

Needs Assessment of Partnerships for Success

Prevention Infrastructure Enhancement Project

Prepared by

Youngstown Urban Minority Alcohol & Drug Abuse Outreach Program

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METHODS

This assessment was based upon qualitative and quantitative data collected via community key leader, core measures, and college student surveys, focus groups, and town hall meetings. First, the research team conducted literature reviews of drug and alcohol abuse trends in the catchment area. Historical and current drug and alcohol data, particularly NARCAN® usage and emergency room visits, were analyzed by zip codes, which offered insight into geographical differences pertaining to usage. The research team also focused on any themes that occurred among certain demographics to serve as a baseline for our study.

Next, community surveys were distributed in-person at various locations, and through email; 138 responses were collected. These surveys were used to gauge the community's awareness, interest, and concern for AOD prevention programs in the community.

Then, the research team facilitated three focus group sessions composed of eleven high school students and five adult, alcohol and drug users in recovery. These focus groups allowed researchers to explore the similarities and differences between youth and adult opinions regarding alcohol and other drug (AOD) use.

The research team then distributed surveys on Youngstown State University campus to twenty-seven students. These surveys allowed the team to evaluate AOD use on campus, in the students' respective communities, and which substances are most prevalent.

A town hall was held at the Needle's Eye where twenty residents participated in an open discussion. Topics ranged from overdose statistics, social host laws, safe home information, drug free coalition information, and a question-and-answer segment. Participants were given an informative packet of all issues discussed at this meeting.

Then, core measure surveys were distributed to students at various schools across Youngstown. Cycle 1 (2019-2020) collected 470 surveys. These surveys are used to measure

youth's past 30-day use, perceived risk of AOD use, and to gauge parental and peer disapproval of AOD use.

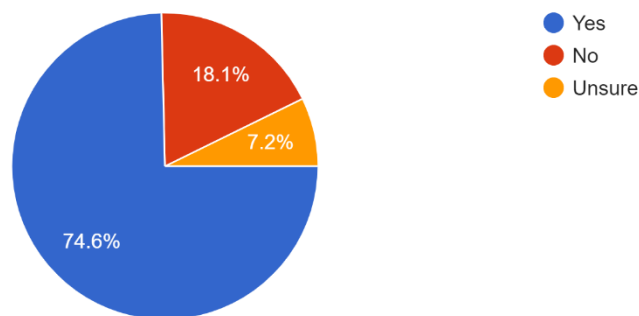
Lastly, overdose rates and overdose death rates were calculated using city, county, state, and country level data.

COMMUNITY SURVEYS: Regarding community key leader data, the results from the Community Key Leader Survey administered on 138 community leaders (2021) indicated the following 0%-100% scale using Yes (Y), No (N), Unsure (U):

1)

I am aware of program/programs in my community which address alcohol and other drug abuse prevention.

138 responses

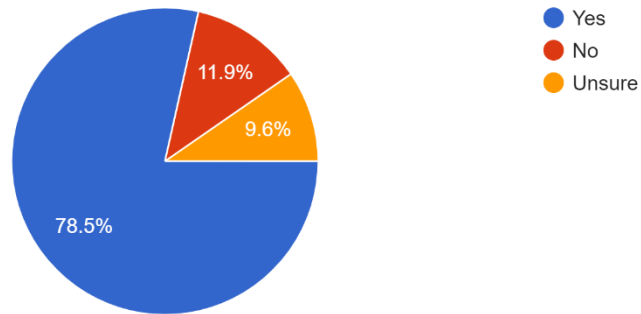


Y= 75%; N= 18%; U= 7%

2)

I am concerned about whether my community has sufficient alcohol and other drug abuse prevention programs.

135 responses

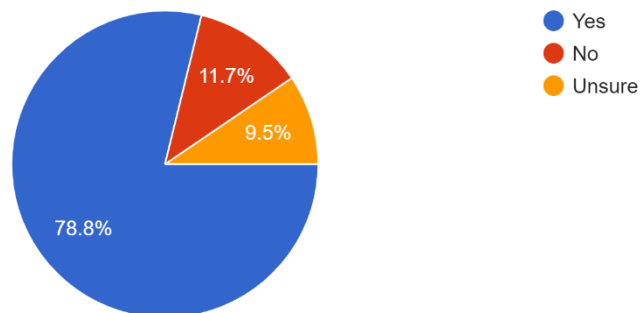


Y= 78.5%; N= 11.9%; U= 9.6%

3)

I am interested in learning more about community-related alcohol and other drug abuse prevention programs.

137 responses

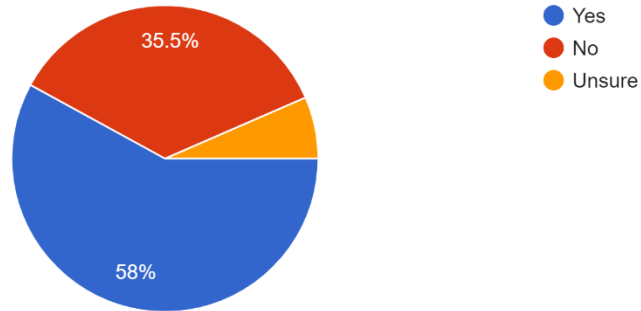


Y= 78.8%; N= 11.7%; U= 9.5%

4)

I spend time collaborating with others concerning the prevention of alcohol and other drug abuse in my community.

138 responses

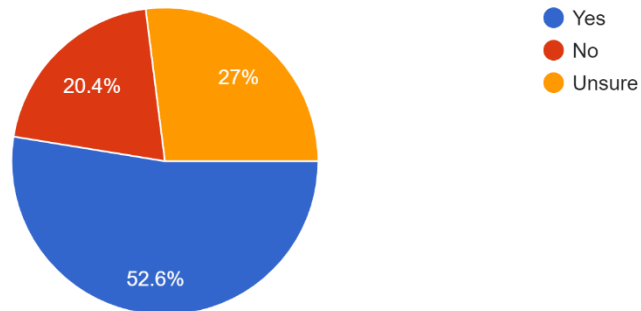


Y= 58%; N= 35.5%; U= 6.5%

5)

In general, staff in my organization are aware of community programs that address alcohol and other drug abuse prevention.

137 responses

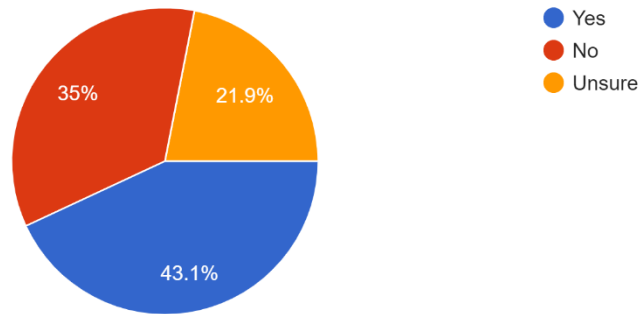


Y= 52.6%; N= 20.4%; U= 27%

6)

My organization is involved with alcohol and other drug abuse prevention programs in our community.

137 responses

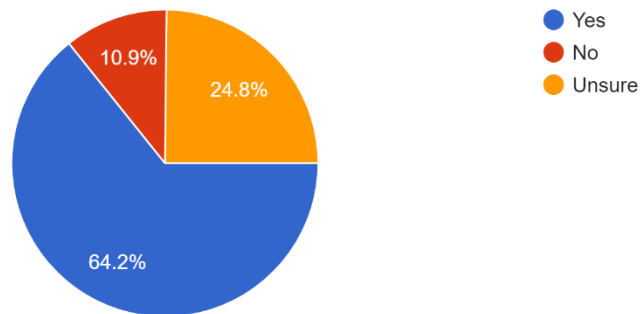


Y= 43.1%; N= 35%; U= 21.9%

7)

My organization would be willing to make alcohol and other drug abuse prevention resources available to employees.

137 responses

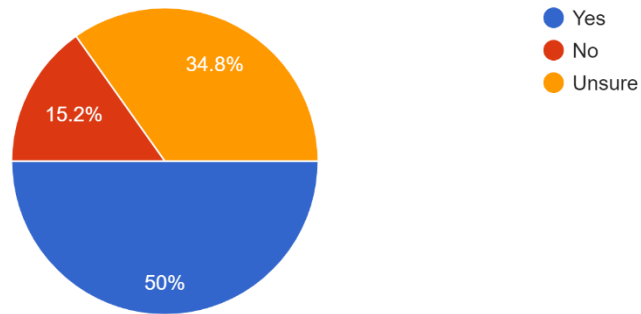


Y= 64.2%; N= 10.9%; U= 24.8%

8)

My organization is interested in learning about what implementing a drug abuse prevention program would require.

132 responses

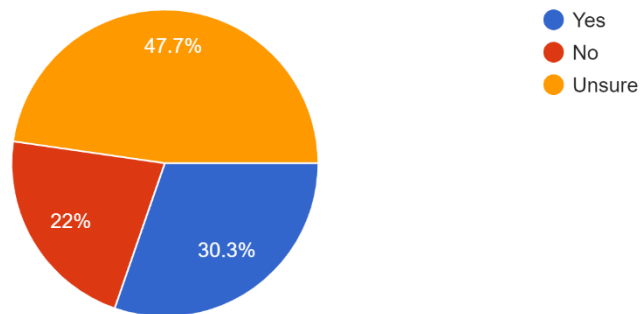


Y= 50%; N= 15.2%; U= 34.8%

9)

Does your organization have Naloxone (NARCAN®) as part of their emergency operation or first aid plan?

132 responses

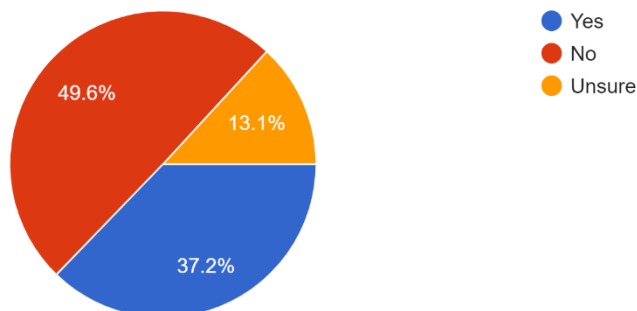


Y= 30.3%; N= 22%; U= 47.7%

10)

I am aware of the Ohio Social Host law?

137 responses



Y= 37.2%; N= 49.6%; U= 13.1%

PRELIMINARY OBSERVATIONS:

Tables 1-4: These tables measured the public's awareness, concern, and interest of prevention programs in the community, along with individual participation in these programs. A majority of respondents reported awareness and interest in learning more about prevention programs. Furthermore, most participants felt there was an increased need for enhanced prevention programs in the community than years prior because drugs like fentanyl have become more prevalent in the area; regional data have supported this claim. Statistics from the 2021 Mahoning County Overdose Surveillance Report revealed that out of 117 unintentional drug overdose deaths in 2020, 43% were attributed to fentanyl (Mahoning County Overdose Surveillance Report 2021, 3). Additionally, illicitly manufactured fentanyl can be pressed into counterfeit pills or mixed with cocaine and heroin with or without the user's knowledge. This illegally sold fentanyl is also linked to recent increases in overdose deaths. However, fewer people reported that they actually spend time collaborating with others concerning the prevention of alcohol and other drug (AOD) abuse in the community, as shown in chart 4. While the rates of drug overdose and drug overdose deaths have increased in the region, community mobilization has remained stagnant due in large part to the Covid-19 pandemic. Consequently, there has been an increase in Americans starting or increasing substance use as a way to cope

with Covid-19-related stressors, according to the Morbidity and Mortality Weekly Report. With these factors taken into consideration, it is more important than ever to establish and maintain partnerships with community members.

Tables 5-9: These tables measured community members knowledge of their organization's awareness and interest in participating or implementing prevention programs. Almost half of respondents reported their organization was unsure or didn't know of community prevention programs. What's more, only 43% reported actually being involved in these programs. Only 50% of respondents reported that their organization would be interested in learning how to implement a drug abuse prevention program. This lack of interest is coupled by the fact that only 30% reported having Naloxone as part of their emergency operation plan.

Table 10: This table measured the public's knowledge of The Ohio Social Host Law and an overwhelming majority (62.7%) of respondents reported they did not know or were unsure of this law. This law prohibits adults from supplying alcohol to underage youth, even if in their own home.

FOCUS GROUPS: Regarding focus group data, a total of sixteen individuals, eleven teenagers and five adults, were selected to participate. The purpose of the focus groups was to determine the opinions regarding alcohol and marijuana use trends among youth in the community. Qualitative data was collected through the following assessment questions: How common is it for youth to drink alcohol or smoke marijuana in your community? How difficult is it to obtain alcohol or marijuana? Are there resources in your community that help protect youth from alcohol or marijuana use? What prevention interventions do you think would be effective? Do you feel youth respond better to peers or adults concerning alcohol and marijuana prevention education?

PRELIMINARY OBSERVATIONS:

All group members stated that it was extremely common for youth to smoke marijuana in their community. Participants mentioned: *"I feel the young kids do more weed than alcohol. It's a trip to see a 12-year-old smoking a blunt but they get it like nothing and the dope guy is going to sell it to them trying to get his dollars. MJ is really, really high with the youth; It's becoming more and more prevalent in the younger communities."* What's more, marijuana use is becoming more popular among youth because they don't perceive it to be a "bad" or "illegal" drug. The low perceived risk of marijuana use is becoming increasingly common because of legalization and medical marijuana usage. Of particular concern, the amount of THC in

marijuana has been steadily increasing, which is linked to a greater chance of harmful reaction. In the early 1990's the average THC content was 3.7% and in 2016 it rose to 13.18% (University of Mississippi, Potency Monitoring Program, Quarterly Report 135).

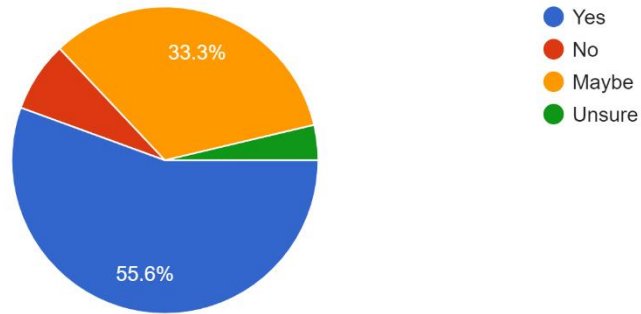
There was overall consensus among the groups that marijuana was readily available and more common than alcohol, but noted that if they wanted alcohol, they could get it. Participants observed: *"It's [alcohol] very common...they [youth] stand by the store like hey man can you get this for me?; Very common for kids' parents to buy them alcohol or have it in the house or take some from their dad or mom."* Group members mentioned being able to buy alcohol from stores that do not require I.D., but family members and families of friends were still the most common places that youth could obtain alcohol. A few participants mentioned: *"There's alcohol stores on every corner, so you can just go get it. You don't even need an ID; Family, older siblings, cousins; Family friends and friends of friends."* Group members reported having access to their family's alcohol and also at their friend's houses. There was also correlation between being involved in school activities (sports) and increased access/usage to marijuana and alcohol. Participants stated: *"That's kind of the opposite, doing sports while in school is so stressful...always under a lot of pressure and you need something to mellow out; If you go to a school party, the school's most famous athlete is most likely to be doing the worst; I think it's more prevalent, they have more connections when they're in sports groups and more parties then more connections to people; Everyone is drinking after a game on Friday night."* However, a few participants stated school activities were a deterrent to drug use: *"I think it's true because you're more active; I agree because you got less free time on your hands."*

COLLEGE SURVEYS: Regarding college student data, the results from the College Survey administered on twenty-seven students (2021) indicated the following 0%-100% scale using Yes (Y), No (N), Maybe (M), Unsure (U) for charts 1 & 2. Charts 2- indicated the following 0%-100% scale using Very Common (VC), Common (C), Uncommon (UNC), Unsure (UNS):

1)

Do you believe alcohol use among youth is an issue in your community?

27 responses

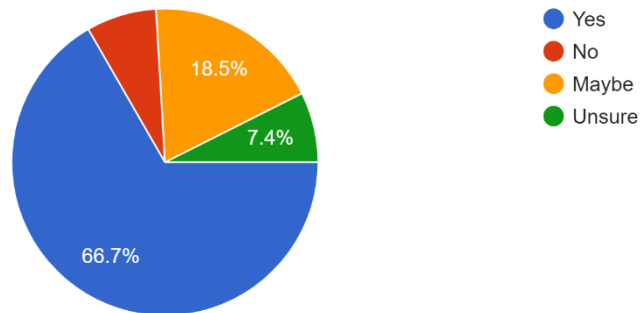


Y= 55.6%; N=7.4%; M=33.3%; U=3.7%

2)

Do you believe drug use among youth is an issue in your community?

27 responses

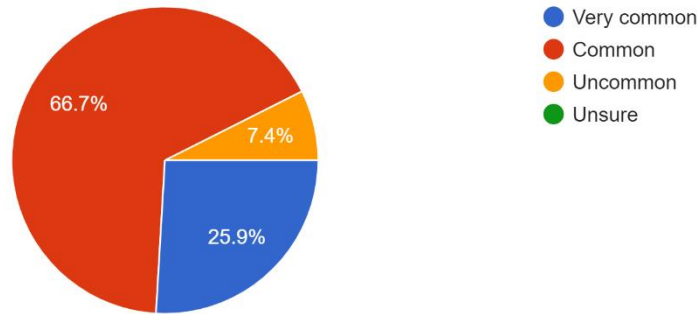


Y= 66.7%; N=7.4%; M= 18.5%; U= 7.4%

3)

How common is it for youth to drink alcohol in your community?

27 responses

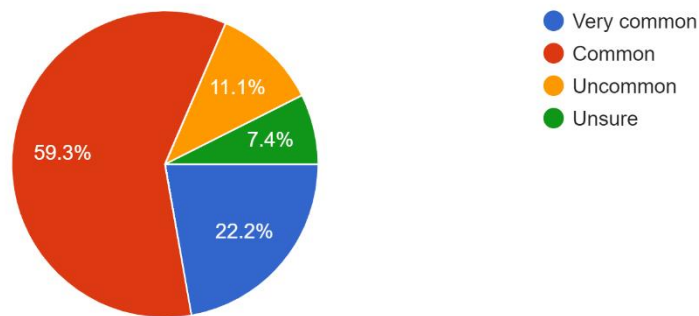


VC= 25.9%; C= 66.7%; UNC= 7.4%

4)

How common is it for youth to do drugs in your community?

27 responses

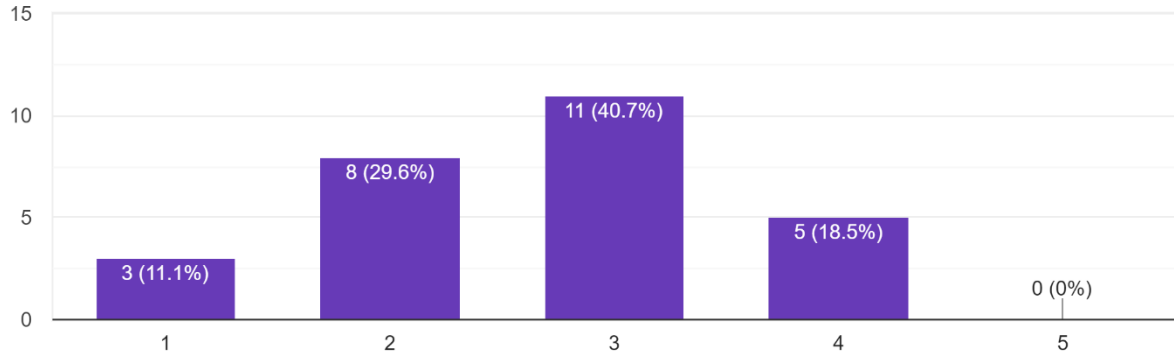


VC= 22.2%; C= 59.3%; UNC= 11.1%; UNS= 7.4%

6)

How hard is it for youth to get drugs in your community?

27 responses

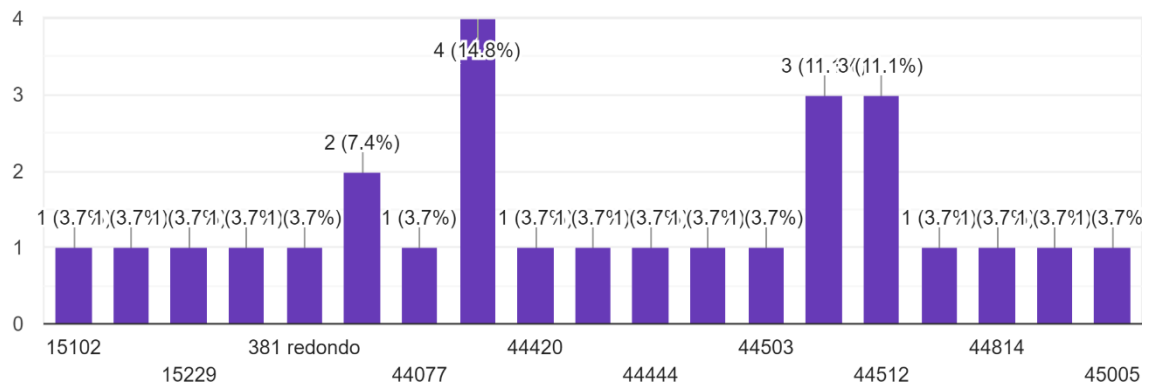


1= Very easy; 2= Easy; 3= Moderately easy; 4= Hard; 5= Very hard

7)

Zip code of residence

27 responses



PRELIMINARY OBSERVATIONS:

Out of the twenty-seven participants, more than half of the college students surveyed believed that drug and alcohol use were an issue in their community. What's more, 92.6% noted that alcohol consumption was very common or common among youth and 81.5%

reported drug use among youth was very common or common. Half of participants also reported they had one or more drinks of an alcoholic beverage in the past thirty days. A study by The National Institute on Alcohol Abuse and Alcoholism has shown a correlation between alcohol use in school with academic issues such as missing class or getting behind in schoolwork (Wechsler, H.; Lee, J.E.; Kuo, M.; et al. Trends in college binge drinking during a period of increased prevention efforts). Tables 5-6 measured the difficulty of obtaining drugs or alcohol in their community with 1 being very easy to obtain and 5 being very hard to obtain. The data suggests it is very easy to moderately easy to obtain alcohol and drugs. In addition, no respondents reported that obtaining alcohol or drugs was very hard. Lastly, table 7 displays the zip codes of residence for survey participants. This location information provides insight into the geographic variations among participants.

TOWN HALL: Regarding town hall data, information was collected from twenty individuals in an open discussion format. A number of topics were discussed including, overdose statistics, adolescent marijuana usage, Ohio Social Host Law, fentanyl, and Drug Free Coalition highlights.

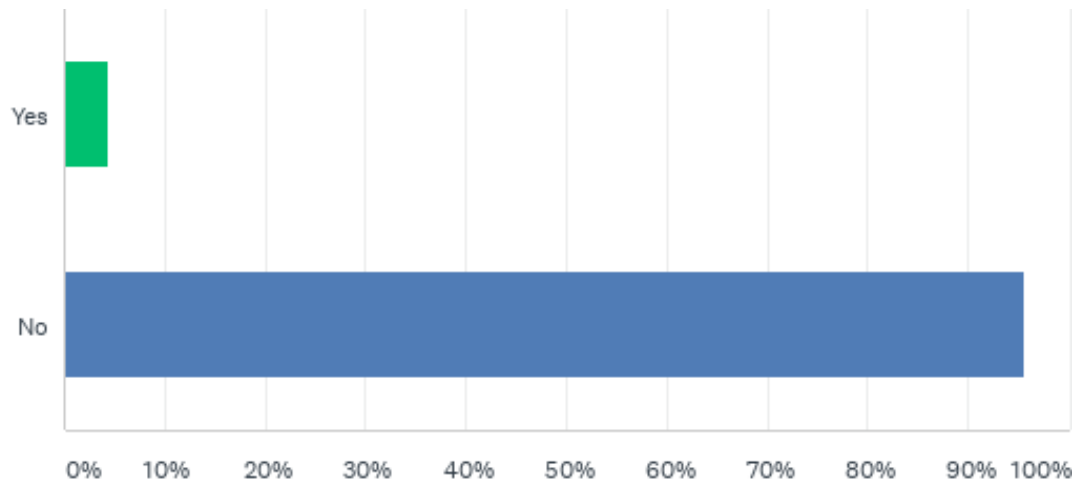
PRELIMINARY OBSERVATIONS:

Through conversation it was concluded that community members and parents were concerned for their children's safety and academic success. However, lack of participation in school functions, PTO meetings, and Board of Education meetings were mentioned. There is a noticeable disconnect between the community and school leaders citing lack of communication as a main issue. Furthermore, there was considerable concern for the influx of fentanyl and other drugs in the region. Participants mentioned Youngstown's close proximity to both Cleveland and Pittsburgh as a cause for increased drug presence in the area. Adolescent marijuana usage and repercussions of use were also discussed. The current societal normalization of marijuana has created a harmful climate for area children as more drugs are being laced with deadly additives/drugs that inexperienced youth are not aware of.

CORE MEASURES SURVEY: Regarding core measures surveys, the 2019-2020 cycle (Cycle 1) gathered data from 470 respondents ranging in age from ten-years-old or less to nineteen-years-old or more. The majority of participants (399) were between the ages of twelve to sixteen-years-old. These surveys measured past 30-day AOD use, perceived risk of AOD use, peer perceived risk of AOD use, and parental perceived risk of AOD use.

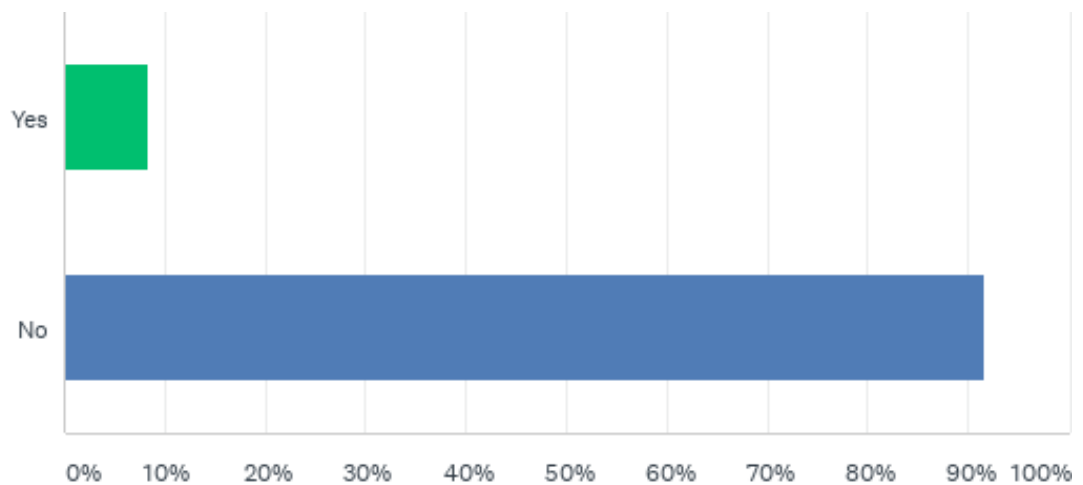
Section A: Past 30-day use

1. During the past 30 days did you drink one or more drinks of an alcoholic beverage?



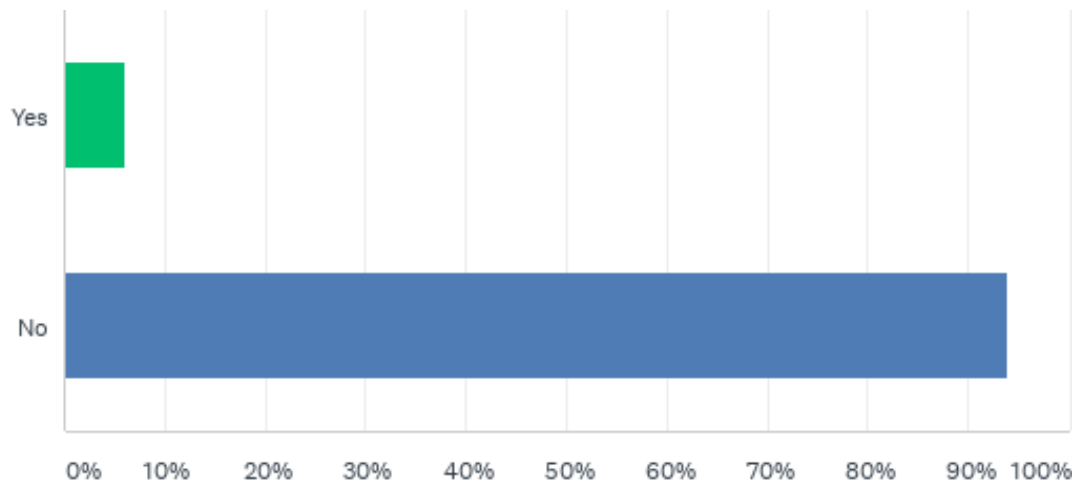
ANSWER CHOICES		RESPONSES	
Yes		4.48%	21
No		95.52%	448
TOTAL			469

2. During the past 30 days have you used marijuana or hashish?



ANSWER CHOICES	RESPONSES	
Yes	8.33%	39
No	91.67%	429
TOTAL		468

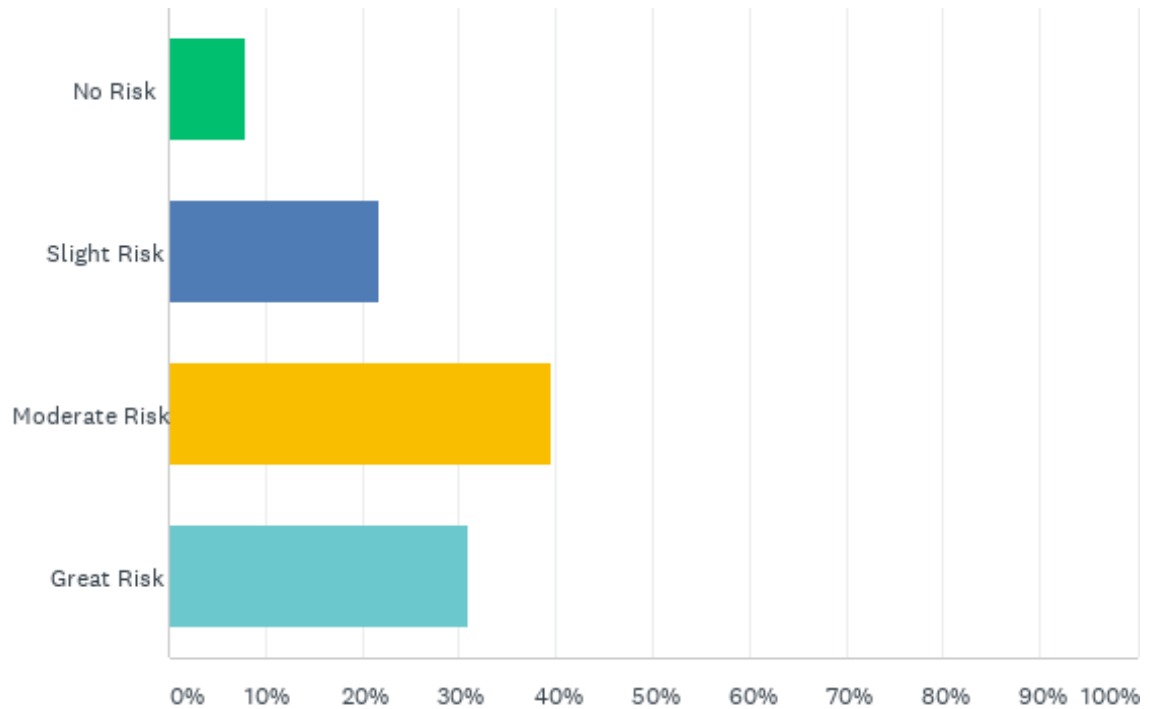
3. During the past 30 days have you used prescription drugs not prescribed to you?



ANSWER CHOICES	RESPONSES	
Yes	6.00%	28
No	94.00%	439
TOTAL		467

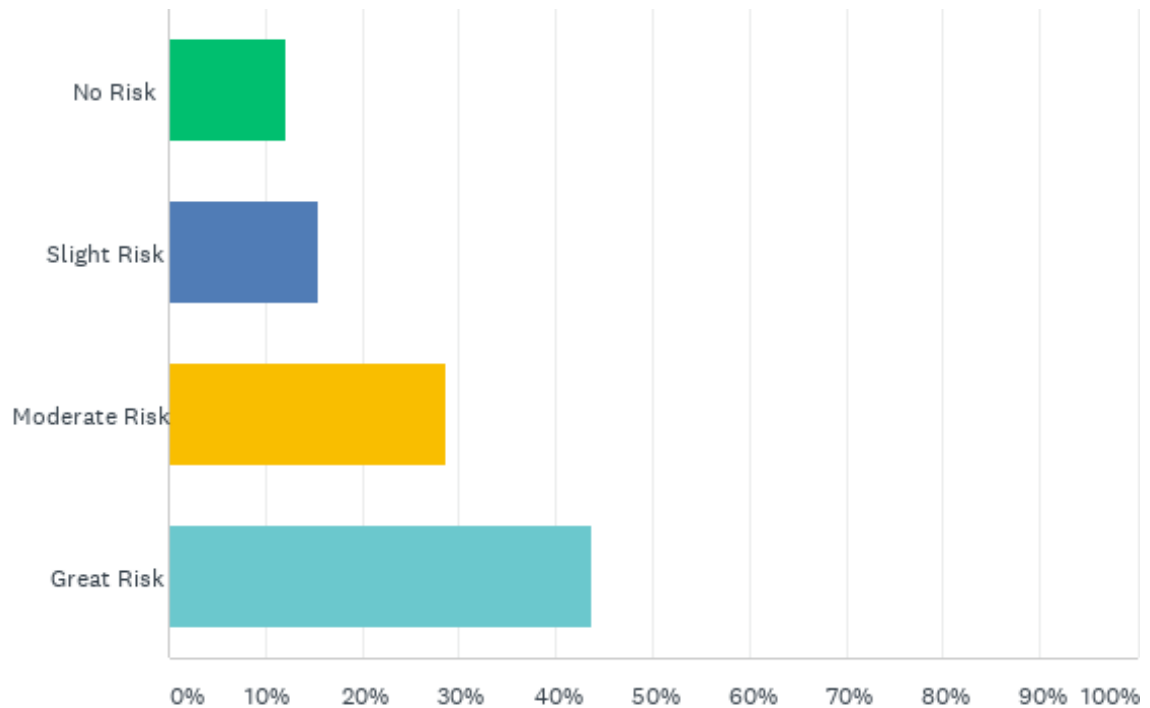
Section B: Perceived risk of AOD use

4. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?



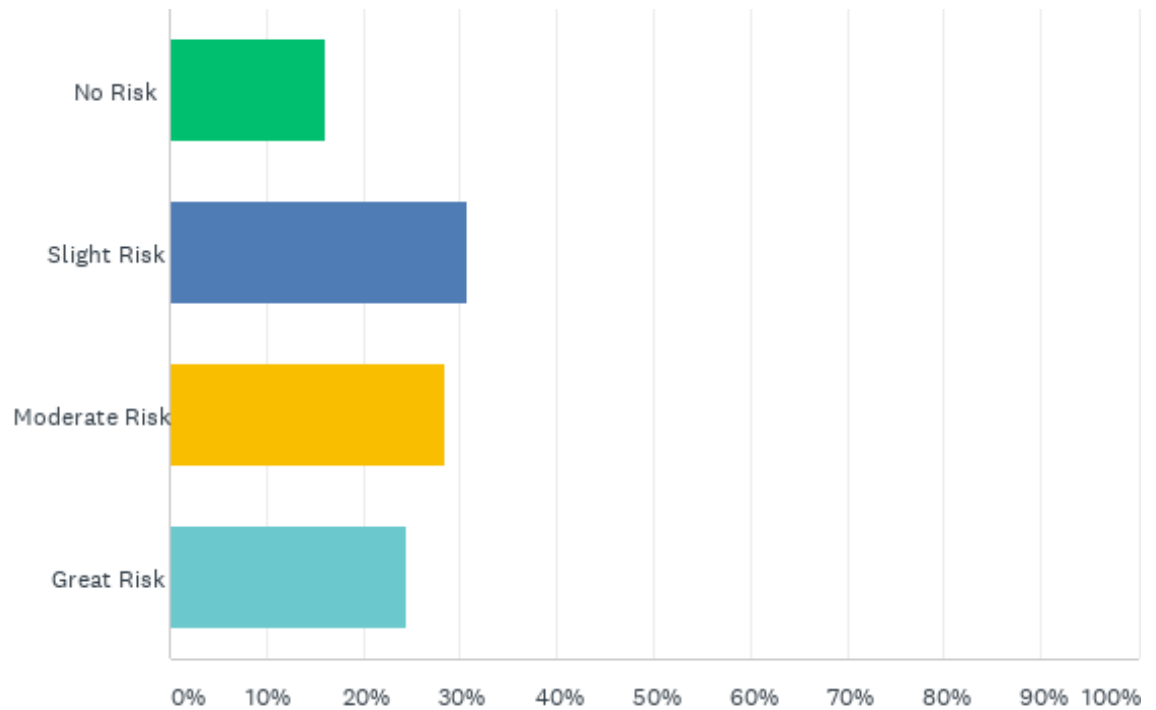
ANSWER CHOICES	RESPONSES	
No Risk	7.89%	37
Slight Risk	21.75%	102
Moderate Risk	39.45%	185
Great Risk	30.92%	145
TOTAL		469

5. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?



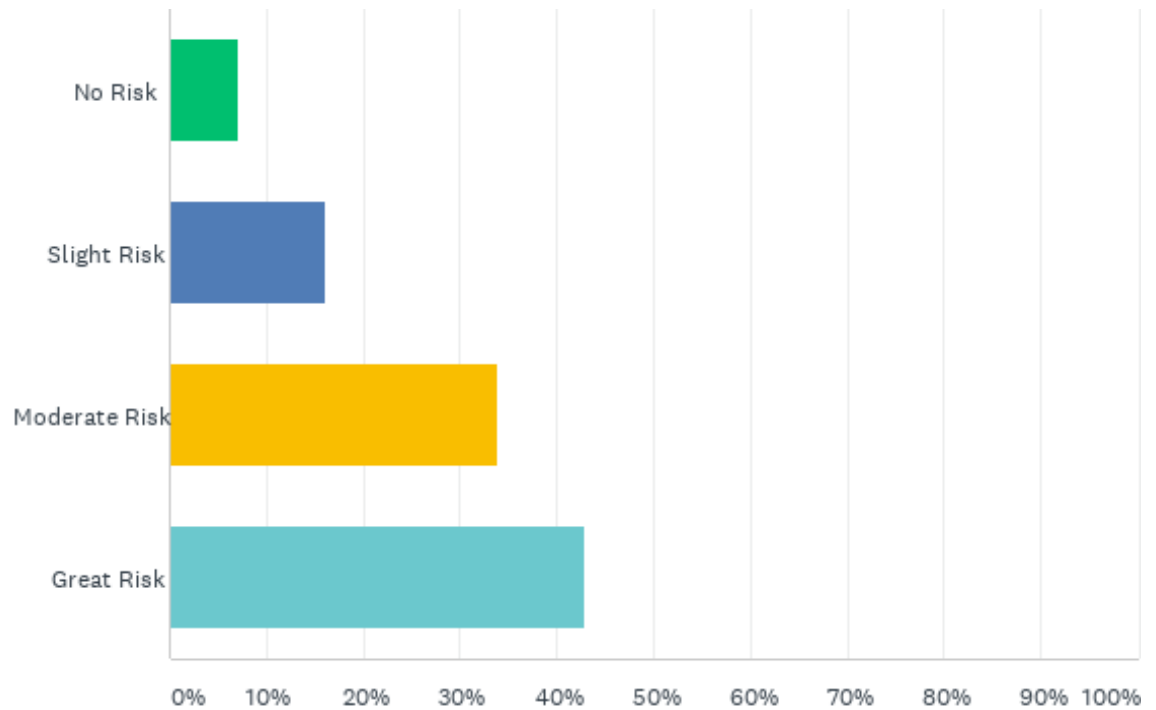
ANSWER CHOICES	RESPONSES	
No Risk	12.18%	57
Slight Risk	15.38%	72
Moderate Risk	28.63%	134
Great Risk	43.80%	205
TOTAL		468

6. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?



ANSWER CHOICES	RESPONSES	
No Risk	16.17%	76
Slight Risk	30.85%	145
Moderate Risk	28.51%	134
Great Risk	24.47%	115
TOTAL		470

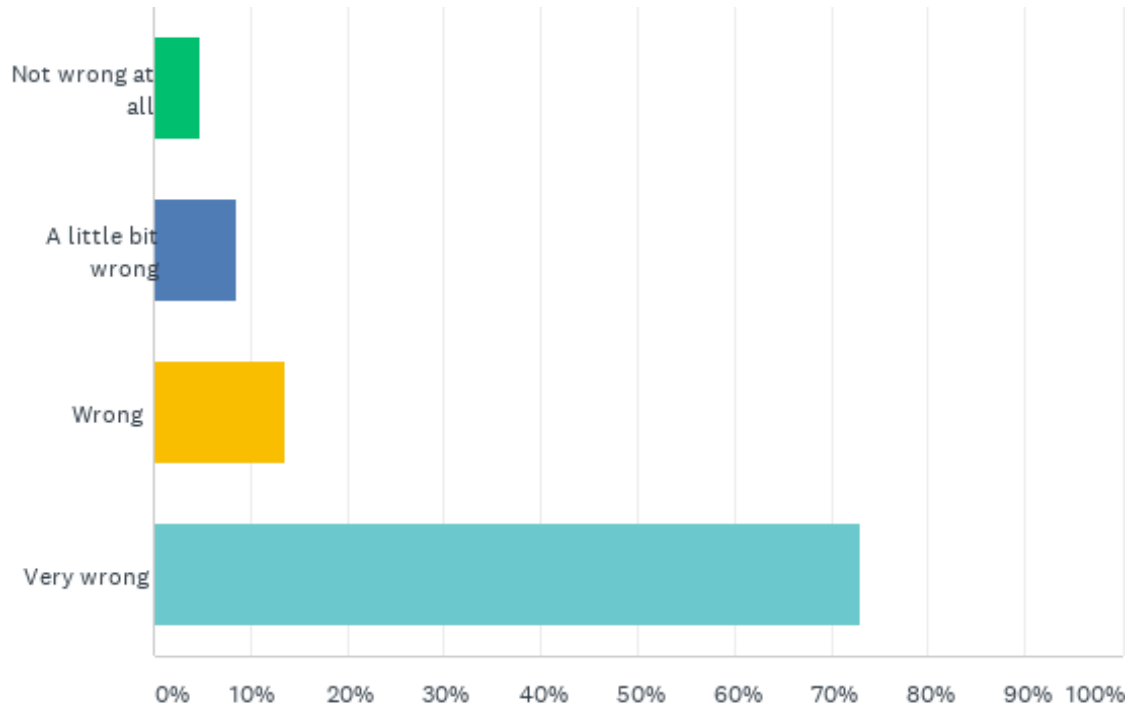
7. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?



ANSWER CHOICES	RESPONSES	
No Risk	7.11%	33
Slight Risk	16.16%	75
Moderate Risk	33.84%	157
Great Risk	42.89%	199
TOTAL		464

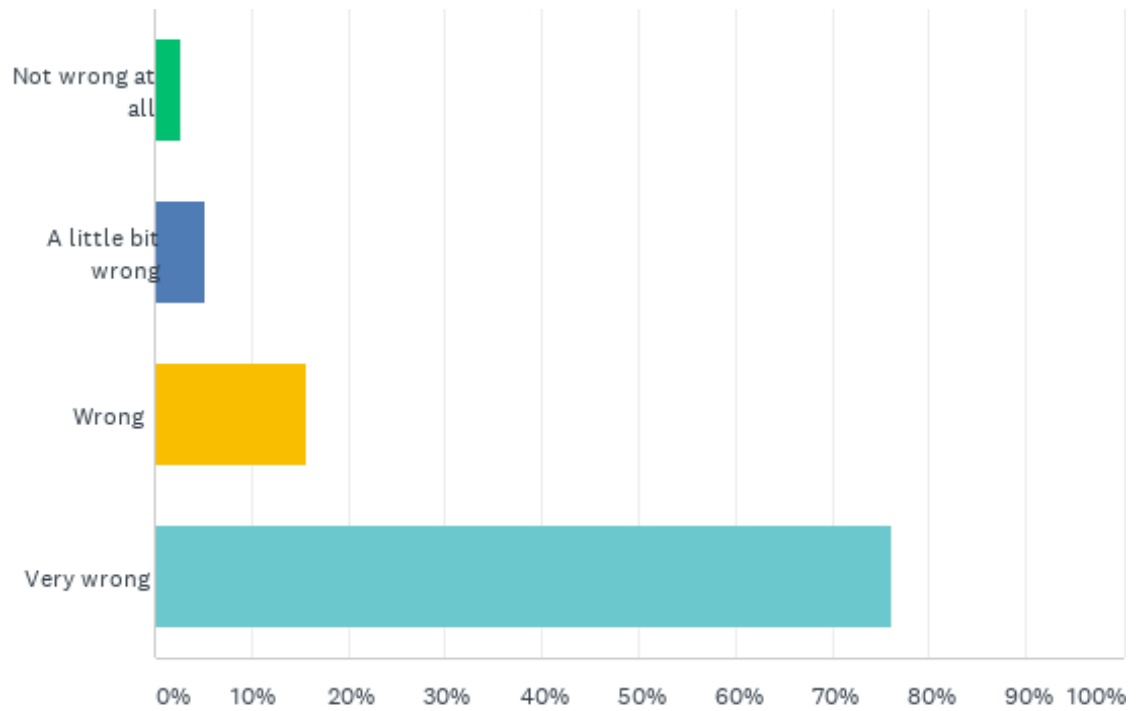
Section C: Parental perceived risk of AOD use

8. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?



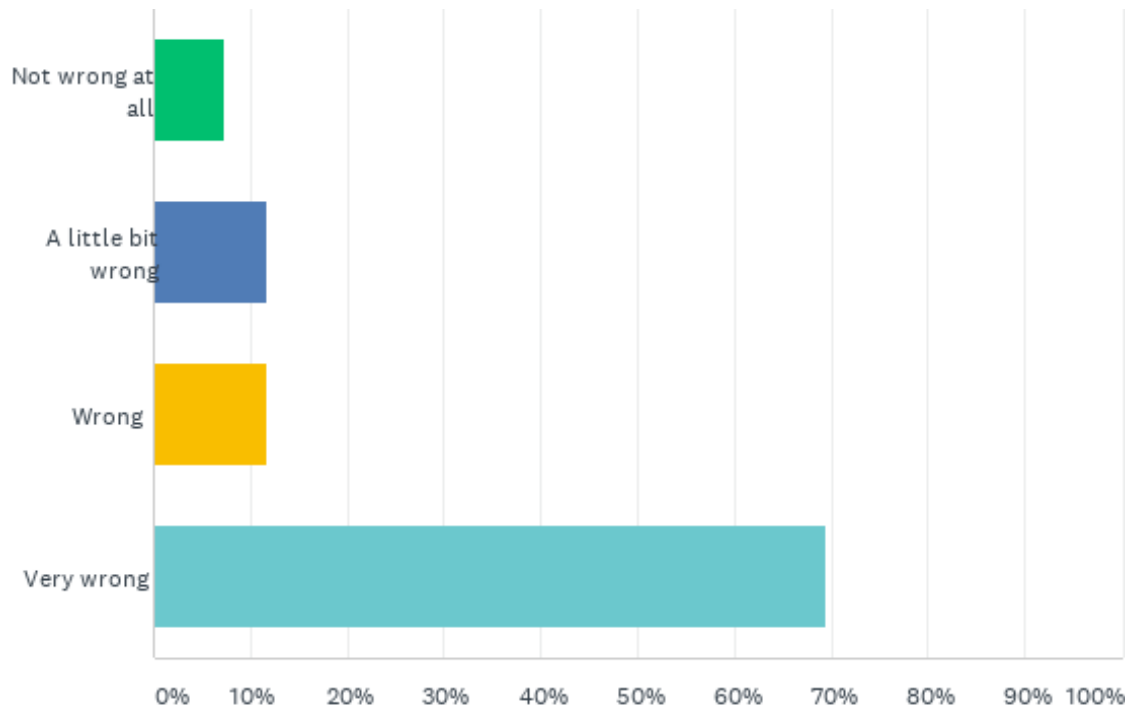
ANSWER CHOICES	RESPONSES	
Not wrong at all	4.89%	23
A little bit wrong	8.51%	40
Wrong	13.62%	64
Very wrong	72.98%	343
TOTAL		470

9. How wrong do your parents feel it would be for you to smoke tobacco?



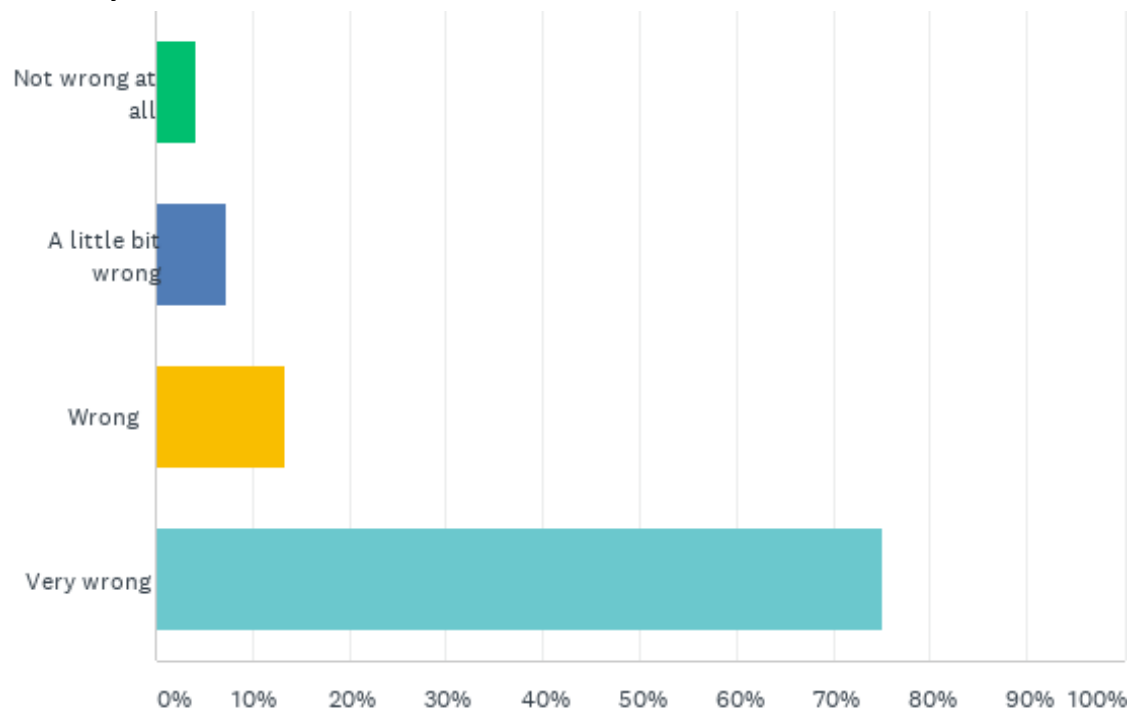
ANSWER CHOICES	RESPONSES	
Not wrong at all	2.77%	13
A little bit wrong	5.32%	25
Wrong	15.74%	74
Very wrong	76.17%	358
TOTAL		470

10. How wrong do your parents feel it would be for you to smoke marijuana?



ANSWER CHOICES	RESPONSES
Not wrong at all	7.23% 34
A little bit wrong	11.70% 55
Wrong	11.70% 55
Very wrong	69.36% 326
TOTAL	470

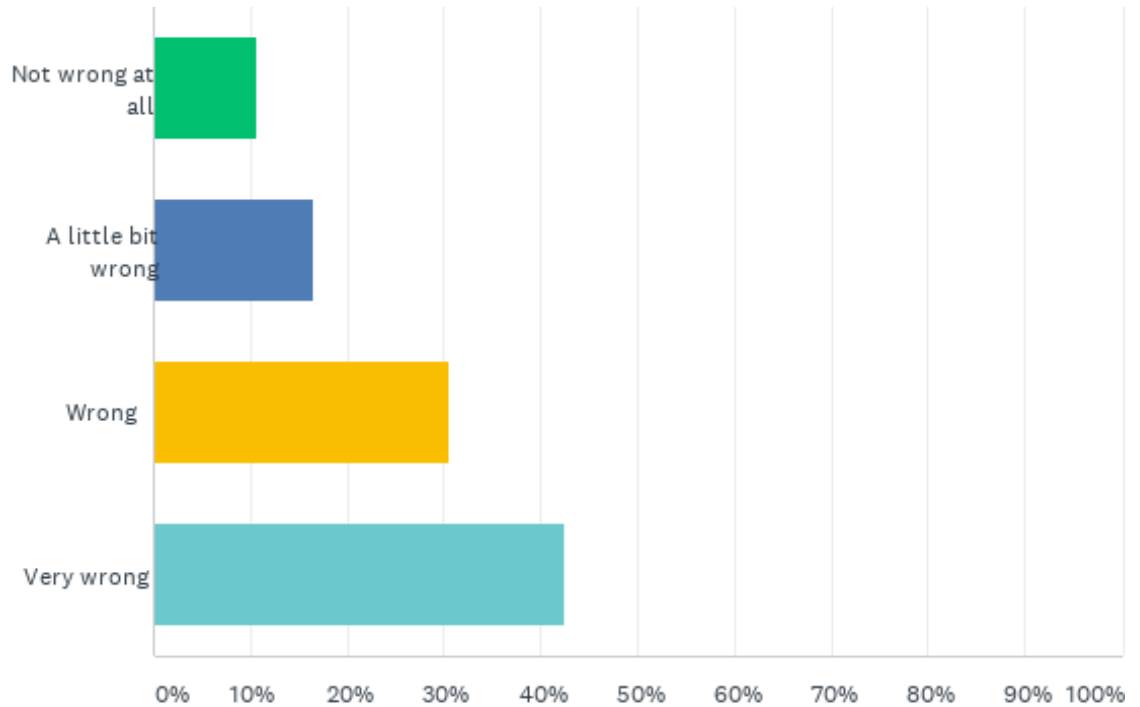
11. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?



ANSWER CHOICES	RESPONSES	
Not wrong at all	4.26%	20
A little bit wrong	7.23%	34
Wrong	13.40%	63
Very wrong	75.11%	353
TOTAL		470

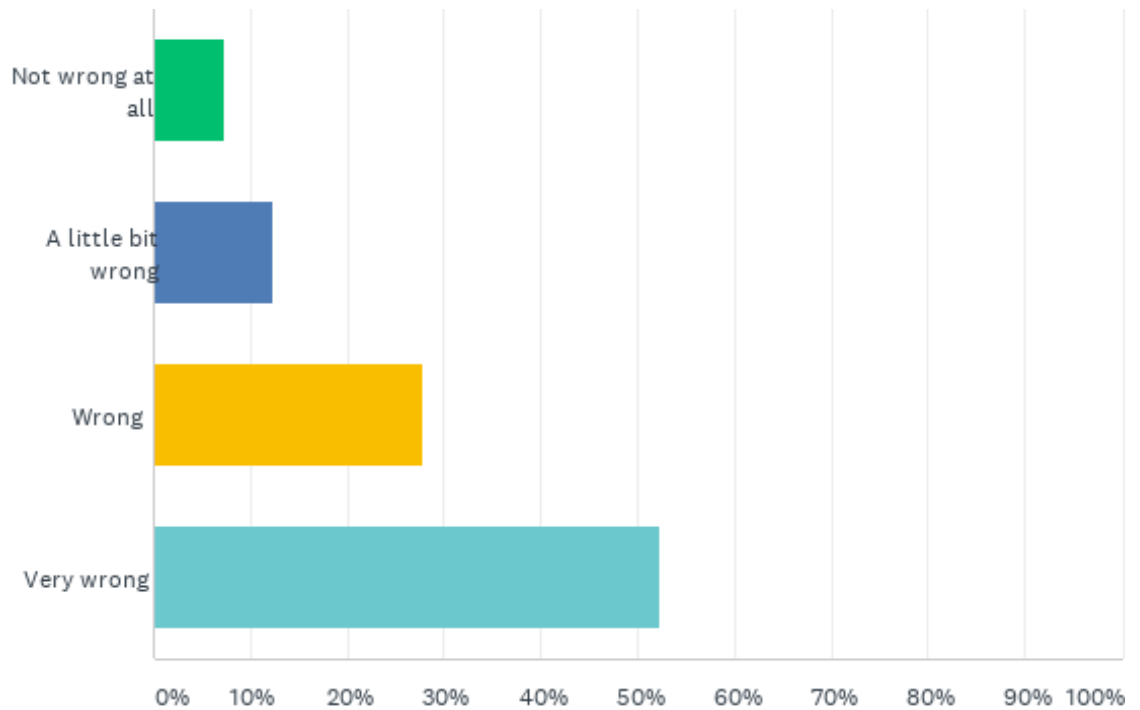
Section D: Peer perceived risk of AOD use

12. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?



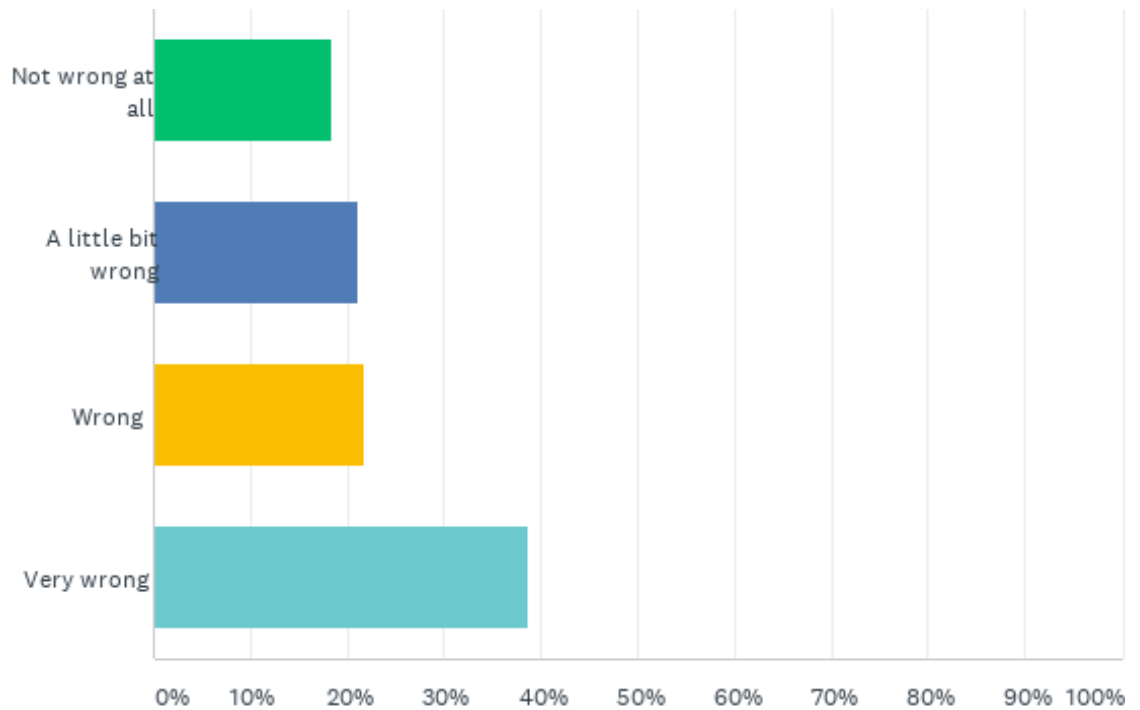
ANSWER CHOICES		RESPONSES	
Not wrong at all		10.61%	49
A little bit wrong		16.45%	76
Wrong		30.52%	141
Very wrong		42.42%	196
TOTAL			462

13. How wrong do your friends feel it would be for you to smoke tobacco?



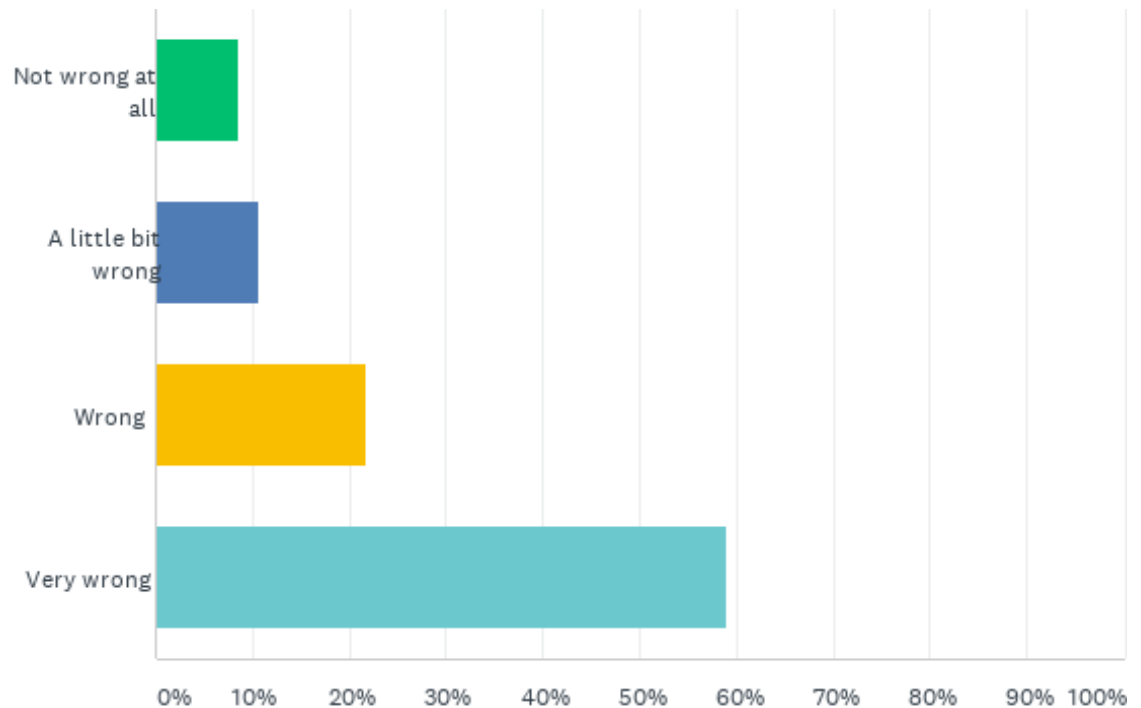
ANSWER CHOICES	RESPONSES	
Not wrong at all	7.39%	34
A little bit wrong	12.39%	57
Wrong	27.83%	128
Very wrong	52.39%	241
TOTAL		460

14. How wrong do your friends feel it would be for you to smoke marijuana?



ANSWER CHOICES	RESPONSES	
Not wrong at all	18.48%	85
A little bit wrong	21.09%	97
Wrong	21.74%	100
Very wrong	38.70%	178
TOTAL		460

15. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?



ANSWER CHOICES	RESPONSES	
Not wrong at all	8.50%	39
A little bit wrong	10.68%	49
Wrong	21.79%	100
Very wrong	59.04%	271
TOTAL		459

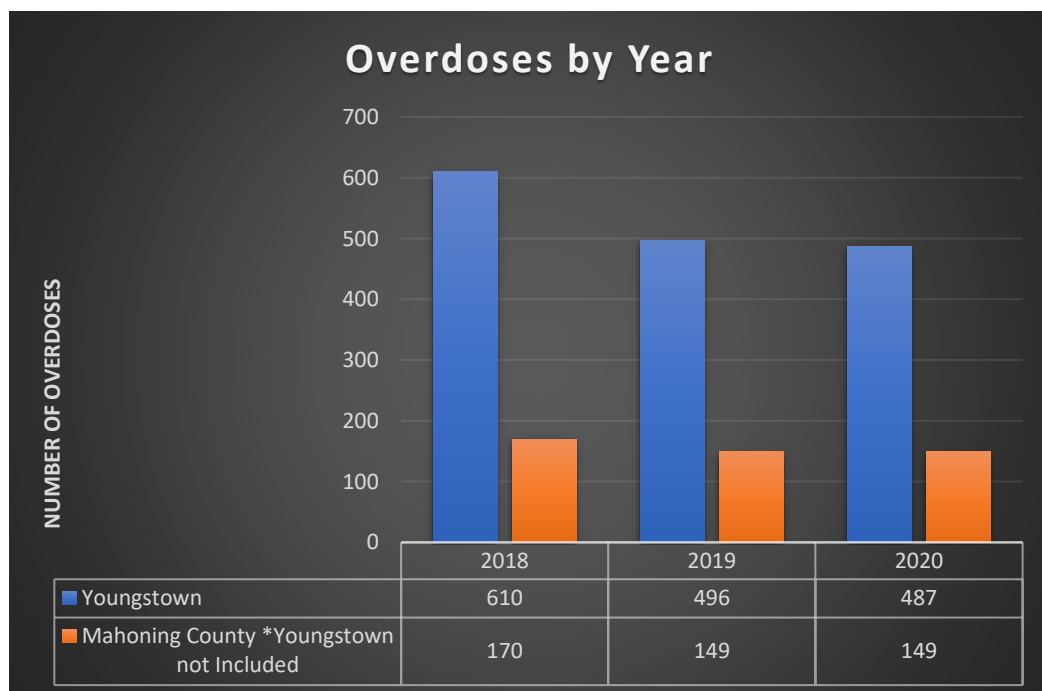
PRELIMINARY OBSERVATIONS:

Perceived risk of AOD use is deficient, especially in regards to marijuana use. Almost half of the participants reported that there was no risk or only slight risk of harm from consuming marijuana once or twice a week. What's more, about 25% of respondents reported no risk or only slight risk of harm for those using alcohol, tobacco, or prescription drugs. This lack of perceived risk is reflected by the reported past 30-day AOD use with almost 8.5% stating they used marijuana, 4.5% used alcohol, and 6% illicitly used prescription drugs. Parents continue to have the largest impact on their children in regards to disapproval of AOD use. Although

parental disapproval rates are greater across the board compared to peer disapproval, the normalization of marijuana use and low-perceived risk remain present with 18.93% reporting their parents feel marijuana use is not wrong at all or only a little bit wrong. What's more, friends of participants also perceive marijuana to be less wrong than any other drugs. Additionally, about 25% of participants reported their friends would not think it's wrong if they consume alcohol on a regular basis.

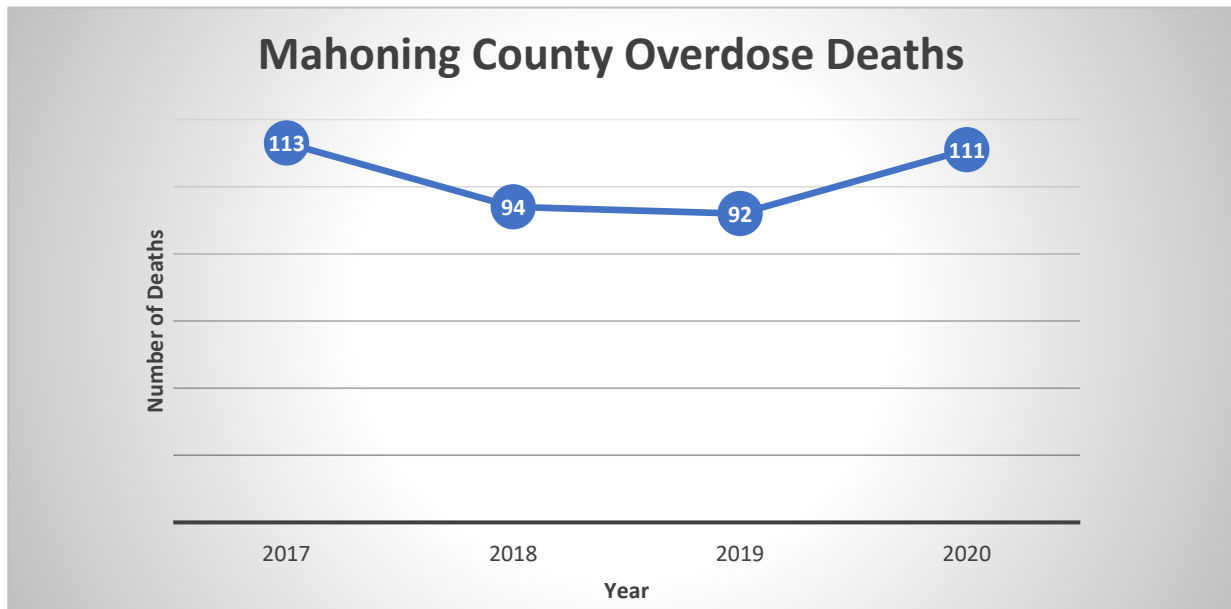
OVERDOSE STATISTICS:

The following tables measure the rate of overdoses per year, and overdose deaths per year.



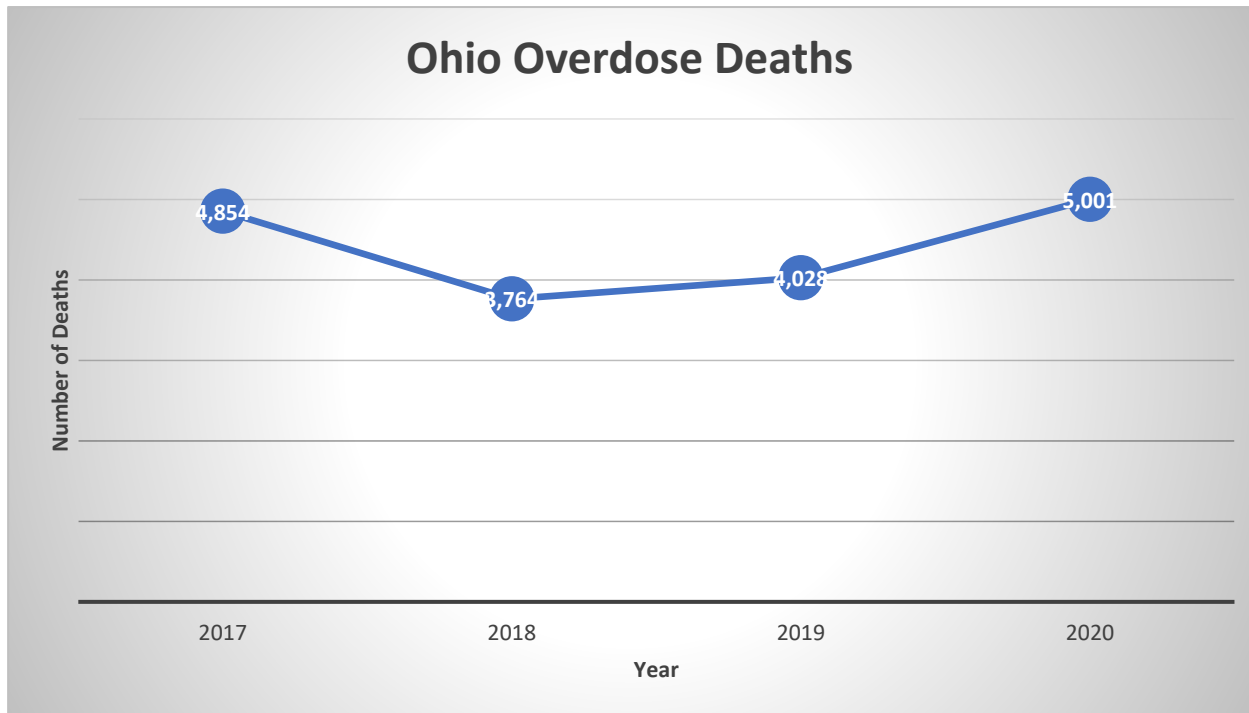
Mahoning County Overdose Deaths

Year	
<u>2017</u>	113
<u>2018</u>	94
<u>2019</u>	92
<u>2020</u>	111



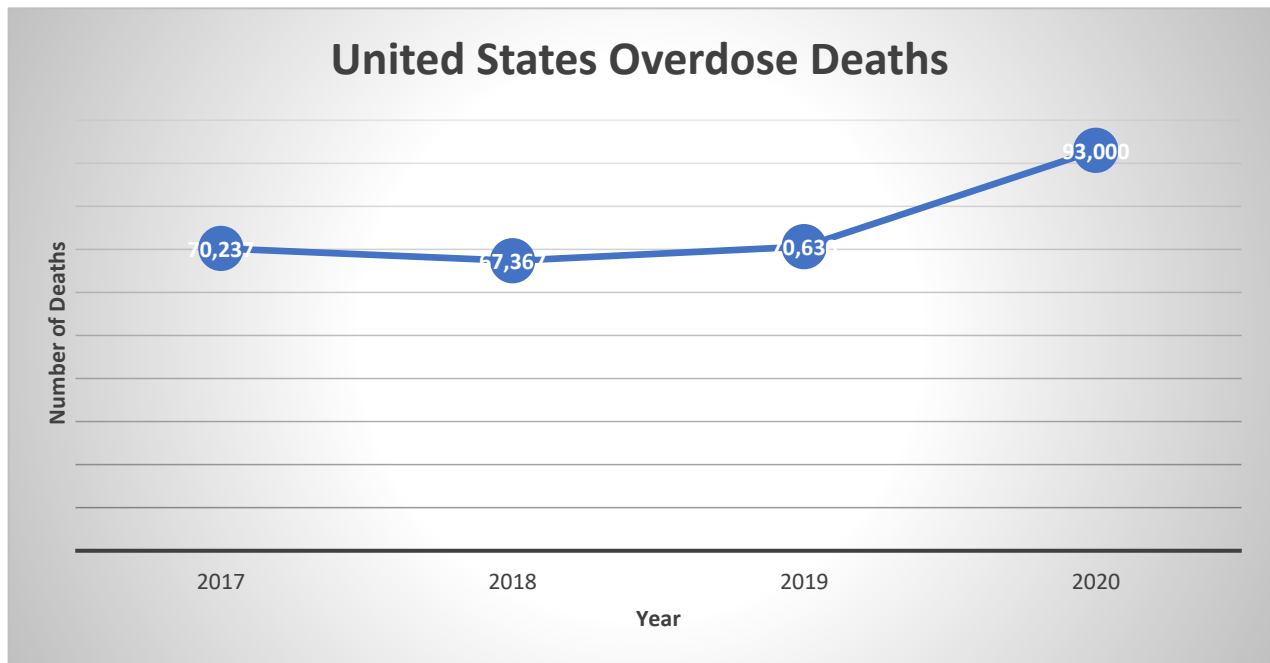
Ohio Overdose Deaths

Year	
<u>2017</u>	4,854
<u>2018</u>	3,764
<u>2019</u>	4,028
<u>2020</u>	5,001



United States Overdose Deaths

Year	
<u>2017</u>	70,237
<u>2018</u>	67,367
<u>2019</u>	70,630
<u>2020</u>	93,000



PRELIMINARY OBSERVATIONS:

Mahoning County's population as of 2020 was 228,683 and Youngstown was 66,982. When calculated for rate, overdoses in Youngstown far exceed overdoses for the rest of the county, as seen in figures A and B.

A.) **Overdose rates in Youngstown in 2020:**

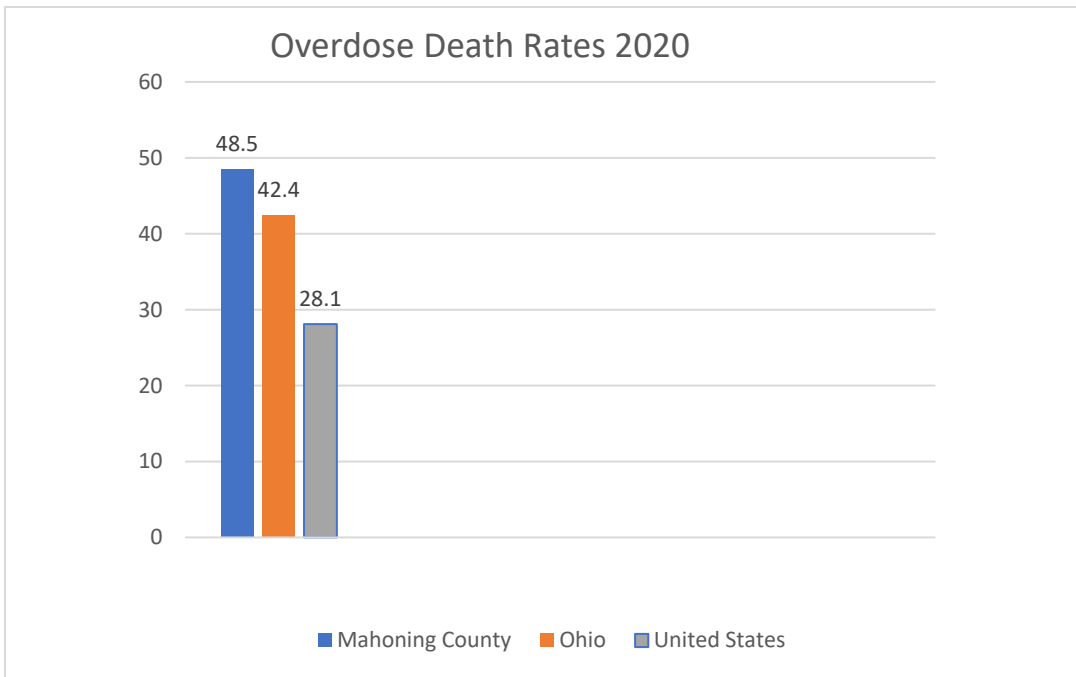
$$487/228,683 \times 100,000 = 213 \text{ overdoses per } 100,000$$

B.) **Overdose rates in Mahoning County in 2020:**

$$149/228,683 \times 100,000 = 65 \text{ overdoses per } 100,000$$

Regarding overdose deaths, Mahoning County had a higher rate of overdose deaths in 2020 compared to the Ohio and United States average as seen in Table A.

Table A.)



Mahoning County Overdose Death Rate 2020:

$111/228,683 \times 100,000 = 48.5$ overdose deaths per 100,000

Ohio Overdose Death Rate 2020:

$5,001/11,800,000 \times 100,000 = 42.4$ overdose deaths per 100,000

United States Overdose Death Rate 2020:

$93,000/331,000,000 \times 100,000 = 28.1$ overdose deaths per 100,000

PROPOSED ACTION ITEMS:

It is important to note that the COVID-19 pandemic has created inevitable barriers to prevention efforts that have proven effective in the past. However, as bans are being lifted, the goal is to continue to focus on teaching prevention, especially in schools. The diffusion of responsibility within the school system, parents, political and community leaders has negatively impacted the prevention specialists' team's ability to establish presence within the Youngstown City School District (YCSD) over the years. A SWOT analysis conducted by the YCSD found that a lack of partnerships was a top Weakness reported by external respondents, detailing a lack of partnerships with parents, especially between parents and teachers; lack of family, parent and community involvement with YCSD; and need for more parent-teacher organizations (http://www.youngstown.k12.oh.us/UserFiles/Servers/Server_471589/File/YOUPRINT.pdf, p.15). Furthermore, Threats to YCSD were safety, discipline, and student improvement. Respondents acknowledged violence in and out of the classroom, lack of student support and community partnerships as leading causes of negative educational outcomes. Additionally, parental involvement and accountability for their student's success cannot be overstated. Town hall data revealed citizens were concerned about substance use and academic barriers faced by children. However, family/guardian participation in school functions were reportedly lacking. Adolescence is a critical time to prevent drug addiction as early drug and alcohol use is highly linked to developing an addiction in the future. YUMADAOP's certified prevention specialists teach Botvin's LifeSkill's Training, which is an evidence-based program proven to reduce the occurrence of violence, drug, alcohol, and tobacco use among youth who complete the program (<https://www.lifeskillstraining.com/>). It is recommended to teach this program in a classroom setting that is conducive to learning, which is why partnering with local schools is so vital. The objective is to emphasize that action in one area can positively impact outcomes in another-e.g., youth who abstain from AOD use are more likely to stay in school and exhibit fewer behavioral issues. Proper prevention and life skills training will equip youth with the tools to handle difficult transitions in life and ensure a greater chance of building a successful future.

The following reflects a compilation of the research team's recommendations and professional opinions on what action needs to be taken to strengthen prevention infrastructure.

- Develop in-person information sessions in every region of Youngstown on a regular basis to maintain a strong, consistent presence in each community.
- Partner with local organizations, especially in high-needs communities, and disseminate information about prevention programs regularly.

- Strengthen citizen activism by providing education and resources to parents/guardians regarding the benefits of evidence-based prevention programs.
- Mobilize community members and encourage them to be active with their children's schools i.e., attend PTO functions, school board meetings.
- Significantly increase attendance of Board of Education meetings.
- Collaborate with academic professionals at YSU regularly.
- Utilize peer-led prevention campaigns.
- Attend city council meetings regularly.
- Consult with marketing and academic professionals to improve company image and enhance awareness of AOD prevention programs.
- Create/strengthen virtual communication strategies to address future in-person barriers, should they occur.
- Distribute Ohio Social Host Law information to community stakeholders.
- Increase awareness of negative health outcomes of marijuana use.
- Expand Narcan training and increase the number of organizations who have Narcan as part of their emergency operation plan, especially in regions with high overdose rates.
- Present overdose and overdose death rates to community stakeholders annually.

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