



Community Coalition for Healthy Youth

Summary Report of Activities and Outcomes, 2009 to 2014

Report date: December, 2014

Grant Background

In the fall of 2009, the Community Coalition for Healthy Youth (CCHY) received a 5-year federal Drug Free Communities (DFC) grant from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). This competitive grant renewed the 2004-09 grant, allowing support for the continuation of the Coalition's work and efforts. The grant provided \$125,000 per year to build and support the Coalition and to reduce substance use in Tompkins County with a primary focus on youth substance use. Tompkins County Youth Services Department coordinated the grant, provided staffing, and assured full compliance with all grant requirements. Matching funds for the grant were provided by in-kind services from a variety of Coalition partners including TST BOCES, Tompkins County, the Alcohol & Drug Council, and Cornell Cooperative Extension's Rural Youth Services Program. Additional support for Coalition projects was provided by Stop DWI and county school districts. The grant had 2 goals:

1. **To build, strengthen, and sustain the coalition** by partnering with members from a broad spectrum of community sectors, including schools, law enforcement, government, parents, youth, treatment providers, youth-serving organizations, volunteer and fraternal organizations, business, media, health, faith, and at-large community members.
2. **To reduce substance use among youth** and over time, adults, by addressing factors contributing to use. In our community we identified these contributing conditions: tolerant community norms, easy access, and inadequate and inconsistent policies and enforcement. We chose to focus on four substances: alcohol, marijuana, tobacco, and prescription drugs.

Results

Goal 1 – Build, strengthen, and sustain the coalition

Our coalition engaged 38 new members during the five years of the DFC grant. These members represented a variety of sectors: health, schools, youth, youth-serving organizations, media, law enforcement, and at-large community members. All six public school districts as well as our county charter school participated in the biannual student survey. We partnered with other groups on initiatives such as medication collection events, Above the Influence®, presentations and trainings, golf and running fundraisers, Safe Celebrations Letters to graduating seniors, and the launch of an underage drinking tipline. We participated in and graduated from CADCA Academy with new skills and knowledge for enhancing our coalition's effectiveness. We developed a CCHY logo and Facebook page. We created orientation materials and protocols for all new CCHY members. We enlisted the help of Cornell's Johnson School to develop sustainability strategies. We received a two-year mentoring grant to support Schuyler County's coalition as it worked to grow and receive its own Drug Free Communities Grant. We also received a four-year STOP Act grant to enhance our efforts around underage drinking.

In addition to regular meetings of the board and committees, the coalition held an annual half-day working retreat each summer. These retreats allowed us to tackle important topics including sustaining coalition

Community Coalition for Healthy Youth, www.healthyouth.org • 320 W. MLK Jr./State St., Ithaca, NY 14850 • (607)-274-5310
Tompkins County Youth Services Department, www.tompkinscountyny.gov/youth

The opinions, findings, and conclusions in this publication are those of the author and do not necessarily reflect the views of the U.S. Substance Abuse and Mental Health Services Administration or the Drug Free Communities Support Program.

efforts after the end of grant funding, assessing areas of strength and those needing attention and implementing steps to improve, and reorganizing our committee structure to enhance effectiveness.

The Friends of Healthy Youth was formed to raise funds and provide other support for CCHY and a bank account was opened. Several fundraisers were held, including two annual golf events in conjunction with Friends of Newman and a 5K running race with support from Guthrie. Although our federal funding has ended, our coalition has a core group of members who have committed time and other resources to sustain the efforts and important work.



Goal 2 – Reduce substance use

Summary: Our coalition focused on four substances, alcohol, prescription drugs, tobacco, and marijuana, and the conditions that contribute to use of these drugs by youth. CCHY cannot take full credit (or blame) for results experienced in our community. However, our efforts, along with those of our coalition partners and others in the community, contributed to changes. For alcohol and prescription drugs, where we focused significant effort, results were mostly positive. Most work done in the community on tobacco was undertaken by CCHY partner organization Tobacco Free Tompkins and also yielded many positive results. The news is not so good with regard to marijuana. CCHY faced challenges even among its members on how best to tackle work on this substance and as a result, efforts were inconsistent and did not produce desired results.

Data sources for all local outcomes are the 2008 and 2012 Youth Development Surveys, Tompkins County Results, taken by students in grades 6-12 in late October of the stated year. Data sources for national comparisons are from the [Monitoring the Future Survey](#), given annually to 50,000 students in grades 8, 10 and 12. Research is also drawn from the Communities that Care® Risk and Protective Factor Framework.

Alcohol

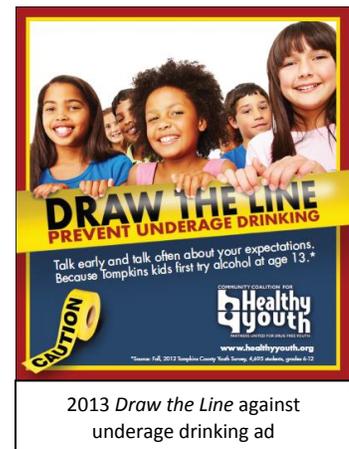
Summary: Nationally and in Tompkins County, alcohol is the most widely used drug by young people. Overall, our data show positive outcomes in multiple areas with regard to alcohol. Current use (defined as drinking a full drink of alcohol within the previous 30 days) is down, ease of access is down, perceived use by peers is down, and perception of parental disapproval is up. Other indicators show mixed results.

Objective A1 – Reduce 30 day use of alcohol by youth



Outcome – 30 day use of alcohol dropped for all grades. The reduction in Tompkins County was greater for grades 8 and 10 than for national peers. In 2012, for the first time, 30 day use by local youth was lower than rates by national peers.

Had a full drink of alcohol in past 30 days		
Grade	2008	2012
6	4%	2%
7	7%	3%
8	14%	8%
9	20%	18%
10	32%	26%
11	39%	32%
12	42%	41%



Objective A2 – Increase average age of first use of alcohol (for those who have tried alcohol)



Outcome – Age of first use rose slightly for middle schoolers but held steady for high schoolers. Tompkins County middle school youth try alcohol at a younger age than either marijuana or cigarettes. Youth who start using alcohol before age 14 are four times more likely to develop dependence or addiction than people who wait until they are 21 to use alcohol.

Age of first alcohol use (for those who have tried it)			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
11.0	11.1	13.5	13.5

Objective A3 – Reduce youths’ ease of access to alcohol



Outcome – Fewer youth at both the middle and high school level reported that it would be easy to get alcohol if they wanted. Ease of availability is related to youth use.

It would be easy to get alcohol if I wanted			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
33%	18%	69%	60%

Objective A4 – Reduce youths’ access to alcohol at home with parent permission



Outcome – For those young people who have used alcohol, fewer middle schoolers and more high schoolers reported getting their alcohol at home with parent permission.

Of all youth who used alcohol, those who got it at home with parent permission			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
40%	38%	18%	20%

Objective A5 – Increase youths’ perception of harm of regular alcohol use



Outcome – Perception of harm rose for grades 6 and 8, held steady for grades 7 and 9, but dropped for grades 10-12. Young people who recognize that there are risks associated with a behavior are less likely to engage in that behavior.

There is moderate or great risk from drinking alcohol nearly every day		
Grade	2008	2012
6	76%	80%
7	81%	81%
8	75%	80%
9	77%	77%
10	78%	77%
11	78%	75%
12	77%	73%



ATI float in 2011 Ithaca Festival Parade

Objective A6 – Increase youths’ belief that alcohol use is wrong for people their age



Outcome – Both middle and high school students showed an increased belief that alcohol use is wrong for youth. Young people who believe that something is “wrong” are less likely to engage in that behavior.

It's wrong for people my age to drink alcohol			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
91%	94%	61%	64%

Objective A7 – Decrease youths’ perception of peer use of alcohol



Outcome – Students reported that among their four best friends, alcohol use has decreased. Youth are influenced by their peer group, so this reduction in how common they think it is for their friends to drink, the social norm, contributes to the overall reduction in alcohol use.

One or more of my four best friends used alcohol in the past year			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
22%	16%	38%	34%

Objective A8 – Increase youths’ perception of parental disapproval of alcohol use



Outcome – More youth in all grades now say their parents would disapprove if they used alcohol. Parents have a powerful influence on their children. Parent disapproval cuts youth alcohol use by two thirds.

My parents would disapprove if I used alcohol		
Grade	2008	2012
6	97%	98%
7	95%	97%
8	90%	97%
9	89%	94%
10	86%	94%
11	82%	93%
12	81%	89%

Pharmaceuticals (Prescription Drugs)

Summary: The misuse of prescription drugs emerged as a concerning national trend in the mid-2000’s. Our 2008 student survey showed this trend had reached Tompkins County. Of particular concern was misuse of dangerous, addictive pain killers such as OxyContin®, Vicodin®, and Demerol® which, when combined with alcohol, are a dangerous combination. (Our 2008 survey did not have questions about perception of harm, availability, or disapproval so there are no baseline data for these areas.) We are pleased to note that misuse of any prescription drug is down for most grades and non-medical use of prescription pain relievers dropped for all grades.

Objective P1 – Reduce youth 30 day use of prescription drugs* and, in particular, prescription pain relievers without a doctor’s order



Outcome – Youth non-medical use of prescription drugs dropped in all grades except 12th. (*Prescription drugs include pain killers, sedatives, tranquilizers and/or stimulants.) When looking at use of prescription pain relievers only, rates of use dropped for all grades.

Grade	Used prescription drug without a doctor's order in past 30 days		Used prescription pain reliever without a doctor's order in past 30 days	
	2008	2012	2008	2012
6	3%	<1%	3%	2%
7	4%	<1%	3%	1%
8	5%	1%	4%	2%
9	6%	3%	6%	2%
10	6%	4%	6%	3%
11	8%	5%	8%	4%
12	7%	10%	7%	5%

Objective P2 – Begin campaign to prevent and reduce teen pharmaceutical abuse

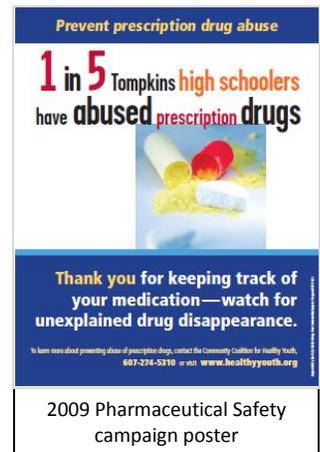


Outcomes – National research shows that most (57%) young people misusing prescription pain relievers obtained them for free from a friend or relative; this includes 10% who took them without asking. (Our local survey did not include questions about how young people obtain prescription drugs that are not prescribed to them.) We decided that our efforts should focus on two broad areas:

- Raising awareness of the problem
- Reducing access to prescription medications

A work group was formed in May 2009. Over the course of four years, its accomplishments included:

- A panel presentation for the CCHY board on prescription drug abuse at July 2009 coalition retreat. The panel included representatives from law enforcement, treatment, schools, and a person in recovery.
- Three prescription drug poster campaigns (2009, 2011, 2013, each using local data from our student survey)
- Creation and airing of 2 radio ads to raise awareness of medication abuse (2011)
- Printing of an information pamphlet on prescription drug abuse that was used at tabling events and community presentations
- Purchase and display of stand-up banners on prescription drug abuse
- Community training on prescription drug abuse by Isabel Burk (2010) at two locations: Dryden High School, targeting parents of student athletes, and Ramada Inn
- Creation of a webpage devoted to information about medication collection and disposal
- Collaboration on 9 medication collection events (2010-2013)
- Collaboration on the purchase and installation of 9 permanent medication drop boxes
- Collection and disposal of over 7,000 lbs. of medications from over 3,400 people in collaboration with the Coalition for Safe Medication Disposal



Tobacco

Nationally, adult cigarette use has been trending downward for 50 years, and youth use has also declined over the past fifteen years. Our local data also show positive trends for most of our indicators: youth use is down for most grades and indicators that contribute to use such as low perception of harm or low parental disapproval, have improved. However, youth use of smokeless tobacco did not decline and, in fact, is up slightly in most grades. Local youth use rates are lower than for national peers.

Objective T1 – Reduce 30 day tobacco use



Outcome – Youth use of cigarettes dipped slightly for grades 8-10 and held steady for the other grades with the exception of 12th grade which increased by more than 50%. Use of smokeless increased by a small amount in most grades. Use of both of these tobacco products is lower than rates for national peers.

Grade	Used cigarettes in past 30 days		Used smokeless tobacco in past 30 days	
	2008	2012	2008	2012
6	<1%	<1%	<1%	1%
7	1%	1%	1%	2%
8	3%	2%	3%	2%
9	7%	6%	3%	5%
10	9%	8%	4%	6%
11	11%	11%	7%	9%
12	8%	13%	7%	8%

Objective T2 – Increase age of first use of cigarettes



Outcome – Age of first use of cigarettes, for those young people who have tried them, rose slightly for both middle and high school youth. Tompkins County high schoolers try cigarettes at a younger age than either marijuana or alcohol.

Age of first cigarette use (for those who have tried them)			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
10.9	11.2	13.0	13.4

Objective T3 – Reduce ease of access to tobacco



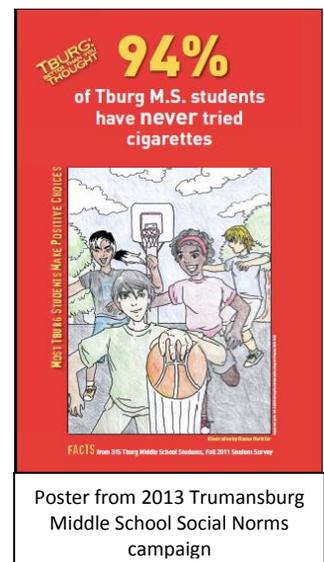
Outcome – Fewer than half of Tompkins County high school students say it would be easy to get cigarettes if they wanted. In addition, high schoolers report that both alcohol and marijuana would be easier to obtain than cigarettes.

It would be easy to get cigarettes if I wanted			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
22%	13%	56%	42%

Objective T4 – Increase youth perception of harm from tobacco



Outcome – Youth in all grades agree that there are risks associated with the use of cigarettes. Tobacco is the only substance for which perception of harm increases with age.



Poster from 2013 Trumansburg Middle School Social Norms campaign

There is moderate or great risk from smoking one or more packs of cigarettes per day		
Grade	2008	2012
6	88%	90%
7	88%	90%
8	91%	95%
9	91%	92%
10	92%	96%
11	93%	95%
12	94%	95%

Objective T5 – Increase youths’ belief that tobacco use is wrong for people their age



Outcome – From 2008 to 2012, more youth at both the middle and high school levels believed it is wrong for young people to smoke cigarettes.

It’s wrong for people my age to smoke cigarettes			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
96%	97%	82%	85%

Objective T6 – Increase youths’ perception of parental disapproval of cigarette use



Outcome – Rates of perceived disapproval by parents of youth cigarette use increased slightly for most grades. Local youth in all grades report higher parental disapproval of cigarette use than marijuana or alcohol.

My parents would disapprove if I used cigarettes		
Grade	2008	2012
6	98%	99%
7	98%	98%
8	97%	98%
9	96%	97%
10	95%	96%
11	94%	95%
12	95%	94%

Objective T7 – Reduce community norms favorable to tobacco use



Outcome – Tobacco Free Tompkins, based at the Tompkins County Health Department, worked closely with local governments and businesses and brought about significant policy changes across the county from 2009 to 2014. These included:

- City of Ithaca outdoor smoking ban (2010) in public parks, on City property and on the Commons downtown
- Tompkins County smoking ban (2011) on all county property
- Town of Lansing smoke-free property policy for Town Hall, highway barn, playing fields (2010)
- Smoke-free or tobacco-free properties or campuses established at Kendal at Ithaca (senior housing), Groton Community Health Care (nursing home), Groton Housing Authority, Cayuga

Medical Center, Lakeview Mental Health (group residences and SRO), Family and Children’s Service, Cornell Federal Credit Union, the Shops at Ithaca Mall

- Tompkins County ban (2014) on indoor use of electronic cigarettes and vaporizers at any workplace, restaurant, or bar
- Tobacco-free zone signage provided to area schools, businesses, downtown central business district

In addition, significantly more adults reported being in favor of a policy to prohibit smoking on the grounds of their workplace in 2013 (71.6%) than in 2008 (64.6%). (Source: T-Free biannual phone survey of Tompkins County adults.)

Marijuana

Summary: Marijuana use by youth has increased nationally but rates here in Tompkins County now exceed national rates for grades 10 and 12. (In 2008, local students in grades 8, 10, and 12 showed lower 30 day use rates than national peers.) Indicators that impact use such as perceived harm and parental disapproval have also declined.

Objective M1 – Reduce 30 day marijuana use by youth



Outcome – Mirroring the national trend, marijuana use increased here in Tompkins County for grades 9-12. The only grade showing a decrease was 8th. Use by Tompkins students in grades 10 and 12 exceed rates by national peers. Use rates increase significantly between middle school (grade 8) and high school (grade 9), making this a vulnerable time for youth.

Used marijuana in past 30 days		
Grade	2008	2012
6	<1%	<1%
7	1%	1%
8	5%	3%
9	10%	15%
10	16%	20%
11	20%	28%
12	21%	31%



Objective M2 – Increase age of first use of marijuana



Outcome – For those young people who have ever tried marijuana, the age of first use increased slightly for middle schoolers and held steady for high schoolers. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use before age 15 is a consistent predictor of drug abuse.

Age of first marijuana use (for those who have tried it)			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
11.8	11.9	14.0	14.0

Objective M3 – Reduce ease of access to marijuana



Outcome – While middle schoolers reported slightly lower marijuana availability, two thirds of high schoolers reported that marijuana would be easy to obtain if they wanted, a significant increase. High school youth report that it would be easier to get marijuana than either cigarettes or alcohol. The

availability of marijuana and other illegal drugs is related to the use of these substances by adolescents.

It would be easy to get marijuana if I wanted			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
12%	10%	55%	67%

Objective M4 – Increase perception of harm from marijuana use



Outcome – Fewer local youth in all grades see harm in the use of marijuana than they did in 2008. For 12th grade students, fewer than half see harm. Young people who do not perceive drug use to be risky are far more likely to engage in drug use. It is likely that national discussions about the legalization of marijuana for recreational or “medical” use have contributed to the reduction in perceived harm from use.

There is moderate or great risk from using marijuana weekly		
Grade	2008	2012
6	89%	87%
7	91%	86%
8	87%	84%
9	83%	65%
10	76%	57%
11	71%	50%
12	74%	47%

Objective M5 – Increase youths’ belief that marijuana use is wrong for people their age



Outcome – While slightly more middle schoolers agree that marijuana use by young people is wrong, fewer high schoolers believe this. Youth who express positive attitudes toward drug use are more likely to engage in a variety of problem behaviors, including drug use.

It’s wrong for people my age to use marijuana			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
95%	97%	71%	62%

Objective M6 – Decrease youths’ perception of peer use of marijuana



Outcome – High school students reported that among their four best friends, marijuana use has increased. Since youth are influenced by their peer group, this increase in how common they think it is for their friends to use marijuana, the social norm, contributes to the overall increase in marijuana use. More than half of high school youth say they have friends who use marijuana.

One or more of my four best friends used alcohol in the past year			
Middle Schoolers		High Schoolers	
2008	2012	2008	2012
10%	8%	51%	56%

Objective M7 – Increase youths’ perception of parental disapproval of marijuana use



Outcome – With the exception of eighth grade where the rates were unchanged, youth in all grades report less disapproval from their parents with regard to marijuana use. In families where parents are

tolerant of children’s substance use, children are more likely to become drug abusers during adolescence.

My parents would disapprove if I used marijuana		
Grade	2008	2012
6	99%	98%
7	98%	97%
8	97%	97%
9	94%	90%
10	92%	88%
11	90%	87%
12	86%	81%

Lessons Learned: What worked and what didn’t

Successful strategies

Our school partnerships remained strong and our expansion to include the entire county would not have happened without allies in every school district. Of special note is TST BOCES Youth Development staff who were key partners for the biannual student survey and for access to faculty and administrators to share survey results. They were also invaluable supporters for the annual Safe Celebrations mailing to parents of high school juniors and seniors, the Above the Influence® campaign, prevention lessons in classrooms, and involvement with our Youth Action Committee as well as other workgroups.

Other partnerships that led to positive results include Tobacco Free Tompkins and the Coalition for Safe Medication Disposal. T-Free staff were active not only in support of tobacco-related efforts but with the broader work of the coalition. Collaboration with the Coalition for Safe Medication Disposal has led to year-round, safe options for disposal of medications.



Medication drop box



Sticker Shock

In 2010, we launched our first Sticker Shock campaign in Trumansburg, coinciding with the GrassRoots Festival; the event continues annually. Youth, coalition and community members have placed thousands of stickers on multipacks of beer and engaged the entire Trumansburg

community in showing their support for keeping alcohol out of the hands of underage festival goers.

We wrapped up a successful six-year school-based social norms campaign at DeWitt Middle School in Ithaca in 2010 and launched a campaign, now in its fourth year, with Trumansburg Middle School. Social norms uses data from our student survey to correct student misperceptions about the behaviors and attitudes of their peers which contribute to youth’s decisions about using alcohol and other drugs.

Our coalition was invited to Washington D.C. to participate in the national ATI (Above the Influence®) campaign. ATI targets youth and helps them to recognize the ATI logo and use social media to share anti-drug and alcohol messages. We kicked off our local project with training for community youth workers and engaging directly with youth groups. Each year, we produce an ATI calendar that features photo contributions from youth. In addition, our ATI youth participants have marched in the annual Ithaca Festival Parade.



ATI in 2013 Ithaca Festival Parade



2012 Town Hall Meeting at TC3

We hosted many presentations and trainings, mostly using staff and coalition partners but also featuring nationally known experts such as Bill DeJoy, Isabel Burk, Michael Nerney, and Kevin Sabet. We hosted three biannual Town Hall Meetings on Underage Drinking as part of the national series sponsored by the U.S. Substance Abuse and Mental Health Services Administration. We collaborated on four community forums on bath salts when this emerged as a new drug of concern in 2012.

CCHY developed four media campaigns over the past five years. *Sticker Shock* was described earlier. *Monthly Messages* on prevention have been shared electronically since May, 2010 with parents and allies of youth. Three sets of *Prescription Drug Safety* posters and table tents and two radio ads were developed using data from our biannual student survey and shared widely with medical and dental offices, veterinary practices, pharmacies, and senior citizens. Our *Draw the Line* against underage drinking campaign uses data and striking artwork for the print campaign which has appeared in local newspapers, school and community publications, and on public buses. A poster series was also printed and shared with youth serving agencies. We enlisted four local celebrities to record *Draw the Line* radio ads. In addition to media campaigns, publications have included Summaries of Highlights for each biannual survey, and resource materials on bath salts, underage drinking, and pharmaceuticals.



2014 golf fundraiser banquet using *Draw the Line* media

In 2012, the Friends of Healthy Youth (FOHY) was formed to raise funds and support CCHY after the end of grant funding. In 2013, FOHY partnered with Friends of Newman on its first non-competitive youth/adult golf tournament fundraiser; the event was repeated in 2014 and will continue in future years. In 2013, the coalition's Youth Action Committee partnered with Guthrie on the Pure Fun 5K Run fundraiser.

Problems encountered

In 2011, the coalition decided it would be better able to effect change if it reorganized its committee structure. However, while this led to the successful Youth Action Committee, the rest of the committees were less effective, and, in fact, engagement of some previously involved members dropped off. There was a loss of focus and a lack of clarity about "why am I here and what is my role." This in turn led to flagging interest, increased reliance on staff, and a reduction in the coalition's ability to attract and retain new members.

In early 2010, staff proposed the purchase of a media campaign but the board did not feel the *Be the Wall* campaign was best for our community. It took until 2013 for consensus to be reached and a campaign to be developed and launched, losing valuable time to build our "brand."

While the coalition devoted effort toward planning for sustaining efforts after the end of grant funding, there was a lack of clarity about how identified efforts would be sustained, who would lead these efforts and what support (human or financial) would be needed until nearly the very end of the grant. This in turn added to the coalition's challenge in attracting new members.

As the misuse of prescription drugs has gotten national attention and local action, the community has become more aware of the need to properly store and dispose of medications. This had led to a reduction in the availability of underground prescription pain killers. Though on the surface this should be a good thing, in fact it has contributed to a surge in heroin use locally. Heroin is now significantly cheaper and more readily available than prescription pain killers. Because of its reduced membership capacity, our coalition has not taken action on this emerging problem as it did a few years ago when bath salts hit the scene.

Finally, local conditions toward marijuana posed a great challenge for CCHY. In addition to changing national opinions as evidenced by recreational and “medical” marijuana laws in multiple states since 2009, local news has featured the mayor of Ithaca endorsing its legalization and encouraging the police to focus enforcement efforts elsewhere. NY Governor Cuomo successfully backed a “medical” marijuana law for the state.

Next Steps

Though its ten-year federal grant has ended, CCHY continues its work to engage a wide range of community members in reducing youth substance use. Our first major post-grant activity was the administration of the biannual countywide student survey in late October, 2014. This survey was a grant requirement and also provided invaluable data to many planning groups in our county. Many community partners felt it was vital to continue the survey and agreed to collaborate in funding it. Data and reports from the 2014 survey of students in grades 7-12 from all Tompkins County public secondary are expected in early 2015. CCHY has prepared a work plan for the coming year. Without grant funds, activities will be cut back but significant initiatives will continue, including public presentations, Sticker Shock, media campaigns, underage drinking tip line, and outreach to parents and families.

Mission of the Community Coalition for Healthy Youth

To engage parents, youth, and community members in reducing the use of alcohol, tobacco, and other drugs and violence and enhancing healthy behaviors among youth in Tompkins County