

## **Introduction**

The Rural Crime and Justice Center (RCJC) of Minot State University, in conjunction with the Prevention Program of Community Action Opportunities, Inc. of Minot, North Dakota developed a Community Readiness Survey/Needs Assessment to evaluate the readiness of local communities in North Dakota. This was made possible through the state funded prevention program grant awarded to Community Action Opportunities, Inc. The Community Readiness/Needs Assessment Survey assessed the perceptions of Alcohol, Tobacco and Other Drug Use by community members living in Region II. The following seven counties are represented in the random sample: Burke, Mountrail, Ward, Bottineau, McHenry, Pierce, and Renville.

The use and abuse of alcohol, tobacco, and other drugs has a considerable impact on communities throughout the nation. Often times the use of such substances is overlooked by members within a particular community. Consequently, community perception and the readiness to address the problem of alcohol, tobacco and other drug use needs to be periodically assessed in order to fully develop a comprehensive plan and action.

Data obtained from the *State Estimates of Substance Use from the 2002-2003 National Surveys on Drug Use and Health* illustrates the extent of substance abuse issues within communities nationwide. The Substance Abuse and Mental Health Services Administration (SAMHSA) combined two years of data to enhance the accuracy of estimates for less populated states. The survey evaluates state rates of use of illegal drugs, binge drinking, serious mental illness, and tobacco use. State-by-state data

provides a powerful tool for policymakers at the federal, state, and local levels by identifying needs and targeting prevention and treatment resources.

North Dakota scored highest among all 50 states having the highest rate of binge drinking (SAMHSA, 2002-03). Binge alcohol use is defined as “drinking five or more drinks on the same occasion on at least one day in the 30 days prior to the survey” (SAMHSA, 2002-03). Based on this finding alone, assessment of communities in North Dakota is necessary in order to develop policy to address use and abuse issues.

The specific goals of the Community Readiness/Needs Assessment research project was to design an assessment tool targeting communities and the publics’ readiness to respond to Alcohol, Tobacco, and Other drug use (ATOD) among youth. Since North Dakota communities are currently experiencing high rates of binge drinking among adolescents, the RCJC along with Community Action recognized the importance of surveying community members’ perceptions regarding these issues. The five pertinent areas that were addressed in the survey are: a) Community perception of an ATOD problem; b) Permissiveness of attitudes towards ATOD use; c) Community support for ATOD prevention; d) Community perception of adolescent access to alcohol and tobacco products; and lastly; e) Overall perception of community commitment.

By addressing communities at local levels, we can begin to identify the real issues that are plaguing our communities. It is our hope that this project will lead to statewide initiatives concentrating on our youth and lead to preventative measures that can decrease the rate of ATOD concerns in North Dakota.

## Executive Summary

The following is a summary of the basic findings from the respondents who participated in the survey. Percentages reported here are only reflective of those participants who answered the question. Those respondents who left questions unanswered are not represented in the following frequencies.

- When participants were asked to rank the seriousness of adult use of alcohol, 48.8% indicated this to be a moderate problem in their community, 22.8% felt this was a serious problem, and 9.8% indicated this was not at all a problem in the community.
- Regarding the use of alcohol by youth, 26.8% perceived this to be a moderate problem, 45.5% a serious problem, and 5.7% felt this was not a problem in the community.
- A majority of participants (39.8%) specified that use of tobacco by youth was a serious problem, while 28.5% indicated this was a moderate problem.
- When asked to rank the severity of marijuana use by youth, 24.4% indicated marijuana use was a serious problem in their community, 22.8% believed this to be a moderate problem, and 30.1% of respondents indicated that they did not know the magnitude of marijuana use by youth.
- In terms of “other” drugs used by youth, 35% of participants indicated that this was a serious problem within their community, 21.1% reported this was a moderate problem, 8.1% felt this was not at all a problem, and 22.8% indicated that they did not know the frequency of this problem.
- When participants were asked how frequently they witness youth intoxicated in public, 24.4% reported never, 41.5% indicated rarely, 24.4% answered sometimes, and 1.6% reported very often.
- The majority of participants perceived youth smoking in public to be more of an issue, while 36.6% answered that they sometimes witness youth smoking, 21.1% indicated that they often witness youth smoking, while 12.2% indicated witnessing youth smoking very often.
- Participants were asked to rank their perceptions regarding the use of “other” drugs in public. This appeared to be witnessed less frequently, as 46.3% indicated never witnessing this in public, 33.3% reported rarely observing this in public and only 1.6% stated that they witness the use of other drugs by youth very often in public.

- The majority of respondents (65%) strongly disagreed with the statement, “*it is okay for youth to drink at parties as long as they don’t get drunk,*” 26% disagreed with this statement, 3.3% remained neutral, and 1.6% agreed.
- When respondents were asked whether or not they felt it was okay for parents to offer their youth alcoholic beverages in their home, 64.2% strongly disagreed, 13.8% disagreed, 11.4% remained neutral, and 5.7% agreed that this was acceptable.

## Literature Review

The destructive use and abuse alcohol, tobacco, and other drugs has become a major social problem deeply rooted in our society (<http://www.bridges-mccasa.org/ypp.html>). The impressionability of youth makes them extremely vulnerable to many problems associated with alcohol and drug abuse. Furthermore, adolescence is an experimental stage in life and often results in the testing of illegal substances. The subject matter of experimentation becomes too complicated to control when youth begin to use and abuse illegal substances such as alcohol, tobacco, and other illicit substances. At this point in time, preventative measures may not be as useful since an addiction may have already taken root. Since North Dakota is leading the nation in adolescent binge drinking (SAMHSA, 2002-03), preventative efforts need to be taken at all levels in an attempt to curtail these problems.

An interesting aspect of this particular study includes an assessment of perceptions regarding adult use and abuse of ATOD. Data concerning adult use of these substances suggests the potential of a modeling effect. In other words, communities might be more accepting of adolescent use and abuse of illegal substances if adults fail to recognize the problem by modeling the behavior themselves.

Statistics indicate that communities are generally concerned about alcohol and underage drinking. An overwhelming majority of Americans (96%) are truly concerned about underage drinking, and a large number support measures that would likely help reduce adolescent drinking, such as stricter controls on alcohol sales, promotion, and advertising (Wagenaar, Harwood, Bernat, 2002). In a national survey a majority of respondents supported policies restricting access to alcohol:

- 80% supported the minimum legal drinking age of 21
- 87% believed there should be penalties for adults providers of alcohol to youth
- 70% supported compliance checks
- 81% supported higher alcohol taxes

A majority of the respondents in the study also supported restrictions on advertising and marketing of alcohol:

- 67% supported bans on liquor ads on TV
- 59% supported bans on beer and wine ads on TV
- 61% supported bans on billboard alcohol ads
- 62% supported bans on sports promotion (Wagenaar et. al, 2002).

By detailing community perception of these particular issues, we can begin to consider and develop effective community responses. The support of parents, teachers, coaches, and other members of a community can generate community action coalitions and/or task forces addressing the use and abuse of ATOD. A multi-community effort is the first step in addressing issues that are currently plaguing our communities.

Local efforts in North Dakota have addressed similar ATOD issues within selected communities. In Williston, North Dakota, a study was conducted looking at (ATOD) use from the perspectives of 600 randomly selected community members. For years professionals have attempted to work with communities in hopes of preventing ATOD problems among adolescents as well as adults (Minnesota Institute of Public Health, 2003). The Williston study took an interesting approach to understanding substance abuse problems within communities by considering the voices of residents. This effort was prepared to tailor treatment strategies based on community needs rather than implementing a “one size fits all” approach. The study conducted in Williston was designed to “assess the attitudes of residents in a community to ascertain their level of

readiness for prevention strategies regarding alcohol, tobacco, and other drug use problems” (MIPH, 2003).

Results of the Williston study indicated that of the 600 residents that were randomly sampled, an overwhelming number (48%) completed and returned the survey (MIPH, 2003). In terms of demographics, a vast majority of respondents were white (97%) and nearly equal numbers of males and females responded to the survey (53% female, 45% male). Level of education typically represented three groups in this study: 1) College degree or higher – 35%; 2) High school degree or lower – 26%; and 3) Some College or Vocational/Educational Training – 38% (MIPH, 2003).

Multi-community efforts have proven to be rather successful in the prevention of adolescent drug abuse. In conjunction with the Midwestern Prevention Project, communities are teaming up and utilizing many resources aimed towards prevention. The Kansas City metropolitan area (1989) has participated in this program since September 1984. The program includes mass media programming, a school-based education program for youth, parent education and organization, community organization, and health related issues. These issues are determined through annual assessment of ATOD use within the school environment (Dept. of Preventative Medicine, 1989). For years prevention professionals have worked with communities with the goal of preventing ATOD use problems among youth and adults. Clearly these are not new issues plaguing our youth and communities. However, by utilizing research and specifically surveying members within targeted communities, we can gain a stronger sense as to what would be the most effective intervention for each specific community.

The Task Force on Community Preventive Services selected “alcohol use and abuse” as a priority topic for a systematic review ([www.thecommunityguide.org](http://www.thecommunityguide.org), 2005). According to members of the Task Force Organization, advisory teams have now begun working on this new initiative addressing the deterrence of excessive alcohol use, defined as high average daily consumption, binge drinking, or any alcohol consumption by underage youth. Experts in alcohol research and policy—in academia, public health, and allied federal agencies—are currently identifying interventions that would be appropriate for a systematic review of the literature on the effectiveness of those interventions; the first recommendations of the Task Force likely to be available late in 2005 or early in 2006 ([www.thecommunityguide.org](http://www.thecommunityguide.org), 2005).

Anti-smoking and anti-drug campaigns have also been utilized in an attempt to prevent adolescent substance abuse. For example, Project SixTeen is one of many research efforts geared towards prevention. This research process consists of a comprehensive study focusing on community intervention to prevent adolescent tobacco use, in which media advocacy was used to increase community support for implementing prevention efforts (Biglan, Ary, Smolkowsie, Duncan, Black, 1999).

Additional research supports the notion that there may be a connection between tobacco use and the onset of other drug use. Thus, the argument can be made that tobacco is considered to be a “gateway” drug, leading to the use and abuse of other substances. According to research conducted by the National Center on Addiction and Substance Abuse, a report on adolescent smoking and marijuana use suggests a strong link between tobacco and the inception of marijuana use. The study concluded that among teenagers who are repeat marijuana users, 60% had tried cigarettes first,

suggesting that reducing teen smoking is likely to be a successful way to reduce adolescent marijuana usage (National Center on Addiction and Substance Abuse at Columbia University (CASA), 2003). This study also revealed that teenagers who smoke cigarettes are 14 times more likely to experiment with marijuana, 6 times more likely to have easy access to marijuana within a short time frame, and 18 times more likely to report that their acquaintances smoke marijuana (CASA, 2003).

North Dakota statistics highly suggest that tobacco use is a key concern for the state. Tobacco use and abuse has vast impacts on health, and according to North Dakota figures, each year 860 North Dakotans die prematurely due to the detrimental effects of smoking (U.S. Centers for Disease Control and Prevention, 1999). As a result, the leading cause of preventable death in North Dakota is tobacco use (U.S. CDCP, 1999).

Not only do individual communities suffer from ATOD use concerns, but entire societies are affected by these issues. According to national statistics, alcohol is the leading cause of death among young people in the United States (Hingson, Kenkel, 2004 & Hingson, Heeren, Jamanka, 2000).

The following statistics illustrate the impact that alcohol abuse can have on entire societies:

- In 2002, about 18 million adults in the United States met diagnostic criteria for alcohol disorders (Dawson, Stinson, 2004)
- More than one-half of American adults have a close family member who is an alcoholic or has abused alcohol (Dawson, Grant, 1998)
- Research completed in 1998 to establish the total cost attributable to the consequences of underage drinking exceeded more than \$58 billion per year (Pacific Institute for Research and Evaluation, 2002)

- The estimated efficiency loss for workers in 1998 with past or present alcoholism was \$86.4 billion; productivity losses were highest for those males who initiated drinking prior to the age of 15 (Harwood 2000)
- In a survey targeting high school drop outs, 60% of 18-to-24 year old current drinkers had their first drink before the age of 16 (National Institute on Alcohol Abuse and Alcoholism, 1998)
- Long-term heavy alcohol use is the primary cause of illness and death from liver disease in the U.S. (National Institute on Alcohol Abuse and Alcoholism, 2000)
- Alcohol is implicated in more than 100,000 deaths yearly (McGinnis & Foege, 1993)
- Estimations by the National Highway Traffic Safety Administration approximates that the laws specifying 21 as the minimum drinking age have saved 23,733 lives since the mid 1970's (National Center for Statistics and Analysis, 2005)

Based on these statistics, it can be suggested that such behaviors are ingrained in our society. Initiatives starting at the community level can potentially shift this mentality from an acceptance of alcohol and substance abuse in our society to addressing these issues with more seriousness in the future. A shift in mentality would only serve to regenerate the younger generations.

*North Dakota Youth Risk Behavior Survey (YRBS) 2005*

The adult population is not the only target of these types of initiatives and/or research projects that are geared towards prevention of substance abuse. Youth are provided the opportunity to share their experiences with ATOD in the YRBS that is conducted on an annual basis. High School students are asked a series of questions in which they are instructed to answer truthfully. The YRBS is designed to target those behaviors related to the paramount causes of death and disability among youth and young adults, and to evaluate how these risky behaviors change over time (North Dakota High

School, YRBS data, 2005). The YRBS is a self-reporting survey that is intended to measure health-risk behaviors that fall into six categories:

- Behaviors that result in unintentional injuries and violence
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies
- Dietary behaviors
- Physical activity (ND YRBS data, 2005)

The data obtained from the YRBS represent both urban and rural areas, allowing the data to focus on problem areas geographically. Thus, data may potentially be helpful in identifying which regions are in most need of resources and assistance to target problems plaguing their youth. According to North Dakota's YRBS data (2005), 11,761 high school students (Grades 9-12) participated in the survey, of which the vast majority (10,036) were students from schools that participated in the survey on a voluntary basis.

After considering the roles that communities and societies can play in the prevention of youth substance abuse, the question to ask is, what role can the parents play? Is it possible to raise children who *never* start using alcohol, tobacco and other drugs? Parents and caregivers in a child's life can highly influence the direction their child takes and can aid in prevention of the onset of destructible behaviors (Gebeke & DeHaan, 1996). Some might argue that "the best predictors of a child's non-involvement with various substances are relationships with and support from family and quality communications with parents and other nurturing adults in their lives" (Gebeke & DeHaan, 1996).

Perhaps it is never too early to employ prevention strategies in an attempt to better children's lives. School systems are recognizing the importance of early prevention,

including North Dakota's school systems. Prevention education efforts are available in a variety of programs used in communities by schools, congregations, and youth organizations around the state and country in an attempt to reach adolescents and young adults (Gebeke & DeHaan, 1996).

## **Methods**

The RCJC, in collaboration with the Community Action Incorporated of Minot, North Dakota, completed this research project in an attempt to assess community readiness to respond to issues of youth substance abuse. The data obtained reflects small towns and communities and residents' willingness to recognize ATOD use by youth within their communities. Residents were provided the opportunity to communicate their beliefs along with their willingness to develop and coordinate effective community responses to ATOD abuse. It is anticipated that the data collected from this study will create opportunities for other communities and regions within North Dakota to respond effectively to these same issues.

### *Survey Development*

This project involves one data collection instrument designed to assess the community's perception of ATOD use within their community. Five specific areas were addressed in the survey instrument: perceptions of an ATOD problem; permissiveness of attitudes toward ATOD use; support for ATOD prevention; adolescent access to alcohol and tobacco; and perception of community commitment. The input received from selected community members will facilitate more effective responses in dealing with substance abuse.

The survey included five demographic questions, fifty-one ranking questions, followed by six open-ended questions. Since most of the survey items were ranking in nature, the time frame to fill out the survey was very brief.

### *Section I -Demographics*

This section of the survey focused on demographic questions, including age, sex, race/ethnicity, highest level of education achieved, and current occupation.

### *Survey Construction/Measurement*

Ideally, this survey was created to measure the opinions of community members related to ATOD use within each community in Region II of North Dakota. Of the five specific classifications included, each was intended to evaluate different areas of ATOD issues. This particular portion of the survey was compiled based on a ranking system utilized throughout the survey. All questions were ranked on a likert scale to some degree and each was designed on a five point ranking scale.

### *Section II - Perceptions of an ATOD Problem*

Items in this category focused on perception of these issues within a community. Participants were questioned as to how much of a problem they perceive for both adults and youth: use of alcohol; use of tobacco; use of marijuana to be in their community. Other items consisted of: use of other drugs by adults/youth; contribution of drug and alcohol use to crashes or injuries; and contribution of drug and alcohol use to violent crimes.

### *Section III - Permissiveness of Attitudes toward ATOD use*

This portion of the survey focused on how tolerant community members may or may not be in relation to ATOD issues. Items required participants to rank the frequency in which they witness the following in their communities: adults drunk in public; youth drunk in public; youth smoking in public; and use of “other” drugs by adults/youth in public.

#### *Section IV - Community Support for ATOD Prevention*

Eagerness to support ATOD prevention initiatives was the focus of this section of the survey. Participants were asked to rank the items ranging from strongly disagree to strongly agree. Items in this section included: a focus on law enforcement competency; educational and prevention programs; community commitment; advertising devices; and tax issues related to alcohol and tobacco.

#### *Section V - Adolescent Access to Alcohol and Tobacco*

This particular section of the survey focused on the availability of alcohol and tobacco products to youth within the sampled communities. Respondents were asked to rank the level of difficulty in which youth can obtain these substances. Items in this section included a focus on liquor store accessibility, bar accessibility, at home accessibility, convenience store accessibility, and parental tolerance regarding the use of illegal substances.

#### *Section VI - Perception of Community Commitment*

Lastly, participants were asked to rank overall community commitment to addressing these problems. Questions in this section focused on community willingness to change, potential lack of commitment within communities, concern for the availability of prevention programs, and educating communities/parents/youth on the seriousness of these matters.

### *Questions/Items 7-12*

Items in this portion of the survey were open-ended, allowing the participants to explicitly state their positions regarding effectiveness of community action coalitions/task forces and overall willingness to join/form a task force within their respected communities. Participants were also provided the opportunity to identify what they believed to be the best possible solution and ways to implement these potential solutions, in an attempt to put a stop to ATOD use by our youth. To conclude, participants were asked to provide the necessary resources their community would need in order to take preventative measures against ATOD use, including asking participants what would be the most effective method in delivering this information.

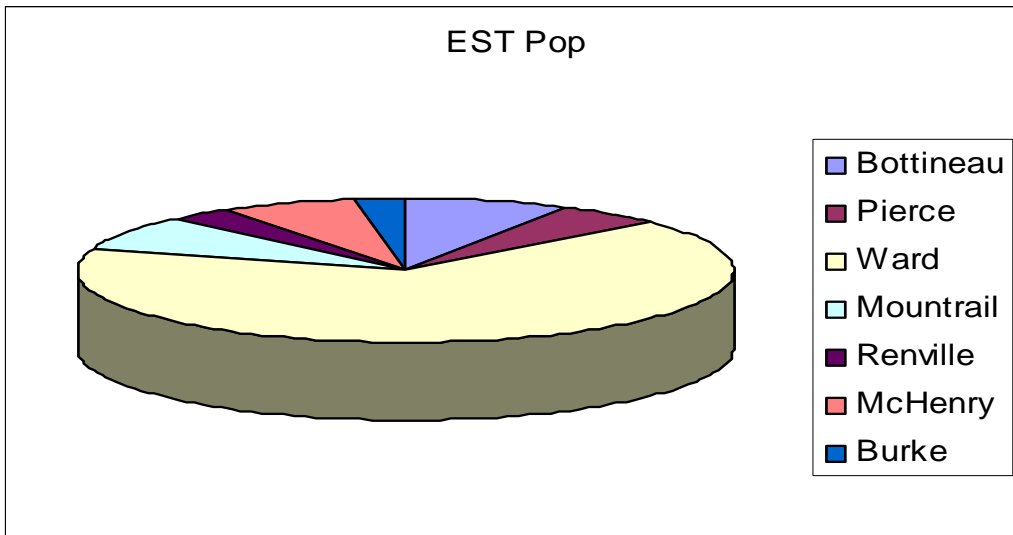
### *Sample Population*

Participants were selected using a random sample from four telephone directories representing communities within Region II of North Dakota. Random samples are assumed to have high external validity and the random numbers were selected from a random numbers table. For the first sample of 1,000 community members, the random numbers utilized were 85 for the shorter directories and 164 for the larger directories. The four telephone directories that were utilized throughout the sampling procedure, included Souris River Telephone (SRT), Turtle Mountain Communications (TMC), Northwest North Dakota (NWND), and North Dakota Telephone Company (NDTC). This was the most exhaustive list that could be obtained for the purposes of this study. For the second sample of 200 community members, the random numbers utilized were 59 for the shorter directories and 156 for the larger directories.

### County Breakdown

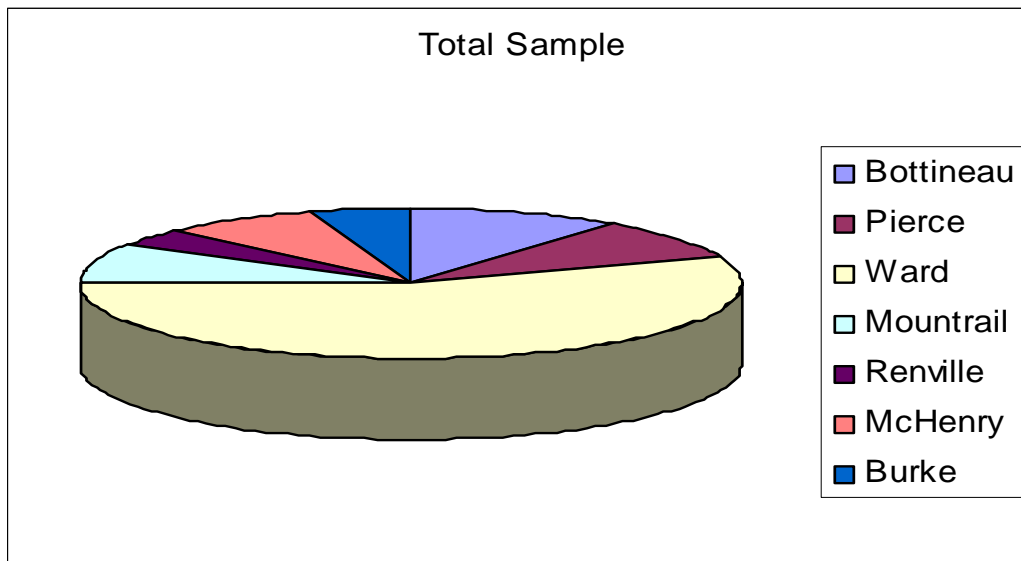
The following table represents the county population and their percentage of Region II.

	<b>Pop</b>	<b>%</b>
Bottineau	6846	8.1
Pierce	4357	5.2
Ward	56224	66.8
Mountrail	6530	7.8
Renville	2477	2.9
McHenry	5630	6.7
Burke	2074	2.5
<b>Total</b>	<b>84138</b>	<b>100.0</b>



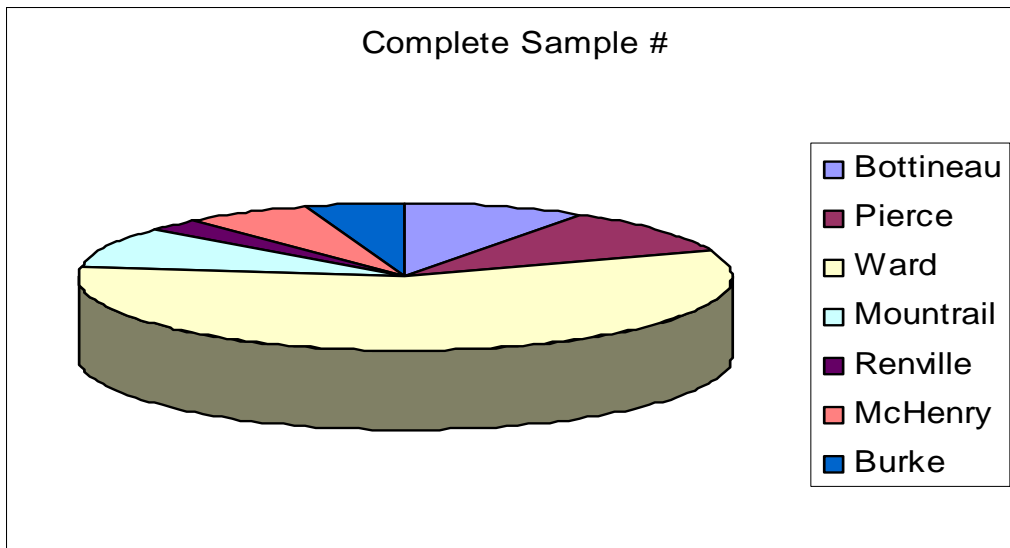
The following table represents the sample selection by county and their percentage of the overall selection.

	<b>Selected</b>	<b>%</b>
Bottineau	126	10.5
Pierce	108	9.0
Ward	665	55.4
Mountrail	103	8.6
Renville	45	3.7
McHenry	92	7.7
Burke	61	5.1
<b>Total</b>	<b>1200</b>	<b>100.0</b>



The following table represents a breakdown by county of those respondents who completed and returned the survey, including both the first and second sample.

	N	%
Bottineau	11	8.9
Pierce	13	10.6
Ward	71	57.7
Mountrail	11	8.9
Renville	3	2.4
McHenry	8	6.5
Burke	6	4.9
<b>Total</b>	<b>123</b>	<b>100.0</b>



Comparative analysis of the overall county population, sample selection, and the completed and returned surveys reveals that the sample selection is representative of the population and the completed and returned surveys are representative of the sample.

Once all participants had been selected for the study, names, addresses, and telephone numbers were entered in a database. This database was designed for the purposes of creating mailing labels only, thus, anonymity was maintained as assured in the cover letter that accompanied the survey.

### *Survey Distribution*

Of the first sample, 1,000 participants were selected from the seven counties representing Region II of North Dakota. Surveys were mail administered and included a detailed letter discussing the nature and anonymity of the study. Of the 1,000 surveys, 101 were returned and completed, 43 were returned as undeliverable, and 2 surveys were returned uncompleted with an explanation enclosed.

Because participants were selected from the telephone directories, the selection included the risk of eliminating potential candidates for the study due to unlisted telephone numbers and relocation. However, as previously mentioned, this was the most exhaustive and accurate listing that could be obtained for the purposes of this study.

Since the return from the first sample of 1,000 residents resulted in a lower response rate, a second sample was necessary in an attempt to increase the number of respondents. Subsequently, 200 community members were selected representing the same communities, and again, the survey was mail administered. Of the second sample of 200, 22 were returned and completed, 8 were undeliverable, and 1 survey was returned unfinished with a justification enclosed.

In November 2005, the first sample of 1,000 surveys was mailed out to randomly selected community members in North Dakota. Within Region II in December 2005, the second sample of 200 was completed and mailed out to selected participants. Data entry

for both samples was completed on February 1 of 2006, with 123 total responses, accumulating an overall response rate of 10.73%.

## Results and Analysis

This section will include the statistical analysis that was conducted on the survey results, including a breakdown of the descriptive frequencies as they pertain to each item included in the survey.

### Community Readiness Survey for Region II of North Dakota

#### Section I: General Demographics

Please note that this section represents the personal information as indicated by the survey respondent. The missing data represents those individuals who chose NOT to provide the information specified below.

**Table 1.1**

#### Section I: Demographics

**What is your age?**

	<b>N</b>	<b>%</b>
20-30 years of age	5	4.1
31-40 years of age	19	15.4
41-50 years of age	34	27.6
51-60 years of age	23	18.7
61-70 years of age	19	15.4
71 and above	16	13.0
Did not answer/Missing	7	5.7
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 1.2**

**What is your sex?**

	<b>N</b>	<b>%</b>
Male	47	38.2
Female	70	56.9
Did not answer/Missing	6	4.9
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 1.3**

**Race/ethnicity?**

	<b>N</b>	<b>%</b>
Caucasian	99	80.5
Black or African American	3	2.4
Hispanic or Latino	2	1.6
American Indian or Alaska Native	3	2.4
Asian	4	3.3
Native Hawaiian or Pacific Islander	1	.8
Other	3	2.4
Did not answer/Missing	8	6.5
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 1.4**

**Actual Other?**

	<b>N</b>	<b>%</b>
American	1	.8
White-Icelandic & Scotch	1	.8
Does not apply	113	91.9
Did not answer/Missing	8	6.5
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 1.5**

**What is the highest level of education you have achieved?**

	<b>N</b>	<b>%</b>
Less than high school	2	1.6
High school degree/GED	34	27.6
Some college	25	20.3
Trade school/vocational	3	2.4
Associate degree	2	1.6
College degree	36	29.3
Masters degree	11	8.9
Doctorate	1	.8
Did not answer/Missing	9	7.3
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 1.6**

**What is your current occupation?**

	<b>N</b>	<b>%</b>
Unemployed/Retired	30	24.4
Farmer	10	8.1
Self-employed	6	4.9
Homemaker	10	8.1
Teacher/Educator	17	13.8
Marketing/Sales	5	4.1
Management Personnel	9	7.3
Administrative Assistant	8	6.5
Medical Personnel	4	3.3
Financial Services	5	4.1
Laborer	10	8.1
Did not answer/Missing	9	7.3
<b>Total</b>	<b>123</b>	<b>100.0</b>

## Section II: Community Perception of an ATOD Problem

Table 2.1

How much of a problem do you perceive the following to be in your community?

### Use of alcohol:

	Adults		Youth	
	N	%	N	%
Not a problem	12	9.8	7	5.7
A minor problem	14	11.4	10	8.1
A moderate problem	60	48.8	33	26.8
A serious problem	28	22.8	56	45.5
Don't know	5	4.1	13	10.6
Did not answer/Missing	4	3.3	4	3.3
<b>Total</b>	<b>123</b>	<b>100.0</b>	<b>123</b>	<b>100.0</b>

In terms of use of alcohol within the community, participants perceived both adult and youth alcohol use to be a moderate to serious problem. 71.6% of respondents indicated that alcohol use by adults is a moderate to serious problem, whereas 74.8% of respondents reported use of alcohol by youth to be a moderate to serious problem. Subsequently, this finding may suggest the possibility of a modeling effect, since adult use of alcohol is perceived to be a problem within communities.

**Table 2.2**

**Use of tobacco:**

	<b>Adults</b>		<b>Youth</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Not a problem	11	8.9	9	7.3
A minor problem	21	17.1	9	7.3
A moderate problem	44	35.8	35	28.5
A serious problem	37	30.1	49	39.8
Don't know	7	5.7	16	13.0
Did not answer/Missing	3	2.4	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>	<b>123</b>	<b>100.0</b>

Regarding use of tobacco within communities, some similarities to the use of alcohol are apparent. Use of tobacco appears to be a problem, in which 65.9% specified use of tobacco by adults to be a moderate to serious problem, and 68.3% observed use of tobacco by youth as a moderate to serious problem.

**Table 2.3**

**Use of marijuana:**

	<b>Adults</b>		<b>Youth</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Not a problem	15	12.2	8	6.5
A minor problem	23	18.7	16	13.0
A moderate problem	22	17.9	28	22.8
A serious problem	14	11.4	30	24.4
Don't know	45	36.6	37	30.1
Did not answer/Missing	4	3.3	4	3.3
<b>Total</b>	<b>123</b>	<b>100.0</b>	<b>123</b>	<b>100.0</b>

Respondents indicated a lack of knowledge regarding the use of marijuana in communities. A significant percentage (36.6%) reported that they were unaware of adult use of marijuana, and 30.1% were uninformed regarding marijuana use by youth.

**Table 2.4**

**Use of other drugs:**

	<b>Adults</b>		<b>Youth</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Not a problem	10	8.1	10	8.1
A minor problem	10	8.1	12	9.8
A moderate problem	26	21.1	26	21.1
A serious problem	37	30.1	43	35.0
Don't know	35	28.5	28	22.8
Did not answer/Missing	5	4.1	4	3.3
<b>Total</b>	<b>123</b>	<b>100.0</b>	<b>123</b>	<b>100.0</b>

30.1% of respondents denoted use of other drugs by adults to be a serious problem in their community, and 22.8% reported use of other drugs by youth to be a serious problem. Interestingly, 28.5% indicated they did not know the extent of the problem regarding adult use of other drugs, while only 3.3% specified they were unaware of the frequency of use of other drugs by youth.

**Table 2.5**

**Contribution of drug and alcohol use to crashes or injuries:**

	<b>N</b>	<b>%</b>
Not a problem	9	7.3
A minor problem	14	11.4
A moderate problem	29	23.6
A serious problem	53	43.1
Don't know	15	12.2
Did not answer/Missing	3	2.4
<b>Total</b>	<b>123</b>	<b>100.0</b>

A significant percentage (43.1%) perceived the contribution of drugs and/or alcohol to crashes or injuries as a serious problem in their community. Only 7.3% felt that drug and alcohol use did not contribute to crashes or injuries.

**Table 2.6**

**Contribution of drug and alcohol use to violent crimes:**

	<b>N</b>	<b>%</b>
Not a problem	13	10.6
A minor problem	14	11.4
A moderate problem	25	20.3
A serious problem	45	36.6
Don't know	23	18.7
Did not answer/Missing	3	2.4
<b>Total</b>	<b>123</b>	<b>100.0</b>

A considerable percentage (36.6%) of respondents reported that the contribution of drug and alcohol use to violent crimes is a serious problem, 20.3% felt that it was moderate problem, and 18.7% indicated that they did not know the degree in which alcohol and drugs contributes to violent crimes.

**Section III: Permissiveness of attitudes towards ATOD use**

**Table 3.1**

**How often do you witness the following in your community?**

**Adults/Youth drunk in public:**

	<b>Adults</b>		<b>Youth</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Never	14	11.4	30	24.4
Rarely	38	30.9	51	41.5
Sometimes	44	35.8	30	24.4
Often	15	12.2	4	3.3
Very Often	6	4.9	2	1.6
Did not answer/Missing	6	4.9	6	4.9
<b>Total</b>	<b>123</b>	<b>100.0</b>	<b>123</b>	<b>100.0</b>

35.8% of respondents indicated sometimes witnessing adults drunk in public, and 24.4% responded sometimes witnessing youth drunk in public. 30.9% reported that they rarely witness adults drunk in public, while 41.5% rarely witness youth drunk in public.

**Table 3.2**

**Youth smoking in public:**

	<b>N</b>	<b>%</b>
Never	13	10.6
Rarely	19	15.4
Sometimes	45	36.6
Often	26	21.1
Very Often	15	12.2
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

Youth smoking in public appears to be more of a social problem: 36.6% specified that only sometimes do they witness youth smoking in public; 21.1% denoted that they witness this often; and only 10.6% reported that they never observe youth smoking in public.

**Table 3.3**

**Use of “other” drugs by Adults/Youth in public:**

	<b>Adults</b>		<b>Youth</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Never	56	45.5	57	46.3
Rarely	45	36.6	41	33.3
Sometimes	10	8.1	13	10.6
Often	2	1.6	2	1.6
Very Often	2	1.6	3	2.4
Did not answer/Missing	8	6.5	7	5.7
<b>Total</b>	<b>123</b>	<b>100.0</b>	<b>123</b>	<b>100.0</b>

Use of “other” drugs in public appears to be less of a recognized social issue, in which 45.5% reported that they never observe adults using “other” drugs in public, and similarly, 46.3% responded that they never witness youth using “other” drugs in public. Only 1.6% reported that very often they witness adults using “other” drugs in public, and 2.4% reported that they very often observe youth using “other drugs in public.

**Table 3.4**

**I have ridden in a motor vehicle with someone under the influence of drugs and/or alcohol:**

	<b>N</b>	<b>%</b>
Never	44	35.8
Rarely	49	39.8
Sometimes	23	18.7
Often	-	-
Very Often	2	1.6
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 3.5**

**To what extent do you agree or disagree with the following statements?**

**It is okay for youth to drink at parties as long as they don't get drunk:**

	<b>N</b>	<b>%</b>
Strongly Disagree	80	65.0
Disagree	32	26.0
Neutral	4	3.3
Agree	2	1.6
Strongly Agree	-	-
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

An overwhelming majority of 65% strongly disagreed that it is okay for youth to drink at parties as long as they don't get drunk, while 26% disagreed with this statement, and only 1.6% agreed.

**Table 3.6**

**Youth should be able to drink as long as they don't drive afterwards:**

	<b>N</b>	<b>%</b>
Strongly Disagree	84	68.3
Disagree	29	23.6
Neutral	3	2.4
Agree	1	.8
Strongly Agree	1	.8
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 3.7**

**It is okay for youth to smoke cigarettes:**

	<b>N</b>	<b>%</b>
Strongly Disagree	92	74.8
Disagree	23	18.7
Neutral	-	-
Agree	1	.8
Strongly Agree	1	.8
Did not answer/Missing	6	4.9
<b>Total</b>	<b>123</b>	<b>100.0</b>

74.8% of respondents strongly disagreed that it is okay for youth to smoke cigarettes, whereas .8% strongly agreed that underage smoking is a socially acceptable behavior.

**Table 3.8**

**Youth who experiment with alcohol and other drugs almost always grow out of it:**

	<b>N</b>	<b>%</b>
Strongly Disagree	65	52.8
Disagree	35	28.5
Neutral	12	9.8
Agree	4	3.3
Strongly Agree	2	1.6
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 3.9**

**It is okay for parents to offer their youth alcoholic beverages in their home:**

	<b>N</b>	<b>%</b>
Strongly Disagree	79	64.2
Disagree	17	13.8
Neutral	14	11.4
Agree	7	5.7
Strongly Agree	1	.8
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 3.10**

**It is okay for parents to offer alcoholic beverages in their home to youth  
(other than their own children):**

	<b>N</b>	<b>%</b>
Strongly Disagree	99	80.5
Disagree	18	14.6
Neutral	1	.8
Agree	-	-
Strongly Agree	-	-
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 3.11**

**In my community, drinking among teenagers is acceptable:**

	<b>N</b>	<b>%</b>
Strongly Disagree	40	32.5
Disagree	38	30.9
Neutral	14	11.4
Agree	17	13.8
Strongly Agree	9	7.3
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

32.5% of respondents strongly disagreed that drinking among teenagers is acceptable, 30.9% disagreed, 11.4% remained neutral, and 13.8% agreed that underage drinking is acceptable in their community.

**Table 3.12**

**Driving under the influence of drugs and/or alcohol is a crime:**

	<b>N</b>	<b>%</b>
Strongly Disagree	17	13.8
Disagree	1	.8
Neutral	1	.8
Agree	30	24.4
Strongly Agree	69	56.1
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

Surprisingly, 13.8% strongly disagreed that driving under the influence is a crime, 24.4% agreed with this statement, and the majority (56.1%) strongly agreed that driving under the influence is a crime.

**Table 3.13**

**Wearing seatbelts should be mandatory by law:**

	<b>N</b>	<b>%</b>
Strongly Disagree	14	11.4
Disagree	9	7.3
Neutral	14	11.4
Agree	25	20.3
Strongly Agree	55	44.7
Did not answer/Missing	6	4.9
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Section IV: Community Support for ATOD Prevention**

**Table 4.1**

**To what extent do you agree or disagree with the following statements:**

**Law enforcement should be spending more time enforcing the minimum drinking age:**

	<b>N</b>	<b>%</b>
Strongly Disagree	4	3.3
Disagree	12	9.8
Neutral	31	25.2
Agree	45	36.6
Strongly Agree	26	21.1
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 4.2**

**Law enforcement should be spending more time enforcing laws that prohibit sales of tobacco products to teenagers:**

	<b>N</b>	<b>%</b>
Strongly Disagree	4	3.3
Disagree	10	8.1
Neutral	31	25.2
Agree	50	40.7
Strongly Agree	23	18.7
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 4.3**

**Schools need to be more active in dealing with alcohol, tobacco and other drug problems:**

	<b>N</b>	<b>%</b>
Strongly Disagree	6	4.9
Disagree	4	3.3
Neutral	23	18.7
Agree	43	35.0
Strongly Agree	42	34.1
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 4.4**

**It is possible to reduce alcohol and drug problems through prevention:**

	<b>N</b>	<b>%</b>
Strongly Disagree	3	2.4
Disagree	3	2.4
Neutral	18	14.6
Agree	57	46.3
Strongly Agree	35	28.5
Did not answer/Missing	7	5.7
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 4.5**

**Alcohol and other drug prevention programs are a good investment because they save lives and money:**

	<b>N</b>	<b>%</b>
Strongly Disagree	2	1.6
Disagree	2	1.6
Neutral	18	14.6
Agree	50	40.7
Strongly Agree	46	37.4
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 4.6**

**The community has the responsibility to set up prevention programs to help people avoid alcohol and other drug problems:**

	<b>N</b>	<b>%</b>
Strongly Disagree	3	2.4
Disagree	3	2.4
Neutral	35	28.5
Agree	46	37.4
Strongly Agree	31	25.2
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

25.2% of respondents strongly agreed that the community has the responsibility to set up drug prevention programs, while 28.5% remained neutral regarding community responsibility and drug prevention. These findings may tend to show a lack of commitment by community members.

**Table 4.7**

**All tobacco advertising (billboards, magazines, etc.) should be banned:**

	<b>N</b>	<b>%</b>
Strongly Disagree	7	5.7
Disagree	13	10.6
Neutral	25	20.3
Agree	29	23.6
Strongly Agree	44	35.8
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 4.8**

**Public service announcements are a good way to change attitudes about alcohol, tobacco and other drug use:**

	<b>N</b>	<b>%</b>
Strongly Disagree	2	1.6
Disagree	10	8.1
Neutral	28	22.8
Agree	45	36.6
Strongly Agree	32	26.0
Did not answer/Missing	6	4.9
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 4.9**

**Taxes on alcohol should be increased:**

	<b>N</b>	<b>%</b>
Strongly Disagree	12	9.8
Disagree	13	10.6
Neutral	35	28.5
Agree	18	14.6
Strongly Agree	40	32.5
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 4.10**

**Taxes on tobacco should be increased:**

	<b>N</b>	<b>%</b>
Strongly Disagree	15	12.2
Disagree	6	4.9
Neutral	28	22.8
Agree	23	18.7
Strongly Agree	46	37.4
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Section V: Adolescent Access to Alcohol and Tobacco**

**Youth can obtain alcohol and tobacco products in many different ways. Please respond accordingly to the following questions regarding youth in your community.**

**Table 5.1**

**How difficult is it for youth to buy beer, wine or hard liquor at stores themselves?**

	<b>N</b>	<b>%</b>
Not at all Difficult	11	8.9
Slightly Difficult	24	19.5
Somewhat Difficult	31	25.2
Quite Difficult	37	30.1
Extremely Difficult	14	11.4
Did not answer/Missing	6	4.9
<b>Total</b>	<b>123</b>	<b>100.0</b>

Regarding accessibility of alcohol, 19.5% felt that it was only slightly difficult for youth to buy alcohol for themselves, 25.2% reported that it was somewhat difficult, 30.1% reported that it was quite difficult, and 11.4% observed that youth access to alcohol was extremely difficult.

**Table 5.2**

**How difficult is it for youth to get an older person to buy alcohol for them?**

	<b>N</b>	<b>%</b>
Not at all Difficult	57	46.3
Slightly Difficult	30	24.4
Somewhat Difficult	27	22.0
Quite Difficult	3	2.4
Extremely Difficult	1	.8
Did not answer/Missing	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

Unfortunately, a large majority of respondents (46.3%) reported that it is not at all difficult for youth to find an older person to purchase alcohol for them, 24.4% felt that this was slightly difficult, 22% perceived that accessibility was somewhat difficult, while only 2.4% reported that it was quite difficult for youth to receive alcohol from an older person. This finding might suggest that underage drinking has become a socially accepted behavior in some communities.

**Table 5.3**

**How difficult is it for youth to order a drink at a bar?**

	<b>N</b>	<b>%</b>
Not at all Difficult	5	4.1
Slightly Difficult	13	10.6
Somewhat Difficult	24	19.5
Quite Difficult	49	39.8
Extremely Difficult	24	19.5
Did not answer/Missing	8	6.5
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 5.4**

**How difficult is it for youth to sneak alcohol from their home or a friend's home?**

	<b>N</b>	<b>%</b>
Not at all Difficult	61	49.6
Slightly Difficult	29	23.6
Somewhat Difficult	21	17.1
Quite Difficult	6	4.9
Extremely Difficult	-	-
Did not answer/Missing	6	4.9
<b>Total</b>	<b>123</b>	<b>100.0</b>

Regarding accessibility of alcohol from the home, 49.6% specified that it was not at all difficult for youth to obtain alcohol from their own home or a friend's home, 23.6% reported it was slightly difficult, and only 4.9% responded that alcohol accessibility from the home was extremely difficult. Considering that nearly half of all respondents agreed that youth access to alcohol from the home was not at all difficult, it would be safe to speculate a potential lack of parental responsibility. Therefore, parents need to consider the types of behaviors they are modeling for their children.

**Table 5.5**

**How difficult is it for youth to get their parents to give them alcohol?**

	<b>N</b>	<b>%</b>
Not at all Difficult	12	9.8
Slightly Difficult	30	24.4
Somewhat Difficult	38	30.9
Quite Difficult	21	17.1
Extremely Difficult	14	11.4
Did not answer/Missing	8	6.5
<b>Total</b>	<b>123</b>	<b>100.0</b>

Although respondents felt that youth accessing alcohol from the home was more of an issue, 9.8% of respondents specified that it was not at all difficult for youth to obtain alcohol directly from their parents, 24.4% perceived access to be slightly difficult, and 11.4% indicated that it was extremely difficult for youth to obtain alcohol directly from their parents. If youth are able to obtain alcohol from their parents under any circumstances, the problem of ATOD concerns are likely to escalate within any given community. By communicating to youth that underage consumption of alcohol is acceptable we are implying that there is not a problem of underage drinking in society.

**Table 5.6**

**How difficult is it for youth to buy cigarettes, cigars, or chewing tobacco at a store themselves?**

	<b>N</b>	<b>%</b>
Not at all Difficult	14	11.4
Slightly Difficult	24	19.5
Somewhat Difficult	39	31.7
Quite Difficult	25	20.3
Extremely Difficult	14	11.4
Did not answer/Missing	7	5.7
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 5.7**

**How difficult is it for youth to get an older person to buy tobacco products for them?**

	<b>N</b>	<b>%</b>
Not at all Difficult	54	43.9
Slightly Difficult	27	22.0
Somewhat Difficult	25	20.3
Quite Difficult	10	8.1
Extremely Difficult	1	.8
Did not answer/Missing	6	4.9
<b>Total</b>	<b>123</b>	<b>100.0</b>

Similar to alcohol accessibility, 43.9% identified that it was not at all difficult for youth to get an older person to purchase tobacco products for them, 22% reported that it was slightly difficult, 20.3% indicated that it was somewhat difficult, and only 8.1% perceived it to be extremely difficult. Similar to alcohol access, it appears that youth generally have less difficulty obtaining tobacco products from an older person, suggesting again that parental controls need to be tightened. Also, parental role modeling comes into effect, and parents are possibly communicating the message to their children that tobacco consumption is an acceptable behavior.

**Table 5.8**

**How difficult is it for youth to sneak tobacco products from their home or a friend's home?**

	<b>N</b>	<b>%</b>
Not at all Difficult	67	54.5
Slightly Difficult	23	18.7
Somewhat Difficult	18	14.6
Quite Difficult	5	4.1
Extremely Difficult	3	2.4
Did not answer/Missing	7	5.7
<b>Total</b>	<b>123</b>	<b>100.0</b>

54.5% of respondents indicated that it was not at all difficult for youth to obtain tobacco products for their home or a friend's home, 18.7% specified that this was slightly difficult, 14.6% indicated this was somewhat difficult, and only 2.4% reported that tobacco accessibility from the home was extremely difficult.

**Table 5.9**

**How difficult is it for youth to get their parents to give tobacco products to them?**

	<b>N</b>	<b>%</b>
Not at all Difficult	15	12.2
Slightly Difficult	27	22.0
Somewhat Difficult	45	36.6
Quite Difficult	20	16.3
Extremely Difficult	9	7.3
Did not answer/Missing	7	5.7
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Section VI: Perception of Community Commitment**

**Please indicate to what extent you either agree or disagree with the following statements.**

**Table 6.1**

**It appears that my community is not interested in changing, no matter what the issue is:**

	<b>N</b>	<b>%</b>
Strongly Disagree	14	11.4
Disagree	32	26.0
Neutral	33	26.8
Agree	33	26.8
Strongly Agree	9	7.3
Did not answer/Missing	2	1.6
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 6.2**

**There is no commitment in my community:**

	<b>N</b>	<b>%</b>
Strongly Disagree	16	13.0
Disagree	39	31.7
Neutral	33	26.8
Agree	24	19.5
Strongly Agree	9	7.3
Did not answer/Missing	2	1.6
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 6.3**

**Preventing alcohol and other drug abuse among youth is important:**

	<b>N</b>	<b>%</b>
Strongly Disagree	3	2.4
Disagree	2	1.6
Neutral	5	4.1
Agree	33	26.8
Strongly Agree	78	63.4
Did not answer/Missing	2	1.6
<b>Total</b>	<b>123</b>	<b>100.0</b>

63.4% of respondents strongly agreed that alcohol and drug prevention among youth was important, while only 2.4% of respondents strongly disagreed that youth drug prevention was imperative. Communities are recognizing there is a problem and that intervention needs to take place.

**Table 6.4**

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

	<b>N</b>	<b>%</b>
Strongly Disagree	4	3.3
Disagree	9	7.3
Neutral	36	29.3
Agree	38	30.9
Strongly Agree	33	26.8
Did not answer/Missing	3	2.4
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 6.5**

**Alcohol and drug free youth can best be achieved by educating the community:**

	<b>N</b>	<b>%</b>
Strongly Disagree	3	2.4
Disagree	5	4.1
Neutral	17	13.8
Agree	49	39.8
Strongly Agree	47	38.2
Did not answer/Missing	2	1.6
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 6.6**

**Alcohol and drug free youth can best be achieved by educating parents:**

	<b>N</b>	<b>%</b>
Strongly Disagree	2	1.6
Disagree	9	7.3
Neutral	9	7.3
Agree	48	39.0
Strongly Agree	53	43.1
Did not answer/Missing	2	1.6
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 6.7**

**Alcohol and drug free youth can best be achieved by educating youth themselves:**

	<b>N</b>	<b>%</b>
Strongly Disagree	-	-
Disagree	6	4.9
Neutral	9	7.3
Agree	41	33.3
Strongly Agree	65	52.8
Did not answer/Missing	2	1.6
<b>Total</b>	<b>123</b>	<b>100.0</b>

## Section VII: Open Ended Questions

This section represents the opinions, values and beliefs of those individual participants who chose to answer this portion of the survey. Certain individuals did not take the opportunity to provide their opinions, which explains the missing data percentages of the tables.

**Table 7.1**

**Do you think a Community Action Coalition / Task Force is the most effective response in putting a stop to alcohol and drug use by out youth?**

	<b>N</b>	<b>%</b>
Yes	48	39.0
No	19	15.4
Don't Know	9	7.3
Parents are most effective	17	13.8
Educational programs are most effective	3	2.4
Did not answer/Missing	27	22.0
<b>Total</b>	<b>123</b>	<b>100.0</b>

39.0% of respondents agreed that a Community Action Coalition / Task Force is the most effective response in addressing ATOD issues, 15.4% did not agree that this was the most adequate response, and 13.8% indicated that it was the responsibility of the parents to educate their children concerning ATOD issues.

**Table 8.1**

**If yes, would you be interested in forming and / or joining a task force in your community?**

	<b>N</b>	<b>%</b>
Yes	33	26.8
No	28	22.8
Already Active	4	3.3
Don't know	3	2.4
Did not answer/Missing	55	44.7
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 9.1**

**If you do not agree that a Community Action Coalition / Task Force would be the best resolution, what type of solution do you think would be most effective in putting a stop to alcohol and drug use by our youth?**

	<b>N</b>	<b>%</b>
Educational programs for everyone	23	18.7
Cooperation between community programs	2	1.6
Parental responsibility	14	11.4
Change media/pop culture	2	1.6
Stiffer youth penalties	3	2.4
Don't know	3	2.4
Youth community centers	1	.8
Religious principles/programs	3	2.4
Did not answer/Missing	72	58.5
<b>Total</b>	<b>123</b>	<b>100.0</b>

For those participants who did not agree that Community Action Coalition/Task Force would be the best resolution to ATOD issues, 18.7% indicated that educational programs geared towards the entire community would be most effective, whereas 11.4% felt that parental responsibility and educating parents would be most effective. This finding is consistent in suggesting again the importance of parental responsibility and educating youth.

**Table 10.1**

**What would be the best way to implement this solution?**

	<b>N</b>	<b>%</b>
Parental responsibility	3	2.4
Through legislation	7	5.7
Educational programs	22	17.9
Youth centers	1	.8
Religious programs	2	1.6
Stiffer punishments for youth	1	.8
Community action groups	9	7.3
Don't know	1	.8
Changes in media	1	.8
Did not answer/Missing	76	61.8
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 11.1**

**What kinds of information do people in your community need regarding the prevention of alcohol and substance use by our youth?**

	<b>N</b>	<b>%</b>
Media campaigns	6	4.9
Addiction	5	4.1
All kinds	13	10.6
Available youth activities	1	.8
Statistics	13	10.6
Forums/Conferences	5	4.1
Prevention	10	8.1
Don't know	3	2.4
Benefits of not using	2	1.6
Did not answer/Missing	65	52.8
<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table 12.1**

**What would be the best way to deliver this information?**

	<b>N</b>	<b>%</b>
Presentations	21	17.1
Media	12	9.8
Door to door	1	.8
Mailings	4	3.3
Use of Scare Tactics	4	3.3
Don't know	3	2.4
Parental Responsibility	5	4.1
Schools	10	8.1
Did not answer/Missing	63	51.2
<b>Total</b>	<b>123</b>	<b>100.0</b>

17.1% of respondents specified that presentations would be the most effective way to deliver information to communities, and 9.8% believed that media campaigns would be most efficient in delivering the information.

## Conclusion

The findings from this study only reinforce the need for communities to recognize the importance of ATOD related issues. This is an important stage in the process of developing an effective response to youth abuse of alcohol, tobacco and other drugs. Communities in Region II of North Dakota have indicated through their responses the presence of certain issues regarding youth substance abuse in their communities. For instance, 71.6% of respondents indicated that alcohol use by adults is a moderate to serious problem, and similarly 74.8% of respondents reported use of alcohol by youth to be a moderate to serious problem. The use of tobacco by both adults and youth is also perceived to be a problem, since 65.9% of respondent's specified use of tobacco by adults to be a moderate to serious problem, and 68.3% observed use of tobacco by youth as a moderate to serious problem.

Parental responsibility and increased parental control is also a concern of many community members. Regarding the accessibility of alcohol from the home, 49.6% of respondents specified that it was not at all difficult for youth to obtain alcohol from their own home or a friend's home. 9.8% of respondents specified that it was not at all difficult for youth to obtain alcohol directly from their parents, and 24.4% perceived youth access to be slightly difficult. This suggests a lack of positive role models for youth by condoning underage consumption of alcohol. As a result, we are implying that underage drinking is not a problem in society by failing to recognize the magnitude of the situation.

Communities are definitely recognizing the value of drug prevention initiatives. There is no single solution to the problems facing each and every community. However,

through a combination of efforts, communities can begin to respond effectively to ATOD issues. Through the delivery of information regarding ATOD concerns we can attempt to provide communities with the necessary resources. Community coalitions, media campaigns, conferences, educational programs, and increased parental responsibility can all play a role in decreasing the rate of substance abuse among our youth.

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**Appendix A**  
**Survey Instrument**

**Section I: Demographics**

This information will be used for statistical purposes only. Please mark your answers using  in the appropriate boxes.

1. What is your age: \_\_\_\_\_ years
2. Sex:    \_\_\_ Male            \_\_\_ Female
3. Race/Ethnicity:

<input type="checkbox"/>	<b>Caucasian</b>	<input type="checkbox"/>	<b>Asian</b>
<input type="checkbox"/>	<b>Black or African American</b>	<input type="checkbox"/>	<b>Native Hawaiian or Pacific Islander</b>
<input type="checkbox"/>	<b>Hispanic or Latino</b>	<input type="checkbox"/>	<b>Other:</b>
<input type="checkbox"/>	<b>American Indian or Alaska Native</b>	<input type="checkbox"/>	

4. Highest Level of Education: \_\_\_\_\_
5. Current Occupation: \_\_\_\_\_

**Section II: Community Perception of an ATOD Problem**

1-Not a Problem    2-A Minor Problem    3-A Moderate Problem 4-A Serious Problem    5-Don't Know					
<b>1. How much of a problem do you perceive the following to be in your community?</b>					
A. Use of alcohol by adults	1	2	3	4	5
B. Use of alcohol by youth	1	2	3	4	5
C. Use of tobacco by adults	1	2	3	4	5
D. Use of tobacco by youth	1	2	3	4	5
E. Use of marijuana by adults	1	2	3	4	5
F. Use of marijuana by youth	1	2	3	4	5
G. Use of other drugs (such as inhalants, methamphetamines, or "uppers" by adults	1	2	3	4	5
H. Use of other drugs (such as inhalants, methamphetamines, or "uppers" by youth	1	2	3	4	5
I. Contribution of drug and alcohol use to crashes or injuries (such as automobile, hunting, boating, snowmobiling)	1	2	3	4	5
J. Contribution of drug and alcohol use to violent crimes	1	2	3	4	5

**Section III: Permissiveness of Attitudes towards ATOD Use**

<p align="center"><b>1-Never 2-Rarely 3-Sometimes 4-Often 5-Very Often</b></p>					
<b>2. How often do you witness the following in your community?</b>					
A. Adults drunk in public	1	2	3	4	5
B. Youth drunk in public	1	2	3	4	5
C. Youth smoking in public	1	2	3	4	5
D. Use of "other" drugs by adults in public	1	2	3	4	5
E. Use of "other" drugs by youth in public	1	2	3	4	5
F. I have ridden in a motor vehicle with someone under the influence of drugs and/or alcohol	1	2	3	4	5

<p align="center"><b>1-Strongly Disagree 2- Disagree 3-Neutral 4-Agree 5-Strongly Agree</b></p>					
<b>3. To what extent do you agree or disagree with the following statements?</b>					
A. It is okay for youth to drink at parties as long as they don't get drunk	1	2	3	4	5
B. Youth should be able to drink as long as they don't drive afterwards	1	2	3	4	5
C. It is okay for youth to smoke cigarettes	1	2	3	4	5
D. Youth who experiment with alcohol or other drugs almost always grow out of it	1	2	3	4	5
E. It is okay for parents to offer their youth alcoholic beverages in their home	1	2	3	4	5
F. It is okay for parents to offer alcoholic beverages in their home to youth (other than their own children)	1	2	3	4	5
G. In my community, drinking among teenagers is acceptable	1	2	3	4	5
H. Driving under the influence of drugs and/or alcohol is a crime	1	2	3	4	5
I. Wearing seatbelts should be mandatory by law	1	2	3	4	5

**Section IV: Community Support for ATOD Prevention**

<p align="center">1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree</p>					
<b>4. To what extent do you agree or disagree with the following statements?</b>					
A. Law enforcement should be spending more time enforcing the minimum drinking age	1	2	3	4	5
B. Law enforcement should be spending more time enforcing laws that prohibit sales of tobacco products to teenagers	1	2	3	4	5
C. Schools need to be more active in dealing with alcohol, tobacco and other drug problems	1	2	3	4	5
D. It is possible to reduce alcohol and drug problems through prevention	1	2	3	4	5
E. Alcohol and other drug prevention programs are a good investment because they save lives and money	1	2	3	4	5
F. The community has the responsibility to set up prevention programs to help people avoid alcohol and other drug problems	1	2	3	4	5
G. All tobacco advertising (billboards, magazines, etc.) should be banned	1	2	3	4	5
H. Public service announcements are a good way to change attitudes about alcohol, tobacco and other drug use	1	2	3	4	5
I. Taxes on alcohol should be increased	1	2	3	4	5
J. Taxes on tobacco should be increased	1	2	3	4	5

**Section V: Adolescent Access to Alcohol and Tobacco**

1-Not at all Difficult 2-Slightly Difficult 3-Somewhat Difficult 4-Quite Difficult 5-Extremely Difficult					
<b>5. Youth can obtain alcohol and tobacco products in many different ways. Please respond accordingly to the following questions regarding youth in your community.</b>					
A. How difficult is it for youth to buy beer, wine or hard liquor at stores themselves?	1	2	3	4	5
B. How difficult is it for youth to get an older person to buy alcohol for them?	1	2	3	4	5
C. How difficult is it for youth to order a drink at a bar?	1	2	3	4	5
D. How difficult is it for youth to sneak alcohol from their home or a friend's home?	1	2	3	4	5
E. How difficult is it for youth to get their parents to give them alcohol?	1	2	3	4	5
F. How difficult is it for youth to buy cigarettes, cigars, or chewing tobacco at a store themselves?	1	2	3	4	5
G. How difficult is it for youth to get an older person to buy tobacco products for them?	1	2	3	4	5
H. How difficult is it for youth to sneak tobacco products from their home or a friend's home?	1	2	3	4	5
I. How difficult is it for youth to get their parents to give tobacco products to them?	1	2	3	4	5

**Section VI: Perception of Community Commitment**

1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree					
<b>6. Please indicate to what extent you either agree or disagree with the following statements</b>					
A. It appears that my community is not interested in changing, no matter what the issue is	1	2	3	4	5
B. There is no commitment in my community	1	2	3	4	5

C. Preventing alcohol and other drug abuse among youth is important	1	2	3	4	5
D. I am concerned about whether my community has sufficient alcohol and other drug abuse prevention programs	1	2	3	4	5
E. Alcohol and drug free youth can best be achieved by educating the community	1	2	3	4	5
F. Alcohol and drug free youth can best be achieved by educating parents	1	2	3	4	5
G. Alcohol and drug free youth can best be achieved by educating youth themselves	1	2	3	4	5

**7. Do you think a Community Action Coalition / Task Force is the most effective response in putting a stop to alcohol and drug use by our youth?**

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**8. If yes, would you be interested in forming and/or joining a task force in your community?**

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**9. If you do not agree that a Community Action Coalition / Task Force would be the best resolution, what type of solution do you think would be most effective in putting a stop to alcohol and drug use by our youth?**

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**10. What would be the best way to implement this solution?**

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**11. What kinds of information do people in your community need regarding the prevention of alcohol and substance use by our youth?**

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**12. What would be the best way to deliver this information?**

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**Please contact Janell Roy if you are seeking further information regarding ATOD use or Community Coalition information. She may be reached by the following:**

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