

Community PROFILE



A Progress Report on Alcohol, Tobacco and
Other Drug Trends among Tri-State Youth,
1998-2008



COALITION FOR A
DRUG-FREE
GREATER CINCINNATI®



COALITION FOR A
DRUG-FREE
GREATER CINCINNATI®



Mission

We promote drug-free environments for youth by enhancing partnerships to educate, advocate and support locally-based community mobilization.

Vision

Every child in our community grows up in an environment that is purposefully drug-free.

History & Purpose

The Coalition for a Drug-Free Greater Cincinnati was founded in 1996 by former Congressman Rob Portman and other community leaders in response to rising adolescent drug use rates. This effort is a serious long-term initiative to bring together community activists, key business leaders, religious leaders, the media, parents/caregivers, youth, law enforcement officials and others. The aim is to develop and implement comprehensive, community-based strategies to reduce drug abuse in our region.

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Letter To The Community

The mission statement of the Coalition for a Drug-Free Greater Cincinnati evokes collaboration on the broadest scale, across all aspects of community life. No longer can any person imagine that drug use does not affect his or her life. Poor school performance, poor health, anti-social behavior, and delinquency all add up to increased poverty, increased crime, higher health care costs, and, ultimately lost lives, all of which take a toll on every member of our community.

The Coalition for a Drug-Free Greater Cincinnati is a “coalition” for a reason....because preventing teen drug and alcohol use takes a full community effort. Everyone--parents, schools, coaches, business owners, community leaders, social workers, health care providers, clergy, police, legislators, the media and others, including youth--must **all** be involved in prevention for the effort to succeed.

The Coalition’s proven approach focuses on changing community norms, attitudes and standards of conduct, as well as supporting communities in taking responsibility for their issues, rather than looking outside for solutions. Through a variety of programming options, including media strategies, the Coalition seeks to influence the messages that youth get from the community about drugs and alcohol, so they can make smart, healthy decisions based on reliable information.

As you’ll see in the following pages, the Coalition for a Drug-Free Greater Cincinnati and the network of local anti-drug coalitions have implemented critical youth substance abuse strategies that have contributed to positive change in our community. In this booklet, you’ll find an overview of the greater Cincinnati region’s progress in relation to changing the way the community views drug and alcohol use.

The number of youth choosing to use drugs and alcohol continues to decline. Their perceptions and attitudes toward use are changing as well.

However, it is not until we reach the point where the vast majority of persons in our community consider youth drug and alcohol use to be unacceptable that we will enjoy an environment free from the negative consequences of these choices.

Based on the progress made to date, some of which is shown in this booklet, we know that it is imperative that the Coalition’s work be carried forward, full force. We invite you to be a part of the change - **Invest in prevention.**

Sincerely,



Holly J. Molony, MPA
President & Executive Director

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Understanding THE PROBLEM

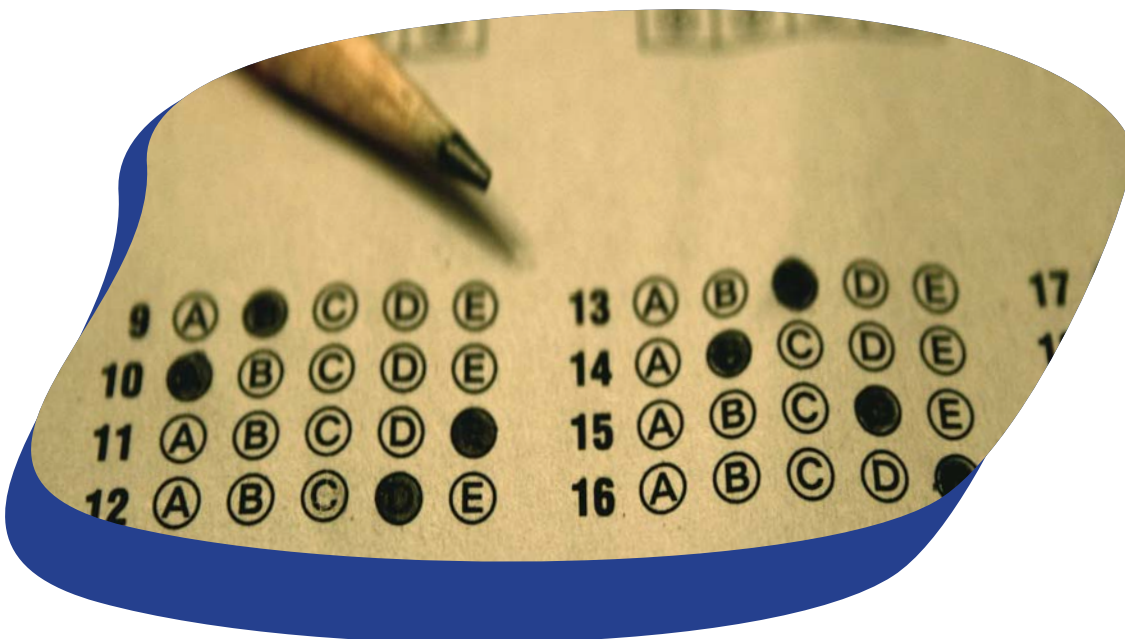
Substance abuse has many interrelated causes, and no single program or agency can address them all. Due to the nature of this work, the effort must be consistently sustained for results to accrue over time.

From its inception, CDFGC has believed evaluation and measurement of results was critical to its overall success. Accurate and reliable measurement of drug and alcohol usage and its associated risk and protective factors is paramount to a better understanding of the issue and the subsequent design of programs.

The Coalition for a Drug-Free Greater Cincinnati is dedicated to data-driven decision making to support effective substance abuse prevention. Assessing the scope of the problem is necessary to gain a clear, unbiased understanding of the issues. The Coalition collects primary data from students across the region utilizing a modified version of the validated PRIDE Survey instrument.

Our strong school partnerships across the region ensure that we have student representation from all geographic and demographic backgrounds. In addition to collecting information about youth drug and alcohol use rates, other indicators, such as attitudes, perceptions, and information about other related behaviors is collected. With all of these critical pieces, the survey data presents a comprehensive picture of youth substance abuse in the region and its consequences.

Analysis of the data trends allows the Coalition to inform the community and key leaders, plan more strategically, leverage funding, monitor progress and evaluate the effectiveness of prevention strategies. The richness of the data has allowed the Coalition to conduct and share in-depth analysis and research of the findings, resulting in stronger, more sustainable changes to the community's youth substance abuse problem.



SURVEY **METHODOLOGY**

The Coalition leads the nation in collecting and disseminating current, reliable adolescent regional drug use data. The Student Drug Use Survey is a project of the Coalition for a Drug-Free Greater Cincinnati, providing in-depth analysis of the self-reported drug use patterns of area seventh through twelfth grade youth.

This survey provides key information on the level of youth involvement in drug and alcohol use and is critical to measuring the area's success in addressing the issue. By measuring youth use, rates, attitudes and perceptions, the Coalition, schools, local coalitions, and other community partners can evaluate the impact of substance abuse prevention work in the region and drive further initiatives.

Participants

Over the past 10 years (5 survey cycles), students in 7th through 12th grade from schools in 10-14 counties in the Greater Cincinnati area have been surveyed regarding their substance use attitudes and behaviors. All participation is voluntary. Annual sample sizes have ranged from 47,727 students to 72,255 students. The average school response rate was 85% or greater.

Survey participants include all students in grades seven through twelve who are in attendance at all participating schools on the day the survey is administered. Any school, public and private, that responds to the survey announcement and agrees to cover a portion of the cost can participate in the survey.

Survey Instrument & Analysis

The Student Drug Use Survey is a customized version of the PRIDE national survey which has been tested for validity and reliability. Psychometric properties of the survey established that it is a valid and reliable instrument. Data was converted and analyzed using the Statistical Package for the Social Sciences (SPSS).





Key Result Areas

How do we know we are making an impact?

There are four primary measures used to accurately assess substance abuse among youth and to evaluate the effectiveness of prevention and reduction efforts.

The following pages show how these four core measures, the main indicators of community-level substance use, have changed over the years for alcohol, tobacco, marijuana and various illicit drugs.

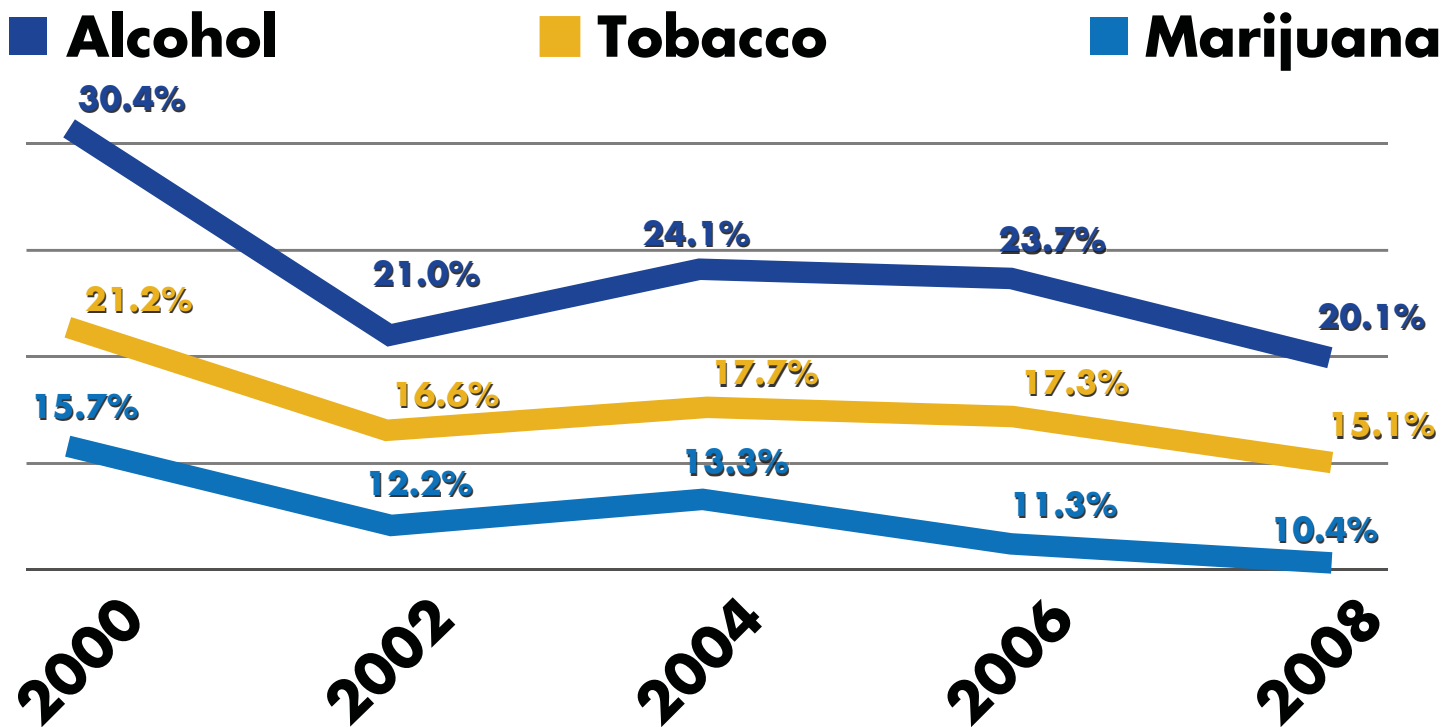
1. Monthly Use Rate
2. Age of Onset
3. Perceived Health Risk
4. Perceived Parental Disapproval



MONTHLY Use Rates

The monthly use rate is a measure of the percentage of respondents who report using a substance at least once in the past 30 days. It is also referred to as the “regular use” or a “thirty day” use rate.

Overall, as the graph below shows, fewer seventh through twelfth grade students report using alcohol, tobacco, or marijuana regularly in 2008 than did in 2000. Since 2000, alcohol use is down by 33%, tobacco use is down by 28%, and marijuana use is down by 33%.

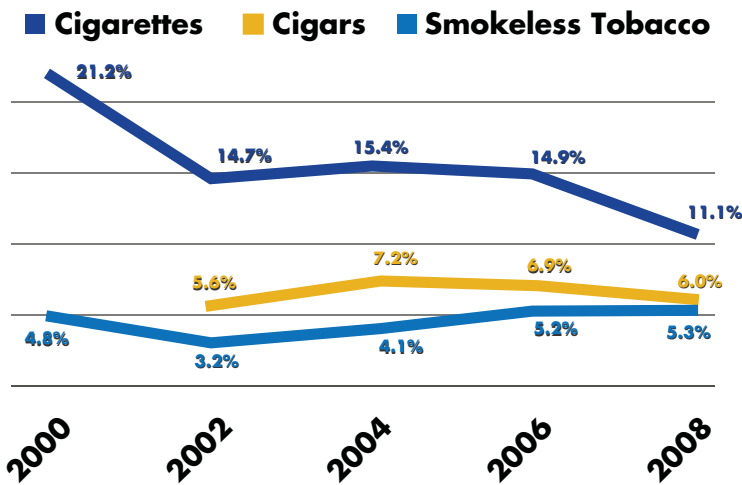
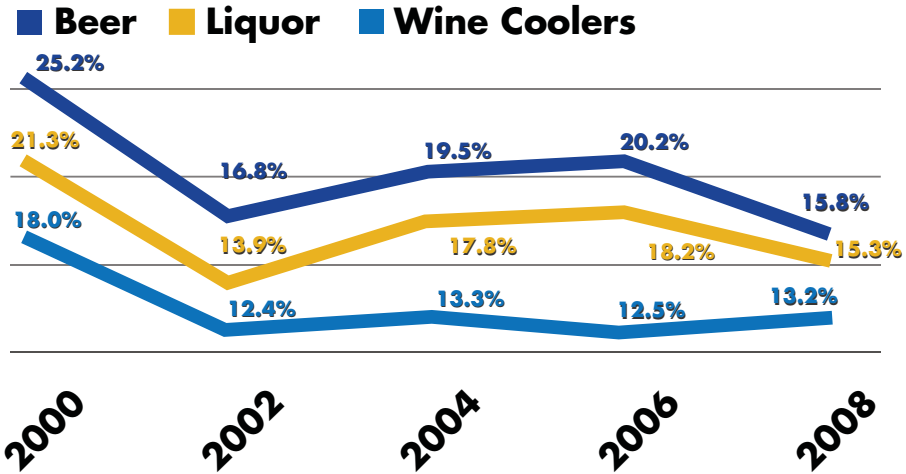


The Coalition uses the survey results to monitor trends and adopts strategies to address emerging issues that surface in the data. Often, spikes in the data are contained to a small geographical region and are addressed by local coalitions or communities and the local school districts involved.



Monthly Use of Alcohol by Year

Use of beer, liquor and wine coolers correlate closely with the overall use rate of alcohol. The small increase in regular use of wine coolers may reflect an increase in marketing and sales of malt beverages. The Coalition is focusing efforts on increased taxation, regulation and education around these "alcopops."

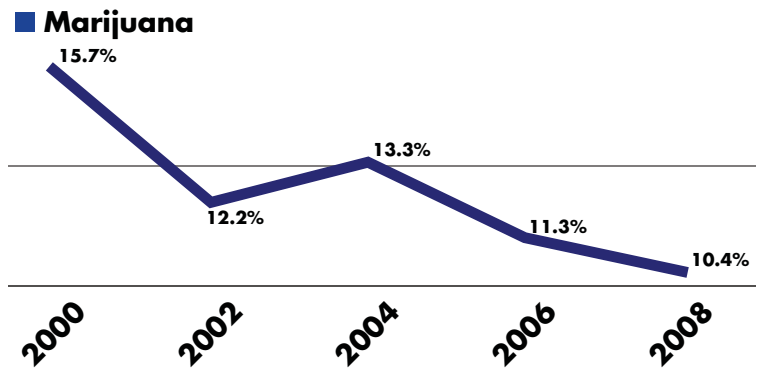


Monthly Use of Tobacco by Year

With the proliferation of anti-smoking messages and the general social perceptions of cigarette use changing, the survey results have shown a 47% decline in the last decade.

Monthly Use of Marijuana by Year

Marijuana use has decreased from almost 16% in 2000 to just over 10% in 2008. Because marijuana use is so often linked to further illicit drug use, this decrease is a positive sign for the health and safety of greater Cincinnati youth.



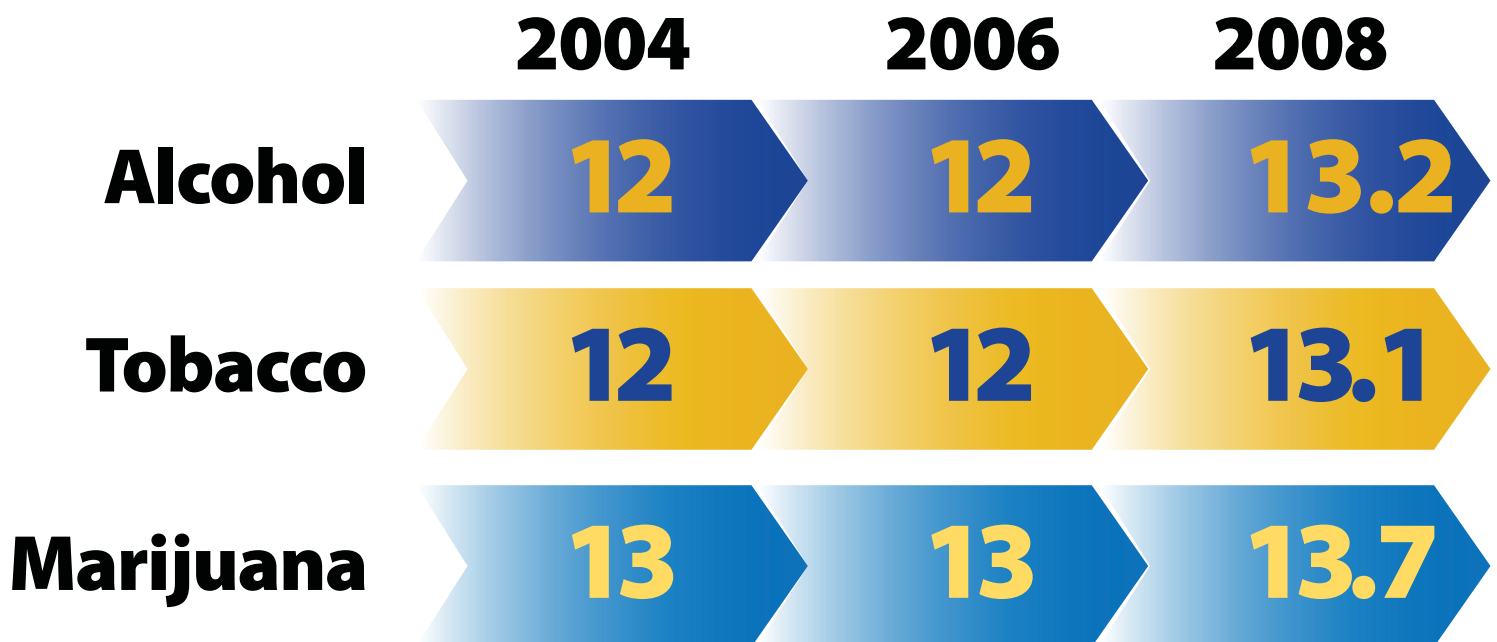
Monthly Use of Illicit Drugs by Year

Since 1999-2000, monthly use of other illicit drugs, not including marijuana, has ranged from 1.4% to 4.4%. Monthly use of uppers, hallucinogens, cocaine, and heroin decreased from 2000 to 2002, but have recently experienced slight increases. Full table available on page 26.

Average Age OF Onset

Starting Later

The average age of onset is the average age at which respondents report first trying alcohol, tobacco, or marijuana. This is a key indicator, as research shows that the longer a person delays use, the less likely they are to become harmfully involved with a substance.



**Please note, due to changes in survey response options over the years, it is not possible to accurately assess trends over the years related to the average age of onset. However, on a general level, the data indicates that the age of first use has increased.*

Delaying the age at which youth first use can mean a reduced risk of life-long addiction and associated health risks.

PERCEPTION OF HEALTH RISK & HARM

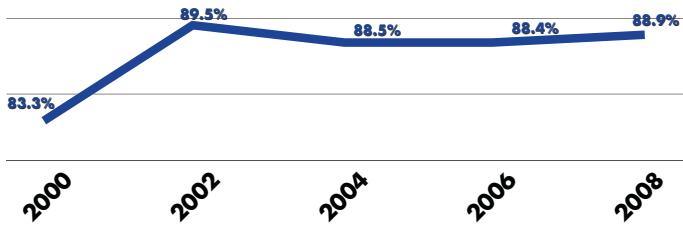


The perception of risk or harm indicates whether a person feels a substance is harmful/very harmful to their health. The higher the perception of harm, the less likely a person is to use a substance.

Tobacco

Perception of harm for tobacco overall remains at a high level, and it is critical that we continue to work at keeping perception rates high. Statistics for individual

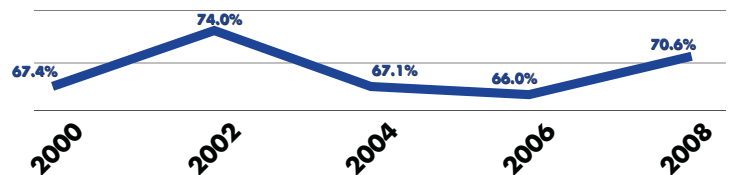
■ Tobacco (any type)



Alcohol

After a decline from 2002-2006, perception of harm measures for alcohol are rising, an indicator of changing community acceptance. A primary coalition strategy is to convey the health risks associated with underage alcohol use. **Overall, alcohol is viewed as less harmful than tobacco or any other illicit drug.**

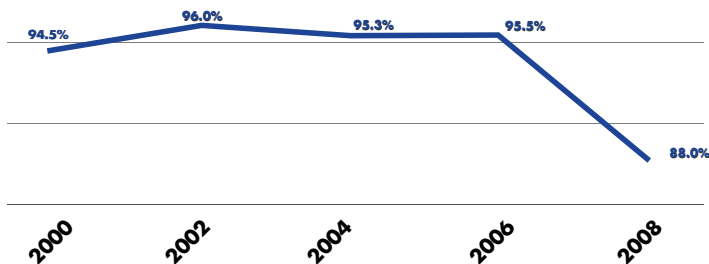
■ Alcohol (any type)



Illicit Drugs

As regular use of illicit drugs poses a substantial and potentially immediate health risk, it is important that youth continue to view them as harmful.

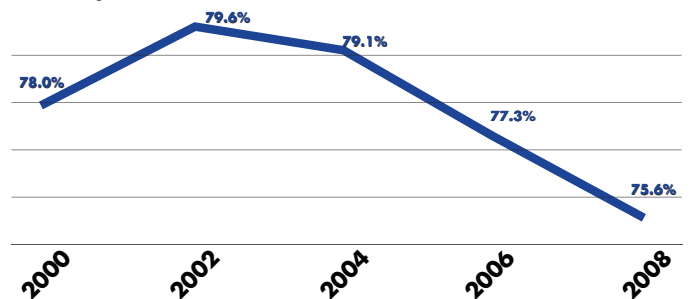
■ Illicit Drugs (any type, not including marijuana)



Marijuana

The survey data indicates a decrease in the perceived harm of smoking marijuana. Although parental and peer disapproval have risen, students themselves are not viewing marijuana use as harmful, creating the risk for increased use. Perception of harm of marijuana use has declined from a high of 79.6% in 2002 to the current rate of 75.6% in 2008.

■ Marijuana

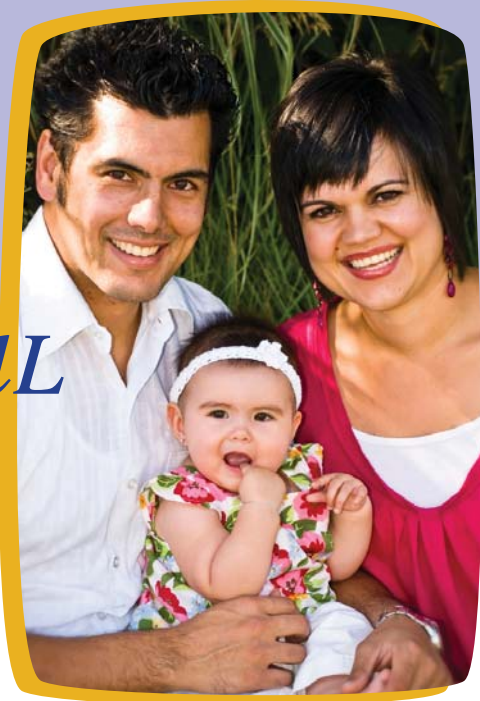


Statistics by type of substance (i.e. cigars, beer, etc.) can be found on page 27.

Percents denote those who responded "very harmful" or "harmful" about their perceived health risk from use of indicated substance.

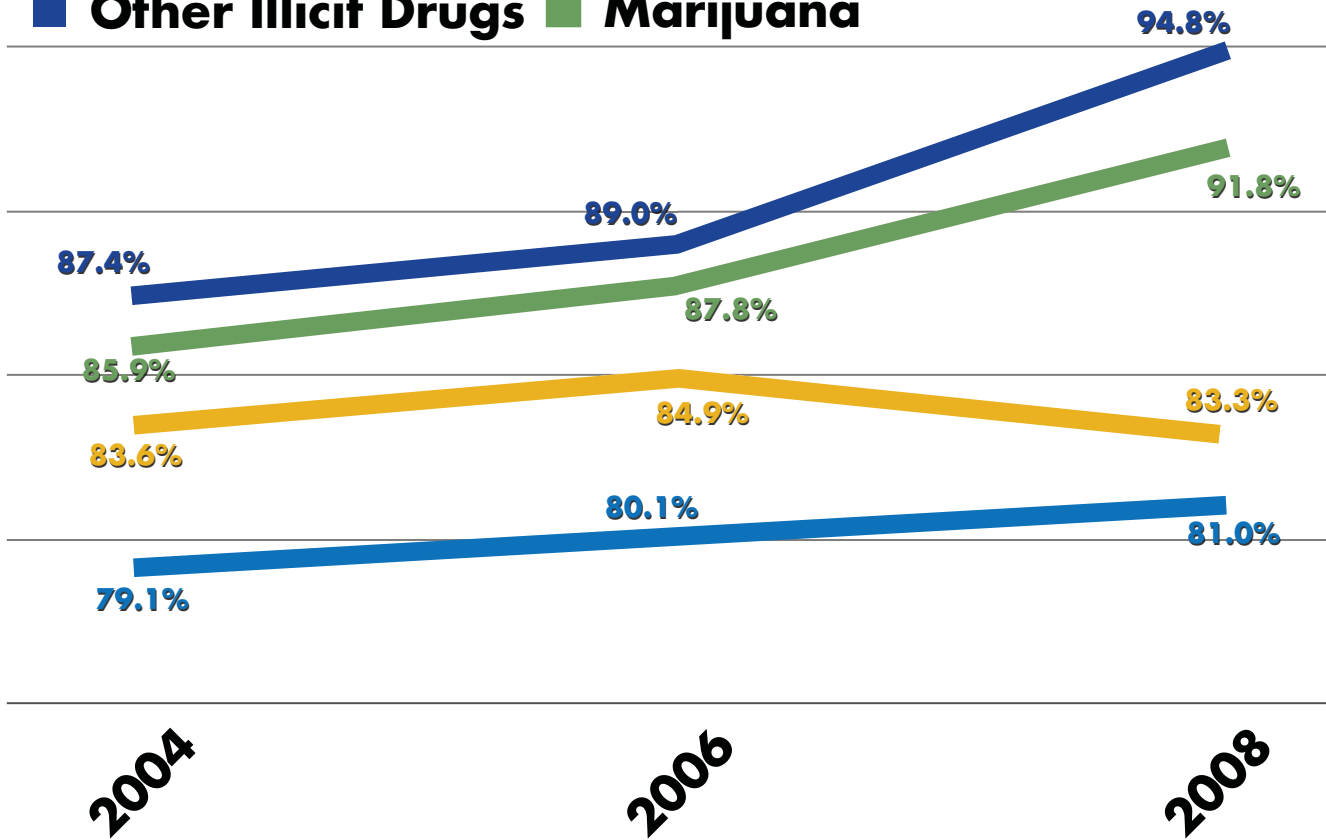
Perception of Parental Disapproval

Youth who perceive their parents would disapprove of substance use are less likely to use. From 2004 to 2008 the perception of parental disapproval of illicit drug use and marijuana use has risen steadily. The parental disapproval rates for alcohol and tobacco have remained steady during the same time period.



Perception of Parental Disapproval of Use by Year

- Alcohol
- Tobacco
- Other Illicit Drugs
- Marijuana



Notes: Percents denote those who responded with "strongly disapprove" or "disapprove". Perceived parental disapproval of substance use was not measured from 1999-2002.



Keeping Kids Safe

Over the last 10 years, the Student Drug Use Survey has provided accurate and reliable measurement of both risk and protective factors in the community. The Coalition relies on this tool to plan the activities that enhance, promote, and support healthy youth behavior.

Successful youth prevention strategies enhance youth involvement with “protective factors” and reduce exposure to “risk factors.” Protective factors in the lives of young people can be found in families, communities, churches, and the schools. Many of the Coalition for a Drug-Free Greater Cincinnati’s activities are designed to support the most successful protective factors in our communities and enhance the protection of youth from harmful involvement in alcohol, tobacco or other drugs.

On the opposite side of protective factors are risk factors. These are the forces in a student’s life that expose them to potential drug, tobacco, or alcohol use. The Coalition works to implement strategies that reduce the exposure to these risk factors.



Protective Factors

Factors that increase an individual’s ability to resist the use and abuse of drugs, e.g. strong family bonds, external support systems, and problem-solving skills.



Risk Factors

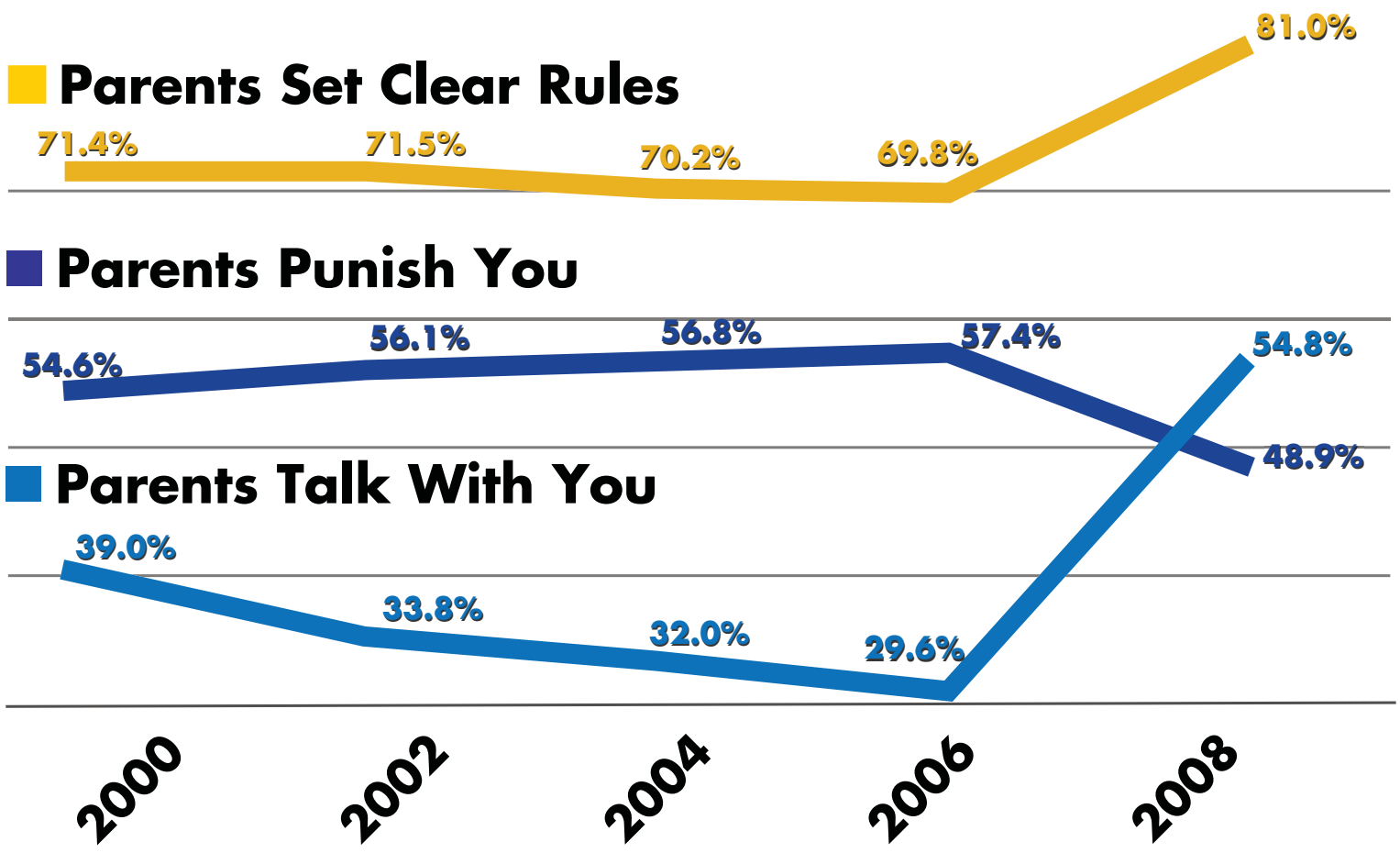
Factors that increase an individual’s vulnerability to drug use and abuse, e.g. academic failure, negative social influences, favorable parental or peer attitudes toward involvement with drugs or alcohol.



Clear Boundaries & Expectations

Parents are the top influence on a youth's choice to use or not use alcohol, tobacco, or other drugs. When parents talk to their children about their expectations around alcohol, tobacco, and other drug use, set clear rules, and enforce those rules consistently, youth are significantly less likely to use.

In the 2008 Student Drug Use Survey, there is clear data showing that youth are hearing the messages around drugs and alcohol from their parents. Youth who reported that their parents talked to them often or a lot about drugs or alcohol were 62% less likely to use. Both the number of students who reported that their parents talked to them about drugs and alcohol as well as the number of those reporting that their parents set clear rules, jumped significantly from 2006-2008. Students also said that their parents do punish them if they break these rules. However, the most recent data indicates that parents may need to be more consistent in enforcing these rules. Consequences for breaking the rules are key to the effectiveness of the prevention messages being sent by parents!

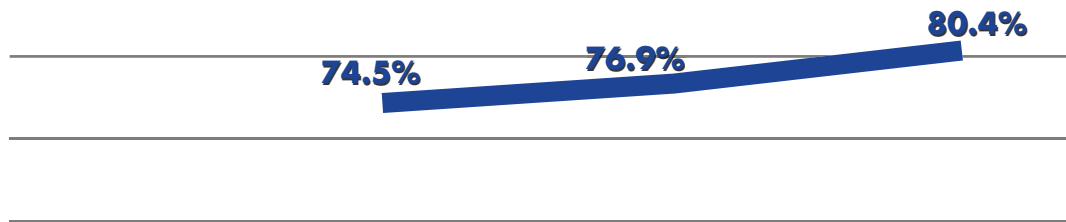


Percents denote those who responded "often" or "a lot"

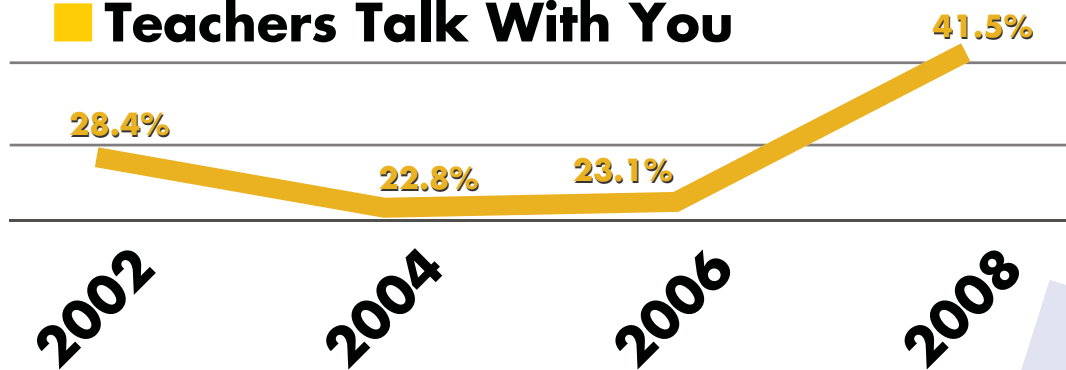
Schools are an adolescent’s community. Students spend a significant portion of their day in school or at school related events. The school’s climate and attitude toward alcohol and drug use is another important influence in the choice to use.

Similar to parents, schools must talk to kids about drug and alcohol use, set clear rules, and enforce those rules to protect students from this risky behavior. In 2008, the number of youth reporting that their teachers talked to them about drugs and alcohol jumped significantly. Students reporting that their school sets clear rules around drug and alcohol use also continued to increase incrementally, though not as significantly.

■ School Sets Clear Rules*

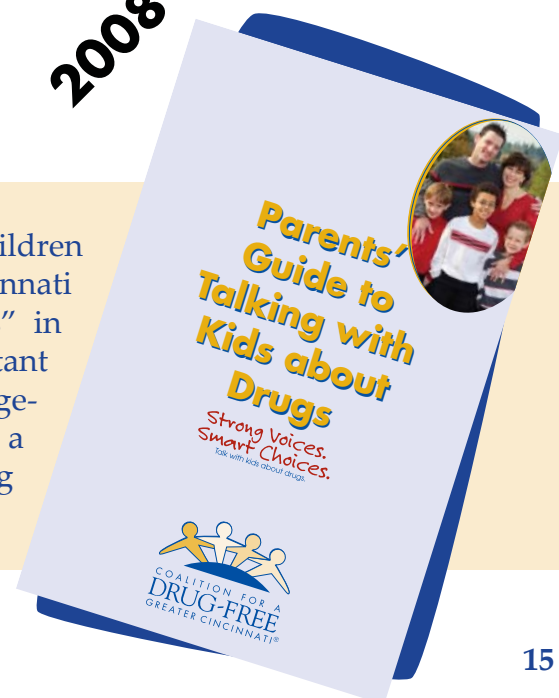


■ Teachers Talk With You



*data first collected in 2004

Noticing a downward trend in the number of parents talking to their children and setting clear rules, the Coalition for a Drug-Free Greater Cincinnati introduced the “Parents’ Guide to Talking with Kids about Drugs” in 2002. This booklet offers a comprehensive guide to starting important conversations with kids at every age and grade level. It provides age-appropriate prevention messages and tips for parents to establish a pattern and comfort level for discussing what can often be a challenging topic for parents.



Youth Involvement in THE Community

Academic achievement and involvement in positive activities are protective factors that continue to influence young people. Students who participate in school sports, extracurricular activities and attend religious ceremonies consistently demonstrate lower use rates.

Association with positive adult role models and peers with similar perceptions of harm supports healthy decision-making. Constructive use of time and meaningful involvement, along with recognition for their contributions also adds to the protection received from these activities.



Effect on regular use of alcohol, tobacco or other drugs

Participation in Church, Synagogue, Mosque, etc

65% less likely to use

Participation in Community Activities

62% less likely to use

Participation in School Activities

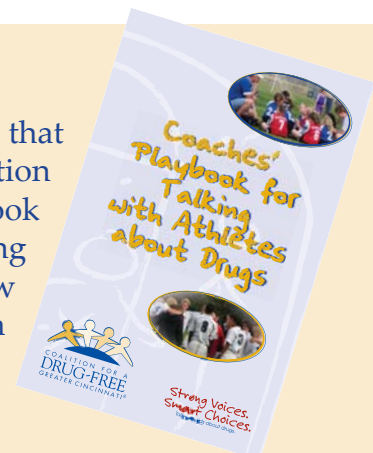
61% less likely to use

Participation in School Sports Teams

54% less likely to use

2008

The Coalition for a Drug-Free Greater Cincinnati understands the important role that coaches and athletics play in the lives of youth. Two important strategies the Coalition is pursuing are “Coaches, Kids & Chemicals” workshops and the Coaches’ Playbook for Talking with Athletes about Drugs. “Coaches, Kids & Chemicals” is a day-long workshop for student athlete leaders, coaches, athletic directors and boosters on how alcohol, tobacco and other drugs affect student athletes. The “Coaches’ Playbook” is an informative brochure on what messages athletes should hear across all age groups.



TRANSITIONS

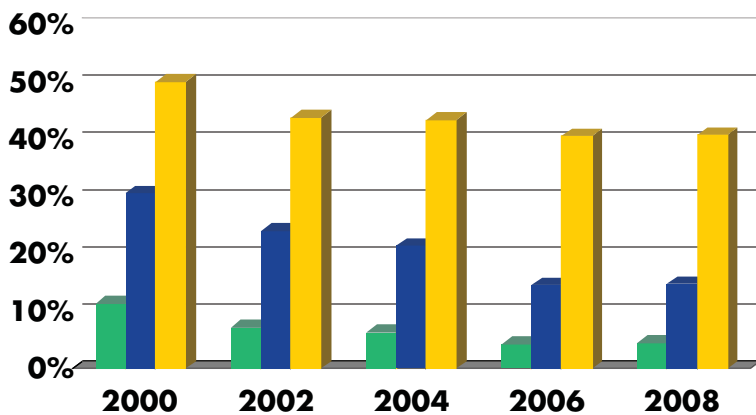
The data continue to indicate that there are sharp points of transition in young people's lives that may create the risk for higher use of drugs and alcohol. The change from middle or junior high to senior high, from high school to college or into the workplace can create a greater risk for use of alcohol and drugs to help them deal with these new situations, people, and stress.

At these transition points, the support and encouragement of parents, schools, and the community at large can greatly impact youth's choice to use or not use. It is important to remain aware of these times in life and enhance the protective factors that make it easier to make healthy choices.

The regular use rates for alcohol, tobacco, and marijuana increase dramatically at key school and development points for youth, at grades 7, 9, and 12. The use rate for each grade is fairly consistent across time. However, note that the percentage of students reporting regular use jumps significantly between the seventh and twelfth grades.

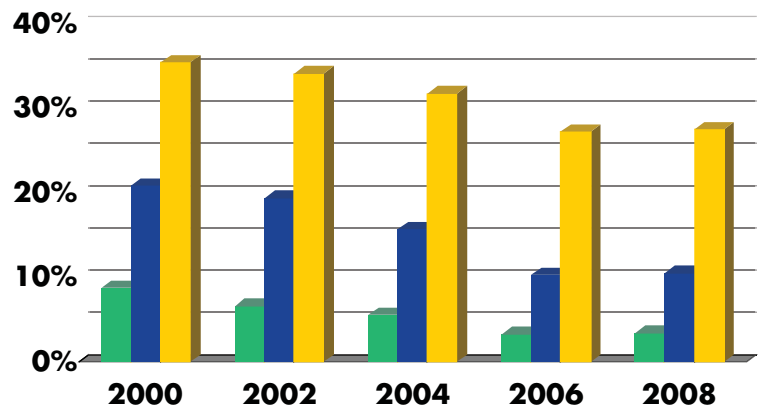
Regular Alcohol Use By Grade

■ 7th Grade ■ 9th Grade ■ 12th Grade



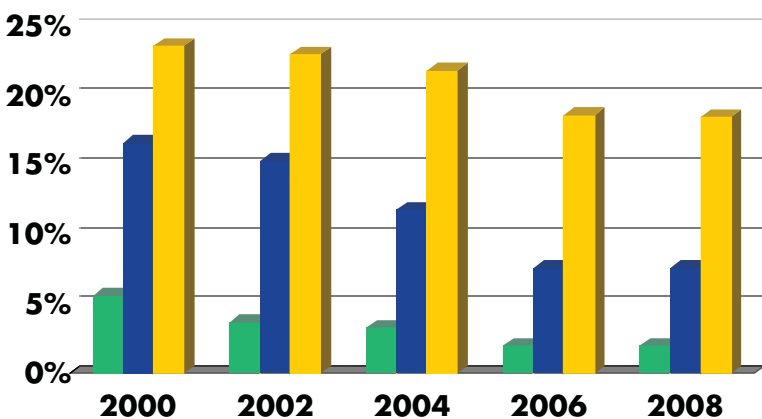
Regular Tobacco Use By Grade

■ 7th Grade ■ 9th Grade ■ 12th Grade



Regular Marijuana Use By Grade

■ 7th Grade ■ 9th Grade ■ 12th Grade



Social ACCEPTABILITY

Social acceptability is the attitude society develops with regard to substance abuse. These attitudes are formed based on perception of: the harmfulness of a substance, adult disapproval, peer disapproval, peer usage, and portrayal of a substance in popular media and advertising. Attitudes toward substance abuse, often seen as forerunners of change in use rates, have remained stable.

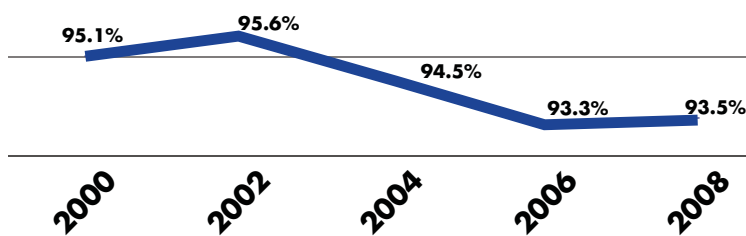
Role of Media in Prevention

One of the most effective strategies to change the social acceptability of drugs and alcohol is media messaging. The service area of the Coalition for a Drug-Free Greater Cincinnati is over 1.9 million people, spread over 10 counties and three states. Reaching a critical mass of this expansive population is simply not possible without the assistance of broadcast and print media.

The news media and the entertainment industry tend to glamorize and highlight drug use as a normal, everyday occurrence. Advertising and sponsorships from the alcohol and tobacco industry market to a youthful audience.

To counter these messages, the Coalition supports the development and placement of anti-drug messages in the media. In fact, one of the strongest partnerships that the Coalition for a Drug-Free Greater Cincinnati has formed in its history is with the media. The TV stations, radio groups and print publications in the region have been extremely generous in providing pro-bono support to the anti-drug messages provided by the Coalition and its partners.

■ Awareness of Anti-Drug Messages by Year*



*Percent denotes students who report having seen or heard anti-drug commercials on TV or Radio once a month or more.

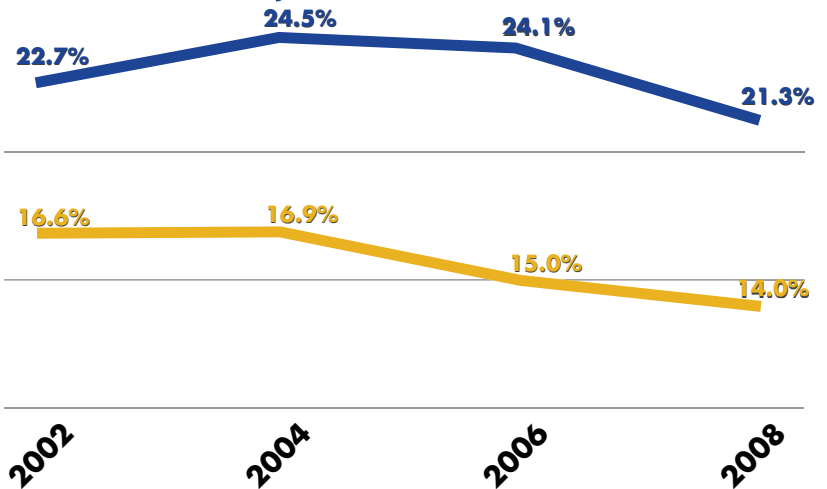
The Coalition recently launched a new comprehensive media campaign around the most common local youth drug issues--underage drinking. The TV, radio, outdoor and print campaign focuses on the very sobering statistic that the average age a child takes their first drink in greater Cincinnati is shortly after turning 13.

While much of the media focus is on youth who are using alcohol, tobacco, and drugs, the data continues to show that a majority of youth in the area are **not** using. The Coalition has worked hard over the years to promote and share the message that most kids are not using. By enforcing this positive message with campaigns like "I am 3 out of 4," the Coalition is working to empower youth to make the decision to avoid parties and situations where these substances and temptations might be available. The "3 out of 4" message reinforces positive, healthy-decision making among youth, and encourages their peers to feel comfortable in making the same decision the majority of their friends are making.





Attendance at Parties Where Alcohol & Marijuana are Available



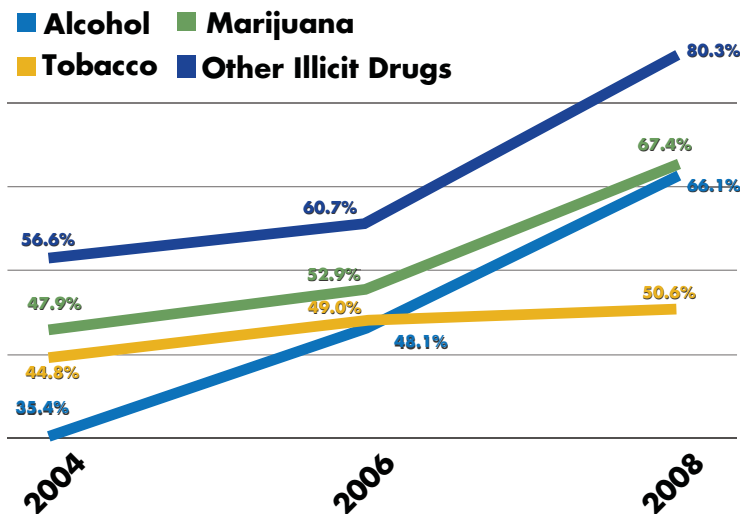
Percents denote those who responded with "often" or "a lot"

Exposure to alcohol, marijuana and other drugs at parties is a temptation for youth, and subsequently a risk factor. When youth attend social events where alcohol and other drugs are available, their likelihood to use those substances increases. Students who are harmfully involved with alcohol, tobacco, and other drugs are more likely to engage in other risky behaviors.

Self-reported student attendance at parties where alcohol and marijuana is available decreased slightly from 2001-2002 to 2007-2008. In 2007-2008, approximately one in five students reported that they had been at a party in the past 3 months where alcohol was available, while one in seven reported that they had been at a party in the past 3 months where marijuana was available.

There has been a slight decline of 6% in attendance at parties where alcohol is available overall, and a 15% decline in attendance at parties where marijuana and other illicit drugs are available, since 2002.

Perceived Friend's Disapproval of Drug & Alcohol Use



Notes: Percents denote those who responded with "strongly disapprove" or "disapprove". Perceived friend's disapproval of substance use was not measured from 1999-2002.

During adolescence, being accepted by one's peers is extremely important. When youth perceive that their peers would disapprove of their using drugs, tobacco or alcohol, they are less likely to use.

Recent increases in perceived peer disapproval of substance use indicate a trend of decreasing social acceptability of the use of drugs, tobacco, and underage drinking, among youth. Peer pressure is influential in a youth's decision making during adolescence, and overturning the idea that "everybody's doing it" is key to helping them make smart, healthy choices.

From 2003-2004 to 2007-2008, perceived peer disapproval of alcohol, tobacco, marijuana and other illicit drug use continuously increased. In 2007-2008, two-thirds of students felt their friends disapproved of alcohol use and marijuana use, while one-half felt their friends disapproved of tobacco use. In 2007-2008, 80.3% of students felt that their friends disapproved of other illicit drug use.

There has been a 42% increase in peer disapproval rates since it was first collected in 2004. Peer disapproval of other illicit drug use is higher than alcohol, tobacco, or marijuana.

Availability & Accessibility

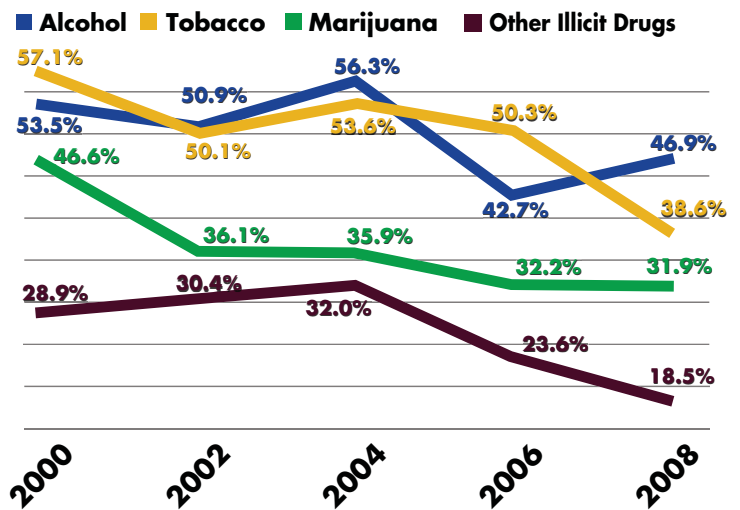
Perceived Ease of Access to Substances

Availability and accessibility pertains to the perceived ease of access to alcohol, tobacco, or drugs. Alcohol, tobacco, and prescription drugs are often easily accessible to youth. Often, these substances are present at home, sporting events, community festivals, and family celebrations. If substances are perceived to be easily available to youth, the likelihood that they will use those substances increases.

Youth perceptions of access to tobacco, marijuana and illicit drugs have all decreased in recent years and there is a corresponding decrease in the use rates of these substances.

The Coalition has worked with its network of local coalitions and other community organizations to assess where or how youth are accessing alcohol. For example, environmental scans help communities, schools and coalitions measure youth exposure to alcohol and alcohol advertising in local retail outlets.

Perceived Ease of Access by Year



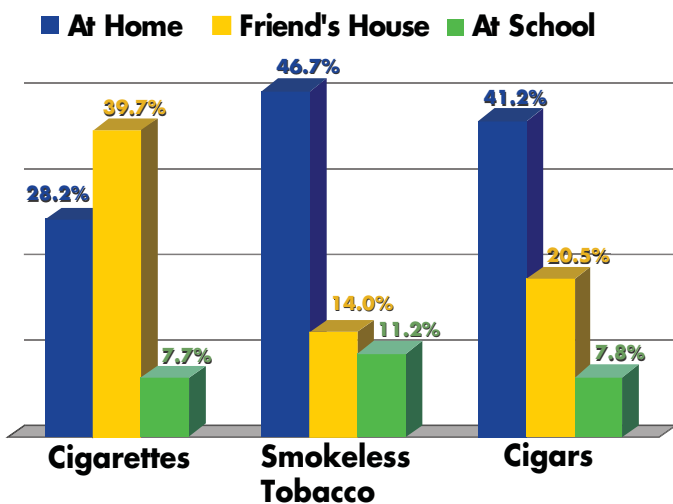
Where are Youth Using?

The Coalition also works with schools and local coalitions to conduct community forums and communicate information to parents about where and how students are getting alcohol, tobacco and marijuana.

Many parents are surprised to learn that youth are not accessing alcohol through their own retail purchase but with the help of legal adults, such as older siblings or other family members, friends, and sometimes, even parents. Students even tell us that it can be as simple as going to the family liquor cabinet or refrigerator and helping themselves. The "Parents Who Host, Lose The Most™" parent education campaign is one of the media strategies the Coalition implements to educate adults on the serious consequences associated with providing alcohol to youth.

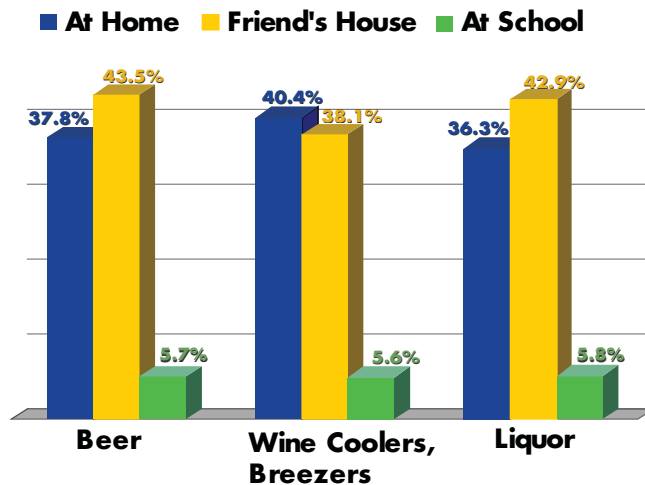
Where Do Youth Use Tobacco? (2008)

*only among those who use tobacco



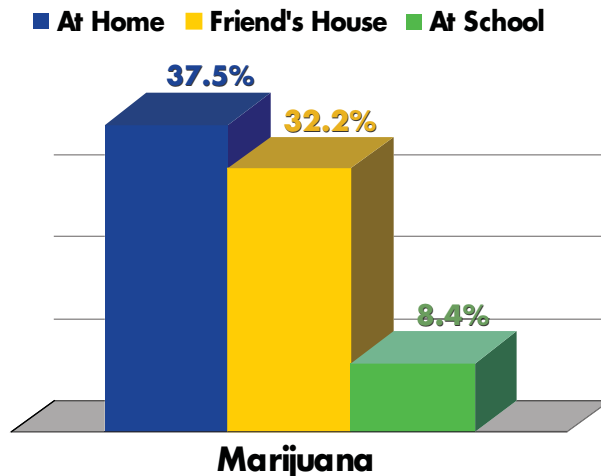
Where Do Youth Drink Alcohol? (2008)

*only among those who drink



Where Do Youth Use Marijuana? (2008)

*only among marijuana users



What Parents Should Know:

- Ohio and Kentucky parents cannot give alcohol to their teen's friends under age 21 - even in their own home, even with permission of the friends' parents.
- In Ohio and Kentucky, adults cannot knowingly allow a person under age 21, other than their own child, to remain in their home or on their property while consuming or possessing alcohol.
- In Indiana, the above statements are true for their teen's friends, as well as their own teen.

Things Parents Can Do:

- Refuse to supply alcohol to anyone under 21.
- Be at home when your teen has a party.
- Make sure alcohol is not brought into your home or onto your property by your teen's friends.
- Talk to other parents about not providing alcohol at events your child will be attending.
- Create alcohol-free opportunities and activities in your home so teens will feel welcome.
- Report underage drinking to local law enforcement.

Local Coalition Development

Spreading the Network of Prevention

One of the Coalition for a Drug-Free Greater Cincinnati's primary substance abuse prevention strategies is the establishment and continuing support of local neighborhood anti-drug coalitions across Greater Cincinnati area.

Using the Strategic Prevention Framework, a community planning process, the Coalition takes communities through five steps: assessment, capacity building, planning, implementation and evaluation. Key throughout the process is mobilizing the community, supporting readiness, ensuring cultural relevance, and planning for sustainability.

The Coalition utilizes local student drug use data as the primary data source for assessing neighborhood substance abuse issues. Mobilizing the community to come together to address the identified problems is critical to planning and implementing appropriate strategies and activities specific for their individual neighborhoods. Finally, the ongoing collection of the youth survey every two years and subsequent analysis helps them monitor progress of their plans and the overall community level change.

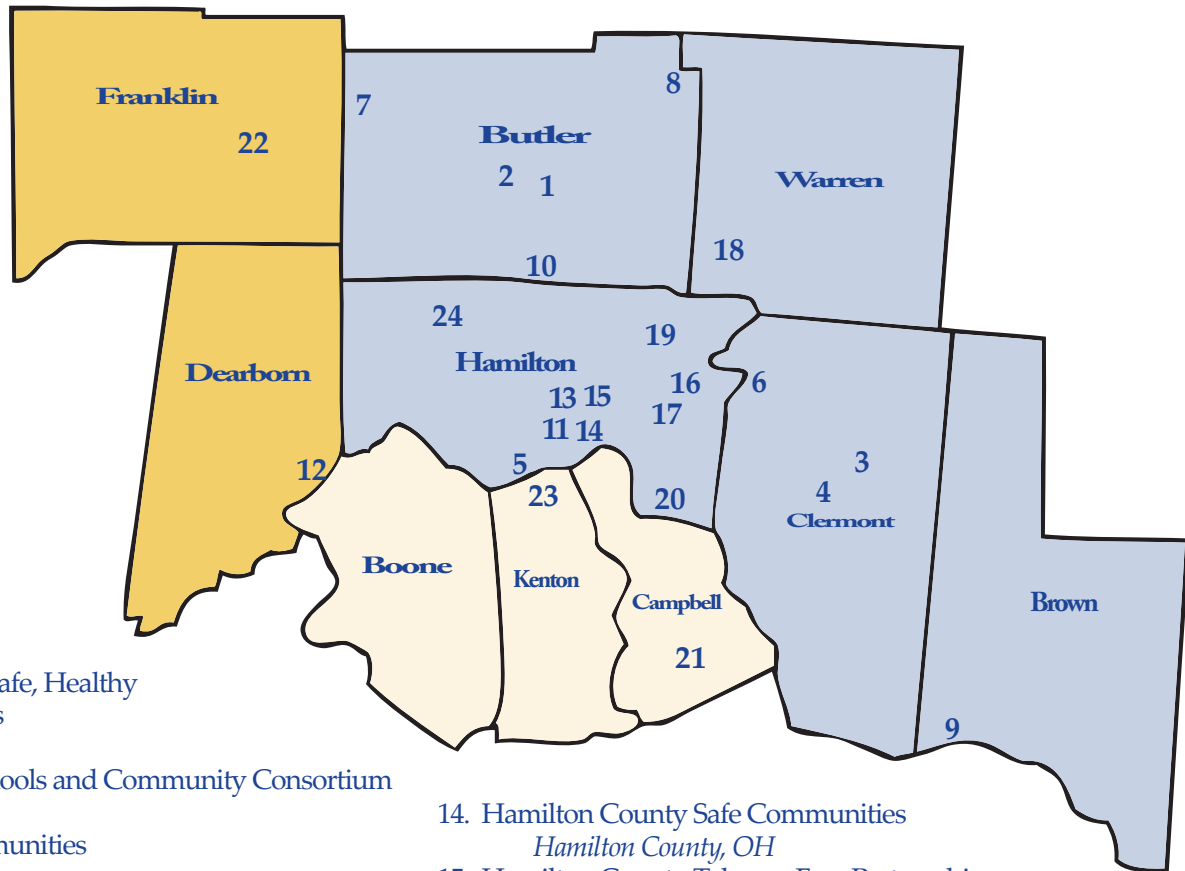


In 2008, \$17 million was awarded through the federal Drug Free Communities support program to community anti-drug coalitions across the United States.

This grant awards coalitions \$675,000 over a five year period, and can be renewed for another five years.

Nine member coalitions and the Coalition for a Drug-Free Greater Cincinnati were awarded a total of over **\$1,025,000** in 2008.

2008-2009 Member Coalitions



Drug-Free Community Grantees in bold

1. Butler County Coalition for Safe, Healthy and Drug-Free Communities
Butler County, OH
2. Butler County Drug-Free Schools and Community Consortium
Butler County, OH
3. Clermont County Safe Communities
Clermont County, OH
4. Coalition for a Drug-Free Clermont County
Clermont County, OH
5. **Coalition for a Drug-Free Lower Price Hill**
Lower Price Hill, Cincinnati, OH
6. Coalition for a Drug-Free Milford Miami Township
City of Milford, Miami Township, OH
7. **Coalition for a Healthy Community**
Oxford, OH
8. Coalition for Healthy Middletown
City of Middletown, OH
9. Coalition for a Safe and Drug-Free Southern Brown County
Southern Brown County, OH
10. **Coalition for a Safe and Drug-Free Fairfield**
City of Fairfield and Fairfield Township, OH
11. Commission on Alcohol and Other Drug Education
University of Cincinnati Community
12. **Dearborn County Citizens Against Substance Abuse (CASA)**
Dearborn County, IN
13. **Greater Cincinnati Health Coalition**
City of Cincinnati Empowerment Zone, Walnut Hills, OH
14. Hamilton County Safe Communities
Hamilton County, OH
15. Hamilton County Tobacco-Free Partnership
Hamilton County, OH
16. Madeira Community Drug Task Force
Madeira, OH
17. Madisonville Weed & Seed Sustained, Inc.
Madisonville, Cincinnati, OH
18. Mason Partners in Prevention
Deerfield Township and City of Mason
19. **Northeast Community Challenge Coalition (NECC)**
City of Montgomery, City of Blue Ash, Sycamore Township & Symmes Township, OH
20. **Substance Abuse Greater Anderson (SAGA) Coalition**
Anderson Township and Village of Newtown
21. Southern Campbell County Coalition
Highland Heights, Alexandria, Cold Spring, Silver Grove, KY
22. **Stayin' Alive**
Franklin County, IN
23. Tobacco Prevention Coalition of Northern Kentucky
Boone, Campbell, Grant and Kenton Counties, KY
24. **Winton Woods Community Coalition**
Greenhills, Forest Park and Springfield Township

Call TO Action

Everyone plays a role in the prevention of youth substance abuse, individually & collectively. When kids are receiving the same message about the unacceptability of alcohol and drug use, misuse, and abuse from all parts of the community, prevention is more effective and children are less likely to start and become harmfully involved in this risky behavior.

What Can You Do?

Join CDFGC – donate your time, talent, or treasure.

- Serve on a committee or project workgroup
- Advocate for the Coalition and its message
- Make a regular financial contribution

Start and support a coalition in your neighborhood

- Join an existing coalition in your neighborhood
- Talk it up with key leaders and residents in your community
- Together, get the facts about what's really happening
- Identify key problems that you can work on together
- Let your community know what you are finding/learning
- Bring people together and ask them to join your group
- Learn all you can about what works
- Develop an action plan that everyone is a part of
- Monitor your progress and keep the ball rolling

If you are a parent, grandparent or are involved with youth:

- Establish and maintain good communication with your child
- Get involved in your child's life
- Make clear rules and enforce them with consistency and appropriate consequences
- Be a positive role model
- Teach your child to choose friends wisely
- Monitor your child's activities

If you are an educator:

- Serve as a positive role model
- Provide substance abuse education and implement effective, evidence-based programs
- Set clear rules and enforce consequences consistently
- Provide opportunities for positive youth involvement and leadership development
- Identify and report youth behaviors of concern
- Support parents in addressing youth substance abuse
- Collaborate with community partners, including law enforcement, to promote an environment that does not support youth substance abuse

Join the network of support throughout the greater Cincinnati, northern Kentucky, and southeast Indiana area.

Invest in Prevention!

Acknowledgements

The Coalition for a Drug-Free Greater Cincinnati thanks the individuals, foundations, and organizations that have chosen to invest in the effective prevention efforts of the Coalition over the past decade.

The Coalition wishes to thank the following people, groups and organizations for their support in conducting the survey, interpreting the results and designing and implementing effective prevention strategies over the years:

- The Board of Trustees and Volunteers
- Members of the Local Coalition Network
- Our School Partners
- The Health Foundation of Greater Cincinnati
- Greater Cincinnati Foundation
- Harold C. Schott Foundation
- Ohio Department of Alcohol and Drug Abuse Services
- PRIDE Surveys, Inc.
- Substance Abuse & Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA/CSAP)
- University of Cincinnati, Institute for Policy Research
- The City of Cincinnati
- White House Office of National Drug Control Policy
- Procter & Gamble, Inc.

For a full list of the Coalition's supporters, please visit www.drugfreecincinnati.org

The Coalition also wishes to express its immense gratitude for the work of Dr. Keith King, CHES for his commitment to the Student Drug Use Survey and his support of the Coalition's mission.

APPENDIX

Monthly Use of Substances by Year

Recent Substance Use (past month)	Year (%)				
	1999-2000	2001-2002	2003-2004	2005-2006	2007-2008
Cigarettes	21.2	14.7	15.4	14.9	11.1
Smokeless Tobacco	4.8	3.2	4.1	5.2	5.3
Cigars	-	5.6	7.2	6.9	6.0
Beer	25.2	16.8	19.5	20.2	15.8
Wine Coolers	18.0	12.4	13.3	12.5	13.2
Liquor	21.3	13.9	17.8	18.2	15.3
Marijuana	15.7	12.2	13.3	11.3	10.4
Cocaine	2.2	1.9	2.4	2.5	3.2
Uppers	4.4	2.7	2.9	2.5	3.4
Downers	3.5	2.9	3.3	3.0	3.2
Inhalants	2.3	1.9	2.4	2.6	2.5
Hallucinogens	3.0	2.0	2.2	2.3	2.5
Heroin	1.8	1.4	1.7	1.8	2.1
Steroids	-	1.5	1.7	1.8	2.0
Ecstasy	-	2.4	2.1	2.1	2.2
OxyContin	-	1.9	2.3	2.4	2.4
Methamphetamines	-	-	-	-	2.0
Alcohol (Any Type)	30.4	21.0	24.1	23.7	20.1
Tobacco (Any Type)	21.2	16.6	17.7	17.3	15.1
Any Illicit Drugs				13.1	12.6

Notes: Use of cigars, steroids, ecstasy and OxyContin were not measured in 1999-2000. Use of methamphetamines was only measured in 2007-2008.

Perceived Health Risk of Substance Use by Year

Feel that Use of the Substance is Harmful or Very Harmful to your Health	Year (%)				
	1999-2000	2001-2002	2003-2004	2005-2006	2007-2008
Alcohol (any type)	67.4	74.0	67.1	66.0	70.6
Tobacco (any type)	83.3	89.5	88.5	88.4	88.9
Illicit Drugs	94.5	96.0	95.3	95.5	88.0
Cigarettes	83.3	83.7	84.5	83.4	78.3
Smokeless Tobacco	-	74.0	82.6	79.6	79.6
Cigars	-	82.3	72.9	71.1	75.8
Beer	-	56.8	51.7	48.8	55.7
Wine Coolers	-	39.5	36.4	37.8	49.6
Liquor	-	72.0	65.4	63.1	65.3
Marijuana	78.0	79.6	79.1	77.3	75.6
Cocaine	95.1	95.8	95.4	92.8	-
Uppers	-	91.9	92.5	91.4	-
Downers	-	88.0	87.9	85.5	-
Inhalants	89.4	87.0	85.4	82.1	-
Hallucinogens	93.6	92.9	93.1	89.2	-
Heroin	95.5	95.3	95.3	92.1	-
Steroids	-	86.9	87.7	85.1	-
Ecstasy	-	91.3	93.5	89.5	-
OxyContin	-	90.3	91.1	87.1	-
Methamphetamines	-	-	-	-	-

Notes: Perceived health risk of smokeless tobacco, cigars, beer, wine coolers, liquor, uppers, downers, steroids, ecstasy, OxyContin and methamphetamines were not measured in 1999-2000. Perceived health risk of cocaine, uppers, downers, inhalants, hallucinogens, heroin, steroids, ecstasy, OxyContin and methamphetamines were not measured in 2007-2008.

APPENDIX

Perceived Ease of Access to Substances

Feel that Access to the Substance is Easy or Fairly Easy	Year (%)				
	1999-2000	2001-2002	2003-2004	2005-2006	2007-2008
Alcohol (any type)	53.5	50.9	56.3	42.7	46.9
Tobacco (any type)	57.1	50.1	53.6	50.3	38.6
Marijuana	46.6	36.1	35.9	32.2	31.9
Other Illicit Drugs (excluding marijuana)	28.9	30.4	32.0	23.6	18.5
Cigarettes	67.0	52.9	51.6	48.9	-
Smokeless Tobacco	48.4	35.4	36.9	36.0	-
Cigars	-	38.2	38.8	36.2	-
Beer	63.3	51.5	51.9	51.7	-
Wine Coolers	61.2	48.4	48.8	45.9	-
Liquor	54.0	41.4	43.8	43.1	-
Cocaine	19.2	15.6	16.4	14.6	-
Uppers	23.6	16.5	16.2	13.7	-
Downers	23.2	17.8	17.9	15.6	-
Inhalants	37.8	29.8	27.6	25.7	-
Hallucinogens	19.6	14.5	14.4	12.6	-
Heroin	15.1	12.4	12.9	11.3	-
Steroids	-	14.5	14.7	12.7	-
Ecstasy	-	18.3	15.9	12.7	-
OxyContin	-	15.0	15.7	13.7	-
Methamphetamines	-	-	-	-	-

Notes: Percents denote those who responded with "very easy" or "fairly easy".

Ease of accessing cigars, steroids, ecstasy, OxyContin and methamphetamines were not measured in 1999-2000.

Ease of accessing specific substances was not measured in 2007-2008.

Anti-Drug Commercials on TV and Radio

	Year (%)				
	1999-2000	2001-2002	2003-2004	2005-2006	2007-2008
In the past 3 months, have seen or heard anti-drug commercials on TV or Radio once a month or more.	95.1	95.6	94.5	93.3	93.5

Perceived Parental Disapproval of Using Substances by Year

Parents Disapprove or Strongly Disapprove	Year (%)				
	1999-2000	2001-2002	2003-2004	2005-2006	2007-2008
Alcohol	-	-	79.1	80.1	81.0
Tobacco	-	-	83.6	84.9	83.3
Marijuana	-	-	85.9	87.8	91.8
Other Illicit Drugs	-	-	87.4	89.0	94.8

Notes: Perceived parental disapproval of substance use was not measured from 1999-2002.

Perceived Friend's Disapproval of Using Substances by Year

Friends Disapprove or Strongly Disapprove	Year (%)				
	1999-2000	2001-2002	2003-2004	2005-2006	2007-2008
Alcohol	-	-	35.4	48.1	66.1
Tobacco	-	-	44.8	49.0	50.6
Marijuana	-	-	47.9	52.9	67.4
Other Illicit Drugs	-	-	56.6	60.7	80.3

Notes: Perceived friend's disapproval of substance use was not measured from 1999-2002.

Parent and School Protective Factors to Substance Use by Year

Occurs Often or a Lot	Year (%)				
	1999-2000	2001-2002	2003-2004	2005-2006	2007-2008
Your parents talk with you about the dangers of tobacco, alcohol and drug use	39.0	33.8	32.0	29.6	54.8
Your parents set clear rules for you about using alcohol and other drugs	71.4	71.5	70.2	69.8	81.0
Your parents punish you when you break the rules about using alcohol and drugs	54.6	56.1	56.8	57.4	48.9
Your teachers talk with you about the dangers of tobacco, alcohol and drug use	-	28.4	22.8	23.1	41.5
Your school sets clear rules on using alcohol and other drugs during school and school functions	-	-	74.5	76.9	80.4

Student Attendance at Parties with Alcohol and Marijuana

Attended Parties Often or a Lot	Year (%)				
	1999-2000	2001-2002	2003-2004	2005-2006	2007-2008
In the past 3 months, have been at a party where alcohol was available	-	22.7	24.5	24.1	21.3
In the past 3 months, have been at a party where marijuana and other drugs were available	-	16.6	16.9	15.0	14.0

APPENDIX

SUMMARY OF FINDINGS

Findings from this report revealed several positive changes from 1999-2000 to 2007-2008 regarding youth involvement in substance use. The following paragraphs provide a summary of the main results of this multi-year trend analysis.

MONTHLY USE:

- Since 1999-2000, monthly tobacco use among youth decreased from 21.2% in 1999 to 15.1% in 2007-2008. Monthly use of cigarettes decreased from a high of 21.2% in 1999-2000 to a low of 11.1% in 2007-2008. Use of cigars remained relatively stable over this time period, while use of smokeless tobacco recently increased slightly.
- Since 1999-2000, monthly alcohol use among youth decreased from 30.4% in 1999-2000 to 20.1% in 2007-2008. Monthly use of beer decreased from a high of 25.2% in 1999-2000 to a low of 15.8% in 2007-2008. Monthly use of wine coolers decreased from a high of 18.0% in 1999-2000 to a low of 13.2% in 2007-2008. Monthly use of liquor decreased from 21.3% in 1999-2000 to 15.3% in 2007-2008.
- Since 1999-2000, monthly marijuana use among youth decreased from 15.7% in 1999-2000 to 10.4% in 2007-2008. A slight increase was noted between 2002 and 2004, followed by a continuous decrease in use in the subsequent two year periods.
- Since 1999-2000, monthly use of other illicit drugs ranged from 1.4% to 4.4%. Monthly use of uppers, hallucinogens, cocaine, and heroin decreased from 2000 to 2002 and recently experienced slight increases.

PERCEIVED HEALTH RISK OF SUBSTANCE USE:

- Perceived health risk of alcohol use increased from 1999-2000 to 2001-2002, decreased from 2001-2002 to 2005-2006 and increased from 2005-2006 to 2007-2008. In 2007-2008, 70.6% of students felt that alcohol use is harmful or very harmful to their health, compared to 67.4% of students in 1999-2000. Perceived health risk of beer, wine coolers and liquor each experienced slight decreases followed by recent increases over the time period.
- Since 1999-2000, perceived health risk of tobacco use increased from 83.3% to 88.9% in 2007-2008. Perceived health risk of cigarettes recently decreased while that of cigars recently increased. Since 2001-2002, perceived health risk of smokeless tobacco use increased from 74.0% and then leveled off at 79.6% in 2005-2006 and 2007-2008.
- From 1999-2000 to 2001-2002, perceived health risk of marijuana use slightly increased. Perceived health risk of marijuana use decreased from 79.6% in 2001-2002 to 75.6% in 2007-2008.
- From 1999-2000 to 2007-2008, perceived risk of other drug use ranged from 94.5% to 88.0%.

EASE OF ACCESS TO SUBSTANCES:

- Perceived ease of access to alcohol decreased from 53.5% in 1999-2000 to 46.9% in 2007-2008. Since 1999-2000, perceived ease of access to beer, wine coolers and liquor each decreased over time.
- Perceived ease of access to tobacco decreased from 57.1% in 1999-2000 to 38.6% in 2007-2008. Since 1999-2000, perceived ease of access to cigarettes, smokeless tobacco and cigar each decreased.
- Perceived ease of access to marijuana decreased from 46.6% in 1999-2000 to 31.9% in 2007-2008. Since 2005-2006, less than one-third felt that it was easy or fairly easy to access marijuana.
- Perceived ease of access to other illicit drugs decreased from 28.9% in 1999-2000 to 18.5% in 2007-2008. Perceived ease of access to specific illicit drugs has decreased over time.

PERCEIVED PARENT AND PEER DISAPPROVAL OF SUBSTANCE USE:

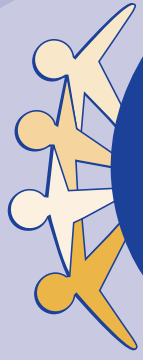
- From 2003-2004 to 2007-2008, perceived parental disapproval of alcohol, marijuana and other illicit drug use increased. Perceived parental disapproval of tobacco use remained relatively stable during this time period, ranging from 83.3% to 84.9% disapproval.
- From 2003-2004 to 2007-2008, perceived peer disapproval of alcohol, tobacco, marijuana and other illicit drug use continuously increased. In 2007-2008, two-thirds of students felt their friends disapproved of alcohol use and marijuana use, while one-half felt their friends disapproved of tobacco use. In 2007-2008, 80.3% of students felt that their friends disapproved of other illicit drug use.

PARENTAL AND SCHOOL RISK AND PROTECTIVE FACTORS:

- Since 1999-2000, the percentage of students reporting that their parents talked to them about the dangers of using alcohol and other substances increased.
- Since 1999-2000, the percentage of students reporting that their parents set clear rules about using alcohol and other drugs increased.
- Since 1999-2000, the percentage of students reporting that their parents punished them when they break the rules about using alcohol and other drugs increased.
- From 2001-2002, the percentage of students reporting that their schools set clear rules about using alcohol and other drugs increased.
- Self-reported student attendance at parties where alcohol and marijuana is available slightly decreased from 2001-2002 to 2007-2008. In 2007-2008, approximately one in five students reported that they had been at a party in the past 3 months where alcohol was available, while one in seven reported that they had been at a party in the past 3 months where marijuana was available.

AWARENESS OF ANTI-DRUG MEDIA MESSAGES

- From 1999-2000 to 2007-2008, greater than 93% of students reported that they had seen or heard anti-drug commercials on TV or radio at least once a month.



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