

Needs Assessment Report

Ohio's Strategic Prevention Framework – State Incentive Grant (SPF SIG)
MAHONING COUNTY

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Community Profile

Mahoning County has an estimated population of 237,270. The population is predominantly Caucasian (81.1%), with a modest African American population (16.1%). Approximately 1.8% of the population identifies as multiracial. A small percentage (4.8%) of the county's population reports being of Hispanic or Latino origin.

English is the predominant language, with 6.7% of residents reporting that another language is spoken at home.

Among residents above 25 years of age, 87.3% have a high school diploma and 20.4% have a Bachelor's degree or higher. The high school graduation rate is similar to that of the state rate (87.4%). However, the percentage of higher education degrees in the county is lower than that of the state (24.1%).

The median household income (2006-2010) is \$40,123, which is below the state median of \$47,358.

The five year (2006-2010) estimated percentage of the county population below poverty level is 16.6%. This is above the estimated state percentage (14.2%).

Note: Data sources include the 2011 Census and the 2006-2010 American Community Survey.

NOTE: The Institution of Higher Education has agreed to participate only with assurance of anonymity. Identifying information on the IHE has been redacted.

Introduction

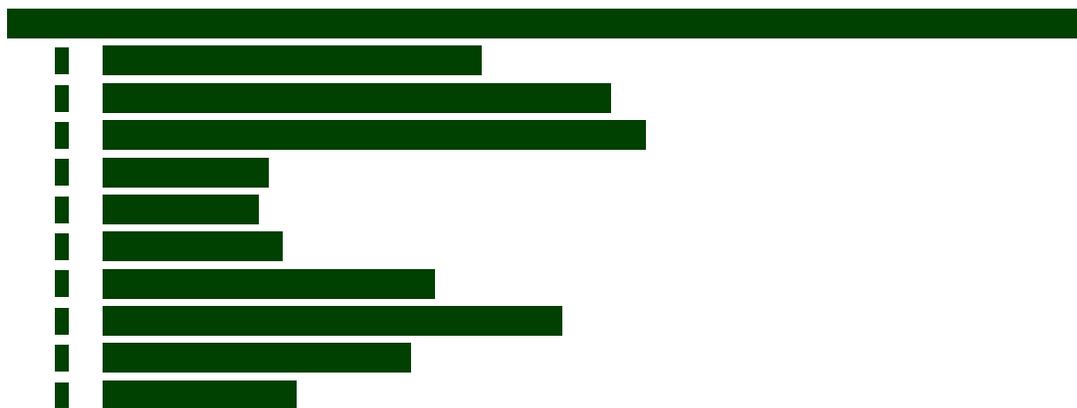
The community’s biggest issue related to substance abuse:

The Coalition for a Drug-Free Mahoning County (DFMC) is targeting non-medical use of prescription drugs, including prescription opiates (pain relievers), stimulants (“study aids”), and sedatives (“sleep aids”) at a local Institution of Higher Education (IHE). Data collected in the IHE Individual Survey conducted among 18 – 25 year old students at the IHE reveals 3.4% reported non-medical use of a prescription opioid, 5.4% reported non-medical use of a prescription stimulant, 2.0% reported non-medical use of a prescription sedative, and 2.4% reported non-medical use of a prescription drug while using alcohol.

A description of the population being targeted for SPF SIG project:

The Coalition for a Drug-Free Mahoning County is targeting 18-25 year-old students at a local IHE for this project.

The profile of the Institute of Higher Education (IHE) students¹ is as follows:



Over the past fifteen years, the IHE has gained significant ground in the fight to eliminate underage and excessive use of alcohol by students on campus and in areas surrounding campus. The pro-prevention mindset continues among campus administration and includes the desire to prevent substance use on campus.

¹ Academic data refer to Spring 2012. Enrollment and attendance data refer to entire undergraduate student body. Graduation, transfer rate, and retention rate data refer to full-time, first-time students pursuing bachelor's degrees.

Sub-target/underserved population(s) chosen for SPF SIG project:

DFMC is not serving a sub-target population for this project.

Description of sub-target/underserved population(s):

N/A

Recent Community Needs Assessments

Total Number of Needs Assessments: Two

Needs Assessment:	Individual Level Survey of 18 – 25 Year Olds Enrolled at the IHE, 2013
Year Conducted:	2013
Sponsoring Agency	IHE / Coalition for a Drug-Free Mahoning County
Findings Relevant to 18-25 Year Olds:	<ul style="list-style-type: none"> • IN THE LAST 30 DAYS, how many times did you: Use a prescription pain reliever not prescribed to you (Oxycontin, Darvocet, Vicodin, etc.)? 84.6% Never used, 3.4% Used within past 30 days • IN THE LAST 30 DAYS, how many times did you: Use a prescription stimulant not prescribed to you (Adderall, Ritalin, “study aids”, etc.)? 81.3% Never used, 5.4% Used within past 30 days • IN THE LAST 30 DAYS, how many times did you: Use a prescription sedative not prescribed to you (Xanax, Valium, etc.)? 88.3% Never used, 2.0% Used within past 30 days • IN THE LAST 30 DAYS, how many times did you: Use a prescription drug for non-medical use at the same time that you were drinking alcohol? 86.2% have never used, 2.4% Used within past 30 days • HOW MUCH do you think people risk harming themselves physically and in other ways when they take prescription pain medications (Oxycontin, etc.) for non-medical purposes once or twice a week? 1.8% No Risk, 9.6% Slight Risk, 27.2% Moderate Risk, 61.3% Great Risk. • HOW MUCH do you think people risk harming themselves physically and in other ways when they take prescription stimulants (“study aids”, Ritalin, etc) for non-medical purposes once or twice a week? 6.9% No Risk, 21.8% Slight Risk, 31.3% Moderate Risk, 40.1% Great Risk. • HOW MUCH do you think people risk harming themselves physically and in other ways when they take prescription sedatives (Xanax, Valium, etc.) for non-medical purposes once or twice a week? 2.5% No Risk, 13.2% Slight Risk, 29.2% Moderate Risk, 55.1% Great Risk. • HOW do you feel about someone your age using a prescription pain medication (such as Oxycontin, Vicodin, Tylenol 3 with Codeine, Darvocet or Morphine) for a non-medical purpose once a month or more? 1.7% Strongly Approve, 0.9% Approve, 13.1% Neither Approve nor Disapprove, 16.9% Somewhat Disapprove, 67.3% Strongly Disapprove.

	<ul style="list-style-type: none"> • HOW do you feel about someone your age using prescription stimulants (such as Adderall, Ritalin, Dexedrine, Concerta, or “study aids”) for a non-medical purpose once a month or more? 4.0% Strongly Approve, 7.0% Approve, 18.7% Neither Approve nor Disapprove, 20.0% Somewhat Disapprove, 50.4% Strongly Disapprove. • HOW do you feel about someone your age using prescription sedatives (such as Xanax, Valium, Ambien, Halcion, or Restoril) for a non-medical purpose once a month or more? 1.6% Strongly Approve, 2.4% Approve, 15.1% Neither Approve nor Disapprove, 16.7% Somewhat Disapprove, 64.3% Strongly Disapprove.
Findings Relevant to Community Readiness:	The survey revealed that among respondents, 19.2% think prescription drug abuse is a problem at the IHE.

Recent Community Needs Assessments

Needs Assessment:	Mahoning County PEP Survey of 7 th , 9 th , and 11 th grade Public School Students
Year Conducted:	2012
Sponsoring Agency	Coalition for a Drug-Free Mahoning County
Findings Relevant to 18-25 Year Olds:	<ul style="list-style-type: none"> • IN THE LAST 30 DAYS, how many times did you: Use a prescription medication not prescribed to you (Oxycontin, Darvocet, Vicodin, etc.)? 93.14% Never used • IN THE NEXT 30 DAYS, do you think you will: Use a prescription medication not prescribed to you (Oxycontin, Darvocet, Vicodin, etc.)? 93.93% Never used • HOW MUCH do you think people hurt themselves when they: Use a prescription medication not prescribed to you (Oxycontin, Darvocet, Vicodin, etc.)? 5.89% Not at all, 4.93% A Little, 16.71% Some • HOW WRONG do your friends feel it would be: For you to use a prescription medication not prescribed to you? 11.79% Not wrong at all, 14.78% A little bit wrong • HOW OLD WERE YOU when you first: Used a prescription medication not prescribed to you? 85.22% Never used
Findings Relevant to Community Readiness:	The PEP Survey was conducted among 11 th grade high schools students in the Spring of 2012. Per the enrollment/placement criteria in the county, these students were born prior to October 1, 1996. The majority of these students are now 18 or 19 years old and within the target age group. This provides us with keen insight regarding attitudes and experiences for this group, and the ability to monitor longitudinal trends within Mahoning County.

Community Readiness

Community Readiness Assessment Used:

Minnesota Institute of Public Health (MIPH) Community Readiness Survey

Community Readiness Assessment Conducted:

11/2011 – 1/2012

A review of the community readiness in the community, with respect to priority substance, found the following:

For **misuse of prescription medication**, the coalition determined that the community is in the *preplanning* stage of community readiness.

Note: This survey was conducted county-wide. The target population was later narrowed to the IHE,

Sharing community readiness findings in the community:

We have communicated the findings of our Readiness Assessment (RA) to the community on a limited basis. At a monthly meeting of the Coalition for a Drug-Free Mahoning County, the results were well-received. Coalition members were optimistic when they learned community members believe prevention efforts work (70%), the community believes prevention is their responsibility (66%), and 20% would be willing to volunteer to help a prevention program. Those same statistics were announced at a Community Forum in May 2012. Nearly 200 community members were there, though the call to action was focused on the original SPF SIG target substance: opiates; no responses were recorded pertinent to the RA data.

Use of community readiness findings in strategic planning:

The most integral information we derived from the Readiness Assessment was related to the community's understanding of the scope of the problem, their understanding that they are part of the solution, and that a significant portion of the community is willing to volunteer time toward prevention activities. This provides an overall sense of where we would need to begin -- to formulate activities that further educate the community on the problems in Mahoning County and how to combat them.

Suggested strategies for strategic planning:

Our community is firmly ensconced in the pre-planning stage: a large percentage of residents understand there is a problem and have a fairly accurate grasp of what that problem looks like. Our neighbors understand that prescription drugs are a problem in America – our job will be helping them to understand what the problem looks like on their street, in their town. Our community understands there is a drug abuse problem and does not condone the use of illicit drugs. Some realize prescription drug abuse poses a significant problem as well, however there is still need for education regarding what prescription drug abuse looks like and just how serious it is. In fact, only 3 out of 5 (59%) of Readiness

Assessment respondents indicated that prescription drugs are a moderate to serious problem for 18 – 25 year olds. Prescription drug abuse continues to have less stigma and greater acceptance as a “safe” thing to use because they are prescribed by doctors. A campaign that begins with awareness will help to educate Mahoning County residents and IHE students and motivate them to want a solution. When our prevention activities delivered the message that our 2010 prescription opiate dispensing equaled 78 pills per capita, most people were shocked. This confirms that most people know prescription drug use is a problem but need to be educated regarding the degree of the problem where they live. We know that scare tactics do not work but it is important to give people accurate information so they can make informed choices regarding efforts to impact the problem and their level of participation in those activities. Data reveals significantly passive attitudes among some Mahoning County residents toward underage alcohol consumption, alcohol over-consumption, and marijuana use; surveys of secondary school-age children show there is quite a bit of parental acceptance for use of these two substances. These are not our SPF SIG focus, though casual attitudes toward use may affect use of other substances in general and become an important piece of future community awareness campaigns. In other words, the attitude that “it’s just alcohol” or “just marijuana” may include an acceptance of prescription drug use: “it’s just Xanax, it’s “safe” for anyone.”

Note: This survey was conducted county-wide. The target population was later narrowed to the IHE,



Plans to evaluate strategic plan strategies:

We believe the best way to evaluate our strategies is to conduct a small-scale assessment after the initial wave of the campaign to allow modifications to be made. An effective campaign targeting the appropriate level of awareness should show a measureable level of increased awareness. If there is no measurable change, we can modify the message or level of readiness we are targeting. Of course, there will be additional evaluation throughout the process and particularly at the end.

Individual-Level

Individual Level Survey of 18 – 25 year old students enrolled at the IHE conducted January 2013. (Note: survey specifics on following pages.)

Based on the consumption data (30-day use and age of first use) analyzed, these are the community's major concerns surrounding the problem of consumption of the priority substance:

When we look at our survey data, percentage of students age 18 – 25 reporting past 30-day non-medical use is:

- 3.4% use of prescription pain relievers
- 5.4% use of prescription stimulants
- 2.0% use of prescription sedatives

Further analysis reveals 7.9% answering "yes" to the 30-day non-medical use question for any of the three. This number mirrors the state average for prescription drug misuse/abuse. 2.4% of respondents reported using a prescription drug for non-medical use at the same time they were drinking alcohol. Student interviews and focus groups results reveal that students believe non-medical use of prescription drugs (NMUPD) is a problem in Mahoning County in general, but not an issue on campus. However, there were occasional comments from students regarding where prescription drugs could be obtained on campus without a prescription. Staff interviews yielded similar attitudes regarding the problem occurring in the county yet not on campus. Within this data set, it is clear that respondents are mostly unaware of NMUPD on campus.

- Nearly all participants agreed that prescription drugs are readily available for non-medical use throughout the county, though there are varying thoughts regarding accessibility on campus.
- Many respondents said they are always available through connections, (motioning to sheet with pain relievers, stimulants, and sedatives listed by name), "You can always call somebody that knows somebody that knows somebody to get 'em . . . or you just know somebody that you could get 'em from. I could probably get 80% of the drugs on this sheet of paper . . . fast."

Based on the perceptions of disapproval data (attitudes) analyzed, these are the community's major concerns regarding the attitudes surrounding consumption of the priority substance:

There is concern that 18 – 25 year olds do not report the same level of disapproval of use for prescription stimulants (70.4% reporting some level of disapproval) as they do disapproval of use of prescription pain relievers (84.2%) or prescription sedatives (80.0%).

Even in focus groups and interviews with a prompt spelling out prescription pain relievers, stimulants and sedatives, some students interpreted prescription drug misuse as prescription pain reliever misuse, overlooking the inclusion of prescription stimulants and sedatives. Asked specifically about stimulant

medications and sedatives, stimulants, followed by sedatives, were mentioned as more prominent among students at the IHE. During one exchange, focus group members commented specifically on the sharing of prescription pain relievers, but later noted it was more likely for someone to recommend or share a “sleep aid” or “study aid” (focus group #1).

- When asked what they see or hear about the most, the majority of responses were stimulants or “study aids,” or prescription drugs in general. “Most likely Adderall. I actually hear people talking about it.” “You can’t just come out and tell somebody you’re addicted to pills. Yeah, ‘I’m addicted to Oxycontin’, because most of us would just look at them like, ‘why?’.” “Yeah, but the stimulants come more into play around finals time, when you gotta stay up all night studying [group agrees].” “When you gotta stay awake, Adderall mostly.”

Based on the perceived risk/harm data analyzed, these are the community’s major concerns surrounding the perceived risk/harm of consuming the priority substance:

Of greatest concern is the disparity between the perceived risk of harm from non-medical use of prescription stimulants (71%) and misusing other prescription medications (prescription pain drugs (88.5%) and prescription sedatives (84.3%).) Students age 18 – 25 years report perception of harm at 31.3% moderate risk and 40.1% great risk for non-medical use of prescription stimulants. Those numbers increase for prescription pain relievers (27.2% moderate risk and 61.3% great risk) and prescription sedatives (29.2% moderate risk and 55.1% great risk).

Interviews and focus group of students and staff yielded similar findings regarding the perceived risk of harm associated with NMUPD and casual attitudes of use.

Priority Substance: Prescription Drugs									
Data Available for Target Population									
30 Day Use									
Specific Measure: Think specifically about the past 30 days. During the past 30 days, on how many days did you use a prescription pain medication (such as Oxycontin, Vicodin, etc.) for non-medical use? Response Options: I have never used these without a doctor's prescription, I have used these without a prescription but it has been over a year since I have used them, If yes, # of days in the past 30 days									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18-25 year-old students attending a local IHE located in Mahoning County	█	Full population census	█	█	Percent reporting they have not misused in the past 30 days	96.6	Percent
Specific Measure: Think specifically about the past 30 days. During the past 30 days, on how many days did you use a prescription stimulant medication (such as Adderall, Ritalin, etc.) for non-medical use? Response Options: I have never used these without a doctor's prescription, I have used these without a prescription but it has been over a year since I have used them, If yes, # of days in the past 30 days									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18-25 year-old students attending a local IHE located in Mahoning County	█	Full population census	█	█	Percent reporting they have not misused in the past 30 days	94.6	Percent
Specific Measure: Think specifically about the past 30 days. During the past 30 days, on how many days did you use a prescription sedative medication (such as Xanax, Valium, etc.) for non-medical use? Response options: I have never used these without a doctor's prescription, I have used these without a prescription but it has been over a year since I have used them, # of days in the past 30 days (Please write in number of days you have used)									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18-25 year-old students attending a local IHE located in Mahoning County	█	Full population census	█	█	Percent reporting they have not misused in the past 30 days	98.0	Percent

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Disapproval of Use									
Specific Measure: How do you feel about someone your age using a prescription pain medication (such as Oxycontin, Vicodin, Tylenol 3 with Codeine, Darvocet or Morphine) for a non-medical purpose once a month or more? Response Options: Strongly Approve, Approve, Neither Approve or Disapprove, Somewhat Disapprove, Strongly Disapprove									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18-25 year-old students enrolled in an IHE located in Mahoning County, Ohio	█	Full population census	█	█	Percent reporting somewhat disapprove or strongly disapprove	84.2	Percent
Specific Measure: How do you feel about someone your age using prescription stimulants (such as Adderall, Ritalin, Dexedrine, Concerta, or "study aids") for a non-medical purpose once a month or more? Response Options: Strongly Approve, Approve, Neither Approve or Disapprove, Somewhat Disapprove, Strongly Disapprove									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18-25 year-old students enrolled in an IHE located in Mahoning County, Ohio	█	Full population census	█	█	Percent reporting somewhat disapprove or strongly disapprove	70.4	Percent
Specific Measure: How do you feel about someone your age using prescription sedatives (such as Xanax, Valium, Ambien, Halcion, or Restoril) for a non-medical purpose once a month or more? Response Options: Strongly Approve, Approve, Neither Approve or Disapprove, Somewhat Disapprove, Strongly Disapprove									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18-25 year-old students enrolled in an IHE located in Mahoning County, Ohio	█	Full population census	█	█	Percent reporting somewhat disapprove or strongly disapprove	81.0	Percent

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Perceived Risk/Harm of Use									
Specific Measure: How much do people risk harming themselves physically and in other ways when they take prescription pain medications (Oxycontin, etc.) for non-medical purposes once or twice a week? Response Options: No Risk, Slight Risk, Moderate Risk, Great Risk									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18 - 25 year old students enrolled in an IHE located in Mahoning County, Ohio		Full population census			Percent reporting moderate risk or great risk	88.5	Percent
Specific Measure: How much do people risk harming themselves physically and in other ways when they use prescription stimulants (Study aids, Ritalin, etc.) for non-medical purposes once or twice a week? Response Options: No Risk, Slight Risk, Moderate Risk, Great Risk									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18-25 year-old students enrolled in an IHE located in Mahoning County, Ohio		Full population census			Percent reporting moderate risk or great risk	71.4	Percent
Specific Measure: How much do people risk harming themselves physically and in other ways when they use prescription sedatives (Xanax, etc) for non-medical purposes once or twice a week? Response Options: No Risk, Slight Risk, Moderate Risk, Great Risk									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18 - 25 year old students enrolled in an IHE located in Mahoning County, Ohio		Full population census			Percent reporting moderate risk or great risk	84.4	Percent

Interpersonal-Level

Identified contributing factors with good data and/or evidence to justify that they are impacting priority substance use in the community:

We believe that the perceptions of 18-25 year olds are a contributing factor to prescription drug misuse. We have conducted an Individual Survey among 18 – 25 year old students enrolled at this IHE, student interviews and focus groups, key informant interviews and, and utilized Youngstown-Area OSAM Focus Group data. These all reflect a lower perception of harm regarding prescription drugs because they are prescribed by doctors and seen as “not dangerous” or low-risk. Further, it is common for family and friends to share their prescriptions with others because they feel the recipient has a need for the purported benefit of the medication. “It’s just a casual thing, where it’s like, “oh, I’m just in so much pain,” “oh, here, let me give you this pain medication I have left over from such-and-such a time. (student participant, focus group # 1, 2013). Lastly, the purported benefits of such medications are appealing to 18-25 year olds: increased ability to focus (stimulants), ability to relax (sedatives), pain relief (opioids) and partying or getting high, as reported by focus groups (IHE students, 2013; coalition members, 2012; OSAM, 2012), survey data (Individual Survey 2013, OSU survey 2008, Wisconsin survey 2009); and anecdotal information.

The three-pronged appeal (lower perceived risk of harm than illicit drugs, socially acceptable to share, and positive benefits) of prescription medications by some members of the target group are exacerbated by their ease of availability. Whether obtained from another person or prescribed by a physician, prescription medications are reportedly very easy to obtain. Again, input received from 2013 IHE student focus groups, 2012 OSAM focus groups, and a survey conducted at OSU reveal that prescription medications are extremely easy to get from an acquaintance. Furthermore, the OSU study revealed 81% of OSU students with a prescription reported being pressured to give or sell their meds to another student (Generation Rx,2009). While our IHE does not collect this specific data piece, students did mention being asked to share prescription meds by others who knew they had a prescription. Sharing and using prescription medication prescribed to someone else is perceived as acceptable in our society. Prescription stimulant use is considered acceptable among some 18-25 year olds and even seen by some college students as “necessary.” Every generation plays a role in the social acceptance of prescription drug use beyond what the doctor prescribes. Some adults keep old prescriptions in case they are needed in the future (“Their parents will get [prescription medications]...and they just kind of sit on the counter and they have easy access to it, cause it’s there.” Student focus group #3, 2013) and students, including 18-25 year olds, openly discuss that “it looks like a Ritalin night” when a complex assignment or test is approaching. These attitudes even trickle down to younger users who believe that prescription medications are “safe” and therefore they can get a “safe high.”

Interviews and focus group of students and staff yielded similar findings regarding the perceived risk of harm associated with NMUPD and casual attitudes of use:

- Many verbalized the casual attitude surrounding NMUPD at the IHE. “I think everybody has the mindset that you’re gonna come to college and you’re gonna try everything. Those people get into a little more trouble than others.” “I feel like the age group from like, eighteen to like, twenty-five, they’re more open to using them, ‘cause like, this is like the party age, and more drugs are introduced” “Yeah, they all want to try it”
- Some students believe the casual attitude toward is a contributing factor to the non-medical use of prescription drugs. “I think too many people think nothing of it . . . people just do it like it’s breathing. They really think nothing of it.”
- Many staff expressed the danger that is involved in misusing but also said that students, because of their age and developmental level, do not feel they personally are in danger.

Contributing factors for which the community needs to collect more data and/or evidence to justify they are impacting priority substance use in the community:

The community needs to collect more information specific to prescription stimulant and sedative use among IHE students age 18-25 year olds in Mahoning County. Our preliminary data was county-wide and included data from national sources such as NSDUH (2011) and Monitoring the Future (2010).

Plans to collect that data and/or evidence:

The Individual Level Survey will be conducted in the future as both data gathering for new students as well as evaluation data to measure impact.

Based on the data gathered on social norms, these are the concerns around social norms that might contribute to priority substance use in the community:

A January 2013 individual survey conducted at the IHE showed 19% of respondents feel there is a problem with prescription drug misuse on campus. Social norms data reveals that 70.4% of students surveyed disapprove of peers using prescription stimulants for non-medical reasons, yet 71% believe it is a problem or are unsure if it is a problem among their peers on campus (only 29% responded that it was not a problem). Still, 5.4% reported using prescription stimulants for non-medical reasons. It is the disconnect between what people believe others are doing/using and what they are actually doing/using that contributes to the mindset that “everyone is doing that,” as noted by staff and student participants in interviews and focus groups:

- People interviewed were encouraged to give their opinion of the dynamics surrounding this issue by synthesizing what they have heard, not necessarily what they have proof as fact. When asked about the proportion of the population that is misusing medications the answers ranged from around one out of four to seven out of ten.
- There is an attitude in the local area that the culture promotes illicit use. “Everybody knows that in Mahoning County anything you want, you can get.” Recreational use of prescription medication between peers is also being promoted. “I’ll give you my Xanax, you give me your Ritalin and you know we can kind of go off and sort of have our own good time.”

Priority Substance	
Prescription drugs	
Contributing Factors Presenting in Community	
Acceptance Example	Students speak blatantly about it being "a Ritalin night" when a large amount of studying is required.
Supporting Evidence	Focus group data (2013), Student interviews (2012, 2013), anecdotal evidence
Rite of Passage Example	No response
Supporting Evidence	No response
Multigenerational Use	Children are more likely to follow substance abuse patterns of parents.
Supporting Evidence	Kilpatrick, D., Acierno, R., Saunders, B, Resnick, H, & Best, C. (2002). Journal of Consulting and Clinical Psychology, 68(1), 19-30.
Public Substance Use	No response
Supporting Evidence	No response
18-25 Year Old Perception	The perceptions of 18-25 year olds are a contributing factor to illegal drug use. These perceptions include low risk of harm regarding these drugs because they are prescribed by doctors, continued sharing of meds with family and acquaintances, and the appeal of purported benefits of such drugs: increased focus/alertness (stimulants), ability to relax (sedatives) and pain relief (opioids).
Supporting Evidence	Survey data (Individual Survey, 2013), student focus group data (2013), student interviews (2013), anecdotal evidence
Culturally Acceptable	There is unconcealed sharing and discussion/jokes about needing medication; peers do not necessarily speak up against sharing/non-medical use.
Supporting Evidence	Student focus groups (2013), student interviews (2012, 2013), anecdotal evidence
Available in Home	Medications are easily accessible in medicine cabinets, cupboards, etc. or shared by family/friends.
Supporting Evidence	Student focus groups (2013), student interviews (2012, 2013), anecdotal evidence
Other	Students report rx drugs can be easily acquired, "somebody knows somebody who knows somebody."
Supporting Evidence	Student focus group data (2013), student interviews (2012, 2013), anecdotal evidence

Factors Related to Social Norms That Contribute to Consumption in Your Community	
Factor 1: Cultural acceptance	
Whom does this affect/occur with?	Every generation contributes to this problem and is affected by it.
Who allows this?	Society on the whole allows this to continue, as it has become the norm to save, seek, and share prescription medications.
When does this occur?	Normalization is perpetuated every time someone jokes about needing a prescription drug or uses a prescription drug for a nonmedical purpose.
Where does this occur?	This can happen anywhere; there is no "safe" locale
How does this occur?	Over time, society has become desensitized to the gravity of prescription drug use outside a doctor's care.
Under what conditions is this allowed to happen?	There is no defining parameter; these events occur every day in regard to expected stress, anxiety, pain situation or to simply get high.
Factor 2: Availability	
Whom does this affect/occur with?	Every generation contributes to this problem and is affected by it.
Who allows this?	Society on the whole allows this to continue, as it has become the norm to save, seek, and share prescription medications.
When does this occur?	Normalization is perpetuated every time someone jokes about needing a prescription drug or uses a prescription drug for a nonmedical purpose.
Where does this occur?	This can happen anywhere; there is no "safe" locale
How does this occur?	Over time, society has become desensitized to the gravity of prescription drug use outside a doctor's care.
Under what conditions is this allowed to happen?	There is no defining parameter; these events occur every day in regard to expected stress, anxiety, pain situation or to simply get high.

Community-Level

Retail Factors

Retail Availability: Identified contributing factors with good data and/or evidence to justify that they are impacting priority substance use in the community:

There are no retail sources for prescription drugs on campus. However, they do exist in Mahoning County, [REDACTED]. Additionally, legal and illegal means of obtaining prescription drugs are a concern in Mahoning County. In some instances, pill-shopping occurs with patients visiting more than one source to obtain multiple prescriptions for the same medication. Student interviews (2012, 2013), student focus groups (2013), OSAM 2012 focus group data, 2011 Community Readiness survey data, and anecdotal evidence supports how easy it is to obtain a prescription from a doctor, dentist, emergency room or pain clinic in the Mahoning County.

- There has been reported over-prescribing by medical professionals, and some doctors and dentists routinely send patients home with a prescription for pain relievers regardless of the patient's desire or ability to take them. One physician's office manager reported that patients are sent home with a prescription for pain relievers so they won't be in pain and bother the doctor later in the evening.
- Reports of receiving pain medications/prescriptions for reasons outside their recommended application (such as a cough or fever).

Student and staff comments during interviews and focus groups reflect this belief that medical professionals play a role in NMUPD.

- The categories of people likely to misuse varied as well. Some discussed the elderly as not being capable of correctly following directions properly and some said that military veterans return to civilian life having had greater access to medications while in the service. There is a common blame for the source of medications being doctors who do not pay close attention to what they are prescribing and that nearly everything can be purchased on the Internet, doctor or not.
- Many expressed the danger that is involved in misusing but also said that students, because of their age and developmental level, do not feel they personally are in danger.

Contributing factors for which the community needs to collect more data and/or evidence to justify they are impacting priority substance use in the community:

Our county does not have much data regarding the role of pain clinics in the community or the actual overdose rates associated with prescription drug overdose.

Plans to collect that data and/or evidence:

No response.

Based on the data gathered on retail availability, these are the concerns around retail availability that might contribute to priority substance use in the community:

Our concern is that prescribers may not be doing enough to enact safeguards that moderate the consumption of prescription meds or to ensure patients are using them as prescribed. While this county-wide data may be overstating the issue at IHE, specifically it does show the trend of availability for county residents, [REDACTED]

Priority Substance	
Prescription Drugs	
Contributing Factors Presenting in Community	
ID Issues	No response
Supporting Evidence	No response
Density	No response
Supporting Evidence	No response
Characteristics	No response
Supporting Evidence	No response
Employees	No response
Supporting Evidence	No response
Product Placement	No response
Supporting Evidence	No response
Potential Sources for Prescription Drugs	Medical Service Providers (emergency room, doctors, dentists)
Supporting Evidence	Student focus group data (2013), Student interviews (2012, 2013), anecdotal evidence
Retailers	No response
Supporting Evidence	No response

Factors Related to Retail Availability that Contribute the Most to Availability	
Factor 1: Availability through emergency department, prescribers	
Whom does this affect/occur with?	
Prescribing healthcare professionals	
Who allows this?	
Society pleads for easy prescribing for people with legitimate medical conditions, pain conditions (opioids), ADD and ADHD (stimulants), anxiety disorders (sedatives).	
When does this occur?	
When safeguards are not implemented or followed, that would identify/deter pill-seekers	
Where does this occur?	
This occurs with medical professionals in private practice, in emergency departments, and at pain clinics.	
How does this occur?	
A patient asks for a certain medication or type of medication, or a prescriber offers it.	
Under what conditions is this allowed to happen?	
Sometimes under the direction of the staff, other times due to the patient's demands.	

Social Availability Factors

Social Availability: Identified contributing factors with good data and/or evidence to justify that they are impacting priority substance use in the community:

Data yielded from student interviews and focus groups (2012, 2013) and staff interviews (2013) support prescription drugs being available through several primary sources:

- Nearly all participants agreed that prescription drugs are readily available for non-medical use throughout the county, though there are varying thoughts regarding accessibility on campus.
- Many respondents said they are always available through connections, (motioning to sheet with pain relievers, stimulants, and sedatives listed by name), “You can always call somebody that knows somebody that knows somebody to get ‘em . . . or you just know somebody that you could get ‘em from. I could probably get 80% of the drugs on this sheet of paper . . . fast.”
- Other sources of prescription drugs include the medicine cabinets or legitimate prescriptions of family and friends, whether offered or stolen. “Oh here, let me give you this pain medication I have left over from such-and-such a time.” A few participants also mentioned that the student could have a legitimate prescription may share it or sell or it to others to get money or to “help them out.” “It’s easier to say to your friend, ‘hey, can I have some of your pills’.”
- The party scene and social media were noted for casual use as well, especially Instagram and social networks where people vent. “If a cop got an Instagram, a lot of people would be going to jail.” “Most definitely Instagram.”
- Nearly all interviewed said that access to prescription medications for non-medical purposes is “easy.” There were three basic sources of these medications: 1) family members, such as getting it from parents or grandmothers medicine supply without their knowledge, 2) acquaintances, such as college student peers or people willing to sell the product illegally, and 3) doctors who will write a prescription for an expressed pain. Pharmacies were only mentioned once, as was a faked prescription.
- Two persons interviewed talked about efforts to control the misuse of prescription medication. They related that they have seen evidence of doctors posting in their offices that pain medication will not be prescribed unless certain conditions exist.
- There is an attitude in the local area that the culture promotes illicit use. “Everybody knows that in Mahoning County anything you want, you can get.” Recreational use of prescription medication between peers is also being promoted. “I’ll give you my Xanax, you give me your Ritalin and you know we can kind of go off and sort of have our own good time.”

Contributing factors for which the community needs to collect more data and/or evidence to justify they are impacting priority substance use in the community:

Where are the 18 – 25 year olds getting access to the prescription medications if they are not prescribed directly?

Plans to collect that data and/or evidence:

We will add pertinent question(s) to the individual survey conducted at the IHE.

Based on the data gathered on social availability, these are the concerns around social availability that might contribute to priority substance use in the community:

Our concerns include ease of acquisition of prescription drugs without a prescription (sharing/buying), and the attitude that casual use of prescription medications is safe.

Priority Substance	
Prescription Drugs	
Contributing Factors Presenting in Community	
18-25 Year olds getting priority substance from...	Friends, family, acquaintances, who readily share or sell their prescription drugs
Supporting Evidence	Focus group and interview data (2012, 2013), anecdotal evidence
18-25 year olds attending gatherings with large amounts of the priority substance...	Prescription drugs easily available through acquaintances or friends
Supporting Evidence	Focus group and interview data (2012, 2013), anecdotal evidence
Other	Stealing or bullying to obtain prescription drugs
Supporting Evidence	Focus group and interview data (2012, 2013), anecdotal evidence

Factors Related to Social Availability that Contribute the Most to Availability
Factor 1: Nonchalant attitude toward selling or sharing prescription drugs
Whom does this affect/occur with?
18 – 25 year old students, society in general
Who allows this?
Society; it is culturally acceptable to share or “help out” someone who desires the problem-solving attributes of medication (i.e. pain relief, increased focus, relaxation)
When does this occur?
This can happen in context of studying (stimulants), stress (sedatives), or physical ailment (pain relievers), or in the context of partying or social engagement (to get high or fit in)
Where does this occur?
Reportedly, anywhere 18 – 25 year olds gather: ██████████
How does this occur?
The seller may approach a student; a student may seek a seller; a student may mention a condition and be offered a pill.
Under what conditions is this allowed to happen?
No response
Factor 2: Acceptability of Casual Use
Whom does this affect/occur with?
Within American society, across the lifespan
Who allows this?
Peers, adults
When does this occur?
This occurs any time there is known knowledge of NMUPD that is not challenged/addressed by the witness
Where does this occur?
Wherever NMUPD happens or is discussed
How does this occur?
Even peers who believe NMUPD is risky or harmful are uncomfortable with speaking against it
Under what conditions is this allowed to happen?
Social tenets: desire to keep peace, to not be viewed as judgmental, to let people make their own choices
Factor 3: Misperception of Benefits of Prescription Drugs
Whom does this affect/occur with?
All age groups, especially adolescents and young adults
Who allows this?
Peers, adults
When does this occur?
Prior to NMUPD
Where does this occur?
Wherever NMPUD occurs or is discussed
How does this occur?
An individual may misinterpret benefits, such as getting high, earning better grades, or relaxation due to peer input or environment (e.g. party situation)
Under what conditions is this allowed to happen?
This happens when prescription drugs are acquired through a peer or family rather than under medical care.

Promotional Factors

Promotion: Identified contributing factors with good data and/or evidence to justify that they are impacting priority substance use in the community:

We did not collect data regarding the promotion of prescription drugs having an impact on non-medical use of prescription drugs by 18 – 25 year olds. Limited comments collected were made anecdotally.

Contributing factors for which the community needs to collect more data and/or evidence to justify they are impacting priority substance use in the community:

There is no hard evidence supporting the impact of advertising/national promotion on attitudes or usage of prescription drugs in our county or among 18-25 year olds in general.

Plans to collect that data and/or evidence:

There is currently no plan to collect this data.

Based on the data gathered on promotion, these are the concerns around promotion that might contribute to priority substance use in the community:

N/A

Priority Substance	
Prescription Drugs	
Contributing Factors Presenting in Community	
Local Promotion	No response
Supporting Evidence	No response
National Promotion	Drug companies advertise "benefits" of prescription drugs across various media.
Supporting Evidence	Anecdotal evidence

Factors Related to Promotion that Contribute the Most to Availability	
Factor 1: Misperception of Safety/Necessity of Prescription Drugs	
Whom does this affect/occur with?	
Within American society, across the lifespan	
Who allows this?	
No response	
When does this occur?	
No response	
Where does this occur?	
Advertising, including television, print and electronic media, radio	
How does this occur?	
Advertising depicts the need for prescription drugs with the implied message that there is a quick fix through pills	
Under what conditions is this allowed to happen?	
Under-regulated media, social norms, culture of immediate-gratification/solution	

Organizational-Level

Capacities

Organizations currently implementing prevention strategies for priority substance:

The IHE has general policies in place pertaining to alcohol and drug use that cover NMUPD, but does not have policies specific to prescription drug misuse. Programming is similar; opportunities for collaboration have been identified at the IHE but there are currently no prescription drug prevention programs.

[REDACTED]

Opportunities for SPF SIG coalition to work with these organizations:

The Coalition for a Drug-Free Mahoning County has a long-standing relationship with the IHE. Working with IHE on county-wide ATOD usage and experience data since 2006, the relationship predates the coalition’s existence. Collaborative activities have included participation in [REDACTED]

[REDACTED]

[REDACTED] Through the SPF SIG and other means, the Coalition has identified opportunities to broaden the scope of work to other departments, organizations, and student unions, including new or increasing participation in:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Ultimately, we would like to partner with the IHE to offer a one credit course on addiction and prevention, as well as providing SBIRT as a part of the curriculum for students in the counseling, social work, education, and healthcare fields.

Types of prevention strategies currently being implemented for the priority substance in the community:

There are currently no prevention strategies being implemented for non-medical use of prescription drugs.

Opportunities for the SPF SIG coalition to capitalize on current prevention programming to help support or buttress SPF SIG efforts:

SPF SIG activities can be used to expand the existing prevention messages regarding alcohol and the [REDACTED] to include NMUPD.

Gaps

Gaps in prevention programming for the priority substance:

There is currently no prevention programming around prescription drug misuse at the IHE. The reported rates for misuse are currently low, especially when compared to residential campuses. The goal is to shrink those rates even further but there are no current efforts or plans to do so outside the SPF SIG.

Ways the SPF SIG coalition can fill these gaps:

The Coalition for a Drug-Free Mahoning County can fill these gaps by developing a prevention campaign targeted to IHE students age 18 – 25 and collaborating with campus organizations and departments, as well as other entities in the county, to implement that campaign. The results of the Individual Needs Assessment indicate that such a campaign should be a positive social norming campaign that highlights the high number of students who do not (mis)use prescription drugs for non-medical purposes.

Policy-Level

Policy issues, based on gathered data that may contribute to consumption of the priority substance within the community:

The IHE has general policies in place pertaining to alcohol/drug use that are inclusive of NMUPD, but does not have policies specific to prescription drug misuse. IHE Police, [REDACTED] Student Affairs, Student Life/Student Conduct, and Student Wellness all report the same thing: existing policies for illicit drugs include the misuse of prescription drugs. Further, IHE Police reported no offenses for prescription drug misuse.

The resulting concerns are:

- Without regulations specifically addressing prescription medication, students may believe the existing policies do not include the sharing, selling or non-medical use of prescription drugs
- Students, staff and safety officers may be less aware of the issue of NMUPD and therefore are not seeking to prevent it
- Casual attitudes and practices surrounding NMUPD, especially sharing prescription drugs, may grow

Student data collected during interviews and focus groups reflect a split mindset regarding policy:

- Some students believe the IHE policy on drugs holds students accountable for their actions. “...they frown upon of course. It’s in the code of student conduct.”
- Other students believe it is up to them to speak against NMUPD of others and to refuse if for themselves. “I can try to persuade them not to, but at the end of the day they make their own decisions. “But if I ever heard of like my sister or someone close to me start doing, then I’m gonna say something, but not a stranger.”

Most IHE staff felt the existing policy goes far enough in covering NMUPD, though not all agreed.

The Code of Student Rights, Responsibilities, and Conduct:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Factors Related to Policy Issues That Contribute to Consumption in Your Community
Factor 1: Prescribing Practices
Whom does this affect/occur with?
All patients, potentially
Who allows this?
Medical profession
When does this occur?
Upon patient request for relief or based on diagnosis, or voluntarily prescribed post-procedure
Where does this occur?
Physician's office, over the phone, Emergency Department, or pain clinic
How does this occur?
Rx given without checking OARRS, or prescribing a greater number of doses than necessary
Under what conditions is this allowed to happen?
Prescribing guidelines are not uniform; doctors seek to prevent pain/prevent under prescribing; culture of immediate-gratification/solution
Factor 2: Lack of Patient/Consumer Education
Whom does this affect/occur with?
Patients and family members
Who allows this?
Prescribers, pharmacies
When does this occur?
When a patient is not given clear information regarding potential for abuse or addictive nature of prescription medication.
Where does this occur?
Pharmacies, patient's home
How does this occur?
Patients or their families are given a prescription without enough information to make reasonable decisions regarding regulation of use (i.e. necessity), duration of use, potential for addiction, and safe disposal
Under what conditions is this allowed to happen?
Tendency of doctors to rush through time with patient or of doctors and pharmacists to not fully review potential consequences of medications.
Factor 3: Insurance Policy that Increases Cost and Removes Ability to Receive Follow-up Prescription Within 30 days
Whom does this affect/occur with?
Insured patients
Who allows this?
The insurance regulators
When does this occur?
When a patient needs to change medication, prescription dosage, or is given a short-term prescription that needs to be refilled sooner than 30 days.
Where does this occur?
Pharmacies
How does this occur?
Insurance companies make it more costly and more difficult to obtain a prescription for less than a 30-day or 90-day supply. Or worse, if the patient needs to switch to another medication, there is enough red tape to make it difficult to get the new prescription filled.
Under what conditions is this allowed to happen?
Patients and doctors "maximize" the quantities permitted by insurance companies; patients are hesitant to dispose of unused prescriptions because of cost or timeframe required to wait before getting more in the future.

Cultural Competence

Millennials (Generation Next)

Prevention Programming:

- **These prevention programs are offered to Millennials by the following group(s):**

There are currently no NMUPD prevention programs offered to Millennials from community providers. [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

- **These programs do not specifically target Millennials, but could potentially reach them or be modified:**

As a community, we are part of the Ohio Department of Health's Prescription for Prevention (P4P) program. Our coalition is the P4P host in Mahoning County. P4P is not a curriculum but rather an awareness/ print message campaign that emphasizes safe disposal of prescription medications. The campaign is designed to impact across the lifespan, so Millennials are inherently included in its scope, though not specifically targeted. P4P lost funding in early 2013, but we are still able to obtain some materials and training through the Ohio Department of Health.

Safe Disposal PSAs are provided throughout the county and encourage all residents to properly dispose of unused prescription medications through DEA Take-Back days or one of the county's 24/7 drop boxes.

- **Sources for program information:**

IHE [REDACTED], focus group of coalition members (including area providers), Mahoning County Alcohol & Drug Addiction Services Board, local prevention providers.

Expertise:

Individuals with Expertise Working with Millennials		
Name	Agency	Contact Information
Doug Wentz	Neil Kennedy Recovery Clinic	Douglas.Wentz@GatewayRehab.org
Cathy Johnson	Neil Kennedy Recovery Clinic	joticathy8@aol.com
Meghan Fortner	Meridian Community Care	MFortner@MeridianCommunityCare.org
Laura Bryer	Meridian Community Care	LBryer@MeridianCommunityCare.org
Rich Blevins	Teen Challenge	(330) 743-9030
Rev. Ralph Edwards	Good Hope Lutheran Church	revRalphE@yahoo.com
No response	Community Service Organizations	No response
No response	Faith-Based Organizations, Churches, Association of Churches	No response
No response	YUMADAOP	No response
No response	YMCA/YWCA	No response
[Redacted]		
[Redacted]		
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]		
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

* Contact information for staff of the IHE have been excluded from this chart as it would identify the IHE (The IHE has agreed to participate only with assurance of anonymity).

- **Ways local expertise can be tapped into for the SPF SIG process:**
 - On a case-by-case basis, individuals and organizations with this expertise can be called on to offer guidance and to provide access to Millennials.
 - Members of local organizations can become members in the coalition and work collaboratively in SPF SIG activities
 - Current DFMC members can become partner members of community organizations to connect the mission of SPF SIG with the organization’s mission

- **Sources for expertise information:**

Our Alcohol & Drug Addiction Services Board Project Manager and coalition members have contributed to the development of our expertise list. We did not pose this question to our other information sources.

Gaps:

- **Perceived gaps in prevention programming for Millennials:**

Our target IHE operates under the impression that students are arriving on campus having received a cadre of prevention messages throughout their primary and secondary school education, yet according to data collected by Monitoring the Future (2012), some students have not heard a prevention message in years. The most substantial – if anecdotal – evidence was that many interviewed expressed the question similar to that of IHE Police Deputy Chief [REDACTED], "Don't kids get this information way before they turn 18?"

Safe Drug-Free Schools dollars stopped funding prevention to primary and secondary schools and there has been no way for some school districts in Mahoning County to fund prevention programming to students. IHE contacts were surprised by the lack of prevention programming, as they had assumed that 18 – 25 year old students had been receiving prevention messages since childhood. Young adults having received no prior prevention messages or limited prior prevention messages creates a gap in prevention programming as the college prevention programs assume Millennials have a working foundation of prevention knowledge that the IHE can to build upon.

- **Ways these gaps were identified:**

The gaps were identified by interviews with IHE staff: [REDACTED]
[REDACTED] and
community partners, including Doug Wentz, Neil Kennedy Recovery Clinic; Brenda Heidinger, Mahoning County Alcohol & Drug Addiction Services Board; Jessica O'Dea, Meridian Community Care [REDACTED]; members of the Coalition for a Drug-Free Mahoning County. Additionally, knowledge of existing elementary and secondary school prevention programs in Mahoning County gleaned from conversations with guidance counselors, administrators, and former Safe Drug-Free Schools coordinators contributed to identifying this need.

- **Ways to close these gaps:**

Ideas regarding how to best close the gaps in our community are based on experience, advice, and the data collected from both the 18-25 year-old target population and the future 18-25 year olds in Mahoning County. These inputs suggest a three-pronged approach to closing the gap:

- Revise/create information and policies, etc. to be appropriate for an audience that has no prior prevention message exposure.

- Introduce the target population to relevant, interesting, age-appropriate prevention messages.
- On-going prevention education for the target population and those who interact with the target population.

Sub-Target/Underserved Population

Mahoning County will not implement the SPF with a Sub-Target/Underserved Population.

Generation Rx

Prevention Programming:

- **These prevention programs are offered to Generation Rx by the following group(s):**
Perhaps not the typical program, Mahoning County has drug disposal drop-boxes in Boardman Police Department and the Austintown Police Department (which feature a “drive-thru” service on the fourth Wednesday of each month.) There are also plans to locate a drop-box in the IHE in the near future.
- **These programs do not specifically target Generation Rx, but could potentially reach them or be modified:**
SBIRT is not a prevention curriculum but it is part of the Prevention Taxonomy. With regard to Gen Rx, SBIRT can be used to reach at-risk individuals by gauging their risk for misuse of prescription drugs, identifying current misuse, and delivering prevention messages/ if warranted.
- **Sources for program information:**
Our source of this information is a 2012 review of programs provided by community organizations.

Expertise:

Individuals with Expertise Working with Generation Rx		
Name	Agency	Contact Information
Doug Wentz	Neil Kennedy Recovery Clinic	Douglas.Wentz@GatewayRehab.org
Cathy Johnson	Neil Kennedy Recovery Clinic	joticathy8@aol.com
Meghan Fortner	Meridian Community Care	MFortner@MeridianCommunityCare.org
Laura Bryer	Meridian Community Care	LBryer@MeridianCommunityCare.org
Rich Blevins	Teen Challenge	(330) 743-9030
Rev. Ralph Edwards	Good Hope Lutheran Church	revRalphE@yahoo.com
[REDACTED]	[REDACTED]	[REDACTED]

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- Ways local expertise can be tapped into for the SPF SIG process:**
 Community organizations can play a substantial role in the SPF SIG process by providing validity and growing ethos for SPF SIG programs, activities, and collaborators. Organizations play a key role in connecting resources, including human resources, for fulfillment of the goals established by SPF SIG. Through collaboration, these organizations can help to build and sustain prevention efforts linked to the IHE by providing input, service hours, and other resources; the target 18 – 25 year olds attending the IHE will receive a breadth of exposure to accurate information, positive prevention messages, and additional prevention/treatment resources.
- Sources for expertise information:**
 This information was gleaned from coalition members and community providers during an informal focus group (2012).

Gaps:

- **Perceived gaps in prevention programming for Generation Rx:**

- Lack of prevention messages or limited prevention messages during primary and secondary school years
- Consumer education, that includes responsible use and safeguards, proper disposal of unused medications

- **Ways these gaps were identified:**

These gaps were identified through interviews with IHE department heads (2013, 2013), IHE police (2013, 2013), prevention providers (2012), treatment providers, OSAM data (2012, pp. 6-7) indicating ease of availability, and informal interviews with coalition members.

- **Ways to close these gaps:**

- Education and social norming campaigns that highlight the non-use and disapproval of use by peers (18-25 years old) will help to close the gap in education.
- Education for all consumers will promote prescriptions being obtained and used, stored, and disposed of properly. These measures will help to decrease availability for non-medical use, including among IHE students aged 18-25.

Appendix I: National Outcome Measures (NOMs)

National Outcome Measures									
Data Available for Target Population									
30 Day Use									
Specific Measure: Think specifically about the past 30 days. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? Response Options: 0 - 30 days									
Does this measure qualify as a NOMs item?					Yes				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18-25 year-old students attending a local IHE located in Mahoning County	■	Full population census	■	■	Percent who reported having used alcohol during the past 30 days	64.4	Percent
Specific Measure: Thinking specifically about the past 30 days. During the past 30 days, on how many days did you use marijuana or hashish? Response Options: 0 - 30 days									
Does this measure qualify as a NOMs item?					Yes				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
2013 Substance Use & Attitudes Survey	2013	18-25 year-old students attending a local IHE located in Mahoning County	■	Full population census	■	■	Percent who reported having used marijuana or hashish during the past 30 days	23.5	Percent

Appendix II: Organizational-Level Assessment Tools

Agency Name:	[REDACTED]		
Address:	N/A		
Phone:	[REDACTED]	Email:	N/A
Resource Type:	Program		
Resource Name:	[REDACTED]		
Resource Description:	[REDACTED]		
Target Population:	College students		
Causal Factors Targeted:			
Social Availability		Community Norms	X
Retail Availability		Individual Factors	
Promotion		Provider Lack of Knowledge	
Criminal Justice/Enforcement		Other	
Risk/Protective Factors Targeted:			
Family	Family		
Community	Availability of alcohol/other drugs, norms favorable to drug use		
School	N/A		
Individual/Peer	Friends who behave in the problem behavior, favorable attitudes toward the problem behavior		
Implementing Agency:	IHE's [REDACTED] Department		
Number Reached Annually:	[REDACTED]		
Duration:	Unsure of the parameters - this is a brand new program to begin Fall 2013.		
Frequency:	No response		
Prevention Strategies Utilized:			
Education	X	Problem Identification and Referral	
Environmental Strategies	X	Information Dissemination	X
Alternative Activities		Other	
Community-Based Process			
Type of Implementation Data Collected:			
Attendance	X	Other	
Satisfaction	X		
Evidence-Based:	No		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	No	If 'yes', describe below:	
Geographical Area Served:	IHE main campus		
Culturally Competent:	Yes	If 'yes', describe below:	
This strategy applies a broad-brush inclusionary approach, targeting all students on campus and excluding none.			

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Agency Name:	IHE	Contact:	
Address:	N/A		
Phone:		Email:	N/A
Resource Type:	Policy		
Resource Name:	Student Code of Conduct		
Resource Description:	No response		
Target Population:	All students attending the IHE		
Causal Factors Targeted:			
Social Availability	X	Community Norms	X
Retail Availability		Individual Factors	
Promotion	X	Provider Lack of Knowledge	
Criminal Justice/Enforcement	X	Other	
Risk/Protective Factors Targeted:			
Family	N/A		
Community	Availability of alcohol/other drugs, opportunities for prosocial involvement in community		
School	Bonding and attachment to school, opportunities for prosocial involvement		
Individual/Peer	Bonding to peers with healthy beliefs and clear standards, Attachment to peers with healthy beliefs & clear standards, opportunities for prosocial involvement		
Implementing Agency:	IHE		
Number Reached Annually:			
Duration:	This policy is always in effect, and students are subject to it "from the moment of application through the awarding of a degree."		
Frequency:	This policy is always in effect.		
Prevention Strategies Utilized:			
Education		Problem Identification and Referral	
Environmental Strategies	X	Information Dissemination	X
Alternative Activities		Other	
Community-Based Process			
Type of Implementation Data Collected:			
Attendance		Other (Data is collected regarding policy violations.)	X
Satisfaction			
Evidence-Based:	No		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	Yes	If 'yes', describe below:	
The IHE tracks violations of the Student Code of Conduct.			
Geographical Area Served:	All IHE campuses and grounds		
Culturally Competent:	Yes	If 'yes', describe below:	
This policy is all-inclusive; every student is subject to the code of conduct.			

Note: Contact information for staff of the IHE have been excluded from this chart as it would identify the IHE (The IHE has agreed to participate only with assurance of anonymity).

Agency Name:	IHE	Contact:	[REDACTED]
Address:	N/A		
Phone:	[REDACTED]	Email:	N/A
Resource Type:	Event		
Resource Name:	[REDACTED]		
Resource Description:	[REDACTED]		
Target Population:	The tables and open-market style event is available to everyone on campus, [REDACTED]		
Causal Factors Targeted:			
Social Availability	X	Community Norms	X
Retail Availability		Individual Factors	
Promotion		Provider Lack of Knowledge	
Criminal Justice/Enforcement		Other	
Risk/Protective Factors Targeted:			
Family	N/A		
Community	Availability of alcohol/other drugs, opportunities for prosocial involvement in community, recognition for prosocial involvement		
School	Opportunities for prosocial involvement		
Individual/Peer	Friends who engage in the problem behavior, favorable attitudes toward the problem behavior (including low perceived risk of harm), early initiation of the problem behavior, bonding to peers with healthy beliefs and clear standards, opportunities for pro-social involvement		
Implementing Agency:	[REDACTED]		
Number Reached Annually:	[REDACTED]		
Duration:	1 week		
Frequency:	Annually		
Prevention Strategies Utilized:			
Education		Problem Identification and Referral	
Environmental Strategies	X	Information Dissemination	X
Alternative Activities		Other	
Community-Based Process			
Type of Implementation Data Collected:			
Attendance	X	Other	
Satisfaction			
Evidence-Based:	No		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	Yes	If 'yes', describe below:	
[REDACTED]			
Geographical Area Served:	IHE [REDACTED]		
Culturally Competent:	Yes	If 'yes', describe below:	
[REDACTED]			
[REDACTED]			

Note: Contact information for staff of the IHE have been excluded from this chart as it would identify the IHE (The IHE has agreed to participate only with assurance of anonymity).