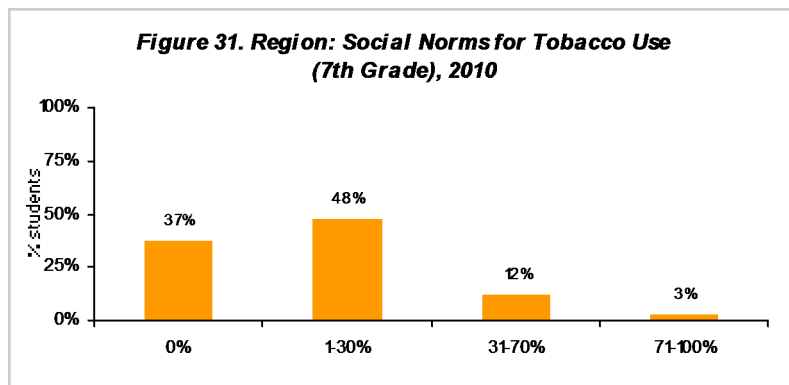
Figure 30 presents data on youth perceptions of how many of their close friends have smoked in the past 30 days, while Figures 31 to 33 show students' perceptions of social norms for tobacco use, defined as the percent of students in their grade whom they believe smoke one or more cigarettes per day. In the region:

- **Friends smoke.** The percent of students reporting that most or all of their close friends smoke increased to 25% by 11th grade.
- **Social norms.** Perceptions of how normative tobacco use is increased between middle and high school, but stayed stable during high school.



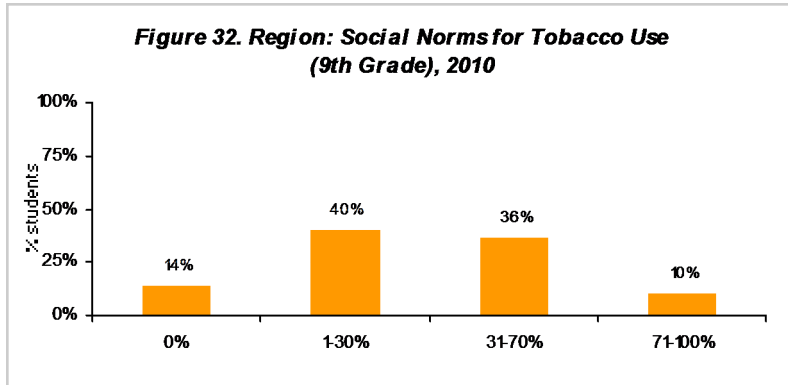
Definition: Percent of students who thought that most or all of their closest friends had smoked cigarettes in the past 30 days.

Source: Michigan Profile for Healthy Youth.

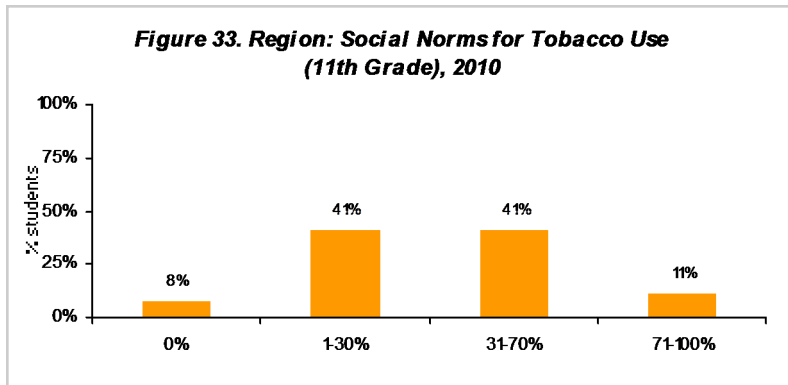


Definition: Percent of students reporting the percent of same-grade peers whom they estimate smoke one or more cigarettes per day.

Source: Michigan Profile for Healthy Youth.



Definition: Percent of students reporting the percent of same-grade peers whom they estimate smoke one or more cigarettes per day.
Source: Michigan Profile for Healthy Youth.

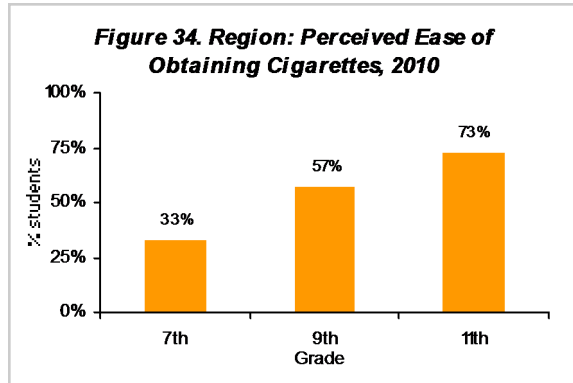


Definition: Percent of students reporting the percent of same-grade peers whom they estimate smoke one or more cigarettes per day.
Source: Michigan Profile for Healthy Youth.

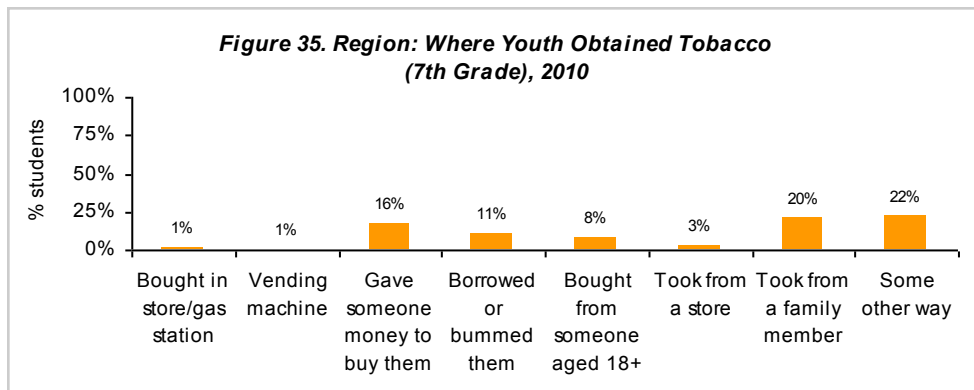
Community Domain (Access)

Figure 34 describes how easily students perceive that tobacco can be obtained. Figures 35 to 37 show how students report getting tobacco. In the region:

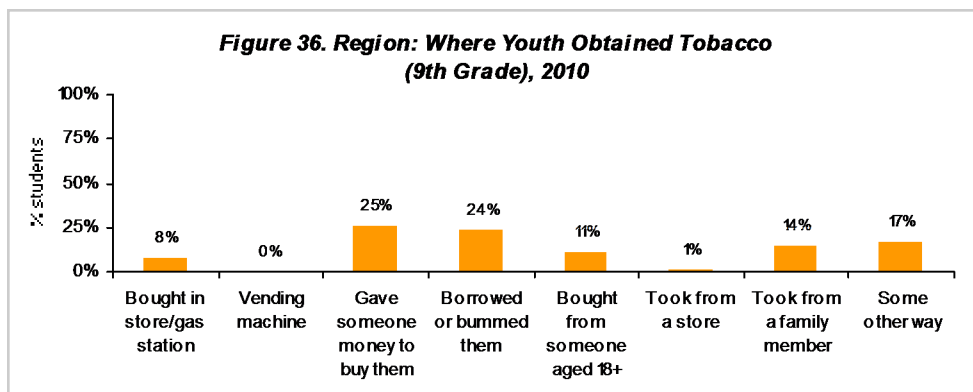
- **Ease of obtaining tobacco.** Students reported that it was easy to get cigarettes; even among 7th-graders, one-third indicated it was easy. By 11th grade, almost three-quarters of students reported that it was easy to obtain cigarettes.
- **Where tobacco was obtained.** Students who smoked recently were most likely to report getting cigarettes by giving someone money to buy them, borrowing/bumming them, buying them from someone aged 18 or older, taking them from a family member, or buying them at stores or gas stations. In addition, a number indicated that they obtained cigarettes in ways that were not MiPHY options. Students rarely obtained cigarettes by buying them in stores/gas stations, from vending machines, or taking them from a store.
 - ♦ 7th-graders were most likely to take them from a family member or give someone money to buy them.
 - ♦ 9th- and 11th-graders were most likely to give someone money to buy them or borrow/bum them.
 - ♦ Additionally, 8% percent of 9th-graders and 23% of 11th-graders bought cigarettes at stores/gas stations.



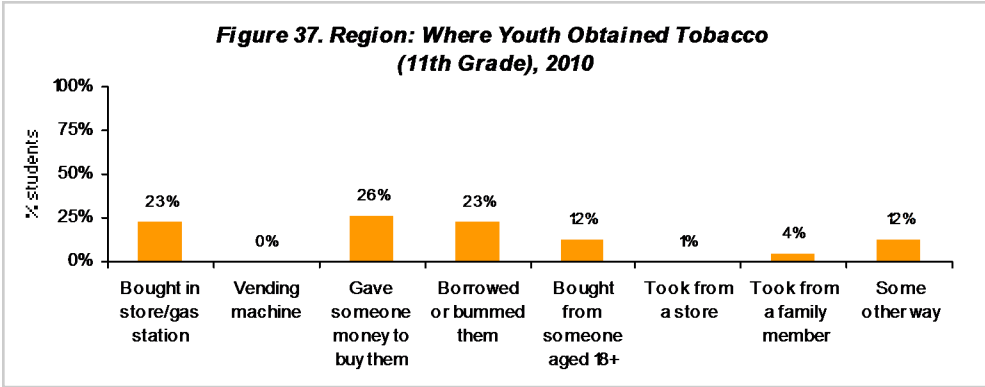
Definition: Percent of students who reported that it is sort of easy or very easy to get cigarettes.
Source: Michigan Profile for Healthy Youth.



Definition. Percent of students reporting where they had obtained cigarettes out of those who had smoked recently.
Source: Michigan Profile for Healthy Youth.



Definition. Percent of students reporting where they had obtained cigarettes out of those who had smoked recently.
Source: Michigan Profile for Healthy Youth.



Definition. Percent of students reporting where they had obtained cigarettes out of those who had smoked recently.
Source: Michigan Profile for Healthy Youth.

Section 6. Prescription Drugs/Painkillers

Consequences and Consumption Patterns

2010-2015 Regional Strategic Prevention Plan Goal: To reduce poisonings and deaths due to over-the-counter and prescription drug misuse and abuse by youth and adults in the Mid-South region.

The 2010-2015 Regional Strategic Prevention Plan outlines the following objectives for meeting the goal of reducing consequences of over-the-counter and prescription drug misuse and abuse:

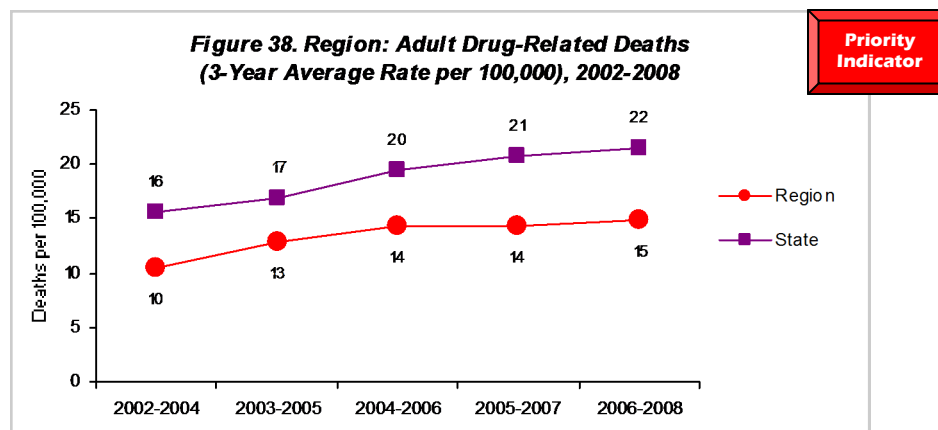
- *Social Availability:* To reduce youth and adult social access to over-the-counter and prescription drugs.
- *Promotion:* To impact the promotion, prescribing, and distribution practices of over-the-counter and prescription drugs.
- *Community Norms:* To correct the misperceived community norms related to over-the-counter and prescription drug misuse and abuse.
- *Laws and Policies:* To support and/or enhance laws and policies that reduce over-the-counter and prescription drug misuse and abuse.

In this section, we present priority indicators of use of prescription drugs. In addition, data available from the MiPHY about painkiller use is provided. However, data specific to over-the-counter drug use was not a question included on the MiPHY and is not available. In your accompanying data tables, you will find the numbers for all of these priority indicators as well as for additional indicators.

Consequences: Drug-Related Deaths

Figure 38 provides information on one priority indicator of prescription drug/painkiller consequences: adult drug-related deaths. In the region:

- **Drug-related death.** Rates of drug-related death have been relatively stable for several years and are lower than state rates.

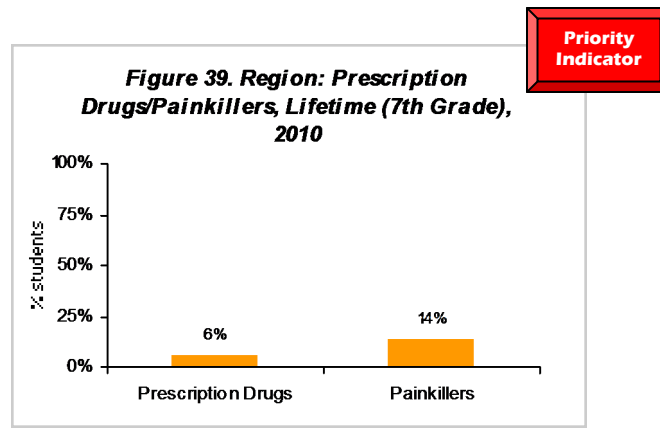


Source: Michigan Department of Health.

Consumption Patterns

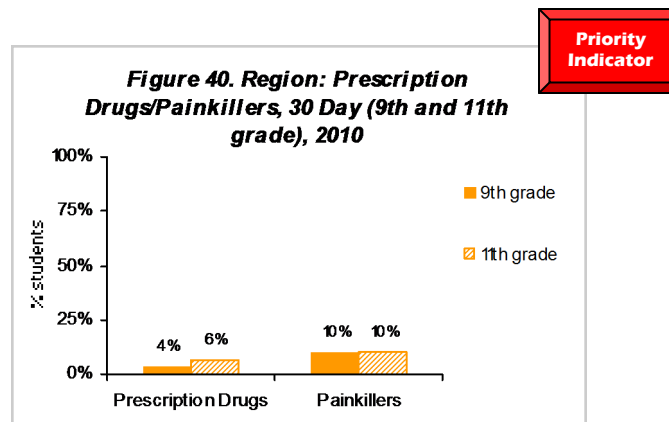
In this section, we present consumption patterns for prescription drug/painkiller use among youth. Figures 39 a and 40 provide data for youth use of prescription drugs and painkillers. For middle-school students (7th-grade), data are available for lifetime use, and for high-school students (9th- and 11th-grade), data are available for 30-day use. In the region:

- **Use.** Students were more likely to use painkillers specifically than prescription drugs in general. The percent of students who reported using prescription drugs is small. There were few differences in use by grade.



Definition: Percent of students who reported ever taking a prescription drug (such as Ritalin, Adderall, or Xanax) or painkillers (such as OxyContin, Codeine, Percocet, or Tylenol III) without a doctor's prescription.

Source: Michigan Profile for Healthy Youth.



Definition: Percent of students who reported taking a prescription drug (such as Ritalin, Adderall, or Xanax) or painkillers (such as OxyContin, Codeine, Percocet, or Tylenol III) in the past 30 days without a doctor's prescription.

Source: Michigan Profile for Healthy Youth.

Section 7. Marijuana

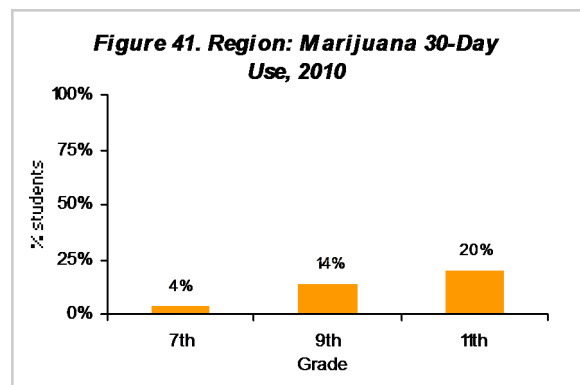
Consumption Patterns and Risk/Protective Factors

Reducing consequences of marijuana use and abuse was not a specific goal of the 2010-2015 Regional Strategic Prevention Plan. However, in this section, we present indicators of marijuana use: consumption patterns among youth and risk/protective factors for youth. In your accompanying data tables, you will find the numbers for these indicators as well as for additional indicators.

Marijuana: Consumption Patterns

Figure 41 provides data for one indicator of youth marijuana consumption: the percent of students who report using marijuana in the past 30 days. In the region:

- **30-day use.** 30-day marijuana use increased as students aged. By 11th grade, 20% of students reported using marijuana in the past 30 days.



Definition: Percent of students who used marijuana in the past 30 days.

Source: Michigan Profile for Healthy Youth.

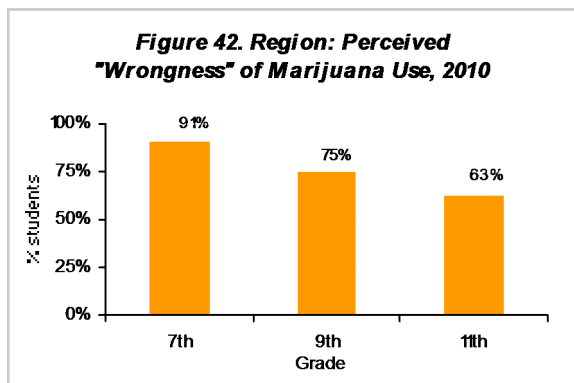
Marijuana: Risk/Protective Factors

The figures below provide information on indicators related to risk and protection in marijuana use. The previous section on alcohol describes more fully the domains of risk and protective factors.

Individual Domain

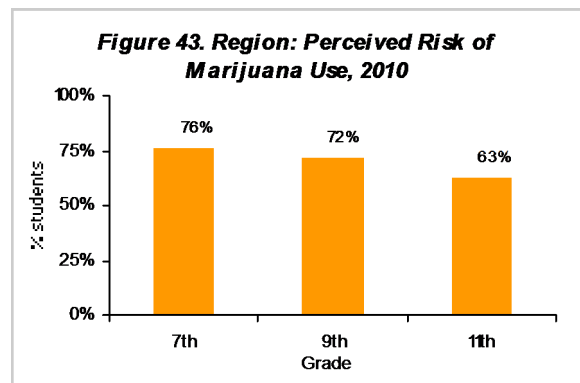
Figures 42 and 43 present data on youth attitudes about marijuana use. In the region:

- **Wrongness.** Most 7th-graders saw marijuana use as wrong. By 11th grade, 63% of students thought it was wrong.
- **Risk.** The percent of students who saw marijuana use as risky decreased between 9th and 11th grade. While about three-quarters of 7th- and 9th-graders thought it was risky, 63% of 11th-graders did.



Definition: Percent of students who report that it is wrong or very wrong for someone their age to smoke marijuana.

Source: Michigan Profile for Healthy Youth.



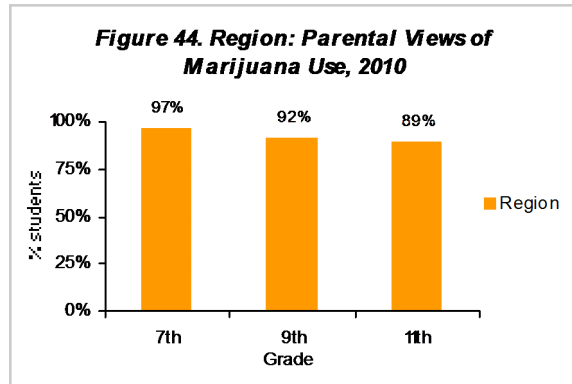
Definition: Percent of students who report that people have a moderate or great risk of harming themselves if they smoke marijuana more than once per week.

Source: Michigan Profile for Healthy Youth.

Family Domain

Figure 44 shows students' perceptions of their parents' beliefs about marijuana use. In the region:

- **Parent views of marijuana use.** Most students felt that their parents saw marijuana use as wrong. By 11th grade, 89% of students reported that their parents felt that using marijuana was wrong.

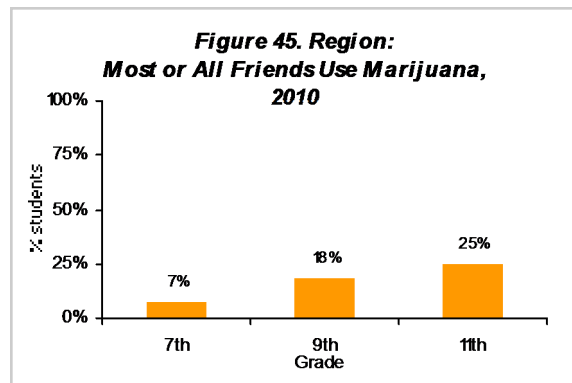


Definition: Percent of students who report that their parents feel that smoking marijuana is wrong or very wrong.
Source: Michigan Profile for Healthy Youth.

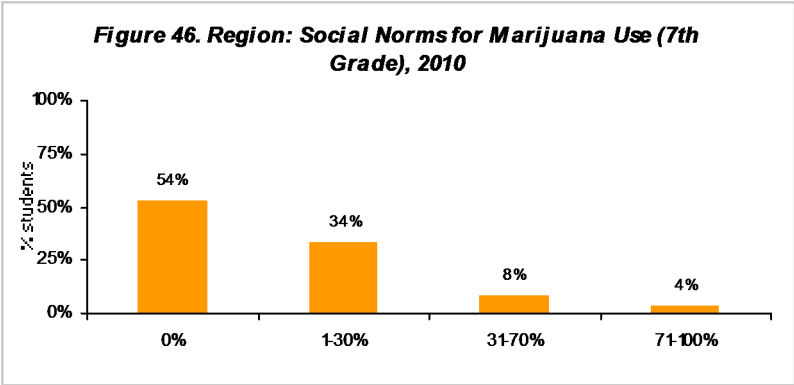
Peer Domain

Figure 45 presents data on student reports of whether most or all of their friends have used marijuana in the past 30 days. Figures 46 to 48 show students' perceptions of social norms, defined as the percent of students in their grade whom they believe have used marijuana in the past month. In the region:

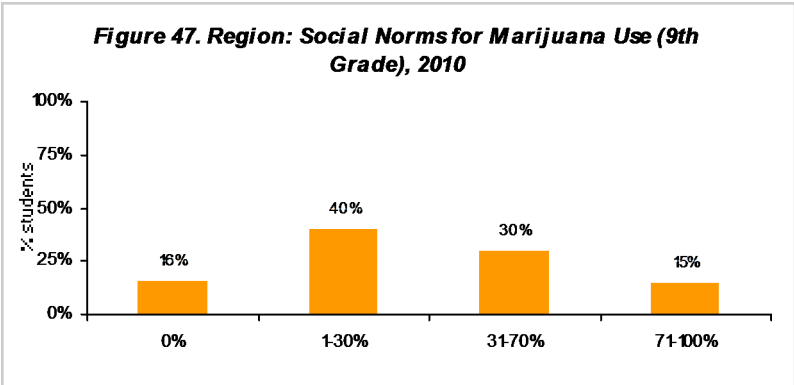
- **Friends use marijuana.** The percent of students reporting that most or all of their close friends used marijuana in the past month increased to 25% by 11th grade.
- **Social norms.** Perceptions of how normative marijuana use is increased with each grade. By 11th-grade, 21% of students reported thinking that nearly all peers used marijuana.



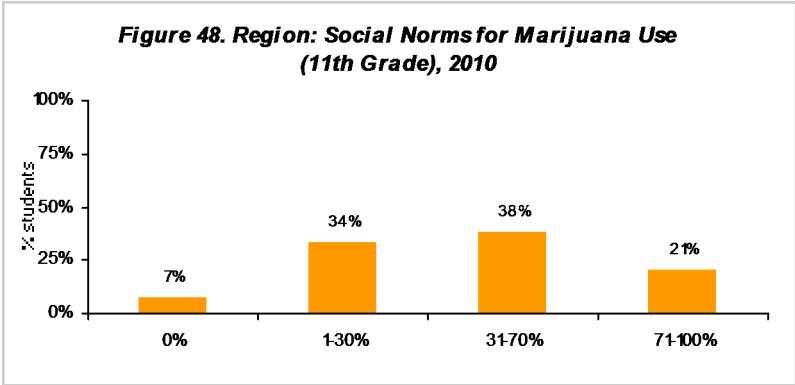
Definition: Percent of students who thought that most or all of their closest friends had used marijuana in the past 30 days.
Source: Michigan Profile for Healthy Youth.



Definition: Percent of students reporting the percent of same-grade peers whom they estimate used marijuana in the past month.
Source: Michigan Profile for Healthy Youth.



Definition: Percent of students reporting the percent of same-grade peers whom they estimate used marijuana in the past month.
Source: Michigan Profile for Healthy Youth.

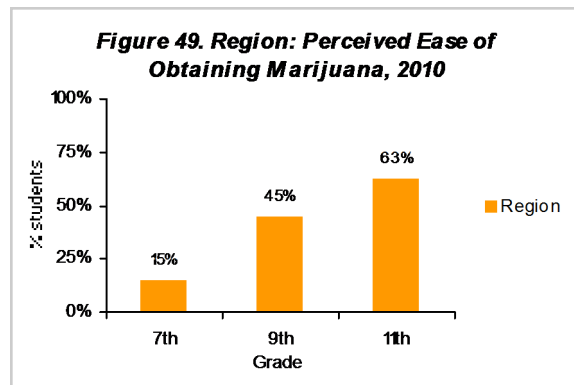


Definition: Percent of students reporting the percent of same-grade peers whom they estimate used marijuana in the past month.
Source: Michigan Profile for Healthy Youth.

Community Domain (Access)

Figure 49 describes youth perceptions of how easy marijuana is to obtain. In the region:

- **Ease of obtaining marijuana.** By high school, students reported that it was fairly easy to get marijuana. By 11th grade, almost two-thirds of students reported that it was easy to obtain marijuana.



Definition: Percent of students who reported that it is sort of easy or easy to get marijuana.

Source: Michigan Profile for Healthy Youth.

Section 8. Methamphetamines

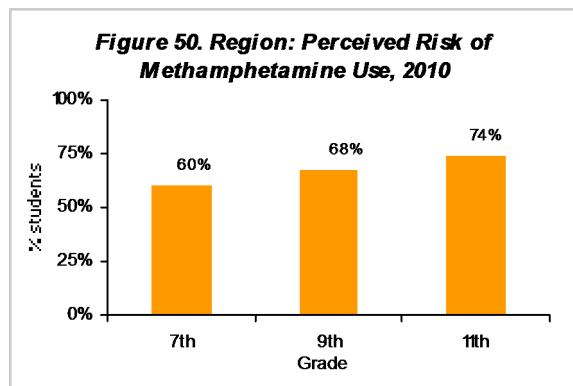
Risk/Protective Factors

Reduction of the consequences of methamphetamine use and abuse were not an explicit goal of the 2010-2015 Regional Strategic Prevention Plan. However, the figures below provide information on indicators related to risk and protection in methamphetamine use. The previous section on alcohol provides specific information about the domains of risk and protective factors.

Individual Domain

Figure 50 presents data on youth perceptions about risks related to methamphetamine use. In the region:

- **Risk.** Perceptions of the riskiness of methamphetamine use increased by grade. By 11th grade, almost three-quarters of students felt it was risky.



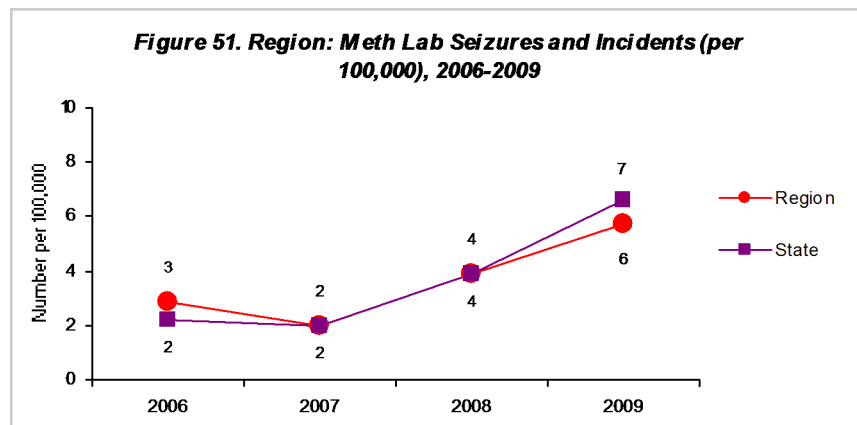
Definition: Percent of students who report that people have a moderate or great risk of harming themselves if they use methamphetamines once or twice.

Source: Michigan Profile for Healthy Youth.

Community Domain (Access)

Figure 51 provides an indicator of methamphetamine access as measured by the number of clandestine methamphetamine lab seizures and incidents conducted by or reported to Michigan State Police per year. In the region:

- **Meth lab seizures/incidents.** Rates of meth lab seizures and incidents have increased since 2007. Regional rates have mirrored state rates.



Source: Michigan State Police.

This Substance Abuse Outcome Evaluation Monitoring Tool can become an integral part of the region's ongoing assessment of community needs. The information contained here can be used to help the Substance Abuse Prevention Coalition as well as other school and community stakeholders, assess current conditions and prioritize areas of greatest need.

- The information in this document is linked to the 2010-2015 MSSAC Strategic Prevention Plan and is intended to support the region's work in meeting the objectives outlined by the coalition.
- Each indicator identified within this document can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s), and/or reducing consumption patterns and their related consequences.
- More detailed information for each indicator in this report, as well as some additional indicators, are available in the accompanying Excel file. In addition, the accompanying Powerpoint file provides slides of the charts shown in the report so that you can use them in presentations or other reports.
- An additional long-term function of this report will be to assist communities in evaluating the overall effectiveness in addressing and ultimately impacting the prioritized substance abuse prevention needs.

Overall, this document will assist and support the Mid-South region as a whole in prioritizing needs, identifying and selecting evidence-based strategies, and evaluating those strategies' effectiveness over time. An additional benefit of this document is to enhance the capacity for prevention professionals to ultimately speak to the overall contribution of our work surrounding the reduction of substance use and abuse and its related consequences.

Copies of this report are available from:

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The views expressed are solely those of the authors. For more information about this report, contact Laurie Van Egeren at the above address or phone number, or email: vanegere@msu.edu.

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