

# *Communities That Care*



# **Our Youth, Our Community, Our Future**

*Setting the Stage for  
a better tomorrow...*

# History and Background

Since 2003, Communities That Care (CTC) of Lorain County continues to provide a venue for collaboration with emphasis on reducing underage alcohol, tobacco, marijuana, over-the-counter and prescription drug use..

Began from Ohio's State Incentive Grant, CTC is now a five-year federally funded Drug Free Community Coalition (through the Office of National Drug Control Policy). Locally, CTC is supported through generous funding from the Alcohol and Drug Addiction Services Board of Lorain County, United Way of Greater Lorain County, and Catholic Charities Community Services—Lorain County. Countless hours of coalition members' time also provides support to our effort!

# Our Funders



# Our Mission and Vision

## ***Mission:***

Communities That Care of Lorain County is a strong partnership within the community to help our youth face the many challenges ahead of them, including substance abuse

We ***VISION*** a community that:

- *Promotes strong families*
- *Fosters collaboration between school and communities*
- *Supports positive youth development*
- *Works to reduce problem behaviors*

# Two Primary Goals

Two primary goals drive our CTC/Drug Free Community:

- Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.
- Establish and strengthen collaboration among communities, private nonprofit agencies, and federal, state, local, and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

# 2009: A Banner Year

Not only has CTC received continuation funding from national and local supporters, CTC has recently been awarded a four-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Sober Truth on Preventing (STOP) Underage Drinking. Guided by the *U.S. Surgeon General's Call to Action to Prevent and Reduce Underage Drinking (2007)* a local STOP task has been established to implement strategies for responsible retailing, adult information, local compliance with Ohio's underage drinking laws, programs for youth and all targeted towards underage alcohol use and abuse.

# 2009

# Accomplishments

Key accomplishments in the current year:

- Youth survey implemented in 14 public school districts in Lorain County
- Youth Pages online edition -marketing inclusive of locker magnets to all 9th grade students, bookmarkers and posters in local libraries, schools and other agencies
- Training – “The Adolescent Brain...Under Construction”, by Dr. Andrew Garner
- Receipt of the Sober Truth in Preventing Underage Drinking (STOP) grant
- Partnerships with local entities (Lorain County Youth Collaborative), Town Hall meetings, Parents Who Host Lose the Most campaigns
- Provided local support to the Lorain County Youth Collaborative for their events
- Evaluation and continued support for Strengthening Families Program and ATLAS/ATHENA Programs
- Development of a website: [www.ctcloraincounty.org](http://www.ctcloraincounty.org)  
Check us Out!

# Our Members

CTC is as strong as its membership and partners in Lorain County. Our Executive Committee consists of members from various areas: youth (persons < 18 years of age), parents, business, media, healthcare professionals, schools, law enforcement organizations, religious or fraternal organizations, civic and volunteer groups, youth-serving organizations, governmental agency with expertise in the field of substance abuse and other organizations involved in reducing substance abuse.

Members participate on various workgroups. Key leaders and CTC's presence at a variety of other community venues complete our coalition throughout our fourteen school district communities in Lorain County. We are always looking for new partners and members for our work!!!

# The Framework

Guided by an evidence-based practice called the Strategic Prevention Framework, CTC is moving ahead in the following areas:

**Assessment.** Collect data to define problems, resources, and readiness within a geographic area to address needs and gaps.

**Capacity.** Mobilize and/or build capacity within a geographic area to address needs.

**Planning.** Develop a comprehensive strategic plan that includes policies, programs, and practices creating a logical, data-driven plan to address problems identified in assessment.

**Implementation.** Implement evidence-based prevention programs, policies, and practices.

**Evaluation.** Measure the impact of the SPF and its implemented programs, policies, and practices.



# Where we are now

## Surveying the Landscape

Assessing

Inform

Membership

Building Capacity



*Surveying*

Education

*Advocacy*

**BRANDING**

# Assessment

**ASSESSMENT:** Undertaking a community assessment can provide many opportunities for our coalition and the community. A comprehensive assessment should:

- ✦ Create community consensus about Alcohol Tobacco and Other Drug (ATOD) problems in the community.
- ✦ Identify underlying factors that contribute to those problems.
- ✦ Identify and analyze environmental, social, and individual factors that contribute to the problems.
- ✦ Increase the likelihood that our coalition will select and implement policies and practices that actually will reduce ATOD problems in the community.
- ✦ Establish baseline information to track our coalition's progress.

# Our process

Primary components of the assessment include:

**CTC Youth Survey** - in Fall, 2009, *The Communities That Care Youth Survey* was conducted in 2009 with Lorain County youth. The survey contained over 144 questions and was completed by students in grades 6, 8, 10 and 12 in the following school districts: Amherst, Avon, Avon Lake, Clearview, Columbia, Elyria, Firelands, Keystone, Lorain, Midview, North Ridgeville, Oberlin, Sheffield- Sheffield Lake, and Wellington. Each school district received a detailed report about their students' responses. This report not only aggregates data by district, but is also sub-reported by school building for each district. CTC was able to also provide to the participating districts a comparative report of their district results comparing their data between 2006 and 2009. This information is specific to each district, therefore, each district has their data. CTC however, holds the complete county-wide survey results which includes responses of students in the above-named school districts. All the findings in both the county and sub-district reports are non-identifiable for any student.

The same survey was conducted in 2003 and 2006. The assessment looks at usage rates for alcohol, tobacco, marijuana, and other drugs along with risk and protective factors. In all, over 10,000 youth were surveyed in 14 local area school districts in 2009. Respondents were comprised of students from the 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades, **with the exception of 2003, where 12<sup>th</sup> graders were NOT surveyed.** They were split nearly evenly among males and females with the 68.7% being White, 8.3% African American, and 7.6% of Hispanic origin. The local risk and protective factor data is compared to national normative scores of 50 for all of the scales based on various demographic and socioeconomic characteristics.

# Youth Survey Components

The Youth Survey results are summarized by grade and gender in the following categories:

Alcohol, Tobacco and other Drug use - the responses to this component of the survey identify both 30-day and life time use patterns of students for a host of illegal substances (alcohol, tobacco, marijuana, prescription medications, etc). The responses in this category also show perception of risk patterns, accessibility and other norms in our community, families, schools and individual/peer groups.

Risk Factors and Protective Factors - (in community, family, school, and peer/individual). The student responses to these factors give an indication of "what it's like to be a (6th, 8th, 10th, or 12th grader) in Lorain County".

Anti-social behaviors - this section of the youth survey identifies trends in behaviors like taking a handgun to school, attacking with the intent to harm, etc.

Other questions - this year the coalition asked 10 additional questions on the youth survey. Guided by a local workgroup, these 10 questions asked students about family dinners, compulsivity, cell phone and internet habits, and access to alcohol.

# Other Information

**Qualitative Listening Sessions** - To supplement the survey data, Communities That Care of Lorain County conducted a series of focus group discussions throughout the community. In all, 85 groups were convened with a total of 415 participants. Between April - June, 2009, CTC contracted with 8 community "listeners" to identify and ask questions around Lorain County specific to underage substance abuse and potential solutions. Sessions occurred during these three months in areas like: baseball field practices, lunch at a local restaurant with friends, neighborhood block watch groups, youth groups, and other venues. This was not scientifically approached, nor was this put forth as a "focus group" scenario, the purpose was to take a bit of time to get to the beginning of two key questions surrounding underage substance abuse: why is this happening and why is this happening here??

Groups were comprised of a variety of individuals of different ages, backgrounds, and experiences. College students, mostly from LCCC, accounted for 25% of all groups. An additional 13% were middle and high school aged youth. The remaining 62% of the groups consisted of adults who were grouped on the basis of specific characteristics: 8% were parents whose families reside in Lorain County and an equal proportion were simply identified as residents of specific neighborhoods. Seven percent were adults from all over the county and an equal number were county residents receiving services from local social service providers including AA members in recovery. Finally, 6% each were comprised of local educators, service providers from local agencies, and block watch captains and participants.

# Other Information

**Archival Data** - another project of the CTC was to complete an update of archival data about Lorain County. Aligned with the risk factors, local and/or national data has been gathered about our community, families, schools, and individuals. Data sources were matched to relevant categories within the risk factors. Where identified, emerging trends were included. A variety of local and national information in terms of economic patterns (employment, poverty rates, migration to work); family history patterns, teen rates of juvenile behaviors (crime, convictions, etc), and school information (report card ratings, drop-out, etc) is included in the archival data report.

Key emerging trends include: Lorain County's high unemployment, poverty and foreclosure rates, substance abuse and mental health treatment services were at capacity (but below the nationally identified need).

# Key Findings

*“Developing a clear problem statement for your coalition should occur early in the assessment phase. This will set the stage for a community assessment that is anchored to the problem your coalition wants to address and will help focus the lens of your coalition’s camera. It also will help your coalition build capacity and gain community support to sustain your efforts by clarifying how your coalition intends to make a difference.”*

– from the Community Anti-Drug Coalitions of America.

This items that follow were prepared by the Joint Center for Policy Research of the Public Services Institute at Lorain County Community College and summarizes key findings resulting from both the youth survey and qualitative listening session discussions.

# Alcohol, Tobacco and Other Drugs


## Overall Survey Findings

- Alcohol and cigarette use continue to be most prevalent among Lorain County youth as measured by both lifetime and past 30 day use.
  - Since 2003, there has been a downward trend in lifetime usage (or youth disclosing they have tried both alcohol and cigarettes at some point in time). However, the incidence of past 30 day use remains virtually the same over time.
  - By the 12<sup>th</sup> grade, more than three-quarters of all Lorain County youth (76.1%) have tried alcohol and more than one half have experimented with cigarettes (47.1%).
  - Nearly one quarter (22%) of all youth surveyed said they acquired alcohol from some other source including 3% who say they got it from their parents.
- Marijuana rounds out the top three most used substances in Lorain County (i.e., 19.2% for lifetime use and 10.5% for past 30 day use in 2009).
  - In fact, current marijuana use (10.5%) is almost equivalent to cigarette use (10.8%).
  - Incidence of marijuana use has fluctuated slightly over the years but generally remains the same (i.e., no statistically significant differences).
- 11.5% of all teens surveyed have experimented with prescription pain relievers while 5.5% of indicated they used these pain relievers within the past 30 days. This ranks prescription pain relievers fourth in terms of substance use.
- Compared to 2003, it appears that smokeless tobacco is on the rise among teens.

# Alcohol, Tobacco and Other Drugs

**Lifetime Use of Alcohol, Tobacco and Other Drugs - 2003, 2006, 2009**


Substance	2003	2006	2009
Alcohol	49.4%	47.2%	45.2%
Cigarettes	32.5%	29.0%	26.1%
Marijuana	17.9%	20.2%	19.2%
Prescription Pain Relievers	N/A	12.4%	11.5%
Smokeless Tobacco	8.5%	10.1%	10.4%
Inhalants	11.5%	9.1%	8.5%
Prescription Stimulants	N/A	6.6%	6.1%
Prescription Tranquilizers	N/A	3.9%	4.4%
Ecstasy	2.9%	3.1%	3.1%
Cocaine	2.4%	3.5%	2.1%
Methamphetamine	1.6%	1.2%	0.9%
Heroin	1.4%	0.0%	0.0%

 Highest Percent

Prevalence of alcohol, tobacco, and other drugs is measured primarily by lifetime and past 30 day use among teens. Lifetime use is a good indicator of experimentation while past 30 days use is a more accurate measure of current behaviors.

**Past 30-Day Use of Alcohol, Tobacco and Other Drugs - 2003, 2006, 2009**

Substance	2003	2006	2009
Alcohol	23.0%	23.1%	21.3%
Cigarettes	11.7%	12.3%	10.8%
Smokeless Tobacco	3.5%	4.2%	4.3%
Marijuana	9.6%	10.6%	10.5%
Inhalants	4.6%	2.8%	2.8%
Cocaine	0.8%	1.3%	0.8%
Ecstasy	0.9%	1.2%	1.0%
Heroin	0.6%	0.0%	N/A
Methamphetamine	0.6%	0.5%	0.3%
Prescription Pain Relievers	N/A	5.6%	5.5%
Prescription Tranquilizers	N/A	1.5%	2.1%
Prescription Stimulants	N/A	2.8%	2.7%


 Highest Percent

# Alcohol, Tobacco and Other Drugs

## Survey Findings By Grade Level

- Not surprisingly, the proportion of teens who report having used controlled substances and illegal drugs increases with each grade level for nearly all of the substances studied. The exception is the use of inhalants, which is highest among 8<sup>th</sup> graders (10.5%) and then drops for 10<sup>th</sup> graders (9.3%) and again for 12<sup>th</sup> graders (8.3%).
- While the increases are slight, a higher percent of 6<sup>th</sup> graders reported using alcohol, cigarettes, and smokeless tobacco in the 30 days preceding the survey for 2009 compared to 2006.
- 12<sup>th</sup> grader lifetime use of smokeless tobacco increased between 2006 (18.8%) and 2009 (21.4%) as did the proportion who said they had used it during the past 30 days (6.4% vs.8.2%, respectively).
- Use of prescription tranquilizers in the past 30 days increased between 2006 and 2009 for all grade levels, which may indicate that health practitioners are prescribing these drugs to younger people at an increasing rate or to people like family members making tranquilizers more accessible for teens.
- Although overall usage for all grade levels has not increased, it appears as if use of certain illegal drugs could be on the rise for older students (heroin (10<sup>th</sup>, 12<sup>th</sup>), ecstasy (12<sup>th</sup>), and marijuana (12<sup>th</sup>).

Lifetime Usage Rates by Grade, 2009					
Substance	6th Grade	8th Grade	10th Grade	12th Grade	Average All Grades
Alcohol	15.5%	38.3%	61.8%	76.1%	45.2%
Cigarettes	6.3%	22.8%	35.4%	47.1%	26.1%
Marijuana	1.2%	11.1%	28.7%	44.9%	19.2%
Prescription Pain Relievers	3.1%	7.9%	16.4%	22.3%	11.5%
Smokeless Tobacco	1.9%	7.3%	15.1%	21.4%	10.5%
Prescription Stimulants	0.5%	2.4%	8.8%	16.1%	6.1%
Prescription Tranquilizers	0.6%	1.9%	6.6%	10.3%	4.4%
Ecstasy	N/A	1.5%	4.2%	8.6%	3.1%
Inhalants	6.0%	10.5%	9.0%	8.3%	8.5%
Cocaine	0.3%	0.9%	2.3%	6.2%	2.1%
Heroin	0.1%	0.4%	1.5%	2.3%	N/A
Methamphetamine	0.1%	0.9%	1.3%	1.4%	0.9%

 Highest Percent

# Alcohol, Tobacco and Other Drugs

## Community Member Perspectives

Without having seen the 2009 survey data, community members identified alcohol and tobacco as the most commonly abused substances by local teens. While acknowledging the prevalence of alcohol and tobacco use, many groups felt drugs were a more serious issue with greater consequences for the user and the community. One law enforcement professional stated that 90% of all felonies attributed to teens involve drugs or alcohol, although another cited statistics showing that arrests for underage use of drugs, alcohol, and tobacco dropped between 2007 and 2008. Community members identified the following trends:

Community members discussed the use of “Black & Milds”. Apparently, parents may be mistaking these cigar-like smoking implements as a cigarette substitute. Teens empty some of the tobacco out of the tip and replace it with marijuana while the strong tobacco masks the recognizable odor and thus is undetected by unsuspecting parents and others.

Another emerging trend is the abuse of prescription drugs by high school students and even elementary aged children. While there was a slight drop in past 30-day use between 2006 and 2009 for prescription pain relievers and stimulants, this drop was very small. In addition, past 30-day use for tranquilizers was up 0.6% between 2006 and 2009. Community law enforcement officials noted a spike in the use of prescription drugs by underage users over the past four years.

*“It’s not a new issue. It’s a mindset; alcohol is socially and culturally acceptable.”*

*“They aren’t robbing places to get beer or cigarettes.” (Local parent when asked whether underage usage of alcohol, tobacco, or drugs was the most serious problem)*

*“Alcohol is most common, but drugs are more problematic.”*

*“Whatever the parents leave out.” (Local student when asked what type of alcohol was most prevalent among teens)*

*“Choice of drug can vary by what a kid can afford and what is available to them.”*

*“The kids USE beer, but SELL AND USE drugs.”*

*“Smoking is a big problem, but it doesn’t hurt others.”*

*“Kids will recognize problems in other kids but will not admit to their own problem usage.”*

*“Corporate America tells us if you have a problem, we can fix it with a pill. Even family doctors push pills for kids with ADD.”*

# Protective Factors

## Overall Survey Findings

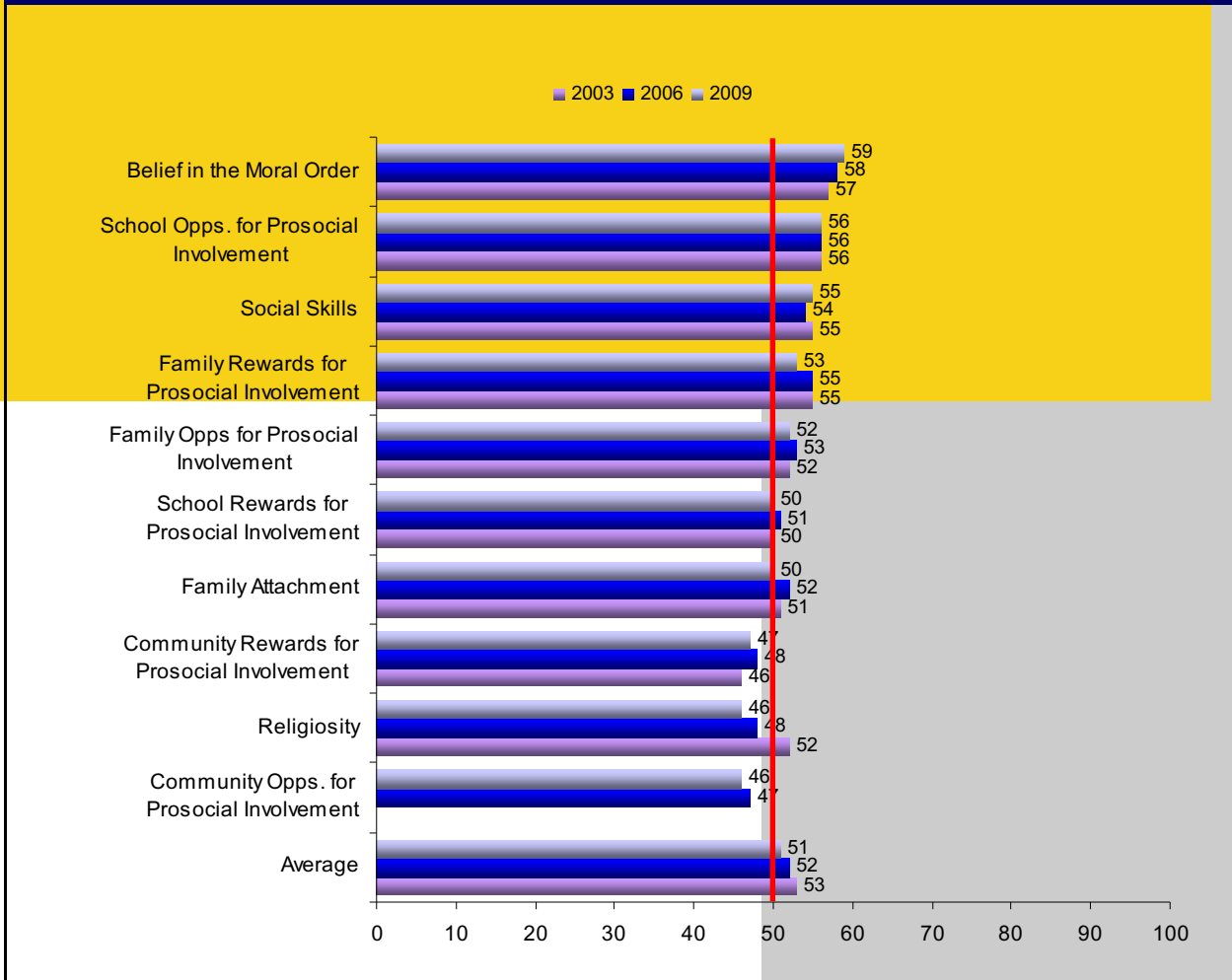
- Protective factors are categorized under four domains: Community, Family, School, and Peer-Individual. It is proven nationally that the more protective factors present in the life of a teen, the less likely they are to engage in alcohol, tobacco, and other drug use along with anti-social behaviors such as violence, selling drugs, or getting suspended from school.
- The average overall protective factor score for Lorain County decreased 1 point with each iteration of the survey (i.e., from 53 in 2003 to 51 in 2009).
- Certain protective factors have consistently scored above the normative mean over the years and include: Belief in moral order which is knowing right from wrong, School opportunities for prosocial involvement, Social skills which involves choosing the right course of action in certain situations, Family rewards for prosocial involvement, and Family opportunities for prosocial involvement. Prosocial involvement and rewards encompasses inclusion in positive activities and decision-making and seeking advice from adults or authority figures and rewards are the positive feedback received when these occur.
- Family attachment has also scored over the normative average twice over the three years for which students were surveyed in Lorain County.

# Protective Factors

- Protective factors scoring below the normative average have also been consistent and include: Community Opportunities for prosocial involvement, Religiosity, and Community rewards for prosocial behavior.
  - In fact, religiosity, or youth participation in church related activities, continues to drop in Lorain County (from a score of 52 in 2003 to 48 in 2006 and 46 in 2009).
  - Community rewards for prosocial involvement has also dropped to 46 in 2009 and together with religiosity, represent the lowest scores of all.
- 29% of all respondents report having dinner 2 or fewer times per week with their families.
- 2 out of 5 of the respondents claim to be involved in an organized community or school-based after school activity.

# Protective Factors

Protective Factors Scale Scores, 2003, 2006, 2009



Scores are scaled and compared to the normative range of "50"

# Protective Factors

## Survey Findings By Grade Level

- In general, protective factor scores go down with age, 6<sup>th</sup> grader average on all domains was 60, while 12<sup>th</sup> grader average was 46.
- This is especially true for the family domain where the average between 6<sup>th</sup> and 12<sup>th</sup> graders was 20 points lower for Family Attachment, 19 points lower for Family Opportunities for Prosocial Involvement, and 23 points lower for Family Rewards for Prosocial Involvement.
- The only area where 12<sup>th</sup> graders had slightly higher scores than 6<sup>th</sup> graders was in Community Opportunities for Prosocial Behavior (46 vs. 49, respectively) which measures involvement in activities related to sports, clubs, and other community organizations..
- Community Opportunities for Prosocial Behavior received the lowest scale scores among younger students (6<sup>th</sup> and 8<sup>th</sup> graders) while rewards, which is recognition for positive community activities, (community 10<sup>th</sup>, school 10<sup>th</sup> and 12<sup>th</sup>) for prosocial behavior were seen as lacking by the older ones.

Protective Factor Scale Scores by Grade				
Domain	Grade			
	6th	8th	10th	12th
<b>Community</b>				
Prosocial Involvement Opps.	46	43	46	49
Prosocial Involvement Rewards	56	47	43	41
<b>Family</b>				
Family Attachment	63	50	45	43
Prosocial Involvement Opps.	64	52	46	45
Prosocial Involvement Rewards	67	54	46	44
<b>School</b>				
Prosocial Involvement Opps.	60	55	53	53
Prosocial Involvement Rewards	63	49	41	43
<b>Peer-Individual</b>				
Religiosity	47	48	46	43
Social Skills	66	56	49	47
Belief in the Moral Order	72	59	50	51
<b>Average</b>	60	51	47	46

 Highest Percent

# Protective Factors

## Community Member Perspectives

- Community members felt that while there are some resources available in the local community, there are far too few and those that exist are ineffective
- Most community members see the problem as a greater societal issue and that kids need to be involved in other activities
- Boredom resulting from a lack of activities to keep youth busy after school and on weekends, including recreational activities and jobs, was seen as a major contributor to underage use of tobacco, alcohol, and drugs.
- Community members also cite a lack of prevention efforts
- A lack of knowledge about what is available and where to go for help exists among parents and community members. When asked, 3 out of 5 community member groups could not name an organization currently addressing the issue of underage use of alcohol, tobacco, and drugs.
- Trends identified by community members are as follows:
  - Fewer organizations available to help teens.
  - Fewer community recreation facilities providing activities for teens.
  - Diminished police presence due to budget cuts.

# Protective Factors

***“As a parent, I don't know how to find resources on what is the first step about my teen's drinking.”***

***“If people cannot get the things they need, they will find the easiest outlet. Since there is not much for young people to do, they just “hang out” – there are no organized activities.”***

***“Nobody seems to care anymore and there is very little to do in the neighborhood – and no one just wants to sit at home doing nothing. So you go out, hang with the wrong company, and usually end up doing something stupid.”***

***“There are very few things for youth to do and we don't see youth organizations going in there (inner city) to recruit young people for their programs.”***

***“Only one or two people are trying to work with the tougher kids and get them away from the trouble waiting to grab them in the hood. No one cares about them – the 15 & 16 year olds – they think they are too corrupted.”***

***“Once a teen gets to a certain age, a lot of this doesn't have much influence; counseling at an elementary level is not valued, consider everything the kids are dealing with...by the time they are 14-15 we can't fix a whole lot anymore.”***

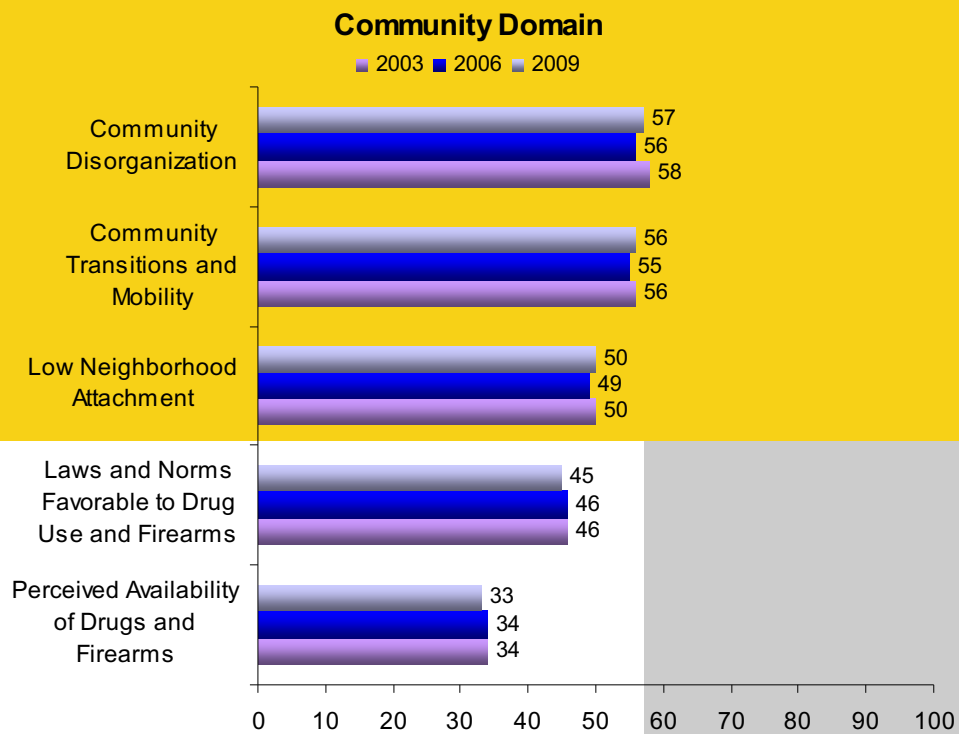
***“All of the groups in Lorain have had successes, but they are not really reaching out to youth who need their services. Instead they often wait for the youth to come to them.”***

# Risk Factors

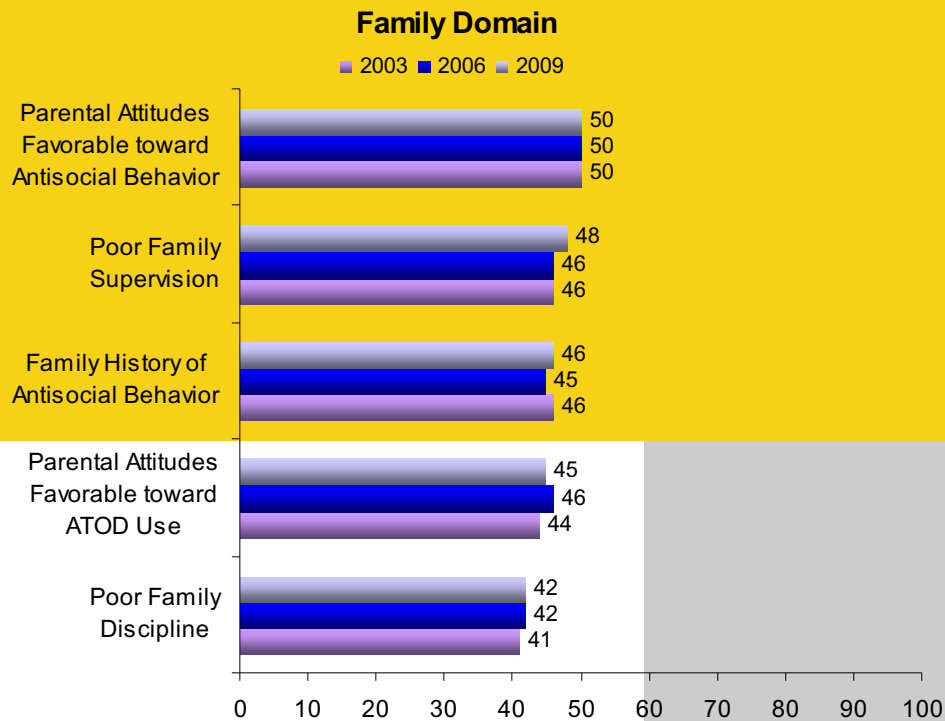
## Overall Survey Findings

- Risk factors are categorized under four domains: Community, Family, School, and Peer - Individual.
- In general, risk factor scale scores are decreasing. Of the 22 scales, 13 saw a decrease, 5 remained the same, and 4 increased between 2003 and 2009.
- The 5 lowest scoring risk factors: Perceived availability of drugs and firearms; Perceived risk of drug use; Early initiation of drug use and antisocial behavior; Favorable attitudes toward drug use; and Poor family discipline, have remained fairly constant over the three iterations of the survey. In addition, Friends use of drugs (2003) has appeared in the lowest five.
- Those risk factors that have consistently scored above the normative mean include: Community disorganization and Community transitions and mobility. Community disorganization is a measure of such things as the level of crime, amount of graffiti, and number of abandoned homes and buildings in a neighborhood, while transitions and mobility refers to the number of times a student has moved and the number of schools they have attended in the past year and in their lifetime. In addition, Academic failure; Friends delinquent behavior; and Parental attitudes favorable toward ATOD use have scored at or above the normative mean.
- 59% of survey respondents report using their cell phones/text messaging often (20 or more times per day). 91% of all respondents have access to the internet and 43% use the internet 2 or more hours per day for reasons unrelated to school. 44% watch TV for 2 or more hours per day and 19% for 4 or more hours.
- Nearly one quarter (23%) make their own decisions about such things as when they need to be home or where they can go with friends.

# Risk Factors

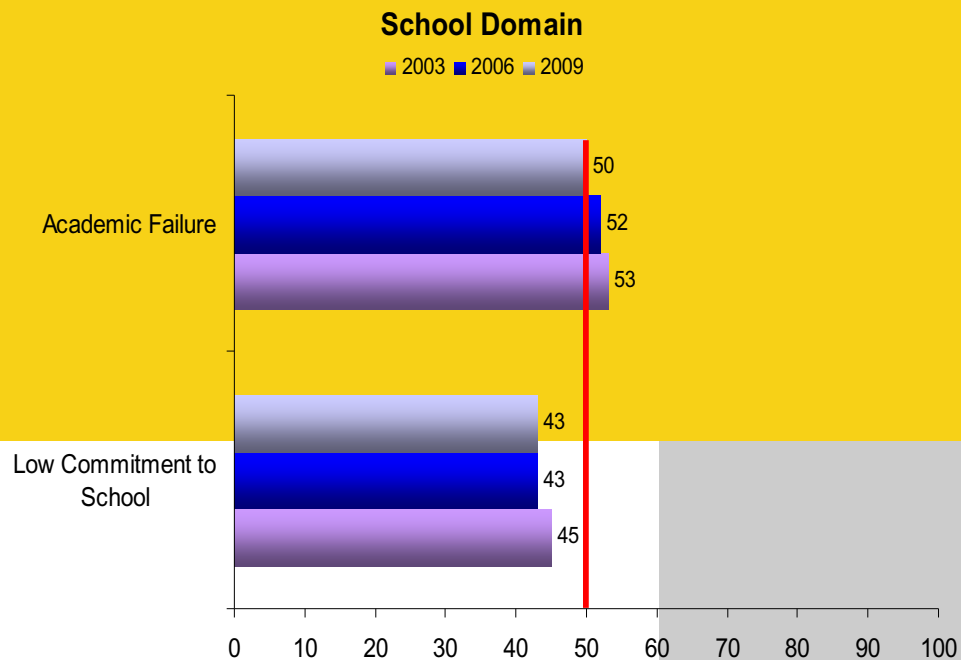


# Risk Factors



Scores are scaled and compared to the normative range of "50"

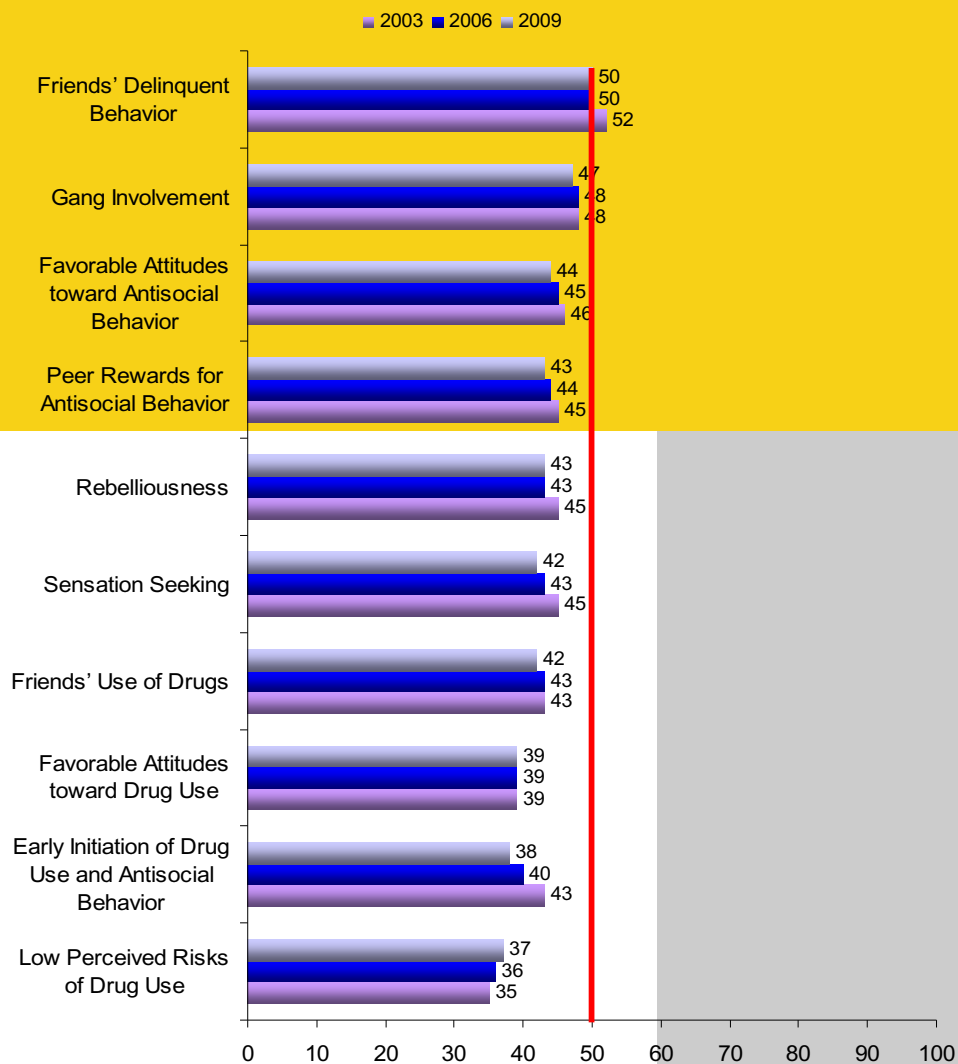
# Risk Factors



Scores are scaled and compared to the normative range of "50"

# Risk Factors

## Peer-Individual Domain



Scores are scaled and compared to the normative range of "50"

# Risk Factors

## Survey Findings By Grade Level

- In general, Risk factor scale scores increase with age. In 2009, the overall average on all domains for 6<sup>th</sup> graders was 34 compared with 54 for 12<sup>th</sup> graders.
- The greatest differences between 6<sup>th</sup> and 12<sup>th</sup> grade factor scale scores occurred in Laws and norms favorable to drug use and firearms (41)
- Other notable differences include Friends use of alcohol and drugs (39); Perceived availability of drugs and firearms (34); and Favorable attitudes toward drug use (33).
- Community transitions and mobility was the only risk factor scale on which 6<sup>th</sup> graders had a higher score than did 12<sup>th</sup> graders (58 vs. 53, respectively).
- When averaging the scales scores which comprise each of the domains, the largest difference in averages between 6<sup>th</sup> and 12<sup>th</sup> graders occurred with the Family domain, where the scale scores averaged 25 points higher for 12<sup>th</sup> graders.

## Risk Factor Scale Scores by Grade Level

Domain	Grade				Difference 6th vs.12th graders	Difference 8th vs.12th graders
	6th	8th	10th	12th		
<b>Community</b>						
Low Neighborhood Attachment	41	48	55	59	18	11
Community Disorganization	50	57	62	61	11	4
Community Transitions and Mobility	58	56	57	53	-5	-3
Laws and Norms Favorable to Drug Use and Firearms	23	42	56	64	41	22
Perceived Availability of Drugs and Firearms	16	27	42	50	34	23
<b>Family</b>						
Poor Family Supervision	33	46	56	60	27	14
Poor Family Discipline	28	39	49	56	28	17
Family History of Antisocial Behavior	29	43	54	60	31	17
Parental Attitudes Favorable toward ATOD Use	34	41	50	58	24	17
Parental Attitudes Favorable toward Antisocial Behavior	41	50	55	55	14	5
<b>School</b>						
Academic Failure	48	51	52	50	2	-1
Low Commitment to School	31	43	50	49	18	6
<b>Peer-Individual</b>						
Rebelliousness	31	44	50	50	19	6
Friends' Delinquent Behavior	45	52	52	52	7	0
Friends' Use of Drugs	23	37	53	62	39	25
Peer Rewards for Antisocial Behavior	30	42	51	53	23	11
Favorable Attitudes toward Antisocial Behavior	30	46	52	51	21	5
Favorable Attitudes toward Drug Use	23	34	48	56	33	22
Low Perceived Risks of Drug Use	31	32	41	46	15	14
Early Initiation of Drug Use and Antisocial Behavior	27	38	45	47	20	9
Sensation Seeking	31	40	48	52	21	12
Gang Involvement	44	49	48	46	2	-3
<b>Average</b>	<b>34</b>	<b>44</b>	<b>51</b>	<b>54</b>	<b>20</b>	<b>10</b>

Scores are scaled and compared to the normative range of "50"

# Risk Factors

## Community Member Perspectives

- Community members most often cite lack of adequate parenting as the reason for increased use of alcohol, tobacco, and drugs among youth.
- Parents are unable to control their children and some are afraid of their own children.
- Alcohol is socially acceptable among adults, children see their parents using it.
- The glamorization of tobacco, alcohol, and drugs was also cited as a cause in the abuse of these substances by underage individuals.

*"I ask the kids, 'Who do you look up to?' and they say, 'I don't know, I don't have anyone'."*

*"It all starts with the parents. My parents did drugs and smoked pot. I used to take their pot and sell it at school."*

*"Adults set the example; drinking at birthday parties and at home on a daily basis."*

*"People are always talking about the best beer commercial during the Super Bowl game."*

*"During recent years the closing, downsizing and reorganization of many organizations has resulted in high unemployment, apathy, depression and a general sense of hopelessness."*

*"Everyone blames everyone else, schools blame parents, parents blame society, instead of finding a solution, they point fingers."*

Some trends identified community members include:

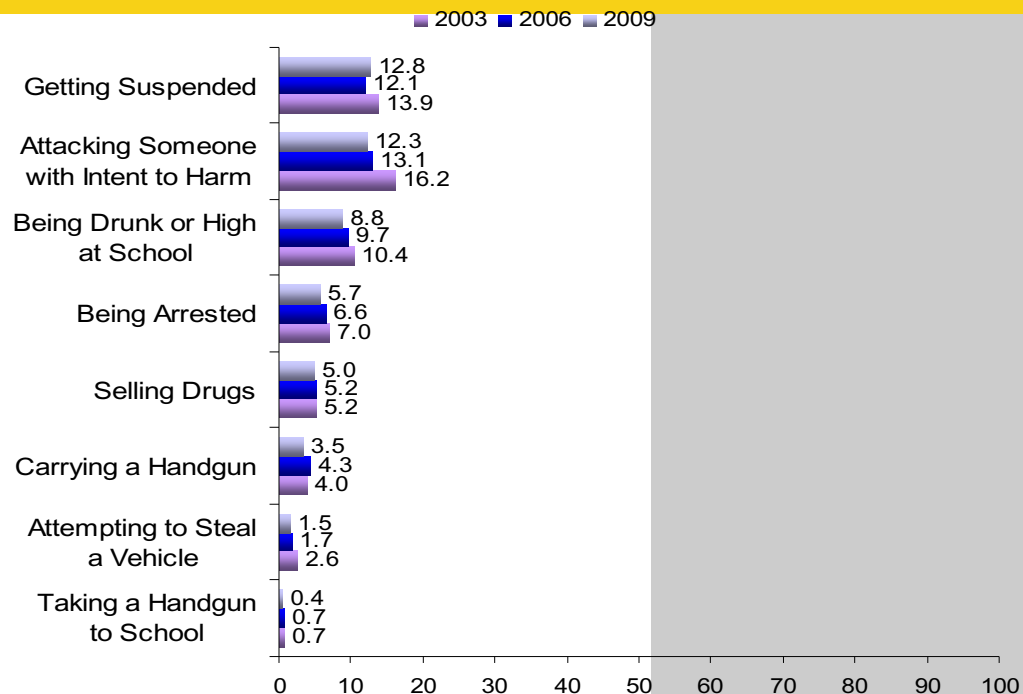
- Increasing acceptance of alcohol, tobacco, and marijuana use by teens.
- Parents buying alcohol for teens and letting them use it at home so they don't drink and drive.
- Increased exposure to the internet, cell phones, and music that glamorizes underage use. Parents are unaware of what their teens are viewing or talking about with friends.

# Consequences & Anti Social Behaviors

## Overall Survey Findings

- Between 2003 and 2009, the incidence of all antisocial behaviors decreased.
- The largest decrease occurred with attacking someone with intent to hurt, where the proportion of students who said they had engaged in this behavior dropped nearly 4% between 2003 (16.2%) and 2009 (12.3%).
- Overall, Lorain County youth were most likely to be suspended (12.8%) compared to other antisocial behaviors.
- Attacking someone with the intent to hurt ranked a close second (12.3%).

Antisocial Behaviors - 2003, 2006, 2009




# Consequences & Anti Social Behaviors

## Survey Findings By Grade Level

- The behavior that the highest proportion of younger students were most likely to engage in was being suspended from school (12% of 6th graders and 16% of 8th graders).
- 10th graders were most likely to attack someone with the intent to hurt (13.8%), although 13.1% report being drunk or high at school.
- Being drunk or high at school was clearly the antisocial behavior in which 12th graders engaged most (18.9%). This was also the highest proportion of any grade engaging in any of the antisocial behaviors listed.
- The largest difference between 6th and 12th graders (18%) occurred in the proportion who reported being drunk or high at school where 18.9% of 12th graders reported engaging in this behavior compared with 1.1% of 6th graders.

Percentage of Surveyed Youth Who Reported Engaging in Antisocial Behaviors						
Behavior	6th	8th	10th	12th	Average All Grades	Difference 6th vs. 12th Graders
Attacking Someone with Intent to Hurt	9.3	14.4	13.8	11.0	12.3	1.7
Attempting to Steal a Vehicle	0.5	1.3	2.5	1.7	1.5	1.2
Being Arrested	1.7	5.5	8.3	7.8	5.7	6.1
Being Drunk or High at School	1.1	5.6	13.1	18.9	8.8	17.8
Carrying a Handgun	2.2	3.9	4.3	3.7	3.5	1.5
Getting Suspended	12.0	16.0	12.8	9.2	12.8	-2.8
Selling Drugs	0.2	2.5	8.6	10.6	5.0	10.4
Taking a Handgun to School	0.1	0.3	0.8	0.6	0.4	0.5

 Highest Percent

# Consequences & Anti Social Behaviors

## Community Member Perspectives

- Budget cuts, particularly in urban areas, were cited as a major problem leading to lack of funds for youth recreational programs, to keep pools open, to provide recreational facilities, and to provide police to patrol in parks and other areas where trouble often begins.
- The economy causes businesses to close, people to lose their jobs. Those who can find work elsewhere move on. Those left in the city have given up hope, let their property become run down, don't take pride in the neighborhood.
- People are afraid to leave their homes. The lack of police presence has allowed unruly teens to take over the streets.
- Trends identified by community members included:
  - Younger and younger people seeking treatment for addiction.
  - More teen car accidents involving drugs and alcohol.
  - Higher rate of depression and suicide among teens.
  - An increased burden on the court system, jails, and youth detention centers.

*"These young people don't have any place to go. You're creating a climate for trouble."*

*"During recent years the closing, downsizing and reorganization of many organizations has resulted in high unemployment, apathy, depression and a general sense of hopelessness."*

*"It doesn't seem like we have any kind of voice. When we tell people they don't do anything about it. After awhile you just give up and hope that your mom moves again to a safer place."*

*"People are no longer taking care of their property and lots of people live in fear around here."*

*"On the west side you can see it is a problem by the roaming youth groups who trespass and dare you to do something about it."*

*"The cops no longer have an office in our community. They did at one time and there was less trouble. I guess they either ran out of money for this – or they, too, don't care."*

*The number of arrests in our neighborhoods is on the rise and you can still hear on the scanners daily about the domestic violence and unruly child calls that are alcohol and/or drug related."*

*"People are fearful. They have had their homes broken into."*

*"Older people are becoming afraid of youth. They lock their doors."*

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*CTC Executive Committee:* Jennifer Higgins-Anderson, Anna Cacchione, Joyce Davis, Gordon Dupree, Chad Earl, Rashay Earl, LaTonya Fenderson, Charles Fletcher, Rich Haase, Rita Hoyt, Officer Mike Folley, Cathleen Fairbanks, Catherine Gabe, Elaine Georgas, Shantae Jackson, Kathleen Kern, Matthew Kielian, Kathleen Marsh, Nicole Miller, Michael O'Neal, Jan Rybarczyk, Lt. Kevin Scalli, Stacy Schmidt, Tom Stuber, Melissa Stefano, Sierra Thomas, Marisol Torres, Brenda Warren, , Yolanda Wicks, Timothy Williams

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Full reports of the documentation presented can be found on [www.ctc.loraincounty.org](http://www.ctc.loraincounty.org)

# What's Next?

*These findings will be prioritized by the CTC Executive Committee. Once this has been completed, our coalition and partners will align environmental strategies to target the priorities. Lorain county's communities are encouraged to continue to be part of the implementation of activities .*

*We will continue to leverage our resources with faith-based, community-based organizations, parents, law enforcement, youth and other groups to succeed. If your group would like to learn more about CTC, to further discuss the information presented in this document*

*and/or if you have any other ideas, contact:*

*Catherine Gabe, CTC Coordinator*

*440.282.9920 ext 207 (or email: [cgabe@lorainadas.org](mailto:cgabe@lorainadas.org))*

*The CTC Executive Committee meets monthly (first Tuesday of each month) at 9:00 am.*

*For more information about the Sober Truth on Preventing Underage Drinking, contact: Elaine Georgas, ADAS Board of Lorain County at 440.282.9920 (email: [georgas@lorainadas.org](mailto:georgas@lorainadas.org)) or Anne Dury, STOP coordinator (email: [bananz37@yahoo.com](mailto:bananz37@yahoo.com))*

*Check out CTC on the web: [www.ctcloraincounty.org](http://www.ctcloraincounty.org)*

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# Appendix

# Environmental Strategies

1. Providing information—Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, billboards, community meetings, forums, Web-based communication).
2. Enhancing skills—Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population-level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).
3. Providing support—Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
4. Enhancing access/reducing barriers—Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
5. Changing consequences (incentives/disincentives)—Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. Physical design—Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. Modifying/changing policies—Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

# Risk Factors

## Risk Factors for Adolescent Problem Behaviors

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
<b>Community</b>						
Availability of Drugs	√				√	
Availability of Firearms		√			√	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	√	√			√	
Media Portrayals of Violence					√	
Transitions and Mobility	√	√		√		√
Low Neighborhood Attachment and Community Disorganization	√	√			√	
Extreme Economic Deprivation	√	√	√	√	√	
<b>Family</b>						
Family History of the Problem Behavior	√	√	√	√	√	√
Family Management Problems	√	√	√	√	√	√
Family Conflict	√	√	√	√	√	√
Favorable Parental Attitudes and Involvement in the Problem Behavior	√	√			√	
<b>School</b>						
Academic Failure Beginning in Late Elementary School	√	√	√	√	√	√
Lack of Commitment to School	√	√	√	√	√	
<b>Individual and Peer</b>						
Early and Persistent Antisocial Behavior	√	√	√	√	√	√
Rebelliousness	√	√		√		
Friends who Engage in the Problem Behavior	√	√	√	√	√	
Favorable Attitudes Toward the Problem Behavior	√	√	√	√		
Early Initiation of the Problem Behavior	√	√	√	√	√	
Constitutional Factors	√	√			√	√





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