OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

OHIO SPF-PFS NEEDS ASSESSMENT
LAWRENCE COUNTY

Prepared by:
River Hills Prevention Connection
April 2019

Ohio MHAS
Promoting wellness and recovery

Acknowledgments

Training and technical assistance for Ohio communities to engage in the Community Readiness Assessment process was provided by Ohio University's Voinovich School of Leadership and Public Affairs and the Pacific Institute for Research and Evaluation with funding from the Ohio Department of Mental Health and Addiction Services to support the Strategic Prevention Framework Partnerships for Success (SPF-PFS) Evaluation (Grant #1700504) and the Ohio Problem Gambling CQI Project (Grant #1700555). Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004.

Table of Contents

Introduction

The needs assessment is a critical piece of the Strategic Prevention Framework Partnerships for Success Initiative, empowering communities to make data-driven decisions as they set priorities and choose prevention interventions that are impactful, locally relevant, and culturally competent.

Communities took a modular approach to conducting their needs assessments, working on the following eight chapters over a three-year period. The community-driven process allowed community partners to build capacity by expanding data collection infrastructure and developing skills to understand and communicate data and results.

Communities first identified a Problem of Practice (Chapter 1), in which they identified a priority substance or problem, the population of focus, and available data sources relevant to this problem and population. Communities combined these elements into a one-sentence problem statement. The problem statement served as the basis for the Community Readiness Assessment (Chapter 2).

The Community Readiness Assessment required team members to conduct interviews with key informants regarding five dimensions of community readiness: Community knowledge of efforts, leadership, community climate, knowledge about the issue, and resources related to the issue. Based on these interviews, communities assessed their readiness to address their Problem of Practice.

In Chapters 3-5, communities further explored the quantitative data supporting their Problem of Practice by identifying Community Outcomes Measures related to Consumption Data (Chapter 3), Consequence Data (Chapter 4), and Intervening Variables (Chapter 5). All measures were specific to the population of focus identified in the problem statement.

Communities held focus groups with members of the population of focus to collect qualitative data related to the intervening variables identified in Chapter 5. Chapter 6 describes the results of the youth focus group. Chapter 7 includes results from the adult focus group.

Finally, communities were asked to create a narrative of the needs assessment process (Chapter 8) by answering twelve critical reflection questions related to their team's understanding of their consumption data, consequence data, intervening variables, and local conditions.

Chapter 1

Lawrence County SFY18 SPF-PFS Problem of Practice (PoP)

County Profile

Lawrence County is the southern-most county in Ohio, separated from Kentucky and West Virginia by the Ohio River. This Appalachian county has an estimated population of 60,872.

The population is predominantly Caucasian (95.6%), with a small (2.2%) African American population. Only 1.6% of the county identifies as multiracial. A small percentage (0.9%) of the county reports being of Hispanic or Latino origin.

English is the predominant language, with only 1.6% of residents reporting that another language is spoken at home.

Among residents above 25 years of age, 85.7% have a high school diploma and 14.1% have a Bachelor's degree or higher. Though the high school graduation rate is similar to that found across the state of Ohio (89.5%), the percentage of county residents with an advanced degree is much lower than the state (26.7%).

The five-year median household income (2012-2016) is $44,256, which is considerably lower than the state median of $50,674. The five-year estimates for the percentage of the county residents below the Federal Poverty Level is 17.9%, which is above the state estimate of 14.6%.

The county includes six public school districts (Chesapeake-Union Exempted Village School District, Collins Career Center, Dawson-Bryant Local School District, Ironton City School District, Rock Hill Local School District, Saint Joseph Private Schools, South Point Local School District, and Symmes Valley Local School District).

Prevention Data Committee (PDC)

Our PDC has met three times. We plan to meet on a Monthly basis. Our PDC consists of the following members:

Member Name	Organization
Daniel Remley	Ohio State University Extension
Diva Justice	Our Lady of Bellefonte Hospital, Healthy Communities Initiative
MarkCompston	Wealth Management
Debbie Fisher	Lawrence County Health Department
Eden Silva	Impact Youth-Led Prevention Team Member
Mollie Stevens	Impact Prevention, Inc

Priority Problem

Ohio's SPF-PFS project focuses on 1) underage drinking among individuals ages 12-20 years and 2) prescription drug abuse among individuals ages 12-25 years.

We have decided to select *Underage Drinking* as our Priority Problem.

Priority Population

The priority population will be all students between the ages of 14-18 (grades 8th-12th) in Dawson-Bryant, Ironton and Rock Hill Districts, Ironton, Ohio. Ironton is a small rural Appalachian community, predominately Caucasian with little ethnic diversity.

Data Sources Used When Selecting Priority Problem

- OHYES! 2017 Lawrence County
- OHYES! 2016 Lawrence County
- OHYES! 2017 Adams County
- Ohio 2013 YRBSS
- 2013/2014 Ohio National Survey on Drugs and Health (NSDUH)

Lawrence County Problem Statement

Per the 2017 OHYES! Assessment Data, underage drinking in the past 30 days, 7th through 12th grades is 16.8% with a huge jump of 12.5% of 9th graders to 36.6% in 12th grade, that is a 24.1% increase.

Why Underage Drinking is an Issue among Priority Population in Lawrence County

Use of alcohol by youth under the age of 18 is problematic with a considerable jump from 9th graders to 12th graders. Our residents are proud of our rural, small, close-knit community, but this has also been identified as a crutch pertaining to the acceptance of underage drinking; the attitude of our youth is that drinking is not harmful, peers and parents do not disapprove of underage drinking and parents do not talk with their children about alcohol. Activities for the youth that do not involve alcohol are lacking.

Outcome Variables

Outcome Variable	Baseline Data	Data Source	Year
Alcohol 30 day use	12.50% of 9th graders	OHYES! Assessment Data	2017
Alcohol 30 day use	36.60% of 12th graders	OHYES! Assessment Data	2017

Chapter 2

Lawrence County SFY18 Community Readiness Assessment Report

Introduction

During SFY17, Lawrence County was one of two Data Mini-Grant communities funded under Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, each community completed a community readiness assessment. This report provides the results of Lawrence County's community readiness assessment and provides details about how the community readiness assessment was conducted.

Members of the community readiness assessment team for Lawrence County include:

- Mollie Stevens, Project Director, Interviewer and Report Writer
- Haley Shamblin,CRA Team Member, Interviewer
- Ellen Kuehne,CRA Team Member, Scorer
- Susan Heald,CRA Team Member, Scorers

Community Readiness and its Importance

Community readiness is the degree to which a community is willing and prepared to take action on an issue that affects the health and well-being of the community. Community readiness extends traditional resource-based views of how to address issues in communities by recognizing that efforts must have human, fiscal, and time resources, along with the *support* and *commitment* of its members and leaders. Community readiness is issue-specific, community-specific, and can change over time.

As prevention science has developed, prevention practitioners have realized that understanding a community's level of readiness is key to selecting prevention programs, efforts, and strategies that fit the community and to realizing positive prevention outcomes. In addition, work by NIDA (1997) highlights that community readiness is a process, factors associated with it can be objectively assessed and systematically enhanced. (National Institute on Drug Abuse, 1997)

Tri-Ethnic Community Readiness Model

The Tri-Ethnic Community Readiness Model is an innovative method for assessing the level of readiness of a community to develop and implement prevention and other intervention efforts. The TE-CRM was developed by researchers at the Tri-Ethnic Center for Prevention Research (Oetting, Donnermeyer, Plested, Edwards, Kelly, and Beauvais, 1995) to help communities be more successful in their efforts to address a variety of important issues, such as drug and alcohol use and HIV/AIDs prevention.

---

[1] Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

The TE-CRM measures five dimensions of community readiness:

- Dimension A: Community knowledge of the issue;
- Dimension B: Community knowledge of efforts;
- Dimension C: Community climate;
- Dimension D: Leadership; and
- Dimension E: Resources

In addition to the five dimensions of community readiness, the TE-CRM includes nine stages of community readiness, ranging from "no awareness" of the problem to "high level of community ownership" in response to the issue. Table 1 presents a complete list of the stages of community readiness and a brief example of each stage.

***Table 1*. Stages of Community Readiness**

Stage	Description	Example
1	No awareness	"It's just the way things are."
2	Denial/resistance	"We can't do anything about it."
3	Vague awareness	"Something should be done, but what?"
4	Preplanning	"This is important—what can we do?"
5	Preparation	"We know what we want to do and we are getting ready."
6	Initiation	"We are starting to do something."
7	Stabilization	"We have support, are leading, and we think it is working."
8	Confirmation/expansion	"Our efforts are working. How can we expand?"
9	Community ownership	"These efforts are part of the fabric of our community."

A community can be at different stages of readiness on each of the five dimensions of community readiness. The TE-CRM process (which will be described further below) results in readiness scores for each of the dimensions. The readiness scores for each of the dimensions are then combined to create a final overall readiness score for the community on a particular issue. This overall score provides a snapshot of how willing the community is to address an issue. In addition, the readiness scores for the individual dimensions are useful for understanding more about community readiness around the issue and for identifying and developing strategies to increase readiness.

The Tri-Ethnic Community Readiness Assessment Process

The TE-CRM includes a six-step process for assessing community readiness to address an important issue. These steps include:

1) Identifying a problem of practice to focus the community readiness assessment
2) Defining the community. For this assessment, "community" was defined as Lawrence County.
3) Conducting and recording structured interviews with key respondents in the Lawrence County community.

4) Obtaining transcripts of the community readiness interview recordings.
5) Scoring the interviews and calculating overall and dimension-specific readiness scores.
6) Creating a report describing the community readiness assessment process and presenting the community's readiness scores.

Selecting a Problem of Practice

Because community-readiness is issue-specific, communities first worked through a data-driven process to identify a problem of practice to guide the community readiness process. This process involved conducting a scan of available data to identify a priority problem (issue); identifying a priority population; mapping outcome variables associated with that priority problem; and creating a problem statement that detailed how the community was defined, what the key issue of focus was, and why it was an issue. Communities were required to focus their efforts on either underage drinking or prescription drug misuse/abuse among persons aged 12-25.

Key Informant Interviews

A key component of the TE-CRM is conducting interviews with 5-8 key informants in the community. Key informants are often individuals in the community who are knowledgeable about the community, but not necessarily leaders or decision-makers. Good key informants for community readiness interviews are community members who are involved in community affairs and who know what is going on—those with "big ears." It is important to note that the purpose of the TE-CRM is to assess the readiness of the *community* and not the *individual* to address the problem of practice; as such, individuals with lived experience with the problem of practice often have difficulty balancing community perspectives with their own experiences. By using a cross section of individuals, a more complete and accurate measure of the level of readiness to address the problem of practice can be obtained. TE-CRM key informant interviews involve approximately 35-40 questions from a structured interview guide developed by the Tri-Ethnic Center that are adapted to the community and the issue being addressed. The TE-CRM interview guide is included in this report (see Appendix A). TE-CRM interviews are recorded so that a transcript can be created for the scoring process. Key informant interviews in Lawrence County were conducted in April 2018.

Scoring Community Readiness Interviews Using the TE-CRM

After interviews are complete, each interview is transcribed. The TE-CRM community readiness interview transcripts are scored individually by at least two scorers following specific guidance developed by the Tri-Ethnic Center. Each interview is scored on a scale from 1-9 (depending on the stage of readiness) on each of the five dimensions and an overall community score is calculated. Individual scorers then come together and agree on the scores of each dimension for each interview (called a "consensus score" in the TE-CRM). Scores are then averaged across interviews for each dimension, and the final community readiness score is the average across the six dimensions. This final score gives the overall stage of readiness for the community to address this issue.

Community Readiness Results for Lawrence County

Lawrence County Problem Statement

During SFY18, Lawrence County engaged in a data-informed process to select a priority problem and priority population for its SPF-PFS efforts. Lawrence County selected *Underage Drinking* as the priority problem and chose to focus on students between the ages of 14-18 (grades 8th-12th) in Dawson-Bryant, Ironton and Rock Hill Districts in Ironton, Ohio. Their approved problem statement is:

Per the 2017 OHYES! Assessment Data, underage drinking in the past 30 days, 7th through 12th grades is 16.8% with a huge jump of 12.5% of 9th graders to 36.6% in 12th grade, that is a 34.1% increase.

This problem statement is the focus of this community readiness assessment.

Community Readiness Scores

Lawrence County conducted six community readiness interviews in April 2018. The table below summarizes the timeframe of when the interviews were conducted and the community sectors represented by the interview respondents.

Table 2. **Interview Information**

Interview	Date	Community Sector Represented
1	4/25/2018	Local government official (from local agency)
2	4/26/2018	Member of faith-based community
3	4/26/2018	Business community leader/member
4	4/27/2018	School and/or education provider
5	4/27/2018	Community member
6	4/30/2018	Prevention/Treatment provider/professional

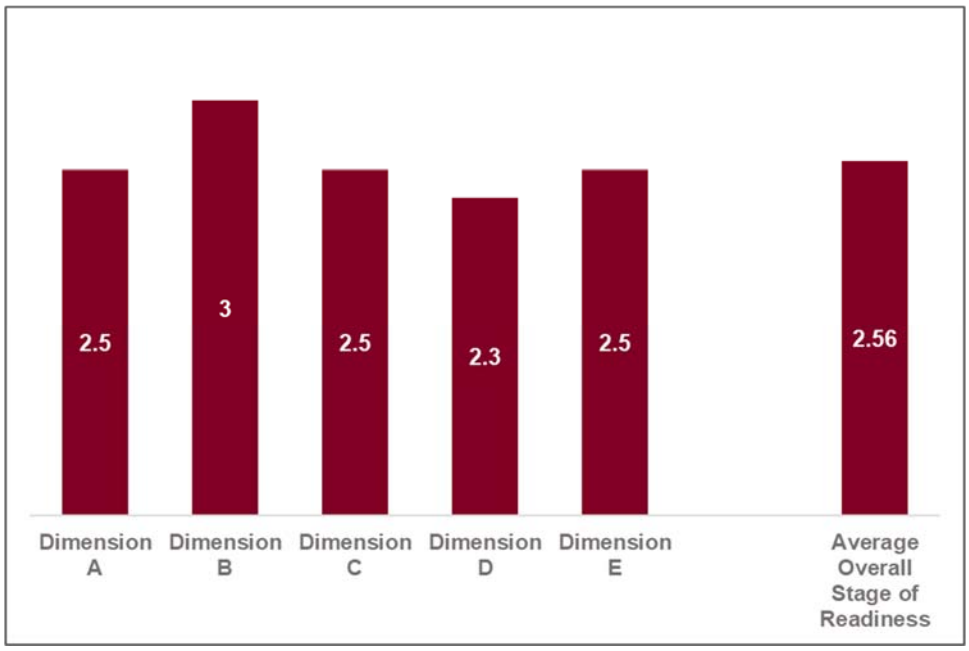
Lawrence County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM.

The following table is a summary of Lawrence County's interview scores for each dimension.

***Table 3*. Combined Interview Scores by Dimension**

Dimension	Interview						Combined Total Score of 6 Interviews
	1	2	3	4	5	6	
Dimension A: *Community Knowledge of Efforts*	6.5	1	1	1.5	4.5	1.5	16
Dimension B: *Leadership*	4.5	2.5	2.5	3.5	3	2.5	18.5
Dimension C: *Community Climate*	3.5	2	1.5	3	2.5	3	15.5
Dimension D: *Knowledge about the Issue*	3.5	2.5	1.5	3	2	1.5	14
Dimension E: *Resources Related to the Issue*	2.5	3	2	2.5	2.5	2.5	15

Figure 1. Calculated Stage Score for Individual Dimensions



Lawrence County's Average Overall Stage of Readiness is: 2.56. This score indicates that the community is in **Stage 2: Denial/resistance**.

Highlights from Interview Participants about Readiness to Address Underage Drinking

The quotations below are included to illustrate the scores in Table 4.

Dimension A: *Community Knowledge of Efforts*	"I think that they see the evidence of the success [of programs in the community such as referrals being made through the court system and counseling agencies, and school programs around prevention] because we don't have nearly as much drinking and driving and fatal accidents as we used to years ago, and I think people are aware of that."
Dimension B: *Leadership*	"Because, again, it's become such a common thing of underage drinking, so people aren't really worried about it."
Dimension C: *Community Climate*	"I think it's something that- it would be easier one to control because there's more laws against alcohol, so I think that one would be something that they could address easier since there are laws, you know, of the age of drinking."
Dimension D: *Knowledge about the Issue*	"I think that the misconceptions are is that it's not going on as much as, probably, what it is. The teenagers are pretty good about hiding it."
Dimension E: *Resources Related to the Issue*	"I think that if the resources were there and it wasn't time consuming to a lot of people, I think they wouldn't have a problem of holding some type of awareness meeting or public forum just to make sure people have that access to information."

Using Assessment Results to Develop Strategies to Build Readiness

With the information from this assessment, strategies can then be developed that will be appropriate for Lawrence County. The first step in determining possible strategies to build readiness is to look at the distribution of scores across the five readiness dimensions. Generally, to move ahead with prevention programs, strategies, and interventions, community readiness levels should be similar on all five dimensions. If one or more dimensions have lower scores than the others, efforts should be focused on identifying and implementing strategies that will increase the community's readiness on that dimension (or those dimensions).

After reviewing these results, the Lawrence County team felt that Dimension A (Knowledge of Efforts) and Dimension D (Knowledge of the Issue) were very low and should be emphasized. In regard to dimension A (Knowledge of Efforts) the team feels as if the community sees success, but all are not completely aware of what efforts are being made. Dimension D (Knowledge of the Issue) focuses on community knowledge of underage drinking and the evidence collected appears to show that the community is aware of the problem, but they do not see how large of an impact it has.

Appendix A: TE-CRM Interview Guide

Community Readiness Interview Questions

Ohio SPF-PFS Initiative- Community Readiness Interview Questions

***REMINDER*: Where you see "(issue)," fill in with the issue you would like to address and any specifics about that issue (i.e., underage drinking among 12-18 year olds). Where you see "(community)," please make sure to insert the name of the county or community you are focusing on.**

1. **For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believe.**

   On a scale from 1-10, how much of a concern is underage drinking among 14-18 year olds **to members of Lawrence County, with 1 being "not a concern at all" and 10 being "a very great concern"?** *(Scorer note: Community Climate)*

   Can you tell me why you think it's at that level?

   Interviewer: Please ensure that the respondent answers this question in regards to ***community members*** *NOT in regards to themselves or what they think it should be.*

COMMUNITY KNOWLEDGE OF EFFORTS

I'm going to ask you about current community efforts to address underage drinking among 14-18 year olds. By efforts, I mean any programs, activities, or services in your community that address Lawrence County.

2. **Are there efforts in** Lawrence County **that address** underage drinking among 14-18 year olds**?**

   If ***Yes****, continue to question 3; if* ***No****, skip to question 16.*

3. **Can you briefly describe each of these?**

   Interviewer: Write down names of efforts so that you can refer to them in #4-5 below.

4. **How long have each of these efforts been going on?** *Probe for each program/activity.*

5. **Who do each of these efforts serve (e.g., a certain age group, ethnicity, etc.)?**

6. **About how many community members are aware of each of the following aspects of the efforts - none, a few, some, many, or most?**
   - **Have heard of efforts?**
   - **Can name efforts?**
   - **Know the purpose of the efforts?**
   - **Know who the efforts are for?**
   - **Know how the efforts work (e.g. activities or how they're implemented)?**
   - **Know the effectiveness of the efforts?**
7. **Thinking back to your answers, why do you think members of your community have this amount of knowledge?**
8. **Are there misconceptions or incorrect information among community members about the current efforts?** *If yes:* What are these?
9. **How do community members learn about the current efforts?**
10. **Do community members view current efforts as successful?**

    Probe: What do community members like about these programs?

    What don't they like?
11. **What are the obstacles to individuals participating in these efforts?**
12. **What are the strengths of these efforts?**
13. **What are the weaknesses of these efforts?**
14. **Are the evaluation results being used to make changes in efforts or to start new ones?**
15. **What planning for additional efforts to address** underage drinking among 14-18 year olds **is going on in** Lawrence County?

Only ask #16 if the respondent answered "No" to #2 or was unsure.

16. **Is anyone in Lawrence County trying to get something started to address** underage drinking among 14-18 year olds? **Can you tell me about that?**

LEADERSHIP

I'm going to ask you how the leadership in Lawrence County perceives underage drinking among 14-18 year olds. By leadership, we are referring to those who could affect the outcome of

this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

17. **Using a scale from 1-10, how much of a concern is** underage drinking among 14-18 year olds **to the leadership of Lawrence County, with 1 being "not a concern at all" and 10 being "a very great concern"?**

    Can you tell me why you say it's a _____?

    17a. How much of a priority is addressing this (*issue*) **to leadership?**

    Can you explain why you say this?

18. **I'm going to read a list of ways that leadership might show its support or lack of support for efforts to address** underage drinking among 14-18 year olds**.**

    Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list.

    How many leaders…

    - **At least passively support efforts without necessarily being active in that support?**
    - **Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?**
    - **Support allocating resources to fund community efforts?**
    - **Play a key role as a leader or driving force in planning, developing or implementing efforts? (**prompt: How do they do that?**)**
    - **Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?**

19. **Does the leadership support expanded efforts in the community to address** underage drinking among 14-18 year olds**?**

    If yes: **How do they show this support? For example, by passively supporting, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts?**

20. **Who are leaders that are supportive of addressing this issue in your community?**

21. **Are there leaders who might oppose addressing** (*issue*)**? How do they show their opposition?**

COMMUNITY CLIMATE

For the following questions, again please answer keeping in mind your perspective of what community members believe and not what you personally believe.

22. **How much of a priority is addressing this issue to community members?**

    Can you explain your answer?

23. **I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to address** underage drinking among 14-18 year olds**.**

    Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move through the list.

    How many community members…

    - **At least passively support community efforts without being active in that support?**
    - **Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?**
    - **Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)**
    - **Are willing to pay more (for example, in taxes) to help fund community efforts?**

24. **About how many community members would support expanding efforts in the community to address** underage drinking among 14-18 year olds**? Would you say none, a few, some, many or most?**

    If more than none: **How might they show this support? For example, by passively supporting or by being actively involved in developing the efforts?**

25. **Are there community members who oppose or might oppose addressing (*issue*)? How do or will they show their opposition?**

26. **Are there ever any circumstances in which members of** Lawrence County **might think that this issue should be tolerated? Please explain.**

27. **Describe** Lawrence County**.**

KNOWLEDGE ABOUT THE ISSUE

28. **On a scale of 1 to 10 where a 1 is no knowledge and a 10 is detailed knowledge, how much do community members know about** underage drinking among 14-18 year olds**?**

    Why do you say it's a ____?

29. **Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to** underage drinking among 14-18 year olds? (*After each item, have them answer.)*

    - Underage drinking among 14-18 year olds**, in general** ***(Prompt as needed with "nothing, a little, some or a lot".)***
    - **the signs and symptoms**
    - **the causes**
    - **the consequences**
    - **how much** underage drinking among 14-18 year olds **occurs locally (or the number of people living with** underage drinking among 14-18 year olds **in your community)**
    - **what can be done to prevent or treat** underage drinking among 14-18 year olds
    - **the effects of** underage drinking among 14-18 year olds **on family and friends?**

30. **What are the misconceptions among community members about** underage drinking among 14-18 year olds**, e.g., why it occurs, how much it occurs locally, or what the consequences are?**

31. **What type of information is available in** Lawrence County **about** underage drinking among 14-18 year olds **(e.g. newspaper articles, brochures, posters)?**

    If they list information, ask: Do community members access and/or use this information?

RESOURCES FOR EFFORTS *(time, money, people, space, etc.)*

If there are efforts to address the issue locally, begin with question 32. If there are no efforts, go to question 33.

32. How are current efforts funded? Is this funding likely to continue into the future?

33. I'm now going to read you a list of resources that could be used to address underage drinking among 14-18 year olds **in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address** underage drinking among 14-18 year olds**?**

- **Volunteers?**
- **Financial donations from organizations and/or businesses?**
- **Grant funding?**
- **Experts?**
- **Space?**

34. Would community members and leadership support using these resources to address underage drinking among 14-18 year olds**? Please explain.**

35. On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward addressing underage drinking among 14-18 year olds **in your community?**

- **Seeking volunteers for current or future efforts to address** underage drinking among 14-18 year olds **in the community.**
- **Soliciting donations from businesses or other organizations to fund current or expanded community efforts.**
- **Writing grant proposals to obtain funding to address** underage drinking among 14-18 year olds **in the community.**
- **Training community members to become experts.**
- **Recruiting experts to the community.**

36. Are you aware of any proposals or action plans that have been submitted for funding to address underage drinking among 14-18 year olds **in Lawrence County?**

If Yes: Please explain**.**

Additional policy-related questions:

37. **What formal or informal policies, practices and laws related to this issue are in place in your community?** (*Prompt*: An example of ―formal‖ would be established policies of schools, police, or courts. An example of ―informal‖ would be similar to the police not responding to calls from a particular part of town.)

38. **Are there segments of the community for which these policies, practices and laws may not apply, for example, due to socioeconomic status, ethnicity, age?**

39. **Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.**

40. **How does the community view these policies, practices and laws?**

Demographics of respondent (optional)

1. Gender:

2. What is your work title? _____

3. What is your race or ethnicity?

___ Anglo ___ African American

___ Hispanic/Latino/Chicano ___ American Indian/Alaska Native

___ Asian/Pacific Islander ___ Other_____

4. What is your age range?

___ 19-24 ___ 25-34

___ 35-44 ___ 45-54

___ 55-64 ___ 65 and above

5. Do you live in Lawrence County? YES NO If no: What community? _____

6. How long have you lived in your community? _____

7. Do you work in Lawrence Count? YES NO If no: What community? _____

5. Do you live in Lawrence County? YES NO If no: What community? _____

Chapter 3

COMs Data for Lawrence County

Data for this report come from the from the Ohio Healthy Youth Environments Survey (OHYES!, FFYs 2016 and 2017)[1].

All items asked in a continuous fashion were dichotomized. Frequency items were dichotomized at occurring vs. not occurring.

Table 1. Percentages for 30 Day Binge Alcohol Use

	2016	2017
N	-	973
Valid N	127	929
Overall	12.2	7.0
Females	-	6.5
Males	-	7.9
Grade 6	-	-
Grade 7	-	-
Grade 8	-	-
Grade 9	-	-
Grade 10	-	9.3
Grade 11	-	-
Grade 12	-	19.8

Table 2. Percentages for 30 Day Alcohol Use

	2016	2017
N	-	973
Valid N	137	958
Overall	25.9	16.5
Females	25.4	16.7
Males	26.1	16.7
Grade 6	-	-
Grade 7	-	-
Grade 8	-	-
Grade 9	-	12.5
Grade 10	-	25.6
Grade 11	33.8	23.8
Grade 12	-	36.6

[1] Data collection for 2016 and 2017 does not include the same collection of school districts.

Chapter 4

Lawrence County SFY17 Prescription Drug Consequence Data Report

Introduction

During SFY18, Lawrence County was one of ten communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, OSET worked with OhioMHAS and other partners across the state of Ohio to identify sources of data on prescription drug consequences and to compile these data. This report provides prescription drug consequence data for 2012-2016 and provides instructions on how to utilize and interpret these data.

Consequence Indicators, Years, and Sources

Secondary data on prescription drug consequences were collected from several sources, which appear in Table 1. Proportions were calculated by dividing the number experiencing the consequence (or numerator) by the population size or a count of events (or denominator). This number is then sometimes multiplied by 100,000 if the resulting numbers are very small (e.g., 1 in 10,000 is .01%, but 10 per 100,000). Norming these numbers by the population size or number of events allows for the numbers for your county and the state to be compared.

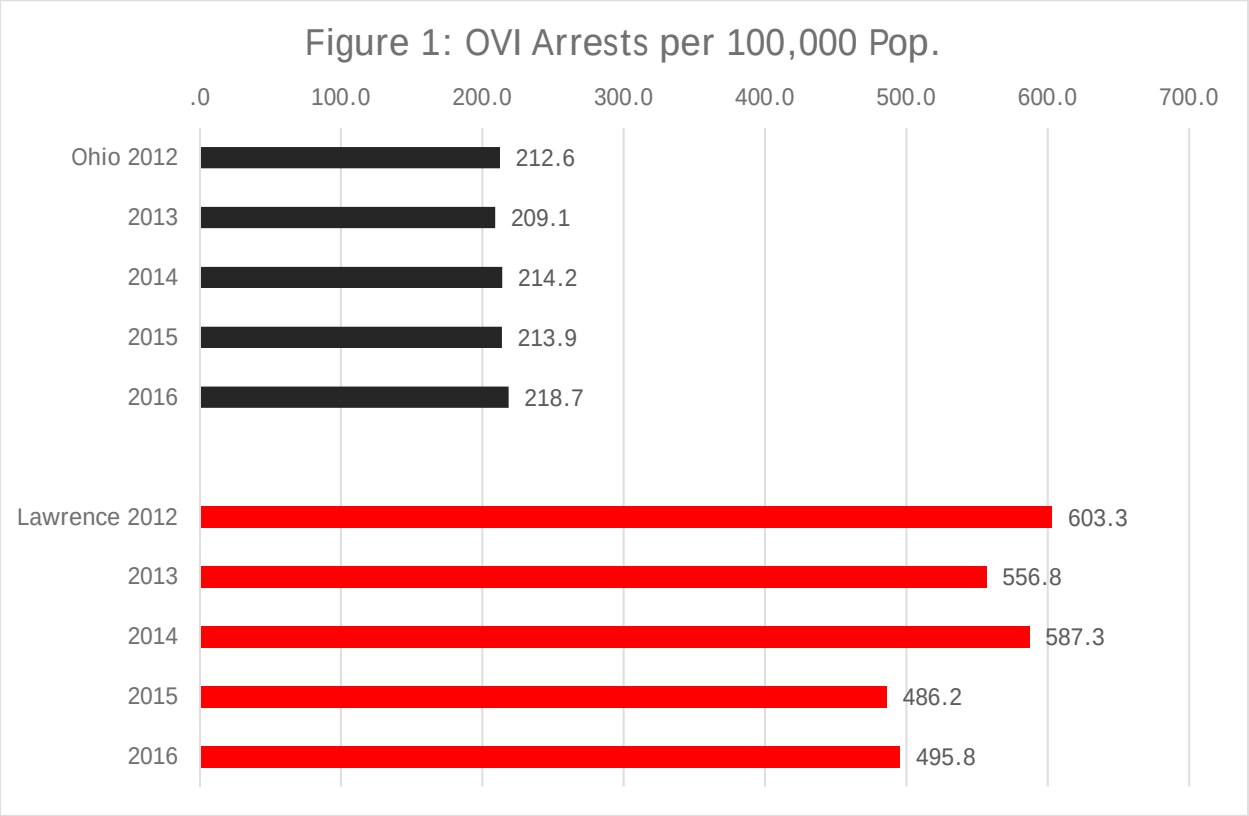
Table 1. **Consequence Indicators, Years, and Sources**

<table>
<tr><th></th><th>Denominator</th><th>Years</th><th>Source</th></tr>
<tr><td colspan="4">Prescription Drug Indicators</td></tr>
<tr><td>Rx arrests per 100,000 Pop.</td><td>Population size</td><td>2012-2016</td><td>Ohio Incident-Based Reporting System</td></tr>
<tr><td>Drug Overdose Death per 100,000 Pop. Past 6 Yr. (Age Adj.)</td><td>Population size</td><td>2015-2016</td><td rowspan="2">Ohio Department of Health Drug Overdose Report</td></tr>
<tr><td>Unintentional Drug Overdose Deaths per 100,000 Pop.</td><td>2010 population size</td><td>2012-2016</td></tr>
<tr><td>OVI Arrests per 100,000 Pop.</td><td>2010 population size</td><td>2012-2016</td><td>Ohio Department of Public Safety. Ohio Traffic Crash Facts Annual Reports.</td></tr>
<tr><td>% Overdose Deaths with Prescription Opioids</td><td rowspan="3">Number of deaths due to unintentional overdoses</td><td rowspan="3">2012-2016</td><td rowspan="3">Ohio Department of Health Bureau of Vital Statistics</td></tr>
<tr><td>% Overdose Deaths with Fentanyl and Related Drugs</td></tr>
<tr><td>% Overdose Deaths with Benzodiazepines</td></tr>
<tr><td>Fentanyl and Related Drug Deaths per 100,000 Pop.</td><td>Population size</td><td>2016</td><td>Ohio Department of Health Bureau of Vital Statistics</td></tr>
</table>

[1] Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

The following figures provide data for your county and the state. Note that "#N/A" indicates that either the data were not available or the data were suppressed by the provider due to a small number of cases. You will want to consider both (1) whether your county changes over time and (2) whether your county differs substantially from the state proportion.

Prescription Drug Indicator Data for Lawrence County



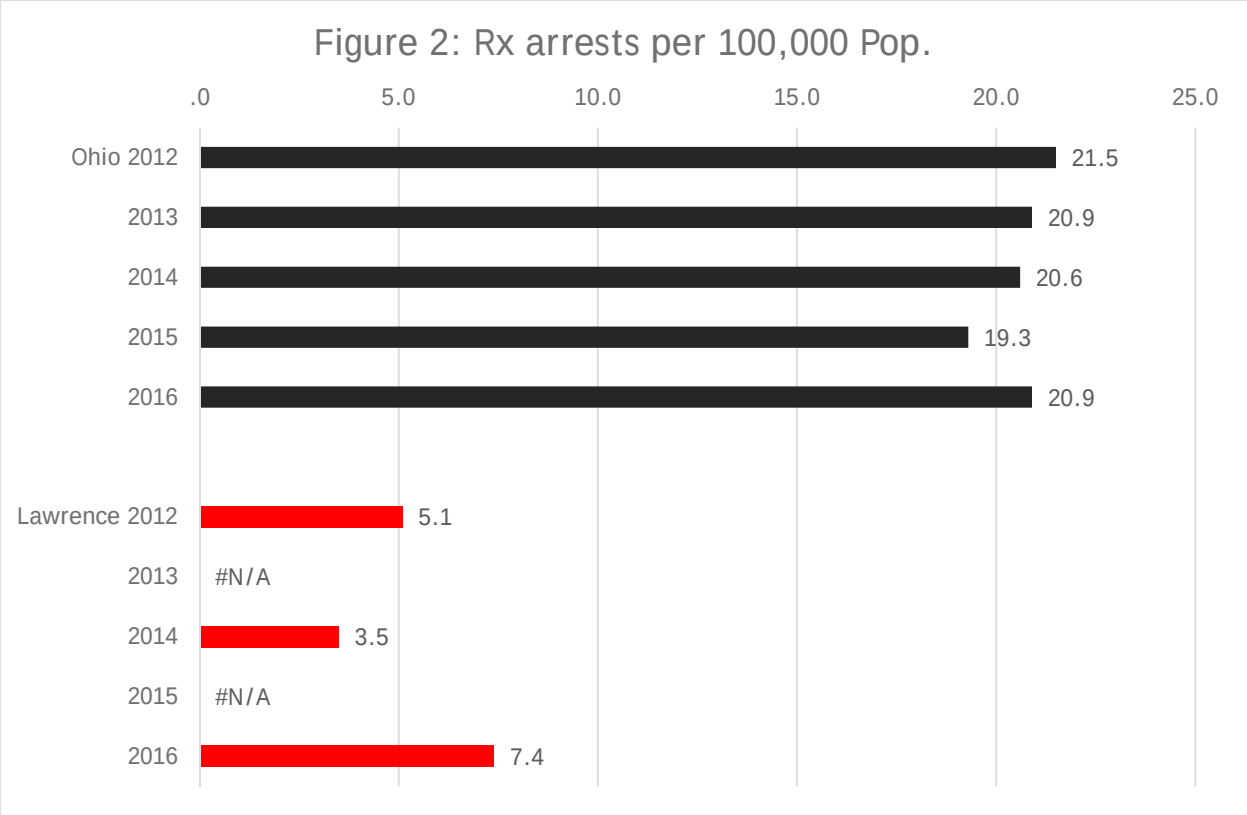


Figure 2: Rx arrests per 100,000 Pop.
.0
5.0
10.0
15.0
20.0
25.0
Ohio 2012
21.5
2013
20.9
2014
20.6
2015
19.3
2016
20.9
Lawrence 2012
5.1
2013
#N/A
2014
3.5
2015
#N/A
2016
7.4

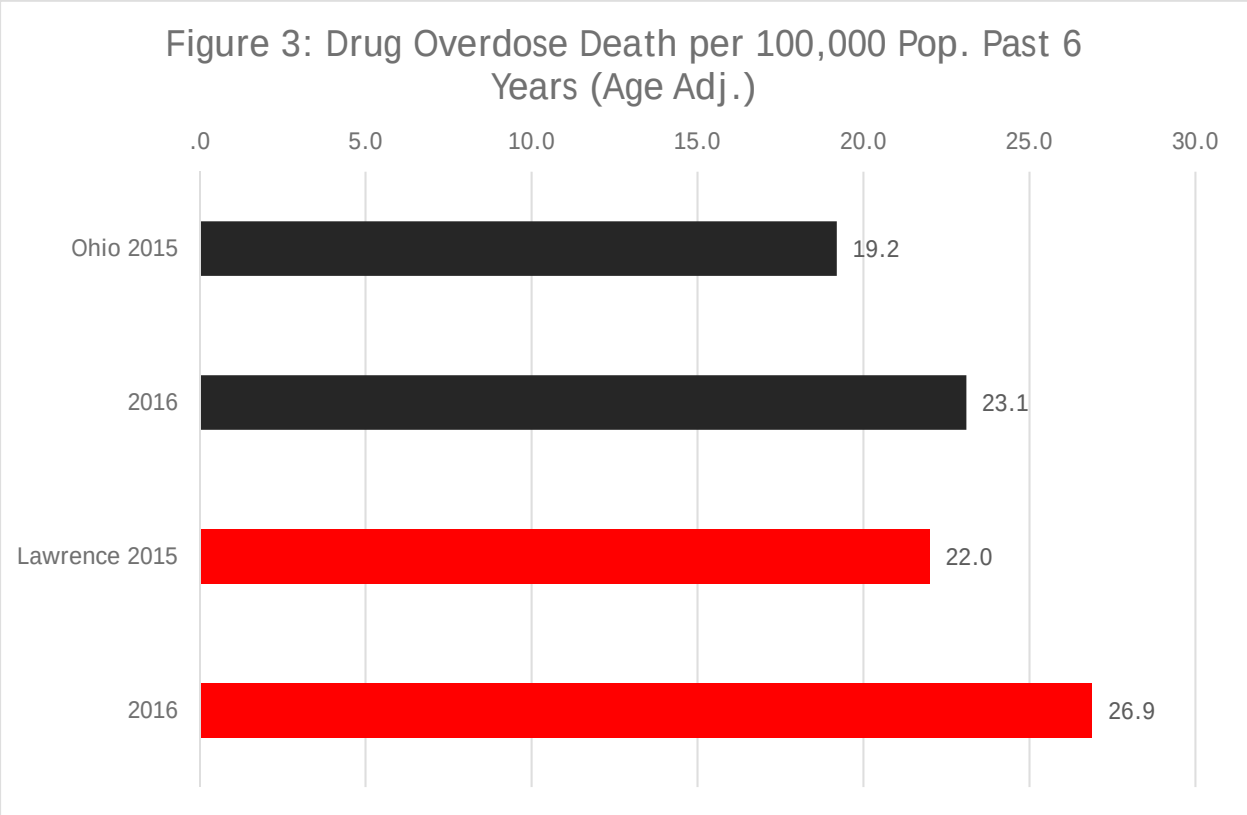


Figure 3: Drug Overdose Death per 100,000 Pop. Past 6 Years (Age Adj.)
.0
5.0
10.0
15.0
20.0
25.0
30.0
Ohio 2015
19.2
2016
23.1
Lawrence 2015
22.0
2016
26.9

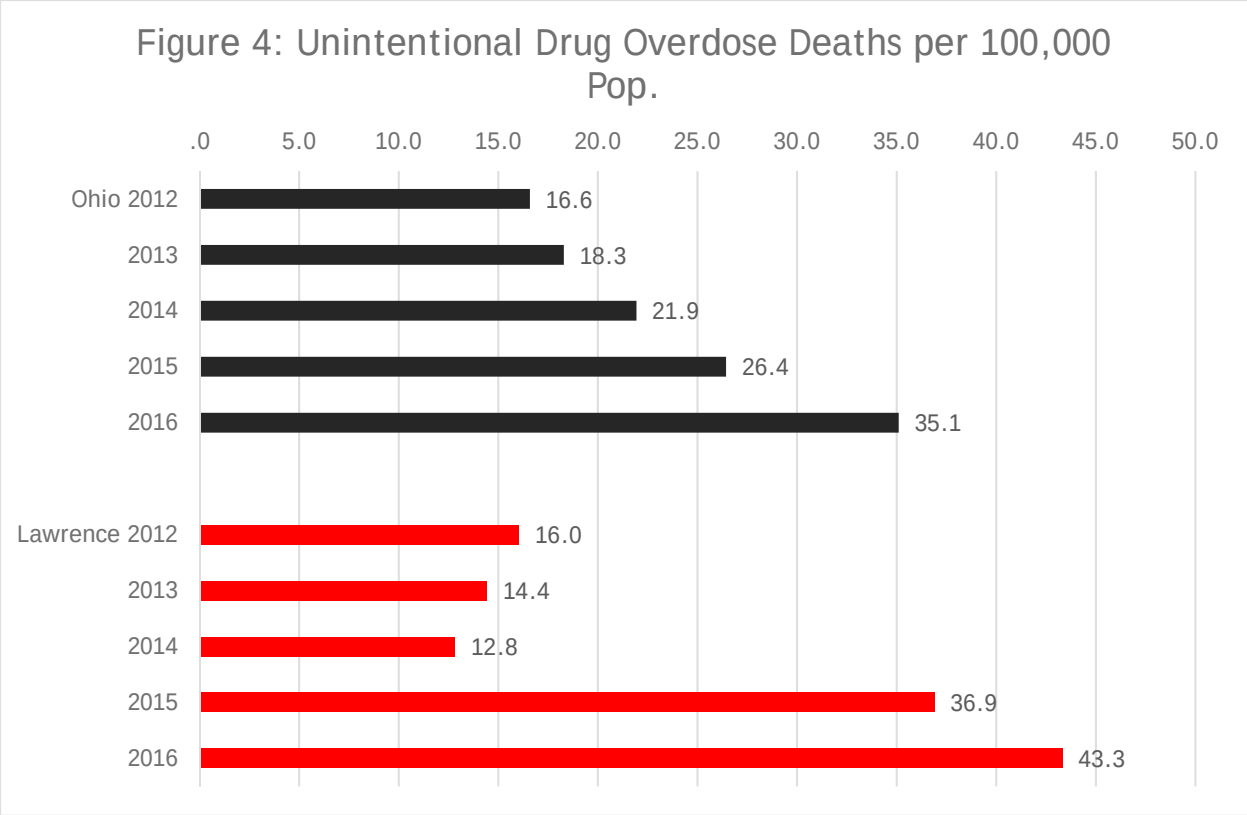


Figure 4: Unintentional Drug Overdose Deaths per 100,000 Pop.
.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0
40.0
45.0
50.0
Ohio 2012
16.6
2013
18.3
2014
21.9
2015
26.4
2016
35.1
Lawrence 2012
16.0
2013
14.4
2014
12.8
2015
36.9
2016
43.3

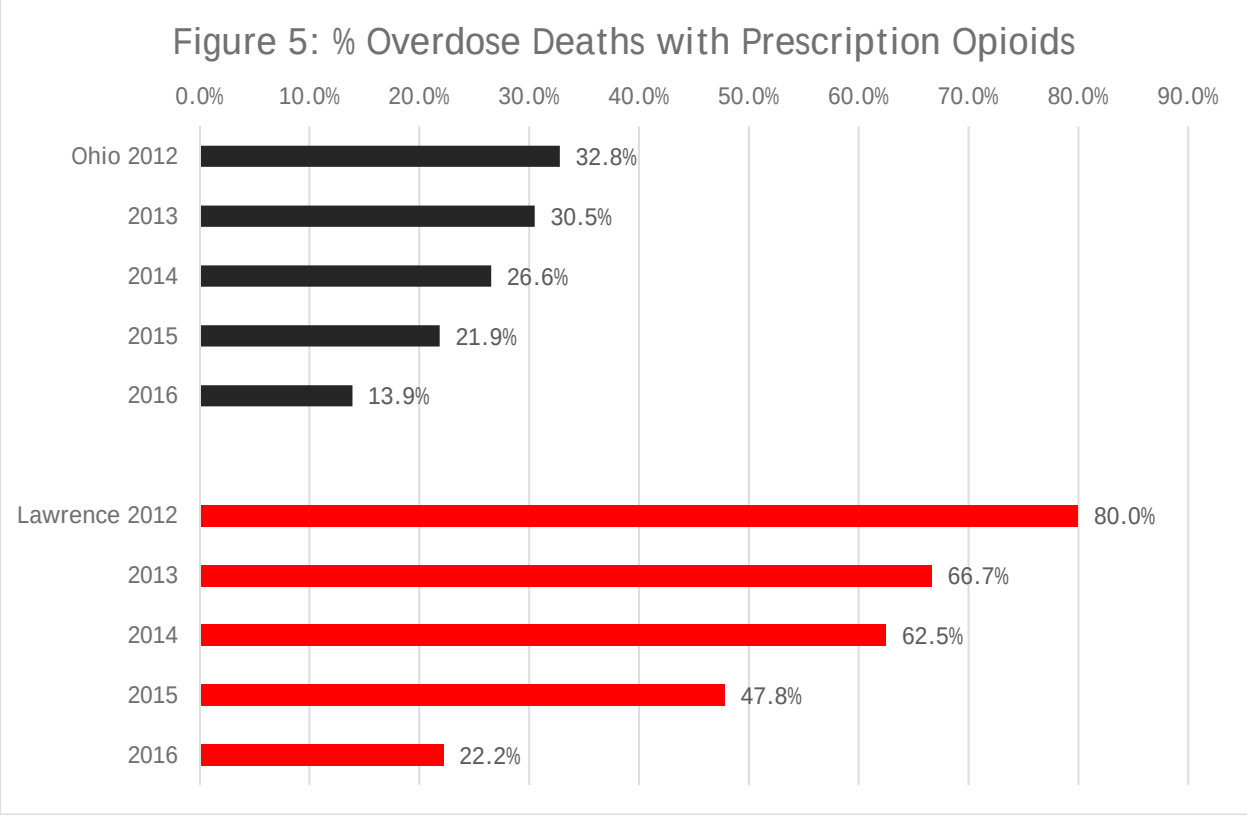


Figure 5: % Overdose Deaths with Prescription Opioids
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
70.0%
80.0%
90.0%
Ohio 2012
32.8%
2013
30.5%
2014
26.6%
2015
21.9%
2016
13.9%
Lawrence 2012
80.0%
2013
66.7%
2014
62.5%
2015
47.8%
2016
22.2%

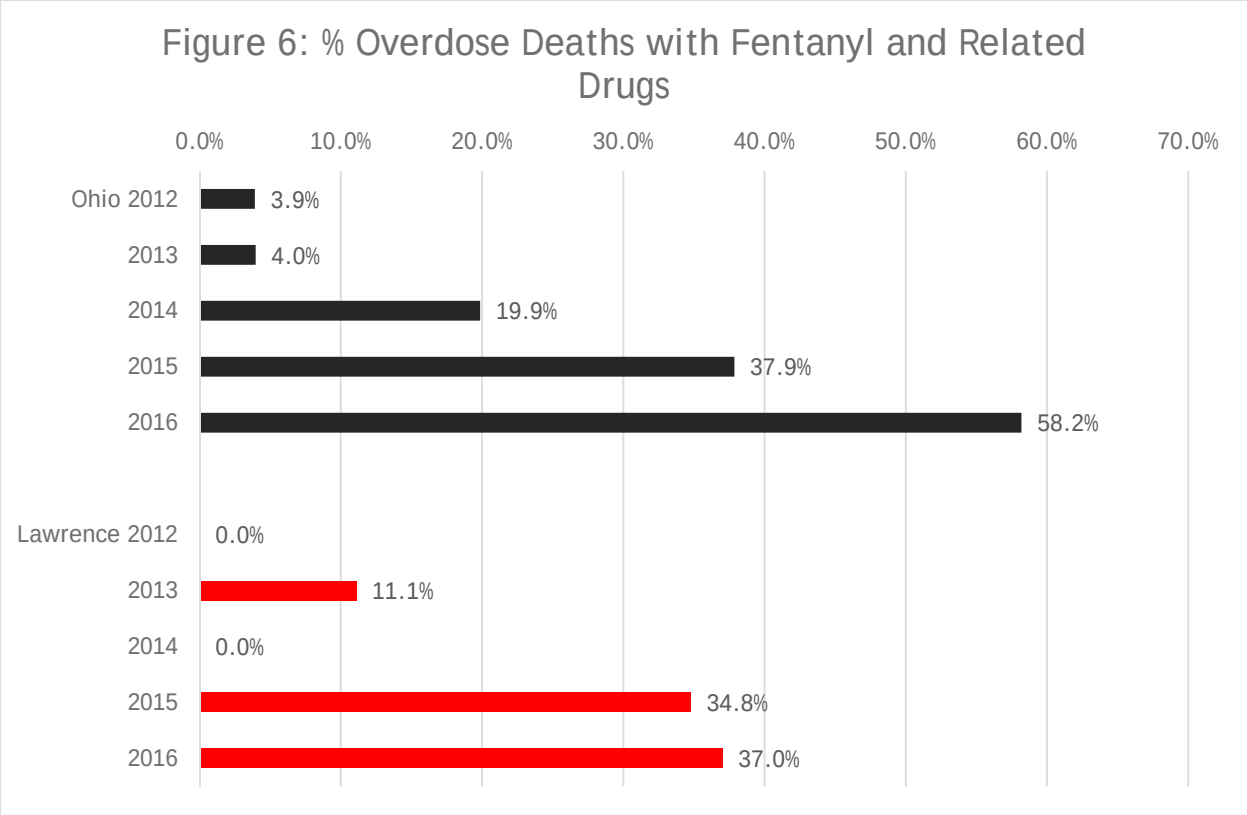


Figure 6: % Overdose Deaths with Fentanyl and Related Drugs
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
70.0%
Ohio 2012
3.9%
2013
4.0%
2014
19.9%
2015
37.9%
2016
58.2%
Lawrence 2012
0.0%
2013
11.1%
2014
0.0%
2015
34.8%
2016
37.0%

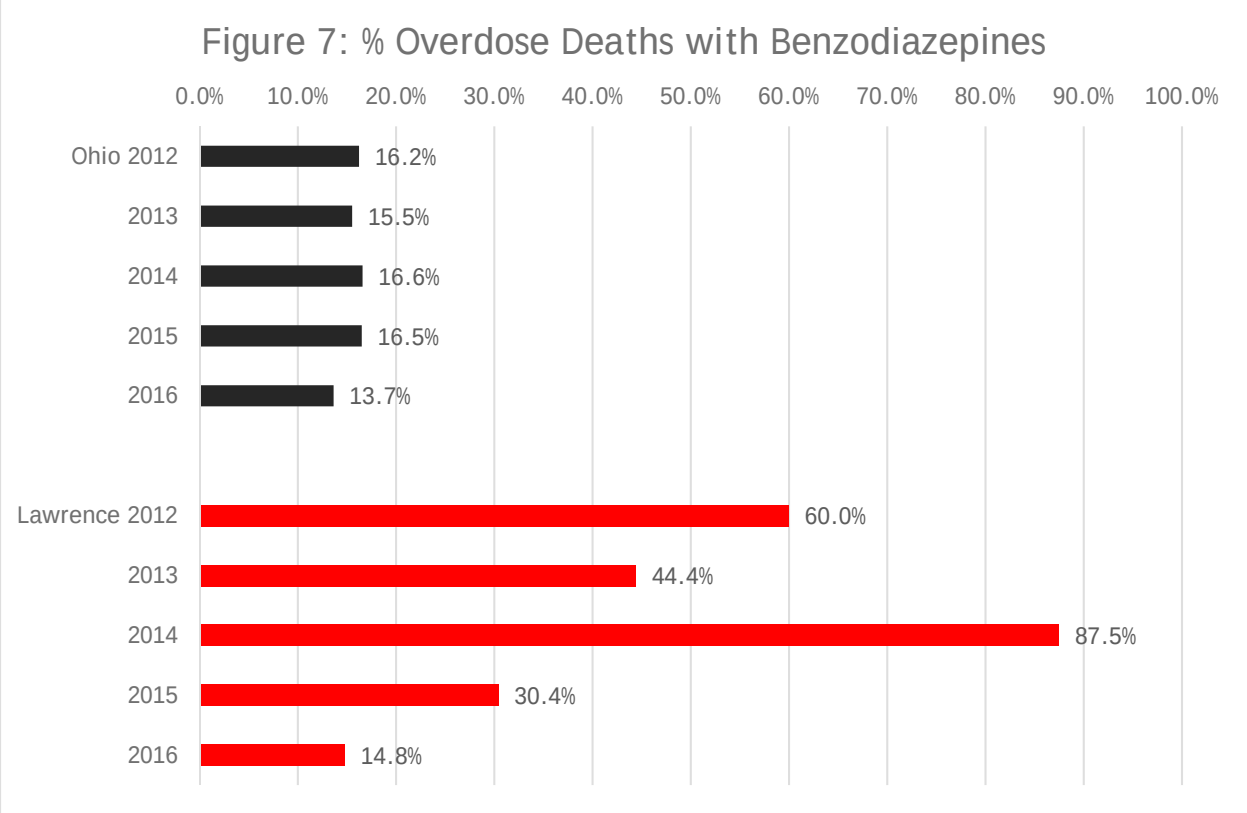


Figure 7: % Overdose Deaths with Benzodiazepines
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
70.0%
80.0%
90.0%
100.0%
Ohio 2012
16.2%
2013
15.5%
2014
16.6%
2015
16.5%
2016
13.7%
Lawrence 2012
60.0%
2013
44.4%
2014
87.5%
2015
30.4%
2016
14.8%

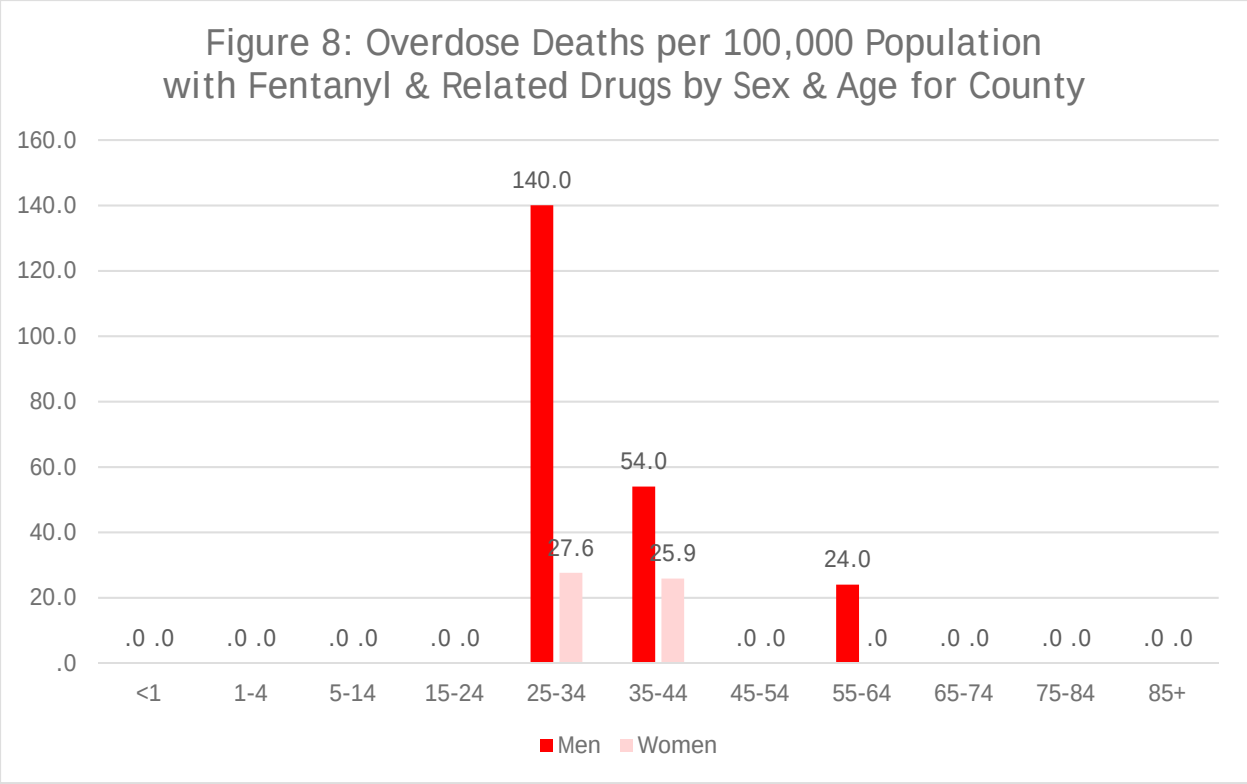


Figure 8: Overdose Deaths per 100,000 Population with Fentanyl & Related Drugs by Sex & Age for County
160.0
140.0
120.0
100.0
80.0
60.0
40.0
20.0
.0
140.0
27.6
54.0
25.9
24.0
.0 .0
.0 .0
.0 .0
.0 .0
.0 .0
.0
.0 .0
.0 .0
.0 .0
<1
1-4
5-14
15-24
25-34
35-44
45-54
55-64
65-74
75-84
85+
Men
Women

Chapter 5

Intervening Variable Data for Lawrence County

Data for this report come from the Ohio Healthy Youth Environments Survey (OHYES!, FFYs 2016 and 2017)[1].

All items asked in a continuous fashion were dichotomized. Frequency items were dichotomized at occurring vs. not occurring, risk items were dichotomized at moderate or great risk vs. otherwise, and perceptions of disapproval were asked as wrong or very wrong vs. otherwise.

Table 1. Percentages for Perceived Risk/Harm of Use - Binge Drinking

	2016	2017
N	-	973
Valid N	138	949
Overall	59.7	62.4
Females	73.5	70.3
Males	46.4	57.6
Grade 6	-	-
Grade 7	67.4	57.9
Grade 8	-	62.6
Grade 9	-	64.0
Grade 10	-	66.8
Grade 11	53.6	69.0
Grade 12	-	59.0

Table 2. Percentages for Perception of Peer Disapproval of Alcohol Use

	2016	2017
N	139	973
Valid N	139	943
Overall	54.0	57.7
Females	61.8	61.0
Males	47.1	57.8
Grade 6	-	-
Grade 7	91.3	87.4
Grade 8	-	68.4
Grade 9	-	64.7
Grade 10	-	52.0
Grade 11	40.6	48.5
Grade 12	-	37.0

[1] Data collection for 2016 and 2017 does not include the same collection of school districts.

Table 3. Percentages for Parental Disapproval of Alcohol Use

	2016	2017
N	-	973
Valid N	138	943
Overall	84.2	83.4
Females	82.1	90.2
Males	87.1	81.7
Grade 6	-	-
Grade 7	95.7	93.6
Grade 8	-	87.8
Grade 9	-	85.2
Grade 10	-	83.5
Grade 11	80.9	86.9
Grade 12	-	82.0

Table 4. Percentages for Family Communication about ATOD Use

	2016	2017
N	-	973
Valid N	137	954
Overall	48.9	47.0
Females	51.5	50.6
Males	48.5	45.5
Grade 6	-	-
Grade 7	67.4	52.1
Grade 8	-	55.9
Grade 9	-	50.9
Grade 10	-	47.8
Grade 11	39.7	32.6
Grade 12	-	44.0

Chapter 6

Youth Tobacco, Alcohol, and Drug Prevention
Youth Focus Group Report

VOINOVICH SCHOOL *of* Leadership *and* Public Affairs

IMPACT PREVENTION

Lawrence County, Ohio

April 2019

Submitted by:

Impact Prevention, Inc.
PO Box 809
South Point, OH 45680
Phone: 1 -740-534-3356
mfs.impact@gmail.com

Acknowledgements

Many individuals contributed to the success of this project, and we are most grateful for the support and assistance of each and every one of them.

Voinovich School of Leadership and Public Affairs at Ohio University

Holly Raffle, Assistant Professor

Pacific Institute for Research and Evaluation

April Schweinhart, Associate Research Scientist

Ohio SPF-PFS Evaluation Team

Laura Milazzo, Research Associate

Lezlee Ware, Research Associate

Additional Partner Organizations

Impact Prevention, Inc.

Mollie Stevens, Director

River Hills Prevention Connection

Susan Heald, Coordinator

Most importantly, we offer our sincerest appreciation to the providers, parents, and youth who participated in the process. Without you, this report would not have been possible.

Table of Contents

Introduction

During SFY17 and 18, Lawrence County River Hills Prevention Connection was one of ten communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, each community completed listening sessions/focus groups on underage drinking with youth in the community. This report synthesizes the results of Lawrence County's Youth listening sessions and provides details about how the listening sessions were conducted. These listening sessions were designed to provide information on local/community conditions that are contributing to the problem of underage drinking in Lawrence County.

Method

Guiding Questions

The focus groups were designed to capture information relating to four intervening variables as required by SAMHSA. As such, the guiding questions for each focus group were:

1. How do young people form their perceptions of parental permissiveness or disapproval regarding underage drinking? What cues do they follow to know that their parents are more or less restrictive with alcohol?
2. What kind of social cues are young people using to gain approval or disapproval from peers regarding underage drinking? What strategies can be put in place to increase positive peer influence?
3. What is the tone, demeanor, and perceived effectiveness of family conversations around underage drinking? How can these conversations be made more meaningful and impactful for youth?
4. What are the strategies that most youth perceive as effective to decrease the harmful effects of underage drinking? What negative consequences of underage drinking are perhaps being neglected by youth?

Interview Protocol

For each listening session, the research team utilized a standard, open-ended group interview protocol to facilitate the group. Patton (2002) advocates the use of an interview guide for the following three reasons: (a) the limited time in an interview session is optimally utilized; (b) a systematic approach is more effective and comprehensive; and (c) an interview guide keeps the conversation focused. The facilitation guides (Appendices A-B) included questions designed to elicit responses regarding the questions guiding the evaluation.

Participants

Information from key informants (i.e., students) guided this listening session report. To collect information from the informants, we conducted two focus groups with youth ages 12 -17.

The Coalition Coordinator, Susan Heald invited informants to participate in the focus groups, scheduled the interviews, and coordinated the times and locations with the informants and the focus group team. In order for youth to participate in the group interviews, they had to have a signed parental consent form / student assent form (Appendix C). At the beginning of each focus group, the focus group team read a script which clearly stated that informants were participating voluntarily and had the option to refuse to answer any of the questions. Through the course of the project, two group sessions were completed and a total of 20 youth participated. For their participation in the study, each youth were compensated for their participation with pizza, pop, and fidgets in the evaluation.

[1] Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

Data Analysis

Qualitative data analysis techniques were used to analyze the data collected from the group interviews. Content analysis was used to analyze responses to the open-ended items. Patton (2002) describes content analysis as "searching for recurring words or themes." Text was analyzed to see what phrases, concepts, and words are prevalent throughout the informants' responses. During this stage of the analysis, coding categories were identified. Through this coding process, data was sorted and defined into categories that were applicable to the purpose of the research. Codes were defined and redefined throughout the analysis process as themes emerged. At the end of the analysis, major codes were identified as central ideas or concepts (Glesne, 2006). These central ideas were assembled by pattern analysis for the development of major themes. From the major themes, we drew conclusions (Patton, 2002). To ensure credibility of both the procedures and the conclusions, we used analyst triangulation. Patton (2002) defines analyst triangulation as "having two or more persons independently analyze the same qualitative data and compare their findings." Teamwork, as opposed to individual work, is likely to increase the credibility of the findings (Lincoln & Guba, 1985).

Results

The following sections describes what informants perceived as the local conditions affecting perceived parental perceptions, peer perceptions, family communication, and risk/harm. These include personal risk and protective factors as well as potential strategies for enhancing prevention efforts in our community. Risk and protective factor-focused prevention is based on the work of Hawkins, Catalano, and Miller (1992). Risk factors are factors that increase the likelihood of adolescent substance abuse, teenage pregnancy, school drop-out, youth violence, and delinquency (Hogan, Gabrielsen, Luna, &Grothaus, 2003). Protective factors provide the counter to risk factors; the more protective factors that an individual has present, the less risk for unhealthy behavior (Hogan, Gabrielsen, Luna, &Grothaus, 2003). Research-based *risk factors* are frequently divided into four domains: community, family, school, and individual/peer risk factors (Hogan, Gabrielsen, Luna, &Grothaus, 2003). Research has also identified four personal characteristics as *protective factors*: gender, a resilient temperament, a positive social orientation, and intelligence (Hogan, Gabrielsen, Luna, &Grothaus, 2003). Because these factors are largely innate, we will focus on two additional protective factors described by Hogan et al.: bonding and healthy beliefs/clear standards.

Guiding Question #1How do young people form their perceptions of parental permissiveness or disapproval regarding underage drinking? What cues do they follow to know that their parents are more or less restrictive with alcohol?

For this section, we focus on the personal risk and protective factors related to substance use and abuse that include family factors and bonding (Hogan, Gabrielsen, Luna, &Grothaus, 2003). Family factors can include the way parents and children relate and interact as well as the level of parental supervision (HHS Publication No. (SMA) 10–4120.

Personal Risk Factors

Family. A female student respondent reported that she had the impression from family members that it is okay to drink, as long as they are doing so safely i.e. that she was in a safe place or had a designated driver. And a male respondent said "I think there is always a great risk no matter where you are drinking it".

A male youth participant said "my parents drink alcohol and it is in the refrigerator and available, this leads me to think it must be permitted".

The general consensus was that there isn't much said or little emphasis on the subject of underage drinking in their homes and the fact that they are drinking unless something would happen to a friend or worse a family member i.e. accident, sickness, injury, or tarnishing your "good" reputation.

Personal Protective Factors

Bonding

A few of the students responded that they believe that parents should provide guidance regularly, with more education about alcohol consumption before attempting to have awkward conversations. One youth reported that having his older brother talk to him about it (drinking) was more effective than them (parents). Because he's done it. He's been through it" An honest relationship between parents and youth would be helpful in discussing underage drinking. No students reported having helpful, open and honest conversations about the risks of underage drinking. A student respondent chimed in and said in reference to their parents, "Don't just say it's bad, show us why it's bad"

Guiding Question #2: What kind of social cues are young people using to gain approval or disapproval from peers regarding underage drinking? What strategies can be put in place to increase positive peer influence?

This section will focus on personal risk and protective factors in the following domains: school, individual/peer, and healthy beliefs/clear standard. These risk and protective factors are related primarily to peer relationships which affect youth's individual and environmental factors (HHS Publication No. (SMA) 10–4120).

Personal Risk Factors

School. A few of the high school respondents in one listening session agreed that it is ok to experiment with alcohol. They went on to say that it seems to be popular to talk about it at school or share on fake social media accounts that they are experimenting with alcohol.

Individual/peer. A female respondent shared she thinks that boredom and being home alone leads to underage drinking. She went on to say that there are not a lot of cues in the community that discourage underage drinking, just not to drink and drive. A respondent commented that "most of the time at our friends' parties there is alcohol served". Alcohol is served at parties and there is peer pressure from those who are experienced to experiment with alcohol (especially trendy products like *Four Locos)*. In the community, among youth, underage drinking is accepted, normal, appropriate. Another respondent in that group said that they do hear from parents and others to not drink and drive.

Personal Protective Factors

Healthy beliefs and clear standards. One student shared that there really isn't a clear message or cues in the community regarding underage drinking. The message "don't drink and drive" is promoted at school in driver's education and at prom time especially. A student commented, "our parents should set limits, understand the issues and risks of underage drinking and encourage an *open door* policy at home so that we can discuss drinking alcohol". While a few youth respondents said of their peers' underage drinking: "it's none of my business" or "I really don't mind it" and others contributed that "it's not good for you" and another respondent said clearly "I don't think it's okay because our brains aren't developed all the way yet, so it does have an effect on us"

Guiding Question #3What is the tone, demeanor, and perceived effectiveness of family conversations around underage drinking? How can these conversations be made more meaningful and impactful for youth?

This guiding question sought to identify personal risk and protective factors in the following domains: family, bonding, and healthy beliefs/clear standards. In addition to the aforementioned family factors also include unity, warmth, and attachment, and contact and communication between parents and children (HHS Publication No. (SMA) 10–4120).

Personal Risk Factors

Family. A few of the youth respondents said that adult/parents do not have enough education regarding underage drinking to have meaningful conversations with them. The conversations are usually passive (uncomfortable) and then parents come off as extreme because they are only making strong demands or threats to avoid the risks and consequences associated with underage drinking. A boy respondent in one of the listening sessions would like his parents to talk about the risks and harm of underage drinking openly with him. In doing so, the point of not drinking alcohol under age may be better understood.

Personal Protective Factors

Bonding. No evidence of parent involvement with youth at home and community was evident through the listening sessions. Most positive involvement and support resonated from their report of participating in school activities (sports, coach influence and extra academic involvement) and prevention programming encouraging leadership among youth i.e. Impact groups.

Healthy Beliefs and Clear Standards

Youth respondents believe that their parents want them to be safe and would like for them to also know that there are risks involved. Another respondent said that a parent can allow or "give in" to alcohol consumption at home under supervision especially for holidays for celebrations, but they should know this behavior can have a negative impact on their life. The group agreed that an open discussion with parents about the realities of underage drinking including consequences will reinforce the importance of on-going honest non-confrontational conversations.

Guiding Question #4: What are the strategies that most youth perceive as effective to decrease the harmful effects of underage drinking? What negative consequences of underage drinking are perhaps being neglected by youth?

The Center for Substance Abuse Prevention (CSAP) has identified six strategies that comprise a comprehensive prevention program: information dissemination, prevention education, alternative activities, community-based process, and environmental approaches (CSAP, 1993).

Information dissemination. Students in the listening sessions concurred that there could be more public service announcements and advertisement campaigns: TV, radio, social media that don't just say "don't drink and drive". Assemblies at school that provide information regarding underage drinking so that students can make appropriate decisions, in regard to health and safety, would be helpful. Posters in school hallways with clear messages would be very effective.

Prevention education. Students seem to want to know more about harm to them physically and other consequences that can affect them, friends, family and the community. In addition, legal consequences need to be brought to the forefront and parents and students need the facts regarding hosting and purchasing for

example. They indicated that they think that more youth involvement in schools and community would be helpful and not to use scare tactics.

Alternative activities. Most respondents said that our community does not have enough particularly free activities for youth to participate in. They proposed free admission to school events. A respondent in a youth listening group says: “I feel like since there’s nothing to do in this area, that kids think that that (drinking) is all there is to do” Participants suggested that having a “hang out spot” would provide them with alternatives to drinking and would decrease underage drinking in the community. “Somewhere to go”. “A place to just have activities on weekends”. One respondent shared that “I think that just reminding our friends that we can have a good time without it (alcohol)”

Community-based process. Students agreed that they are aware of youth led school prevention teams like Impact Prevention in Lawrence County. They know how to get involved through structured school activities promoting leadership and mentoring younger students to make positive changes in their school and community

Environmental approaches. It was apparent from most youth respondents, that they know how to obtain alcohol at any time. Parents should be aware of laws and retail outlets should be aware that these transactions are taking place on their property i.e. parking lot

Problem identification and referral. No findings from either youth listening session included information relevant to problem identification and referral

Conclusion from 2 Youth Listening Sessions

Youth in Lawrence County have the impression from their parents that is acceptable to drink alcohol as an underaged individual if they are in a safe place or have a designated driver. Students report not having frank conversations about underage drinking with their parents at all. The explicit messages they are getting are coming from ad campaigns and school programming. Prevention messaging is focused on the major potential consequences related to underage drinking, specifically drinking and driving.

Most youth participating in the listening sessions commented that most ad campaigns and school programs are limited to not drinking and driving. They understand that but eluded to the fact that most do not know about life threatening health risks.

Peer pressure and underage drinking being the norm both influence drinking. They are experienced in obtaining alcohol but they don’t know all of the dangers of alcohol. Students would welcome more conversations regarding underage drinking and would like to hear more from older youth.

All agreed that if there were more free opportunities for youth at school and in the community where they can be involved and safe places to “hang out spot” that alcohol may not be of as much interest.

References

Glesne, C. (2006). *Becoming qualitative researchers: An introduction (*3rd ed.). New York: Addison Wesley Longman, Inc.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112,* 64-105.

Hogan, J. A., Gabrielsen, K. R., Luna, N., &Grothaus, D. (2003). *Substance abuse prevention: The intersection of science and practice.*Boston, MA: Allyn & Bacon.

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry.* Boston, MA: Allyn & Bacon.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Substance Abuse and Mental Health Services Administration, Focus on Prevention. HHS Publication No. (SMA) 10–4120. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Revised 2017

Ohio's SPF-PFS Needs Assessment Process: Listening Sessions
Rx Drug Abuse/Misuse – Youth

Guiding Questions:

1. How do young people form their perceptions of parental disapproval regarding using prescription drugs? What cues do they follow to know that their parents are more restrictive regarding prescription drug use?

2. What kind of social cues are young people using to gain approval or disapproval from peers regarding misusing prescription drugs? What strategies can be put in place to increase positive peer influence?

3. What is the tone, demeanor, and perceived effectiveness of family conversations around using prescription drugs? How can these conversations be made more meaningful and impactful for youth?

4. What are the strategies that most youth perceive as effective to decrease the harmful effects of using prescription drugs? What negative consequences of prescription drug use are perhaps being neglected by youth?

Hello. Thank you for letting us to talk with you this morning/afternoon. My name is _____ and I am a part of the [Insert Coalition/Group name]. This is _____ and she/he will be assisting with the group today. In this focus group, we are going to be asking you questions about your thoughts and feelings regarding taking prescription drugs without a prescription. This information will be used for my research. I'm trying to learn more about what youth think about prescription drug misuse, so your honest answers are really important to me.

How many of you have participated in focus group before? [If yes, ask them to explain what it was like.] How would you describe what a focus group is?

Focus groups are just like conversations. I'll ask some questions for you all to respond to. It's ok to also respond to each other's statements and ideas – in fact, it makes for a better conversation if you do. At times throughout this focus group, I'll also pause and let you each record some of your thoughts before sharing them with the group. Sometimes this allows us to give more thoughtful answers.

There are a few rules, however, to help make sure things go smoothly. First, we only want one person to talk at a time. If multiple people speak at once, it's hard to hear each other and it's really hard to record the conversation. It's also important that we are respectful of each other's ideas - everyone's ideas are important, and they should be allowed to freely express their thoughts and feelings. Everyone has their own opinion and I want to hear each unique opinion. It's also important to remember that no one has to talk. If you feel uncomfortable at any time during the discussion, remember that you do not have to answer every question. Finally, it's important that what is said in this room, remains in this room. That means when we leave here, we aren't going to tell people what other individuals said. That applies to me and to you so anything that is recorded won't have any of your names on it and anything that you hear in this room won't be repeated by any of you. Does that sound good to each of you?

Introductory Questions

As I said earlier, the purpose of the group today is to talk about prescription drug issues and how they affect people your age in our community. To begin, I am going to ask you some general questions about what you think of prescription drug use.

1. When I say, "prescription drugs" what medications do you think of?
    a. What if I say, "prescription pain medicine"?
    b. What prescription drugs do people your age misuse that are the most dangerous?

c. What prescription drugs do people your age misuse that are the least dangerous?

2. How do you feel about others your age using prescription pain medications that are not prescribed for them?
    a. When is it 'okay' for people your age to use prescription pain medication without a prescription? Tell me about those times.

3. How do you feel about others your age using other prescription medications like sedatives (like Xanax and Valium), Stimulants (such as Ritalin and Concerta), and Sleeping Medications (Such as Ambien) that are not prescribed for them?
    a. When is it 'okay' for people your age to take these types of medications without a prescription? Tell me about those times.

Transition Questions

4. How do you think that people your age get prescription drugs that they use without a prescription (I.e. not from a doctor)?
    a. Probe for:
        i. Where are they getting the prescription drugs that they use without a prescription?
        ii. From whom are they getting the prescription drugs that they use without a prescription?

5. Now that you've told me a bit about how people your age are getting prescription drugs, let's discuss how easy it is for them to get the prescriptions. How easy do you feel it is for people your age to get prescription drugs from friends or peers?
    b. How about from their parents?
    c. What about from other sources you mentioned? (probe for other sources that they mentioned above in 4ii)

6. Tell us the most recent experience you have had where someone either at school, work, home, or in the community has talked to you about the dangerous of using prescription drugs?

    a. If you had to explain to a friend the dangers of taking a prescription that was not prescribed to them what would you say?

Key Questions

7. We've had a great discussion about the kinds of prescriptions that people your age might be using and where they are getting those drugs. Now let's talk about how your parents talk to you about prescription drugs. Do you have these kinds of conversations with your parents? How do your parents talk to you about prescription drugs?
    a. What kinds of conversations do you have?
    b. What do your parents say?
    c. How do these conversations make you feel?
    d. How could these conversations be better for you?

8. On a scale of 1 to 10, 1 being no risk and 10 being very great risk. How much do people your age risk harming themselves when they use prescription drugs without a prescription?
    a. What are some of the possible risks/consequences/dangers of misusing prescription drugs?
    b. When are the times when using prescription drugs without a prescription are more dangerous? Tell me about those times.

c. What are some of the times when people your age using prescription drugs would not be too risky?
d. What are some of the times when people your age using prescription drugs would be very risky?

9. What kinds of messages do you see in the community that help stop people your age from misusing prescription drugs?
    a. How effective do you think that these messages are?

10. What kinds of programs are there in the community to help stop or prevent people your age from misusing prescription drugs? What kinds of assistance/support programs are available in our community for people your age?
    (this includes any program that offers assistance from education to finances to food to child care etc. that would be considered a supportive factor in their lives)

Closing Questions

11. We are working on addressing prescription drug misuse in our community, what resources would you suggest to help address this issue?

Earlier I explained that the data from focus groups as well as other sources will be used to drive prevention strategies in our community, to end our discussion today I would like to provide some time for you to ask any questions that you may have.

12. What would you do to solve the prescription drug problem?

13. Was there any question that you had that you wanted to ask the group?

This concludes our focus group. Thank you for your time and thoughts today. As mentioned at the beginning of the group, please keep everything that you heard at this group confidential and we will do the same.

Appendix A: Underage Drinking – Youth Interview Guide

Ohio's SPF-PFS Needs Assessment Process: Listening Sessions
Underage Drinking – Youth

Guiding Questions:

1. How do young people form their perceptions of parental permissiveness or disapproval regarding underage drinking? What cues do they follow to know that their parents are more or less restrictive with alcohol?

2. What kind of social cues are young people using to gain approval or disapproval from peers regarding underage drinking? What strategies can be put in place to increase positive peer influence?

3. What is the tone, demeanor, and perceived effectiveness of family conversations around underage drinking? How can these conversations be made more meaningful and impactful for youth?

4. What are the strategies that most youth perceive as effective to decrease the harmful effects of underage drinking? What negative consequences of underage drinking are perhaps being neglected by youth?

Hello. Thank you for letting us to talk with you this morning/afternoon. My name is _____ and I am a part of the [Insert Coalition/Group name]. This is _____ and she/he will be assisting with the group today. In this focus group, we are going to be asking you questions about your thoughts and feelings regarding people your age drinking alcohol. This information will be used for my research. I'm trying to learn more about what youth think about underage drinking, so your honest answers are important to me.

How many of you have participated in focus group before? [If yes, ask them to explain what it was like.] How would you describe what a focus group is?

Focus groups are just like conversations. I'll ask some questions for you all to respond to. It's ok to also respond to each other's statements and ideas – in fact, it makes for a better conversation if you do. At times throughout this focus group, I'll also pause and let you each record some of your thoughts before sharing them with the group. Sometimes this allows us to give more thoughtful answers.

There are a few rules, however, to help make sure things go smoothly. First, we only want one person to talk at a time. If multiple people speak at once, it's hard to hear each other and it's really hard to record the conversation. It's also important that we are respectful of each other's ideas - everyone's ideas are important, and they should be allowed to freely express their thoughts and feelings. Everyone has their own opinion and I want to hear each unique opinion. It's also important to remember that no one has to talk. If you feel uncomfortable at any time during the discussion, remember that you do not have to answer every question. Finally, it's important that what is said in this room, remains in this room. That means when we leave here, we aren't going to tell people what other individuals said. That applies to me and to you so anything that is recorded won't have any of your names on it and anything that you hear in this room won't be repeated by any of you. Does that sound good to each of you?

Introductory Questions

As I said earlier, the purpose of the group today is to talk about people your age drinking alcohol and how drinking affects young people in our community. To begin, I am going to ask you some general questions about what you think of underage drinking.

14. When I mention the phrase, "underage drinking" what kinds of alcoholic products do you think of?

a. Do a lot of people your age drink alcohol?
b. What kinds of alcoholic products do you see people your age drinking?
c. What kinds of alcoholic beverages do people your age drink that are the most dangerous?
d. What kinds of alcoholic beverages do people your age drink that are the least dangerous?

15. How do you feel about others your age drinking alcohol?
    a. When is it 'okay' for people your age to drink alcohol? Tell me about those times.

Transition Questions

16. How do you think that people your age get alcohol?
    a. Probe for:
        i. Where are they getting the alcohol?
        ii. From whom are they getting the alcohol?

17. Now that you've told me a bit about how people your age are getting alcohol, let's discuss how easy it is for them to get the alcohol. How easy do you feel it is for people your age to get alcohol from friends or peers?
    a. How about from their parents?
    b. What about from other sources you mentioned? (probe for other sources that they mentioned above in 3ii)

18. Tell us the most recent experience you have had where someone either at school, work, home, or in the community has talked to you about the dangerous of underage drinking?
    a. If you had to explain to a friend the dangers of underage drinking what would you say?

Key Questions

19. We've had a great discussion about the kinds of alcohol that people your age might be drinking and where they are getting the alcohol. Now let's talk about how your parents talk to you about drinking alcohol. Do you have these kinds of conversations with your parents? How do your parents talk to you about drinking and using alcohol?
    a. What kinds of conversations do you have?
    b. What do your parents say?
    c. How do these conversations make you feel?
    d. How could these conversations be better for you?

20. On a scale of 1 to 10, 1 being no risk and 10 being very great risk. How much do people your age risk harming themselves when they drink alcohol?
    e. What are some of the possible risks/consequences/dangers of people your age drinking alcohol?
    f. When are times when people your age drinking alcohol are more dangerous? Tell me about those times.
    g. What are some of the times when people your age drinking alcohol would not be too risky?
    h. What are some of the times when people your age drinking alcohol would be very risky?

21. What kinds of messages do you see in the community that help stop people your age from drinking alcohol?
    a. How effective do you think that these messages are?

22. What kinds of programs are there in the community to help stop or prevent people your age from drinking alcohol? What kinds of assistance/support programs are available in our community for people your age?
    (this includes any program that offers assistance from education to finances to food to child care etc. that would be considered a supportive factor in their lives)

Closing Questions

23. We are working on addressing underage drinking in our community, what resources would you suggest to help address this issue?

Earlier I explained that the data from focus groups as well as other sources will be used to drive prevention strategies in our community, to end our discussion today I would like to provide some time for you to ask any questions that you may have.

1. What would you do to solve the underaged drinking problem?

2. Was there any question that you had that you wanted to ask the group?

This concludes our focus group. Thank you for your time and thoughts today. As mentioned at the beginning of the group, please keep everything that you heard at this group confidential and we will do the same.

Appendix B: Parent Consent / Youth Assent Form

Dear Parent/Guardian,

You are being asked to allow your child to participate in a listening session as part of the Strategic Prevention Framework Partnerships for Success (SPF-PFS) program funded by Substance Abuse and Mental Health Services Administration (SAMHSA). The focus of this listening session will be to determine how youth perceive underage drinking or prescription drug use and misuse in our community. Our project overall aims to create change at the community level that will lead to measurable change at the state level over time. This project is a team-led initiative in partnership with the Ohio Department of Mental Health and Addiction Services (Ohio MHAS), Ohio's SPF-PFS evaluation Team (OSET), Ohio's Coaching and Mentoring Network (OCAM), the SPF-PFS Evidence-Based practices workgroup, The State Epidemiological Workgroup (SEOW), and the Committee for Diversity Inclusion. This project is led in our community by [insert coalition name].

Your child's participation in in the listening session is completely voluntary and (s)he may choose to discontinue participation at any time. Participating in the listening session is unlikely to cause your child any harm. Should your child disclose personal information to [insert coalition name] staff or a community member that indicates that (s)he or someone else is in imminent danger, the staff will make appropriate referrals.

Personal health or mental health data will not be collected. No identifiable data or information will be made public; all data will be reported in aggregate. All evaluation data will be securely stored at the servers at [insert coalition computer location]. Only assigned project staff who have signed a confidentiality agreement including awareness of secure data management protocols are granted access.

This form requests parental/guardian consent and all participating youth assent to participate in the recorded listening session.

Parent/Guardian: By signing the consent signature page, you indicate your consent for your child to participate in the recorded listening session.

Youth: By signing the assent signature page, you indicate your assent to participate in the recorded listening session.

If you have questions regarding this evaluation, please contact [insert coalition project director or contact information].

Thank you again for your participation.

Sincerely,

[insert contact name]
[insert coalition name]

Consent Signature Page - Parent/Guardian
Listening Session for Ohio SPF-PFS

By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks to your child and they have been explained to your satisfaction.
- you understand [insert coalition name] has no funds set aside for any injuries your child might receive as a result of participating in this study
- you are 18 years of age or older
- your child's participation in the listening session is completely voluntary.
- you understand that data collected through the listening session will be used for the Ohio SPF-PFS project.
- your child is being asked to participate in a listening session. Participation in this activity is completely voluntary.
- your child may leave the session at any time. If your child decides to stop participating in the session, there will be no penalty to your child.

I have read the informed consent letter. By signing the consent signature page, I agree that my child's data, information and feedback will be used in the listening session.

Name of Youth:_____

_____	_____	_____
(Name of Parent / Guardian)	(Signature)	(Date)

Assent Signature Page - Youth
Listening Session for Ohio SPF-PFS

By signing below, you agree that:

- you have read the attached consent form letter and have been given the opportunity to ask questions.
- known risks to you have been explained to your satisfaction.
- your participation in the listening session is completely voluntary.
- you understand that data collected through the listening session will be used for the Ohio SPF-PFS project.
- you are being asked to participate in a listening session. Participation in these activities is completely voluntary.
- you may change your mind and stop participation at any time without penalty or consequence.

I have read the informed consent letter. By signing the assent signature page, I agree that my data, information and feedback will be used in the listening session.

_____	_____	_____
(Name of Participant)	(Signature)	(Date)

Chapter 7

Youth Tobacco, Alcohol, and Drug Prevention
Adult Focus Group Report

VOINOVICH SCHOOL *of* Leadership *and* Public Affairs

Lawrence County, Ohio

April 2019

Submitted by:

Impact Prevention, Inc.
PO Box 809
South Point, OH 45680
Phone: 1 -740-534-3356
mfs.impact@gmail.com

Acknowledgements

Many individuals contributed to the success of this project, and we are most grateful for the support and assistance of each and every one of them.

Voinovich School of Leadership and Public Affairs at Ohio University

Holly Raffle, Assistant Professor

Pacific Institute for Research and Evaluation

April Schweinhart, Associate Research Scientist

Ohio SPF-PFS Evaluation Team

Laura Milazzo, Research Associate

Lezlee Ware, Research Associate

Additional Partner Organizations

Impact Prevention, Inc.

Mollie Stevens, Director

River Hills Prevention Connection

Susan Heald, Coordinator

Most importantly, we offer our sincerest appreciation to the providers, parents, and youth who participated in the process. Without you, this report would not have been possible.

Table of Contents

Introduction

During SFY17 and 18, Lawrence County River Hills Prevention Connection was one of ten communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, each community completed listening sessions/focus groups on Underage Drinking with parents of youth in the community. This report synthesizes the results of Lawrence County's Adult listening sessions and provides details about how the listening sessions were conducted. These listening sessions were designed to provide information on local/community conditions that are contributing to the problem of underage drinking in Lawrence County.

Method

Guiding Questions

The focus groups were designed to capture information relating to four intervening variables as required by SAMHSA. As such, the guiding questions for each focus group were:

1. How do young people form their perceptions of parental permissiveness or disapproval regarding underage drinking? What cues do they follow to know that their parents are more or less restrictive with alcohol?
2. What kind of social cues are young people using to gain approval or disapproval from peers regarding underage drinking? What strategies can be put in place to increase positive peer influence?
3. What is the tone, demeanor, and perceived effectiveness of family conversations around underage drinking? How can these conversations be made more meaningful and impactful for youth?
4. What are the strategies that most youth perceive as effective to decrease the harmful effects of underage drinking? What negative consequences of underage drinking are perhaps being neglected by youth?

Interview Protocol

For each listening session, the research team utilized a standard, open-ended group interview protocol to facilitate the group. Patton (2002) advocates the use of an interview guide for the following three reasons: (a) the limited time in an interview session is optimally utilized; (b) a systematic approach is more effective and comprehensive; and (c) an interview guide keeps the conversation focused. The facilitation guides (Appendices A-B) included questions designed to elicit responses regarding the questions guiding the evaluation.

Participants

Information from key informants (i.e., parents/guardians) guided this listening session report. To collect information from the informants, we conducted two focus groups with parents of youth ages 12-17.

The Coalition Coordinator, Susan Heald, invited informants to participate in the focus groups, scheduled the interviews, and coordinated the times and locations with the informants and the focus group team. In order for adults to participate in the focus group, they completed a consent form (Appendix F). At the beginning of each focus group, the focus group team read a script which clearly stated that informants were participating voluntarily and had the option to refuse to answer any of the questions. Through the course of the project, two group sessions were completed and a total of 12 adult individuals participated. For their participation in the study, each adult received a $20 gas card to Speedway and light refreshments

Data Analysis

Qualitative data analysis techniques were used to analyze the data collected from the group interviews. Content analysis was used to analyze responses to the open-ended items. Patton (2002) describes content analysis as "searching for recurring words or themes." Text was analyzed to see what phrases, concepts, and words are prevalent throughout the informants' responses. During this stage of the analysis, coding categories were identified. Through this coding process, data was sorted and defined into categories that were applicable to the purpose of the research. Codes were defined and redefined throughout the analysis process as themes emerged. At the end of the analysis, major codes were identified as central ideas or concepts (Glesne, 2006). These central ideas were assembled by pattern analysis for the development of

[1] Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

major themes. From the major themes, we drew conclusions (Patton, 2002). To ensure credibility of both the procedures and the conclusions, we used analyst triangulation. Patton (2002) defines analyst triangulation as "having two or more persons independently analyze the same qualitative data and compare their findings." Teamwork, as opposed to individual work, is likely to increase the credibility of the findings (Lincoln & Guba, 1985).

Results

The following sections describes what informants perceived as the local conditions affecting perceived parental perceptions, peer perceptions, family communication, and risk/harm. These include personal risk and protective factors as well as potential strategies for enhancing prevention efforts in our community. Risk and protective factor-focused prevention is based on the work of Hawkins, Catalano, and Miller (1992). Risk factors are factors that increase the likelihood of adolescent substance abuse, teenage pregnancy, school drop-out, youth violence, and delinquency (Hogan, Gabrielsen, Luna, &Grothaus, 2003). Protective factors provide the counter to risk factors; the more protective factors that an individual has present, the less risk for unhealthy behavior (Hogan, Gabrielsen, Luna, &Grothaus, 2003). Research-based *risk factors* are frequently divided into four domains: community, family, school, and individual/peer risk factors (Hogan, Gabrielsen, Luna, &Grothaus, 2003). Research has also identified four personal characteristics as *protective factors*: gender, a resilient temperament, a positive social orientation, and intelligence (Hogan, Gabrielsen, Luna, &Grothaus, 2003). Because these factors are largely innate, we will focus on two additional protective factors described by Hogan et al.: bonding and healthy beliefs/clear standards.

Guiding Question #1:
How do young people form their perceptions of parental permissiveness or disapproval regarding underage drinking? What cues do they follow to know that their parents are more or less restrictive with alcohol?

For this section, we focus on the personal risk and protective factors related to substance use and abuse that include family factors and bonding (Hogan, Gabrielsen, Luna, &Grothaus, 2003). Family factors can include the way parents and children relate and interact as well as the level of parental supervision (HHS Publication No. (SMA) 10–4120).

Personal Risk Factors

Family. According to adults in the listening group parental supervision may be lax. The parent respondents in the listening group are aware that alcohol is accessed by youth by two key ways: from the family/friend refrigerator and asking someone in the store parking lot who is willing to buy for a minor. Parents in the listening session said that they don't approve that their child is drinking alcohol, but if they are going to partake, do it at home or stay all night with a friend and/or have a designated driver. One parent did comment that their child is not prepared to "handle it" because of his developmental disability, but is old enough to be inquisitive.

Personal Protective Factors

Bonding. In general, parents want to protect their child from the harms of alcohol as they shared in the listening sessions, but are hesitant to have conversations except for telling them that underage drinking is bad. Parents participating in the listening session want their youth to know how devastated they would be if they were killed, responsible for the life of another, parental responsibility, alcohol poisoning. Participants generally felt that talking to their kids is awkward because they may have consumed alcohol at a young illegal age. One parent in the listening group shared "on New Year's Eve I received a phone call that my daughter wrecked the car and was killed". For many years he said "I blamed myself because I was the one that allowed her to drink at the house"

Guiding Question #2:
What kind of social cues are young people using to gain approval or disapproval from peers regarding underage drinking? What strategies can be put in place to increase positive peer influence?

This section will focus on personal risk and protective factors in the following domains: school, individual/peer, and healthy beliefs/clear standard. These risk and protective factors are related primarily to peer relationships which affect youth's individual and environmental factors (HHS Publication No. (SMA) 10–4120).

Personal Risk Factors

School. Respondents know that the youth think it is ok to experiment with alcohol and then talk about it at school supporting each other. Parents responded that peer pressure, being popular and that the media glamorizes alcoholic beverages. Students are creating fake Instagram accounts to communicate and boast to peers about their drinking activities, so that parents etc can't follow them.

Individual/peer Those who answered, agreed that underage drinking is common and that there is easy access and that youth think it is the social norm. Recognizing that peer pressure can be a driving force for youth to experiment reinforces the need for more meaningful conversations between parents and youth.

Personal Protective Factors

Healthy beliefs and clear standards. Parent respondents want what is best for their children. However, most parents agreed that it is difficult to answer the question: "If I am old enough to go to war, why can't I drink alcohol?"

Guiding Question #3:

What is the tone, demeanor, and perceived effectiveness of family conversations around underage drinking? How can these conversations be made more meaningful and impactful for youth?

This guiding question sought to identify personal risk and protective factors in the following domains: family, bonding, and healthy beliefs/clear standards. In addition to the aforementioned, family factors also include unity, warmth, and attachment, and contact and communication between parents and children (HHS Publication No. (SMA) 10–4120).

Personal Risk Factors

Family. One adult participant spoke and most agreed that they do not have the education/knowledge to have an effective conversation with their young family member about underage drinking. Their demeanor may be interpreted as passive and careless as they spoke about what they did when they were younger, which they are not real willing to share with their kids.

One respondent said in reference to why youth drink alcohol, "they got nothing better to do".

Personal Protective Factors

Bonding. Parents may not be paying a lot of attention and need to engage with their youth at home more. One adult respondent said that "kids are left by themselves a lot".

Healthy beliefs and clear standards. Parents have difficulty communicating about drinking especially if they drink themselves. Conversations with youth about underage drinking is not common. Just random reminders about not to drink and drive.

One parent respondent shared dialogue with their youth, I said "Underage drinking is illegal" and he goes, "yeah, so is speeding but people still do it". One parent adult respondent indicated that they do not have alcohol in their home but makes it clear that if she wants to have a drink during dinner at a restaurant and as an adult, that is OK for her to do that. "You're not going to see me get drunk" she tells them.

Guiding Question #4:

What are the strategies that most youth perceive as effective to decrease the harmful effects of underage drinking? What negative consequences of underage drinking are perhaps being neglected by youth?

The Center for Substance Abuse Prevention (CSAP) has identified six strategies that comprise a comprehensive prevention program: information dissemination, prevention education, alternative activities, community-based process, and environmental approaches (CSAP, 1993).

Information dissemination. Participants in the listening session agreed that providing ongoing and constant reminders of the risks of underage drinking through PSAs and media campaigns would be beneficial. Two respondents in the listening session commented individually: “I don’t know the laws actually myself” and “I don’t think that parents are aware of the laws”. Parents need to know more about the laws regarding underage drinking.

Prevention education. Parents indicate needing and wanting education around prevention messages so they can speak with their kids. Parents say that conversations around underage drinking can be uncomfortable. Parents are focused on the potential serious negative outcomes of drinking and do not know or not aware of other reasons youth should avoid drinking such as sexual assault and poisoning.

Respondents are aware of programs and mentioned that they are aware of Impact Prevention, Highway Patrol and Car Teens presentations in the schools but are not aware of the laws pertaining to underage drinking and indicated throughout the listening sessions that they do not know the laws. Prevention education needs to be implemented through public sessions in the community and schools and available to parents and adults. The education should include the many risks and laws pertaining to underage drinking and the consequences associated with underage drinking. Adults need to be more prepared to ask educated questions regarding their youth’s alcohol consumption. Parents indicated repeatedly that they don’t know the laws regarding underage drinking.

Alternative activities. Respondents in one of the listening sessions were in agreement that there is a need for more free events in the community and at school. A listening session participant shared that our town needed a “community center type facility” for families. Teens could spend time there as an alternative to drinking alcohol.

Community-based process. Adult listening group participants said that they were aware of activities that include organizing prevention activities and coalition development. The adults said that they would like to get involved in that process and said “please let me know when the next coalition meeting is”

Environmental approaches. Parents indicated that they need to have more knowledge on the laws regarding underage drinking. One respondent in the listening group said that law enforcement is more focused on drugs and not underage drinking. Retail alcohol outlets could place signs on shelves reminding shoppers that it is against the law to purchase alcohol for a reminder. A male participant said, “I know adults that purchase alcohol for their kids”

Problem identification and referral. No findings from either adult listening session included information relevant to problem identification and referral

Conclusions from 2 Adult Listening Sessions

Parents of youth in Lawrence County believe that underage drinking is common and socially accepted by the community. Underage drinking starts with adults freely giving it to youth and community adults that youth may be associated with purchasing it for youth. Adults in the listening session said that youth are experienced in obtaining alcohol. Adult participants reported that youth are often given alcohol by adults, as well as seeing parents drinking. If parents drank as a youth and drink now, youth think that it is ok for them to also. Adult respondents indicated that this reinforces the idea that drinking is acceptable to youth.

Parents agree that youth don’t know the many dangers of alcohol. Some parents do not want to be held accountable and are not clear on laws. Thus, parents do not have meaningful conversations with their youth.

Parents are focused on the critical potential risks i.e. car accidents of underage drinking and are inadvertently giving youth the impression that if they are in a safe place and not driving it is okay to drink. Parents reported that they need more education about underage drinking and prevention messages, so they will have more confidence in speaking to youth about drinking alcohol.

All agreed that there needs to be free activity opportunities for youth in the community so that alcohol and drinking may be of less interest.

References

Glesne, C. (2006). *Becoming qualitative researchers: An introduction (*3rd ed.). New York: Addison Wesley Longman, Inc.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*, 64-105.

Hogan, J. A., Gabrielsen, K. R., Luna, N., &Grothaus, D. (2003). *Substance abuse prevention: The intersection of science and practice.*Boston, MA: Allyn & Bacon.

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry.* Boston, MA: Allyn & Bacon.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Substance Abuse and Mental Health Services Administration, Focus on Prevention. HHS Publication No. (SMA) 10–4120. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Revised 2017

Ohio's SPF-PFS Needs Assessment Process: Listening Sessions
Rx Drug Abuse/Misuse - Parents/Guardians

Guiding Questions:

1. How do young people form their perceptions of parental disapproval regarding using prescription drugs? What cues do they follow to know that their parents are more restrictive regarding prescription drug use?

2. What kind of social cues are young people using to gain approval or disapproval from peers regarding misusing prescription drugs? What strategies can be put in place to increase positive peer influence?

3. What is the tone, demeanor, and perceived effectiveness of family conversations around using prescription drugs? How can these conversations be made more meaningful and impactful for youth?

4. What are the strategies that most youth perceive as effective to decrease the harmful effects of using prescription drugs? What negative consequences of prescription drug misuse are perhaps being neglected by youth?

Hello. Thank you for letting us to talk with you this morning/afternoon. My name is _____ and I am a part of the [Insert Coalition/Group name]. This is _____ and she/he will be assisting with the group today. We hope this discussion can help us gain insight into awareness, perceptions, access, and mis-use surrounding prescription drugs as it relates to youth in our community. The data will then be used to drive local grant funded prescription drug misuse prevention strategies. How many of you have participated in focus group before? [If yes, ask them to explain what it was like.] How would you describe what a focus group is?

One important thing to remember during our conversation is that everyone's ideas are important, and they should be allowed to freely express their thoughts and feelings. Your experiences and observations are important to us because, as residents, you know the needs and services – what is available, what is needed, and what could be managed better – first hand. The ideas expressed here may be personal and should not be used against anyone inside or outside of this meeting. From time to time we may interrupt to allow someone to speak who may not have said anything for a while. Also, we may have to interrupt someone to move on to another question because of a time limit under which we are working. We apologize in advance if this happens.

The discussion will be digitally recorded. The recording will be used for our reference only and will be erased once the research report is complete. Additionally, _____ of the [Insert Coalition/Group name] will be facilitating the process by taking notes. Our reports to the research team will not include actual names of participants, so your individual comments will be strictly confidential. Should you feel uncomfortable at any time during the discussion, remember that you do not have to contribute to the discussion. Does anyone have a concern about this procedure? (Wait for responses) If not, then let us begin.

Introductory Questions

As I mentioned earlier, the purpose of the group today is to talk about prescription drug issues and how they affect youth in our community. To begin, I am going to ask you some general questions about your perceptions of prescription drug misuse.

1. When I say, "prescription drugs" what medications do you think of?
    a. What if I say, "prescription pain medicine"?
    b. What prescription drugs do youth misuse that are the most dangerous?
    c. What prescription drugs do youth misuse that are the least dangerous?

2. How do you feel about youth in our community using prescription pain medications that are not prescribed for them is a problem among youth in our community?
    a. What circumstances make it more acceptable to use prescription pain medications without a prescription? Less acceptable?
    b. How do you feel about your children misusing prescription pain medications?

3. How do you feel about youth in our community using prescription medications such as sedatives (like Xanax and Valium), Stimulants (such as Ritalin and Concerta), and Sleeping Medications (Such as Ambien) that are not prescribed for them?
    a. What circumstances make it more acceptable to use these prescription drugs without a prescription? Less acceptable?
    b. How do you feel about your children misusing these prescription drugs?

Transition Questions

4. We talked about how you feel about youth using prescription drugs in our community. Now, generally speaking, what do you think are some of the reasons youth in our community misuse prescription drugs?
    a. How do you think that youth feel about misusing prescription drugs?
    b. Do you think that youth encourage each other to misuse prescription drugs? Discourage each other to misuse prescription drugs?

5. How do you think that youth in our community are obtaining prescription drugs?
    a. Probe for:
        i. Where are they getting the prescription drugs?
        ii. From whom are they getting the prescription drugs?

6. How easy do you feel it is for youth in our community to obtain prescription drugs from friends or peers?
    b. How about from their parents?
    c. What about from other sources? (probe for other sources that they mentioned above in 5ii)

Key Questions

7. Thank you for telling me about some of the reasons you think youth are using drugs and where they are getting those drugs. Now I'd like to discuss your feelings about the risks of using prescription drugs without a prescription and how you talk to your children about those risks. On a scale of 1 to 10, 1 being no risk and 10 being very great risk. How much do you think youth risk harming themselves when they misuse prescription drugs?
    a. What are some of the possible risks/consequences/dangers of misusing prescription drugs?
    b. When are the times when using prescription drugs without a prescription are more dangerous? Tell me about those times.

8. We know that a primary source for youth learning about misusing prescription drugs is from their parents. How do you talk to your children about prescription drugs?
    a. What kinds of conversations do you and your children have?
    b. What do you say?
    c. How could conversations about prescription drug use with your children be more productive for you?

9. Tell us the most recent experience you have had talking to your children about prescription drug use.
    a. How did you feel about this conversation?
    b. What did you talk about?

10. If you had to explain to your child the dangers of prescription drug misuse what would you say?
    a. What would be the greatest risk of prescription drug misuse that you would discuss?
    b. How would you communicate your perception of prescription drug misuse to your child?

11. What rules have you enacted on your household regarding the use/misuse of prescription drugs?
    a. How did you come up with those rules?
    b. Are you aware of the rule printed on each prescription bottle that the prescription is not to be shared with anyone for whom it is not prescribed?
        i. What other laws and/or policies exist in our community that deter prescription drug misuse?
        a. What laws or rules exist or could be put into effect that, with better enforcement, would make a difference?

12. What prevention programs/services are available to address prescription drug misuse for youth in our community?

13. What assistance/support programs are available for youth in our community for prescription drug misuse? (this includes any program that offers assistance from education to finances to food to child care etc. that would be considered a supportive factor in their lives)

<u>Closing Questions</u>

14. Thank you for all your time and feedback so far. As we continue working on addressing prescription drug misuse in our community, what resources would best help you, as parents to assist in talking to your children about the risks of prescription drug misuse?

Earlier I explained that the data from focus groups as well as other sources will be used to drive prevention strategies in our community, to end our discussion today I would like to provide some time for you to ask any questions that you may have.

1. As we wrap up this time, was there any question that you came prepared to answer that I didn't ask?

2. Was there any question that you had that you wanted to pose to the group?

This concludes our focus group. Thank you for your time and thoughts today. As mentioned at the beginning of the group, please keep everything that you heard at this group confidential and we will do the same.

Appendix A: Underage Drinking – Parents/Guardians Interview Guide

Ohio's SPF-PFS Needs Assessment Process: Listening Sessions
Underage Drinking – Parents/Guardians

Guiding Questions:

1. How do young people form their perceptions of parental permissiveness or disapproval regarding underage drinking? What cues do they follow to know that their parents are more or less restrictive with alcohol?

2. What kind of social cues are young people using to gain approval or disapproval from peers regarding underage drinking? What strategies can be put in place to increase positive peer influence?

3. What is the tone, demeanor, and perceived effectiveness of family conversations around underage drinking? How can these conversations be made more meaningful and impactful for youth?

4. What are the strategies that most youth perceive as effective to decrease the harmful effects of underage drinking? What negative consequences of underage drinking are perhaps being neglected by youth?

Hello. Thank you for letting us to talk with you this morning/afternoon. My name is _____ and I am a part of the [Insert Coalition/Group name]. This is _____ and she/he will be assisting with the group today. We hope this discussion can help us gain insight into awareness, perceptions, and access surrounding underage drinking as it relates to youth in our community. The data will then be used to drive local grant funded underage drinking prevention strategies. How many of you have participated in focus group before? [If yes, ask them to explain what it was like.] How would you describe what a focus group is?

One important thing to remember during our conversation is that everyone's ideas are important, and they should be allowed to freely express their thoughts and feelings. Your experiences and observations are important to us because, as residents, you know the needs and services – what is available, what is needed, and what could be managed better – first hand. The ideas expressed here may be personal and should not be used against anyone inside or outside of this meeting. From time to time we may interrupt to allow someone to speak who may not have said anything for a while. Also, we may have to interrupt someone to move on to another question because of a time limit under which we are working. We apologize in advance if this happens.

The discussion will be digitally recorded. The recording will be used for our reference only and will be erased once the research report is complete. Additionally, _____ of the [Insert Coalition/Group name] will be facilitating the process by taking notes. Our reports to the research team will not include actual names of participants, so your individual comments will be strictly confidential. Should you feel uncomfortable at any time during the discussion, remember that you do not have to contribute to the discussion. Does anyone have a concern about this procedure? (Wait for responses) If not, then let us begin.

Introductory Questions

As I mentioned earlier, the purpose of the group today is to talk about underage drinking issues and how they affect youth in our community. To begin, I am going to ask you some general questions about your perceptions of underage alcohol use.

15. How big of a problem is UAD in our community?
    a. What information led you to make this assertion?
    b. Do a lot of youth in our community drink alcohol?
    c. What kinds of alcoholic products do you see youth in our community drinking?
    d. What kinds of alcoholic beverages do youth in our community drink that are the most dangerous?
    e. What kinds of alcoholic beverages do youth in our community drink that are the least dangerous?
    f. What circumstances make it more acceptable for youth to drink alcohol? Less acceptable?
    g. How do you feel about your children drinking alcohol?

16. How did you make the rules about underage drinking for your children? What laws and/or policies exist in our community that deter underage drinking?
    a. What laws or rules exist or could be put into effect that, with better enforcement, would make a difference?

Transition Questions

17. We talked about the problem of underage drinking in our community. Now, generally speaking, what do you think are some of the reasons youth in our community drink alcohol?
    a. How do you think that youth feel about drinking alcohol?
    b. Do you think that youth encourage each other to drink? Discourage each other to drink?

18. How do you think that youth in our community are obtaining alcohol?
    a. Probe for:
        i. Where are they getting the alcohol?
        ii. From whom are they getting the alcohol?

19. How easy do you feel it is for youth in our community to obtain alcohol from friends or peers?
    a. How about from their parents?
    b. What about from other sources? (probe for other sources that they mentioned above in 4ii)

Key Questions

Thank you for telling me about some of the reasons you think youth are drinking and where they are getting alcohol. Now I'd like to discuss your feelings about the risks of underage drinking and how you talk to your children about those risks.

20. On a scale of 1 to 10, 1 being no risk and 10 being very great risk. How much do youth risk harming themselves when they drink underage?
    a. What are some of the possible risks/consequences of underage drinking?
    b. What are some of the circumstance sunder which underage drinking would not be too risky?
    c. What are some of the circumstances under which underage drinking would be considered high-risk?

21. We know that a primary source for youth learning about drinking is from their parents. How do you talk to your children about alcohol?
    a. What kinds of conversations do you and your children have?
    b. What do you say?
    c. How could conversations about underage drinking with your children be more productive for you?

22. Tell us the most recent experience you have had talking to your children about alcohol.
    a. How did you feel about this conversation?
    b. What did you talk about?

23. If you had to explain to your child the dangers of underage drinking what would you say?
    a. What would be the greatest risk of underage drinking that you would discuss?
    b. How would you communicate your perception of underage drinking to your child?

24. What prevention programs/services are available to address underage drinking for youth in our community?

25. What assistance/support programs are available for youth in our community for UAD?
    (this includes any program that offers assistance from education to finances to food to child care etc. that would be considered a supportive factor in their lives)

Closing Questions

26. Thank you for all your time and feedback so far. As we continue working on addressing underage drinking in our community, whatresources would best help you, as parents to assist in talking to your children about the risks of underage drinking?

Earlier I explained that the data from focus groups as well as other sources will be used to drive prevention strategies in our community, to end our discussion today I would like to provide some time for you to ask any questions that you may have.

27. As we wrap up this time, was there any question that you came prepared to answer that I didn't ask?

28. Was there any question that you had that you wanted to pose to the group?

This concludes our listening session. Thank you for your time and thoughts today. As mentioned at the beginning of the group, please keep everything that you heard at this group confidential and we will do the same.

Appendix B: Adult Consent Form

Dear Participant,

You are being asked to participate in a listening session as part of the Strategic Prevention Framework Partnerships for Success (SPF-PFS) program funded by Substance Abuse and Mental Health Services Administration (SAMHSA). The focus of this listening session will be to determine how youth perceive underage drinking or prescription drug use and misuse in our community. Our project overall aims to create change at the community level that will lead to measurable change at the state level over time. This project is a team-led initiative in partnership with the Ohio Department of Mental Health and Addiction Services (Ohio MHAS), Ohio's SPF-PFS evaluation Team (OSET), Ohio's Coaching and Mentoring Network (OCAM), the SPF-PFS Evidence-Based practices workgroup, The State Epidemiological Workgroup (SEOW), and the Committee for Diversity Inclusion. This project is led in our community by the Ohio Coalition.

Your participation in in the listening session is completely voluntary and you may choose to discontinue participation at any time. Participating in the listening session is unlikely to cause any harm. Should you disclose personal information to Ohio Coalition staff or a community member that indicates that you or someone else is in imminent danger, the staff will make appropriate referrals.

Personal health or mental health data will not be collected. No identifiable data or information will be made public; all data will be reported in aggregate. All evaluation data will be securely stored at the servers at the Ohio ADAMHS Board. Only assigned project staff who have signed a confidentiality agreement including awareness of secure data management protocols are granted access.

This form requests your consent to participate in the recorded listening session.

By signing the consent signature page, you indicate your consent to participate in the recorded listening session.

If you have questions regarding this evaluation, please contact Ohio Coalition Director Jane Chardonnay (999-999-9999) or Ohio Coalition Co-Director Joe Sixpack (777-777-7777).

Thank you again for your participation.

Sincerely,

Jane Chardonnay & Joe Sixpack
Ohio Coalition

Consent Signature Page
Listening Session for Ohio SPF-PFS

By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks to you and they have been explained to your satisfaction.
- you understand Ohio Coalition has no funds set aside for any injuries you might receive as a result of participating in this study
- you are 18 years of age or older
- your participation in the listening session is completely voluntary.
- you understand that data collected through the listening session will be used for the Ohio SPF-PFS project.
- You are being asked to participate in a listening session. Participation in this activity is completely voluntary.
- You may leave the session at any time. If you decide to stop participating in the session, there will be no penalty.

I have read the informed consent letter. By signing the consent signature page, I agree that my data, information and feedback will be used in the listening session.

_____	_____	_____
(Name of Participant)	(Signature)	(Date)

Chapter 8

Lawrence County SFY19 Critical Reflection Questions

Introduction

During FFY19, Lawrence County was one of two Data Mini-Grant communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, community project directors reflected on the data collected as part of their community's needs assessment process by answering a series of guiding questions that were developed by the SPF-PFS SEOW Workgroup. This brief report provides background on the guiding questions and presents the answers to each question for Lawrence County.

Method

The critical reflection questions were developed by the SPF-PFS SEOW Workgroup in partnership with the SPF-PFS Project Leadership Team. A total of 12 critical reflection questions were developed for SPF-PFS community project director to reflect on their community's COMs data (consumption measures and intervening variables), local conditions data, and consequence data. These questions were designed to be answered in narrative form and focused on assessing each community's understanding of their needs assessment data as well as connections project directors may have made across the various sources of quantitative and qualitative data in the needs assessment process.

Lawrence County developed answers to each of the questions and shared the answers with their local OSET evaluator and/or their OCAM coach. The project team received constructive feedback that was designed to improve the answers to each question. Additional drafts were iterated as needed between the project team and the local OSET evaluator. The final draft was then uploaded into an online interface which facilitated production of Lawrence's answers into this report.

Critical Reflection Question Answers

Question 1: As you have reviewed your baseline data and your COMs data for FFY16 and FFY17 around your community's problem of practice what data stood out as most important?

Past 30 Day Use of Alcohol

Question 2: What differences do you see in your consumption data related to your problem of practice by gender or grade? How are those differences evident (or not evident) across all years in which you have data?

Per the 2017 OHYES! Assessment Data, underage drinking in the past 30 days, 7th through 12th grades is 16.8% with a huge jump of 12.5% of 9th graders to 36.6% in 12th grade, that is a 24.1% increase. Discussion of use among gender was considered but the Prevention Data

[1] Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

Committee decided to focus on the target population of 8th through 12th. Binge drinking among females did show to be higher than males.

Question 3: How has your PDC helped you review and interpret your COMs data? If they have not helped, how might they help in the future?

Our Prevention Data Committee provided a fresh set of eyes to look into outcomes and consider critical data sets that guided our process.

Question 4: Which of the four SAMHSA-required intervening variables seem most important to your work around your problem of practice? Please support this choice with your data:

Perception of Peer Disapproval/Attitude

To support peer disapproval/attitude, when engaging in listening sessions young people reported peers encouraged drinking. However, most of the youth reported not drinking when surveyed. This indicated the perceived norm is not factual. According to OHYES! 2017, 81.9% of students answered no when asked in the past 30 days did you drink one or more drinks of an alcoholic beverage. This further supports the misconception that everyone drinks.

Question 5: What intervening variables did you learn about that you or your community had not considered before? What about your intervening variables was new and why?

In reference to peer disapproval/attitude of use of alcohol, OHYES! 2017 revealed 39.3% of youth surveyed did not feel that it would be wrong for your friends to have one or two drinks nearly every day. In the listening sessions, youth statements indicated that it is alright to drink if you are at home or staying overnight with a friend, where the drinking is happening or if you have a designated driver. Adults listening sessions also revealed the attitude that drinking is alright if you are at home or in a safe place.

To support peer disapproval/attitude, when engaging in listening sessions young people reported peers encouraged drinking. However, most of the youth reported not drinking when surveyed. This indicated the perceived norm is not factual. According to OHYES! 2017, 81.9% of students answered no when asked in the past 30 days did you drink one or more drinks of an alcoholic beverage. This further supports the misconception that everyone drinks.

Question 6: Based on the data from your listening sessions, what are 3-4 local conditions that are contributing to your problem of practice?

Adults and youth in Lawrence County are mainly focused on drinking and driving. Adults voiced that they are unfamiliar with the laws and they lack the ability to talk to their children about alcohol (they are “uncomfortable with this conversation”). Adults are not having conversations with their youth about alcohol. During our adult listening sessions, adults specifically asked for information to have confidence in starting these conversations with their teens. Both the adult and youth listening sessions indicated that parents and youth do not know the health risks involved with drinking alcohol.

Question 7: What local conditions did you hear about in the listening sessions that you had not considered before?

Youth indicated that they were being served alcohol at home and in the homes of friends. These conditions speak to the need for education of adults and youth on the health risks of underage drinking on the developing body.

Question 8: How does the local conditions information you obtained from your listening sessions align or not align with your consumption data, your intervening variable data, and what you learned from your community readiness assessment?

Speaking to perception of harm: alcohol consumption is perceived as safe on behalf of youth and adults. The perception is that underage drinking is alright if you are not drinking and driving. The perception of youth is that it is alright to drink if you don't drink and drive. Parents are not talking to their kids and are unaware of the laws and of the health risks for youth regarding under age consumption of alcohol. Parents also reported in listening sessions that it is alright for youth to drink if they are in a safe place, at home, or staying with a friend. Listening sessions revealed that the perception of peer disapproval/attitude was that their peers encouraged drinking. However, most youth reported not drinking, per OHYES! 2017, with 81.9% of students answering no, when asked in the past 30 days did you drink one or more drinks of an alcoholic beverage.

To support the lack of the thought that alcohol consumption is not harmful to your health, Lawrence County OHYES! 2017 data revealed 39.3% of youth surveyed did not feel that it would be wrong for your friends to have one or two drinks nearly every day.

Question 9: What consequences of underage drinking or prescription drug use (specific for your community) are more prevalent (common) in your community?

The primary discussion was on underage drinking. Consequences (outside of limited accidents caused by alcohol) that could be experienced by underage drinking reported by respondents included: sexual assault, illness, or poison. This supports the perception of youth and adults that it is alright to drink if you don't drive.

Question 10: How did your consequence data compare with state-wide data?

Due to the disparity between populations, it is difficult to compare our county's negative alcohol related consequences with the state-wide data.

Question 11: How does the consequence data relate to your problem of practice and outcome data? What does it tell you about the impact of your problem of practice in your community?

The consequence data provides evidence that there are very few alcohol-related driving accidents and fatalities among teens and young adults, which suggests that the emphasis on not driving after drinking has had an impact on behavior.

Question 12: How does your consequence data support (or not support) the intervening variables and local conditions do you are planning to prioritize?

Parents of teen in our listening sessions all report focusing on consequences of underage drinking and driving. The consequence data shows that this message has been effective because we are seeing very few automobile accidents because of alcohol. They miss the harmful affects that their children may encounter because of use on developing brains, bodies.

APPENDIX: Ohio SPF-PFS SEOW Workgroup

Critical Reflection Questions on SPF-PFS Needs Assessment

Please collaborate with the coalition and your Prevention Data Committee to respond to the following questions.

CONSUMPTION DATA

1. As you have reviewed your baseline data and your COMs data for FFY16 and FFY17 around your community's problem of practice what data stood out as most important?

   [COMMUNITIES ONLY SHOULD RESPOND TO DATA RELATED TO THEIR POP]

   a. Underage Drinking:
      i. Past 30 Day Use of Alcohol
      ii. Past 30 Day Binge Alcohol

   b. OR Prescription Drug Misuse:
      i. Past 30 Day Prescription Drug Misuse/Abuse
      ii. Past 12 Month Prescription Drug Misuse/Abuse

2. What differences do you see in your consumption data related to your problem of practice by gender or grade? How are those differences evident (or not evident) across all years in which you have data?

3. How has your PDC helped you review and interpret your COMs data? If they have not helped, how might they help in the future?

INTERVENING VARIABLES

1. Which of the four SAMHSA-required intervening variables seem most important to your work around your problem of practice? Please support this choice with your data:
   a. Perceived Risk/Harm of Use
   b. Perception of Parental Disapproval/Attitude
   c. Perception of Peer Disapproval/Attitude
   d. Family Communication around Drug Use

2. What intervening variables did you learn about that you or your community had not considered before?
   a. What about your intervening variables was new and why?

LOCAL CONDITIONS

1. Based on the data from your listening sessions, what are 3-4 local conditions that are contributing to your problem of practice?

2. What local conditions did you hear about in the listening sessions that you had not considered before?

3. How does the local conditions information you obtained from your listening sessions align or not align with your consumption data, your intervening variable data, and what you learned from your community readiness assessment?

CONSEQUENCE DATA

1. What consequences of underage drinking or prescription drug use (specific for your community) are more prevalent (common) in your community?

2. How did your consequence data compare with state-wide data?

3. How does the consequence data relate to your problem of practice and outcome data? What does it tell you about the impact of your problem of practice in your community?

4. How does your consequence data support (or not support) the intervening variables and local conditions do you are planning to prioritize?