

Wayne County, Indiana Strategic Prevention Framework ~ State Incentive Grant Local Epidemiological Report



Our Vision:

Establish a strategic layout and time frame to implement the phases of the SPF~SIG project.

Our Mission:

Identify specific time frames to accomplish the tasks detailed in the SPF~SIG benchmarks, acquire the resources necessary for technical assistance with focus on community, stability, and infrastructure development, and identify those with whom the stewardship lies to accomplish the tasks. Wayne County will reduce substance abuse (with a focus on cocaine) in the 18-24 year old age bracket.

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INTRODUCTION

Wayne County is located on the state line on I-70 mid-way between Indianapolis, Indiana and Dayton, Ohio. The population is approximately 68,900. One-half of the population resides in the city of Richmond and the remainder lives in the county outside of Richmond. Since the 1970's, the population has remained steady. Wayne County did consist of a manufacturing and farming base. The county now supports a service industry base and still has a significant amount of farmland.

Wayne County has remained above the state per capita for public assistance, teen pregnancies, and multi-unit housing occupancy. Wayne County is below the state per capita (ranking) in household income, the number of individuals over the age of 65, percent of females, percent of blacks and the percent of individuals with a higher education degree. Our largest high school was recently labeled a "drop out factory".

While these statistics are depressing, they are not the whole story of Wayne County. Nearly five years ago, Wayne County decided to move forward with a united "Vision". Many focus groups were held to gather input from various populations in the county. During this process, seven areas were defined as important and supportable by the residents of Wayne County. These seven areas became the strategic plan for "Wayne County Vision". The seven areas are:

- Our county will respect, value, and celebrate the richness of the differences among us and actively work to build a unified community;
- People of Wayne County will be well, safe, and enjoy healthy lifestyles;
- Wayne County will protect, preserve, and develop our land, homes, buildings and environment to enhance our future while honoring our heritage;
- The people of Wayne County will have education and training in order to be successful and productive in all parts of their life;
- Wayne County's economic environment will support a diverse and sustainable economy that encourages innovation and risk taking;
- Wayne County its people, organizations, communities and governments will be connected through coordination, collaboration and communication;
- Wayne County will have access to diverse cultural and recreational opportunities.

Progress is being made in the areas listed above and is measured annually. The SPF~SIG process is coordinated with the “Wayne County Vision” process and fits well with its healthy lifestyles committee.

Wayne County has also united for a countywide youth plan. The Wayne County Youth Development Plan (WCYDP) is organized around the social development model of risk and protective factor-focused prevention. The social development model is based on a review of over thirty years of research, and has been rigorously tested in longitudinal studies and experimental trials. Risk and protective factor-focused prevention is based on a simple premise: To prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risk.

After examining the risk and protective factors for our youth, Wayne County has developed the following goals:

- Providing for all youth, Wayne County will ensure a strong economy, a safe non-violent environment and a stable, wholesome living situation.
- Wayne County will promote and support strong families that are able to nurture all children and youth to healthy adulthood.
- Wayne County will assure the development of social competence and positive peer relationships for all youth.
- Valuing the potential of all youth, Wayne County will provide quality schools that prepare students to work and live as productive, contributing citizens for the 21st century.
- The communities, systems and organizations of Wayne County will offer a purposeful, cohesive continuum of services and opportunities for all children and youth.

Wayne County SPF~SIG is also coordinating efforts with the Countywide Partnership for Youth (CPY). We will be sharing information rather than duplicating efforts. The goals of the CPY coincide with SPF~SIG’s prevention focus.

EXECUTIVE SUMMARY

The SPF~SIG process has been helpful to our community. We have been using the same logic model in other projects in our community. Completing substance abuse analysis in the same manner as previous analyses of our community has been insightful. Grant County has many of the same economic and demographic characteristics as Wayne County. We looked at comparisons with Grant County in many areas where the data was available to us for Grant County. We have learned that:

- The areas of high crime, high poverty, low educational attainment etc. are basically in the same geographic areas in the county.
- The substance abuse problems affect the whole county, not just one community.
- Our county is not different from others in the progression of abuse. The progression of abuse is tobacco, alcohol, marijuana, pills, cocaine, ending with heroin and mind altering substances. There are exceptions to this but the majority would follow this pattern.
- Gateway substances are started at a very early age. Some abusers have elevated to cocaine by middle school. Cocaine, tobacco, alcohol and crack are all used at a higher rate than the state per capita usage in the 11th grade when all county school's data is combined. This data was obtained from the ATOD report for 2006 & 2007 (Alcohol Tobacco and Other Drugs).
- There is concern about the lack of media coverage of the substance abuse issues in Wayne County.
- There is a belief that drug issues are not being recognized by the leaders of the county and drug issues are not a priority.
- There is a belief by both adults and youth, that law enforcement is overlooking the problem.

METHODS

In the beginning of the process, the LEOW met on an as needed basis. There are now scheduled regular meeting times for the future. The SPF~SIG staff provided notebooks to the committee members containing raw data from multiple sources. The data was divided amongst members to analyze and report back to the full committee. This allowed us to note that the various data sources confirmed the same information. This assisted us in triangulating the individual findings. Any questions regarding the findings were discussed and a consensus was reached by the committee. The conclusions and analyses were completed by the LEOW committee and the report was written by the SPF~SIG staff with LEOW review.

A majority of the issues that command attention were also identified in a recent risk and protective factors report completed by the CPY. As a result, the LEOW has requested that risk and protective factors be reported in the same format used in the CPY report.

The following data sources were used for our analysis:

- Adult Household Survey
- Alcohol, Tobacco and Other Drugs Survey (ATOD) of all five school districts in Wayne County
- GIS data and block group mapping provided by IPRC (Indiana Prevention Resource Center)
- 2000 Census data with current estimates provided by IPRC
- Department of Child Services (DCS) data
- Court filings data
- Wayne County Drug Task Force data
- State Department of Health
- TEDS (Treatment Episode Data)
- Private treatment center data
- Focus groups (twelve focus groups were conducted in December 2007 & January 2008)
- Community Readiness Survey
- Kids Count data
- SIS (Social Indicator System)
- Maps from the State Epidemiological Report
- Aurora Treatment Center data
- TRIP (Tobacco Retailer Inspection Programs)

FINDINGS REGARDING THE FUNDED PRIORITY SUBSTANCE

Definition of the Cocaine Problem in Wayne County

General Patterns of Usage:

It has been determined that cocaine is being used throughout the county. There is a greater concentration of drug dealers in the city of Richmond but they are not absent from the surrounding rural areas. Because the pockets of dealing in the rural areas are scattered over the entire county, it gives the appearance of being less prevalent than in the city. Cocaine is all over the county while crack is more prevalent in the city.

The majority of arrests occurred within the Richmond city limits, with several occurring in the surrounding rural areas. This could be due to the fact that most cocaine sales occur in Richmond. It would be interesting to compare the home address of those arrested with the location of where they were arrested. This could show patterns of drug trafficking. Wayne County had over 100 arrests for cocaine/crack in 2005 among the target age group of 18-24 year olds.

A focus group was conducted with youth who had abused substances and were participating in a program for prevention of further abuse. They suggested the rural county youth are as involved in substance abuse as Richmond youth. The 2006/2007 ATOD data shows that in the 9th grade, cocaine usage is higher in the county than in the city. However, all the subsequent years show usage in the city is higher than in the surrounding rural areas. Based on the data, cocaine/crack usage peaked in the 11th grade. This could be due to reduced usage in the 12th grade or the students that were using dropped out or were expelled. One thing is very clear from the ATOD report: cocaine/crack use is starting as young as the 6th grade and slowly progresses to younger ages each year. The data from the ATOD covers a two year period. Richmond Community Schools completed the ATOD in 2006. The county schools completed the ATOD in 2007. All of the ATOD findings in this report combine (average) the two sets of data. The state data was also combined for the two years throughout this report.

The Social Indicator Systems data from the Adult Household Survey in 2005 shows that illicit drug use among females was greater than use among males in the span of one month. The same survey shows that whites, particularly females used at a greater rate than any other race. The highest illicit drug usage was in the 18-24 year old age range. Arrest data shows that more males were arrested than females for illicit drug use. This conflict could be due to the Adult Household Survey addressing all illicit drugs and the arrest records were exclusive to cocaine. This would

imply that females are more likely to use drugs other than cocaine or that law enforcement concentrates more on the male arrests. Wayne County female cocaine use was 30% higher (lifetime) than in Grant County.

Refer to the maps 3.4, 5.1, 6.1, 6.2, and 11.1 in Appendix I. They indicate that Wayne County is one of the highest per capita for arrests for public intoxication, marijuana possession, cocaine/opiate possession, and cocaine sales in the state. In each category, only one or two counties exceeded Wayne County in number of arrests. Map 9.1 indicates a higher than average rate of Oxycodone dosages being purchased by registrants (pharmacies, hospitals, and practitioners).

The risk and protective factor analysis has been used previously in our county and shows that we have many areas of concern. There is a high rate of poverty, teen pregnancy, high school drop outs, crime and child neglect. The consequences have been increasing for several years. The county is ready to tackle the issues surrounding these problems. In so doing they will have to tackle the drug problem at an early age to make a difference in a young persons life before they become an adult.

Documentation of the Problem

Social Indicator System (SIS):

The chart below shows that Wayne and Grant County are demographically the same. Due to the many similarities, Grant County was used for comparison in many of the charts and analyses to follow.

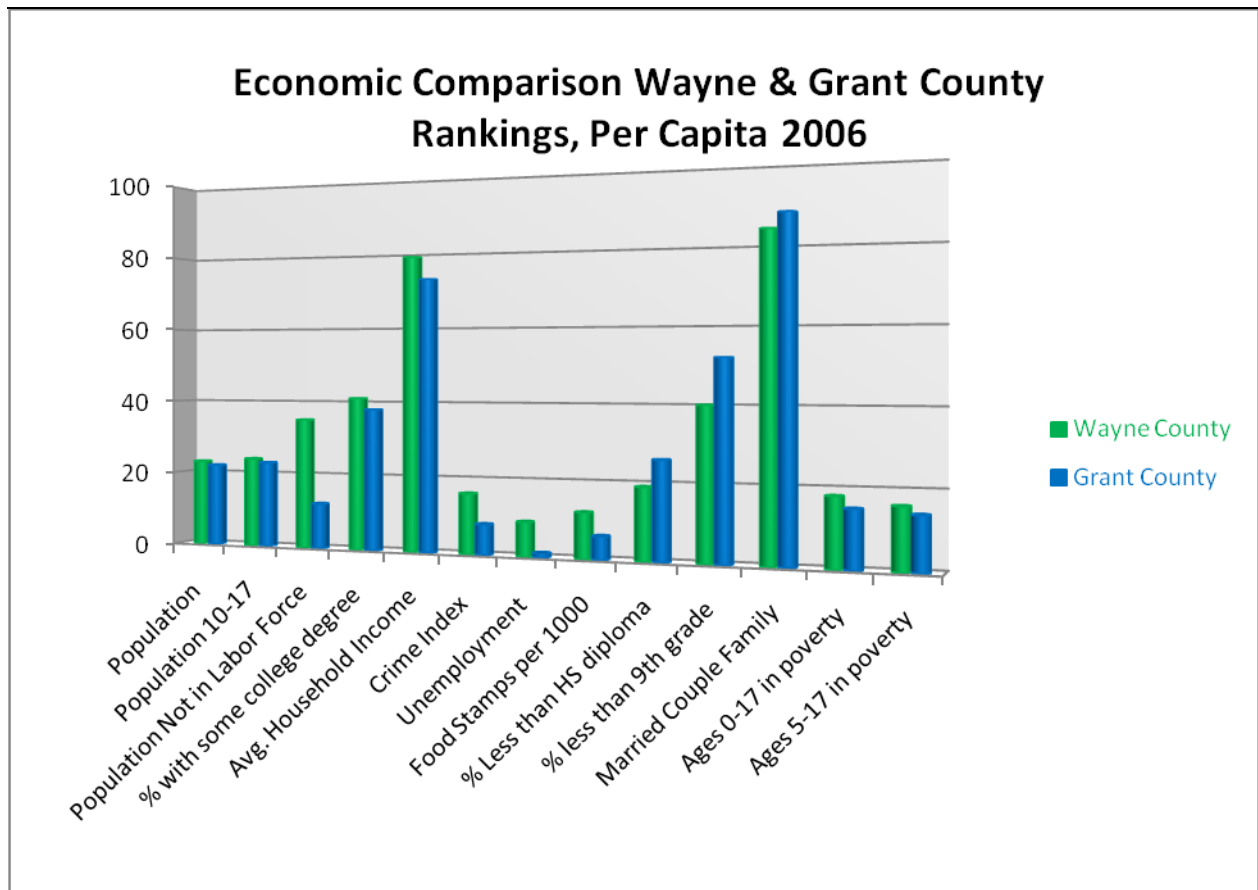


Table 4.1

Usage/Consumptions Patterns

Alcohol, Tobacco and Other Drugs (ATOD):

Richmond Schools did not take the ATOD in 2007. Therefore, 2006 data from Richmond was combined with 2007 data from the surrounding rural area school corporations. The state percentages were reached by averaging the state information from 2006 and 2007.

Alcohol, Tobacco and Other Drugs Survey Findings from IPRC

Values expressed as a percentage

	9th Grade		10th Grade		11th Grade		12th Grade	
	Wayne County	State	Wayne County	State	Wayne County	State	Wayne County	State
Cigarettes	15.45	15.5	17.5	19.95	24.25	23.15	24.05	25.6
Alcohol	25.6	26.65	23.8	22.85	35.95	34.8	23.55	28.15
Marijuana	13.1	10.85	18	23.7	17.25	15.15	17.25	16.5
Cocaine	2.05	1.55	1.75	2	4	2.4	2.3	2.75
Crack	0.55	1	1.3	1.1	1.6	1.2	0.45	1.25

Table 4.2

*Yellow highlights indicate usage higher than the state

Wayne County's usage of marijuana among students exceeds the state in three out of four grades (9th, 11th, and 12th). Smokeless tobacco was significantly higher in the 7th grade in the rural areas. Crack and cocaine appear to peak in the 11th grade along with all illicit drug use reviewed in the chart 4.2.

- Alcohol and crack usage were not significantly higher than the state in any grade.
- Cigarette usage was significantly higher in the 8th grade in the urban schools.
- Marijuana usage was significantly higher in 9th and 10th grade.
- Cocaine usage was significantly higher in the 11th grade.

The Client Level Epidemiological Indicators report (CLEI):

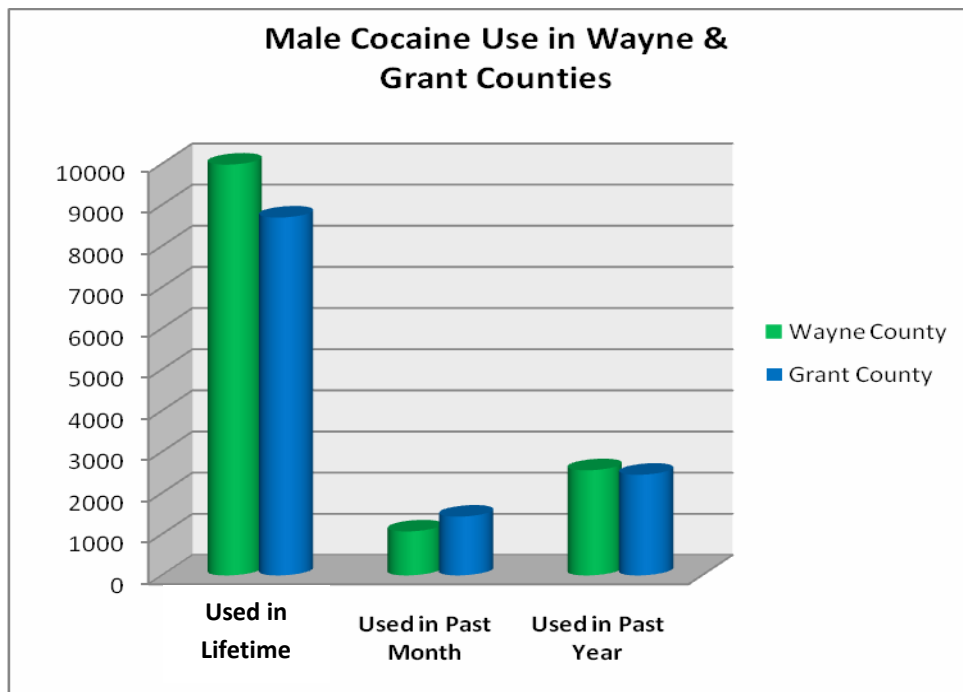


Table 4.3

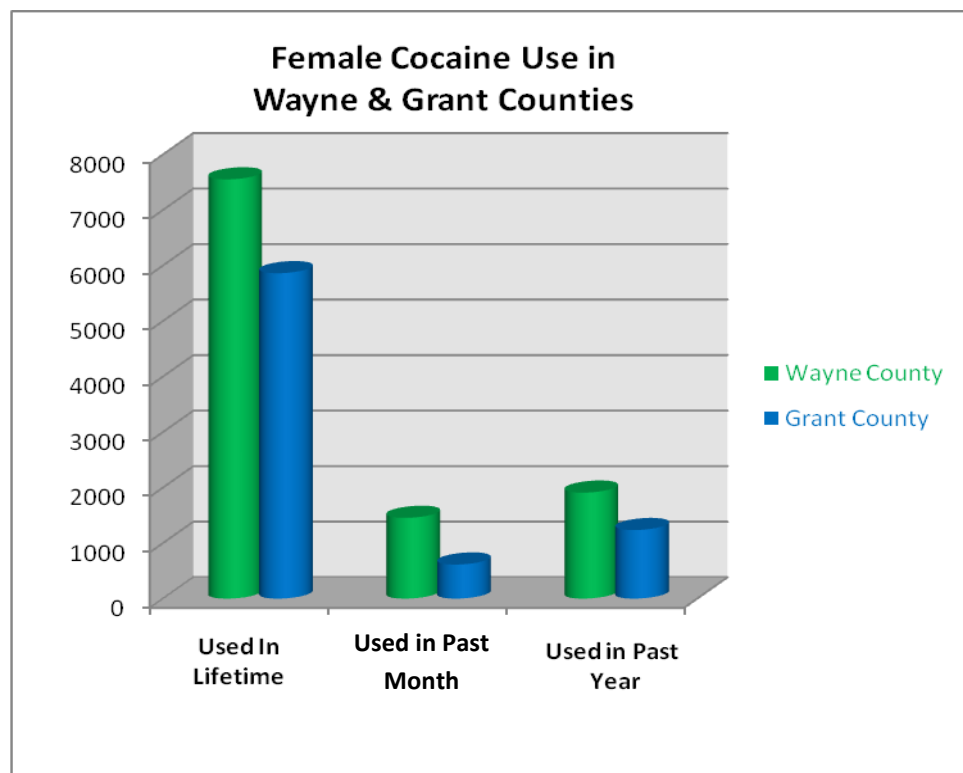


Table 4.4

Wayne County data indicates that 25% of the population has used illicit drugs at some point in their life. Wayne County had 30% more female cocaine users than Grant County (use in lifetime). The data is from the 2005 Adult Household Survey and is published in the CLEI.

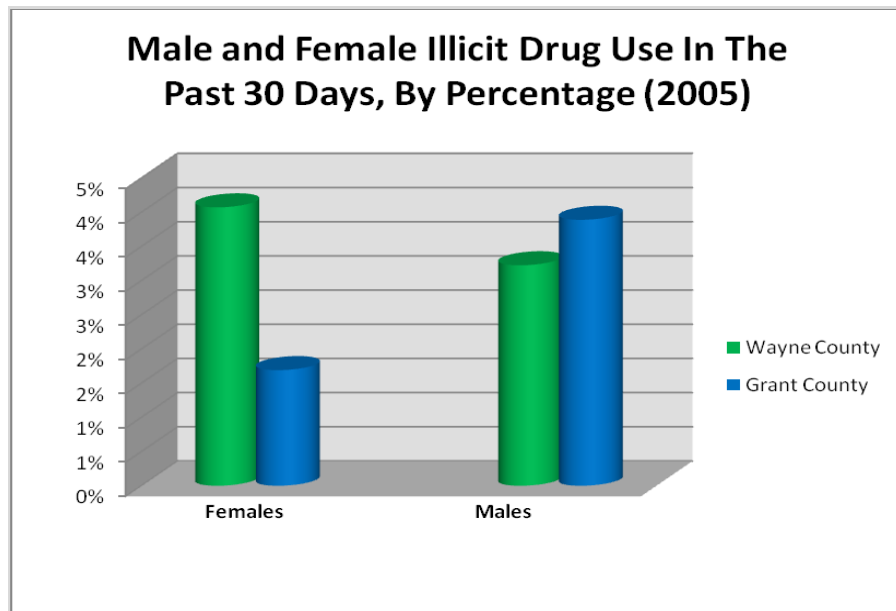


Table 4.5

Table 4.5 shows more females in Wayne County have used drugs in the past thirty days than in Grant County (2.3%); they are twice as likely to have used drugs in the last thirty days. The 2006 census population profile (est.) indicates that Wayne County is approximately 6% higher than Grant County for female head of households with children below the poverty level. The highest illicit drug usage was between the ages of 18-24 for females and 25 to 44 for males.

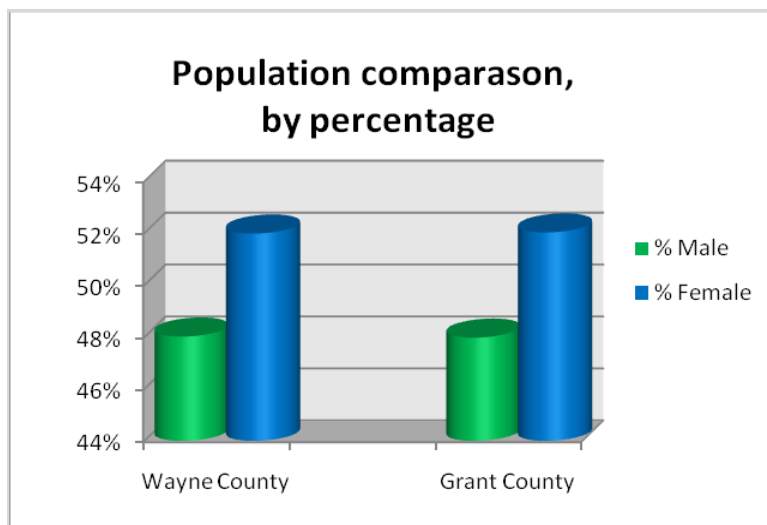


Table 4.6

The overall population in Wayne and Grant Counties are very similar. Note that Wayne County is 2.3% higher than Grant County for female illicit drug use. While 2.3% does not seem significant, it indicates 841 more females using illicit drugs in Wayne County than Grant County.

Consequences

Wayne County Drug Task Force:

The drug task force made controlled buys for various substances in 2007. Prescription drug buys were the largest contributing category for controlled buys and cocaine was second. In the focus groups we were told that pills are usually taken before cocaine in the progression of substance abuse. There has been a reduction of staffing due to Law Enforcement funding cuts in the area of cocaine enforcement.

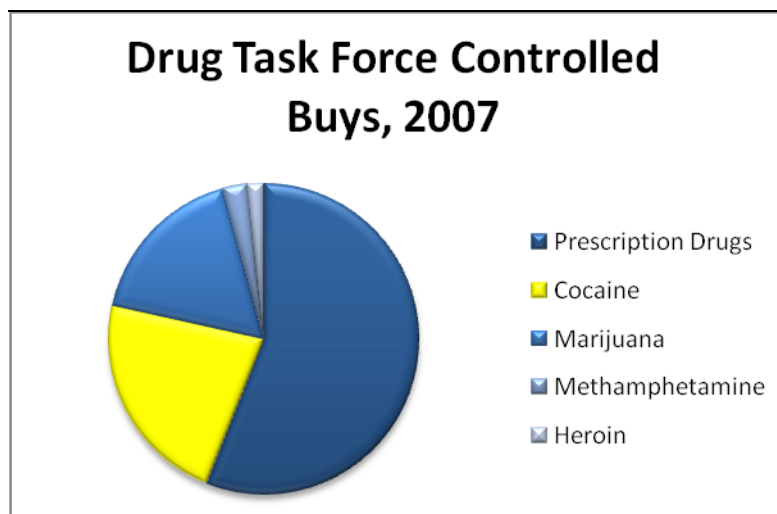


Table 4.7

Wayne County Treatment Episode Data System (TEDS) data compared to the state:

- Wayne County is in the top 10th percentile for cocaine use of those who were admitted for treatment in a community mental health center (18-25).
- Wayne County is in the top 10th percentile for cocaine abuse (18-25).
- Medicaid is paying for less than half of the cost of cocaine abuse treatment in Wayne County.
- White male use of illicit drugs is higher than female use. White females are higher than female use in all other races. Racially, whites have the highest treatment episodes for primary and secondary drug of choice for cocaine/crack.

Aurora Treatment Center:

The chart below indicates more entries for those between 21 and 29 which would support prevention prior to age 21. Aurora does not service juveniles so no data was available for people under the age of 18.

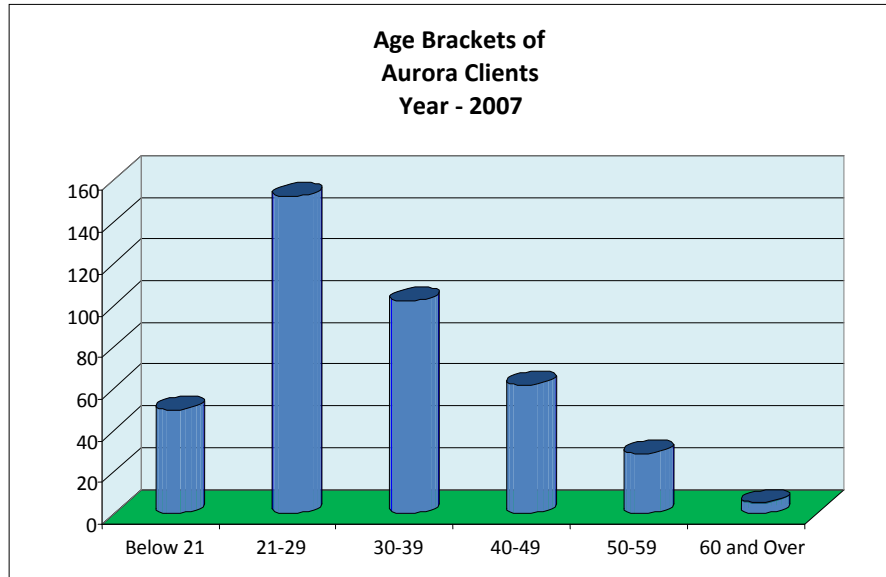


Table 4.8

Chart provided by Aurora Treatment Center, Reid Hospital

Department of Child Services (DCS) Data:

The Department of Child Services data was manually collected and indicates that 22 cases were open in the last 90 days that included cocaine abuse. The total number of open cases was not provided.

Kid's Count Data Book:

In 2007 there were 22 births to mothers 17 and under in Wayne County. There were 68 children born to single mothers under the age of 20 without a high school diploma. This is an indicator of significant high risk sexual behavior.

Suspension/Expulsion Data:

The following information was gathered from the SIS from 2005.

Wayne County lost most of its students in the 9th grade while Grant County lost most of their students in the 12th grade. Overall, Wayne County has lost more students than Grant County.

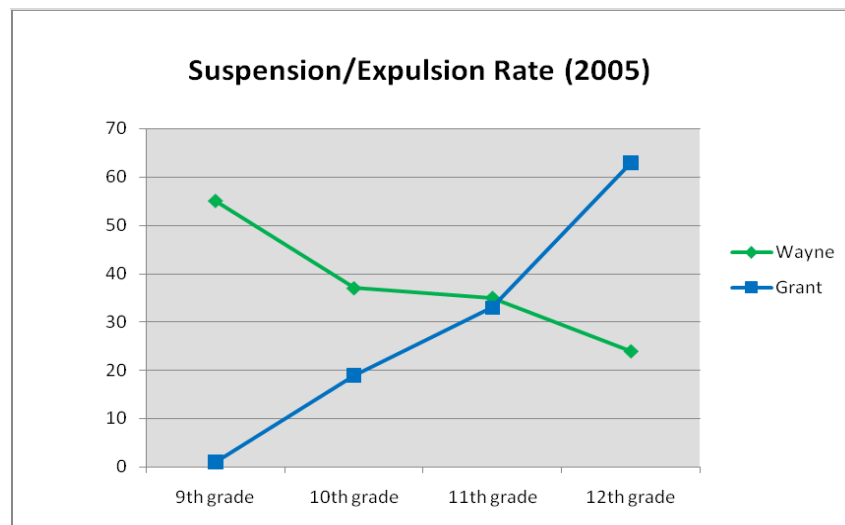


Table 4.9

Law Enforcement Data:

- Wayne County probation data shows that there were 900 arrests of juveniles in the last year and 193 of those were drug related.
- There were 13 allegations of prostitution investigated in 2006. There was also a concerted effort to reduce prostitution in the areas east and south of downtown Richmond. This area has a high poverty level, a high percentage of divorce, a large population consisting of adults without a high school diploma, single parent households, family income level below poverty, and a large amount of vacant housing. This area was also identified by our focus groups as a hot spot. This information came from the 911 call center and the Wayne County Drug Task Force.
- The crime indices rankings indicate that Wayne County is ranked at 17th for property crimes, 19th for personal crime and 16th for total crime index. Again, our population rank is 23rd indicating that we rank higher than the state overall.
- 911 calls in 2007 showed 394 calls for public intoxication, 78 for DUI, 3 prostitution and 283 drug complaints.

Uniform Crime Report (UCR) data 2007:

Wayne County ranks in the top 10th percentile for:

- Cocaine possession arrests (adult)
- Cocaine sales arrests (adult)
- Cocaine possession arrests (juvenile)
- Cocaine sales arrests (juvenile)

HIV/STD Data:

- Wayne County had 40% more HIV cases than Grant County as reported by the Indiana State Department of Health. The higher HIV level could be due to a large amount of IV drug use.

Wayne County data indicates 40% more cases of sexually transmitted diseases than Grant County. This would coincide with the female focus group member's statement of prostitution being a means to support a drug habit.

Risk/Protective Factors

Focus Group Data:

There were twelve focus groups held between December 2007 and January 2008. The demographics were recorded as followed:

Focus Group Demographics

AGE		SEX	ETHNICITY
0-17	28	28 FEMALES	51 CAUCASIAN
18-24	3	39 MALES	12 AFRICAN AMERICAN
25-57	33		2 BI-RACIAL
			1 HISPANIC
			1 NATIVE AMERICAN

Table 4.10

- Among adults interviewed, cocaine was consistently viewed as a serious problem in Wayne County.
- Cocaine is viewed as readily available and affordable. Cocaine is usually paid for through prostitution by the females and theft by the males.

- The sequence of drug abuse remained consistent throughout the focus groups with only one or two exceptions. The sequence is as follows: cigarettes, alcohol, marijuana, pills, cocaine, and ending with heroin and/or mind altering substances.
- While focus group participants were not specifically asked by the interviewers about methadone, all adults interviewed had strong feelings. They shared the following beliefs:
 - Methadone is more difficult to withdraw from than cocaine or heroin.
 - Methadone clinics are not effective because the clinics replace the illicit substance addiction with a legal substance addiction.
 - The local facility does not try to wean the addict off of the methadone, which can cause further addiction.
- The local Methadone clinic does not complete drug screens routinely to determine proper methadone use. The youth saw tobacco and alcohol as the major problems but indicated there is also cocaine use. They were of the opinion that if we waited until kids were in high school to work on prevention, it was probably too late. The majority agreed that it was one or more of the following three things that started drug use:
 - The home environment in which substances were used regularly.
 - The desire for peer acceptance.
 - The thrill of not getting caught using illicit drugs.
- There needs to be a concerted effort to bring positive role models to the community. This is needed to offset the bad influences of the celebrity world that youth are choosing to be their role models.
- It was also noted that punishment is not consistent in the schools. If someone is on a sports team, they may have a delayed punishment until after the game. Sometimes, no punishment is rendered at all. If the student is not a valued athlete, they are given more immediate and severe punishments.

Government Information Center (GIS) Data:

- The population size of Wayne County ranks 23rd and Grant County ranks 22nd in the state of Indiana. However, Wayne County has a much higher percent of individuals not in the labor force than Grant County.
- Wayne County has a high rate of single parent families as compared to the state as a whole. Wayne County's rate is 32.5% compared to the Indiana rate of 29.9%.

- Wayne County has 4.5% fewer owner occupied homes. Nearly 1/3 of the Wayne County population resides in rental homes. This indicates a great deal of mobility which can lead to low neighborhood attachment.

Community Readiness Survey:

The community readiness survey was given to key stakeholders in Wayne County;
139 responses were received.

- The majority of the responses indicate that the people of Wayne County are mildly aware or not aware of substance abuse prevention in Wayne County (64%).
- The majority of the respondents believe there is a need to expand the substance abuse prevention efforts (84.1%).
- The majority of the respondents believe substance abuse prevention is not a concern to the leadership of the county (54%) and they are unsure the leadership would support additional prevention efforts (60.4%). Most did not know who the substance abuse prevention leaders were in the county; but of those who did respond the majority indicated that law enforcement was responsible for prevention.
- Approximately 22% were unsure and 13.5% were certain that members of the county think that substance abuse should be tolerated.
- The majority thought it was important to prevent substance abuse among youth (75.8%).
- The majority (69.7%) did not think that members of our county were knowledgeable about substance abuse (such as statistics, symptoms, consequences etc.).
- The majority believed that the community members were not knowledgeable about the risk factors leading to substance abuse (73.8%).
- Of those surveyed, 62.2% do not know if there is local data on substance abuse available.
- The majority believe that the local media does not do very much to inform and educate the county on substance abuse related problems (79.7%).

AREAS IN WHICH DOCUMENTATION IS UNAVAILABLE OR MISSING

- The DCS computer system does not enable them to pull a report indicating the number of cases in which cocaine and other drugs are issues. A manual count is necessary to obtain this information which makes it error prone and difficult to obtain. It also does not allow for comparison data to be made over time periods.
- Law Enforcement Agency data was also difficult to obtain. It is available on the UCR, but it is only calculated annually. Current Wayne County data is not readily available. Some information was received but it took several contacts to obtain the information.
- Information from the courts was easy to obtain but was not extremely useful as the charges were not filed the same for all cases. Some indicated Schedule I, II or III (IC 35-48-2) substances but did not signify which drug was charged within those classifications. Out of 980 charges there were 459 charges for various controlled substances that did not specify which controlled substance was involved. Only 17 of the charges specified cocaine.
- The ATOD report was difficult to use for compiled data. The information was from two different school years; the format had changed and not all charts reported the same information in the same manner. As a result, some of the information in the report could not be used.
- Information regarding cocaine only was not readily available. It is usually combined with other drugs under the category of “illicit drug use”.
- Information separating crack and cocaine was not readily available.

FINDINGS REGARDING OTHER SUBSTANCES OF ABUSE

The drug task force of Wayne County is currently concentrating their efforts on prescription drug abuse, which is indicted in table 4.7. They feel that the need to focus on this issue is of the highest importance. There have been several instances of drug stores being burglarized for OxyContin. The number of bank robberies has also increased over the last year. The increase in criminal behavior is thought to be due to an increase in OxyContin use. The task force states that many previous cocaine dealers have now added OxyContin to their inventory. This is based on observation and no documentation was available.

We discovered that the county youth are more inclined to chewing tobacco than smoking it, and the city youth are more prone to smoking tobacco than chewing it. Chewing tobacco is observed to be more acceptable among the agricultural youth. The city of Richmond and the Wayne County Government are both considering a smoking ordinance for public places. Nothing has passed at the time of this report.

It was apparent in the focus groups that tobacco was the first step in substance abuse and that tobacco is readily available. The focus group participants indicated that they obtained their tobacco from older friends and siblings as well as other family members. The use of tobacco and alcohol among our youth is alarming because it tends to start the progression of substance abuse. The TRIP inspections state that Wayne County had more inspections than Grant County. Wayne County retailers did not have any failed inspections in 2005 and 2006.

- We found that alcohol and crack usage were not significantly higher than the state in any grade.
- Cigarettes were significantly higher in the 8th grade in the urban schools.
- Smokeless tobacco was significantly higher in the 7th grade in the rural areas.
- Marijuana was significantly higher in 9th and 10th grade.

In other words all identified precursors to cocaine except “pills” are present with significant usage prior to adulthood. Narcotics and Psychedelics were significantly higher in the city youth in some form for every grade every grade level surveyed. It would appear that prevention must start before the 8th grade.

CONSEQUENCES OF SUBSTANCE AUBSE

Wayne County has the following consequences that can be related to substance abuse:

- Excessive suspension/expulsion rates
- High dropout rates
- Excessive rates of poverty
- High crime rate
- High rate of sexually transmitted diseases
- Poor family management skills
- Vacant housing
- High mobility
- Low rate of home ownership

CONCLUSION

The LEOW has recognized the following areas to recommend to the LAC for the strategic action plan in 2008. The LEOW believes that addressing the areas will be the place to start. More definitive information and analysis needs to take place in the next year. Until these areas are addressed, it will be difficult to make significant changes to the substance abuse problem in Wayne County. These areas of concern are being defined as risk factors and lack of protective factors. It is not feasible to address all of the following domains in the first year.

The following questions were raised during the process and will need further study:

1. Why is Wayne County ranked so high for cocaine related arrests?
2. Why does Wayne County have such a high percentage of students experimenting/abusing substances? Is the rate lower for high school seniors because the students using illicit drugs have dropped out or been expelled?
3. Why does Wayne County have more drug usage than Grant County when the population demographics, economic factors and geographic factors are similar?
4. How can this process assist in improving the collection of substance abuse data related to DCS?
5. What will the impact be of the shifting focus from cocaine to prescription drug enforcement?
6. Why is Wayne County losing so many more students than Grant County when the economic circumstances are so similar?
7. Why is Wayne County ranked so high for crime? How can we determine if the high crime rate is related to the high rate of substance abuse, cocaine in particular?
8. Why is there a prevailing belief that substance abuse is accepted by the leaders of our community? (the leaders were defined as law enforcement by most respondents)
9. Why did most of the respondents to the community readiness survey believe the media did little to educate the community on substance abuse related problems?
10. What can the community do to help the media better represent the issues surrounding substance abuse in Wayne County?
11. How can Wayne County increase the number of students participating in organized family events?

Risk Factors

COMMUNITY RISK FACTORS:

Community Norms

There is a perception by the community (youth and adults, former users and non users) that there is an underlying sentiment that the community leaders accept the use of cocaine as a part of our community. The focus groups were very vocal about the local methadone clinic, which they feel is adding to the substance abuse problems of the community. The belief is that the clinic does not wean people off of methadone. They believe the clients take supplies of methadone home, which increases the flow of illegal distribution of methadone.

Enforcement

It appears that there is a belief that law enforcement turns a blind eye to illicit drug use. They are said to know where the problems are and allow illicit drug use to continue. These issues were brought to the forefront by the majority of the participants from the focus groups, which consisted of both former abusers and non-abusers. The current funding of WCDTF has prompted them to focus on prescription drug abuse rather than cocaine. If the focus group statement that “pills come before cocaine in the progression of substance abuse” is valid, this could be a good focus. However, it could also lead to more cocaine use if it is perceived that law enforcement does not care about cocaine use.

Availability

The focus groups were unanimous in their statements regarding availability of illicit drugs in the community. They were clear that they used to go to Dayton, Ohio for the supply but that it is currently easy to obtain in Richmond. They indicated that individuals can walk down the street in certain areas and the dealers will find them.

Lack of Media Coverage Regarding the Drug Issue in Wayne County

The Community Readiness survey indicated a strong belief that the media is failing to inform the public of drug related issues in Wayne County. Sixty percent of the respondents from the Community Readiness Survey indicated that they believed the media did very little to inform and educate the public on substance abuse related issues.

SCHOOL RISK FACTORS:

Lack of Commitment to School

In a recent report, released by Johns Hopkins University, the largest school system in Wayne County was labeled a “dropout factory”. This is a strong indication that the students have a lack of commitment to their school. The rural school systems are not devoid of problems either. The data used for table 4.9 combines all five school systems and each contributed to the numbers shown.

FAMILY RISK FACTORS:

Family Management Problems

Wayne County has a high rate of births to unwed mothers. Wayne County’s rate of single parent households exceeds the rate of the state. This leads to high levels of poverty and family management issues. Wayne County had 30% more female cocaine drug users than Grant County (use in lifetime). This can lead to child neglect and negatively impact brain development in Wayne County’s preschool children.

INDIVIDUAL RISK FACTORS:

High Risk Sexual Behavior

High risk sexual behavior is indicated by the number of births to teens without a high school diploma. This can also relate back to poor family attachment and or family management problems.

Existing Protective Factors

Protective factors are the things in our county that protect our youth from participating in substance abuse and other unhealthy behaviors. Protective factors buffer individuals from the risk factors in their environments.

The following protective factors were chosen because they have been proven to positively impact substance abuse issues.

Strong Parental Bonding: (ATOD)

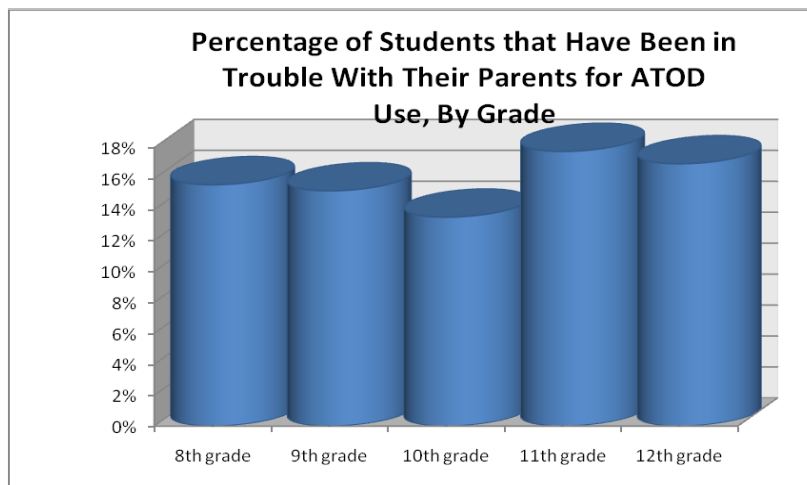


Table 7.1

Less than 25% of the students indicated trouble with parents, due to ATOD use. The higher percentages fall in the upper grades as students gain more independence.

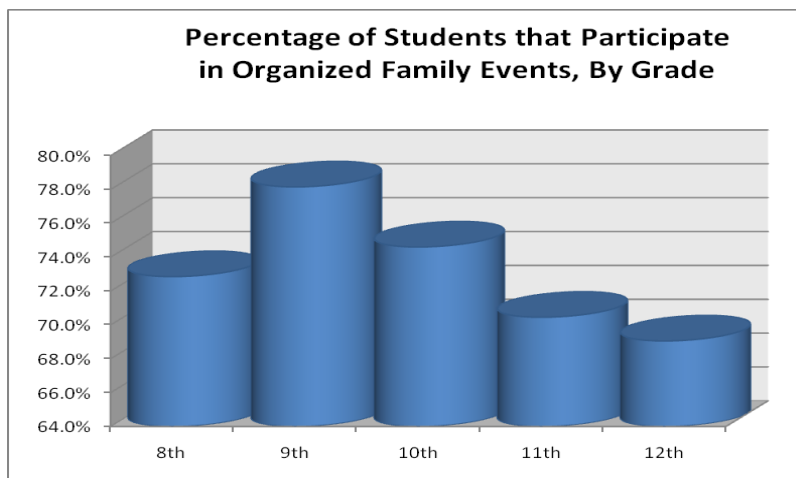


Table 7.2

Table 7.2 indicates over 50% of our students participate in organized family activities. Although this number is not the most desirable response, it is a foundation to build on. The ATOD report did not specify what organized events are included.

Missing or Minimal Protective Factors

Indications of Missing Protective Factors:

Strong External Support System:

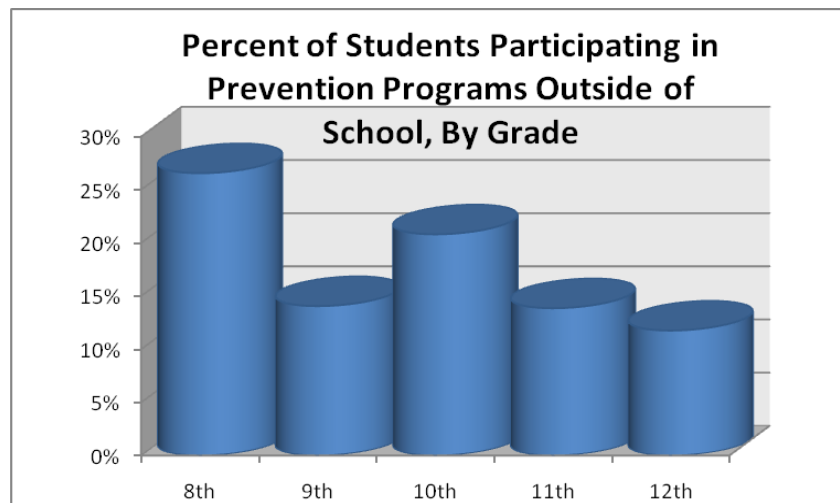


Table 8.1

Table 8.1 indicates 30% of our students are participating in organized activities outside of school. This would indicate a weak external support system. Organized activities included Afternoons R.O.C.K., Youth Leadership Programs, S.A.D.D., S.T.A.N.D., and other prevention programs.

Strong Commitment to School:

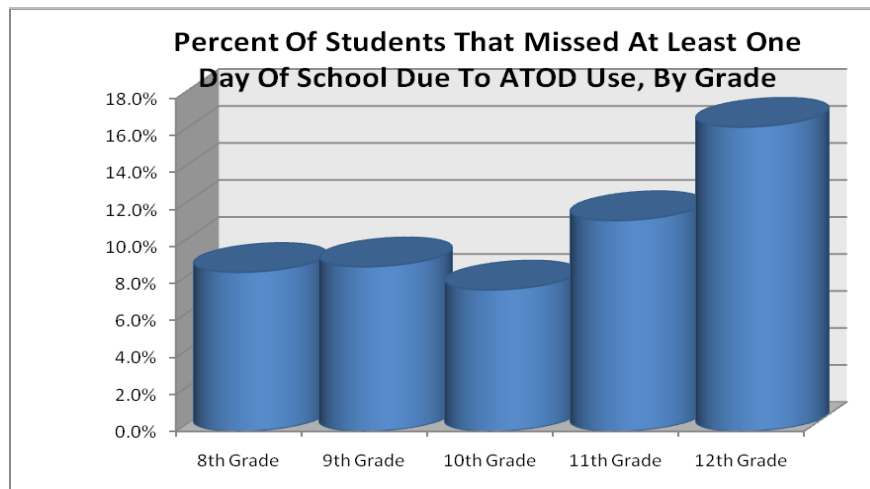


Table 8.2

Table 8.2 indicates that our youth are not committed to school. Tenth graders had the highest commitment to school with 92% not missing due to ATOD use. It is alarming that over 8% of our 8th grade students have missed school due to ATOD use.

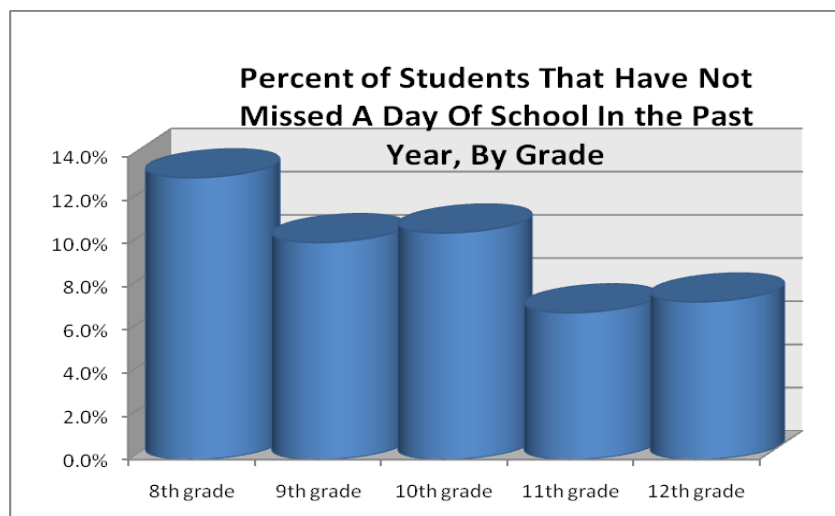


Table 8.3

Table 8.3 indicates that absenteeism and truancy are areas of concern. As many as 90% of the students have missed some school in the past year. This relates to both the risk and protective factors and would indicate little commitment to school.

Belief in Expectations:

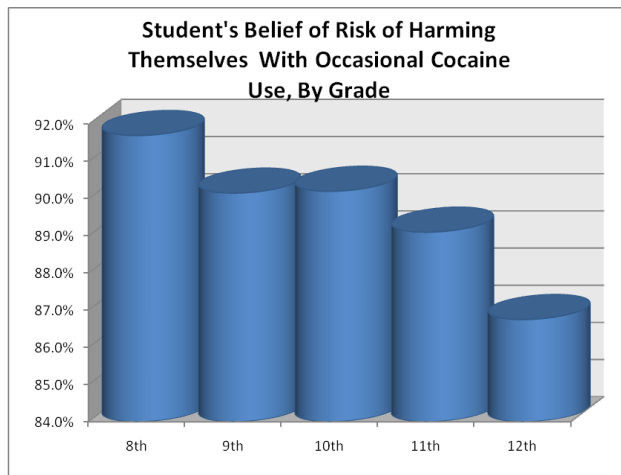


Table 8.4

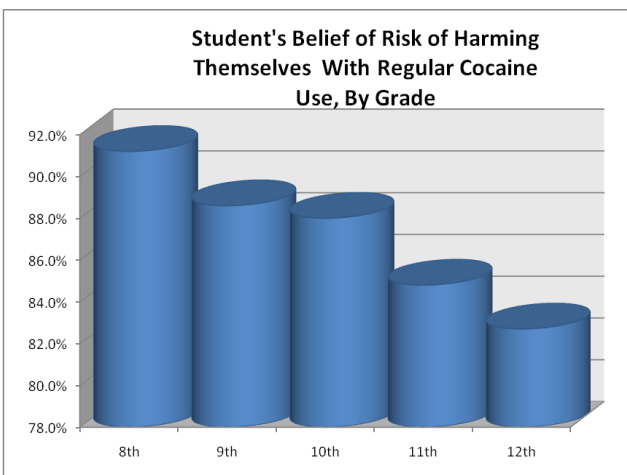


Table 8.5

Tables 8.4 and 8.5 would indicate the protective factor of expectations of harming themselves from use of cocaine are minimal after the 10th grade. This would correspond with the increased use of illicit substances in the 11th grade as shown in table 4.2.

Hot Spots:

The following are places/populations where prevention strategies will need to be focused as we move forward:

- Lack of media coverage regarding the issues of substance abuse, and ensuring that the public is well educated regarding substance abuse i.e. arrests, convictions, locations, signs of abuse etc.
- Family management issues related to female single parent heads of household
- Lack of or disparate enforcement in policies, ordinances and laws
- Middle school students lack fear of harming themselves when using cocaine
- Community norms, which imply acceptance of substance abuse

APPENDIX I: MAPS

Map 3.4 Public Intoxication Arrest Rates in Indiana by County, 2005 (UCR, 2005)

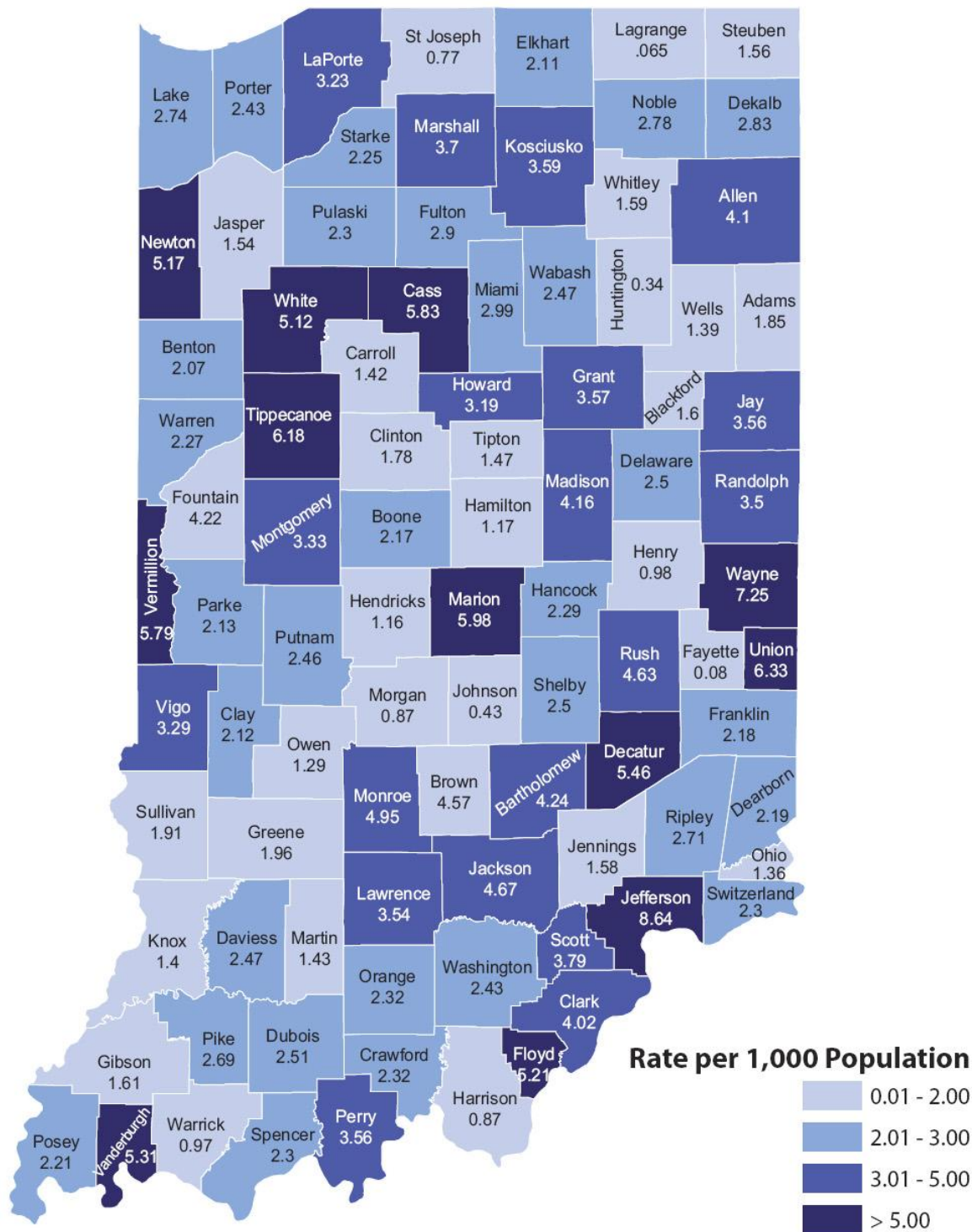
Map 5.1 Marijuana Possession Arrest Rates in Indiana by County, (UCR, 2005)

Map 6.1 Indiana Cocaine/Opiate Possession Arrest Rates, by County, 2005 (UCR, 2005)

Map 6.2 Indiana Cocaine/Opiate Sales Arrest Rates, by County, 2005 (UCR, 2005)

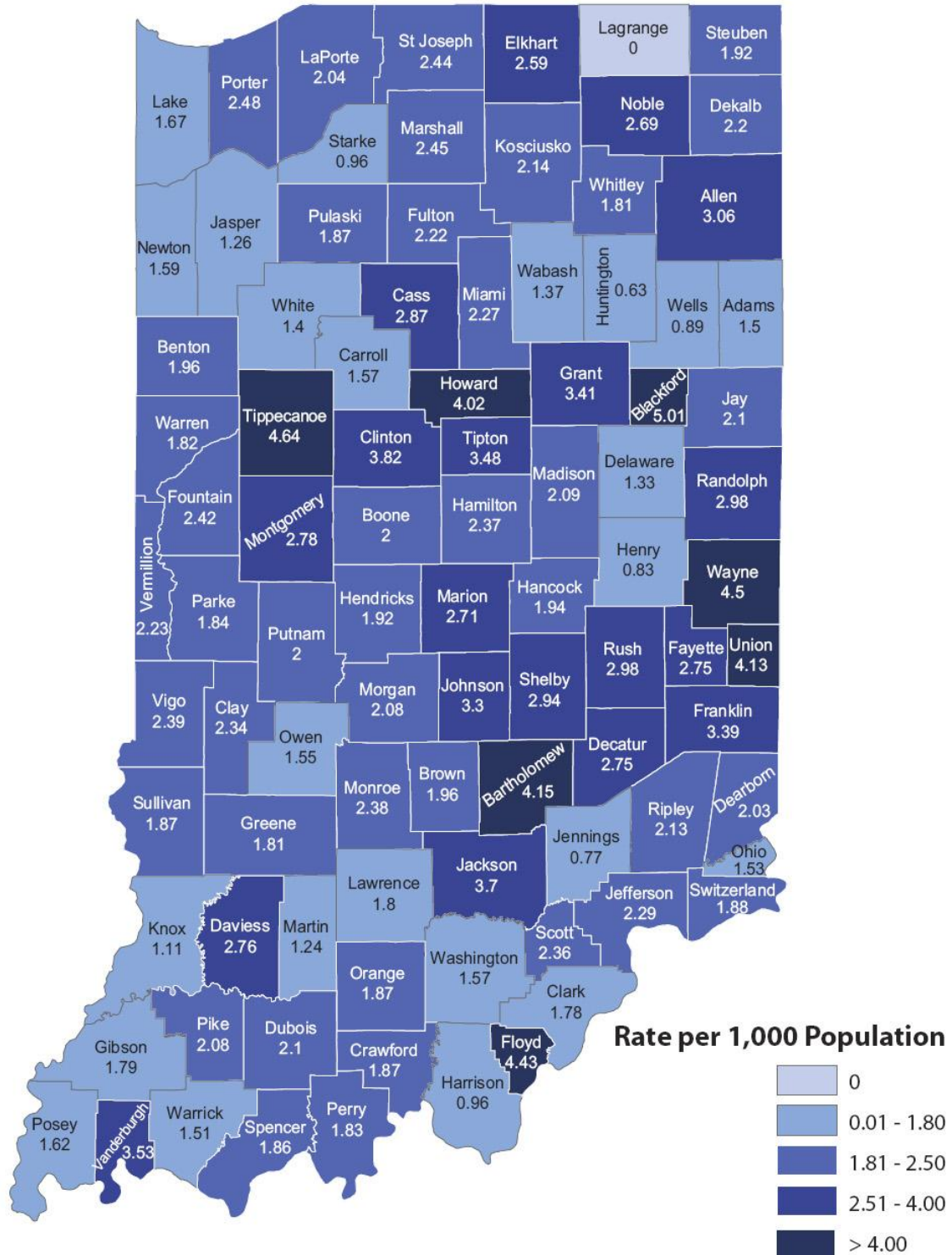
Map 11.1 Indiana Total Drug Possession and Sale/Manufacture Arrest Rates, by County,
(UCR, 2005)

Map 3.4 Public Intoxication Arrest Rates in Indiana by County, 2005 (Uniform Crime Reports, 2005)



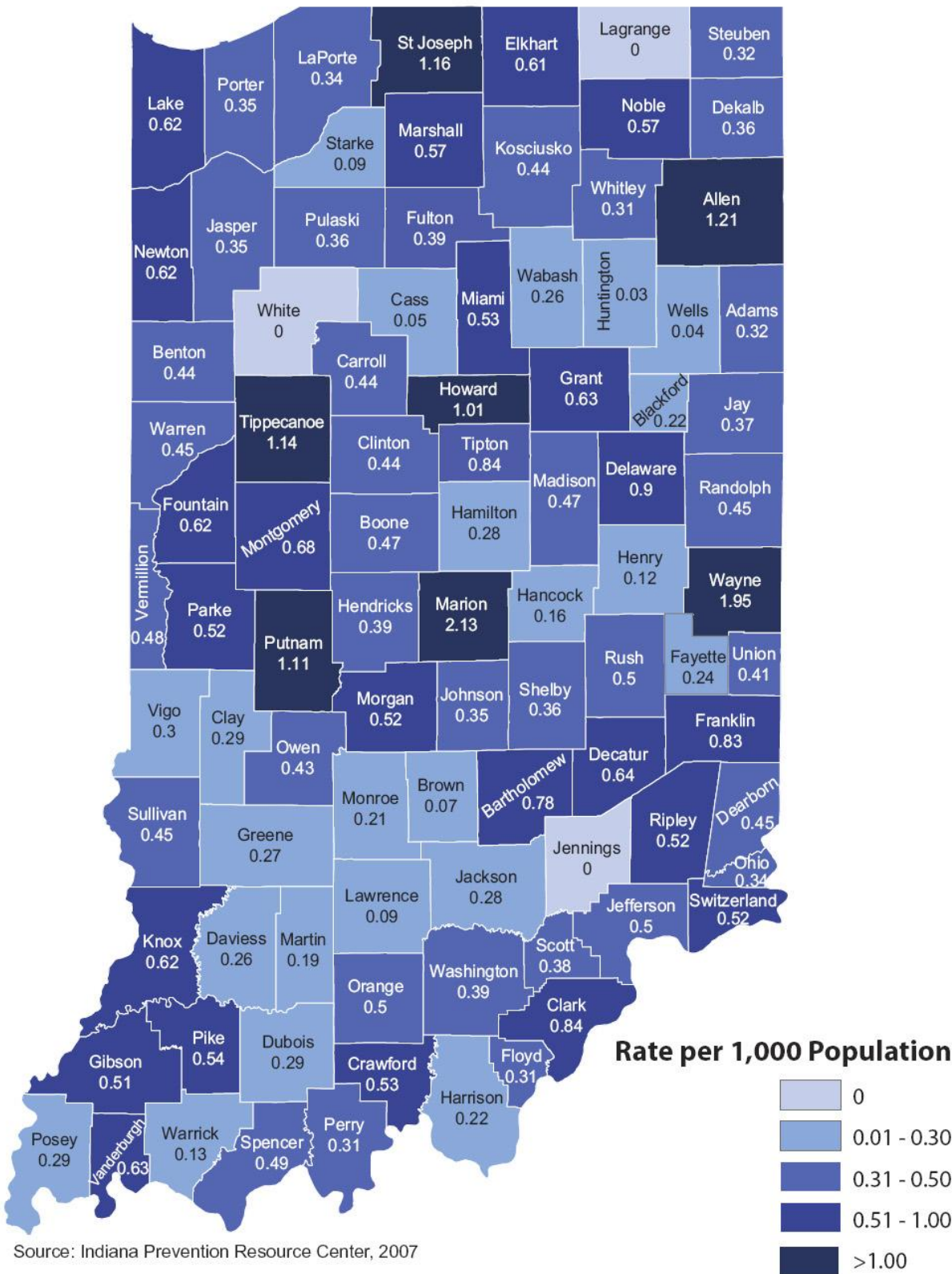
Source: National Archive of Criminal Justice Data, n.d.

Map 5.1 Marijuana Possession Arrest Rates in Indiana by County, 2005 (Uniform Crime Reports, 2005)



Source: National Archive of Criminal Justice Data, n.d.

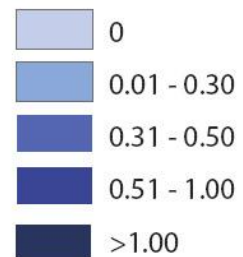
Map 6.1 Indiana Cocaine/Opiate Possession Arrest Rates, by County, 2005 (Uniform Crime Reports, 2005)



Rate per 1,000

County	Rate per 1,000
Lake	0.63
Porter	0.03
LaPorte	0.77
St Joseph	0.35
Elkhart	0.13
Lagrange	0
Steuben	0.74
Newton	0.28
Jasper	0.28
Starke	0.04
Marshall	0.3
Kosciusko	0.29
Noble	0.25
Dekalb	0.26
Pulaski	0.36
Fulton	0.39
Whitley	0.19
Allen	0.5
Wabash	0.17
Huntington	0
Wells	0.04
Adams	0.21
Benton	0.33
White	0.16
Cass	0.39
Miami	0.36
Carroll	0.24
Howard	1.01
Grant	0.63
Blackford	0.07
Jay	0.27
Warren	0.34
Tipton	0.54
Clinton	1.46
Madison	0.05
Delaware	0.24
Randolph	0.3
Fountain	0.39
Montgomery	0.21
Boone	0.31
Hamilton	0.18
Henry	0.06
Wayne	1.05
Vermillion	0.18
Parke	0.35
Putnam	0.38
Hendricks	0.23
Marion	0.74
Hancock	0
Rush	0.22
Union	0
Vigo	0.21
Clay	0.18
Owen	0.26
Morgan	0.76
Johnson	0.17
Shelby	0.34
Franklin	0.19
Sullivan	0.32
Greene	0.09
Monroe	0.24
Brown	0
Bartholomew	0.15
Decatur	0.6
Ripley	0.34
Dearborn	0.31
Ohio	0.34
Switzerland	0.31
Knox	0.57
Daviess	0.33
Martin	0.1
Lawrence	0.06
Jackson	0.4
Washington	0.25
Orange	0.35
Clark	0.46
Floyd	1.29
Harrison	0
Crawford	0.36
Perry	0.26
Gibson	0.3
Pike	0.38
Dubois	0.2
Spencer	0.34
Warrick	0.14
Posey	0.22
Vanderburgh	0.53

Rate per 1,000 Population

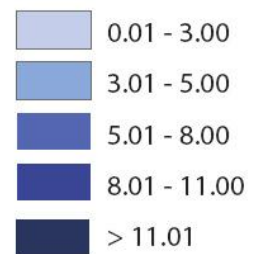


Dosage Unit

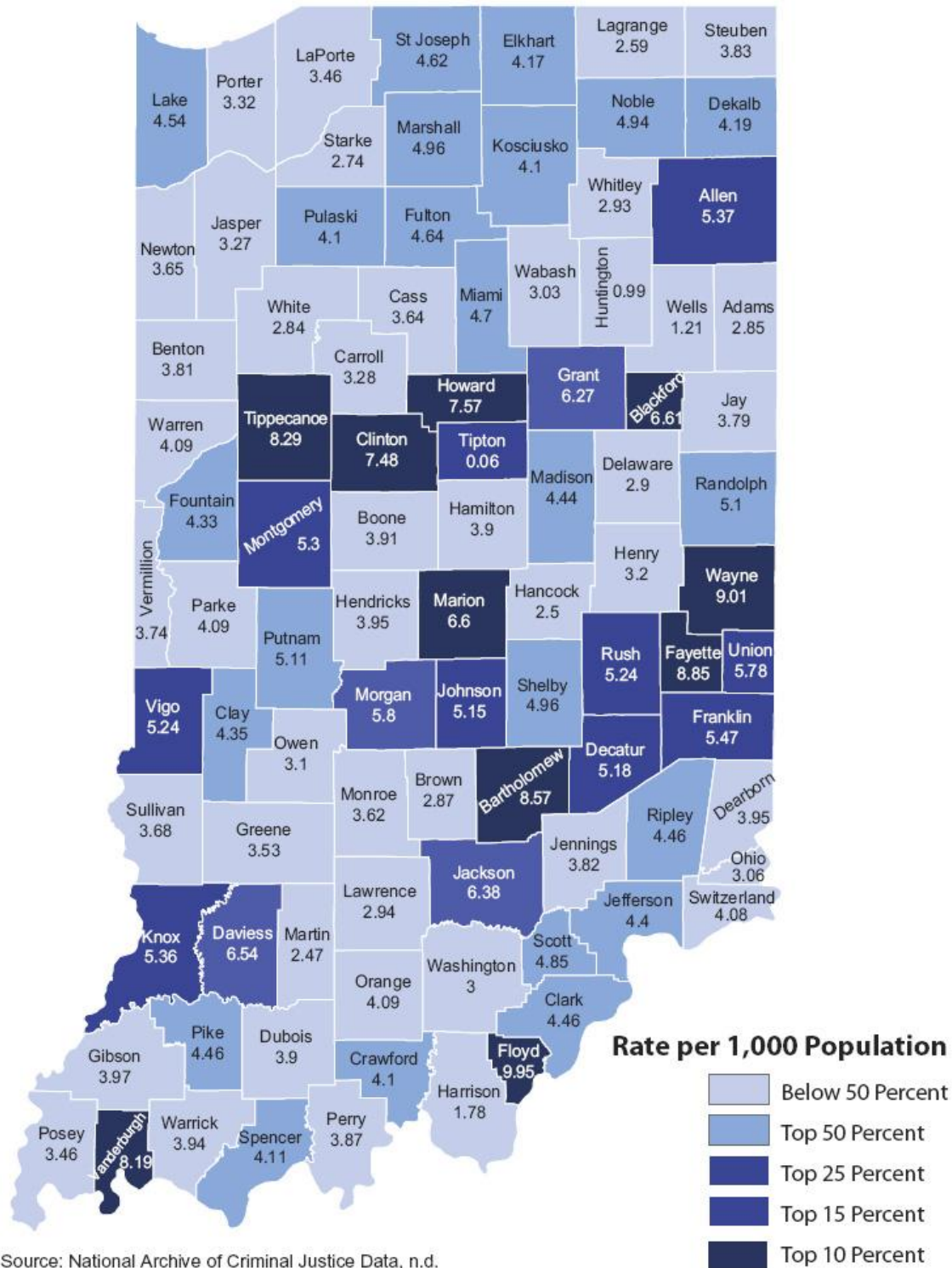
County	Dosage Rate (per 100)
Lake	3.19
Porter	4.04
LaPorte	5.31
St Joseph	5.66
Elkhart	4.72
Lagrange	1.64
Steuben	3.7
Noble	3.42
Dekalb	4.54
Kosciusko	4.52
Whitley	4.97
Allen	4.7
Fulton	6.77
Pulaski	4.02
Jasper	5.16
Cass	2.84
Miami	2.23
Wabash	5.71
Huntington	3.95
Adams	2.55
Wells	5.84
Benton	1.43
Carroll	1.91
Grant	11.76
Blackford	8.73
Jay	7.36
Tipton	7.06
Clinton	3.51
Tippecanoe	5.33
Warren	0.37
Fountain	8.31
Montgomery	7.58
Boone	5.36
Hamilton	4.05
Madison	7.18
Delaware	9.51
Randolph	5.14
Vermillion	3.39
Parke	2.4
Putnam	5.21
Hendricks	9.53
Marion	11
Hancock	5.44
Henry	8.58
Wayne	7.95
Rush	5.13
Fayette	12.17
Union	5.8
Vigo	8.07
Clay	5.43
Owen	4.22
Morgan	7.21
Johnson	6.52
Shelby	6.58
Franklin	4.15
Sullivan	6.35
Greene	5.16
Monroe	6.79
Brown	6.75
Bartholomew	9.61
Decatur	8.11
Ripley	15.77
Dearborn	12.29
Ohio	20.3
Switzerland	5.31
Jefferson	6.8
Jennings	10.92
Clark	8.37
Floyd	12.71
Harrison	5.66
Crawford	4.32
Orange	3.74
Washington	3.61
Lawrence	8.99
Jackson	10.79
Scott	25.16
Gibson	3.66
Pike	6.02
Dubois	6.25
Martin	6.03
Daviess	6.25
Knox	7.17
Spencer	1.99
Perry	3.68
Warrick	6.03
Vanderburgh	10.34
Posey	3.25

Source: Drug Enforcement Agency, 2007

Dosage Units per Person



Map 11.1 Indiana Total Drug Possession and Sale/Manufacture Arrest Rates, by County, 2005 (Uniform Crime Reports, 2005)



Source: National Archive of Criminal Justice Data, n.d.

APPENDIX II: ACRONYMS

ATOD	Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents Survey
CDC	Center for Disease Control and Prevention
CLEI	County Level Epidemiological Indicators
CPY	Countywide Partnership for Youth
CSAP	Center for Substance Abuse and Prevention
DCS	Department of Child Services
DUI	Driving Under the Influence
GIS	Government Information System
HIV	Human Immunodeficiency Virus
IC	Indiana Code
IPRC	Indiana Prevention Resource Center
LAC	Local Advisory Council
LEOW	Local Epidemiological and Outcomes Workgroup
SIS	Social Indicator System
SPF ~ SIG	Strategic Prevention Framework ~ State Incentive Grant
STD	Sexually Transmitted Disease
TEDS	Treatment Episode Data Set
TRIP	Tobacco Retailer Inspection Programs
UCR	Uniform Crime Reports
WCDTF	Wayne County Drug Task Force
WCYDP	Wayne County Youth Development Plan