Acknowledgments

Training and technical assistance for Ohio communities to engage in the Community Readiness Assessment process was provided by Ohio University's Voinovich School of Leadership and Public Affairs and the Pacific Institute for Research and Evaluation with funding from the Ohio Department of Mental Health and Addiction Services to support the Strategic Prevention Framework Partnerships for Success (SPF-PFS) Evaluation (Grant #1700504) and the Ohio Problem Gambling CQI Project (Grant#1700555). Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004.
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Chapter 1

Problem of Practice – Champaign County Profile

Champaign County has an estimated population of 39,393. Of the total estimated population of 39,393, 3,214 residents are between 12-17 and 3,892 residents are between 18-25.

The population is predominantly Caucasian (94%), with a small African American population (2%). Approximately 3% of the population identifies as multiracial. A small percentage (1%) of the county’s population reports being of Hispanic or Latino origin.

English is the predominant language, with 1.8% of residents reporting that another language is spoken at home.

The county includes five public school districts (Mechanicsburg Exempted Village Schools, Triad Local Schools, Graham Local Schools, Urbana City Schools, and West Liberty Salem) and one private institution of higher education, Urbana University.

Among residents above 25 years of age, 89% have a high school diploma and 15% have a Bachelor’s degree or higher. Both the high school graduation rate and the percentage of higher education degrees in the county are similar to that of the state (90% and 18%, respectively).

The median household income (2011-2015) is $50,974, which is similar to the state median of $49,429.

The five-year (2011-2015) estimated percentage of the county population below poverty level is 12%. This is slightly below the estimated state percentage (14%).

Prevention Data Committee (PDC)

To support our project, a prevention data committee (PDC) was formed. Our PDC, also locally known as the Champaign County Drug Free Youth Coalition Evaluation Committee, is comprised of community members who know our community well and who have skills and experience working with data, was designed to assist our project by working with our local data to:

- Identify community resources to collect, analyze and share data;

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1 U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates


• Help identify local needs;
• Provide data and analysis to support our community’s choices related to our problems of practice and evidence-based strategies; and
• To help establish systems for ongoing data collection, analysis, and dissemination during and beyond the SPF-PFS project.

Our PDC has met 4 times. We plan to meet monthly. Our PDC consists of the following members:

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stacey Logwood</td>
<td>MHDAS Board of Logan-Champaign</td>
</tr>
<tr>
<td>Tammy Nicholl</td>
<td>MHDAS Board of Logan-Champaign</td>
</tr>
<tr>
<td>Richele Shepard</td>
<td>WellSpring</td>
</tr>
<tr>
<td>Paul Waldsmith</td>
<td>Champaign Family YMCA</td>
</tr>
<tr>
<td>Gabe Jones</td>
<td>Champaign Health District</td>
</tr>
<tr>
<td>Jessica Doggett</td>
<td>Champaign County Family and Children First Council</td>
</tr>
<tr>
<td>Joan Elder</td>
<td>Community Health Foundation</td>
</tr>
</tbody>
</table>

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

We have decided to select *Prescription Drug Misuse* as our Priority Problem.

**Priority Population**
Champaign Co. youth ages 12-18 are affected by the misuse of prescription drugs as 8% of 8th and 10% of 10th grade students have reporting misusing prescription drugs in the past 30 days (Search Institute: Profiles of Student Life – Attitudes and Behaviors survey, 2015). One school district has been impacted greater than other schools in the county, with 30 day past use data indicating that 19% of 8th graders and 13% of 10th graders within that district had misused prescription drugs in 2015.

**Data Sources Used When Selecting Priority Problem**
• 2013 Search Institute: Profiles of Student Life - Attitudes and Behaviors county and district reports
• 2015 Search Institute: Profiles of Student Life - Attitudes and Behaviors county and district reports
• Champaign Health District Coroner overdose death reports 2013-15
• Youth Risk Behavior Survey - Champaign County MS and HS 2012
• Youth Risk Behavior Survey - Champaign County MS and HS 2015
**Champaign County Problem Statement**
9% of youth ages 12-16, in 8th and 10th grade in Champaign County Ohio have reported misusing prescription drugs in the past 30 days, with 8% of 8th graders and 10% of 10th graders having reported misuse (Search Institute: Profile of Student Life – Attitudes and Behaviors Survey, Champaign County, 2015). One school district has a considerably higher percentage of 8th (19%) and 10th (13%) grade youth (12-16 year olds) who have reported misusing prescription drugs in the past 30 days (Search Institute: Profile of Student Life – Attitudes and Behaviors Survey, Unamed School District, 2015).

**Why Prescription Drug Misuse is an Issue among Priority Population in Champaign County**
The Prevention Data Committee compared data from 2013 and 2015 Search Institute youth surveys of 6th, 8th, and 10th grade students to make this decision. We looked at consumption rates for both issues, perception of harm, disapproval by parents and disapproval by peers in addition to other data sources such as overdose deaths related to prescription drug misuse for the same time period (29 deaths of which 3 were in the 12-25 age group). We examined the frequency, a three year scope of the issue (range 2013, 2014, 2015), severity, equity, and perception.

**Outcome Variables**

<table>
<thead>
<tr>
<th>Outcome Variable</th>
<th>Baseline Data</th>
<th>Data Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 day past use county data</td>
<td>9% (8% of 8th graders and 10% of 10th graders)</td>
<td>County Report, Search Institute Survey</td>
<td>2015</td>
</tr>
<tr>
<td>30 day past use unnamed district data</td>
<td>19% of 8th graders and 13% of 10th graders</td>
<td>Unnamed District Report, Search Institute Survey</td>
<td>2015</td>
</tr>
</tbody>
</table>

**Capacity to Address Issue**
The Champaign County Drug Free Youth Coalition has not previously focused on prescription drug misuse issues in our community but have identified committees, the Opiate Task Force and youth-led prevention council (CHAMPS) as having the capacity to address this issue. These committees have strong relationships with pharmacies, youth, schools, and other key stakeholders. At least 10 members of these two committees have had training in prevention and the Strategic Prevention Framework. The coalition has a history and positive reputation for creating sustainable environmental changes that reduce substance abuse in our county.

**Benefits of Selecting Prescription Drug Misuse as the Problem of Practice**
Selecting prescription drug misuse as our problem of practice will allow us to address this important issue in the county for the first time. Additionally, it would allow us to utilize evidence
based interventions with the target population - during the time in which research demonstrates substance abuse onsets for most people (ages 15-24). Finally, it will allow two committees of the coalition to develop a combined strategic plan with strong capacity to carry out for the upcoming 2 year period.

**Barriers and Challenges of Selecting Prescription Drug Misuse as the Problem of Practice**

The largest potential complication of selecting this problem of practice is the limited knowledge the coalition currently has regarding what specific prescription drugs youth are misusing and why or how they are able to misuse them. Secondly, having access to the target population (in a school based setting) for interventions may also be difficult. Lastly, we are concerned about the school districts readiness for addressing this specific issue.
Chapter 2
SFY17 Community Readiness Assessment Report

Champaign County assessed community readiness to address underage drinking in their community using the Tri-Ethnic Community Readiness Model (TE-CRM). This chapter provides the results of the community readiness assessment and provides details about how the community readiness assessment was conducted.

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

- Stacey Logwood, Project Director
- Richele Shepard, WellSpring (Evaluation Committee Chair)
- Paul Waldsmith, Champaign Family YMCA (Coalition Chair)
- Gabe Jones, Champaign Health District
- Tammy Nicholl, Mental Health Drug and Alcohol Services Board
- Joan Elder, Community Health Foundation
- Jessica Doggett, Champaign County Family and Children First Council

Community Readiness and its Importance

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

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

Tri-Ethnic Community Readiness Model

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

The TE-CRM measures five dimensions of community readiness:

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

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

Table 1. Stages of Community Readiness

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

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

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

1) Identifying a problem of practice to focus the community readiness assessment
2) Defining the community. For this assessment, “community” was defined as Champaign County.
3) Conducting and recording structured interviews with key respondents in the Champaign County community.
4) Obtaining transcripts of the community readiness interview recordings.
5) Scoring the interviews and calculating overall and dimension-specific readiness scores.
6) Creating a report describing the community readiness assessment process and presenting the community’s readiness scores.

Selecting a Problem of Practice

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

Key Informant Interviews

A key component of the TE-CRM is conducting interviews with 5-8 key informants in the community. Key informants are often individuals in the community who are knowledgeable about the community, but not necessarily leaders or decision-makers. Good key informants for community readiness interviews are community members who are involved in community affairs and who know what is going on—those with “big ears.” It is important to note that the purpose of the TE-CRM is to assess the readiness of the community and not the individual to address the problem of practice; as such, individuals with lived experience with the problem of practice often have difficulty balancing community perspectives with their own experiences. By using a cross section of individuals, a more complete and accurate measure of the level of readiness to address the problem of practice can be obtained. TE-CRM key informant interviews involve approximately 35-40 questions from a structured interview guide developed by the Tri-Ethnic Center that are adapted to the community and the issue being addressed. The TE-CRM interview guide is included in this report (see Appendix A). TE-CRM interviews are recorded so that a transcript can be created for the scoring process. Key informant interviews in Champaign County were conducted in June 2017.
Scoring Community Readiness Interviews Using the TE-CRM

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

Community Readiness Results for Champaign County

Champaign County Problem Statement

During SFY17, Champaign County engaged in a data-informed process to select a priority problem and priority population for its SPF-PFS efforts. Champaign County selected Prescription Drug Misuse as the priority problem and chose to focus on youth ages 12 to 18 in the county. Their approved problem statement is:

9% of youth ages 12-16, in 8th and 10th grade in Champaign County, Ohio have reported misusing prescription drugs in the past 30 days, with 8% of 8th graders and 10% of 10th graders having reported misuse (Search Institute: Profile of Student Life – Attitudes and Behaviors Survey, Champaign County, 2015). One school district has a considerably higher percentage of 8th (19%) and 10th (13%) grade youth (12-16 year olds) who have reported misusing prescription drugs in the past 30 days (Search Institute: Profile of Student Life – Attitudes and Behaviors Survey, Unnamed School District, 2015).

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

Community Readiness Scores

Champaign County conducted five community readiness interviews in June 2017. The table below summarizes the timeframe of when the interviews were conducted and the community sectors represented by the interview respondents.

Table 3. Interview Information

<table>
<thead>
<tr>
<th>Interview</th>
<th>Date</th>
<th>Community Sector Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6/8/2017</td>
<td>School and/or education provider</td>
</tr>
<tr>
<td>2</td>
<td>6/9/2017</td>
<td>County government official (from county agency)</td>
</tr>
<tr>
<td>3</td>
<td>6/14/2017</td>
<td>Other</td>
</tr>
<tr>
<td>4</td>
<td>6/15/2017</td>
<td>Community member</td>
</tr>
<tr>
<td>5</td>
<td>6/20/2017</td>
<td>Member of faith-based community</td>
</tr>
</tbody>
</table>
Champaign County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM.

The following table is a summary of Champaign County’s interview scores for each dimension.

Table 4. Combined Interview Scores by Dimension

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Interview Total Score of 5 Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimension A: Community Knowledge of Efforts</td>
<td>14</td>
</tr>
<tr>
<td>Dimension B: Leadership</td>
<td>18.5</td>
</tr>
<tr>
<td>Dimension C: Community Climate</td>
<td>17.75</td>
</tr>
<tr>
<td>Dimension D: Knowledge about the Issue</td>
<td>14.25</td>
</tr>
<tr>
<td>Dimension E: Resources Related to the Issue</td>
<td>19</td>
</tr>
</tbody>
</table>

Figure 1. Calculated Stage Score for Individual Dimensions

Champaign County’s Average Overall Stage of Readiness is: 3.34. This score indicates that their community is in **Stage 3: Vague Awareness**.
Highlights from Interview Participants about Readiness to Address Prescription Drug Misuse

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

| Dimension A: Community Knowledge of Efforts | “It seems that people aren't aware unless they have someone who is involved in those circumstances or situation. And so it seems like it's mainly just those who are affected.” |
| Dimension B: Leadership | “So I think we're involved in each of our own ways, but I don't know that we have a - we have a small group that are looking at the entire Champaign County and all of those pieces. I just think we need to grow that.” |
| Dimension C: Community Climate | (Regarding how much of a priority prescription drug misuse among the 12-16 year olds is to community members) “I think a lot of people understand it, but I don't believe it is made to be a priority, so if I were doing a scale of 1 to 10, I would say about a 3.” |
| Dimension D: Knowledge about the Issue | Quotation not provided. |
| Dimension E: Resources Related to the Issue | “I believe that if there are resources, whether that's opportunities for like educational pieces, whether that's literature, whether that's dollars, and people know the ways to implement those things, I think people are willing to. I think a lot of times it's due to lack of those things and people not knowing what to do that it doesn't happen.” |

Using Assessment Results to Develop Strategies to Build Readiness

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

After reviewing these results, the Champaign County team noted that readiness scores for Dimension B (leadership), C (community climate), and E (knowledge of the issue) were all very close and were identified as areas of higher community readiness. Dimension A (community knowledge of efforts) and Dimension D (resources for efforts) received the lowest scores and are the areas that most need attention in our community. Overall, the information tells us that while
the leadership and community members have some awareness of the problem and their
has been some pre-work started, the larger community is unaware of what efforts and
what resources are currently being utilized to address prescription drug misuse in our
community.

This is the first time our coalition has worked to address youth prescription drug misuse
in our community, so the readiness scores were not surprising to us. More surprising to
our team was the amount of misinformation that was in the community (i.e., programs
that are no longer in existence).
Chapter 3

Community Outcome Measures (COMs) - Consumption Data Report for Prescription Drug Misuse/Abuse

Introduction
During SFY18, community project teams in Champaign County collected outcome data on their problem of practice using SAMHSA’s Community Outcomes Measures (COMs). This brief report presents that data.

Data Sources
Data for this report come from the sources that follow.

- The FFY 2015 Search Institute Profiles of Student Life: Attitudes and Behaviors was administered between 4-1-2015 and 5-31-2015 with 565 6th, 8th, & 10th graders participating in the survey. A random design was used for this survey.
- The FFY 2017 Search Institute Profiles of Student Life: Attitudes and Behaviors was administered between 9-1-2017 and 9-30-2017 with 1100 6th, 8th, & 10th graders participating in the survey. A census design was used for this survey.

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

### Table 1. Recent Substance Use (30-Day Use):
Percentages for 30-Day Prescription Drug Misuse/Abuse.

<table>
<thead>
<tr>
<th></th>
<th>FFY 2015</th>
<th>FFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>565</td>
<td>1100</td>
</tr>
<tr>
<td>Valid N</td>
<td>559</td>
<td>1093</td>
</tr>
<tr>
<td>Overall</td>
<td>6.3</td>
<td>3.2</td>
</tr>
<tr>
<td>Females</td>
<td>6.1</td>
<td>3.6</td>
</tr>
<tr>
<td>Males</td>
<td>5.5</td>
<td>2.7</td>
</tr>
<tr>
<td>Grade 6</td>
<td>3.5</td>
<td>2.1</td>
</tr>
<tr>
<td>Grade 7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Grade 8</td>
<td>8.4</td>
<td>3.3</td>
</tr>
<tr>
<td>Grade 9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Grade 10</td>
<td>9.8</td>
<td>3.7</td>
</tr>
<tr>
<td>Grade 11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Grade 12</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Notes: Survey Items and Reported Outcomes**

- **FFY 2015:** Search Institute Profiles of Student Life: Attitudes and Behaviors
  - Outcome: Percent who reported having used prescription drugs not prescribed during the past 30 days.
  - Survey Item: During the past 30 days have you used prescription drugs not prescribed to you?
  - Response Options: Yes, No

- **FFY 2017:** Search Institute Profiles of Student Life: Attitudes and Behaviors
  - Outcome: Percent who reported having used prescription drugs not prescribed during the past 30 days.
  - Survey Item: During the past 30 days have you used prescription drugs not prescribed to you?
  - Response Options: Yes, No
Chapter 4
SFY17 Prescription Drug Consequence Data Report

As part of the SPF-PFS project needs assessment process, OSET worked with OhioMHAS and other partners across the state of Ohio to identify sources of data on prescription drug consequences and to compile these data. This report provides prescription drug consequence data for 2012-2016 and provides instructions on how to utilize and interpret these data.

Consequence Indicators, Years, and Sources

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

Table 1. Consequence indicators, years, and sources.

<table>
<thead>
<tr>
<th>Prescription Drug Indicators</th>
<th>Denominator</th>
<th>Years</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx arrests per 100,000 Pop.</td>
<td>Population size</td>
<td>2012-2016</td>
<td>Ohio Incident-Based Reporting System</td>
</tr>
<tr>
<td>Drug Overdose Death per 100,000 Pop. Past 6 Yr. (Age Adj.)</td>
<td>Population size</td>
<td>2015-2016</td>
<td>Ohio Department of Health Drug Overdose Report</td>
</tr>
<tr>
<td>Unintentional Drug Overdose Deaths per 100,000 Pop.</td>
<td>2010 population size</td>
<td>2012-2016</td>
<td>Ohio Department of Public Safety. Ohio Traffic Crash Facts Annual Reports.</td>
</tr>
<tr>
<td>OVI Arrests per 100,000 Pop.</td>
<td>2010 population size</td>
<td>2012-2016</td>
<td>Ohio Department of Public Safety. Ohio Traffic Crash Facts Annual Reports.</td>
</tr>
<tr>
<td>% Overdose Deaths with Prescription Opioids</td>
<td>Number of deaths due to unintentional overdoses</td>
<td>2012-2016</td>
<td>Ohio Department of Health Bureau of Vital Statistics</td>
</tr>
<tr>
<td>% Overdose Deaths with Fentanyl and Related Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overdose Deaths with Benzodiazepines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fentanyl and Related Drug Deaths per 100,000 Pop.</td>
<td>Population size</td>
<td>2016</td>
<td>Ohio Department of Health Bureau of Vital Statistics</td>
</tr>
</tbody>
</table>
The following figures provide data for your county and the state. Note that “#N/A” indicates that either the data were not available or the data were suppressed by the provider due to a small number of cases. You will want to consider both (1) whether your county changes over time and (2) whether your county differs substantially from the state proportion.

**Prescription Drug Indicator Data for Champaign County**

![Figure 1: OVI Arrests per 100,000 Pop.](image)
Figure 2: Rx arrests per 100,000 Pop.

- Ohio 2012: 21.5
- Ohio 2013: 20.9
- Ohio 2014: 20.6
- Ohio 2015: 19.3
- Ohio 2016: 20.9
- Champaign 2012: 47.7
- Champaign 2013: 65.8
- Champaign 2014: 38.1
- Champaign 2015: 244.2
- Champaign 2016: 259.6

Figure 3: Drug Overdose Death per 100,000 Pop. Past 6 Years (Age Adj.)

- Ohio 2015: 19.2
- Ohio 2016: 23.1
- Champaign 2015: 19.1
- Champaign 2016: 20.0
Figure 8: Overdose Deaths per 100,000 Population with Fentanyl & Related Drugs by Sex & Age for County
Chapter 5

Community Outcome Measures (COMs) - Intervening Variable Data Report for Prescription Drug Misuse/Abuse

The Champaign County project team collected quantitative survey data on SAMHSA’s Community Outcomes Measures (COMs). This brief report presents the intervening variable data for Champaign County.

Data Sources

Data for this report come from the sources that follow.

- The FFY 2015 Search Institute Profiles of Student Life: Attitudes and Behaviors was administered between 4-1-2015 and 5-31-2015 with 565 6th, 8th, & 10th graders participating in the survey. A random design was used for this survey.
- The FFY 2017 Search Institute Profiles of Student Life: Attitudes and Behaviors was administered between 9-1-2017 and 9-30-2017 with 1100 6th, 8th, & 10th graders participating in the survey. A census design was used for this survey.

All items asked in a continuous fashion were dichotomized. Frequency items were dichotomized at occurring vs. not occurring, risk items were dichotomized at moderate or great risk vs. otherwise, and perceptions of disapproval were asked as wrong or very wrong vs. otherwise.
### Table 1. Perception of Parental Disapproval or Attitude: Percentages for Parental Disapproval of Prescription Drug Misuse/Abuse.

<table>
<thead>
<tr>
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<tr>
<td>Grade 12</td>
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</tbody>
</table>

**Notes: Survey Items and Reported Outcomes**

- FFY 2015: Search Institute Profiles of Student Life: Attitudes and Behaviors
  - Outcome: Percent reporting that their parents feel the use of prescription drugs not prescribed for you is wrong or very wrong (i.e., percent reporting "wrong" and percent reporting "very wrong" combined).
  - Survey Item: How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
  - Response Options: Very Wrong, Wrong, A little bit Wrong, Not at all Wrong
- FFY 2017: Search Institute Profiles of Student Life: Attitudes and Behaviors
  - Outcome: Percent reporting that their parents feel the use of prescription drugs not prescribed for you is wrong or very wrong (i.e., percent reporting "wrong" and percent reporting "very wrong" combined).
  - Survey Item: How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
  - Response Options: Very Wrong, Wrong, A little bit Wrong, Not at all Wrong
Table 2. Perception of Peer Disapproval or Attitude: Percentages for Perception of Peer Disapproval of Prescription Drug Misuse/Abuse.

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<td>Grade 8</td>
<td>89.4</td>
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<tr>
<td>Grade 12</td>
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</tbody>
</table>

Notes: Survey Items and Reported Outcomes

- FFY 2015: Search Institute Profiles of Student Life: Attitudes and Behaviors
  - Outcome: Percent reporting that their peers feel the use of prescription drugs not prescribed for you is wrong or very wrong (i.e., percent reporting "wrong" and percent reporting "very wrong" combined).
  - Survey Item: How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
  - Response Options: Very Wrong, Wrong, A little bit Wrong, Not at all Wrong
- FFY 2017: Search Institute Profiles of Student Life: Attitudes and Behaviors
  - Outcome: Percent reporting that their peers feel the use of prescription drugs not prescribed for you is wrong or very wrong (i.e., percent reporting "wrong" and percent reporting "very wrong" combined).
  - Survey Item: How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
  - Response Options: Very Wrong, Wrong, A little bit Wrong, Not at all Wrong
Table 3. Perceived Risk/Harm of Use: Percentages for Perceived Risk/Harm of Prescription Drug Misuse/Abuse.

<table>
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<tr>
<td>Grade 12</td>
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</tbody>
</table>

Notes: Survey Items and Reported Outcomes

- FFY 2015: Search Institute Profiles of Student Life: Attitudes and Behaviors
  - Outcome: Percent reporting moderate or great risk (i.e., percent reporting "moderate risk" and percent reporting "great risk" combined).
  - Survey Item: How much do you think people harm themselves (physically or in other ways) if they use prescription drugs that are not prescribed to them?
  - Response Options: No risk, Slight risk, Moderate risk, Great risk
- FFY 2017: Search Institute Profiles of Student Life: Attitudes and Behaviors
  - Outcome: Percent reporting moderate or great risk (i.e., percent reporting "moderate risk" and percent reporting "great risk" combined).
  - Survey Item: How much do you think people harm themselves (physically or in other ways) if they use prescription drugs that are not prescribed to them?
  - Response Options: No risk, Slight risk, Moderate risk, Great risk
Table 4: Family Communication around Drug Use: Percentages for Family Communication around Drug Use.

<table>
<thead>
<tr>
<th>FFY 2017</th>
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<tbody>
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<td>N</td>
<td>1100</td>
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<td>Grade 12</td>
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</tbody>
</table>

Notes: Survey Items and Reported Outcomes

- FFY 2017: Search Institute Profiles of Student Life: Attitudes and Behaviors
  - Outcome: Percent reporting having talked with a parent (i.e., percent responding "sometimes," "often," and "a lot" or percent responding "yes").
  - Survey Item: During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.
  - Response Options: Yes / No
Chapter 6
Youth Tobacco, Alcohol, and Drug Prevention
Youth Focus Group Report

As part of the SPF-PFS project needs assessment process, each participating community completed listening sessions/focus groups on prescription drug misuse with youth in the community. This report synthesizes the results of Champaign County’s Youth listening sessions and provides details about how the listening sessions were conducted. These listening sessions were designed to provide information on local/community conditions that are contributing to the problem of prescription drug misuse in Champaign County.

Method

Guiding Questions

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

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

Interview Protocol

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

Information from key informants (i.e., students) guided this listening session report. To collect information from the informants, we conducted two focus groups with youth ages 12-18. All five of our local school districts were represented across the two focus groups.

The Coalition Coordinator invited informants to participate in the focus groups, scheduled the interviews, and coordinated the times and locations with the informants and the focus group team. In order for youth to participate in the group interviews, they had to have a signed parental consent form / student assent form (Appendix C). At the beginning of each focus group, the focus group team read a script which clearly stated that informants were participating voluntarily and had the option to refuse to answer any of the questions. Through the course of the project, two group sessions were completed and a total of 28 youth participated. Each focus group session lasted approximately one hour. For their participation in the study, each youth received a $20 gift card to Subway.

Data Analysis

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

Results

The following sections describes what informants perceived as the local conditions affecting perceived parental perceptions, peer perceptions, family communication, and risk/harm. These include personal risk and protective factors as well as potential strategies for enhancing
prevention efforts in our community. Risk and protective factor-focused prevention is based on the work of Hawkins, Catalano, and Miller (1992). Risk factors are factors that increase the likelihood of adolescent substance abuse, teenage pregnancy, school drop-out, youth violence, and delinquency (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Protective factors provide the counter to risk factors; the more protective factors that an individual has present, the less risk for unhealthy behavior (Hogan, Gabrielsen, Luna, & Grothaus, 2003).

Research-based risk factors are frequently divided into four domains: community, family, school, and individual/peer risk factors (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Research has also identified four personal characteristics as protective factors: gender, a resilient temperament, a positive social orientation, and intelligence (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Because these factors are largely innate, we will focus on two additional protective factors described by Hogan et al.: bonding and healthy beliefs/clear standards.

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

For this section, we focus on the personal risk and protective factors related to substance use and abuse that include family factors and bonding (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Family factors can include the way parents and children elate and interact as well as the level of parental supervision (HHS Publication No. (SMA) 10–4120). Our youth focus groups revealed that family factors regarding secure and safe storage of prescription drug medications and the level of parental supervision in the home over unsecured medications were personal risk factors. Due to improper storage of medications, youth reported that while parents disapprove of youth misusing prescription medication not prescribed to them, youth perceived these substances were not dangerous enough to store securely. A few youth reported feeling trusted by their parents to access and consume medications as needed.

**Personal Risk Factors Family.**

Informants reported that it was easy to gain access to prescription drugs from their family home. Many reported knowing where the prescription drugs were kept (bathroom cabinets, countertops, and in unlocked drawers) and how to access them. The overwhelming majority of informants discussed how prescription drug medications were not kept in secure places in their homes and that if they were kept in commonly accessed areas (e.g., bathroom, cabinets, countertops, drawers) they became easier to get and to know what types of prescription drugs were available. They also discussed that when medications were not kept in a secured or locked locations, parental monitoring or supervision issues within the home allowed for easier access to the medications. One informant stated, “…if your parents aren't home then you could just sneak into
the bathroom or really anywhere that it’s at if you know where it’s at because you've seen your parent go in there and take it. You're like, “Oh, that's where it is,” so when they're not there.” A second informant supported that idea by stating it was easier to get prescription medication from their parents, “Probably parents because friends you'd either have to be at their house, or school, or something, and it’s not as easy to just hand out, but if you're at your house, you know what’s there.”

**Personal Protective Factors Bonding.**

Informants believed their parents disapprove of the misuse of prescription drugs. While this perception existed, there were not consistent social cues identified by the informants that supported this belief. A few informants reported feeling their parents trusted their decision-making abilities regarding misuse of prescription drugs. For example, one informant stated, “It was just with my mom, but she was just telling me that she knows that I know the dangers and that I should realize what could happen and that she knows that I wouldn't do it and if I was in a situation where I was like peer pressured into doing it kind of how to get out of that situation.” Another informant stated, “My parents have told me how they’ve known people who were like really good athletes, or something like that, and they know how important my athletics are to me, so they just say like, if you misuse any type of drug that could really mess up your athletic career and your school career.”

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

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

**Personal Risk Factors School.**

Informants reported that school was an access point for the exchange of prescription medications. Youth reported being knowledgeable of exchanging drugs at school during lunch by passing them under the tables and through exchanges in the restrooms. They reported that the prescription medications are taken from family homes then brought to school. While most respondents agreed that it was easier to get prescription medication from their parents versus peers, they further commented that if you are getting it from a peer at school, it is likely coming from that peer’s parents.
Individual/peer.

Informants reported that while they felt prescription drug misuse was harmful and unsafe, they were not sure what their peers thought about it. When asked what they might say to a friend they knew was misusing prescription drugs, they quickly identified that the type of relationship they have with the individual would guide their response. For example, if the peer was just an acquaintance, they would feel uncomfortable asking about drug misuse, showing concern, or approaching that peer about the issue. For close friendships, they would share their concerns and seek to identify why the peer was engaging in the behavior. Informants also discussed the impact that popular students or star athletes have on peer decision-making, as they are highly regarded their behaviors and attitudes about substance use have a big impact on others’ perceptions.

Personal Protective Factors

Healthy beliefs and clear standards.

Informants reported that standards and expectations for non-drug use were primarily influenced from the school via athletic policies and the student handbook. Both focus groups agreed that prescription drug misuse is dangerous. However, they also felt that in some situations the sharing of medications could help a peer who was experiencing pain or needing to focus. This behavior of sharing was perceived as helpful behavior, not harmful or misuse in those circumstances. Informants reported that the most dangerous situations of prescription drug misuse or sharing occur at parties where other substances such as alcohol are being consumed. Most informants reported avoiding these situations and social gatherings. Parental influence and sports eligibility were identified as having the greatest influence around these behaviors.

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

This guiding question sought to identify personal risk and protective factors in the following domains: family, bonding, and healthy beliefs/clear standards. Family included factors such as unity, warmth, attachment, and contact and communication between parents and children (HHS Publication No. (SMA) 10–4120). Youth believe that conversations regarding drug use are important, appreciated, and necessary with parents, but reveal that many families don’t include prescription drug misuse when discussing drugs. Youth report that if family members or relatives have a substance use disorder or consequences from misuse, the frequency of family conversations occurs more often and starts earlier. This is not the case for youth whose family has not been personally impacted by substance misuse.
**Personal Risk Factors Family.**

Informants were divided in the area of family conversations. Some informants report having had family conversations for many years about the risk of misusing prescription drugs and other substances due to immediate and extended family members history and consequences with substances (i.e., overdose, incarceration, unemployment, behavior while under the influence). These individuals discussed an openness and ability to discuss these issues with their parents when concerns arose. The other informants, those whose families have not been impacted by substance abuse or addiction, reported not having conversations about prescription drug misuse. While all informants reported family discussing the dangers of drugs and alcohol with youth, prescription drug misuse was most often not included in the types of drugs parents were referring to or discussing. Informants desired more information on this topic, specifically information about various types of prescription medication and the affects those medications have on their bodies.

**Personal Protective Factors Bonding.**

Informants reported wanting to engage in conversations about prescription drug misuse with parents. Some discussed that the focus group invitation allowed the family to talk about this issue for the first time. Informants reported having high levels of family support despite the lack of conversations occurring around this topic. Informants felt empowered when the family had discussed how to navigate potential threatening situations, providing them information about how to avoid situations and encounters around drug use, despite their family neglected to specifically discuss prescription drug misuse.

**Healthy beliefs and clear standards.**

Informants reported having clear standards and expectations around drug and alcohol use and that these standards need to incorporate information, expectations, and risks for prescription drug misuse. Reinforcing these beliefs and standards occurred for athletes, but was not as clear for students who were not athletes.

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

The Center for Substance Abuse Prevention (CSAP) has identified six strategies that comprise a comprehensive prevention program: information dissemination, prevention education, alternative activities, community-based process, environmental approaches, and problem identification and referral (CSAP, 1993). Youth informants were clear that there did not seem to be, and/or that they were unaware off a comprehensive prevention effort regarding prescription drug misuse in
place within their schools and communities. They struggled to identify prevention strategies or programs in the community and strongly felt that they needed to receive more information about the dangers of prescription drug misuse through media messaging and education.

**Information dissemination.**
The majority of youth reported receiving substance use prevention information in school from posters and school magazines. Specific to this, they noted the number of posters, or repetition of seeing the messaging matters. Informants identified that catch phrases and rhymes resonate with them and should be used to draw student interest in the poster and subject matter. An example from an informant, “In my high school, they made rhymes with messages about drugs that would stick in your head. Like, no drugs, give hugs.” Informants also identified social media, specifically, Twitter, Instagram, and Snapchat as the media platforms widely utilized locally by the population.

**Prevention education.**
Informants reported having limited or no education about the risks associated with prescription drug misuse unless parents are discussing a relative’s behaviors or consequences of misuse related to prescription drugs or a local news story or happening in the community. One informant stated, “At school, if they took even 10 minutes and sat down and told you about drug dangers,” it would help. Older informants, those of high school age, were unable to identify any known educational information that influenced critical life skills such as social/emotional learning, decision-making, refusal skills, and judgement. Rather, they referenced scare tactics or one-time events such as mock crashes, speeches from recovering addicts, and lectures before a large event such as prom or homecoming.

**Alternative activities.**
Informants did not discuss alternative activities, with the exception of sports, that were perceived as accessible in the community. This area needs further investigation as there are many alternative resources in the community. The following question remains for the research team: are the alternative activities available to youth in the community perceived by youth as reducing their risk-taking behavior related to prescription drug misuse?

**Community-based process.**
Only a few informants were aware of the youth-led prevention efforts available through the Champaign County Drug Free Youth Coalition, known as C.H.A.M.P.S.. Although a few knew of this resource and effort, none of the youth were able to identify what the role of youth-led prevention or the larger Drug Free Youth Coalition was in the community.

**Environmental approaches.**
When asked what they would do to solve the prescription drug problem, informants in both focus groups reported that local random drug testing for athletes is effective, but should not be limited
to athletes. They felt that all students should be drug tested, as “some students avoid sports to be able to use drugs.”

**Problem identification and referral.**
Informants agreed that the school guidance counselor tended to be the resource utilized when students had needs. One informant stated, “The guidance counselor has information to help with everything you might need.”

**Conclusion**
Youth informants from Champaign County believe that prescription drug misuse is harmful and dangerous. Parents and family influence these beliefs and if the student is an athlete, these beliefs are reinforced by school athletic policies. Despite the understanding of harm, youth report having access to prescription drugs from their parents and peers (who also gain access from their parents) due to improper storage of prescription drugs in the home. Family homes and various locations at school are utilized to exchange and share these medications. Family conversations about substance use need to intentionally include prescription drug misuse to be more effective in discouraging misuse among youth. Additionally, proper storage of medications would provide better social cues of the danger of prescription drug medications and limit access for youth misuse.
Chapter 7
Youth Tobacco, Alcohol, and Drug Prevention
Adult Focus Group

As part of the SPF-PFS project needs assessment process, each community completed listening sessions/focus groups on prescription drug misuse with parents of youth in the community. This report synthesizes the results of Champaign County’s Adult listening sessions and provides details about how the listening sessions were conducted. These listening sessions were designed to provide information on local/community conditions that are contributing to the problem of prescription drug misuse in Champaign County.

Method

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

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

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

Information from key informants (i.e., parents/guardians) guided this listening session report. To collect information from the informants, we conducted two focus groups with parents of youth ages 12-17. Each of the five local school districts were represented by key informants during the focus groups.

The Coalition Coordinator invited informants to participate in the focus groups, scheduled the interviews, and coordinated the times and locations with the informants and the focus group team. In order for Adults to participate in the focus group, they completed a consent form (Appendix F). At the beginning of each focus group, the focus group team read a script which clearly stated that informants were participating voluntarily and had the option to refuse to answer any of the questions. Through the course of the project, two group sessions were completed and a total of 25 individuals participated. Each of the focus groups lasted approximately one hour. For their participation in the study, each adult received a $25 gift card to Kroger.

Data Analysis

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

Results

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

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

For this section, we focus on the personal risk and protective factors related to substance use and abuse that include family factors and bonding (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Family factors can include the way parents and children elate and interact as well as the level of parental supervision (HHS Publication No. (SMA) 10–4120). Informants reported recognizing the importance of family communication and parental expectations but report not demonstrating social cues such as proper medicine storage to reinforce that. Additionally, communication about this issue was reactive, not proactive, often times occurring after a tragedy, family crisis, or new media story and did not include prescription drug misuse specifically.

Personal Risk Factors Family.
Informants report that youth have easy access to prescription medications at the family home. Parents perceived the youth as sneaky, but admit that accessing prescription drugs from home medicine cabinets, countertops, and relative’s homes was not difficult due to insecure storage. Due to medications being kept in common place areas of the home in the majority of respondents’ households, parental supervision of prescription drugs was largely missing. Informants reported not considering prescription medication in their conversations around drug use, instead focusing on drugs in general.

Personal Protective Factors Bonding.
Informants strongly believed that prescription drugs are always dangerous and should not be misused. Informants reported family communication is important and that conversations needed to occur earlier than middle school, although nearly half of the group had not had a specific conversation about prescription drug misuse with their children. Informants believed that keeping an open channel of communication with youth is essential to minimizing engagement in risk-taking behaviors. They had concerns that despite trying to influence their child’s decisions regarding prescription drug misuse, they worried about what happens in their child’s friends’ homes. Informants who had family history of substance use were more proactive in having
conversations with their children, having them earlier in life and more frequently. Informants who had not been personally impacted were having conversations “after the fact” in a reactive way. Local news stories, events, or tragedies prompted drug conversations, yet infrequently included prescription drug misuse as a discussion point.

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

This section will focus on personal risk and protective factors in the following domains: school, individual/peer, and healthy beliefs/clear standard. These risk and protective factors are related primarily to peer relationships which affect youth’s individual and environmental factors (HHS Publication No. (SMA) 10–4120). Informants believe that young people perceive sharing prescription medications as helpful and selling them as economically necessary. The misunderstanding youth have regarding the thinking that because a physician prescribed the medication, it must make it safe for consumption of all, and the need for peers to help alleviate their peer’s pain and personal and societal pressures create opportunities for youth prescription drug misuse.

Personal Risk Factors School.
Informants believed that while prevention in middle school was necessary, middle school was too late and the dangers of prescription drug misuse needed to be addressed as early as third of fourth grade. They discussed that the dangers of prescription drug misuse needed to be shared and reinforced across a variety of areas, not limited to a health class. Parents/guardians believed teaching youth how to intervene with peers and discuss the dangers of prescription medication with them was very important. Informants reported knowing that prescription medication is shared at school, but indicated it is much more difficult to detect than other types of substance use due to lack of odor. A few informants believed that some students attempted to sell prescription medications to meet the family’s economic needs.

Individual/peer.
Peer pressure and performance enhancement for academics, athletics, and life demands tended to be reasons parents/guardians believed youth used prescription medication not prescribed to them. Pressure from peers, school, coaches, life, and the kids themselves was identified as a risk factor for youth. Parents perceived that youth misusing prescription medication or sharing it with peers was considered acceptable by youth if youth/peers thought it would help performance.

Personal Protective Factors

Healthy beliefs and clear standards.
Informants reported that peer influence through sports and accountability through local schools’
random drug testing policies were influential for youth perceptions of prescription drugs. Additionally, parents in the community feel prescription drugs are harmful, yet often fail to have direct conversations with their children and their children’s friends about the dangers and risks of misuse of these drugs.

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

This guiding question sought to identify personal risk and protective factors in the following domains: family, bonding, and healthy beliefs/clear standards. In addition to the aforementioned, family factors also include unity, warmth, and attachment, and contact and communication between parents and children (HHS Publication No. (SMA) 10–4120). Informants revealed that they use scare tactics in family conversations and perceive those to be effective with youth.

Personal Risk Factors

Family.
Informants reported feeling scared about the consequences of prescription drug misuse among youth, and these scared feelings translated to parents using scare tactics when communicating about this topic with youth. They report warning, lecturing, and scaring them in the discussions and are under the assumption that this is the best or only approach. They also recognize that some youth are misusing medications because of adult role modeling within the home.

Personal Protective Factors Bonding
Informants reported that their children listen to them, close adult relatives, coaches, and school staff. Youth connected with these supports are seen as less at-risk for prescription drug misuse than those with limited adult relationships.

Healthy beliefs and clear standards.
Informants report the desire of the youth to do well, be successful, and achieve. Families and schools have clear standards for non-use of non-medically prescribed prescription drugs that are reinforced through school and athletic policies.

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

The Center for Substance Abuse Prevention (CSAP) has identified six strategies that comprise a comprehensive prevention program: information dissemination, prevention education, alternative activities, community-based process, environmental approaches, and identification
and referral (CSAP, 1993). Based upon the adult listening sessions during focus groups, the following types of strategies emerged.

**Information dissemination.**
Adult informants recognize the importance of sharing factual information with youth, specifically the impact that misuse of prescription drugs can have on the body, academics, athletics, and toward addiction. However, parents/guardians limited their approaches to fear-based approaches when sharing this information with youth. Adult informants requested information that was developmentally appropriate at various stages of development to help prepare them for communication about this issue with their children. They reported using the internet, news stories, and YouTube for visual aids to communicate the dangers.

**Prevention education.**
Adult informants believe that prevention education needs to start much earlier than middle school and should be taught to youth in a variety of settings, not just isolated to health classes. They believed that relatable stories were most impactful for youth and that any opportunity to have conversations around the issue should be used. Monitoring of social media for appropriateness of messaging related to drugs was considered to be critical.

**Alternative activities.**
Adult informants reported numerous activities for youth to be involved in within the community from 4-H, church youth groups, local sports, and extra-curricular activities. They believed that if youth were connected to these types of activities, they were at lower risk for misusing prescription drugs. They had concerns for youth in the community that were not connected in pro-social activities.

**Community-based process.**
Many of the adult informants, none of whom were Coalition members, felt that the Champaign County Drug Free Youth Coalition’s CHAMPS youth led prevention committee was an opportunity for youth to make a difference. They referenced past strategic plans with youth sports and fundraisers for leadership conferences as ways to make a difference. Adult informants were unsure how aware youth were of this resource.

**Environmental approaches.**
Adult informants felt that school and athletic policies were critical for accountability and acted as safeguards to prevent prescription drug misuse. They expressed concern over the limited amount of random drug testing that was occurring and the absence of drug testing in one specific school district.

**Problem identification and referral.**
Adult informants felt that if there were an issue of concern with youth that they may not be the
first point of communication or counsel. Rather, they believed coaches, teachers, and other adult relatives may be sought out by young people to discuss prescription drug misuse issues. This area was a concern for informants as they were unsure what the adults would be communicating to the youth and if it would align with their expectations. Essentially, the informants were concerned about the possibility of incorrect or inconsistent messages being sent to youth.

**Conclusion**

Parents/guardians of middle and high school students within Champaign County who participated in the listening sessions recognize the importance of family communication around prescription drug misuse, but often do not initiate these conversations until after a local tragedy, crisis, or teaching moment presents itself. Informants realize that these communications need to occur several years prior to middle school, yet few are engaging in that behavior. This approach is reactive. Only families that experience the devastating impact of prescription drug misuse are having frequent and early conversations. Cues around parental disapproval seem mixed due to improper storage of and easy access to prescription medications within the home. Developmentally appropriate messaging instead of scare tactics are needed to empower adults in the community to feel confident in their conversations around prescription drug misuse. Further investigation is needed to better understand why youth are misusing prescription drugs. Parents and guardians hypothesize that it may be related to pressures that youth feel to increase their performance in school and athletics.
Chapter 8
SFY18 Critical Reflection Questions

Project directors reflected on the data collected as part of their community’s needs assessment process by answering a series of guiding questions that were developed by the SPF-PFS SEOW Workgroup. This brief report provides background on the guiding questions and presents the answers to each question for Champaign County.

Method

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

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

Critical Reflection Question Answers

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

Champaign County youth ages 12-18 are affected by the misuse of prescription drugs, as 8% of eighth grade students and 10% of tenth grade students have reported misusing prescription drugs in the past 30 days. (Search Institute: Profiles of Student Life: Attitudes and Behaviors survey, 2015). Based on this data, the Champaign County Drug Free Youth Coalition will address youth (ages 12-18) prescription drug misuse, specifically, past 30 day prescription drug misuse/abuse.

1 Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).
Question 2: What differences do you see in your consumption data related to your problem of practice by gender or grade? How are those differences evident (or not evident) across all years in which you have data?

In regards to consumption data, 3.2% of Champaign County youth surveyed in sixth, eighth, and tenth grades reported past 30 day prescription drug misuse (Search Institute: Profiles of Student Life: Attitudes and Behaviors, county aggregate, 2017). When examining consumption data by grade level, 3.7% of tenth grade students, 3.3% of eighth grade students, and 2.1% of sixth grade students had misused prescription drugs in the past 30 days. This means that 34 students in our county had engaged in this risky behavior in 2017. In Champaign County, past 30 day misuse of prescription drugs increases as the student gets older and enters higher grade levels. In regards to gender differences, female past 30 day misuse was higher than males in both 2015 and 2017 data (6.1% and 3.6% versus 5.5% and 2.7%, respectively).

Our largest areas of difference regarding consumption data is when we compare our 2017 data to our 2015 data. According to our Search Institute: Profiles of Student Life: Attitudes and Behaviors, county aggregate reports, 3.2% of students had misused prescription drugs in the past 30 days in 2017, a substantial decrease from 6.3% in 2015.

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

The Prevention Data Committee (PDC) of the Champaign County Drug Free Youth Coalition, has met twice regarding data interpretation and review. During our second meeting, the committee incorporated assistance from the Champaign Health District’s Epidemiologist, Anna-Jean Petroff, to help us look at areas of possible statistical significance. This was particularly helpful in regards to our 2015 Search Institute Survey results, where there was wide variation in past 30 consumption behavior across grade levels and across school districts. With the help of Ms. Petroff, the PDC examined frequency and severity of past 30 day misuse behavior and further analysis revealed that one school district had a considerably higher percentage of youth who reported misuse of prescription drugs. In the aforementioned school district, 19% of eighth and 13% of tenth grade students (ages 12-16) had misused prescription medication in the past 30 days.

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

Family Communication around Drug Use

Of the four SAMHSA-required intervening variables (perceived risk/harm of use; perception of parental disapproval/attitude; perception of peer disapproval/attitude; and family communication) family communication around drug use was the most relevant risk factor toward youth prescription drug misuse/abuse.

In regards to family communication around drug use, only 45.3% of students reported discussing the dangers of drug use with their parent in the past 12 months. There was no statistical difference between males and females. By grade level, more eighth grade students (48.3%) were
engaging in these conversations when compared to sixth grade students (47.9%) and tenth grade students (41.5%).

Other intervening variables examined had favorable levels from students. 95.6% of students reported perception of parental disapproval, 86.8% reported perception of peer disapproval, and 83.4% perceived prescription drug misuse to be harmful.

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

Our community has had 12 years of data collection via the Search Institute: Profile of Student Life: Attitudes and Behaviors survey. While we have collectively had four core measure data (30 day past use, perception of parental disapproval/attitude; perception of peer disapproval/attitudes; and perceived risk/harm of use) our data has not inquired about family communication around drug use. This variable has given our coalition great insight into whether or not students were engaging in conversations with their parents regarding the dangers of drug use. Our results from our 2017 survey indicated that less than half, 45.3%, of students reported that in the past 12 months that they had “sometimes, often or a lot” discussed the dangers of drug use with their parents.

Our coalition has not previously utilized the SAMHSA-required intervening variables on our existing logic models. While we have used this data during the needs assessment process, we have identified and selected other intervening variables/risk factors that we wanted to target.

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

In Champaign County, there are several personal risk factors that are contributing to youth prescription drug misuse. Family risk factors and school risk factors seemed to guide our selection of our local conditions. Our listening sessions with youth and adults revealed that access to prescription medications, perception of peer disapproval, and lack of family communication influence consumption/misuse behavior.

**Youth Identified conditions: Family.**

Informants reported that it was easy to gain access to prescription drugs from their family home. Many reported knowing where the prescription drugs were kept (bathroom cabinets, countertops, and in unlocked drawers) and how to access them. The overwhelming majority of informants discussed how prescription drug medications were not kept in secure places in their homes and that if they were kept in commonly accessed areas (e.g., bathroom, cabinets, countertops, drawers) they became easier to get and to know what types of prescription drugs were available. They also discussed that when medications were not kept in a secured or locked locations, parental monitoring or supervision issues within the home allowed for easier access to the medications.
School.

Informants reported that school was an access point for the exchange of prescription medications. Youth reported being knowledgeable of exchanging drugs at school during lunch by passing them under the tables and through exchanges in the restrooms. They reported that the prescription medications are taken from family homes then brought to school. While most respondents agreed that it was easier to get prescription medication from their parents versus peers, they further commented that if you are getting it from a peer at school, it is likely coming from that peer’s parents.

Individual/peer.

Informants reported that while they felt prescription drug misuse was harmful and unsafe, they were not sure what their peers thought about it. When asked what they might say to a friend they knew was misusing prescription drugs, they quickly identified that the type of relationship they have with the individual would guide their response. For example, if the peer was just an acquaintance, they would feel uncomfortable asking about drug misuse, showing concern, or approaching that peer about the issue. For close friendships, they would share their concerns and seek to identify why the peer was engaging in the behavior. Informants also discussed the impact that popular students or star athletes have on peer decision-making, as they are highly regarded their behaviors and attitudes about substance use have a big impact on others’ perceptions.

Adult Identified Conditions: Personal Risk Factors Family.

Informants were divided in the area of family conversations. Some informants report having had family conversations for many years about the risk of misusing prescription drugs and other substances due to immediate and extended family members history and consequences with substances (i.e., overdose, incarceration, unemployment, behavior while under the influence). These individuals discussed an openness and ability to discuss these issues with their parents when concerns arose. The other informants, those whose families have not been impacted by substance abuse or addiction, reported not having conversations about prescription drug misuse. While all informants reported family discussing the dangers of drugs and alcohol with youth, prescription drug misuse was most often not included in the types of drugs parents were referring to or discussing. Informants desired more information on this topic, specifically information about various types of prescription medication and the affects those medications have on their bodies.

Personal Risk Factors Family.

Informants reported feeling scared about the consequences of prescription drug misuse among youth, and these scared feelings translated to parents using scare tactics when communicating about this topic with youth. They report warning, lecturing, and scaring them in the discussions
and are under the assumption that this is the best or only approach. They also recognize that some youth are misusing medications because of adult role modeling within the home.

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

The listening sessions provided our coalition with a better understanding of how family conversations regarding prescription drug misuse occur and how often times. These conversations are reactive (after a media story or local tragedy), infrequent, and that most parents do not include prescription drug medication misuse in their conversations about substance use with youth.

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

The local conditions obtained aligned with our consumption data and intervening variables. Our readiness level was in an area of vague awareness which is supported by the listening session data that was collected. The lack of family conversations we heard in the listening sessions also supports the survey data, which found the same thing, specifically that parents are not having early, purposeful conversations around misuse.

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

Consequences of prescription drug use in Champaign County are evident in the number of prescription drug related arrests and drug overdose deaths our community has experienced. Data regarding the number of prescription drug arrests have seen a drastic increase in 2015, that has continued into 2016. Drug overdose deaths continue to occur despite a shifting of lethal substances since 2013. According to the Ohio Dept. of Health Bureau of Vital Statistics the available data shows a shift in overdose deaths, with a decreasing trend in overdose deaths involving opioids and/or benzodiazepines, both of which peaked in 2013, and a corresponding increase in overdose deaths involving fentanyl and related drugs, which have greatly increased in 2015 and 2016.

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

When comparing Champaign County consequence data to the state of Ohio, there were several areas of concern for our coalition. The data from the Ohio Dept. of Health Bureau of Vital Statistics, prescription drug arrests per 100,000 are consistently higher than that of the state, and have become considerably higher in the last two years of available data. Even though Champaign County is a small rural community, it’s age-adjusted drug overdose death rates per 100,000 over the past six years are comparable to state rates. While Ohio’s unintentional drug overdose deaths per 100,000 are linearly increasing, Champaign County’s are non-linear, with large increases that bring them up to or higher than state rates for 3 out of the last 5 years of available data.

Overdose deaths involving specific prescription drugs in Champaign County often mirror the same trends as those seen across the state. However, county level deaths, due to the relative
number of deaths, are prone to more fluctuations. These overdose death percentages also often exceed state percentages, showing that prescription drugs are a major contributor to overdose deaths in Champaign County.

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

The consequence data in our community clearly validates our coalition’s concerns for youth prescription drug misuse. While the consequence data was based on adults in our community, it is evident that our local opiate epidemic began with prescription drug misuse among adults. As rules and regulations tightened prescription drug availability, our community consequence overdose data shifted from prescription drugs (2013) to heroin and now fentanyl (2016). Preventing youth prescription drug misuse is essential for turning the tide of this epidemic in Champaign County.

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

The consequence data supports our intervening variable of family communication. When adults are engaging in prescription drug misuse, heroin and fentanyl use, as evidenced by our consequence data, youth are impacted. That impact sends messages to youth that shapes their perception of risk of harm as well as what expectations family members and/or community members have for youth drug use. Youth informants from Champaign County believe that prescription drug misuse is harmful and dangerous. Parents and family influence these beliefs and if the student is an athlete, these beliefs are reinforced by school athletic policies. Despite the understanding of harm, youth report having access to prescription drugs from their parents and peers (who also gain access from their parents) due to improper storage of prescription drugs in the home. Family homes and various locations at school are utilized to exchange and share these medications. Family conversations about substance use need to intentionally include prescription drug misuse to be more effective in discouraging misuse among youth. Additionally, proper storage of medications would provide better social cues of the danger of prescription drug medications and limit access for youth misuse. Parents/guardians of middle and high school students within Champaign County who participated in the listening sessions recognize the importance of family communication around prescription drug misuse, but often do not initiate these conversations until after a local tragedy, crisis, or teaching moment presents itself.

Informants realize that these communications need to occur several years prior to middle school, yet few are engaging in that behavior. This approach is reactive. Only families that experience the devastating impact of prescription drug misuse are having frequent and early conversations. Cues around parental disapproval seem mixed due to improper storage of and easy access to prescription medications within the home. Developmentally appropriate messaging instead of scare tactics are needed to empower adults in the community to feel confident in their conversations around prescription drug misuse. Further investigation is needed to better understand why youth are misusing prescription drugs. Parents and guardians hypothesize that it may be related to pressures that youth feel to increase their performance in school and athletics.