

Eaton County Substance Abuse Advisory Group Strategic Substance Abuse Prevention Plan 2005-2009

OVERVIEW

The vision of the Eaton County Substance Abuse Advisory Group is that by 2010:

- use and misuse of alcohol, tobacco, and drugs are reduced in Eaton County.
- prevention and treatment services are more available, accessible and affordable for everyone within the county.
- cultural and social norms shift so that tobacco use and alcohol and drug misuse by adults; and alcohol, tobacco, and drug use by youth in the county is perceived as negative behavior by all community members.
- county residents are increasingly engaged in healthy lifestyles.

The mission of the Advisory Group is to collaboratively address the substance abuse prevention and treatment needs of the Eaton County community by:

- prioritizing alcohol as the target substance of focus.
- sharing information, experience, and data to improve the practice of substance abuse prevention and treatment in Eaton County.
- influencing or developing public policies on substance abuse prevention and treatment issues.
- bringing about more effective and efficient delivery of substance abuse programming and eliminate any unnecessary duplication of effort.
- committing to using the Pathways process and the Community Readiness Survey as reflected in planning initiatives and other coalition activities.

Eaton County Substance Abuse Prevention History

In 1999, a diverse group of community leaders identified substance abuse prevention and treatment as a priority health issue in Eaton County. During the winter of 2001, Professional and Program Services (PPS) received funding from Mid-South Substance Abuse Commission (MSSAC) to conduct a substance abuse prevention needs assessment in Eaton County. With participation from a variety of human service agencies, treatment, prevention, law enforcement and school personnel, the workgroup established a schedule of six meetings between April and September 2001. The workgroup designed a plan to examine quantitative data available for Eaton County and to gather qualitative data by conducting focus groups to hear from key members of local communities. As a result of this Needs Assessment, 11 key recommendations were made. In 2001, MSSAC contracted with Public Sector Consultants, Inc. to facilitate an *Action Plan for Improved Access to Substance Abuse Services in the Mid-South Region*. Many of the same community stakeholders participating in the Needs Assessment contributed to the dialogue. An action plan based on the dialogue process was developed and published during January 2003. MSSAC requested that the Eaton Substance Abuse Program Advisory (ESAP) Board, headed by Barry-Eaton Health Department pursue a discussion regarding the six goal areas. The ESAP Board met monthly during 2004 to address the six goals and make recommendations. Last year, MSSAC enlisted PPS' participation in the current Pathways process to establish a community coalition to address the six goals outlined in the current strategic plan.

The Service Region

Eaton County is in the south-central part of mid-Michigan, traversed by I-69, I-96, and US-27. The County, with its 105,590 (2002 US Census) residents is the 37th largest in the state. The county contains 579 square miles and the county seat is Charlotte. Over 60 percent of the land is farms. Retail trade and the service industries, along with government employment, make up the bulk of the county's economic base. Hunting, fishing, and boating are among the outdoor recreation activities available in the county.

The total workforce is 57,325 (2001 US Census). The principal employers within the county are General Motors, Auto Owner's Insurance and Meijer Distribution. The unemployment rate as of 2003 is 4.3%. The average wage per job as of 2002 is \$32,211. The median house value is \$113,700 and the median rent is \$569. (MEDC Economic Profiler). 57.6% of county residents work outside of the county. 85% have a high school diploma and 18.53% have bachelor's degree (MEDC Economic Profiler). There are two hospitals within the county.

Approximately, 87% of the county's residents are Caucasian, 5.3 percent are African-American, and 3.2 percent are Hispanic. Asian/Pacific Islanders comprise 1.1 percent of the population, 3.3% comprise the other races represented in Eaton County (2000 US Census).

Charlotte, Eaton Rapids, Grand Ledge, Maple Valley, Potterville, Bellevue, and Olivet comprise the public school districts in Eaton County. The National Center for Educational Statistics (2000) designates Charlotte, Eaton Rapids, Grand Ledge, and Olivet as urban fringe of a mid-size city; Maple Valley, Bellevue and Potterville are classified as rural districts. There are a total of 26,281 students within Eaton County school districts. Olivet College, a small liberal arts residential college has 831 students. There is also a very new branch of Lansing Community College in Delta Township.

The 2000 Census indicates that the number of Eaton County citizens living in poverty increased by 21.6 percent over the past two decades. One Eaton County child in twelve lives in poverty and is at risk for the negative consequences associated with poverty. Youth living in families with incomes in the lowest 20 percent of all family incomes were six times more likely to drop out of high school than their peers with higher incomes (National Center for Education Statistics, 2000). Of those impoverished youth, 45.9 percent live with both parents, 4.2 percent live with single-parent fathers, and 49.9 percent live with single-parent mothers. There were 504 divorces in Eaton County in 2000, a rate of 9.9 persons per 1000, compared to a rate of 7.9 for the state of Michigan as a whole. Unfortunately, Eaton County has one of the highest divorce rates in the state (56th Judicial Circuit Court Strategic Plan, 2002), adding to the incidence of childhood poverty. Eaton County ranks 22nd in the state for the number of children removed from their homes.

In Michigan, the share of students who dropped out of high school rose 15 percent over the past decade. This translates to roughly one quarter of the students enrolled in a typical ninth grade class not graduating. Some may return to get their GED or attend Adult Education at a later date, but many will not (Michigan League for Human Services, 2002, p. 33). The high school dropout rate for Eaton County increased 27 percent; this rate is 12 percent higher than the state's average increase (Michigan League for Human Services, 2002, p. 83).

The Progress of Eaton County Substance Abuse Advisory Group

Eaton County has a history of successful coalitions. Since its inception, the Eaton County Human Services Collaborative (ECHSC) has worked effectively to coordinate resources, address unmet needs within the County, and provide creative problem solving to issues relevant to the needs of the community. The ECHSC is very supportive of the activities of the Advisory Group and has made the Advisory Group a formal work group of the collaborative body, requesting

reports from the Advisory Group each month. The ECHSC has demonstrated its commitment to supporting substance abuse services and programs that produce effective outcomes.

Additionally, the Eaton County Substance Abuse Program (ESAP) Advisory Board functioned for the past five years in an advisory capacity to address the substance abuse prevention and treatment needs of Eaton County residents. So as to not duplicate efforts, the ESAP Advisory Board agreed to work within the newly formed Advisory Group and form a subcommittee to more fully explore substance abuse treatment needs and report back to the larger group. The Eaton County Tobacco Coalition also agreed to work as a sub-committee on tobacco issues within the newly formed Eaton County Substance Abuse Advisory Group and those members have continued to address tobacco issues within the County.

References

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Systems Outcomes
Community Awareness, Involvement and Support
for Effective County Substance Abuse Prevention Systems

Coalition Decision Making for Outcome Based Planning

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Additionally, the Eaton Substance Abuse Program (ESAP) Advisory Board functioned for the past five years in an advisory capacity to address substance abuse prevention and treatment needs of Eaton County residents. So as to not duplicate efforts, the ESAP Advisory Board agreed to work within the newly formed ECSAAG and form a subcommittee to more fully explore substance abuse treatment needs and report back to the larger group. The Eaton County Tobacco Coalition also agreed to work as a sub-committee on tobacco issues within the newly formed Eaton County Substance Abuse Advisory Group and those members have continued to address tobacco issues within the county.

Vision:

Eaton County Substance Abuse Advisory Group's vision is to achieve the following by 2010:

- use and misuse of alcohol, tobacco, and drugs are reduced in Eaton County.
- prevention and treatment services are more available, accessible and affordable for everyone within the county.
- cultural and social norms shift so that tobacco use and alcohol and drug misuse by adults; and alcohol, tobacco, and drug use by youth in the county is perceived as negative behavior by all community members.
- county residents are increasingly engaged in healthy lifestyles.

PROBLEM

Coalition Development

While our Eaton County Substance Abuse Advisory Group has successfully convened a wide variety of stakeholders from around the county, we need more diverse representation. Having the communities and school districts not yet represented-Eaton Rapids, Waverly, Olivet, and Bellevue could strengthen our Advisory Group. Three of these four school districts do not traditionally work with Eaton Intermediate School District. Developing more involved relationships with these districts will be necessary to get stakeholders to the table.

In addition, ECSAAG would benefit from having more representation from community sectors, such as hospitals, the faith community, businesses, civic organizations, voluntary agencies from the American Lung Association, the American Heart Association and the American Cancer Association.

SOLUTION:

Goal 1: Coalition Development

By 2009, Eaton County will have an independent, formalized, multi-sector, county-wide coalition whose mission will be to coordinate, plan, and evaluate a comprehensive county-wide strategy to address locally determined risk and protective factors and achieve changes in substance use behaviors prioritized by the county, its communities and MSSAC.

To accomplish this goal, between October 2005 and September 2009, the Eaton County Substance Abuse Advisory Group will:

- 0.1.1 assist in collecting, discussing and understanding outcome evaluation data for all services provided in the county to drive funding recommendations.
- 0.1.2 revisit the Pathways Needs and Resource Scan and make modifications to the community implementation plan, approved by MSSAC, based on local data.
- 0.1.3 develop a systems approach to address substance abuse problems in the county, creating formal and informal linkage agreements among agencies to co-fund infrastructure and eliminate duplicative or ineffective programs, conduct needs assessment, evaluate strategies, and advocate for needed policy changes to support the system.
- 0.1.4 expand community awareness of the issues of substance abuse through local newspapers or other community forums about substance abuse and its effects on the community.
- 0.1.5 obtain a model resolution from the Eaton County Board of Commissioners and the Eaton County Human Service Collaborative as well as other local governing bodies such as school boards and local township boards and city councils to support collection and sharing of valid and reliable local data.

Data/Resource Information for Outcome-Based Planning

One of the benefits to forming our Eaton County Substance Abuse Advisory Group (ECSAAG) and following the Pathways process is experiencing the burgeoning interest of the group for the data available in our county. Community stakeholders have engaged in a huge learning process as they participate in the practice of obtaining, sorting, and interpreting the data. Taking part in the Pathways Process has been illuminating for many members of ECSAAG. Working with the data we've obtained, there is a new awareness and appreciation of the data we yet need to acquire, the importance of developing a system to regularly obtain the data, and how this it can be beneficial to all service providers. As a result, the members of ECSAAG have become more engaged in the Pathways process.

Vision:

To develop and maintain a system of data collection and distribution in Eaton County that will allow persuasive demonstration of the needs for substance abuse prevention programs and services in a manner that builds stakeholder investment and community awareness.

PROBLEM

Data Driven Decision-Making

Formal agreements are necessary in order to have a comprehensive data collection process. Currently, relationships and personal favors are key to collecting local data. County government policies and procedures need to be in place with formal agreements between partners. Decisions need to be made about which agencies should regularly report data and what data we need from each agency. Each agency should have a contact person who will provide specific data to ECSAAG. Eaton County needs the capacity to collect and utilize data to assess local substance use, incidence and prevalence, risk and protective factors, co-occurring behaviors and consequences of substance abuse and misuse. Additionally, attention needs to be given to the new HIPAA laws and any barriers they present to our data collection.

To date, we have some youth substance abuse and risk behavior data from the Prevention Needs Assessment Survey from three districts in Eaton County, as well as small samples from a few private and charter schools. More participation of Eaton County youth is needed in order to adequately plan prevention services in Eaton County. The county data we currently use to plan substance abuse prevention services is from a county-wide SEARCH asset survey from 2002. When we were attempting to secure participation in the Prevention Needs Assessment Survey this year, several districts were reluctant to participate because of the numerous requests from different state departments requesting students' participation in surveys. Administrators, educators, and students experience the pressure of multiple requests to complete multiple surveys and subsequent loss of instructional time.

Goal 2 – Data Driven Decision Making

By 2009, Eaton County will have a comprehensive data collection process that relies on local reliable survey measures, as well as archival indicators measuring youth risk and protective factors, substance abuse behaviors among youth and other prioritized and underserved populations and an assessment of the level and reach of substance abuse prevention services in Eaton County.

Specifically, Eaton County Substance Abuse Advisory Group will:

- O.2.1 develop a uniform data reporting system for relevant substance abuse data needed by the Advisory Group, similar to VIN# for keeping track of vehicles.
- O.2.2 identify data gaps and agencies who should be reporting, but are not, such as hospitals, shelters, private and non-profit agencies.
- O.2.3 inventory which agencies report substance abuse related data and what information is reported.
- O.2.4 identify the impact and costs of substance abuse at all levels and represent the problem and prevention in dollars and cents, and report this to the media
- O.2.5 encourage participation in and assist with the administration of the Prevention Needs Assessment Survey from each of the public school districts in Eaton County as well as from the private and charter schools to use as a data source to assist in planning prevention services in the communities in Eaton County.
- O.2.6 advocate for coordination of student survey requests among state departments.
- O.2.7 analyze and match data, and report and distribute county-level findings to establish a longitude data set.
- O.2.8 guide ECSAAG and community members to understand and appreciate that the data collected does not represent the success or failure of the agency, but instead represents guideposts on what needs to be addressed by ECSAAG, PPS/EISD and community members.
- O.2.9 evaluate all programming supported by MSSAC funds.

Behavioral Outcomes
The Issues of Alcohol, Tobacco, and Other Drugs and Related Special Populations

Through the Pathways Process over the past eight months, the Eaton County Substance Abuse Advisory Group (ECSAAG) has developed informal and formal relationships to address alcohol issues in Eaton County. We have been strengthening the capacity of the Advisory Group to support, collaborate, and advocate for stronger measures to control access and availability to reduce youth alcohol rates and advocate for measures of other risk and protective factors that influence alcohol rates. We have conducted resource scans of prevention and intervention programming across the county presently designed to reduce youth use of alcohol and will assess the strength of current youth programming.

PROBLEM: Alcohol

Youth

Youth aged 20 years and younger are able to access, misuse, and abuse alcohol throughout Eaton County. Underage use increases their risk of developing legal problems, family conflict, and health related problems such as higher risk of alcohol addiction and related health conditions. In addition, Eaton County community norms and laws support the use of alcohol by minors.

The 2002 Eaton County Search Asset Survey data indicate 46% of 11th grade youth are using alcohol on a monthly basis and 11% of 6th graders are using alcohol on a monthly basis. This 6th grade use rate is nearly twice as high as the state average of 5.7%. Another area of concern is the large increase in monthly use of alcohol between 8th and 9th grade from 18% to 34%.

Mid-South Substance Abuse Commission funded the Prevention Needs Assessment (PNA) Survey that was offered to all schools in their 10 county region. PPS/EISD received a summary for Eaton county PNA data, but not all of the schools in Eaton County participated. Two school districts had their students take the survey, as well as some private and charter schools. We will be seeking their permission to view the district's data. The PNA report compares county data to MSSAC's region, as well as a seven-state norm.

From the available PNA data we did learn that youth are reporting an increase in alcohol use from 6th to 8th grade and then another increase in use from 8th to 10th grade. Alcohol is by far, the main drug used for all grades and all behaviors. The Eaton County youth surveyed are using alcohol more than the region's average.

PNA results, like Search Asset Survey results show that 6th graders describe more protective factors than their older peers do. Protective factors, like assets decrease as students get older. For the Eaton County youth surveyed, risk factors for the 8th, 10th, and 12th graders increase and are above the 7-state norm. Several risk factors-*Parental Attitudes Favorable to Drug Use, Family Conflict, Parents Attitudes Toward Anti-Social Behavior, and Attitudes Toward Drug Use*- are all at unacceptable levels for all grade levels. Of the protective factors-*Rewards for Pro-Social Involvement and Opportunities for Pro-Social Involvement and Family Attachment*- are lower for Eaton County youth than within the MSSAC region or the 7-state norm.

According to Michigan Liquor Control Commission in the year 2000 there were approximately \$2,028.51 in alcohol sales per 100,000 population in Eaton County, with 1.25 alcohol permits per 1,000 persons. This alcohol sales rate was higher than neighboring Ingham County at \$1,446.50 sales per capita, but lower than Barry County's rate of \$3,030.33 and Clinton County's rate of \$3,224.04. In 2003, alcohol sales in Eaton County totaled of \$5,650,838. Review of Liquor Control Commission Sales to Minor Violations during the period of January 2003 through December 2004 found 22 violations by Eaton County vendors during compliance checks using a decoy.

Review of Eaton County ordinances related to open house parties found an alarming exception to the regulation of the consumption, use or possession of alcoholic beverages by a minor during an open house party at a residence. The exception states that the provisions of the ordinance that prohibit the consumption, use or possession of alcoholic beverages by a minor do not apply in the presence of his or her parents or legal guardians, grandparents or the aunt or uncle who is not a minor.

Community risk factors are increased for youth in Eaton County due to a county ordinance that allows adults, when related to minor youth, to legally supply them with alcohol at a house party, and the existence of vendors who sell alcohol to minors. This creates an environment for youth that provides easy access for youth to alcohol and sends the harmful message to adults in our community that it is acceptable for youth to drink underage under their supervision.

PPS/EISD review of implementation charts of Michigan Model alcohol, tobacco, and other drug prevention curriculum in classrooms for all districts in Eaton County found that classroom implementation of prevention curriculum significantly declines beyond the elementary level. Lack of boosters in middle and high school allows gains made in preventing alcohol use among elementary school students to decline as youth get older. Increased use in middle school creates youth that are unprepared for high school and beyond. They are at great risk for dropping out, committing crimes, early sexual activity and have a much higher risk of addiction than those who delay their use of alcohol.

In the Eaton County youth focus groups convened in May 2002, students repeatedly responded that one reason their peers drop out of school is that youth get very frustrated and feel there is no help for them when they fall behind academically. Focus group participants also reported that drugs and alcohol played a large part in their peers dropping out; academic failure prompted their peers to turn to drugs and alcohol.

Early adolescence has been identified as a critical time for substance interventions that prevent problematic behaviors in late adolescence and adulthood (Spoth, Redmond & Shin 1998). For each year the onset of alcohol use is delayed, the odds of alcohol dependence decreases by 14% and odds of alcohol abuse decreases by 8% (Grant and Dawson 1997 in Spoth, Gyll & Day 2002). In particular, effective parenting has significant effects on children from 12 years old through adolescence (Spoth et al. 1998). In addition, the effects of substance use prevention programs can have effects that generalize to non-drug related delinquency (Mason, Kosterman, Hawkins, Haggerty, & Spoth, 2003).

Young Adults in College

Olivet College is a small, residential liberal arts college located in the southwest corner of Eaton County. In the Olivet Student Handbook, it reads "*students and guests of students who are of legal drinking age and desire to consume alcohol on college premises:*

- *May consume alcohol in the presence of a person below the legal drinking age as long as there is only one open container (single serving) per person of legal drinking age. A single serving is defined as one shot (one ounce), one beer (12 ounces), one glass of wine (4 ounces), or one mixed drink (six ounce=ounce alcohol 5 ounces of mixer and ice.)*
- *Students of legal drinking age may consume alcohol in their residence hall rooms as long as they are also in compliance with the visitation policy. The amount allowed in a room at one time is 1 case of beer (30 12-16 oz cans), one 750 ml bottle of wine, or one pint of alcohol.*

Students and student organizations charged with violating the College Alcohol Policy will be subject to the Community Standards Office judicial and appeals process. There are graduated consequences for the number of offenses and for supplying alcohol to minors”.

In 2004, there were 46 reported alcohol violations, 40 reported in the residence halls, 6 in college owned property or buildings. Some educational substance abuse prevention programs are offered to students in the residence halls.

Adults

Alcohol is the primary drug abused by adults in Eaton County, particularly young men aged 18-34. County data from the 2004 Eaton County Behavioral Risk Factor Survey indicate 55% of adults are using alcohol and 44.9% abstain. 17.7% of all respondents on this survey indicated that they had one or more binge drinking episodes. Males were more likely to report binge drinking in Eaton County at 28.6% compared to 7.5% of females. Those in the 18-34 year old age range had the highest percentage of binge drinking at 30.1%. The sample used for this survey is too small to identify specific locations within Eaton County. According to 56th District Court data from 2004, there were 447 criminal cases with Operating Under the Influence of Liquor (OUIL) offenses.

According to Michigan Liquor Control Commission in the year 2000 there were approximately \$2,028.51 in alcohol sales per 100,000 population in Eaton County with 1.25 alcohol permits per 1,000 persons. This alcohol sales rate was higher than neighboring Ingham County at \$1,446.50 sales per capita, but lower than Barry County's rate of \$3,030.33 and Clinton County's rate of \$3,224.04. In 2003 there was a total sales of \$5,650,838 of alcohol in Eaton County.

Alcohol was identified as the primary substance of abuse in 228 admissions for treatment with marijuana identified as the primary substance in 115 admissions in Eaton County in 1004 according to Michigan Department of Community Health's records of Michigan Treatment Admissions by county of residence.

In 2003, Eaton County had 159 alcohol-involved traffic crashes resulting in 5 persons killed and 99 injured. Eaton County is slightly above the statewide average for alcohol-involved crashes at 15.07 compared to 14.97 statewide, however it rates considerably lower on OUIL arrests at 38.80, compared to 55.30 statewide.

Family management problems may occur when adults are abusing alcohol. “Kids Count” lists Eaton County as 22nd in the state in the number of children removed from the home and has a higher divorce rate at 8.8 (per 1,000 population) than the state average of 7.1. According to the Michigan State Police Domestic Violence Report, domestic violence cases increased to 230 victims in 2003, compared to 199 in 2002. Additional data collection is needed to determine if alcohol use by adults is a factor in these rates in Eaton County. When children are raised in a family with a history of problem behaviors such as violence or ATOD use, the children are more likely to engage in substance use and other problem behaviors. In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug or alcohol-using behavior, for example, asking the child to light a parent's cigarette or get the parent a beer from the refrigerator.

SOLUTION

Goal 3

By 2009, there will be reductions in alcohol use by youth and underage college students, and misuse and abuse of alcohol by adults in Eaton County.

Youth (10-17 year olds)

By 2009, there will be a reduction in lifetime and past month alcohol use as measured by student responses to lifetime and past month usage questions on a valid, reliable school-based youth surveys implemented in Eaton County.

Specifically, the Eaton County Substance Abuse Advisory Group will:

- O.3.1 leverage resources to implement evidence based alcohol prevention programs that reduce risk levels and increase protective levels that influence youth alcohol rates.
- O.3.2 leverage resources to assess selected and indicated youth populations attending substance abuse prevention programs and provide programming to those who may need early intervention or treatment.
- O.3.3 leverage funding to support evidenced based alcohol prevention programs and processes for both parents and their children.
- O.3.4 encourage at least 60% of the schools in Eaton County participating in the youth survey funded through MSSAC.
- O.3.5 support comprehensive school health programs in Eaton County schools with universal programming at elementary schools and science-based booster programming at middle and high schools.
- O.3.6 reduce access and availability to alcohol by youth.
- O.3.7 explore community readiness to and potentially change Eaton County's open house party ordinance.

Young Adults in College

By 2009, there will be a reduction in alcohol use rates among college students as measured by the National College Health Assessment, CORE or a similar instrument.

Specifically, the Eaton County Substance Abuse Advisory Group will:

- O.3.6 encourage the implementation of the National College Health Assessment, CORE survey or similar instrument at Olivet College.
- O.3.7 provide technical assistance for Olivet College to implement appropriate programs and processes for Olivet College youth and adults to reduce alcohol use and misuse.

Adults

By 2009, there will be a reduction in misuse and abuse of alcohol by adults in Eaton County.

Specifically, the Eaton County Substance Abuse Advisory Group will:

- O.3.8 leverage funding to support evidence-based alcohol prevention programs and processes.
- O.3.9 leverage funding to support and implement evidence-based parent education programs to increase parents' skills in family management and education on the risks of alcohol and other drug use.

Goal 4: Tobacco

In the past five years, a strong informal partnership and collaboration has been formed around the issue of tobacco in Eaton County. With the SYNAR alternative penalty funding, an alliance was formed with several local police departments and the Eaton County Sheriff's Department. Law enforcement officers collaborated with prevention staff to inspect local retail establishments for the sale of tobacco to minors. The Eaton County Tobacco coalition was formed in January, 2002 and met regularly until the inception of the Eaton County Substance Abuse Advisory Group. A tobacco subgroup was formed, as ECSAAG meetings progressed, to address plans for Goal 4. The subgroup met several times, during the ECSAAG monthly meetings. This work group consists of youth, school personnel, law enforcement officers and government officials. Their input has been invaluable in formulating the plan for this goal. Many of the members have previously participated in or supported civilian or law enforcement inspection checks.

A strong collaboration of community partners exists around youth tobacco prevention and advocacy, including partners from Capital Coalition, Willow Plaza Services, American Lung Association and American Cancer Society. For the past 8 years, these partners have provided TATU and youth advocacy training to high school students in the tri-county area. This group is in the process of evaluating the strength of current youth programming. Results will be shared with members of the Capital Coalition, ECSAAG and MSSAC, upon completion. The *Michigan Model for Comprehensive School Health Education* is a promising research-based curriculum and is implemented in several local school districts. Specific lessons pertaining to tobacco prevention are taught to students at grades K-12.

PROBLEM:

Youth Access To Tobacco

The problem of youth access to tobacco is a problem in our country, state and county. When youth can access tobacco easily they are more prone to smoking behavior and tobacco addiction. In our nation, despite laws prohibiting the sale of tobacco to minors in all states, 19 % of underage high school students who were current smokers reported that they usually bought cigarettes in a store or gas station. Of those, 67% were not asked to show proof of age when buying cigarettes.* According to the Michigan Youth Risk Behavior Survey (MYRBS,2003) 7% of Michigan student smokers usually got their own cigarettes by buying them in a store or gas station during the past 30 days. Older students were nearly twice more likely to purchase their own cigarettes than younger students-- 18% of 12th graders vs. 2% of 9th graders. One fifth of underage smokers were able to buy cigarettes at a store or gas station. Males were more likely to report this than females.*

In our county, we have conducted civilian and law enforcement tobacco inspections over the last four years. In an inspection, an adult chaperone enters a retail establishment with a minor and observes if the minor is able to purchase tobacco. If accompanied by a law enforcement officer, the retailer can be ticketed for violating the Youth Tobacco Act. In 2003, There was a failed inspection rate of 25%, as compared with the MSSAC region, 19.57 % and state rate of 18.70%.** This data shows that our county sales rate exceeds that of the region and state. Each year, the federal government mandates that states perform a random check of vendors selling to minors. These checks are called SYNAR checks and are performed every July. Eaton County's SYNAR rates for the past four years follow:

2001—40%
2002—0%
2003—25%
2004—75%

From these statistics, it is apparent that SYNAR rates decreased to 0% and then increased to 75% in 2004.

It is apparent from this data that youth access to tobacco is a problem in Eaton County and needs to be addressed.

*Michigan YRBS, 2003

**Mid-South Substance Abuse Commission, 2003

Youth Prevalence Rates and Age of Initiation

Early initiation of tobacco use is a problem in our state, region and county. When youth begin smoking at an early age, they are more likely to become addicted to tobacco. In addition, cigarette smokers are more likely to drink alcohol and use marijuana and cocaine, as compared to non-smokers.* As adolescents mature, the prevalence of tobacco use increases. When young people become addicted at an early age, the lifetime health consequences are severe. According to the MYRBS, 2003 32% of youth smokers initiated use of tobacco between the ages of 13-14 years. Initiation peaks at this age. Comparatively, 23% of youth initiate tobacco use at 10 years or younger, 22% 11-12 years and 19% 15-16. Three quarters of current smokers began between the ages of 11-14.* Data from the region and county, as collected from the MSSAC Prevention Needs Assessment Survey supports these state findings. 362 Eaton County students were included in a sample of 4,725 students in the MSSAC region, from Grades 6, 8, 10 and 12. These students were surveyed in Fall 2004. The following table represents the survey results, comparing county numbers to regional numbers, for lifetime, 30 day and heavy tobacco use.

<u>Number of Youth</u>	Grade 6		<u>Grade 8</u>		Grade 10		Grade 12	
	County 2004	MSSAC 2004	County 2004	MSSAC 2004	County 2004	MSSAC 2004	County 2004	MSSAC 2004
	362	4725	468	5112	362	4116	364	3330
Cigarettes (Lifetime)	11.7	11.7	32.8	29.2	43.6	41.3	53.6	51.7
Cigarettes (past 30 days)	1.7	2.7	10.2	11.5	20.5	17.8	24.8	26.0
_ pack of cigarettes/day	0.3	0.2	0.9	1.6	2.9	3.9	4.7	7.4

Upon examining this table, data shows that as students mature, more students have ever used tobacco--during their lifetime. The numbers are comparable for the county and region, at all grades, but slightly higher in Eaton county at 8th, 10th and 12th grades. For 30 day use, the county numbers are lower than the regional numbers, at all grade levels, with one exception. At grade 10, more Eaton county students used tobacco in the past 30 days, than students in the region, 20.5% and 17.8% respectively. For heavy use, Eaton county numbers are lower at all grade levels, with one exception. At 6th grade, .03% Eaton county students, as compared with .02 regional students smoke _ pack of cigarettes daily.

It is apparent that there is a problem with youth tobacco use in Eaton County. To reduce the rate of use, and effect age of initiation, ongoing prevention education for youth, at all grades is necessary. In addition, youth access and community norms need to be addressed.

*Michigan YRBS, 2003

Smokeless Tobacco—Chew, Snuff and Dip

Youth use of smokeless tobacco is a problem in our state, county and region. The Michigan YRBS, 2003 tells us that 7% of Michigan students have ever tried chewing tobacco. As stated above, as adolescents mature, use increases. At grades 9,10 ,11, 12 lifetime use increased over time—13%,14% 20% and 21% respectively. 30 day use rates were not as significant at the state level 7% of students had used chewing tobacco, snuff or dip in the last 30 days. This is on par with the national use rate, cited in the MYRBS, 2003. There appears to be a gender and racial issues associated with use of smokeless tobacco. Males use at a much higher rate than females and Caucasian youth use at higher rates than Hispanic or Black youth.* The MSSAC prevention Needs Assessment Survey, 2004 supports findings of the MiYRBS, 2003. A table of the results pertaining to smokeless tobacco follows:

Number of Youth	Grade 6		Grade 8		Grade 10		Grade 12	
	County 2004	MSSAC 2004	County 2004	MSSAC 2004	County 2004	MSSAC 2004	County 2004	MSSAC 2004
	Chewing Tobacco (Lifetime)	362	4725	468	5112	362	4116	364
Chewing Tobacco (past 30 days)	3.1	2.7	5.6	5.7	15.5	12.1	17.2	17.8
	0.7	0.8	2.9	2.2	7.6	5.3	8.0	8.6

Upon examining the table, for lifetime use, it is apparent that Eaton county and regional numbers are comparable, except at 6th and 10th grades. County lifetime use rates are higher at these two grade levels. For 30 day use, data shows that county and regional numbers are comparable, except at Grades 8 and 10. At these two grade levels, Eaton county use is higher than regional use. From this data, it appears that there is a problem with smokeless tobacco use rates in Eaton County, especially at grades 6-10.

To reduce youth prevalence of smokeless tobacco use, efforts need to be directed at ongoing youth prevention education, changing community norms and limiting youth access to smokeless tobacco.

Solution

By 2009, there will be a reduction of cigarette smoking and chewing tobacco use rates and an increase in age of initiation of smoking and chewing tobacco and decrease in smoking prevalence among youth (10-17) in Eaton county.

Long Term Outcome

By 2009, there will be a reduction of cigarette smoking and chewing tobacco use rates and an increase in age of initiation of smoking and chewing tobacco among youth as measured by student responses to lifetime and past month usage questions through a valid, reliable school-based youth survey implemented in Eaton county and reported by MSSAC funded county coalitions.

Intermediate Outcomes

By 2006, MSSAC will fund evidence-based interventions that match identified needs related to tobacco and community readiness to address tobacco issues and support the development of formal and informal linkages between MSSAC providers, established county coalitions and agencies in the community:

*interagency agreements

*established coalition meeting summary notes, and

*local provider budgets indicating choices to reallocate limited funds toward more effective tobacco programs, policies and practices.

By 2007, sales of tobacco products to minors will be reduced as measured by compliance check data.

By 2007, there will be a focused effort across the county to reduce tobacco use rates as measured by:

*interagency agreements to assess and tobacco prevention

*a resource assessment of services that target youth tobacco use

*an analysis of gaps in services that address tobacco use by youth and selection of evidence based, culturally appropriate preventive intervention programs, policies and practices that match population needs.

By 2008, there will be a decrease in other risk factors and an increase in protective factors that influence youth tobacco use, as measured by the Prevention Needs Assessment Survey supported by MSSAC.

Specifically, the Eaton County Substance Abuse Advisory Group will:

- 0.4.1 Formalize relationships (through the vehicle of interagency agreements) with community partners that have been established informally, including the Eaton-Barry Health Dept., Ingham County Health Dept., the Eaton County Sheriff's Dept., Eaton County Prosecuting Attorney, local police departments and voluntary agencies: American Lung Association, American Cancer Society and American Heart Association.
- 04.2 Formalize the capacity of the coalition, which has been built informally, to support, collaborate and advocate for stronger measures of tobacco access and availability. A formal plan of action, for Eaton County law enforcement inspection checks needs to be planned, agreed upon and implemented, in a shared fashion.
- 0.4.3 Continue to educate ECSAAG and the tobacco subgroup about risk and protective factors that influence youth tobacco use. Continue to garner support for collaboration and advocacy for addressing these factors.
- 0.4.5 Continue to guide the development of ECSAAG's tobacco subgroup in addressing the resource assessment of services that target youth tobacco use, the analysis of gaps in services that address youth use and selection of appropriate prevention interventions (programs, policies and practices) that match population needs.
- 0.4.6 Assure that program providers have the capacity to implement evidence-based tobacco prevention programs that reduce risk levels and that increase protective levels that influence youth tobacco rates.
- 0.4.7 Assist coalition members to leverage funding to support evidence-based tobacco prevention programs and processes.
- 0.4.8 Have 60% of Eaton county schools participating in the Prevention Needs Assessment Survey. Encourage non-participating school districts to join the initiative.
- 0.4.9 Promote and collaborate with MDCH and MDOE on their Partnership for Tobacco-Free Schools. This effort can assist local school districts in implementing a 24/7 ban on smoking, on school property.
- 0.4.10 Continue to support American Lung Association and Capital Coalition in their efforts to encourage local hospitals to go smoke free. Two Eaton county hospitals are included in this initiative: Hayes Green Beach and Eaton Rapids Medical Center.

Goal 5: Special Targeted Drug – Methamphetamine

The Methamphetamine subcommittee of ECSAAG approached the issues of access and availability of methamphetamine with great determination. In the course of eight months, our subcommittee developed a GIS map in conjunction with Eaton County Information Systems of methamphetamine activity in the county. The subcommittee also compiled a cost analysis of a profile of a single methamphetamine case in the county. The subcommittee participated in a presentation to the Eaton County Board of Commissioners which resulted in a resolution being passed to support the pending Michigan House Bill #4322 and Senate Bill #189 moving products with ephedrine and pseudoephedrine as the main ingredient behind the counter. The Commissioner's resolution also endorsed the efforts of the Advisory Group to reduce methamphetamine and other substance abuse within the county. Additionally, the Advisory Group sent letters of support to the subcommittee chairs in both the House and Senate in support of the bills. The Methamphetamine subcommittee will be presenting the GIS map and the compiled cost analysis to the Eaton County Human Services Collaborative on June, 6 2005. Key stakeholders are engaged to continue its efforts to reduce methamphetamine access, availability, and use in Eaton County.

PROBLEM:

Methamphetamine use and production is a growing problem nationally and within Eaton County. Unlike most illegal drugs in a community, methamphetamine can be made with relative ease, using common household products purchased in local grocery stores. Within the greater Lansing area, there were 285 cases of methamphetamine production with 395 people arrested during 2003, (Tri-County Metro Narcotics Squad).

In Eaton County, there were 11 methamphetamine labs seized from 2000-2003. In the following year, there were 24 methamphetamine cases investigated by the Tri-County Metro-Narcotics Unit. Eaton County had the third highest number per population of methamphetamine "labs" seized in the MSSAC ten-county region. In 2004, there were 11 fire or standby calls for Eaton County fire departments responding to suspected methamphetamine "labs." In 2004, Eaton County's Department of Human Services placed 11 children in foster care due to methamphetamine being used in their homes, and there were six "Wrap-Around" cases due to methamphetamine use by the children's caregivers. So far in 2005, 11 more children have been removed from their homes.

In 2004, Eaton County Counseling Center had 16 individuals seek mental health treatment services who also identified themselves as methamphetamine-users. Eaton Substance Abuse Program saw 18 individuals with a primary or secondary diagnosis of methamphetamine use in 2004. A composite profile of **a single** Eaton County methamphetamine case is estimated to cost the public between \$61,000 and \$79,000.00. Less measurable are the long-term social and emotional costs to the community.

Living in a home where methamphetamine is produced, children are exposed to a highly hazardous environment prone to explosions, fires, and toxic chemical contamination. They also face neurological damage and other medical conditions for which we don't yet know the long-term results. Reports show that these children are also exposed to a higher degree of mental, physical, and sexual abuse.

According to the methamphetamine Interagency Task Force in their final report to the Federal Advisory Committee (U.S. Department of Justice), demographic data collection is incomplete, but current information shows that methamphetamine users include more whites and females and on average are older than other drug users. The same task force stated that research has shown that methamphetamine users are generally exposed to elevated risk factors. Methamphetamine users often suffer significant health problems as a result of their drug use and treatment has demonstrated very poor outcomes to date. (Tri-County Metro Narcotics Squad).

The National Survey on Drug Use and Health states that 5.3% (over 12 million people) of the population in the U.S. reported trying methamphetamine at least once in their lifetime. The highest rate of methamphetamine use was among the 26-34 age group. According to the 2003 Monitoring the Future Study, 6.2% of high school seniors reported using methamphetamine within their lifetime. The Prevention Needs Assessment conducted by MSSAC in winter 2004, showed that 3% of 8th and 10th graders in the districts surveyed reported using methamphetamine, at least once in their lifetime. So far in 2005, the Eaton County Youth Residential Program has provided treatment to three teens who were using methamphetamine.

The key ingredients to the production of methamphetamine, ephedrine and pseudoephedrine are easily purchased at any local grocery store or pharmacy. Some local stores have made it a policy to put these products behind the counter, but most are not currently restricting the availability of these over-the-counter products. Ready access to these products increases the opportunity to purchase them for the production of methamphetamine.

Eaton County residents are impacted by the growing problem of methamphetamine in their communities. The number of adult methamphetamine users is increasing. Alarming numbers of high school students, both nationally and locally, are reporting use. Eaton County is predominately a rural and small suburban county with farmers and farm supply companies at risk of having chemicals stolen by methamphetamine producers, and farmland contaminated by the dumping of chemicals used in methamphetamine production. If methamphetamine use and production continues to increase as it has been in Eaton County, the social, emotional, and economic toll on the community will be devastating.

SOLUTION

Goal 5 – Special Targeted Drug - Methamphetamine

By 2009, there will be reduced methamphetamine availability and use in Eaton County as measured by social indicator proxy measures, such as arrests for methamphetamine production, methamphetamine lab seizures, and methamphetamine treatment admissions.

Specifically, Eaton County Substance Abuse Advisory Group will:

- O.5.1 generate the list of agencies reporting data relevant to methamphetamine and determine what data we need, and the contact person responsible for providing the data.
- O.5.2 obtain a model resolution from the Eaton County Board of Commissioners and other governing bodies, such as city and township councils and Boards of Education, and the Eaton County Human Services Collaborative to have designated agencies collect and report necessary data to ECSAAG.
- O.5.3 inventory which pharmacies and stores have policies voluntarily keeping ephedrine and pseudoephedrine behind the counter.
- O.5.4 develop model ordinances restricting access and availability of products used to produce methamphetamine and share these ordinances with communities throughout the county.
- O.5.5 develop policies for deed restrictions so that future homeowners are aware that their property was exposed to the chemicals used in methamphetamine production.
- O.5.6 develop safety protocol for human service workers who could come in contact with someone exposed to the chemicals used in methamphetamine production.
- O.5.7 educate the court system on effective science-based treatment modalities specific to methamphetamine users and advocate for effective treatment.

- O.5.8 provide awareness and education on methamphetamine to school administrators.
- O.5.9 develop an informational brochure or flyer as part of a larger awareness campaign.
- O.5.10 leverage funding to support evidence-based methamphetamine prevention

Special High Risk Populations

Through the Pathways process over the past eight months, the Eaton County Substance Abuse Advisory Group (ECSAAG) identified the need for three special populations with enhanced risk for substance use. Data support needs have been targeted for these populations, and the process of researching evidence-based culturally appropriate interventions (programs, policies, and practices) appropriate for their problems is underway to different degrees for each of the following special high risk populations.

PROBLEM

Delinquent/Violent Youth or Youth Using Substances

To address a problem in Eaton County related to Delinquent/Violent Youth or Youth Using Substances: Youth who are first offenders for substance abuse at school or in the community who do not meet criteria for substance abuse treatment are currently not provided adequate prevention services in Eaton County.

Youth who are arrested for alcohol and other drug related crimes, but do not currently meet the criteria for substance abuse treatment are placed on probation and monitored with random urine screens. They are not currently provided with prevention education services that address attitudes and behaviors related to substance abuse and offered opportunities for learning and practicing healthy life skills. This may increase the probability of later problematic use of substances once the monitoring stops.

Youth who are caught using alcohol and other drugs at school or school-sponsored events are often suspended from school. Suspending young users does not address the alcohol, tobacco, and other drug use problem and can actually exacerbate their problems with drug use by placing them in the position of being out of school with unsupervised time.

Results of a resource scan in Eaton County show that Grand Ledge is addressing this problem in their community and has recently implemented a program for alcohol, tobacco and other drug users in their community. This program uses two research-based programs and includes four parts: in-school suspension with drug prevention instruction, community alcohol, tobacco and other drug awareness campaign, alternative out of school activities for youth, and mandated parent education for parents of youth users. No other school districts or communities in Eaton County have access to these kinds of services. Behind Grand Ledge, Charlotte and Eaton Rapids have the highest reported numbers of youth suspended or expelled for substance abuse-related incidences, and Eaton Rapids has a disproportionately higher number of juveniles on juvenile probation in Eaton County.

According to Eaton County Juvenile Court statistics in Eaton County in 2004 there were 38 youth charged with Minors in Possession (MIP) of alcohol, 27 for Minors In Possessions (MIP) of marijuana, 3 for Marijuana use and 1 for delivery/manufacturing. Juvenile Court staff indicate that substance abuse issues are also related to many other youth charges and estimate that approximately 150 youth per year would fall into the category of needing prevention programming if it existed.

Review of Eaton County Substance Abuse Program (ESAP) assessments for 2004 showed that 188 youth were assessed with 38 youth receiving a “no treatment” recommendation. These youth and families would have benefited from educational prevention services, however there are no appropriate local programs for ESAP to refer those youth that do not qualify for services. Anecdotally, ESAP staff indicated that they frequently see youth in this category return for treatment services at a later date when their use has escalated and caused additional consequences.

Review of school suspensions and expulsions in Eaton County middle and high schools in 2003-2004 showed that 210 youth were suspended or expelled related to alcohol, tobacco and other drug-related incidents. Eighteen Eaton County school principals indicated that they would support the development of a first offender program in Eaton County that may be offered in addition to a shortened suspension or instead of suspension for students who present with a first substance abuse related incident. This problem impacts underage youth that use alcohol, tobacco, and other drugs, their peers, their families, and their community.

Youth who are using alcohol, tobacco, and other drugs are less likely to succeed in school, and more likely to be involved in additional risk behaviors, such as violence. Peers of users carefully watch to see what consequences will result when alcohol, tobacco, and other drug users are caught. When consequences are absent or irrelevant, peers quickly learn it is okay to use drugs. Families of youth who are caught using drugs often respond in one of two ways: they desperately seek help for their child, or they deny the seriousness of the problem. Parents of underage alcohol, tobacco, and other drug users need education, skill development, and support to deal with their children's use. Communities bear the economic and social costs related to youth substance abuse through the users' diminished capacity to contribute to the community in a positive manner as they grow into adulthood.

The economic cost of alcohol abuse is estimated to be greater than \$175 billion annually in the United States (Park et al 2000), and early onset of alcohol use is one of the strongest predictors of later problematic alcohol use (Robins & Przybeck, 1985). This problem is especially represented in rural areas. The use of alcohol by rural high school seniors exceeds reported use by youth from urban areas and small cities (Johnston, O'Malley, & Bachman, 1993). Additionally, studies of small, rural areas in the Midwest find significant levels of teen delinquency and violence (Johnston et al., 1993). The use of alcohol in adolescence also increases a youth's potential for harm. The leading causes of death among adolescents are accidents and homicides; these events are often preceded by alcohol use (Park et al, 2000).

Youth substance use has also been connected with other negative effects. In particular, alcohol use has been found to be a strong predictor of youth delinquency and illicit drug use (Barnes, Welte, & Hoffman 2002). The high correlations between crime, substance abuse and mental health suggest that the reduction of substance use may also reduce criminal activities (Cuellar, Markowitz, & Libby 2004). In fact, treatment for substance abuse can be used to delay or prevent youth detention, as youths receiving treatment have lower probabilities of being detained for any offense (Cuellar et al 2004). Early substance use has also been connected with reduced competency, reduced prosocial adult behavior, lower educational attainment, lower occupational attainment, mental health impairments, and unprotected sex (Spoth, Redmond, Chin, & Azevedo 2004).

The tertiary effects of alcohol use in adolescence are found when considering youth social development. Alcohol use may interfere with tasks of adolescence, including developing social competence, understanding social roles, and forming self-identity (Park et al 2000).

The benefits of early interventions for youth substance use have been supported scientifically. The economic cost of alcohol use in adolescence is estimated at \$58.3 billion per year (Spoth, Guyll & Day, 2002). These costs are tripled in adults. Early adolescence has been identified as a critical time for substance interventions that prevent problematic behaviors in late adolescence and adulthood (Spoth, Redmond & Shin 1998). For each year the onset of alcohol use is delayed, the odds of alcohol dependence decreases by 14% and odds of alcohol abuse decreases by 8% (Grant and Dawson 1997 in Spoth, Guyll & Day 2002). In particular, effective parenting has significant effects on children from 12 years old through adolescence (Spoth et al. 1998). In addition, the effects of substance use prevention programs can have effects that generalize to non-drug related delinquency (Mason, Kosterman, Hawkins, Haggerty, & Spoth, 2003).

Older Adults

According to the National Clearing-house for Alcohol and Drug Information, substance abuse, particularly of alcohol and prescription drugs, among adults 60 and over is one of the fastest growing health problems facing the country. Many misperceptions exist due to lack of knowledge, limited research data, hurried doctor office visits, shame, ageism and other factors. Misuse and abuse of alcohol and other drugs take a greater toll on affected older adults than on younger adults. In addition, it is predicted that as the "Baby Boom" population matures, the population of 33 million in 1994 will more than double to 80 million by 2050. Treatment Episode Data Set (TEDS) monitors trends among older adults admitted to substance abuse treatment in publicly funded facilities. They estimate that if the relatively low rates of substance abuse remained the same as in 1995, the treatment need will be 1 1/2 times greater in 2030 because of population growth alone. However, the higher rates of lifetime use of alcohol and drugs in the baby boom generation suggest that rates of treatment will persist as the group ages. This points to the need for prevention education in anticipation of this rise in treatment need. There is also a lack of data for Michigan or for individual counties as to numbers of individuals with alcohol abuse or medication mismanagement. Points of contact where older adults with substance abuse/misuse issues might be found, such as primary care physicians, older adult case managers retirement home personnel do not track this information and may not perceive the usefulness of tracking such data.

According to the national Association of Older Adult statistics, by 2030 there will be about 70 million older persons, more than two times the number in 1999, or about 20% of the U.S. population. As of 2000, persons over 65 were 12% of the population and were taking 25% of all prescription drugs. In Michigan in 1998, the population age 65+ was 1,223,040, or about 12.5% of the population. The population age 85+ was 139,192 or 1.4%. The 2000 census reports that the over 65 population in Ingham county was 9.4%, Eaton 11.3% and Clinton 10.9% of a state population of 9,938,444.

The 2000 Sample Adult Core component age (65+) of the National Health Institute Survey reports excessive alcohol consumption in 3.7% of men and 0.4% of women. This report contains information on what prevention education programming has been offered in the tri-county area over the last decade. Formal programming has been offered through Community Mental Health (Nova Green), Tri-County Office on Aging (Nancy Weber and sub-contractor Jane Bratz) All programs received positive feedback from participants but were either not evaluated or unable to show significant attitude or behavior change as a result of participation. A discussion of the challenges of older adult evaluation will be addressed at a later point.

Focus groups were conducted with seniors in Eaton, Ingham, and Clinton counties in 2002 and 2004. Attached is a summary of the focus groups from 2002 (including information from Gratiot County). Seniors report they get much of their information from various media sources, as well as from peers and medical personnel. Seniors reported they got much of their medical/prescription information from pharmacists, who they perceive as more helpful and accessible than their physicians. Consistently, senior reported that they wish they had more time with their doctors. A number of seniors also commented that doctors need to ask about substance abuse and depression in the context of doctors' appointments. Many seniors reported that they didn't understand what substance abuse prevention for older adults was and underscored the need for a more concise definition of prevention for the older adult population. A number of older adults identified their churches and Meals on Wheels as other avenues for information dissemination.

In their 2000 fiscal year assessment of senior needs and services, Tri-County Office on Aging report of 907 surveyed seniors found that they were most concerned with needs of daily living including fears of personal injury and safety, robbery, telephone solicitation. Those who reported needing help were most likely to call relatives, neighbors, their church or friends. Included in this report is the Assessment Summary of Subcontracted Service Providers from 2000 including service category and goals. Depending on definition of prevention, Elder abuse education and

senior fitness may qualify as prevention. Presentations by Health for Life consulting provide information on heart health and safe use of medication as well as exercise classes. Meals on Wheels, meals delivered to seniors homes, offer nutrition as well as human interaction to seniors with limited mobility.

Service gaps pertinent to prevention that have been identified include:

- education/information dissemination to increase public awareness of what alcohol, tobacco and other drug abuse as well as over-the-counter and prescription drugs looks like in the older adult population.
- the effectiveness of prevention programs for older adults.
- policies, practices, and science-based programming for older adult substance abuse prevention
- linkages to older adult physical and mental health and wellness

“Building the Network of Aging Toolkit” brings together experts from across the United States to look at healthy aging issues. Catherine Gordon, RN, MBA reports “ A healthy senior population would be a gift to the nation.” She reports that 70% of the decline associated with aging is due to lifestyle and the leading causes of death, heart disease, cancer and stroke, are amenable to prevention. She cites as the determinants of healthy aging.”

- regular physical activity
- not smoking
- good preventive care including:
- active engagement with life
- social support
- self-efficacy
- good nutritional status
- low alcohol consumption
- safe environment (in home and out)
- “There are few incentives for prevention in a fee for service system. Currently the law reimburses illness; it does not reimburse education.” pg 4:7-10

Factors that predict older adult’s high participation and success encompass self-concept and locus of control. They include the ability to meet life challenges, the perception that what you do makes a difference in the quality of your life and a real sense of personal power.

Youth Using Marijuana

Marijuana use among the Eaton County youth participating in the MSAAC Prevention Needs Assessment Survey is startling. Eaton County youth reported using marijuana in the past month at higher rates at all grade levels than their peers in the MSSAC region and in the Monitoring the Future survey. Of the Eaton County youth surveyed, more report using marijuana in the past 30 days than cigarettes at all grade levels.

Of these same youth, the risk factor, *Attitudes Favorable to Drug Use*, was higher at all grade levels than the MSSAC region youth surveyed.

In the 2003 Michigan Youth Risk Behavior Survey, nearly half of Michigan high school students (44%) had tried marijuana, and one quarter (24%) had used it in the previous month. One tenth (12%) reported first use prior to age 13 with males (15%) being more likely than females (8%) to initiate early use.

Clearly, more data on marijuana use of Eaton County youth needs to be collected and intervention targeted to the communities represented in the survey.

SOLUTION

By 2009, Eaton County will utilize localized data to assess the needs of special populations at highest risk for substance use, misuse and abuse, address prioritized needs through the implementation of evidence-based interventions (programs, policies, and practices) appropriate for the population, and evaluate the outcomes of the interventions, changes in related factors that influence the targeted substance using behaviors, and changes in targeted substance-using behaviors by the target population.

Delinquent/Violent Youth or Youth Who Use Substances

Specifically, the Eaton County Substance Abuse Advisory Group will:

- O.6.1 research and implement science-based model programs targeting “first offenders” that incorporate alcohol and drug education with other skill building lessons, such as resistance, refusal and assertiveness skills and decision-making, problem solving and interpersonal communication skills.
- O.6.2 involve parents/family members in the youth court, and have services available to them, such as parent education, support groups, and counseling.
- O.6.3 develop a model of Program Eligibility Guidelines.
- O.6.4 develop a model of Program Agreement that informs participants of their rights and conditions and consequences of not successfully completing the program.
- O.6.5 define successful completion and the process and intervals for tracking recidivism.

Youth Using Marijuana

Specifically, the Eaton County Substance Abuse Advisory Group will:

- O.6.6 leverage resources to implement evidence-based marijuana prevention programs that reduce risk levels and increase protective levels that influence youth marijuana rates.
- O.6.7 leverage funding to support evidenced-based marijuana prevention programs and processes for both parents and their children.
- O.6.8 have at minimum 60% of the schools in Eaton County participating in the youth survey funded through MSSAC.
- O.6.9 support comprehensive school health programs in Eaton County schools with universal programming at elementary schools, and science-based booster programming at middle and high schools.

Older Adults

Specifically, Eaton County Substance Abuse Advisory Group will:

- O.6.10 improve local data collection to get more reliable data on older adults’ substance abuse in collaboration with Tri-County Office on Aging and other providers of services to the older adults.
- O.6.11 continue to research science-based prevention programs for older adults.