

### 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.

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.



Coalition members accept donation from the Elks, 2014

## 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 proceed and as a result, efforts were inconsistent and did not produce desired results. Visit [www.healthyouth.org](http://www.healthyouth.org) for data tables and a more detailed five year report. 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.

#### Objective – Reduce 30 day use of alcohol by youth

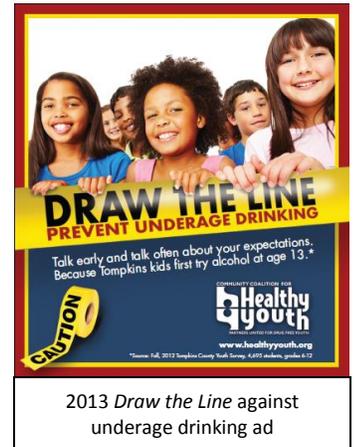


Outcome – 30 day use of alcohol dropped for all grades. The reduction in Tompkins County was greater for grades 8 and 10 than for national peers. In 2012, for the first time, 30 day use by local youth was lower than rates by national peers.

#### Objective – 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.



2013 Draw the Line against underage drinking ad

### 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. 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 – Reduce youth 30 day use of prescription drugs\* and, in particular, prescription pain relievers without a doctor's order

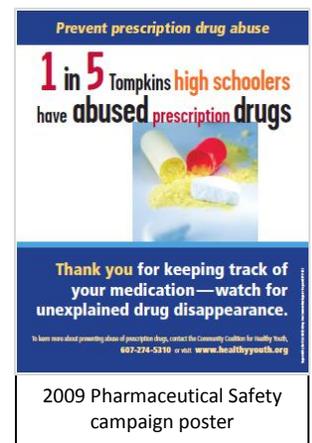


Outcome – Youth non-medical use of prescription drugs dropped in all grades except 12<sup>th</sup>. (Prescription drugs include pain killers, sedatives, tranquilizers and/or stimulants.) When looking at use of prescription pain relievers only, rates of use dropped for all grades.

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



Outcomes –We focused efforts on raising awareness and reducing access to prescription medications. Accomplishments: three prescription drug poster campaigns; collaboration on 9 medication collection events and the installation of 9 permanent medication drop boxes; collection and disposal of over 7,000 lbs. of medications from over 3,400 people.

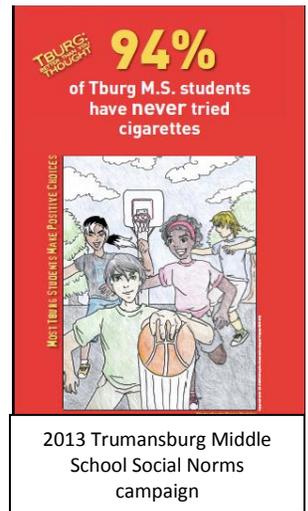


2009 Pharmaceutical Safety campaign poster

### Tobacco

Summary: 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 is up slightly in most grades. Local youth use rates are lower than for national peers. Thanks to CCHY partner Tobacco Free Tompkins for work in this area.



2013 Trumansburg Middle School Social Norms campaign

**Objective – 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 12<sup>th</sup> 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.

**Objective – Increase youth perception of harm from tobacco**



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

**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 – 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 8<sup>th</sup>. Use by Tompkins students in grades 10 and 12 exceed national rates. Use rates increase significantly between middle school (grade 8) and high school (grade 9), making this a vulnerable time for youth.

**Objective – Increase youth 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 12<sup>th</sup> 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.



Kevin Sabet and coalition members at marijuana training, 2014

**Lessons Learned: What worked and what didn't**

**Key Accomplishments**

- Strong partnerships with schools; of special note: TST BOCES Youth Development staff
- Collaboration with the Coalition for Safe Medication Disposal, leading to year-round, safe options for disposal of medications.
- Sticker Shock campaign – 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 GrassRoots Festival goers.
- Social norms campaigns at DeWitt Middle School and Trumansburg Middle School, using 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.



Medication drop box, 2013

- ATI (Above the Influence<sup>®</sup>) involved youth using social media to share anti-drug and alcohol messages. Each year, we produced an ATI calendar featuring photo contributions from youth. ATI youth also marched in 4 Ithaca Festival Parades.
- Presentations and trainings, using staff and coalition partners but also featuring nationally known experts; three biannual Town Hall Meetings on Underage Drinking as part of U.S.SAMHSA's national series; collaboration on four community forums on bath salts when this new threat emerged.
- Media campaigns included *Monthly Messages* on prevention, *Prescription Drug Safety*, and *Draw the Line* against underage drinking campaigns.
- Publications have included Summaries of Highlights for each biannual survey, and resource materials on bath salts, underage drinking, and pharmaceuticals.
- Two golf tournament fundraisers (with support from Friends of Newman) and one Pure Fun 5K Run fundraiser (with support of Guthrie).



ATI youth in Ithaca Festival parade, 2013



2012 Town Hall Meeting at TC3

### Challenges

- Over time, for a variety of reasons, members left CCHY and engagement of others dropped off. We suffered from a reduced ability to attract and retain new members.
- Though we knew our grant funding would end and did devote effort toward planning for sustaining efforts, 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.
- As the community became more aware of the need to properly store and dispose of medications, this 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.
- Finally, tackling marijuana posed a great challenge. In addition to changing national opinions as evidenced by recreational and “medical” marijuana laws in multiple states since 2009, local and state leaders have endorsed legalization of recreational and/or medical marijuana. We could not get traction among our members or in the community on how or whether to address marijuana in Tompkins County.

### 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.

### CCHY Board, Community, and Staff Members from 2009-2014 (\*continuing members)

Ron Acerra	Stacy Cangelosi*	Jen Hillman	Meghan Lyons*	Laura Santacrose*
Theresa Albert	Bev Chin	Samantha Hillson	Nick Maine	Ted Schiele*
Jenn Astles*	Emily Cowan	Cheryl Horihan	Jen Mainville	Linda Schoffel
Tammy Baker	Amy Cullen	Erin James	Tommy Miller*	Gale Smith*
Chuck Bartosch	Jeff Dunlap*	Beth Jenkins	Erin Monroe	Jim Steinmetz
Kris Bennett*	Karen Friedeborn	Janice Johnson*	Lesli Myers	Margaret Tollner
Rich Bennett	Alicia Grey*	Matt Kiechle*	Carissa Parlato	Amanda Verba
Monty Berman	Stephanie Gumaer	Jodi Lake	Katy Pearce	Dave Vieser
Karl Bowers	Amie Hendrix*	Ken Lansing	Nancy Potter	Pat Vincent*
Travis Brooks	Sara Hess	Marcia Lynch	John Rowley	Nancy Zahler
Nan Brown				