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**Alcohol and Drug Abuse Prevention
Capacity Development Project (ADAP)
Organizational Needs Assessment Report**

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Report Submitted to:

Warren County Family and Children First Council
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Executive Summary

This Needs Assessment was conducted as the initial phase of a larger project – the Alcohol and Drug Abuse Prevention Capacity Development Project (ADAP) – launched by Warren County Family and Children First Council (WCFCFC). This Assessment was intended to evaluate the community’s existing data related to the presence of Alcohol and Other Drug (AOD) problems and recommend strategies which the community, as well as local AOD prevention providers, could implement to address identified issues.

A subgroup of WCFCFC, the Workgroup, worked collaboratively with consultants to obtain necessary information for the completion of the Assessment. Data was obtained from the following sources: (1) A review of existing sources of information relevant to the drug and alcohol problem in the state of Ohio generally and in Warren County specifically and with regard to existing drug and alcohol abuse prevention services in Warren County; (2) relevant quantitative data obtained from a variety of local agencies and organizations; (3) a community-wide survey; and (4) Key Informant Interviews.

Findings revealed a number of strengths present in the county with regard to the current system of drug and alcohol prevention:

- a solid foundation of traditional drug and alcohol abuse preventative services;
- education and subsequent distribution of information are being fulfilled, at least in part, by existing services;
- a general awareness of a substance abuse problem exists, with a fairly well informed public regarding the specific nature and extent of the problem;
- a good base of support for community-based prevention programs within the community; and
- access to the resources of, and collaboration with, a large, well-established, regional drug-free coalition.

Areas in need of improvement were also identified, being categorized in terms of organizational needs and with regard to specific substances and populations that warrant the attention of prevention services.

The areas in need of improvement are as follows:

- a lack of awareness regarding the difference between preventative services and treatment, or intervention, services, as well as a lack of knowledge regarding secondary and tertiary preventative services;
- uncertainty regarding the interest and availability of key parties to lead a community-based prevention effort;
- limited specific preventative services as well as a lack of broad-based prevention messages, directed to the general public; and
- few certified Prevention Specialists exist who are not employed by treatment service providers or within the school system.
- Population and substance specific warranting targeted prevention services included:
 - teens (13-18) and young adults (18-25);
 - pregnant women
 - older adults;
 - heroin, opiates, and prescription medications;
 - alcohol; and
 - bath salts and synthetic cannabinoids.

Specific recommendations – related to the development of community-based prevention efforts – were offered based upon these findings.

Introduction

Warren County Family and Children First Council, herein referred to as WCFCFC, in collaboration with Mental Health Recovery Services of Warren and Clinton Counties, herein referred to as MHRS, perceived the need in Warren County for alcohol and drug abuse prevention capacity development, resulting in the development of the Alcohol and Drug Abuse Prevention Capacity Development Project (ADAP).

The specific purpose of this project, within that overarching goal, is to evaluate the community's existing data related to the presence of Alcohol and Other Drug (AOD) problems and recommend strategies which the community, as well as local AOD prevention providers, could implement to address identified issues.

Specifically, initial questions were posed regarding priority areas to be addressed; recommended strategies to address these priorities; the readiness of the community to address needs and service gaps; and areas of focus for a drug-free coalition.

Process of the Needs Assessment and Sources of Information

A subgroup of WCFCFC, herein referred to the Workgroup, was formed to oversee the ADAP project. Initial meetings of the Workgroup, working collaboratively with the consultants hired to conduct this Needs Assessment, served to determine the scope and scale of this project, to decide upon the process of the Needs Assessment, and to generate sources of information which would provide the basis for ultimate conclusions and recommendations.

The Workgroup consisted of representatives from WCFCFC, MHRS, Solutions Community Counseling and Recovery Center, Mason City Schools and the City of Mason, the Abuse and Rape Crisis Shelter of Warren County, and the Warren County Educational Service Center / Coordinated Care.

Data for this project was obtained from the following sources:

1. A review of existing sources of information relevant to the drug and alcohol problem in the state of Ohio generally and in Warren County specifically and with regard to existing drug and alcohol abuse prevention services in Warren County;
2. A community-wide survey; and
3. Key Informant Interviews.

Specific information pertaining to the distribution of the survey and the completion of Key Informant Interviews is available in the relevant, specified sections below. In addition, the survey is available for review in Appendix A, while the Key Informant Interview is contained in Appendix B.

Limitations of the Needs Assessment

The results of this analysis are limited by a lack of full community participation in Key Informant Interviews and by limited quantitative data. However, given the considerable volume of previously conducted studies and other summary documentation, the significant number of survey participants, and the fact that there were participants noted from every targeted sector, it is believed that the results of this assessment provide an adequate representation of the drug and alcohol abuse prevention system currently present in Warren County.

Review of Existing Documentation

The Workgroup provided a considerable amount of information relevant to the drug and alcohol problem in the state of Ohio generally, and in Warren County specifically, and with regard to existing drug and alcohol abuse prevention services in Warren County. This section of the report is designed to provide a summary of relevant data points from those documents.

The Ohio Department of Health created Community Health Profiles for the state of Ohio and for each of the 88 counties in 2008. The following information was detailed in the Community Health Profile for Warren County in December of that year (Ohio Department of Health, 2008):

- 4.8% of Warren County adults – as compared to 5.4% of Ohio residents – reported heavy drinking of alcoholic beverages;
- 24.9% of Warren County adults reported smoked cigarettes, as compared to 23.6% of Ohio adults; and
- Between 2004 and 2006, 11% of mothers living in Warren County smoked cigarettes during their pregnancy, as compared to 18.1% percent of pregnant mothers in Ohio.

Warren County Community Reports, issued in 2006 and 2011 (Warren County Family and Children First Council, 2006, 2011) suggested that an increase has consistently been seen with regard to the substance abuse treatment services available within the county.

The Coalition for a Drug-Free Greater Cincinnati has sponsored the administration of the PRIDE questionnaire, a survey designed to gather information pertaining to prevalence and patterns of drug and alcohol use, violence, gang activity and suicide, among other topics. This survey was administered to Warren County 7th through 12th graders in 2006, 2008, and 2010 (Coalition for a Drug-Free Greater Cincinnati, 2006, 2008b, 2010).

General trends available from this data suggested that students generally reported:

- using alcohol on the weekends at home or at a friend's home;
- using marijuana on the weekends primarily at a friend's house but also at home, in a car, and in other places, least often using at school;
- using other illicit drugs across a more evenly distributed variety of locations and times;
- believing marijuana to be more harmful than alcohol, and other illicit substances to be significantly more harmful than alcohol and marijuana; and
- finding alcohol more available than other substances.

Data was also available – in the following table – regarding annual substance use by Warren County middle and high school students:

Table 1. Annual Substance Use by Warren County Middle and High School Students: 2006, 2008, and 2010 PRIDE Questionnaire

Grades	2006						2008						2010					
	7	8	9	10	11	12	7	8	9	10	11	12	7	8	9	10	11	12
Tobacco	-	-	-	-	-	-	4.2	9.1	17.1	24.5	36.5	45.0	8.3	15.0	17.1	25.0	31.5	37.7
Alcohol	-	-	-	-	-	-	11.4	19.3	34.3	43.8	55.1	62.5	16.5	19.8	32.7	42.7	50.9	54.8
Marijuana	2.8	5.0	14.8	22.6	27.9	32.0	1.3	3.4	9.7	16.3	26.7	30.7	4.6	8.2	11.8	15.9	22.8	21.0
Cocaine	0.5	1.2	3.4	6.1	8.4	6.6	0.3	0.9	2.1	4.3	7.7	9.4	1.3	2.9	3.0	4.5	5.0	5.5
Hallucinogens	0.4	1.3	3.0	5.8	7.2	7.1	0.2	1.0	2.6	3.9	9.6	10.4	0.4	3.0	4.9	5.3	5.0	4.6
Inhalants	3.7	4.0	6.6	7.0	4.9	4.3	2.6	3.3	4.1	4.8	6.3	7.3	2.5	4.0	5.8	5.3	5.5	5.0
Heroin	0.4	0.8	2.5	3.5	4.3	3.9	0.3	0.9	1.5	2.7	4.6	6.1	0.4	2.7	3.8	4.0	4.1	4.8
Steroids	0.3	0.9	1.9	3.6	3.1	4.0	0.4	1.1	1.5	3.1	4.9	6.2	0.8	3.2	3.8	4.4	3.6	4.8
Ecstasy	0.3	1.0	3.1	5.3	7.2	7.9	0.3	0.4	1.2	2.3	3.7	6.6	0.6	2.3	4.0	4.0	5.2	5.3
OxyContin	0.9	1.8	3.3	5.3	7.2	6.9	0.1	0.6	1.2	1.9	4.9	5.8	0.8	2.7	4.5	4.9	5.0	5.0
Meth	-	-	-	-	-	-	0.2	0.4	0.8	1.7	3.8	4.8	1.3	2.3	3.8	3.6	4.1	4.5

Surveys were conducted by the Warren County Family and Children First Council, in 2007 and 2008, to assess the services present in the schools intended to prevent and/or treat behavioral health problems in youth.

The 2007 report (Warren County Family and Children First Council Success for School Age Youth Committee, 2007) indicated that a total of 220 programs, representing 158 distinct programs, were identified with 63 programs provided by school personnel and 95 provided by outside agencies or entities. The report stated that, “overall, the most frequently provided program category was of Alcohol, Tobacco and other Drugs which represented 18% of all school-based programs. This came in many forms, such as prevention programs like ‘Life Skills’ and ‘Too Good for Drugs & Violence’ provided by the Mental Health & Recovery Centers of Warren County, to ‘DARE’ and ‘S.I.D.N.E.’ provided by the Warren County Sheriff’s Office and various local law enforcement entities. Several schools also utilized school or youth led initiatives in this area such as Red Ribbon Week.” It was also noted that, particularly with regard to “the older grades of Junior High through High School, Alcohol, Tobacco & Other Drugs was the most frequently provided service.”

In addition, specifically, in 2007, 40 total programs existed in the Warren County schools to prevent and/or treat Alcohol, Tobacco, and other Drug problems: one in Early Childhood education; 15 in elementary schools; five in intermediate schools; six in junior high schools; and 13 in high schools.

A Healthy Choices program was noted to be offered in one high school, as well as 18 mentoring programs (i.e., in elementary, intermediate, junior high, and high schools) and six parent outreach programs (i.e., in elementary, intermediate, and high schools). Extracurricular activities and sports were also noted to be offered in 13 schools.

The survey was readministered in 2008 (Warren County Family and Children First Council Success for School Age Youth Committee, 2008). This updated report indicated an increase in total programs (i.e., increased to 240 programs), representing 133 distinct programs. The most frequently provided program category remained programming addressing Alcohol, Tobacco and other Drug problems, which represented 11% of all school-based programs. In 2008, 27 total programs existed in the Warren County schools to prevent and/or treat Alcohol, Tobacco, and other Drug problems, down from 40 programs offered the year before: 13 in elementary schools; one in an intermediate school; three in junior high schools; and eight in high schools.

Eight Healthy Choices programs were noted to be offered in Warren County schools in 2008; no mentoring programs were noted to exist at that time, a reduction from the previous year yet the parent outreach programs increased to 14. No mention was made regarding extracurricular activities and sports in this updated report.

In the 2012 County Health Rankings report (Robert Wood Johnson Foundation & University of Wisconsin, Population Health Institute, 2012), Warren County was ranked 7th out of the 88 Ohio counties with regard to health outcomes (i.e., based on mortality (length of life) and morbidity (quality of life) measures) and 3rd with regard to health factors (i.e., based on four types of factors: behavioral¹, clinical², social and economic³ factors, and factors related to the physical environment).

¹ tobacco use, diet and exercise, alcohol use, and sexual activity

² access to – and quality of - care

³ Education, employment, income, family and social support, and community safety

The results of the Ohio Youth Survey (Clinton County Family and Children First Council, Warren County Family and Children First Council, & Mental Health Recovery Services of Warren and Clinton Counties, 2010), a survey administered to 6th– 12th graders in Warren and Clinton counties during the 2008–2009 school year, suggest:

- The majority of Clinton and Warren County youth who use alcohol, tobacco, or other drugs reported first having tried any substance when they were 13–14 years old;
- 2 in 10 Clinton and Warren County youth drank alcohol in the past month;
- 1 in 10 youth binge drank, or had 5 or more alcoholic drinks on one occasion;
- The percentage of youth smoking tobacco was slightly lower than the average across the county; however, use of other tobacco products (snuff, chewing tobacco, tobacco from a pipe) was slightly higher;
- Almost half of the youth reported having fairly easy access to alcohol, and 2 in 10 don't see businesses asking for ID for alcohol or tobacco products;
- Youth are using alcohol and tobacco in the community (in private residences, parks) as opposed to at school;
- Fewer youth reported using marijuana or hashish than youth in the nation;
- 2 in 10 Clinton and Warren County youth report that they have ridden in a vehicle in the past month with a driver who had been drinking;
- With regard to substances other than alcohol, cannabis, and tobacco:
 - non-medical use of prescription drugs—or using prescription medication that was not prescribed to you—was highest for Clinton and Warren County youth, with 7% of youth reporting use;
 - Use of inhalants, such as aerosol air fresheners, cleaning products, or other sprays, followed at 4%; and
 - Between 1–3% of Clinton and Warren County youth reported using cocaine, designer or club drugs, downers, hallucinogens, heroin, steroids, or uppers or stimulants.

Pertaining specifically to the issue of prescription drug abuse in Ohio, the report entitled Burden of Poisoning in Ohio, 1999-2008 (Ohio Department of Health, Violence and Injury Prevention Program & Center for Disease Control, 2010), indicates:

- Unintentional drug poisoning became the leading cause of death in Ohio, exceeding the number of deaths caused by motor vehicle accidents and suicides;
- From 1999 to 2008, Ohio's death rate due to unintentional drug poisonings increased by 350 percent, and much of this increase can be attributed to prescription drug overdoses;
 - Of those unintentional medication poisonings, opioids used as pain relievers (e.g., methadone, oxycodone) have contributed significantly to the rise in these incidents, having been involved in at least 37% of all drug poisonings in Ohio in 2008;
- Males 45-55 years of age were found to be particularly vulnerable to unintentional overdose although the rates for females were observed to be climbing more rapidly;
- With regard to high risk groups, individuals aged 15-24, 25-34, 35-44, 45-54 and residents of Appalachian and metropolitan counties, were found to be at least 50 percent higher than among rural and suburban county residents;
- Although a relatively scarce substance, the number of methadone-related poisonings increased dramatically (394%) from 2003 (126) to 2007 (622); and
- Among unintentional poisoning decedents, hydrocodone and oxycodone were the most frequently filled opioid prescriptions and in 2008, average prescription fill rates for opioid medications (such as hydrocodone) were five to 25 times higher than among all Ohioans.

An update to this report (Ohio Department of Health, Violence and Injury Prevention Program & Center for Disease Control, undated1) provides data from 1999 to 2010. New data indicates that unintentional drug overdoses rose 5% from 2008 to 2010, making 2010 the year with the highest number of deaths on record for drug overdose. Unintentional drug overdoses continued to be the leading cause of injury-related death in Ohio, with prescription drugs being involved in most of the unintentional drug overdoses, largely driving the rise in deaths. Pain medications (opioids) and use of multiple drugs were found to be the largest contributors to the epidemic. Specifically pain medications (prescription opioids) were found to be associated with more fatal overdoses than any other prescription or illegal drug including cocaine and heroin combined.

In addition, more county-specific data, became available with the publication of the Unintentional Drug Overdose Death Rates for Ohio Residents by County (Ohio Department of Health, Violence and Injury Prevention Program & Center for Disease Control, undated2). This report suggests that, with regard to Warren County, 126 drug poisoning deaths were observed between 2006 and 2010, at a rate of 12.2 deaths per 100,000, a rate placing Warren County as the county with the 33rd (out of 88 counties) highest rate of drug poisoning deaths, equivalent to the rate observed in the state of Ohio overall.

Because of the rise in these numbers across the state, the Ohio Prescription Drug Abuse Task Force was established on 04/02/2010. In a report dated 10/01/2010 (Ohio Prescription Drug Abuse Task Force, 2010), having been charged with developing a coordinated and comprehensive approach to Ohio's prescription drug abuse epidemic this Task Force offered the following recommendations:

- With regard to law enforcement:
 - Implement standards for pain management clinics;
 - Reform legislation to increase the effectiveness of law enforcement in investigating and prosecuting prescription drug abuse cases;
 - Promote cooperation, communication, education, and training among law enforcement agencies; and
 - Conduct comprehensive reviews of funding initiatives for law enforcement issues related to prescription drug abuse.
- With regard to regulations:
 - Examine the regulation of prescriber dispensing of controlled substances;
 - Redesign of the Medicaid lock-in program;
 - Enable state agencies and private enterprises to create medication lock-in programs;
 - Reduce regulatory barriers to increase utilization of evidence-based addiction treatment practices;
 - Implement changes to the state prescription monitoring program; and
 - Encourage increasing initial and continuing education on pain management and drug abuse.
- With regard to treatment:
 - Enhance resources available within the alcohol and other drug addiction system of care for direct client services;
 - Adopt a statewide standardized screening and referral tool;
 - Increase education of prevention, intervention, treatment, and recovery support services for prescription drug abuse;
 - Increase utilization of evidence-based practices to meet the growing need of opioid addicted individuals seeking help; and
 - Identify best practices for managing acute and chronic non-malignant pain, and disseminate and promote these proven approaches.

- With regard to public health:
 - Establish new and support existing local coalitions / task forces to address the prevention of prescription drug misuse, abuse, and overdose;
 - Implement social marketing campaigns to create awareness about prescription drug abuse;
 - Provide population specific education to increase awareness, knowledge, and resources related to the risks of prescription drug abuse;
 - Facilitate the proper disposal of prescription medications; and
 - Improve and coordinate data collection related to prescription drug misuse, abuse, and overdose.

Data from the Ohio Department of Alcohol and Drug Addiction Services, State Epidemiological Outcomes Workgroup (undated) suggests that from 2005 to 2009 liquor sales in Warren County were lower than when compared to the state of Ohio; however, in 2010, liquor sales in Warren County surpassed the liquor sales in the state.

With regard to drug abuse trends in the Cincinnati region between June 2011 through January 2012, data (Ohio Department of Alcohol and Drug Addiction Services, Ohio Substance Abuse Monitoring Network, undated) suggests that bath salts, crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, and synthetic marijuana were highly available. An increase in the availability of heroin, and a likely decrease in the availability of methamphetamine, was reported.

In addition, a recent newsletter, published by the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Mental Health (2012) stated:

“Ohio has seen an alarming increase in the intentional misuse and street availability of a powerful prescription painkiller that experts say is more potent than hydrocodone, oxycodone and morphine ... Oxycodone, sold under the brand name Opana, is rapidly becoming the pharmaceutical painkiller of choice for persons who abuse Rx medications. Oxycodone, a Schedule II, semi-synthetic pharmaceutical opioid, has high potential for abuse and addiction. In past reporting periods, the most common and desired prescription opioid was OxyContin®. With the reformulation of OxyContin® to an abuse-deterrent tablet, there has been a drastic decrease in the both the use and availability of the drug in its original formulation. As a result, every Ohio region has reported an increase in the use and availability of Opana®. Many participants have reported that Opana® has become popular as a replacement for OxyContin® because it remains easy to use intravenously.”

Also, the results of a survey of Ohioans regarding the general population’s awareness of the ongoing opiate epidemic, conducted by the Ohio Association of County Behavioral Health Authorities (2012a), was presented at Ohio’s 2012 Opiate Summit in May 2012. The survey resulted in the following findings:

- The majority of survey respondents perceived alcohol to be the most serious drug problem in their communities, followed closely by prescription drugs;
- 82% of respondents indicated they agreed or strongly agreed that drug and alcohol addiction are diseases while 89% agreed or strongly agreed that individuals can recover from addiction;
- 98% of respondents indicated they agreed or strongly agreed that individuals can become addicted to prescription pain medications; however, only 43% of respondents indicated they have become more aware of the opiate epidemic in Ohio over the last year;
- Most respondents appeared unaware that heroin is an opiate while the majority of respondents appeared aware that some prescription pain medications are opiates;

- 62% of respondents indicated that they were unaware of someone who has misused or abused prescription medications in the past year; and
- Between 2010 and 2012 the number of individuals identifying heroin as the most serious drug problem in their communities doubled.

Finally, a recent Community Health Assessment, of Southwest Ohio and Southeast Indiana, including Warren County, conducted by Health Care Access Now (2012), indicated:

- Smoking rates throughout the target region were higher than the nation and significantly higher Healthy People 2020 goals; and
- Substance abuse was identified as a serious health concern on the rise by participants throughout the region.

In addition, regarding Warren County specifically, this Community Health Assessment offered the following Summary and Recommendations:

- **Risks:** Limited access to affordable and quality health care for all demographic groups;
- **Opportunities:** Warren County has an opportunity to integrate and establish a health-related advisory board that could serve as a centralized communication source to better reach residents about available health-related services and resources in the county;
- **Weaknesses:** Lack of prevention and mental health services for Warren County residents. This is especially problematic for vulnerable groups in Warren County;
- **Strengths:** Warren County already has many quality health-related services and agencies with a motivated core of service providers who want to improve health of all residents across Warren County. As one service provider noted during the GLA: “We must capitalize on what we are already doing. We can brand and sell the message, ‘Live Warren, Live Well!’”

Discussion of Existing Drug and Alcohol Prevention Services

Three agencies provide drug and alcohol prevention services to the community within Warren County:

- Solutions Community Counseling and Recovery Center (a mental health and substance abuse treatment provider, which has a department, staffed with a certified Prevention Specialist(s) dedicated to providing such services;
- Warren Outpatient (Talbert House), an agency providing substance abuse treatment in Warren County, also has dedicated prevention staff members; and
- Warren County Educational Service Center (ESC) has a Coordinated Care team dedicated to providing prevention, support, and intervention to Warren County youth and their families.

Solutions provided the following information in response to a request regarding their provision of prevention services within Warren County.

Table 2. Service Utilization Data for Prevention Services (Solutions Community Counseling and Recovery Center), July 2009 – June 2011

Service Utilization Data for Prevention Services		
	Numbers of units (hours) billed	
	July 2009 to June 2010	July 2010 to June 2011
Alternatives ⁴	0	1
Community Based Process ⁵	193	83
Education	1117	649
Information Dissemination	7	19
Problem Identification and Referral	0	0
Youth Led	6	4
Environmental	0	0

⁴ Alternatives was defined as “prevention strategies that provide opportunities for positive behavior support as a means of reducing risk taking behaviors, and reinforcing protective factors. Alternative programs include a wide range of social, recreational, cultural, and community service/volunteer activities that appeal to youth and adults.”

⁵ A community-based process was defined as a “prevention strategy that focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building and/or networking.” Examples might include participation in Family & Children First Council; the organization of medication disposal days; or time spent meeting with staff at schools or community organizations (e.g., libraries, Sheriff’s Office) to discuss needs, coordinate programming, and build relationships.

Warren Outpatient and Warren County ESC provided information detailing the services they provide within the schools. Their work, along with additional drug and alcohol prevention service programming, is provided within the local school districts

Table 3. Prevention Services Offered Within the Local School Districts

Prevention Services Offered	
Alternative School	<i>No information provided from Workgroup</i>
Carlisle School District	<i>No information provided from Workgroup</i>
	<i>Other interventions: Second Step Violence Prevention</i>
Franklin School District	<i>No additional information provided by Workgroup</i>
Kings School District	<i>No information provided from Workgroup</i>
Lebanon City Schools	Warren Outpatient providing six-week anger management program in an elementary school Presentations by ESC staff (Elementary and Junior High schools)
Little Miami School District	ESC providing presentations in health classes and to Elementary and High Schools
Mason City Schools	Warren Outpatient providing drug and alcohol education and stress management programming Presentations by ESC staff (Middle School) Drug-free coalition <i>Other interventions: Blue Dot campaign, Safe Spaces programming</i>
Springboro School District	<i>No information provided from Workgroup</i>
Warren County Career Center	Warren Outpatient providing drug and alcohol education and grief tolerance programming Teen Institute (youth led)
Waynesville School District	ESC providing presentations to Junior and Senior High Schools <i>No additional information provided by Workgroup</i>

Materials regarding Warren County ESC indicate that this agency also provides Red Ribbon Week presentations/displays, Good Choices groups, tables with information set up at athletic events, Parent/Teacher presentations, Career Day presentations, and Homecoming/Prom presentations.

Specifically, in addition to the notations in the table above, Warren County ESC appears to regularly provide community-based presentations at Countryside Community Church and Countryside YMCA. This agency also provided presentations at Children Services and Sinclair Community College in 2011. In addition, Warren Co. ESC indicated that they provided individual four-week prevention services to 19 Caucasian males, two Caucasian females, four African American males, and one Asian male between 01/01/2009 and 12/31/2011.

In addition, local law enforcement agencies also provide preventative services – in the schools as well as within the larger community – as described below:

Table 4. Prevention Services Offered by Local Law Enforcement Agencies

Prevention Services Offered	
Carlisle Police Department	D.A.R.E. in local schools, provided by WCSO Annual medication take-back day Twice annual "Click it or ticket" National Night Out
Clearcreek Township Police Department	<i>No information provided</i>
Franklin Police Department	D.A.R.E. in local schools, provided by WCSO Local EMS provides medication take back days
Hamilton Township Police Department	Presentations to local schools Medication take back days
Harveysburg Police Department	<i>No information provided</i>
Lebanon Police Department	Drug and alcohol abuse prevention incorporated as secondary message in three outreach programs - Safety Town (4-7 yrs of age), Junior Police Academy at YMCA (9-12 years of age), and Internet Safety and Security (teens and adults)
Loveland Police Department	Medication take back days Recipient of Attorney General's Drug Use Prevention Grant for the 2011/2012 and 2012/2013 school years
Ohio State Patrol	Monthly meeting with juvenile offenders - 2-3 hour presentation which covers drug and alcohol use Booth at the Warren County Fair, providing literature regarding safe driving and substance usage Presentations to local school, businesses, YMCAs, and local mental health and substance abuse treatment providers
Maineville Police Department	<i>No information provided</i>
Mason Police Department	D.A.R.E. - 6th grade Medication take back days

Prevention Services Offered (cont'd)	
Monroe Police Department	D.A.R.E. - 6th grade Medication take back days Drop off box for meds in lobby Active participants in Butler County drug-free coalition Actively participate in programming for safe proms and graduations
Morrow Police Department	<i>No information provided</i>
Springboro Police Department	D.A.R.E. - 6th grade Medication take back days "You Drink, You Drive, You Lose" saturation patrols which generally coincide with various holidays
Warren County Sheriff's Office	D.A.R.E. Medication take back days Presentations to local civic, educational, and professional groups - with members of WC Drug Task Force about prescription drug abuse
Waynesville Police Department	No preventative services provided

Finally, the Countryside YMCA correctly indicated that their Healthy Living and Social Responsibility programming serves as a prevention service.

Discussion of Available Quantitative Data

Quantitative Data was requested from a variety of agencies and organizations including social service agencies, schools, hospitals, the health department, the coroner's office, and law enforcement agencies and courts; however, not all data requested was received by the time of this report preparation. The data received is discussed below.

Department of Job and Family Services, Children Services

Information provided from Warren County Children Services suggests that the percentage of substance - involved cases opened with this agency between 2009 and 2011 have increased. In particular, the percentage of cases with a presence of heroin or opiates is dramatically on the rise.

Table 5. Percentage of Warren County Children Services Cases Opened with Drug Involvement, 2009-2011

	% of cases opened with drug involvement							TOTAL
	Benzodiazepines	Alcohol	Meth	Opiates / Heroin	Marijuana	Cocaine	Rx drugs	
2009	2%	2%	2%	17%	2%	5%	1%	32%
2010	1%	2.5%	2.5%	34%	4%	4%		48%
2011				73%	38%	27%	21%	68%

Hospitals

Although Atrium Medical Center and Bethesda Medical Center at Arrow Springs were contacted with data requests, particularly pertaining to the prevalence of substance-related visits to the Emergency Department and admissions to the Behavioral Health unit, such data was not received by the time of this report preparation.

Health Department

Data was received from the Warren County Health Department pertaining to the number of suicides occurring within the county; however, collateral contact with the Coroner’s Office indicated that, because autopsies are not conducted in every suicide case, data is not available to determine whether the individuals committing suicide were under the influence of substances.

Coroner’s Office

Data, pertaining to the number of substance-related deaths in the county, was obtained from the Warren County Coroner’s Office.

Table 6. Number of Substance-Related Deaths in Warren County, 2009-2011

	Number of Substance-Related Deaths
2009	32
2010	19
2011	24

Some additional information is available regarding the age and gender of individuals succumbing to substance-related deaths during this time period, as indicated below:

Table 7 and Table 8. Number of Substance-Related Deaths in Warren County, by Age and Gender, 2009-2011

Substance Related Deaths, by age			
	2009	2010	2011
17-19	1	0	0
20-29	6	4	8
30-39	8	8	4
40-49	10	3	7
50-59	6	4	5
60+	1	0	0

Substance Related Deaths, by gender		
	Male	Female
2009	25	7
2010	8	11
2011	19	5

Table 9. Cause of Death in Substance-Related Deaths in Warren County, 2009-2011

	Cause of death ⁶					
	Ethanol Intox	Heroin Intox	Oxycodone Intox	Cocaine Intox	Methadone Intox	Morphine Intox
2009	3	5	1	0	2	0
2010	1	3	1	1	2	1
2011	0	6	1	0	1	0
	Alprazolam Intox	Valium Intox	Doxepin Intox	Multiple Drug Intox	Drug Ingestion (injury)	Hypertensive Cardiovascular Disease (contributed to by heroin intox)
2009	3	0	0	21	0	1
2010	1	1	0	12	0	0
2011	1	0	1	13	2	0

⁶ It is important to note that, in some cases, intoxication by more than one substance (e.g., Heroin and Valium Intoxication) may contribute to the cause of death.

Table 10. Substances Present in Toxicology Screens in Substance-Related Deaths in Warren County, 2009-2011

	Substances present					
	Ethanol	Cocaine	Opiates	Other pain meds	Benzodiazepines	Antidepressants
2009	9	1	27	5	17	7
2010	2	4	17	3	9	5
2011	4	2	22	5	14	1
	Anti- psychotics	Muscle relaxants	Sleep meds	Anesthetic	Antihistamines / Cough suppressants	Synthetic cannabinoids (K2, Spice)
2009	4	2	1	0	6	0
2010	0	3	0	0	1	0
2011	0	1	2	1	2	1

The large presence of opiates and benzodiazepines is notable.

Dispatch Data

Call for Service dispatch data was obtained from Warren County Emergency Services⁷. Specifically, a compilation of the number of calls coded as “Overdose” has been included for review.

Table 11. Warren County Emergency Services “Overdose” Coded Dispatch Calls, by Substance and Age, 2009-2011

Calls for Service Coded as "Overdose" by Warren County Emergency Services 01/01/2009 through 12/31/2011									
	Alcohol			Marijuana			Cocaine		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
Under 18		2	1	2	1	1			1
18-25		1	3					1	
26-40	4	9	2						
41-64	5	4	3						
65+									
Age unknown	8	5	4						
Total	17	21	13	2	1	1	0	1	1

	Heroin			Opiate pills / Methadone			Anti-anxiety meds		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
Under 18						1	1	2	1
18-25	2		3	3	3	2	4	3	3
26-40	5	2	2	4	3	3	10	6	7
41-64				5	5	3	4	6	3
65+				1			1		
Age unknown	3	2	4	6	3	5	11	4	14
Total	10	4	9	19	14	14	31	21	28

⁷ It is important to note that the municipalities of Lebanon and Franklin are not wholly represented by the data obtained by Warren County Emergency Services as both Lebanon and Franklin have their own independent dispatch centers. Dispatch data was requested from these agencies; a response from the Lebanon Police Department indicated that substance-specific dispatch codes are not used by their dispatch center.

	Antidepressants			Anti-psychotics			Sleeping pills		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
Under 18	3		2			1	2	2	1
18-25	1	1	2			1	1	2	1
26-40	1	1	1	1	1		3	2	3
41-64		2			1		3	3	1
65+			1				1		
Age unknown	2	2	1			2	4	2	4
Total	7	6	7	1	2	4	14	11	10

	Tylenol / Advil / etc.			Muscle relaxants			Unknown pills		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
Under 18	3	1	1				1	4	1
18-25	2	3	1				1	1	2
26-40	1	1	2	1	4		3	5	8
41-64		1	2		1		7	8	7
65+								2	4
Age unknown	4	2	4	2	1		12	12	8
Total	10	8	10	3	6	0	24	32	30

	Hallucinogens			Inhalants			Methamphetamine		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
Under 18	1	1							
18-25		1		1					
26-40	1								
41-64				2					
65+									
Age unknown	1							1	
Total	3	2	0	3	0	0	0	1	0

	K2/Bath Salts			Other			Substance Unknown		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
Under 18			1	1	1	3		1	4
18-25			1	3	3	2	1	4	7
26-40			1	2	1	7	6	8	12
41-64			1	4	3	2	5	5	4
65+				2	5	1	9		4
Age unknown			1	7	5	5	29	31	40
Total	0	0	5	19	18	20	50	49	71

Consistent with data received from the Coroner's Office, the large presence of anti-anxiety medications and opiates in such calls is notable.

Data is also available regarding the gender and age of subjects reported to be experiencing an overdose.

Table 12. Warren County Emergency Services "Overdose" Coded Dispatch Calls, by Gender and Age, 2009-2011

	2009			2010			2011		
	Male	Female	Unknown	Male	Female	Unknown	Male	Female	Unknown
Under 18	10	1	1	5	6	1	6	10	2
18-25	11	10		13	7	1	15	11	1
26-40	22	11	1	15	18		18	22	1
41-64	15	16		16	17		5	18	
65+		4	1	2	5		4	5	1
Age unknown	18	37	27	16	21	29	32	27	21
Total	76	79	30	67	74	31	80	93	26
	185			172			199		

Law Enforcement

Data was obtained, pertaining to the number of substance-related arrests in the county from the police departments in Hamilton Township, Lebanon, Mason, Springboro, and Waynesville, as well as from the Ohio State Patrol⁸.

Table 13. Drug and Alcohol-Related Arrests, Hamilton Township Police Department, 2009 to 2011

Hamilton Township PD - Arrests			
	2009	2010	2011
Abusing Harmful Intoxicants	0	0	1
Cultivation	0	0	1
Cocaine Possession	0	1	0
Contributing	0	1	0
Disorderly Conduct, Intoxicated	0	1	0
Drug Abuse	0	1	1
Drug Activity	4	5	0
Drug Paraphernalia	1	0	3
Drug Possession	2	5	9
Drugs	20	3	2
Felony Drug	0	1	1
Intoxicated	0	3	2
Intoxicated Driver	4	3	3
Intoxicated Subject	29	27	25
Narcotics	21	13	15
OMVI	44	29	57
Open Container	1	1	0
Overdose	7	3	6
OVI	6	0	0
Possession	1	0	0
Recovered Drugs	1	0	0
Underage Consumption	12	6	5
Underage Possession of Tobacco	1	0	1
Total	154	103	132

⁸ Data was also requested from the police departments in Carlisle, Clearcreek Township, Franklin, Harveysburg, Loveland, Maineville, Monroe, and Morrow, and from the Warren County Sheriff's Office. The Carlisle, Franklin, and Loveland Police Departments, as well as the Warren County Sheriff's Office, were unable to generate the data requested by the time of this report preparation; contact with the Monroe Police Department indicated that, because 75% of their city is in Butler County most of their data was not relevant to Warren County and it was not possible to separate the data by individual county with any degree of certainty.

Table 14. Drug and Alcohol-Related Arrests, Lebanon Police Department, 2009 to 2011

Lebanon PD – Arrests			
	2009	2010	2011
Drug Paraphernalia	41	45	32
Underage Drinking	12	15	7
Drug Abuse	10	3	10
Drug Sale / Mfg: Opium, Cocaine	3	12	7
Drug Sale / Mfg: Marijuana	3	7	7
Drug Sale / Mfg: Narcotic	2	2	3
Drug Possession: Opium, Cocaine	21	36	16
Drug Possession: Marijuana	46	94	54
Drug Possession: Narcotic	5	20	7

Table 15. OVI Arrests, Waynesville Police Department, 2009 to 2011

Waynesville – Arrests			
	2009	2010	2011
OVI	10	9	11

Table 16. Drug and Alcohol-Related Arrests, Springboro Police Department, 2009 to 2011 (Cumulative)

Springboro PD - Arrests 01-01-09 through 12-31-2009			
Disorderly Conduct - Intoxicated create risk of harm	3	Underage Person Not to Purchase or Consume Low-	
Having Weapons While Under Disability	2	Alcohol Beverage	14
Using Weapons While Intoxicated	4	Person Under 21 Not to Purchase or Consume Beer	
Trafficking in Drugs	3	or Intoxicating Liquor	2
Trafficking in Drugs - Containing Cocaine	1	Misrepresentation to Obtain Alcoholic Beverages for	
Possession of Drugs	200	a Person Under 21	1
Possession of Drugs - Schedule I or II Substance	16	Prohibitions Against Consumption in Motor Vehicle	17
Possession of Drugs - Schedule III, IV, or V Substance	7	Illegal Possession of Intoxicating Beer or Liquor	2
Possession of Drugs – Marijuana	16	Offenses Involving Underage Persons	51
Possession of Drugs – Cocaine	3	Offenses Involving Underage Persons - Sell to/	
Possession of Drugs - L.S.D.	1	Purchase for	1
Possession of Drugs – Heroin	11	Offenses Involving Underage Persons - Owner/	
Possessing Drug Abuse Instruments	37	Occupant of Public/Private Place Allow	9
Permitting Drug Abuse	5	Offenses Involving Underage Persons - Engage Use	
Permitting Drug Abuse - vehicle commission of		Accommodations at Hotel, etc.	1
felony drug abuse offense	1	Offenses Involving Underage Persons - Permit	
Drug Paraphernalia	233	Underage Person to Engage	1
Illegal Use of Possession of Drug Paraphernalia	10	Offenses Involving Underage Persons - Underage	
Deception to Obtain a Dangerous Drug	2	Consume Beer Intoxicating Liquor	25
Illegal Processing of Drug Documents	1	OVI: Operating Vehicle Under the Influence of	
Abusing Harmful Intoxicants	1	Alcohol/Drugs	221
Offenses Involving Counterfeit Controlled		Physical Control of Vehicle While Under the Influence	7
Substance – Possess	1	Persons Under 21 Not to Purchase Beer or Intoxicating Liquor	7
Restrictions on Sale of Beer and Liquor	6	OVI	50
Open Container Liquor	57	Intoxicated Pedestrian on Public Highway	1

Table 17. Drug and Alcohol-Related Arrests, Mason Police Department, 2009 to 2011 (Cumulative)

Mason PD – Arrests 01-01-09 through 12-31-2009			
Disorderly Conduct - Intoxicated create risk of harm	8	Corrupting Another With Drugs	1
Having Weapons While Under Disability	1	Driving While Under the Influence of Alcohol / Drugs	5
Using Weapons While Intoxicated	7	Drug Paraphernalia	28
Trafficking in Drugs	5	Illegal Use of Possession of Drug Paraphernalia	125
Trafficking in Drugs - Containing Marijuana	1	Deception to Obtain a Dangerous Drug	1
Trafficking in Drugs – prepare	1	Abusing Harmful Intoxicants	1
Trafficking in Drugs - sell or offer to sell	8	Open Container	68
Possession of Drugs - Schedule I or II Substance	12	Open Liquor Container - Operator or Passenger of	1
Possession of Drugs - Schedule III, IV, or V Substance	6	Motor Vehicle	
Possession of Drugs – Marijuana	39	Illegal Possession of Intoxicating Beer or Liquor	1
Possession of Drugs – Cocaine	4	Offenses Involving Underage Persons	1
Possession of Drugs - L.S.D.	1	Offenses Involving Underage Persons - Sell to/	56
Possession of Drugs – Heroin	14	Purchase for	
Possessing Drug Abuse Instruments	26	OVI	301
Permitting Drug Abuse	4	Selling, Purchasing, Distributing, or Delivering	8
Drug Abuse; Controlled Substance Possession or Use	150	Dangerous Drugs	
Controlled Substance or Prescription Labels	1	Walking on Highway While Under Influence	1

Table 18. Drug and Alcohol-Related Arrests and Drug Seizures in Warren County, Ohio State Patrol, 2009-2011

Ohio State Patrol								
	OVI Arrests	Drug-Related Arrests	Drug Seizures					
			Marijuana	Cocaine	Heroin	Opiate pills	Depressant pills	Stimulant pills
2009	385	49	<i>1269</i>	5	<i>1002</i>			
2010	481	73	9668	<i>8002</i>	33	68	70	0
2011	551	115	9877	19	38	814	191	38

NOTE: An inquiry was made regarding the perceived discrepancies present with regard to the italicized numbers in the table above; however, neither confirmation nor clarification was received from the Ohio State Patrol by the time of this report preparation.

Table 19. Percentage of Warren County Jail Inmates Reporting History of Substance Use Problems

% of Warren County jail inmates upon admission to the jail			
	2009	2010	2011
Presenting as under the influence or with visible signs of withdrawal	6.47%	5.06%	4.68%
Reporting regular use of alcohol/drugs	19.10%	18.45%	19.27%
Reporting problems when stop drinking / using drugs	1.86%	1.53%	1.97%

Data was also received – pertaining to the amount of drugs purchased and/or seized in 2009, 2010, and 2011 – from the Greater Warren County Drug Task Force. Detailed data received, pertaining to these purchases and seizures can be found in Appendix D.

Service Providers

Data was made available from Mental Health and Recovery Services of Warren and Clinton Counties (MHRS) regarding the number of clients seen for Alcohol and Other Drug (AOD) Services for the Fiscal Years of 2009 (July 2008 through June 2009) and 2010 (July 2009 through July 2010).

Table 20. Number of Clients Seen for AOD Services (by Contract Agencies of MHRS) in Warren County, FY09-FY10

	Number of Clients Seen for AOD Services	
	FY 09	FY 10
Under 18	1384	1553
Above 18	1493	1686

The clients receiving services – from both Warren and Clinton Counties – were 95% Caucasian and 64 to 66% male from FY07 through FY10. Further, the top five diagnoses during this time period were consistently noted as follows: Alcohol Dependence, Opiate Dependence, Cocaine Dependence, Cannabis Dependence, and Alcohol Abuse.

Warren Outpatient, a provider of outpatient substance abuse treatment services, provided the following information regarding their provision of such services between 2009 and 2011.

Table 21 and Table 22. Service Utilization Data, Warren Outpatient, 2009-2011

	Referrals	Successful Completion
FY09	152	Not available
FY10	516	135
FY11	743	246

Diagnoses Observed 2009-2011 in 1222 Clients	
Alcohol-related	872
Cannabis-related	710
Cocaine-related	241
Opioid-related	554
Amphetamine-related	50
Sedative / Hypnotic / Anxiolytic-related	153
Hallucinogen-related	17

Finally, data was also obtained from Treatment Alternatives to Street Crime (TASC), an agency which provides court-ordered drug and alcohol assessments of individuals involved with the Warren County criminal justice system. This agency also provides case management services and referrals for treatment. The following information was provided by TASC regarding the services this agency provided between 2009 and 2011:

Table 23. Service Utilization Data by Treatment Alternatives to Street Crime (TASC), 2009-2011

Year	Assessment Hours	# of Assessments	Case Management	Screens
2009	547.3	502	2,239.2	244
2010	628.8	570	1,556.5	0
2011	688.6	633	960.95	4,457
Total	1864.7	1,705	4,756.65	4,701

Survey Results

Warren County residents or individuals who worked in Warren County were sought to respond to the Warren County FCFC ADAP Needs Assessment Survey, which ran from April 18, 2012 to June 19, 2012. The survey was distributed electronically through a web based survey link and an introductory email that was sent to members of the Workgroup. That group then forwarded a prepared email, which included the survey distribution email and link, to a list of contacts with whom they had been working for the month preceding explaining the need and model of the distribution. That list of contacts was identified by the Workgroup as community members/leaders who would distribute the survey to their e-mail network (e.g., superintendents of the schools would send out the introductory e-mail and survey link to all staff, employees, and parents) or would post the link to the survey where others would access it (e.g., flyers in waiting rooms, on blogs or websites frequented by parents, agencies that could distribute the paper copy to consumers, businesses who would send it out on a company e-mail blast, or to any groups identified as target populations).

Additionally, members of the Workgroup carried or mailed paper versions of the survey to meetings and venues where residents, consumers, colleagues, and interested parties might be present. Then those responses were returned to the county's mental health and recovery services board and those surveys (less than 35) were manually entered into the database. Lastly, a story about the survey was run in the Mental Health and Recovery Services of Warren and Clinton Counties' monthly newsletter, including a phone number and address to call to request a survey and a QR code and website link where anyone receiving the newsletter could also take the survey.

The survey was designed so that most questions had to be answered before the respondent could move on, and though most questions were multiple choice or rated using a Likert Scale, there were opportunities to record comments on nearly all questions. Multiple members at a given IP address could respond (e.g., multiple members of the same household, office, or worksite). There was no mechanism to detect if any one person responded to the survey more than once. However, there was no incentive for responding twice, other than being able to provide feedback, so multiple responses from one individual were not likely.

Respondents

928 individuals responded to the survey. 910 lived or worked in Warren County and of that 910, 676 completed the survey. 720 respondents answered at least 16 out of 22 questions, and 56 individuals indicated they would like to participate in a community effort to increase the available drug and alcohol abuse prevention services, including a banker, education professionals, someone from the treasurer's office, individuals from the health department and a local hospital, members of churches and schools, private business owners, and others who are likely residents as they provided no business affiliation.

65.7% of the respondents were residents of the community, 35.5% of the respondents identified themselves as working as an education or school professional, and all 12 identified sectors were acknowledged by at least four participants. Because there was such a majority of respondents who identified themselves as education or school professionals, that group was examined separately and compared to the group who did not identify as such. Differences in response content or trends will be discussed for each question, if the difference is important to the findings. Otherwise, data will be reported for the entire group.

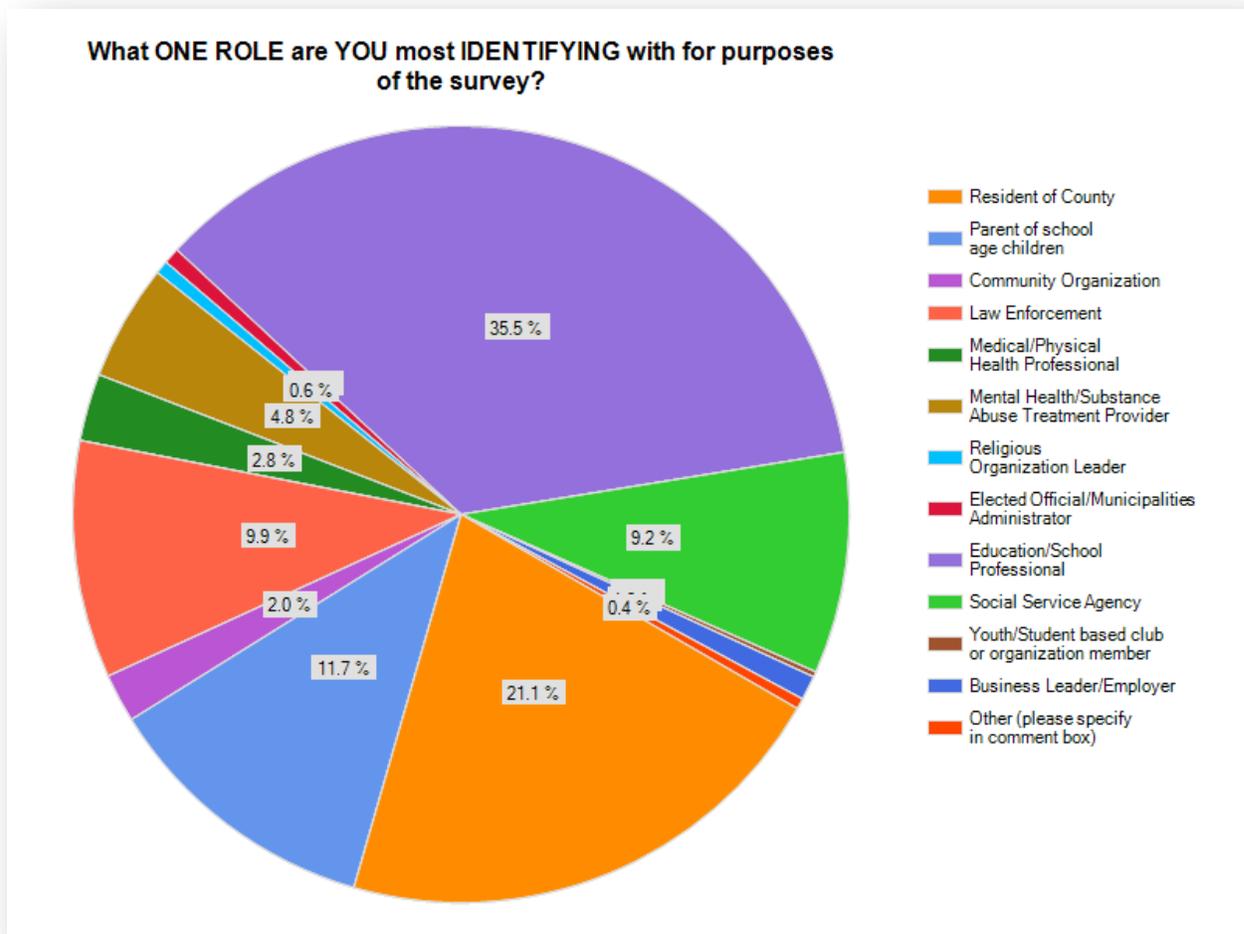
Of those who provided demographic information, 69.5% of the respondents identified themselves as female and 14 respondents did not answer. 93.6% of the respondents identified themselves as Caucasian,

six respondents said Multiracial, six said African/Caribbean, while three said Latino and an additional three respondents said Asian. 27 preferred not to identify themselves. The majority of respondents were between the ages of 30 and 49 (53.4%) and there were no respondents under the age of 18, though there was one respondent who was still in high school. 78.3% of the respondents were college graduates, though when the education professionals were removed from the pool that percentage decreased to 71.8%. Nearly one-third of the respondents did not respond to the demographic questions at all.

Affiliation

65.7% of the respondents were residents of the community and additionally held jobs in the county, were parents of school-age children, or were affiliated with religious or community groups. But when asked to choose just one of those roles, 35.5% of respondents identified themselves as education professionals/teachers. 21.1% of respondents identified themselves as residents of the county with an additional 11.7% identifying themselves as parents of school-age children. Nearly 10% of respondents were from law enforcement and just over 9% were from social service agencies. While all identified sectors were represented, the least represented sector was youth/student-based club or organization members. Under the category of “other,” respondents wrote in identifiers including parent of an adult with a mental condition, parent of an alcoholic, NAMI of Warren County representative, a human resources manager for a Warren County company, several county employees, and some attorneys.

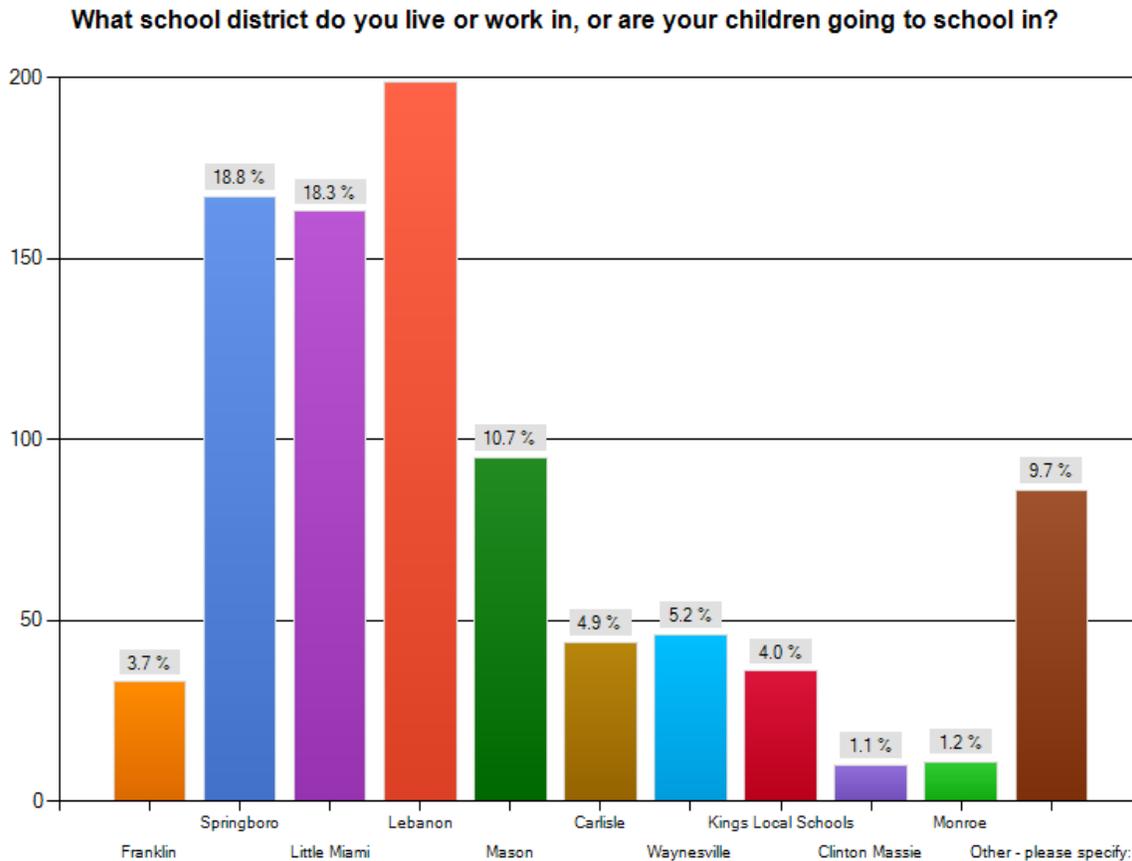
Figure 1. Most Closely Identified Roles by Survey Respondents



School District

All ten public school districts and the Warren County Career Center (according to additional comments) were represented by at least ten respondents each, and there was one commenter who identified themselves as from a parochial school. 199 respondents (22.4%) were from Lebanon City School District. Springboro and Little Miami each had over 160 respondents and Mason had 95.

Figure 2. School Districts Identified by Survey Respondents



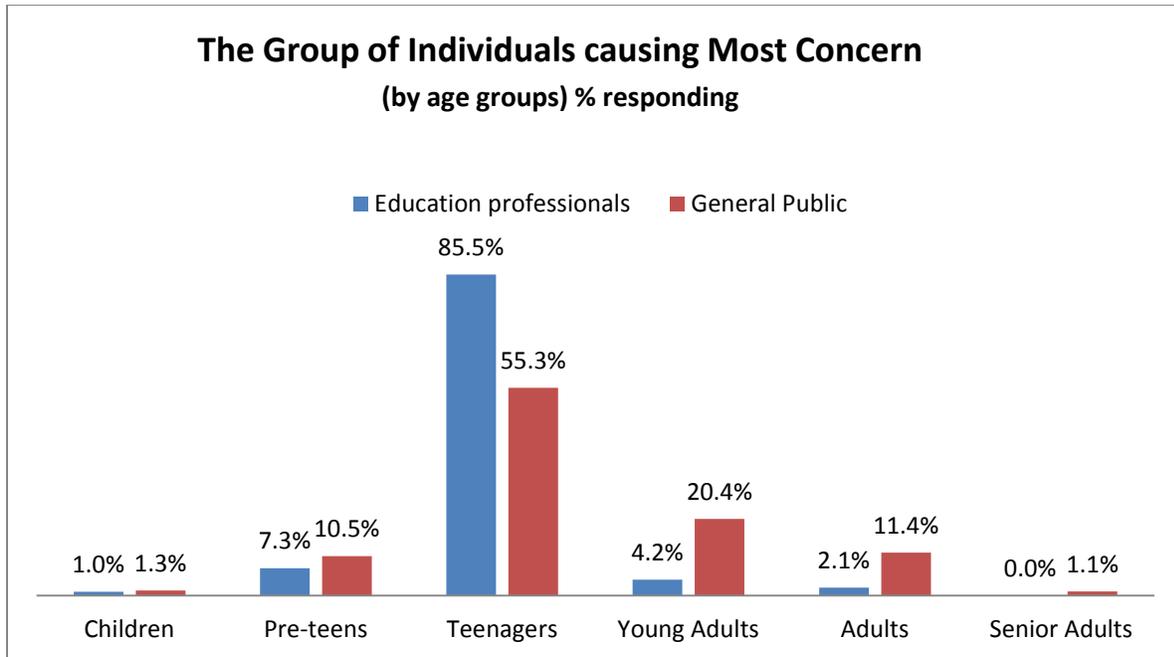
Survey Responses

Overwhelmingly respondents identified teens and young adults (81.7%) as the audience they were most concerned about with respect to using drugs or alcohol inappropriately, when considering the population by age. However, when the results from the education professionals was compared to the rest of the county population, teachers and educators responded that teens, ages 13 to 18, were their primary concern (85.5%), followed by pre-teens (7.3%) and young adults (4.2%).

The rest of the county responded that their top concern was teenagers (55.3%) but the other age groups (children, pre-teens, adults and senior adults) also received some consideration. Young adults, age 18 to 25 were more likely to be identified by the general-county group (20.4%) and adults (ages 25 to 64) were

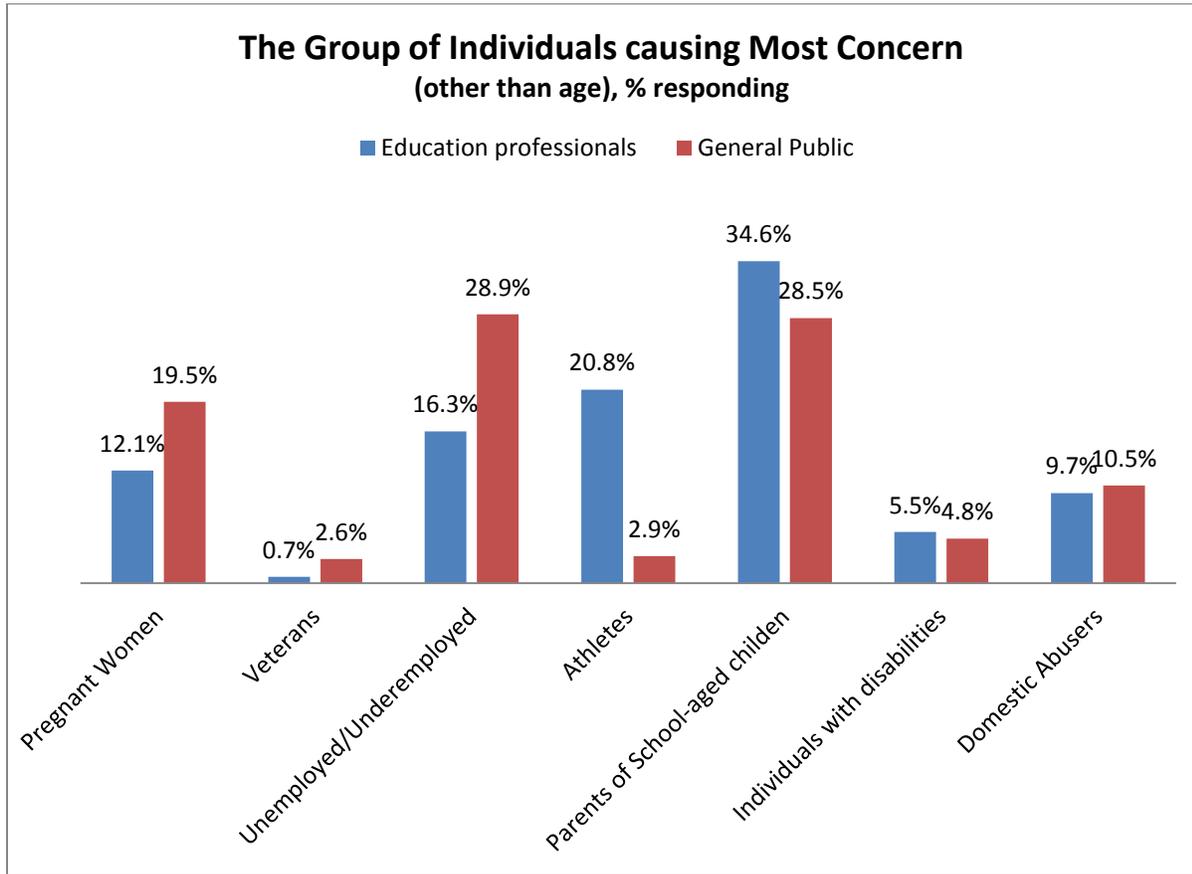
endorsed 11.4% of the time. Additionally, five members of the general-county group identified senior adults as being of concern, while the education group did not identify that population at all.

Figure 3. Groups of Individuals – by Age – of Most Concern to Survey Respondents, Comparing Responses of Education Professionals with the Remainder of the Sample



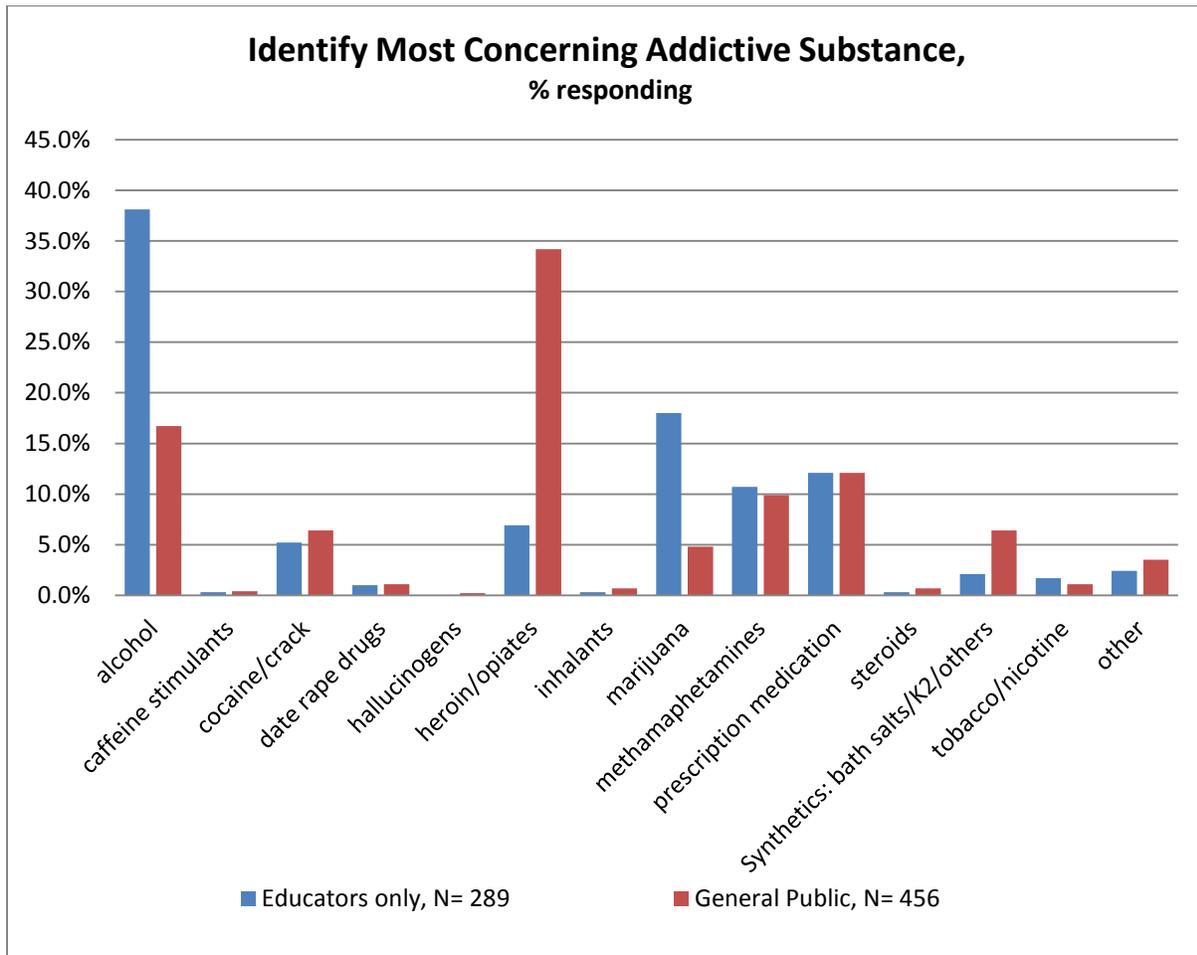
To further understand the identified populations, the question immediately following the age group question tried to force respondents to think outside of the age categories and think about environmental situations. When limited in that manner, education professionals identified parents of school-age children as their top group of concern. The respondents from outside the education profession said unemployed and underemployed (28.9%), parents of school-age children (28.5%), and pregnant women (19.5%) were their primary populations of concern. The education professionals' responses indicated that athletes were their second choice (20.8%) and the unemployed/underemployed fell third (16.3%). Both groups endorsed domestic abusers (10%) and individuals with disabilities (5%) as populations of concern as well. Veterans and athletes were endorsed less than 3% of the time for the non-education professionals, whereas education professionals identified veterans less than 1% of the time.

Figure 4. Groups of Individuals – Non-Age-Related Populations – of Most Concern to Survey Respondents, Comparing Responses of Education Professionals with the Remainder of the Sample



These results are not surprising given the wording of the question: “Check the one group that you are most concerned about with respect to using drugs and alcohol inappropriately” but these results do suggest the need to consider tailoring training to match the receiving groups’ interests.

Figure 5. Most Concerning Addictive Substance Identified by Survey Respondents, , Comparing Responses of Education Professionals with the Remainder of the Sample



The general public group of Warren County respondents was most concerned about heroin and opiates (34.2%) and a distant second was alcohol, followed by prescription drugs. Methamphetamines also finished with nearly 10% of the responses but no other substance really approached the level of concern caused by heroin and opiates. Conversely, the teachers are very concerned about the use of alcohol (38.1%), possibly because they are also focusing on that much younger population than the general public, who was more concerned about the teenagers and young adults, as opposed to just the early teen years.

With regard to specific populations combined with specific drugs, the comments from the teachers were consistent with the previous answers regarding concern about the students and their interaction with alcohol and marijuana and the dangers of that combination for school, sexual activity, and driving. There were some comments about the parents of students, particularly parents of younger children, and the parents using drugs around the children, including methamphetamines, inhalants, and alcohol. The general public comments included young parents of young children using drugs and teens using alcohol; however, they also appeared concerned regarding developmentally-delayed individuals using “any drugs,” children in homes where “this drug is processed,” caregivers under the influence of, or with access to, drugs, domestic abusers and methamphetamines, teenagers with access to heroin, and a variety of combinations indicating their recognition of the complicating factors of specific populations using a variety of substances.

34.6% of the general public said they knew of someone who had used a prescription drug without a written prescription from a doctor; 34.4% of them said they did not know anyone who had misused prescription drugs but 30% of the public knew someone who had accidentally or intentionally overdosed using prescription drugs. Of the education professionals who responded, 22% knew of someone who had overdosed but 45.1% said they did not know anyone who had misused prescription drugs. The comments revealed that respondents were concerned about “doctor shopping” and abuse of pain medications in particular, as well as the lack of knowledge about the dangers of mixing prescription medications with alcohol. Respondents also again mentioned caregivers stealing medications from the elderly.

Respondents were fairly insightful about the impact of drug, alcohol and tobacco use on their community. Over and over again they mentioned the destruction of the whole family (not just the user), the impact on the developing fetus or young child who is exposed to the toxins, the increase in criminal activity, and the general consensus that the use of these substances results in a population of individuals who are unable or unwilling to be independent. There were a few respondents who thought it was “rarely an issue” or said, “I don’t really know,” but this comment taken directly from one of the surveys was particularly thorough in summing up the common themes:

“I see drug, alcohol and tobacco use impacting the overall communities healthcare costs, social welfare, property values, and changes in the overall quality of local living standards within the community. I also see if there is an a lot of abuse in the community with drugs, alcohol and tobacco that there is an increase in expenses by the tax payer through the various county programs that then are needed more to help lower the social problems (such public services offered by the Warren County FCFC, the Sheriff Department, Court Systems and other legal expenses). Example: compare the various expenses on resources dedicated to drug, alcohol and tobacco abuse between Hamilton, Butler, Clinton and Warren counties.”

The survey results conveyed an overall feeling that substance abuse was perceived as a serious problem in Warren County with 79.6% reporting it to at least be “troubling.” However, 14 (1.7%) of Warren County respondents saw it as “no problem at all” and 152 respondents (5.1%) considered it “a little bit of a problem.”

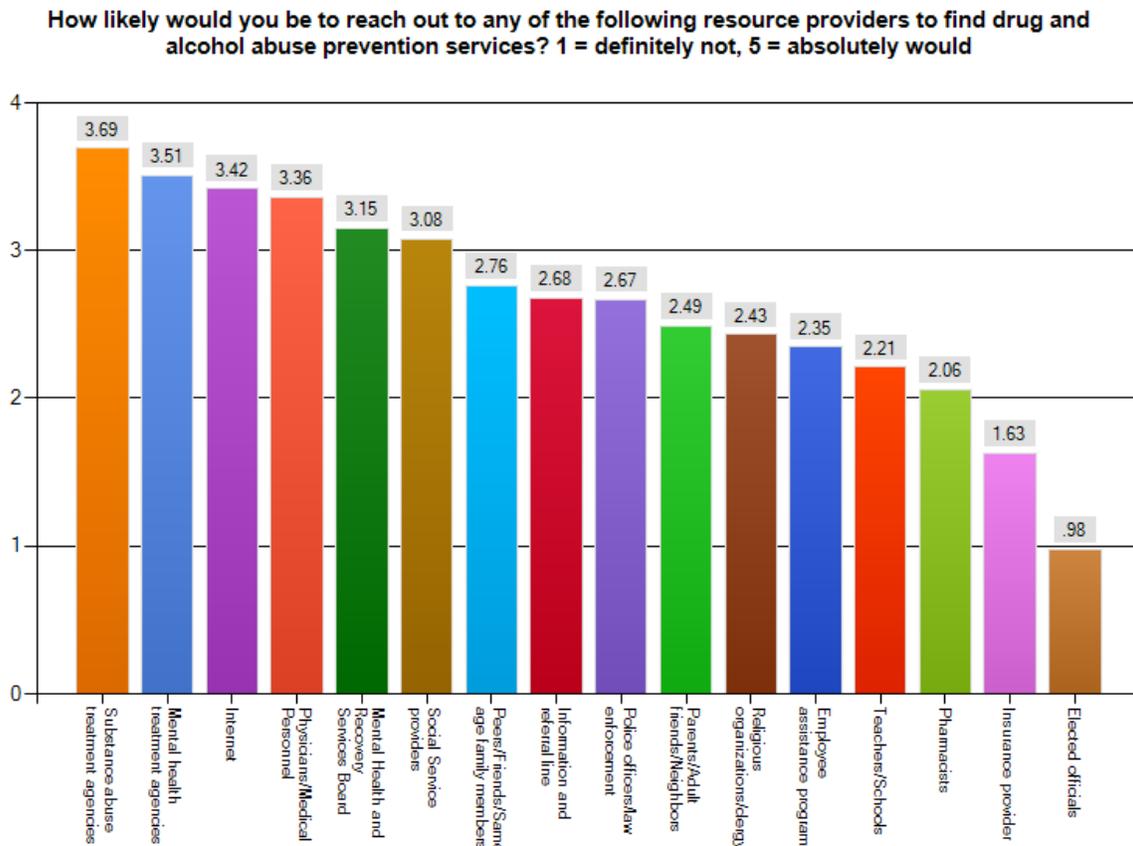
Awareness of Prevention Services

38.6% of the education professionals and 51.7% of the general public responded that they were “A Little Aware” of prevention services in the county, and only about 40% overall felt they were at least “Fairly Aware.” That said, 35.4% said they had not found any information in the community about prevention programs, and 74.7% of education professionals said they had not participated in any type of prevention program. 44.6% of the general public said they had not participated in any program but of those programs in which they did participate, 33.6% listed D.A.R.E., with Red Ribbon Week coming in second at 31.7%. Of those in the general public who said they had received information about prevention services, 37.3% said they received a program at school, where only 8.3% of the education professionals said they had participated in a prevention program at school. The education professionals were more likely to have heard about the information from materials at a booth or fair or community agency, with 18% saying they had attended a presentation. The general public said they attended a presentation (14%) or picked up materials (19%).

Of those who participated in some type of prevention program, 55.4% of the public said they learned something useful, and of that group, 45% said they shared that information with others (e.g., their children, friends, or family members). Comments about prevention services mainly indicated that the only exposure to prevention programs comes through school-age children receiving information through school-based programs and sharing that information with parents.

That said, the next question asked who respondents would go to if they were looking for information about drug and alcohol abuse prevention services.

Figure 6. Likelihood of Survey Respondents to Reach Out to Resource Providers



Respondents were asked to rate the likelihood of asking for information from a given resource. A score of one equals “Definitely Not” and likelihood increases with a higher score, so that a score of five means “Absolutely Would.” General public only respondents rated substance abuse treatment agencies as the most likely setting they would approach to receive information about prevention services, with a score of 3.69. Mental health treatment agencies (3.51) were the second most likely, and the Internet third (3.42). These choices, interestingly, were indicated as more likely resources than physicians/medical personnel (3.36 or 84.7% likelihood).

Conversely, 84.9% said they were unlikely to approach an elected official for information (0.98), followed by 66.1% who were unlikely to approach their insurance provider (1.63) or pharmacists (2.06). An interesting note, particularly given the level of concern for prevention services for teens and young adults, only 56.5% of respondents were likely to go to teachers or schools for information about prevention services (ranking them 11th out of a possible 15 choices with a likelihood score of 2.21, which places them closer to unlikely than likely).

There were some significant differences between the education professionals and the general public group regarding who they would approach for information. The education professionals “Absolutely Would” ask teachers/schools for information regarding prevention services, with a total “likelihood” of asking an

educator 85.9% of the time for a score of 3.61. Educators would then ask substance abuse treatment providers (84.8%) and physicians/medical staff (84.4%), with each of these resources carrying a score of 3.4. The Internet followed. Teachers would then turn to mental health treatment agencies.

After considering where a respondent would go to get prevention services, they were asked to consider the price of services, and the availability or range of services. Over 50% of respondents guessed that the cost of using prevention services would be at least somewhat expensive or really expensive, in contrast to the fact that prevention services are provided for free to the community, typically funded by grants from local, state, and federal funds obtained by individual agencies or the local board.

56.5% of respondents felt that while there were at least some services, they believed there were not enough prevention services in the county, though 19% felt the level of services were adequate or excellent.

The individual comments associated with the need for more services and for other similar questions indicated that most respondents did not know the difference between prevention services and treatment services and were typically answering with treatment services in mind (i.e., “we need more inpatient facilities,” “more programs for women and girls,” “live-in aftercare for addicts and sober families,” etc.). Others did know the difference and requested more corrective thinking programs that incorporate prevention modules, asked for more prevention programs in the obstetric and gynecological practices and hospitals, and best practice prevention programs for K-12 that require high school students to take and pass a course in substance use behavior. That said, in general the overwhelming majority of respondents were interested in more services being available and to a wider population than is currently being served, though there were also those who said no services were needed, and it was a waste of tax payer dollars to prevent substance abuse.

Key Informant Interview Results

In addition to data gathered in a survey format, the details of which are described above, Key Informant Interviews were also conducted – via completion of a PDF document – with individuals perceived to be informed regarding alcohol and drug abuse, and drug and alcohol prevention services, in the county. Key Informants were identified, and a list was generated by, the Workgroup. Key Informants were subsequently contacted by a consultant. A copy of the Key Informant Interview can be found in Appendix B and a list of identified Key Informants can be found in Appendix C.

22 of 38 individuals approached to complete a Key Informant Interview responded. A summary of the responding parties by category of service is below:

Table 24. Responding Key Informants by Category

Responding Key Informants by Category	
Law enforcement	2
Court personnel	2
Schools	2
Social Service Agencies	9
Treatment Agencies	4
Religious Institutions	1
Youth Services	2

In response to the questions posed in the Key Informant Interview, the following themes were identified.

Perception of the drug and alcohol abuse problem in the county

Respondents consistently indicated their perception that the drug and alcohol abuse problem in the county is “prevalent” and “significant.” Numerous respondents indicated their belief that this problem is “on the rise” and is at an “alarming” high.

Some respondents noted continued concerns with regard to abuse of alcohol and marijuana; however, respondents consistently noted concerns regarding the abuse of heroin, opiate pills, methadone, and prescription medications.

Several comments were also made regarding a perception that drug and alcohol abuse may be “hidden” in Warren County and that the general public is not aware or informed regarding the extent of the problem in the county.

Concern regarding particular drugs or populations

Respondents consistently voiced concerns regarding the increase in the use of heroin and opiate pills. Heroin was noted by one respondent to be the “most worrisome” substance, while concerns regarding abuse of opiate pills – and other prescription medications – were consistently noted to be a concern across a wide variety of age groups, from middle school children to the elderly. Concern was voiced by several respondents regarding the prescription of pain medication by emergency rooms and a lack of monitoring of such medications.

In addition, many respondents voiced concerns regarding the relatively new trend of bath salts and synthetic cannabinoids (e.g., K2, Spice).

Several specific combinations of substances and populations were noted, some by only one or two respondents. However, they are worth noting here:

- The role of methamphetamine in domestic violence incidents;
- Older adults – abusing or misusing their prescription medications, selling their prescription medications, or having such medications stolen by family members;
- Use of synthetic drugs, heroin, and alcohol in the mental health population;
- Pregnant mothers, and mothers of young children, using drugs and alcohol; and
- Student athletes and the use of steroids for performance enhancement.

Effect of drug and alcohol abuse in the community

Respondents consistently reported that drug and alcohol abuse is affecting their community with regard to a rise in crime and the removal of children from their homes. Other concerns noted included an increase in domestic violence, homelessness, and elder abuse; as well as a dependence upon community programs and the loss of a tax base.

Awareness of drug and alcohol abuse prevention services in the community

The respondents who reported being knowledgeable of drug and alcohol abuse prevention services within the community tended to work within the school system or for an agency that specifically provides prevention services. The other respondents acknowledged their lack of awareness of prevention services but reported being aware of treatment services.

The respondents reporting a knowledge of prevention services within the County indicated that the following three agencies were the primary sources of drug and alcohol abuse prevention services within the county: Warren County Educational Service Center, Warren Outpatient (Talbert House), and

Solutions Community Counseling and Recovery Center. There was also mention made of the efforts of law enforcement – and the Warren County Drug Task Force – in the provisions of such services.

Several respondents acknowledged being unable to respond to this question given their lack of awareness and numerous respondents offered suggestions aimed at treatment resources (e.g., detoxification programs) or legal remedies (e.g., Drug Courts) for existing substance abuse problems rather than recommendations for prevention services.

Of the relevant prevention-related responses, however, the following suggestions were offered:

- “Facilitators to teach a program about alcohol and drug abuse and prevention to a variety of audiences such as parents, teachers, children as early as possible;”
- Return medications when not in use;
- Outreach to older adults;
- “Educational campaign addressing the impact the ‘recreational’ drug use has on employment. Someone needs to de-bunk the myths that exist about cheating the drug test;”
- “Services provided in every school in the county;”
- “Teens need more outlets and spaces to hang out that encourage and model positive behaviors and choices;” and
- “Better educate public in Warren County regarding the depth, breadth and scope of drug & alcohol problems.”

Community efforts to increase drug and alcohol abuse prevention services

Numerous respondents indicated a need for a drug-free coalition and a general sense of the need for collaboration, education, and awareness was conveyed. One respondent noted the perception that no further efforts were necessary.

With regard to who should be involved in the effort, numerous groups were mentioned including: law enforcement, schools, treatment and service providers, social services agencies (e.g., United Way), churches, healthy lifestyle providers (e.g., YMCA), city councils, county agencies (e.g., Children Services), primary health providers, the health department, the media, parents, and youth.

Most respondents indicated a willingness, and even an enthusiasm, with regard to participating in an organized community effort to increase drug and alcohol abuse prevention services.

Findings

The systemic analysis described, and the strengths and areas in need of improvement identified, in this section are based on the sources of information described in the Process of the Needs Assessment and Sources of Information section of this report, including a review of previously conducted studies and other summary documents, the results of a community-wide survey (contained in Appendix A), and the responses from Key Informant Interviews (contained in Appendix B).

Strengths

1. A solid foundation of traditional drug and alcohol abuse preventative services is currently present in Warren County. Three community mental health agencies – in addition to local law enforcement – are providing prevention services within the schools, targeting primarily 5th through 7th graders. A previous study, in 2008, determined the presence of 240 programs within Warren County schools, with drug and alcohol prevention being the most frequently provided program.

Prevention messages are also represented at health fairs, in regularly held Medication Take-Back Days, and in “You Drink, You Drive, You Lose” patrols held coinciding with various holidays.

Additional prevention efforts are also seen, in smaller, more specific communities or with regard to more specific substances. For example, some law enforcement agencies reported providing presentations to groups of seniors at the local YMCA while the Warren County Drug Task Force reported providing presentations to various local groups regarding the prevention of prescription drug abuse.

2. Further, of the respondents who indicated they have participated in a community-based prevention program, the overwhelming majority reported finding the program helpful and reported sharing the information they obtained from the program with others, suggesting the goals of education and subsequent distribution of information are being fulfilled, at least in part, by existing services.
3. There appears to be a general awareness of a substance abuse problem within the county. The results of this Needs Assessment are consistent with the results of a recent Community Health Assessment indicating that substance abuse was identified as a serious health concern, on the rise, by participants throughout the region.

Further, the public appears to be fairly well informed regarding the specific nature and extent of the problem. For example, survey results suggest that respondents are aware of the problems facing the region and the state with regard to heroin and opiates, and prescription medications.

4. The results of this Needs Assessment suggest that there is, generally, a good base of support for community-based prevention programs within the community. The large number of survey respondents suggests that there is interest in this issue within the county; in addition, 56 people, in responding to the survey offered their personal contact information, indicating their willingness to be involved in such an effort and the majority of respondents to the Key Informant Interviews also reported an interest in being part of such an effort.
5. Warren County – being affiliated with the Coalition for a Drug-Free Greater Cincinnati – has access to the resources of, and collaboration with, a large, well-established, regional drug-free coalition, whose mission is to partner with member neighborhood coalitions in their service region to localize efforts to design and implement comprehensive, community-wide substance abuse prevention strategies.

Areas in Need of Improvement

The areas in need of improvement in Warren County, pertaining to the system of drug and alcohol abuse prevention services, are described below.

Areas in need of improvement specific to organizational structure are offered first, followed by a description of areas in need of improvement relevant to the presence of specific substances and populations.

Organizational

1. There is a lack of awareness regarding the difference between preventative services and treatment, or intervention, services. The Needs Assessment results suggest that most individuals acknowledge a lack of awareness of what constitutes a preventative service. However, of those individuals who characterized themselves as fairly, or generally, aware of preventative services, when asked to describe those services, in fact, offered treatment services (e.g., detoxification) or legal remedies (e.g., Drug Court).

Further, some providers of preventative services failed to see themselves as such. That is, although some individuals incorporate a drug-free message into their programs (e.g., Safety Town for children ages four to seven provided by a local police department; promoting a healthy lifestyle via a fitness program), they failed to see it as a preventative service, suggesting a lack of knowledge regarding secondary and tertiary preventative services as well.

2. Although there is a general sense of willingness – and even enthusiasm – for community coordinated efforts to prevent drug and alcohol abuse in the community, there appears to be a lack of clear leadership for such an effort at the present time. The interest and availability of key parties to participate in – and lead – such an effort is currently unclear.
3. Although there appears to be a solid foundation of traditional preventative services available within the county, there appears to be limited specific preventative services, targeted to key populations or pertaining to key substances of concern, and a lack of broad-based prevention messages, directed toward the general public for purposes of education.
4. Although there are numerous certified Prevention Specialists providing such services within the county, there appear to be few certified Prevention Specialists offering such services who are not employed by treatment service providers or the school system.

Population Specific

1. Respondents to the survey and Key Informant Interviews, and supporting research (Office of Applied Studies, 2010), primarily identify teens (13-18) and young adults (18-25) as two demographics that are particularly in need of prevention services. However, the other age groups were also mentioned in the survey and in the Key Informant Interviews when respondents were describing specific combinations of individuals and addictive substances. While national attention and federal funding is directed towards designing prevention measures, particularly for binge alcohol drinking and opiate use for the 18-25 year olds (Haslum, 2012), there are also indications that 55-59 year olds are increasingly using illicit drugs (Office of Applied Studies, 2010).
2. There is concern regarding the use of substances, particularly of opiates, in pregnant women and parents of young children. Key Informants reported concerns regarding pregnant mothers, and mothers of young children, using drugs and alcohol and the survey results suggests that the group of people, age notwithstanding, respondents are most concerned about are parents of school-age children.

Further, data obtained from Children Services suggests that not only has the number of cases in which Children Services has become involved due to a concern regarding substance use risen from 2009 to 2011 (i.e., from 32% to 48%, to 68% respectively), the presence of opiates and heroin, within those cases has also risen dramatically (i.e., from 17% to 34%, to 73% respectively).

3. The misuse or abuse of prescription medications by older adults was also a notable finding from this Needs Assessment. Although this issue did not appear in the survey results, Key Informants mentioned concerns regarding older adults misusing their prescriptions by accident or purposely and also noted the potential for older adults to be at risk of exploitation due to them having a ready supply of addictive substances.

Further, although there were few calls in the 65+ age group in the data obtained from Warren County Emergency Services, almost all of those calls pertained to misuse of prescription medications.

Substance Specific

1. Warren County, as is the state of Ohio in general, is seeing a rise in the abuse of heroin and opiates, as well as other prescription medications. Concern regarding these substances was well voiced within responses to the survey and to Key Informant Interviews. Quantitative data gathered during this Needs Assessment also suggests the presence of this problem; specifically:
 - a dramatic rise in the number of Children Services cases involving heroin and/or opiates was observed between 2009 and 2011;
 - data from the Coroner's Office suggests that opiates and benzodiazepenes were the substances most frequently observed in individuals with a substance-related cause of death; and
 - an analysis of incoming calls to Warren County Emergency Services (WCES) coded "Overdose" by dispatchers suggests that opiates, heroin, and anti-anxiety medications are most prevalently represented in cases where individuals are suspected of suffering a drug overdose.

In addition, both the 2008-2009 Ohio Youth Survey of Clinton and Warren County youth, and the more recent survey of Ohioans regarding the general population's awareness of the ongoing opiate epidemic, suggested that the use of prescription drugs is of concern. Specifically, the Ohio Youth Survey results suggested that, at that time, 7% of Warren and Clinton County youth reported non-medical use of prescription drugs while the more recent opiate epidemic survey respondents indicated that prescription drugs closely followed alcohol as the most serious drug problem in their communities.

Further, data from MHRS suggests that opiate dependence is the second most frequently treated substance-related disorder by contract AOD treatment providers in Warren and Clinton Counties, after alcohol dependence while data from Warren Outpatient suggests that opiate dependence is the third most frequently observed diagnosis observed in their clients.

2. Concerns continue to prevail regarding abuse of alcohol. Key Informants indicated in their interview responses that although alcohol abuse remains a problem it is viewed as more acceptable and less serious than the abuse of other substances. Survey results also suggested that alcohol was the substance about which most respondents were concerned.

Data from the Ohio Youth Survey, conducted during the 2008-2009 school year suggested that alcohol remains a substance of concern for Warren and Clinton County youth, with 2 in 10 reporting having consumed alcohol within the past month, 1 in 10 acknowledging binge drinking, and half of the sample reporting fairly easy access to alcohol.

This observation is consistent with more recent data, gathered in a survey of Ohioans regarding the general population's awareness of the ongoing opiate epidemic; the majority of survey respondents perceived alcohol to be the most serious drug problem in their communities.

Further, data from MHRS suggests that alcohol dependence is the most frequently treated substance-related disorder by contract AOD treatment providers in Warren and Clinton Counties; Warren Outpatient data is consistent with this report as well.

3. Concerns regarding the abuse of synthetic cannabis (e.g., “K2,” “spice”) and bath salts are also emerging. Several Key Informants mentioned these substances by name although survey results did not suggest these substances were perceived as a significant threat in the county. Beginning in 2011, these substances made a small appearance in data from the Coroner’s Office and in the calls coded as “Overdose” by WCES dispatchers, across a wide range of ages.

Recommendations

The following recommendations are offered – based upon the Findings detailed above – to assist in the development of a foundation of community-relevant drug and alcohol abuse prevention services.

Organizational

1. Warren County would benefit from widespread community-based education regarding the following topic areas:
 - the nature, extent, and scope of the drug and alcohol problems present in the county;
 - the difference between prevention and intervention/treatment services; and
 - the need for prevention services to be provided to specific, targeted populations (e.g., unemployed, pregnant women) in addition to youth.
2. There is a significant need for collaboration with a coordinator of prevention services. As noted, a strength of this community is the affiliation with a large, well-established, regional drug-free coalition, specifically the Coalition for a Drug-Free Greater Cincinnati, an organization whose mission is to partner with member neighborhood coalitions in their service region to localize efforts to design and implement comprehensive, community-wide substance abuse prevention strategies. It is recommended that efforts be made to utilize the resources this regional coalition may be able to offer to this community with regard to facilitating local community-based efforts to prevent substance abuse.
3. Although, as described, there appears to be a general sense of willingness – and even enthusiasm – for community coordinated efforts to prevent drug and alcohol abuse in the community, there appears to be a lack of clear leadership for such an effort at the present time, with some uncertainty regarding the interest and availability of key parties to participate in – and lead – such an effort. There is also an awareness of a previous drug-free coalition in Warren County that seemed to falter, reportedly due to a lack of leadership.

It is therefore recommended that a Community Readiness survey be performed. It would be ideal if both key leaders and the public at large could be surveyed; however, if that is unrealistic, it is recommended that at least the key leaders participate in such an effort.

In surveying key leaders with regard to Community Readiness, the Tri-Ethnic Center Community Readiness Survey would be an appropriate choice, while the Minnesota Institute of Public Health Community Readiness Tool would be a more suitable choice for the survey of the public at large.

4. Before the implementation of community-coordinated efforts can begin, an infrastructure for such efforts (i.e., the building of a drug-free coalition) must be developed.

By definition, a drug-free coalition is a group of individuals and groups representing all sectors of the community who are working collaboratively to design and implement comprehensive, community-wide substance abuse prevention strategies intended to change community norms and standards of conduct relating to substance abuse among residents.

Given that the leadership, and the most appropriate configuration (i.e., large county-wide coalition versus smaller municipal-based coalitions), for such an effort in Warren County is unclear at the present time, it is recommended that some assistance from an organization experienced with facilitating local coalition development be enlisted. The aforementioned affiliation with the Coalition for a Drug-Free Greater Cincinnati would be particularly beneficial to this effort.

5. Efforts should be made to create a multi-disciplinary force of certified Prevention Specialists. As noted, a strength in Warren County with regard to the provision of prevention services is the presence of numerous certified Prevention Specialists employed in traditional venues by treatment service providers or within the school system. If possible, it is recommended that qualified individuals employed within other venues be encouraged to receive specialized training to become certified Prevention Specialists; such individuals may include, for example, hospital social workers, Caseworkers working with Children Services and Adult Protective Services, individuals working with youth service organizations or within organizations that promote healthy living (e.g., YMCA), and individuals working on college campuses. Additionally, including members of law enforcement and court services, local government, medical associations, small and large business, and residents who are involved in parent-teacher organizations or community activities for youth would insure broad based support for integrating prevention services in every sector of the community.

The Community Anti-Drug Coalitions of America (CADCA) would be an appropriate resource for training those community leaders and prevention interested professionals, and for further workforce development of prevention specialists. The mission of the National Community Anti-Drug Coalition Institute, the training arm of CADCA aims “to increase the knowledge, capacity and accountability of community anti-drug coalitions throughout the nation (Community Anti-Drug Coalitions of America, 2009b). The Institute offers courses from four days to three weeks to eight months, depending upon the level of involvement; course offerings also include summer programs to train youth to become prevention advocates in their communities.

There are opportunities available for training education professionals to incorporate substance use prevention modules directly into their curriculum. The National Institute on Drug Abuse has published a compendium of evidence-based programs, including age specific teaching modules specifically to be used by teachers and parents in the school system (National Institute on Drug Abuse, 2003). This recommendation is particularly relevant given the survey results suggesting that educational professionals were perceived to be an unlikely resource for individuals seeking information on preventative services.

Prevention Strategies

When selecting a model for any prevention program, the use of evidence-based practices is preferred. The single best source of information regarding appropriate programming is the National Registry of Evidence Based Practices and Programs (NREPP) for substance abuse prevention programs (Substance Abuse and Mental Health Services Administration, 2012). However evidence-based practices are not

always available or practical for a given community and particularly not for every combination of specific population and addictive substances that a community might be facing.

Communities need individualized prevention plans that recognize the characteristics that make them who they are, warranting consideration of factors such as rural vs. suburban environments, demographics of the population, available resources, support for the prevention initiative, and the size of the population being targeted. When no evidence-based practice is available, the next best approach is to have done a thorough review of the models that are available and that can be adapted or used to inform the specific situation. Factors to consider include:

- Conceptual fit with the community's logic model (Is it relevant?)
- Practical fit with the community's needs, resources, and readiness to act (Is it appropriate?) and
- Evidence of effectiveness (Is it effective?). (Maine Department of Health and Human Services, Substance Abuse and Mental Health Administration, 2007)

Prevention Efforts in Specific Populations

Very little research is available about prevention strategies for specific populations outside of teens and young adults. This is particularly true with regard to the latest drugs of abuse; at the present time such substances include synthetic drugs (e.g., K2 and "bath salts"). In such cases, demographic variables pertaining to the population using such substances is, as yet, unavailable, making it difficult to prevent such individuals from using the drugs. (Although K2 was beginning to appear in dispatch overdose calls and in data from the coroner's office in Warren County in 2011, the sample size consisted of only six subjects and was spread across a wide range of ages (i.e., from under 18 to 56 years of age)).

An alternative, however, is to review the research predicting successful models for at-risk populations. The research regarding successfully negotiating peer pressure to participate in self-destructive or dangerous behavior often discusses resiliency and promoting the factors that can support an individual's resiliency. Resiliency is a measure of being able to tolerate the stress of one's situation and being able to find the internal resources to solve the crisis in the moment and for the long-term.

Resiliency however is directly impacted by the resources available to the individual. Kempfer (2012) writes that resiliency training is instrumental in preventing individuals from starting to use addictive substances, preventing the spiral into substance abuse and addiction.

The second component of preventing substance use in a population outside of school-age children and adolescents is finding those individuals who are at risk for substance use before they are using and communicating to them the risks of starting to use substances. A Georgia program, started in 1982, specifically trains physicians working in the area of women's health to screen for substance use and the likelihood of ongoing substance use in their pregnant patients (Georgia Department of Behavioral Health and Developmental Disabilities, 2012). By incorporating standard questionnaires into the intake and interview process, staff was able to intervene early on and reduce the number of fetal alcohol syndrome cases.

Another example of a population specific prevention effort is the substance abuse relapse prevention work being done with older adults. Older adults experience substance use related issues for a variety of reasons, sometimes not of their own control and often not detected until it has become very dangerous. Trained prevention specialists would know how to interview clients for the early warning signs. Adults with a history of substance abuse are likely to experience a higher rate of relapse than adults without that same history (Center for Substance Abuse Treatment, 2005) but older adults who have never had that problem might also find themselves exposed to medications that alter their cognitive abilities. Further, coupled with the common issues of grief and sense of loss they might experience significant

complications that, despite the negative consequences, lead them to self-medicate and become addicted. Older adults might also experience significant difficulties keeping track of their medications and be unaware of the side effects; while this is not specifically recognized as abuse, it is a dangerous situation, and can be prevented with patient education and introduction of medication management. Lastly, older adults might also fall prey to unscrupulous caregivers or predators who seek them out for access to their medications. Prevention specialists working in older adult services can be aware of the warning signs of this scenario and can create safe pill management systems for these older adults.

Finally, efforts can also be made to target the support network for special populations. A good example of programs that target the support providers (in this example, parents, coaches and teachers, mentors) are efforts like those of the Coalition for Drug Free Greater Cincinnati, an organization that features modules specifically created to prepare the adults in a teen's life to start the conversations about drugs and alcohol early and perceive early warning signs. Parent-friendly designed toolkits and easy-to-use training modules and videos are provided that can be shared within a family to facilitate discussion or inform parents of what to look for in the interest of preventing substance use in their children (Coalition for a Drug-Free Cincinnati, 2008a).

Specific Substance Prevention Models

1. Heroin / Opiates

Often considered the largest member of the prescription drug problem, and as such many of the prevention programs are not specifically for heroin/opiates, but rather for the broader category of prescription drugs (discussed in more detail below).

However, one specific model to consider is: Developing a Heroin and OxyContin Prevention Program: Lessons Learned (O'Brien & Lawrence, 2006)

2. Prescription Drugs

Prescription for Prevention (Ohio Department of Health, 2012) is a statewide initiative and coalition building group that provides targeted communities with a variety of tools for prevention; while Warren County is not currently one of the targeted counties for this particular campaign, the methods used by Prescription for Prevention serve as a good model for resources to be used in Warren County with regard to the prevention of prescription drug use (e.g., community education materials (short and longer videos appropriate for television and radio, community specific brochures).

Further, due to the prevalence of this problem statewide, other social media campaigns are also providing prevention messages. For example, the "Don't Get Me Started" campaign is specifically targeting teens and young adults with YouTube videos and other social media strategies to educate and enjoin them to advocate for healthy lifestyles (Ohio Association of County Behavioral Health Authorities, 2012b).

As described in detail in the Review of Existing Documentation section of this report, the Ohio Prescription Drug Abuse Task Force offered recommendations designed to create a coordinated and comprehensive approach to Ohio's prescription drug abuse epidemic.

It is recommended that these clearly delineated action steps be implemented at the community level; however, the following excerpts from the Task Force's recommendations appear to be most accessible for Warren County at the present time for community level action:

- With regard to law enforcement:
 - Support efforts for legislation reform to increase the effectiveness of law enforcement in investigating and prosecuting prescription drug abuse cases; and
 - Promote cooperation, communication, education, and training among local law enforcement agencies.
- With regard to regulations:
 - Encourage increasing initial and continuing education on pain management and drug abuse across professions in the community.
- With regard to treatment:
 - Enhance resources available within the alcohol and other drug addiction system of care for direct client services, to reduce the demand and thereby the potential exposure of new users;
 - Increase education of prevention, intervention, treatment, and recovery support services for prescription drug abuse; and
 - Identify best practice resources within the community for managing acute and chronic non-malignant pain, and disseminate and promote these proven approaches.
- With regard to public health:
 - Establish new and support existing local coalitions / task forces to address the prevention of prescription drug misuse, abuse, and overdose;
 - Implement social marketing campaigns to create awareness about prevention efforts contra to prescription drug abuse;
 - Provide population specific education to increase awareness, knowledge, and resources related to the risks of prescription drug abuse;
 - Facilitate the proper disposal of prescription medications; and
 - Improve and coordinate data collection related to prescription drug misuse, abuse, and overdose.

3. Alcohol

Fagan and Hawkins (2012) found that community-based prevention models that incorporate multi-component strategies have a longer-term positive outcome on alcohol and other drug use patterns than single solution approaches. When there are multiple systems in place (i.e., geographically limiting access to alcohol, consistent enforcement of existing laws, providing alternative healthy behavior opportunities, engaging parents and adults in the seriousness of the problem, creating a community norm that underage drinking is not acceptable), the factors that contribute to alcohol use are impacted in the immediate (no access) and also for the longer term because teens learn healthy alternatives and appropriate coping skills for exposure to alcohol.

A community-based strategy that relies on its members ensures a cohesive message that can be woven through all aspects of the community (i.e., education, law enforcement, religion, social service, community outreach, etc.) but also provides a natural group of support for considering budgeting issues, legislation, and priority setting when decisions are being made about community issues.

An example of a typical dilemma is consideration of accepting corporate sponsorships for local high school sporting events. In the instance of a major beer distributor, for example, offering to donate several thousand dollars to support the school and teams, community leaders would be required to consider the ramifications of that type of sponsorship for the season, particularly in light of the local law enforcements efforts to crack down on teenage drinkers and drivers.

In this meta-analysis, the demographics and study designs of twelve community-driven prevention models were reviewed and the relevant measures of success and weaknesses were listed, including the rate of attrition. The following programs were reviewed:

Fighting Back (2002)
Community Partnership Program (1997)
A Matter of Degree (2004)
Communities Mobilizing for a Change (2000)
Midwestern Prevention Project (1989)
Project Sixteen (2000)

Project Northland (2002)
Native American Project (2000)
DARE Plus (2003)
Prosper (2007)
Incentives for Prevention (2007)
New Directions (2005)
Communities that Care (2009)

The authors concluded "that coalitions focusing solely on changing environmental risk factors in order to reduce access to and the availability of alcohol are not effective in reducing alcohol use among high school students or young adults" (p. 251). They also concluded that "well-meaning community based coalitions and even well-funded coalitions are no more likely to show significant impact than those that are not as well organized, unless they combined environmental strategies with the implementation of universal, school-based drug prevention curricula" (p. 263). To be successful, community-based (prevention) interventions have to be "well implemented and intensive" (p. 263). The authors also pointed out that the Communities that Care and PROSPER models were enhanced when members of the coalition were also trained in "high-quality" prevention training.

Appendices

Appendix A: Survey

Warren County FCFC ADAP NEEDS ASSESSMENT SURVEY

Thank you for participating in this survey about your community and the alcohol and drug abuse PREVENTION SERVICES that you might find here. We hope that you will find this interesting and informational, and that it provides you a voice to tell the community partners what services might be needed here.

This survey is specifically about services that PREVENT alcohol and drug abuse, and is not about treatment programs for substance abuse. At the end of the survey, you will be given the opportunity to volunteer to get more involved and to hear more about the PREVENTION services available.

We want to be sure to hear from as many different voices in our community as possible, so you will see that we ask you about who you are, and how you are connected to this community. We hope that you will continue to think about this topic long after you finish the survey, and we encourage you to give us any ideas you have about the needs of the community.

Thank you.

1. Do you live or work in Warren County, Ohio? Yes No

2. Please choose the categories that best describe your role in the county:

Resident of the County	Mental Health/Substance Abuse Treatment	School/Education
Parent of school age children	Provider/Professional	Professional
Community Organization	Religious Organization	Social Service Agency
Law Enforcement	Leader	Youth/Student Based Club or Organization member
Medical/Physical Health Professional	Elected Official/Municipalities Official	Business Leader/Employer
		Other (please specify)

3. Of the choices you checked above, which ONE are you most closely identifying with for the purpose of this survey?

Resident of the County	Mental Health/Substance Abuse Treatment Provider/Professional	Education/School Professional
Parent of school age children	Religious Organization Leader	Social Service Agency
Community Organization	Elected Official/Municipalities Administrator	Youth/Student Based Club or Organization member
Law Enforcement		Business Leader/Employer
Medical/Physical Health Professional		Other (please specify)

4. What school district do you live or work in, or are your children going to school in?

Franklin	Little Miami	Monroe
Mason	Carlisle	Lebanon
Springboro	Kings Local Schools	If you entered "Other" please add a comment here:
Waynesville	Clinton-Massie	

5. Of the following groups, check the group of individuals you are MOST concerned about with respect to using drugs or alcohol inappropriately:

children	teenagers (13 to 18)	adults (25 to 64)
preteens (ages 9-12)	young adults (19 to 25)	senior adults (over 65)

6. Of the following groups, check the one group that you are MOST concerned about with respect to using drugs and alcohol inappropriately:

pregnant women	unemployed/underemployed	domestic abusers
veterans	athletes	
individuals with disabilities	parents of school aged children	other (please specify)

If you chose "Other" (please specify):

7. What addictive substance are you MOST concerned about in Warren County?

alcohol	hallucinogens: LSD, mushrooms	tobacco/nicotine
caffeine stimulants	inhalants	No opinion
cocaine/crack cocaine	marijuana	Don't Know
date rape drugs	methamphetamines	Other or more than one
synthetic drugs: "bath salts", K2, others	prescription medications	please specify in comment box
heroin/opiates	steroids	

8. Thinking about the previous questions, is there a combination of people and substances that most concerns you (for ex. athletes and steroids)? No Yes If yes please type that in here:

9. If you know of someone who has misused or abused PRESCRIPTION drugs, how did they misuse them?

Accidental overdose	Used a prescription drug without a written prescription from a doctor
Intentional overdose	
Shared purchased prescriptions illegally	I don't know anyone who has misused prescription drugs
Other If you chose "Other" (please specify):	

10. How do you see drug, alcohol and tobacco use impacting your community? Comment:

11. How widespread of a problem is substance abuse in your community?

Please choose your best estimate.

No problem at all	It's serious
It's a little bit of a problem	It's the most important issue facing our community
It's troubling	

12. How aware are you about drug and alcohol prevention services in your county?

Please choose one:

Not at all aware

Fairly aware

A little aware

Very aware

13. Have you found any information in this community about drug and alcohol abuse PREVENTION programs? (Choose as many as you know about.)

No, I have not found any information.

I saw or heard a public service announcement (t.v., billboard, radio, internet or social media ad)

I participated in a program at school

I attended a presentation

I looked online for prevention tips for talking to my kids or my friends or family

I picked up materials at a booth at the fair, at school or community agency or other location

Other

I participated in a community program (for ex. court-ordered, or voluntarily)

If you chose "Other" (please specify):

14. If you have participated in a community based alcohol and drug abuse PREVENTION program...which one(s)?

None

Teen Institute

Good Choices Group

Red Ribbon Week

DARE

Other

Medication Take Back Day

Second Step

If you chose "Other" (please specify):

15. Did you learn something useful from the prevention information that you received?

No

Yes

I didn't receive any information.

16. If you followed up on any of the information you received, please tell us how you used the information. (Check any that apply.)

I shared that information with others (for ex. kids, friends, and family members).

I sought services for a drug or alcohol problem.

I saved the information planning to share with others later (when the children are older; at a club meeting).

I changed my behavior with respect to my own drug or alcohol use.

I didn't find any information.

Other benefits (please specify):

17. How likely would you be to reach out to any of the following resource providers to find drug and alcohol abuse prevention services?

	definitely not	unlikely	likely	probably would	absolutely would
Teachers/Schools	1	2	3	4	5
Religious organizations/clergy	1	2	3	4	5
Police officers/law enforcement	1	2	3	4	5
Mental health treatment agencies	1	2	3	4	5
Substance abuse treatment agencies	1	2	3	4	5
Mental Health and Recovery Services Board	1	2	3	4	5
Social Service providers	1	2	3	4	5
Elected officials	1	2	3	4	5
Parents/Adult friends/Neighbors	1	2	3	4	5
Peers/Friends/Same age family members	1	2	3	4	5
Physicians/Medical Personnel	1	2	3	4	5
Pharmacists	1	2	3	4	5
Internet	1	2	3	4	5
Information and referral line	1	2	3	4	5
Insurance Provider	1	2	3	4	5
Employee Assistance Program	1	2	3	4	5

Other service you would likely or definitely use, but is not listed: (please specify)

18. What is your perception regarding the COST of using prevention services for drug and alcohol abuse?

Really expensive

Reasonably priced

Always free

Somewhat expensive

Mostly free

If you are interested in the results of this survey, a report of the survey results and an executive summary of the needs assessment project will be posted on the web.

Mental Health Recovery Services Board www.mhrsonline.org/

If you are completing the survey on paper (and not electronically) please return it to:

Mental Health Recovery Services of Warren & Clinton Counties

212 Cook Rd., Lebanon, OH 45036

By fax: 513-695-2997

Appendix B: Key Informant Interview

KEY INFORMANT INTERVIEW

Name: _____ **Title:** _____

What is your perception of the drug and alcohol abuse problem in the county?

Are there any particular drugs, populations, or drug/population combinations you're concerned about? If so, please describe.

How do you see drug and alcohol abuse affecting the community?

How aware are you of drug and alcohol abuse prevention services in the community?

What drug and alcohol prevention services are you familiar with in Warren County?

What such drug and alcohol prevention services, if any, are missing in Warren County?

What community efforts do you feel are necessary to increase drug and alcohol abuse prevention services in the county?

Who do you believe should be involved in such an effort?

Would you be interested in participating in such an effort?

Appendix C: Identified Key Informants

The following individuals were identified as Key Informants, that is, individuals perceived to be informed regarding alcohol and drug abuse, and drug and alcohol prevention services, in the county, by members of the Workgroup.

- Schools
 1. Vycki Haught, Mason City School
 2. Dawn Gasper, Little Miami High School
 3. Becky Hill, Lebanon City Schools
 4. Shelley Brown, Warren County Educational Service Center
- Colleges
 5. Kai S.A. Shemsu, Sinclair Community College
- Court Personnel
 6. Scott McVey, Warren County Court of Common Pleas
 7. Sarah Pubentz, Warren County Juvenile Probation
 8. Richard Gilmore, Warren County Adult Probation
- Law Enforcement
 9. John Newsom, Warren County Sheriff's Office
 10. John Burke, Greater Warren County Drug Task Force
 11. Clint Arnold, Ohio State Patrol
 12. David Fornshell, Warren County Prosecutor's Office
 13. Brent Devery, Ohio Investigative Unit, Division of Public Safety
- Hospitals / Public Health
 14. Deborah Padgett, Atrium Medical Center
 15. Marilyn Singleton, Bethesda Medical Center at Arrow Springs
 16. Dr. Scott Swope, Warren County Department of Health
 17. Barbara Nichols, Vineyard Free Clinic
 18. Mike Carroll, Countryside YMCA
- Mental Health / Substance Abuse Treatment Agencies
 19. Russell Dern, Solutions Community Counseling and Recovery Center
 20. Jeff Rhein, Solutions Community Counseling and Recovery Center
 21. Renee Concepcion, Warren Outpatient / Talbert House
 22. Robin McCormick, Warren Outpatient / Talbert House
 23. Dr. Chris Toole, Lindner Center of HOPE
- Religious Institutions
 24. Randy Wheeler, Praise and Worship Center
 25. Ricardo Lewis, Bethel AME Church
 26. Randy Fannin, Bethesda North
- Social Service Agencies
 27. Patty Jacobs, Warren County Children Services
 28. Lauren Coffey, Warren County Department of Job and Family Services
 29. Janet Hoffman, Abuse and Rape Crisis Center
 30. Sue Miller, Community Services
 31. Karen Hill, Elderly Services
 32. Judy Webb, Elderly Services
 33. Lisa Cayard, Head Start
 34. Debbie Groves, Metropolitan Housing
 35. Linda Smith, New Housing Opportunities
 36. Linda Rabolt, Interfaith Hospitality

- Employment Agencies
 - 37. Karen Whittamore, Workforce One
- Youth Services
 - 38. Steve Brady, Ohio State University Extension

Appendix D: Data from Greater Warren County Drug Task Force

Table 25. Drugs Seized / Purchased by Greater Warren County Drug Task Force, 2009

2009 Report YTD				
Drugs Seized/ Purchased		Drug Diverted		
DRUG NAME	Total	DRUG NAME	DIVERTED	SEIZED
Cocaine	8.7 kilos	Alprazolam	1,681	3
Crack	20.39 grams	APAP/Codeine	235	0
Heroin	56.70 grams	Atropine/Diphenoxylate	110	0
LSD	50 Hits	Clonazepam .5 mg	540	0
Marijuana	684.74lbs.	Clonazepam 1 mg	560	0
Marijuana Plant	35	Clonazepam 2 mg	280	0
Prescription		Hydrocodone	7,856	0
OxyContin	1371 pills	Hydrocodone 10/500 mg	120	0
Clonazepam	170 Pills	Hydrocodone 5/500mg	2,387	0
Clonazepam	70 pills	Hydrocodone 7.5/500 mg	95	0
Ecstasy	259 tablets	Hydrocodone 7.5/750 mg	60	0
Fentora (Fentanyl)	15 Patches	Hydrocodone Syrup	7,128	0
Hydrocodone	1020 pills	Lorazepam	60	0
Klonopin	80 Pills	Morphine (Sulfate) 120mg	900	0
Methodone	147 pills	Morphine (Sulfate) 30mg	189	0
Oxycodone (Percocet)	279 pills	Morphine (Sulfate) 60mg	120	0
OxyContin (Oxycodone)	8 pills	Morphine (Sulfate) 90mg	420	0
OxyContin 80 mg	20 Pills	Oxycodone	3,020	0
Percocet	739 Pills	Pregablin	34	0
Promethazine	153 Pills	Propoxyphene	80	0
		Quinine sulfate	120	120
		Scripts	158	6
		Somatropin	5	5
DHL Seizures		Temazepam	810	0
Marijuana	170 lbs	Testosterone Cypionate	1	1
DHL Seizures		Tramadol	3,889	279
Marijuana	170 lbs	Ursodil	82	82
		Zolpidem	727	0
		Zolpidem	757	0

Table 26. Drugs Seized / Purchased by Greater Warren County Drug Task Force, 2010

DRUG Seized / Purchased	TOTAL	Illicit Drugs	
Prescription Drugs			
Alprazolam - 0.25 mg	200	Black Tar Heroin - Grams	354
Alprazolam - 1 mg	20	Cocaine - Grams	3188.996
Alprazolam - 2 mg	3	Cocaine - Kilos	1
Carisoprodol - 350 mg	30	Cocaine - Pounds	1.5
Clonazepam - 2 mg	1	Crack Cocaine - Grams	482.9
Hydrocodone/Acetaminophen - 2.5 mg/500 mg	1000	Ecstasy - Pill	99
Hydrocodone/Acetaminophen - 10 mg/325 mg	401	Hash Oil - Liquid	5.5
Hydrocodone/Acetaminophen - 10 mg/660 mg	4	Heroin - Caps	116
Methadone - 10 mg	25	Heroin - Grams	1712.7
Morphine - 15 mg ER	34	Marijuana - Grams	4731.687
Oxycodone - 10 mg ER	1452	Marijuana - Kilos	0
Oxycodone - 20 mg ER	5	Marijuana - Pounds	543
Oxycodone - 40 mg ER	24	Marijuana Plants	88
Oxycodone - 60 mg ER	2	Meth - Grams	3.1
Oxycodone - 80 mg ER	23	Steroids - Vial	211
Oxycodone/Acetaminophen - 5 mg/500 mg	7		
Oxycodone/Acetaminophen - 7.5 mg/325 mg	11		
Oxycodone/Acetaminophen - 10 mg/325 mg	10		
Oxycodone/Acetaminophen - 10 mg/650 mg	37		
Tramadol - 50 mg	4		

Table 26 (cont'd). Drugs Seized / Purchased by Greater Warren County Drug Task Force, 2010

	Drugs Diverted	Drugs Seized
DRUG NAME	TOTAL	TOTAL
Scripts	262	97
Alprazolam - 1 mg	454	27
Alprazolam - 2 mg	90	0
Amphetamine Mixture - 20 mg	1,170	7
Amphetamine Mixture - 25 mg	360	7
Amphetamine Mixture - 30 mg	690	7
Clonazepam - 1 mg	90	0
Clonazepam - 2 mg	90	0
Diazepam - 5 mg	2,660	0
Diazepam - 10 mg	3,494	0
Fentanyl - 50 mcg/hr	2	1
Hydrocodone/Acetaminophen - 2.5 mg/500 mg	140	0
Hydrocodone/Acetaminophen - 5 mg/500 mg	5,995	3
Hydrocodone/Acetaminophen - 7.5 mg/325 mg	543	0
Hydrocodone/Acetaminophen - 7.5 mg/500 mg	820	0
Hydrocodone/Acetaminophen - 7.5 mg/650 mg	510	0
Hydrocodone/Acetaminophen - 7.5 mg/ 750 mg	3,551	0
Hydrocodone/Acetaminophen - 10 mg/325 mg	3,341	0
Hydrocodone/Acetaminophen - 10 mg/500 mg	2,565	0
Hydrocodone/Acetaminophen - 10 mg/650 mg	264	0
Hydromorphone - 2 mg	24	0
Methadone - 10 mg	4,319	0

	Drugs Diverted	Drugs Seized
Morphine - 30 mg ER	189	0
Morphine - 60 mg ER	120	0
Morphine - 100 mg ER	1,320	0
Oxycodone - 10 mg ER	591	0
Oxycodone - 15 mg ER	2,839	0
Oxycodone - 20 mg ER	120	0
Oxycodone - 30 mg ER	440	90
Oxycodone - 40 mg ER	1,074	0
Oxycodone - 60 mg ER	320	0
Oxycodone - 80 mg ER	1,094	1
Oxycodone/Acetaminophen - 2.5 mg/325 mg	75	0
Oxycodone/Acetaminophen - 5 mg/325 mg	2,024	0
Oxycodone/Acetaminophen - 5 mg/500 mg	192	0
Oxycodone/Acetaminophen - 7.5 mg/325 mg	406	0
Oxycodone/Acetaminophen - 7.5 mg/500 mg	182	0
Oxycodone/Acetaminophen - 10 mg/325 mg	2,730	0
Oxycodone/Acetaminophen - 10 mg/650 mg	212	0
Propoxyphene/Acetaminophen - 100 mg/600 mg	150	0
Tramadol - 37.5 mg/325 mg	0	0
Tramadol - 50 mg	22,833	225
Zolpidem Tartrate - 5 mg	30	0
Zolpidem Tartrate - 10 mg	1,719	0
Zolpidem Tartrate - 12.5 mg	337	0

Table 27. Drugs Seized / Purchased by Greater Warren County Drug Task Force, 2011

DRUG SEIZED/PURCHASED	TOTAL
Alprazolam - 1 mg	56
Buprenorphine - 2 mg	31
Buprenorphine - 8 mg	1
Clonazepam - 1 mg	481.5
Diazepam - 5 mg	15
Hydrocodone/Acetaminophen - 5 mg/500 mg	10
Hydrocodone/Acetaminophen - 10 mg/650 mg	10
Oxycodone - 15 mg IR	15
Oxycodone/Acetaminophen - 10 mg/325 mg	76
Oxycodone/Acetaminophen - 10 mg/650 mg	60
Illicit Drugs	
Cocaine – Grams	173.5
Cocaine – Kilos	0.5
Crack Cocaine – Grams	90.4
Ecstasy – Pill	2
Heroin – Caps	70
Heroin – Grams	11.9
Heroin – Kilos	1
Marijuana – Grams	927
Marijuana – Pounds	23
Marijuana Plants	166
Opium	26
Steroids – Vial	21

DRUG NAME	TOTAL DIVERTED	TOTAL SEIZED
Scripts	86	0
Clonazepam - 1 mg	86	0
Fentanyl - 50 mcg/hr	1	0
Hydrocodone/Acetaminophen - 2.5 mg/500 mg	30	0
Hydrocodone/Acetaminophen - 5 mg/500 mg	6,676	0
Hydrocodone/Acetaminophen - 7.5 mg/ 750 mg	370	0
Hydrocodone/Acetaminophen - 10 mg/325 mg	124	0
Oxycodone - 20 mg ER	200	97
Oxycodone/Acetaminophen - 5 mg/325 mg	52	0
Oxycodone/Acetaminophen - 7.5 mg/325 mg	60	0
Oxycodone/Acetaminophen - 10 mg/325 mg	108	0
Propoxyphene/Acetaminophen - 100 mg/600 mg	80	0

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