



Providence Drug-Free Community

Annual Report
2012-2013

Prepared By:

P. Allison Minugh, Ph.D.
Kayla Martineau, B.S.
Bethany Marcogliese, Ph.D.

Organization:

MJ Datacorp, Ltd.
7 Thurber Boulevard
Smithfield, RI 02917

Point of Contact:

P. Allison Minugh, Ph.D.
(401) 232-3282
aminugh@mjdacorp.com

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PROGRAM OVERVIEW

The Mayor's Substance Abuse Prevention Council (MSAPC) is the lead drug and alcohol prevention voice and policy making body for Providence, Rhode Island. MSAPC has been operating as an effective coalition since it was formed in 2003 by Mayor David N. Cicilline. MSAPC is comprised of over 20 members, with the leadership of Dr. Nick Zaller as Council Chair and Peter Asen as staff director. MSAPC has a wide-ranging membership of committed individuals from youth-serving agencies, law enforcement agencies, business communities, counseling services, and other community-based organizations.

MSAPC serves the city of Providence, the state capital of Rhode Island, and the second largest city in New England. According to the 2010 United States Census Bureau, the city population is approximately 178,042 people, with the Providence Public School District reporting 23,790 students currently enrolled. The focus of the Drug Free Community grant is the youth in middle schools (6th through 8th grades) throughout Providence's public schools.

MSAPC

The mission of the MSAPC is to protect youth and prevent harmful alcohol and drug use in the Providence communities. Prevention efforts include implementing evidenced-based programs, building awareness, providing effective education, supporting comprehensive environmental strategies, and promoting the health and wellness of individuals and the Providence community.

MSAPC holds regular meetings 10 times a year, and members are expected to attend at least seven of these meetings. To promote comprehensive and efficient communications, MSAPC uses a "Consent Agenda" which outlines all of the activities of the staff and MSAPC members in the prior month. In this way, all members are fully informed on the various progresses made by MSAPC. In addition, members also provide input on specific topics they would like to discuss at these regular meetings, so that the meeting time is focused on the few priority items.

All major activities, programs, and funding priorities are brought to the Council for input and consent. MSAPC is united in its common vision of improving the health and well-being of Providence Youth.

THE DRUG-FREE COMMUNITY GRANT

The Drug-Free Community Grant is a collaborative initiative sponsored by the Office of National Drug Control Policy (ONDCP) in partnership with Substance Abuse and Mental Health Services Administration (SAMHSA), in order to achieve two major goals:

1. Establish and strengthen collaboration among communities, public and private nonprofit agencies, and Federal, State, local, and tribal governments to support the efforts of community coalitions to prevent and reduce substance use among youth.

2. Reduce substance use among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

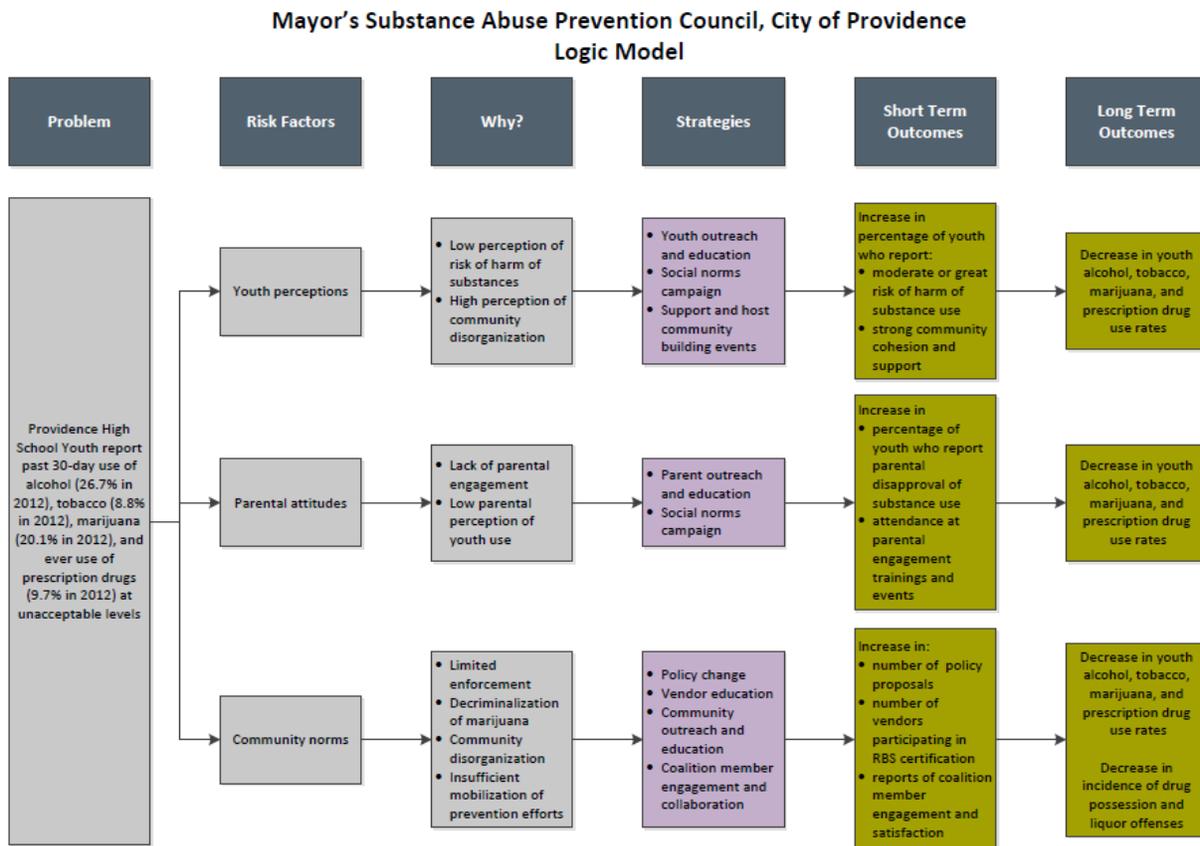
MSAPC has been awarded this five-year DFC grant, and funding began in the fall of 2009.

PROJECT GOALS AND RELATES PROGRAM ACTIVITIES

In accordance with DFC’s major goals, MSAPC identified the following specific community goals:

- ⊙ Strengthen Council capacity to reduce youth use
- ⊙ Parental engagement and education to reduce youth use
- ⊙ Marijuana access reduction to reduce youth use
- ⊙ Alcohol access reduction to reduce youth use

Due to the elimination of funding for the Rhode Island statewide School Accountability of Learning and Teaching (SALT) survey, information on youth health behavior has become unavailable in the state of Rhode Island. The youth survey conducted by the Council through this grant is currently the only venue within Providence that has collected this type of data. The logic model for the Providence DFC project appears below.



YOUTH SURVEY

The Mayor's Substance Abuse Prevention Council administered a brief youth behavior survey to students attending the Providence after School Alliance (PASA). The survey was administered to all sixth, seventh, and eighth graders attending the PASA program.

Completed surveys were sent to a secure scanning facility and scanned electronically, with responses outputted into a single data file. Frequencies were calculated for all items.

PROVIDENCE AFTER SCHOOL ALLIANCE

PASA is an after school program for public middle school youth, and a key partner in all middle school outreach and prevention activities in the city of Providence. It is a widely utilized local after school program, and the programs are held at the various local public schools, so that it is easy for youth across Providence to access it when the school day ends.

The middle school youth attending PASA are reflective of the Providence youth profile, and is reflective of the target population. PASA has previously compared the youth attending their program to the Providence youth as a whole, and found that the two groups had similar percentage breakdown when compared on basic demographic variables of gender, ethnicity, education type, and economic level.

SURVEY QUESTIONS

The youth survey was created in collaboration with Datacorp to collect data on the four core measures required for DFC reporting. The instrument is a 19-item single-page survey made available in English and Spanish to accommodate the heavily Spanish speaking youth population of Providence.

The survey asked for basic demographic information (gender, grade, and age), then followed with questions about alcohol, cigarettes, marijuana and prescription drugs on the four core measures (30 day use; perception of risk of use; perception of peer and parental disapproval). The survey concluded with a question that asked about how honest the youth were in answering the questions.

DATA COLLECTION

The surveys were collected anonymously, and were completed on a voluntary basis. The survey was conducted at the beginning of the afterschool program, when students were gathered in the cafeteria at each site for check in and snack time. The students were provided a one-page survey. The questions were written in English on one side and in Spanish on the reverse side, and youth were encouraged to choose the language they preferred. Since different students

attended the program on different days of the week, the PASA staff collected the survey over the course of a week. The attendance list was discarded at the end of the week, and was not kept for records or matched to the survey responses.

The survey took approximately 20 minutes to complete. At the discretion of the PASA staff, students had the questions read aloud to them, one question at a time, if staff determined that this would assist students who struggled with reading the survey.

YOUTH SURVEY RESULTS

A total of 449 PASA students completed the survey, of which 439 were eligible for analysis. Ten records were removed from analysis for inconsistent response or for responding, “I was not honest at all”, on the final survey question. The frequencies displayed below are reported as percentage of valid response for each item.

Demographics

Figure 1. Gender (total sample by year)



Figure 2. Grade (total sample by year)

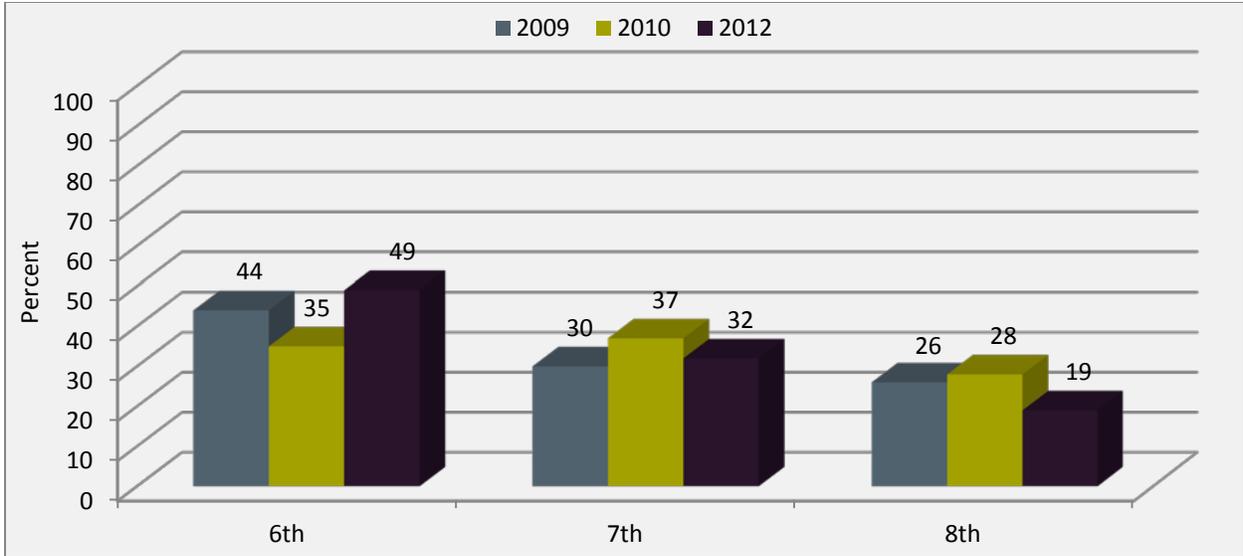
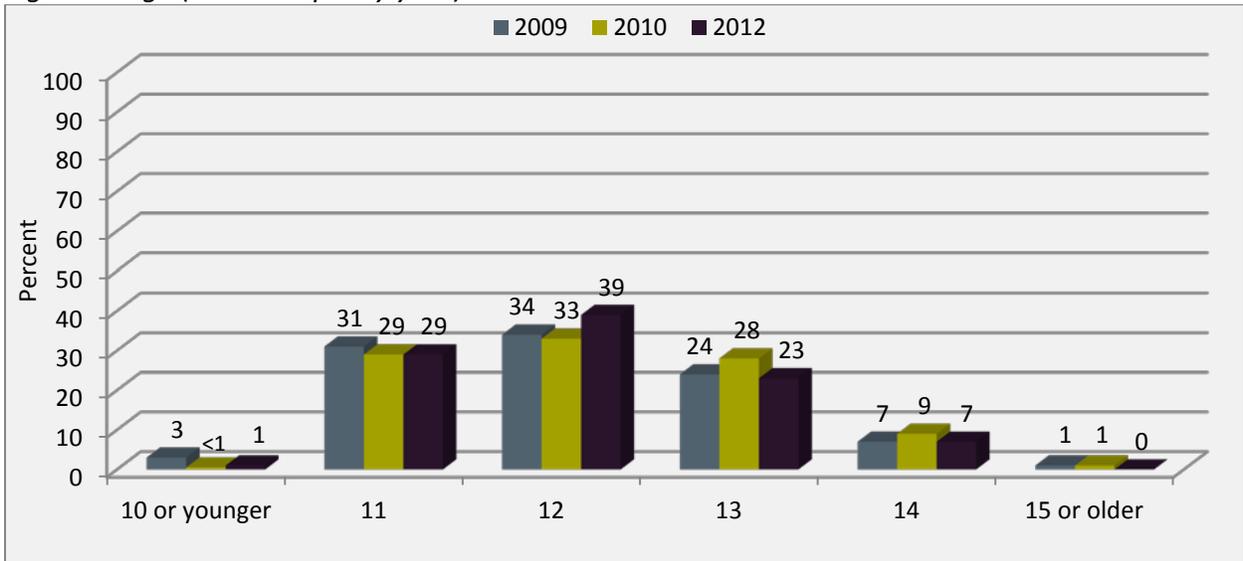


Figure 3. Age (total sample by year)



Past 30 Day Use

Figure 4. In the past 30 days, on how many occasions have you had beer, wine, or hard liquor to drink? (total sample by year)

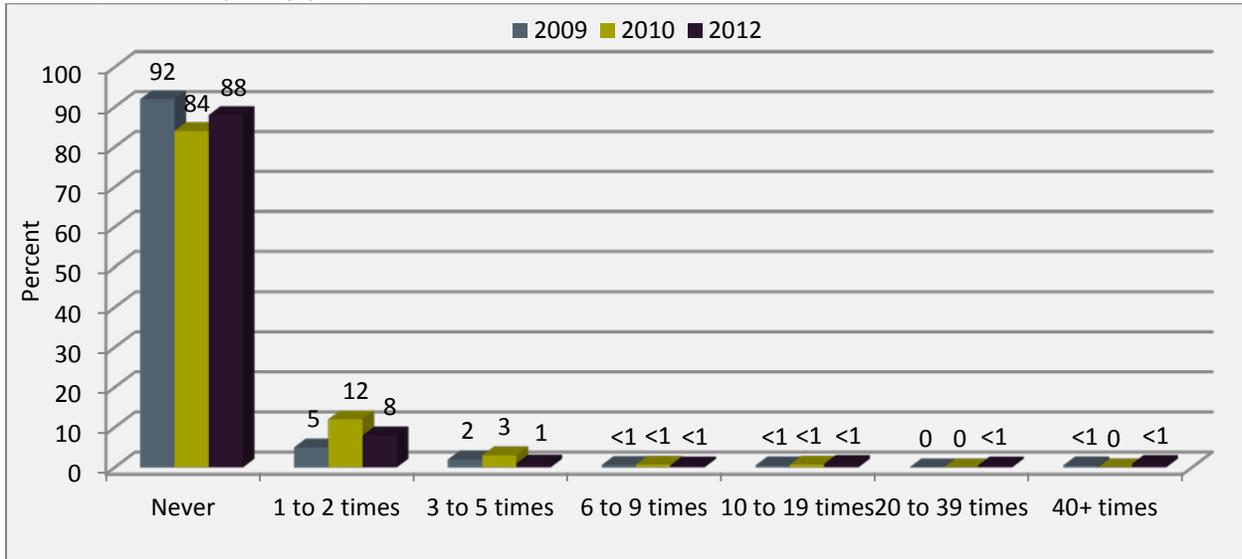


Figure 5. In the past 30 days, on how many occasions have you used marijuana or hashish? (total sample by year)

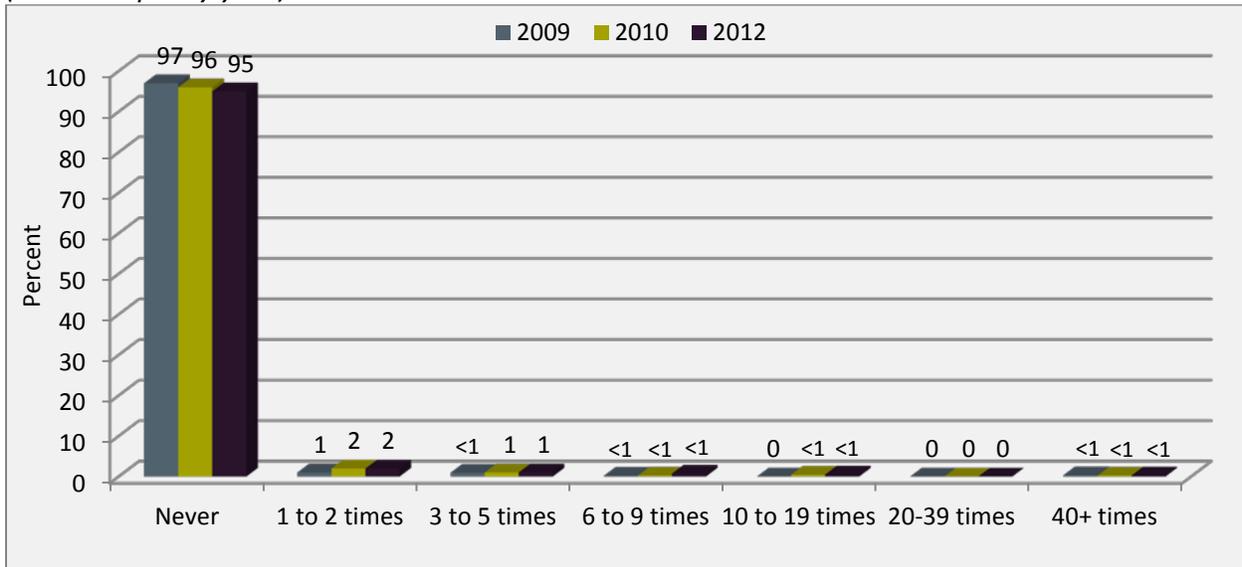
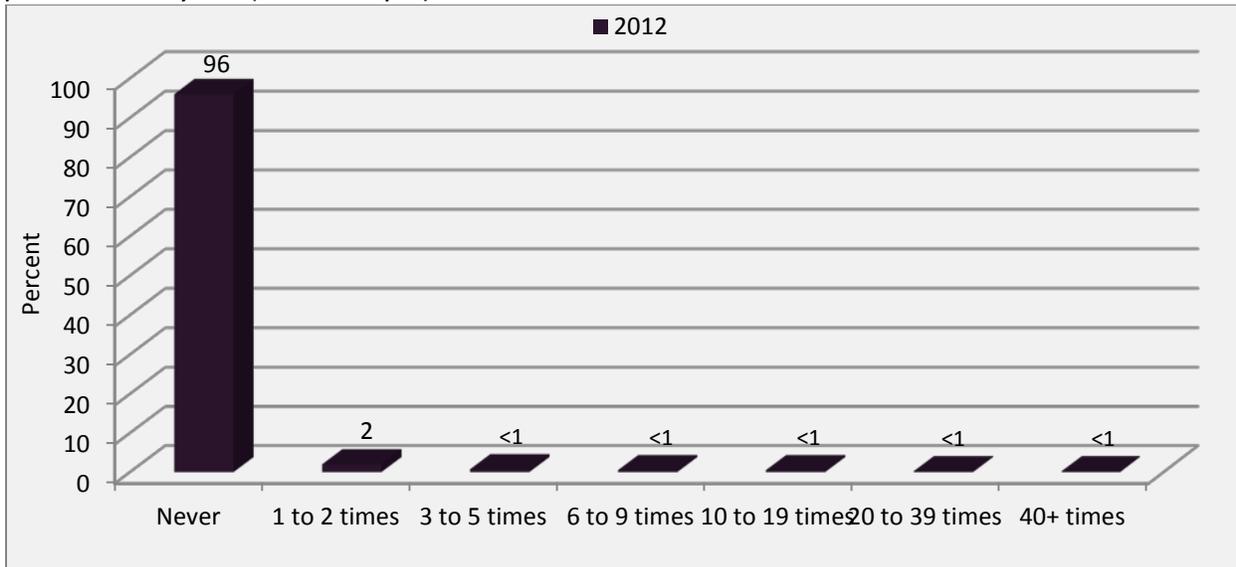


Figure 6. In the past 30 days, on how many occasions have you used prescription drugs not prescribed to you? (2012 sample)



Note: Not available for 2009 or 2010

Figure 7. How frequently have you smoked cigarettes during the past 30 days? (total sample by year)

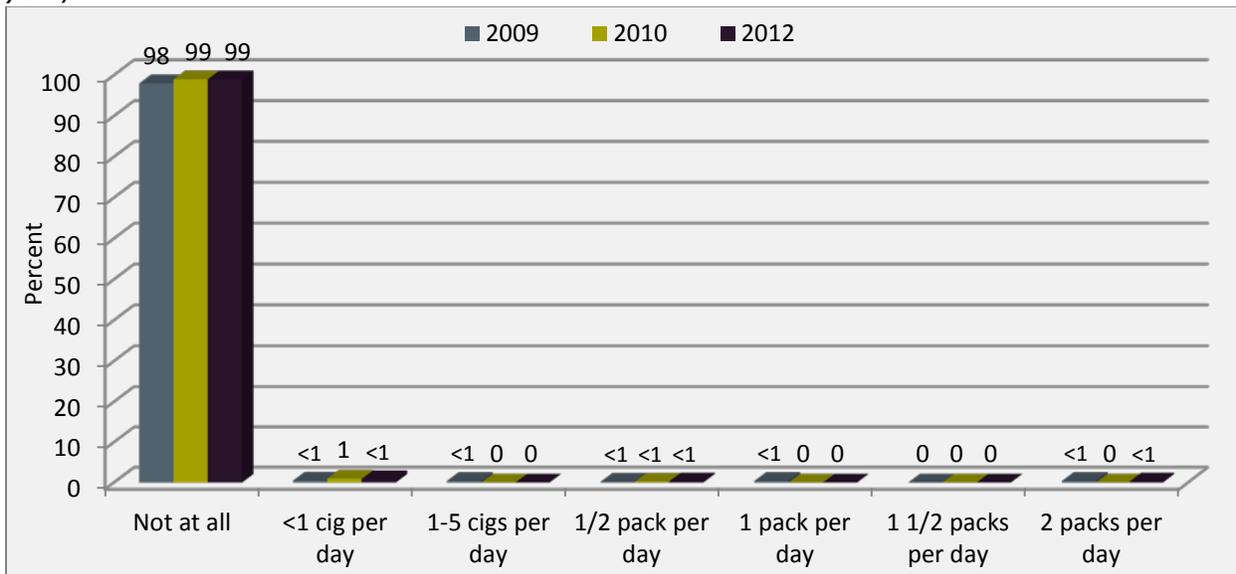


Table 1. Students who have used substances in the past 30 days (2012 response by grade and substance)

	6th		7th		8th	
	%	n	%	n	%	n
Alcohol*	9	19	15	20	16	12
Marijuana*	4	7	7	9	5	4
Prescription Drugs*	3	6	3	4	7	5
Cigarettes*	1	2	2	2	0	0

*indicates Drug Free Communities core measure

Table 2. Students who have used substances in the past 30 days (2012 response by gender and substance)

	Male		Female	
	%	n	%	n
Alcohol*	11	25	13	25
Marijuana*	5	10	6	12
Prescription Drugs*	4	8	4	7
Cigarettes*	1	2	2	3

*indicates Drug Free Communities core measure

Perception of Risk

Figure 8. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes a day? (total sample by year)

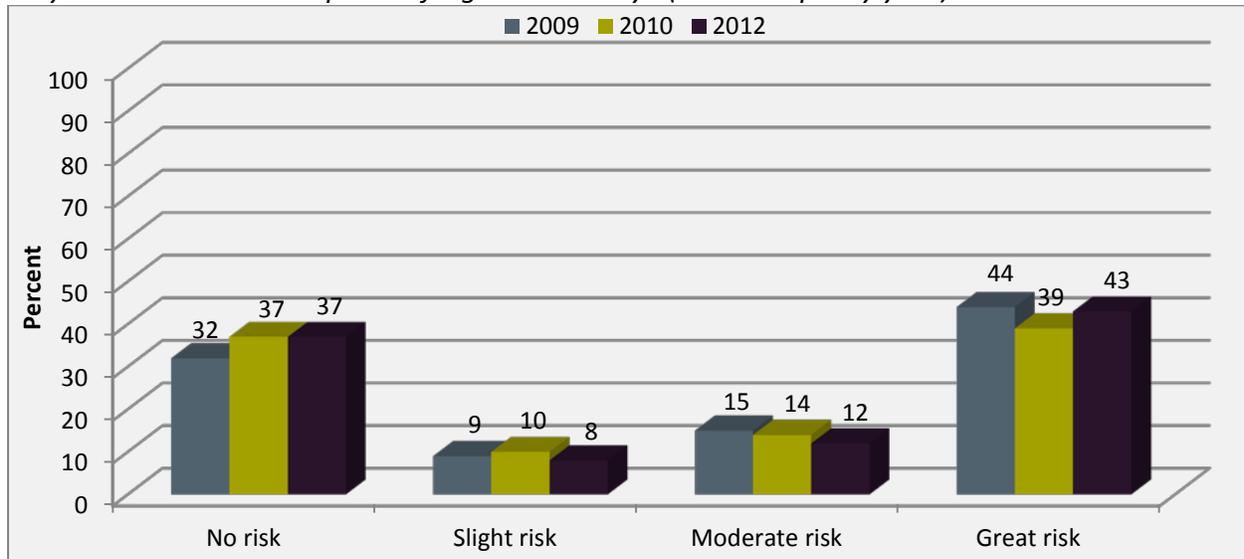


Figure 9. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice? (total sample by year)

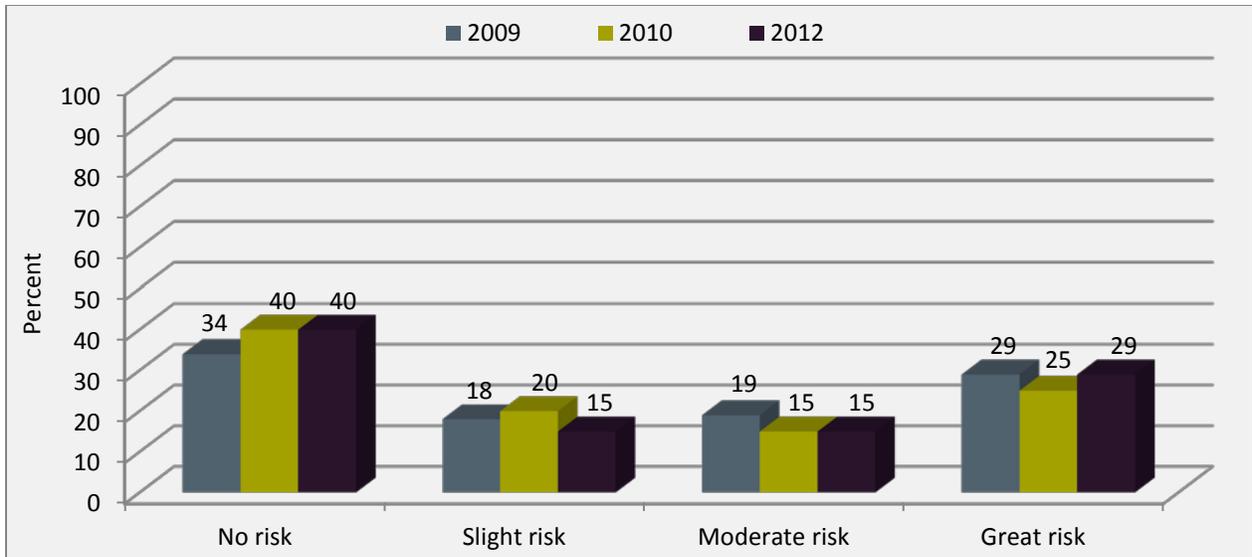
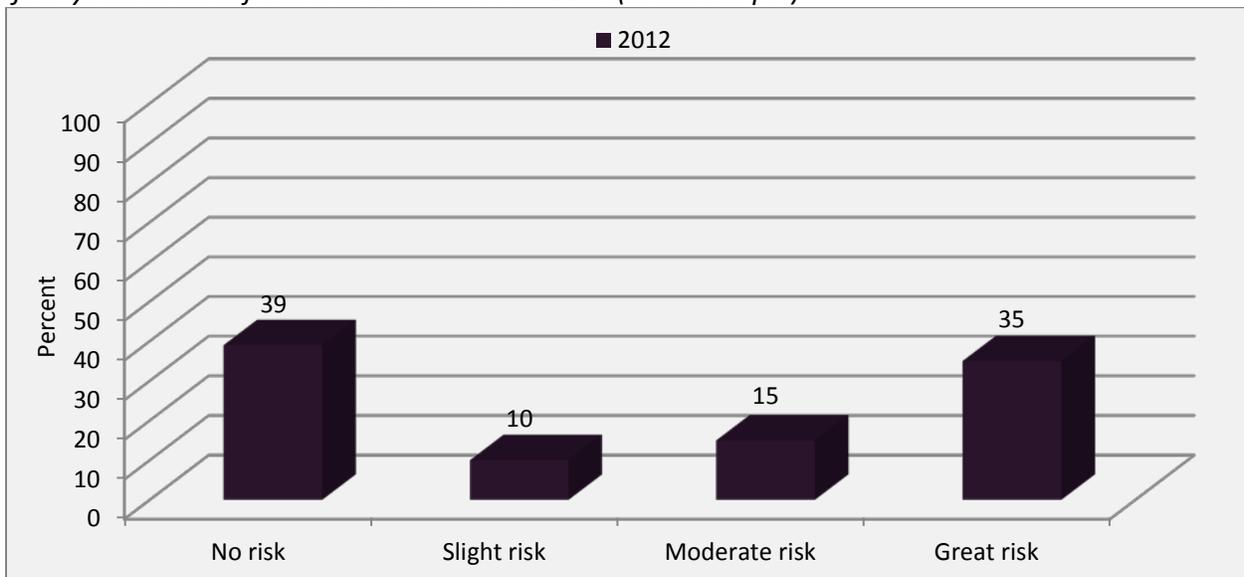


Figure 10. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana once or twice a week? (2012 sample)



Note: Not available for 2009 or 2010

Figure 11. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of alcoholic beverages nearly every day? (total sample by year)

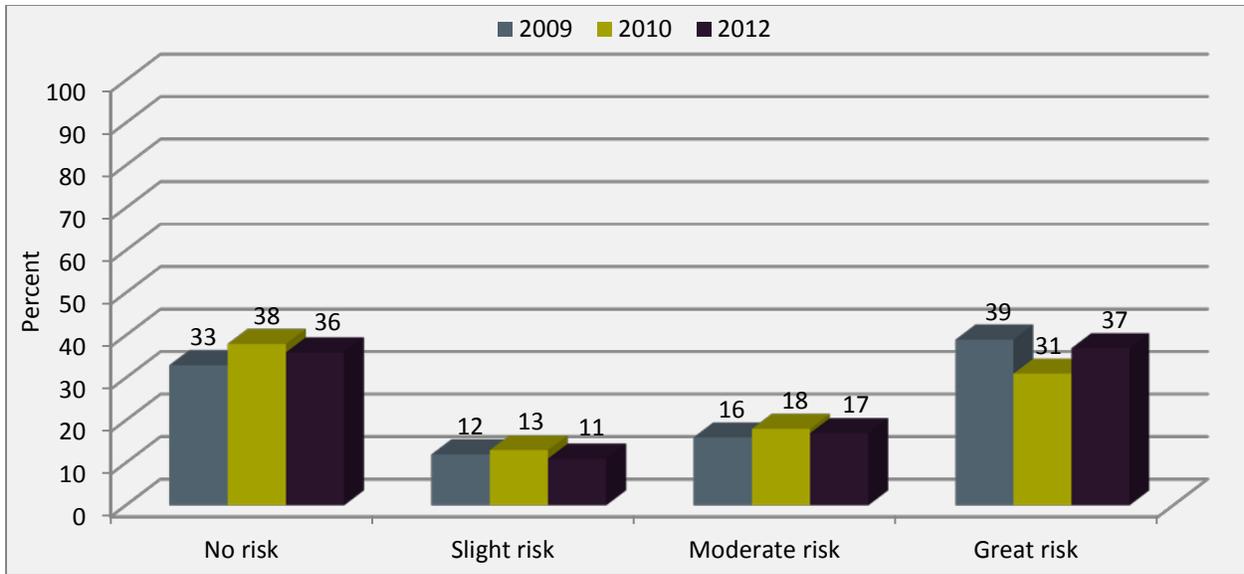
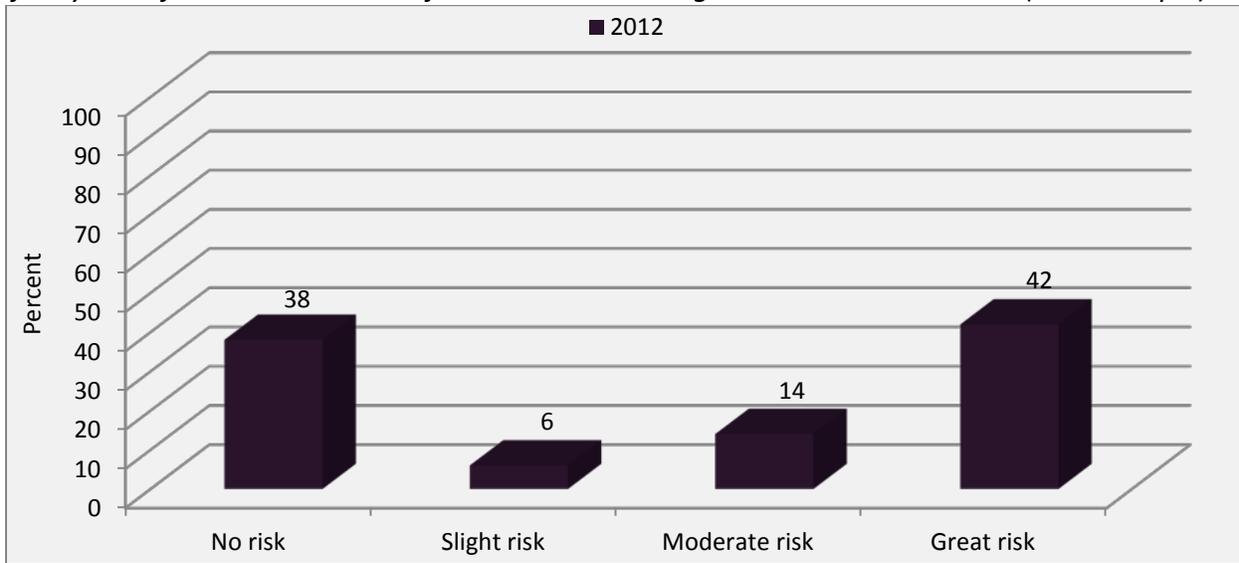
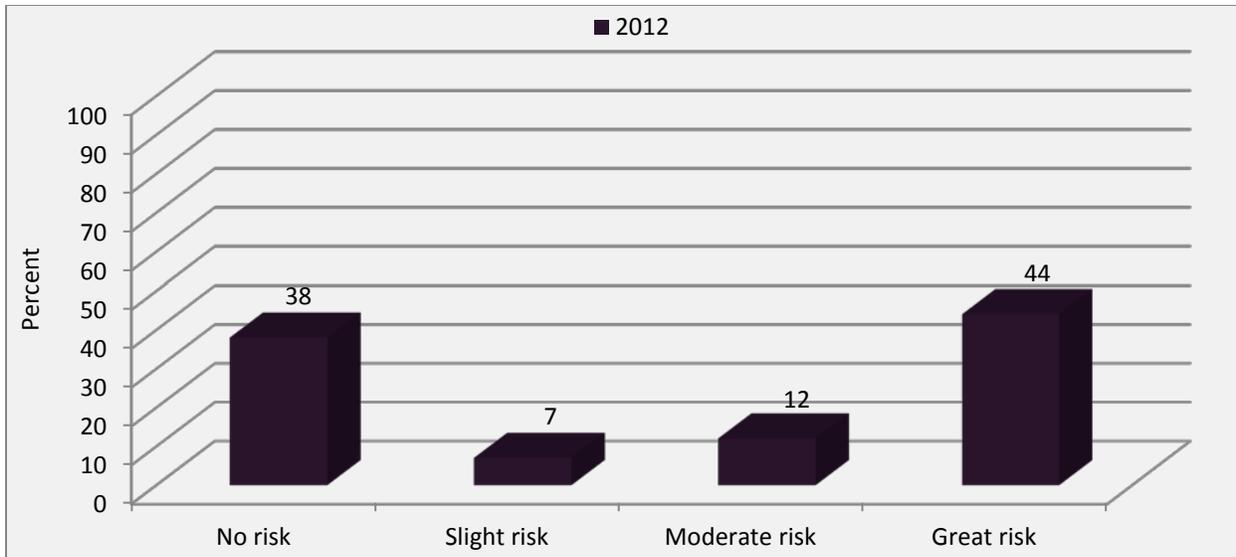


Figure 12. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of an alcoholic beverage once or twice a week? (2012 sample)



Note: Not available for 2009 or 2010

Figure 13. How much do you think people risk harming themselves (physically or in other ways) if they use prescription drugs that are not prescribed to them? (2012 sample)



Note: Not available for 2009 or 2010

Table 3. Students who report moderate or great risk of harm (2012 response by grade and substance)

	6th		7th		8th	
	%	n	%	n	%	n
1+ packs cigarettes a day*	56	109	57	74	54	41
try marijuana once or twice	48	91	43	54	42	29
smoke marijuana once or twice a week*	55	97	50	60	47	34
1 or two drinks of alcohol nearly every day	56	105	55	69	52	38
5+ drinks of alcohol once or twice a week*	61	114	54	67	50	37
use prescription drugs not prescribed to them*	58	106	54	69	56	39

*indicates Drug Free Communities core measure

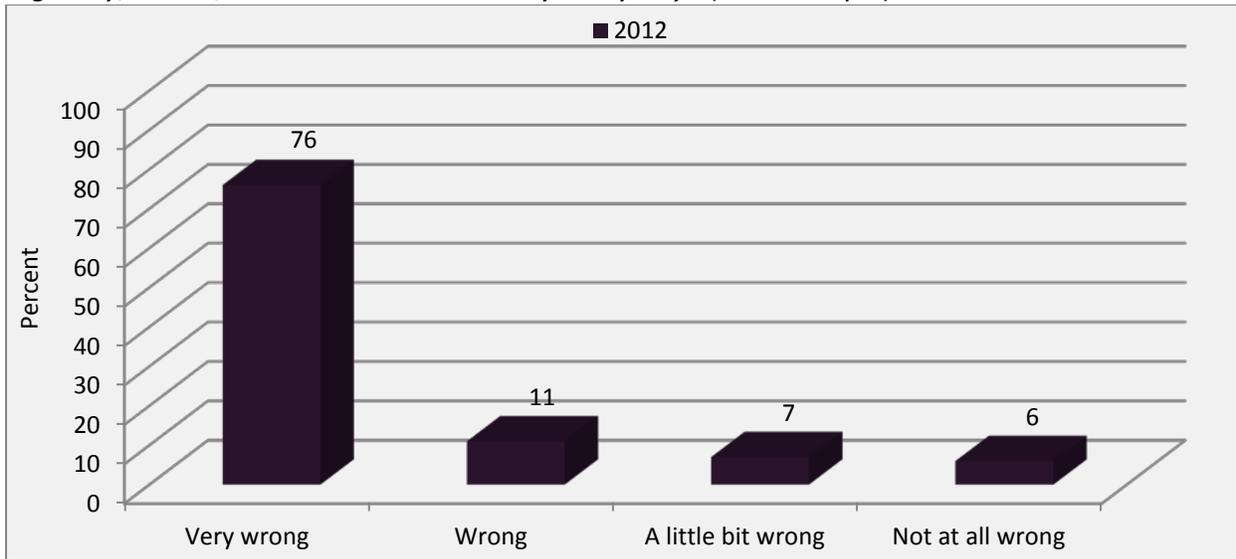
Table 4. Students who report moderate or great risk of harm (2012 response by gender and substance)

	Male		Female	
	%	n	%	n
1+ packs cigarettes a day*	58	123	54	100
try marijuana once or twice	48	98	43	77
smoke marijuana once or twice a week*	53	105	51	87
1 or two drinks of alcohol nearly every day	52	105	58	107
5+ drinks of alcohol once or twice a week*	57	112	58	106
use prescription drugs not prescribed to them*	56	113	58	103

*indicates Drug Free Communities core measure

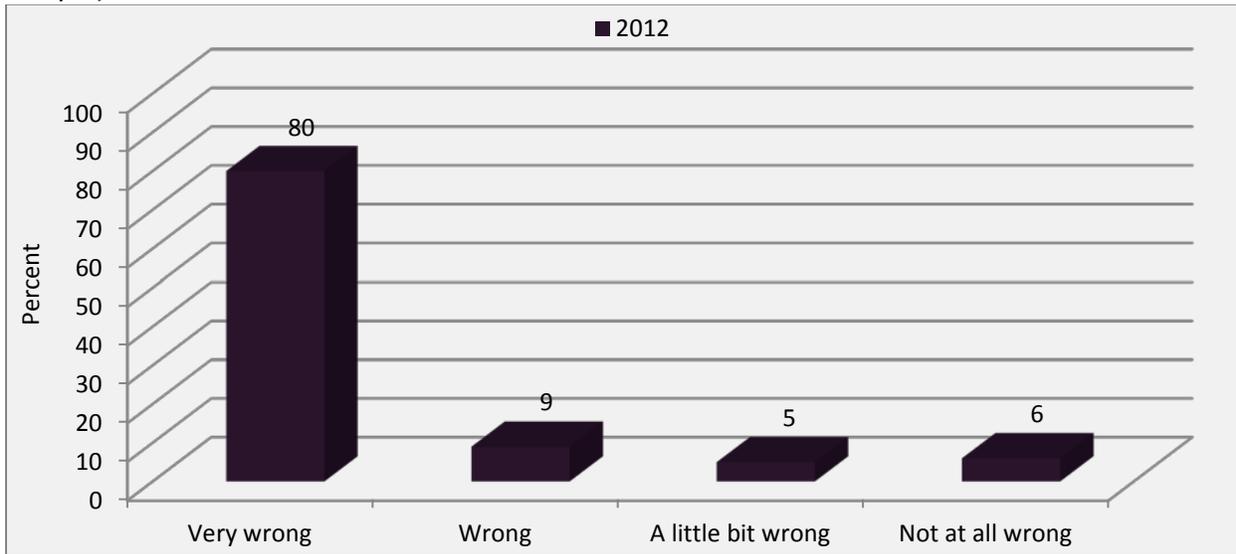
Perception of Peer Disapproval

Figure 14. How wrong do your friends feel it would be for you to drink beer, wine, or hard liquor regularly, that is, once or two drinks nearly every day? (2012 sample)



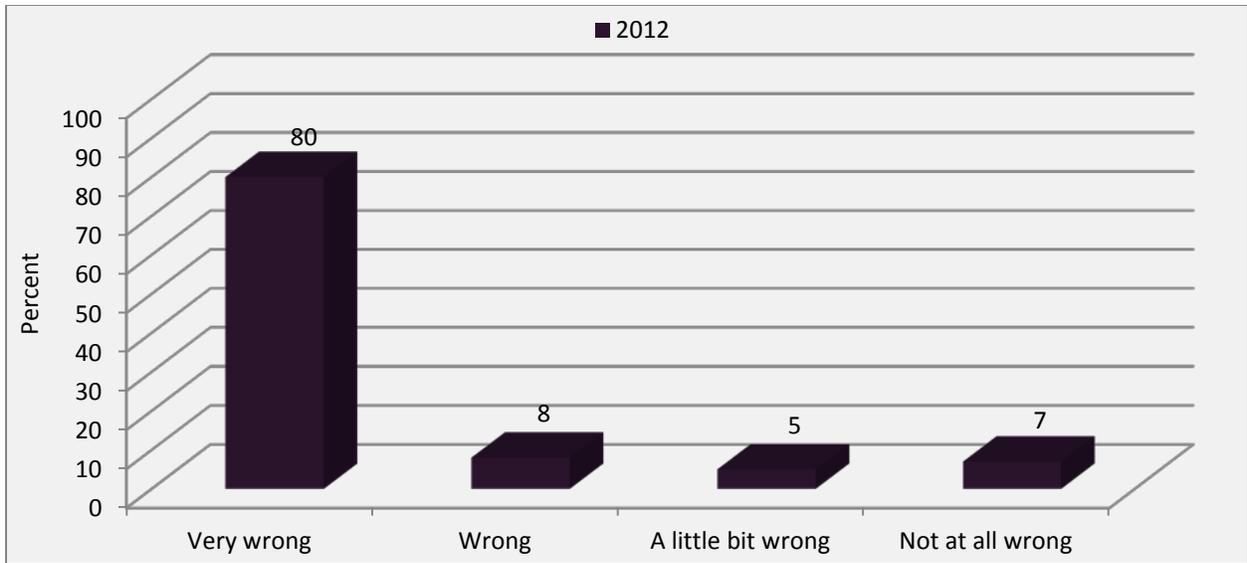
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Figure 15. How wrong do your friends feel it would be for you to smoke cigarettes? (2012 sample)



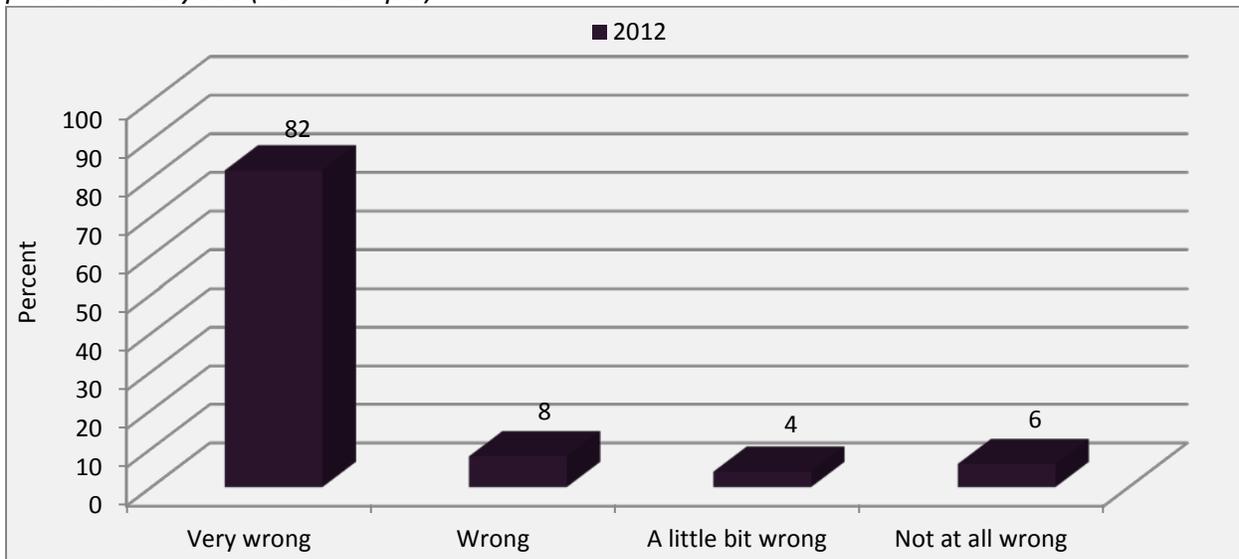
Note: Not available for 2009 or 2010

Figure 16. How wrong do your friends feel it would be for you to smoke marijuana? (2012 sample)



Note: Not available for 2009 or 2010

Figure 17. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you? (2012 sample)



Note: Not available for 2009 or 2010

Table 5. Students who report peer disapproval (2012 response of “wrong” or “very wrong” by grade and substance)

	6th		7th		8th	
	%	n	%	n	%	n
Alcohol*	91	180	85	109	80	60
Cigarettes*	93	178	87	110	85	61
Marijuana*	92	178	83	106	88	63
Prescription Drugs*	93	179	87	114	87	61

*indicates Drug Free Communities core measure

Table 6. Students who report peer disapproval (2012 response of “wrong” or “very wrong” by gender and substance)

	Male		Female	
	%	n	%	n
Alcohol*	91	192	83	154
Cigarettes*	91	188	87	160
Marijuana*	91	190	85	156
Prescription Drugs*	92	191	88	162

*indicates Drug Free Communities core measure

Perception of Parental Disapproval

Figure 18. How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor regularly, that is, once or two drinks nearly every day? (total sample by year)

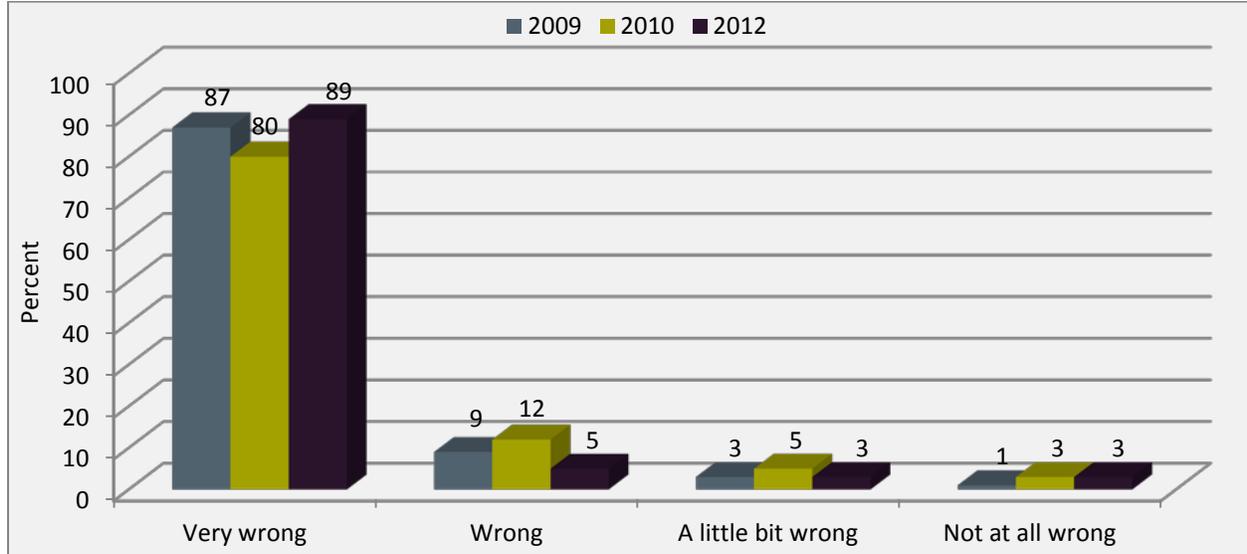


Figure 19. How wrong do your parents feel it would be for you to smoke cigarettes? (total sample by year)

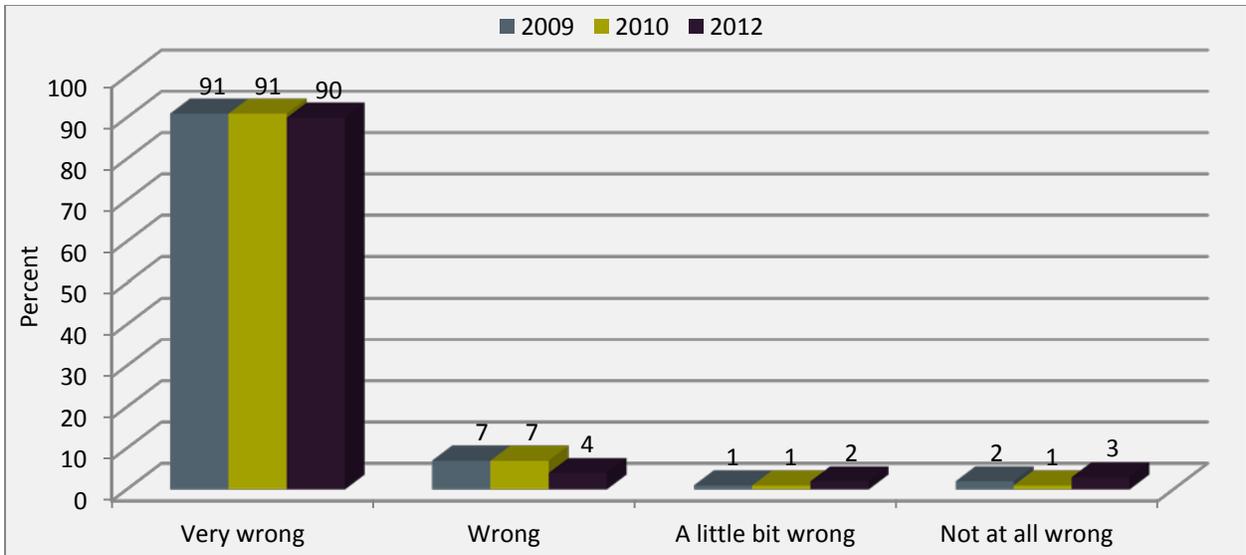


Figure 20. How wrong do your parents feel it would be for you to smoke marijuana? (total sample by year)

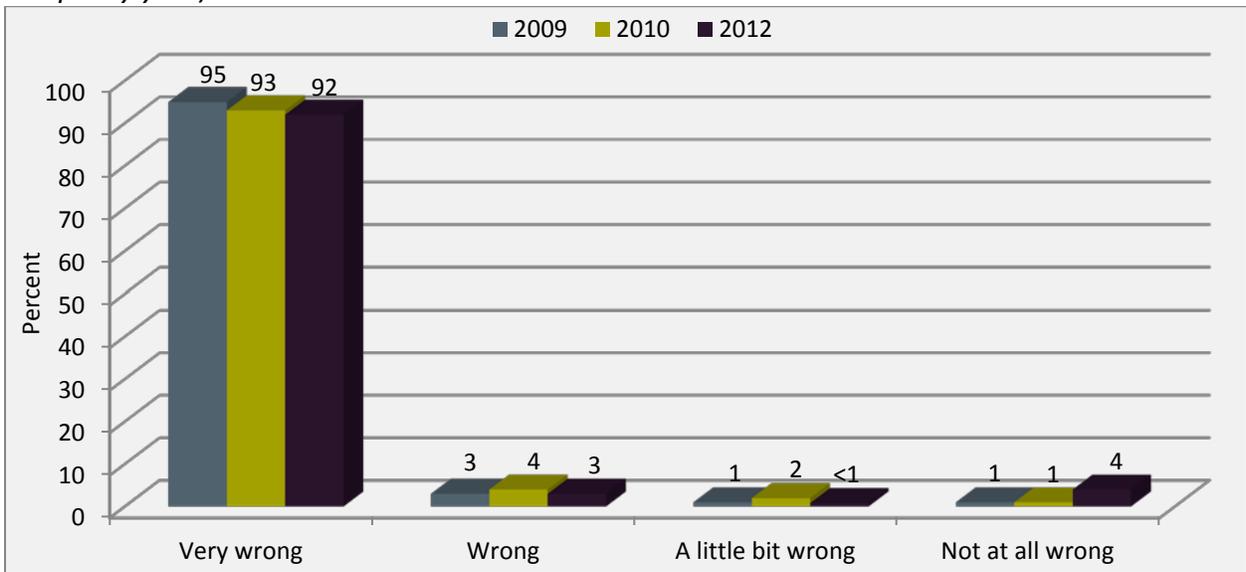
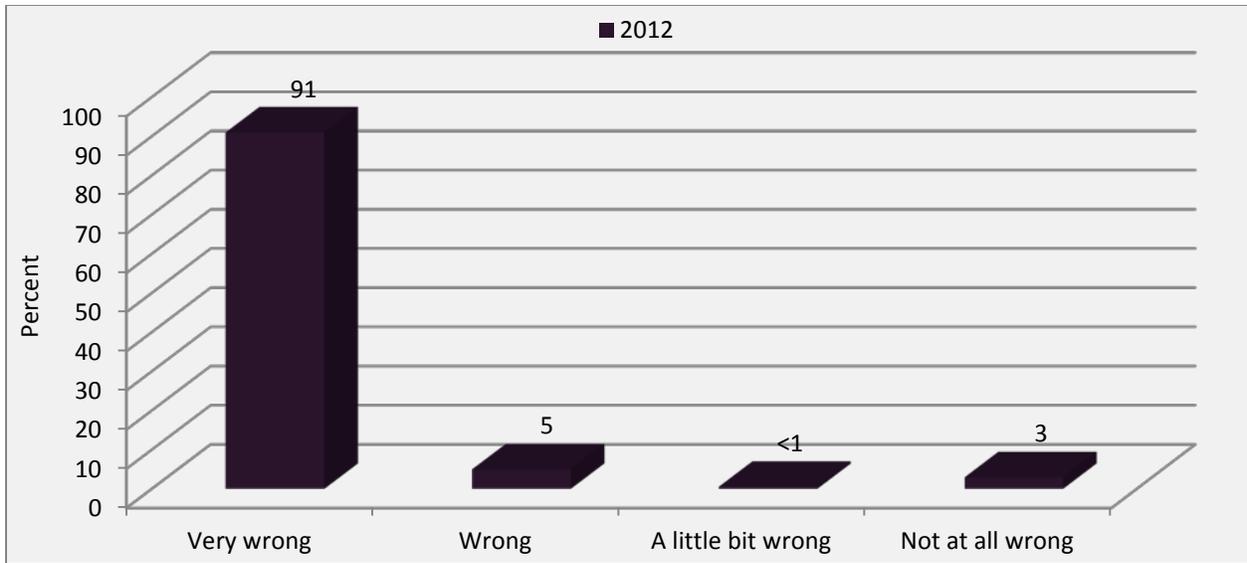


Figure 21. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you? (2012 sample)



Note: Not available for 2009 or 2010

Table 7. Students who report parent disapproval (2012 response of “wrong” or “very wrong” by grade and substance)

	6th		7th		8th	
	%	n	%	n	%	n
Alcohol*	96	186	91	115	93	67
Cigarettes*	97	185	91	116	94	65
Marijuana*	97	182	91	114	97	65
Prescription Drugs*	97	183	89	112	97	64

*indicates Drug Free Communities core measure

Table 8. Students who report parent disapproval (2012 response of “wrong” or “very wrong” by gender and substance)

	Male		Female	
	%	n	%	n
Alcohol*	94	197	94	170
Cigarettes*	95	196	95	170
Marijuana*	97	194	94	166
Prescription Drugs*	97	194	95	169

*indicates Drug Free Communities core measure

COALITION EVALUATION

The Mayor's Substance Abuse Prevention Council conducted a self-assessment where members were asked to evaluate the membership and council. The results of this assessment are used for the Drug Free Communities grant to monitor the strength of their capacity and effectiveness as a coalition. The survey was made available to the membership in paper form to attendees of the December 5, 2012 council meeting and as an online survey to all members who did not attend the meeting.

Descriptive statistics and frequencies were calculated for each survey item. In addition to collecting data from 2009, 2010 and 2011, data were also compiled from 2007 and 2008, when MSAPC independently conducted the assessment. Where possible, data from the 2012 survey were compared to results from previous administrations of this particular survey. When data is only available for specific years, this is indicated below the table or figure displaying results for the item.

COALITION EVALUATION RESULTS

Demographics

Table 9. Number of People who Took the Survey

	2007	2008	2009	2010	2012
Number of people who took the survey	11	11	10	9	19

Table 10. Average Length of Membership (in years)

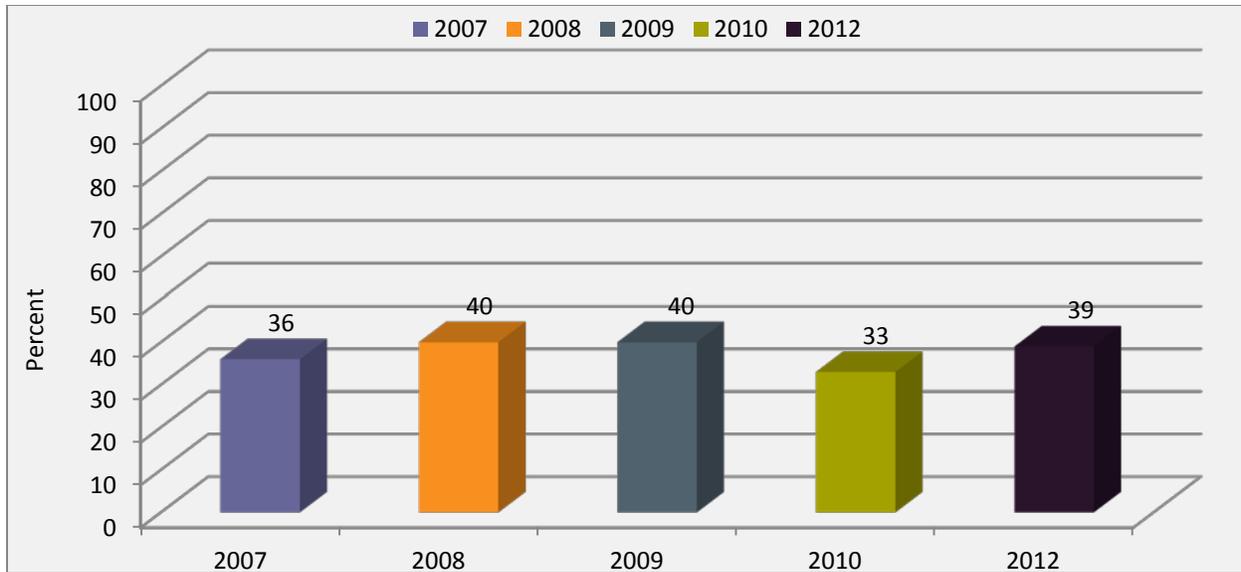
	2007	2008	2009	2010	2012
Average length of membership	6.5	2.7	2.1	2.5	2.6

Table 11. Sector of the Community Represented

	2010	2012
Other	3	4
Schools (K-12)	0	2
Social Services	2	2
Healthcare	2	1
Civic Organization	0	1
Law Enforcement	0	1
Local Government	0	1
Youth Organization	0	1
Faith Community	0	1
Media	0	1
Counseling Agency	1	0
Business/Industry	1	0

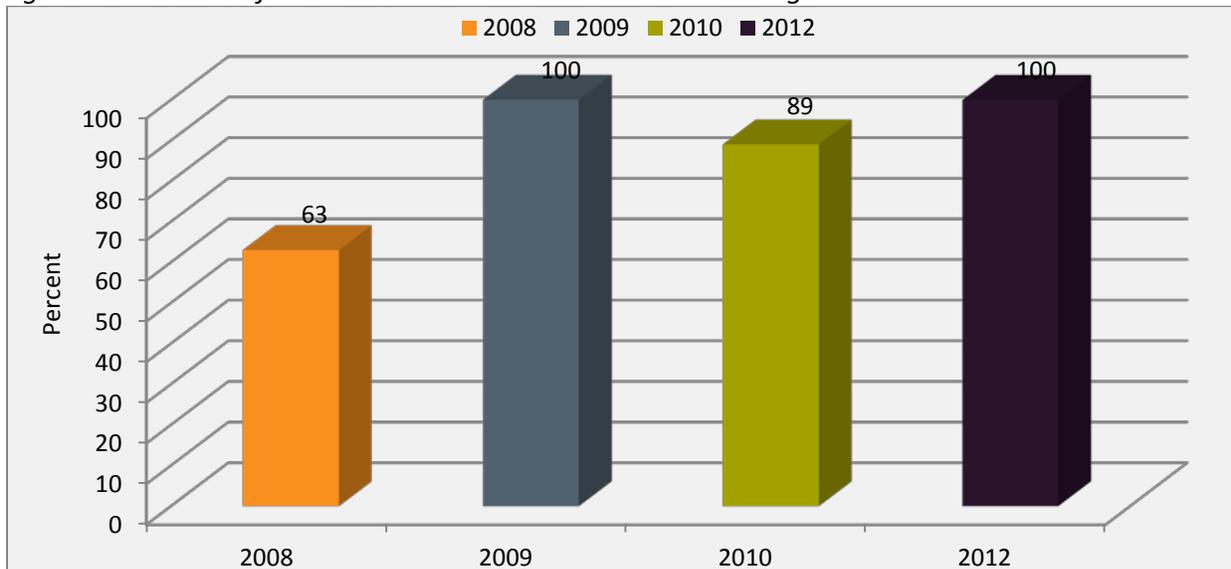
Note: Not available for 2007, 2008, or 2009

Figure 22. Percent of MSAPC Members Living in Providence



MSAPC Membership

Figure 23. Percent of Members who Attended Council Meetings



Note: Not available for 2007

Figure 24. Percent of Members who Attended Sub-Committee Meetings

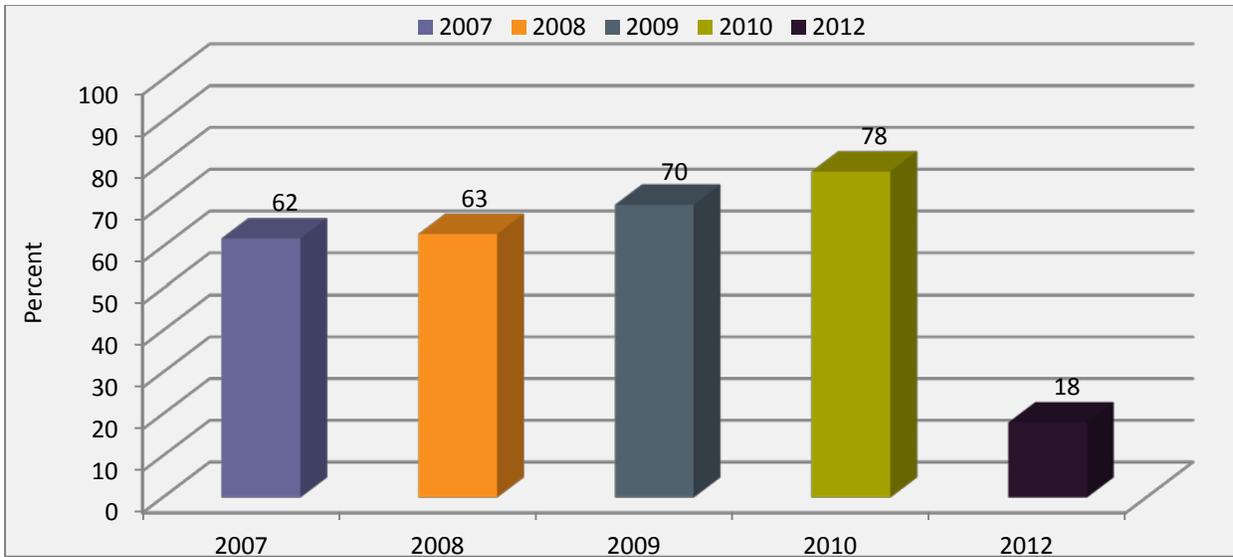


Figure 25. Percent of Members Attending Council as Part of Their Job

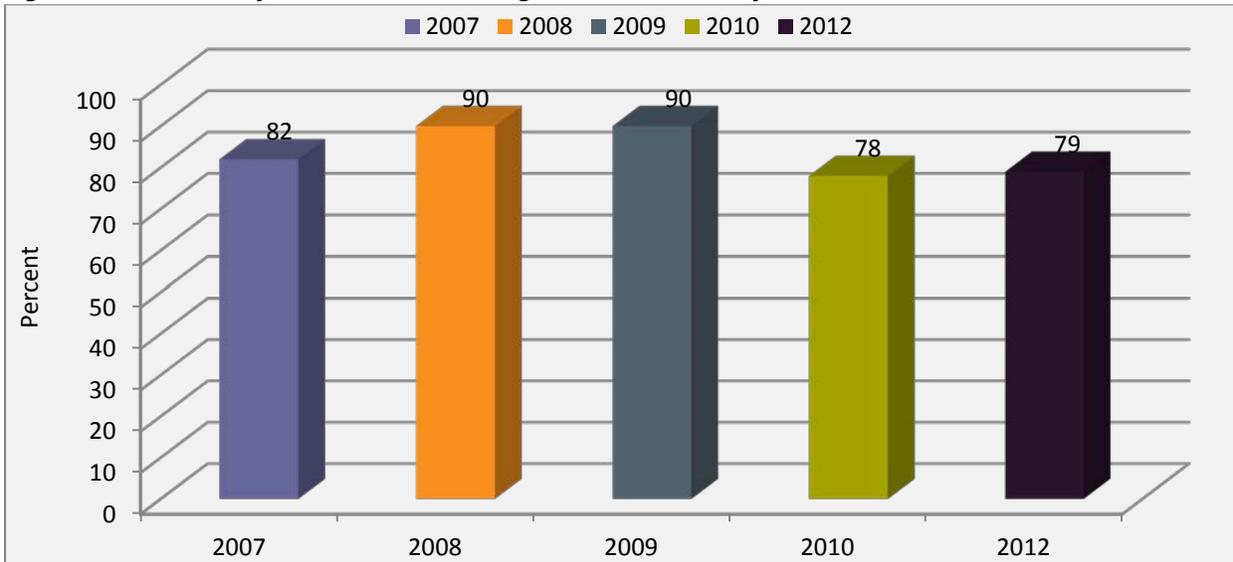
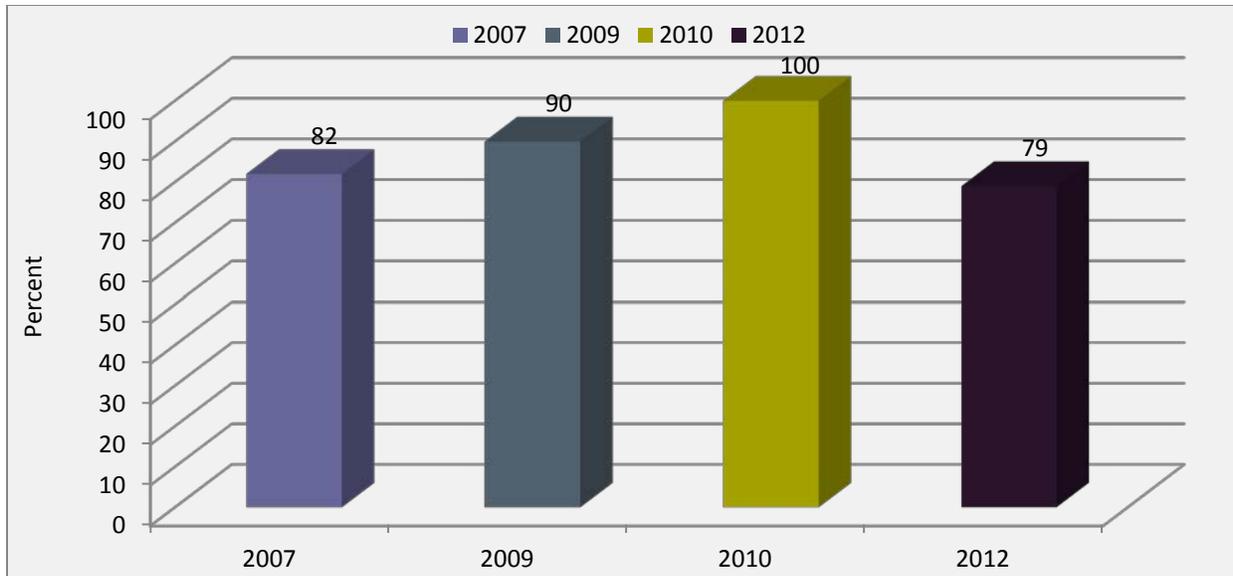


Figure 26. Percent Serving as an Organization/Agency Representative on the Council



Note: Not available for 2008

Table 12. Average Number of Regular Meetings (not including sub-committee or special meetings) Attended During the Last 12 Months

	2009	2010	2012
Average Number of Regular Council Meetings	8	8	6

Note: Not available for 2007 or 2008

Table 13. Average Number of Sub-Committee or Special Meetings Attended During the Past 12 Months

	2009	2010	2012
Average Number of Sub-Committee/Special Meetings	2.1	2.2	<1

Note: Not available for 2007 or 2008

Council Effectiveness

Moving MSAPC towards Collaboration

Arthur Himmelman has developed a continuum of the four types of exchanges that occur between individuals in groups such as councils (CADCA, 2013; Himmelman, 2001). The four types of exchanges are:

- ⊙ Networking
- ⊙ Coordinating
- ⊙ Cooperating
- ⊙ Collaborating

Collaborating is the most advanced of these four types of exchanges, and the desirable endpoint of this continuum.

As groups move through the stages from Networking, to Coordinating, to Cooperating, to Collaborating, an increasing level of personal risk, resources, and commitment are required. However, with each increment of increased risk, resource, and commitment, the possibilities for community change and transformation increase.

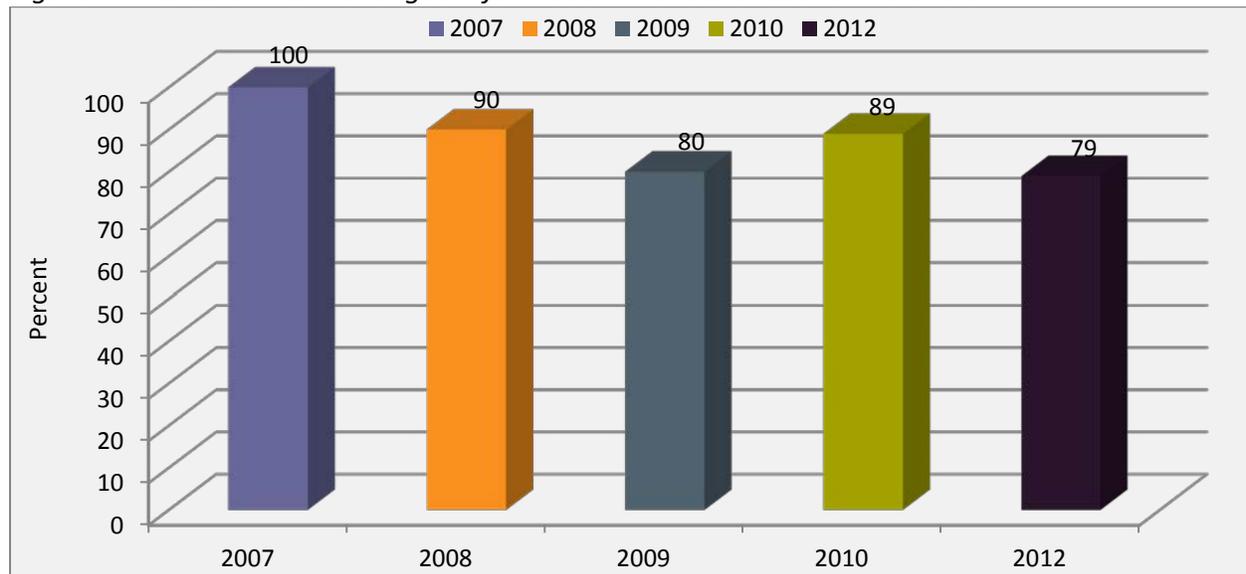
The council self-assessment tool offers several questions to assess where MSAPC fits into the Continuum of Collaboration. Measures from the current survey were matched as much as possible with the four exchanges set forth by Himmelman.

Below is a summary of Himmelman's definitions, followed by the results from the matched questions in the survey. The definitions are written such that each successive exchange builds on the definition of the previous stage. The survey items were matched to reflect the portion of the definition, which reflects the additional dimension, which promotes further growth of the coalition.

Networking

Networking is defined as *exchanging information* with other Council partners for mutual benefit.

Figure 27. Percent who Exchanged Information with Other Council Partners

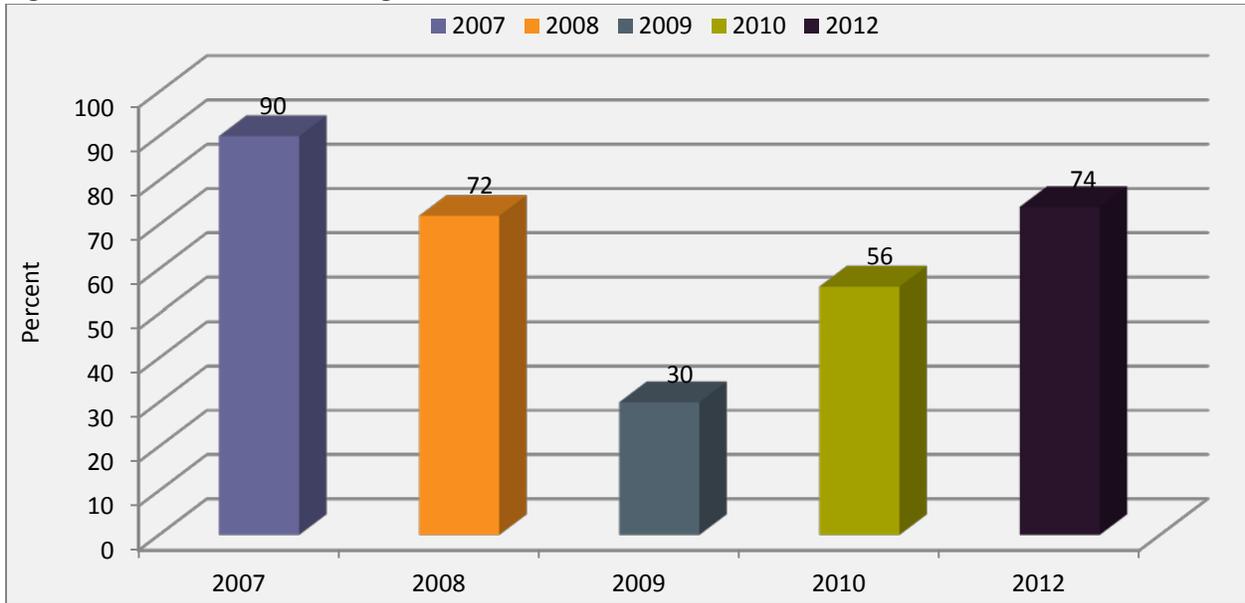


Note: 11% responded "Not Applicable" in 2012

Coordination

Coordination is defined as exchanging information, *and changing/altering plans, event dates, or program activities* for the mutual benefit of other MSAPC partners.

Figure 28. Percent Who Changed/Altered Plans or Event Dates

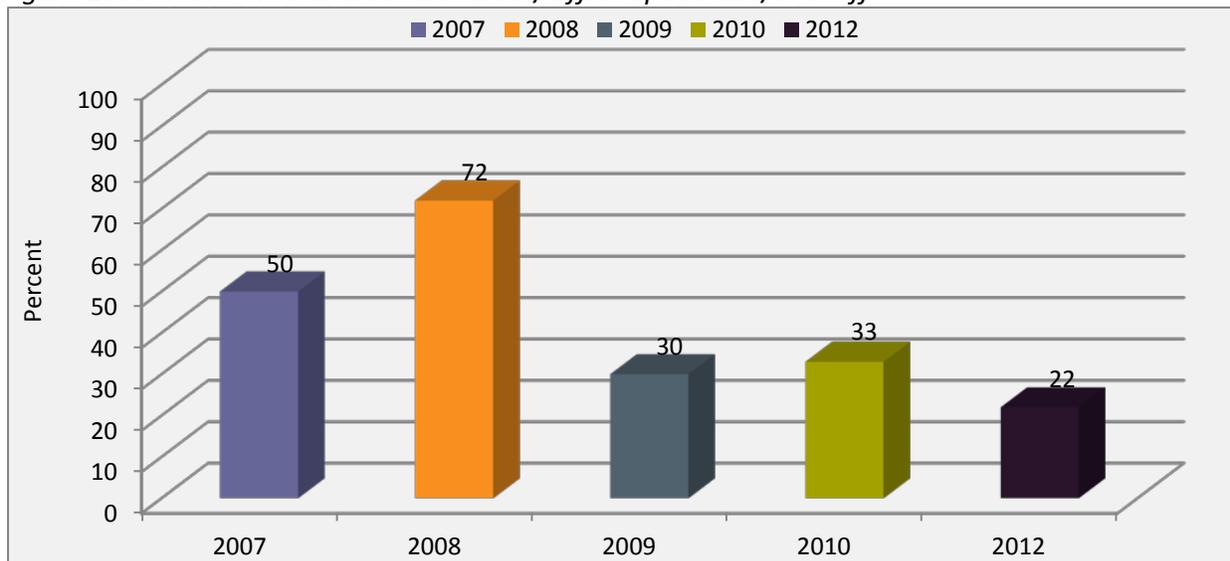


Note: 5% responded “Not Applicable” in 2012

Cooperation

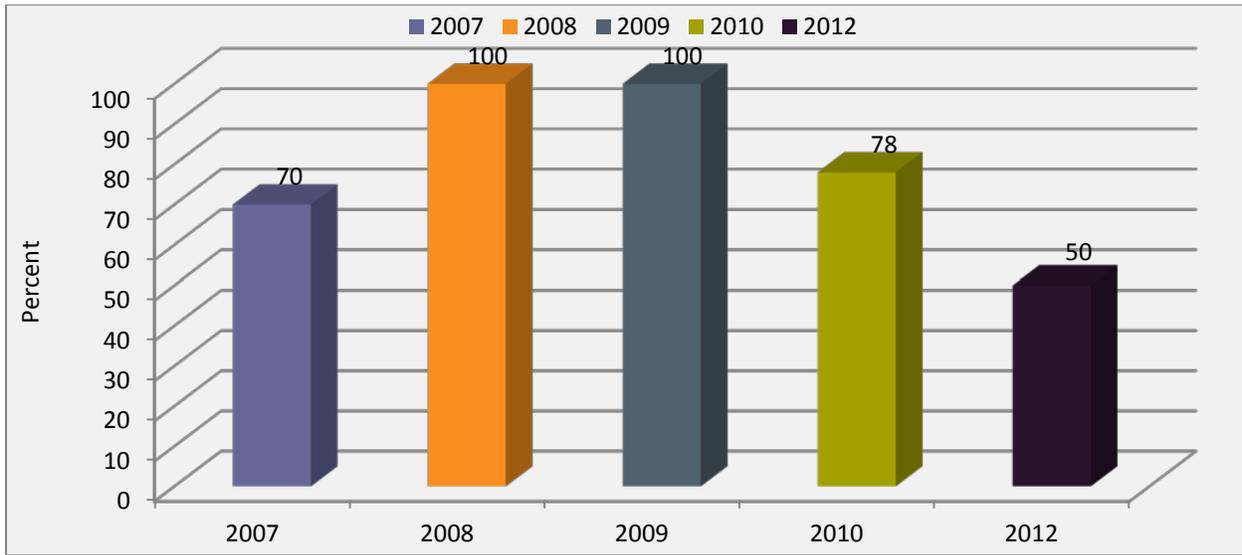
Cooperation is defined as exchanging information, changing/altering plans, **and sharing resources, such as office space, staff, costs or funding** for the mutual benefit and common purpose of other MSAPC members.

Figure 29. Percent Who Shared Resources/Office Space and/or Staff



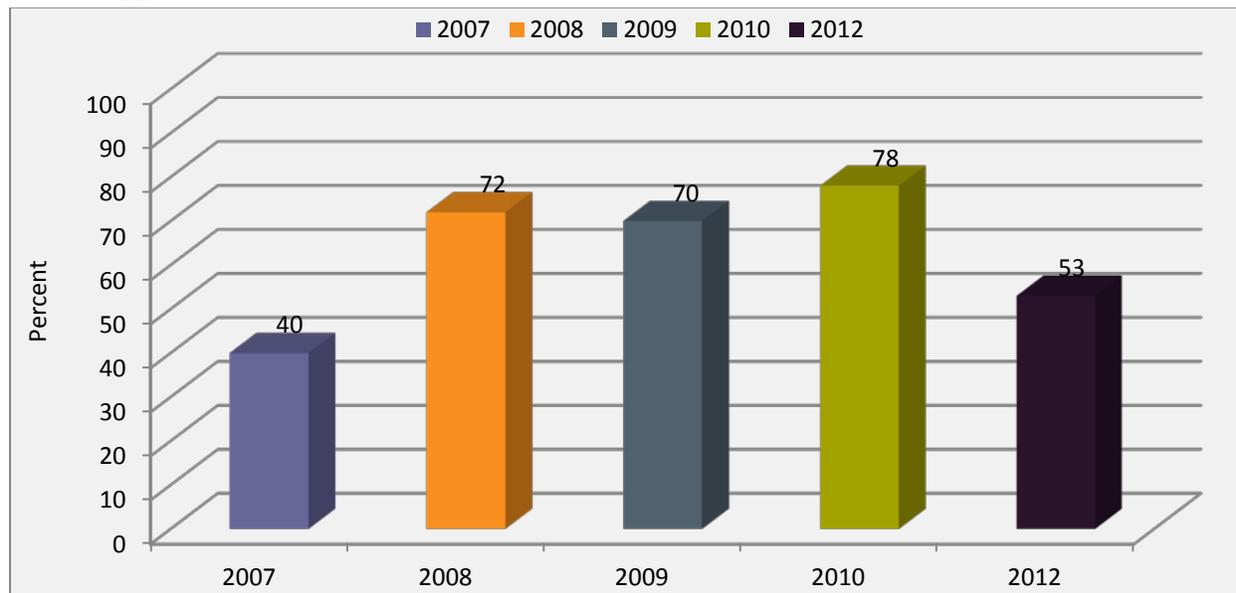
Note: 28% responded “Not Applicable” in 2012

Figure 30. Percent Who Planned Jointly with One or More Council Member(s) in the Past 12 Months



Note: 17% responded “Not Applicable” in 2012

Figure 31. Percent Who Jointly Planned and/or Implemented a Program with MSAPC Partners in the Past 12 Months

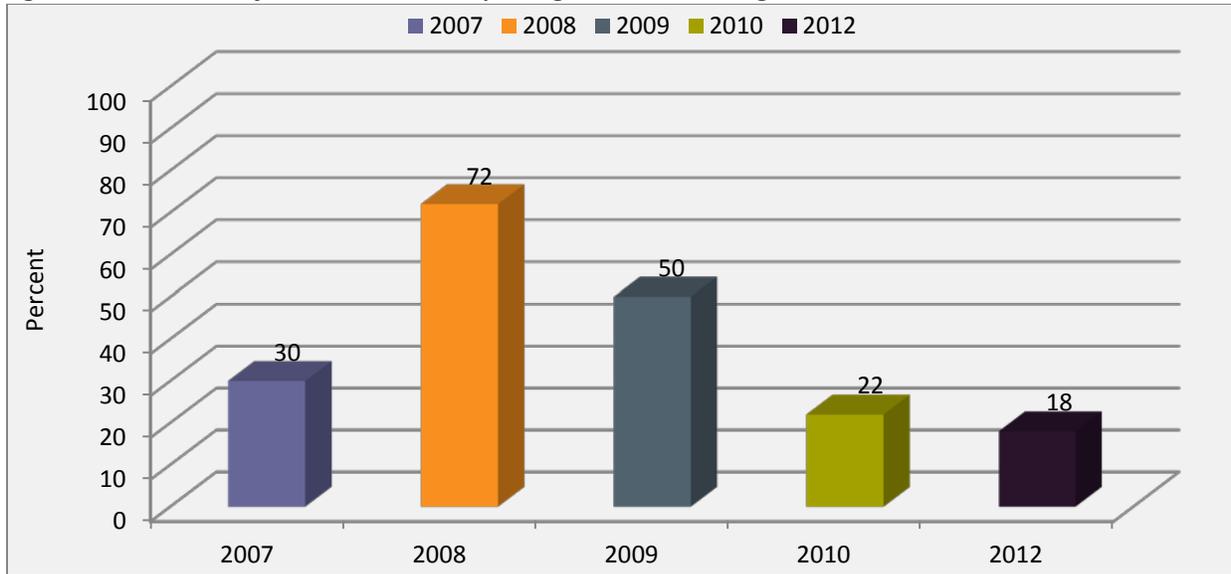


Note: 12% responded “Not Applicable” in 2012

Collaboration

Collaboration is defined as exchanging information, changing/altering plans, sharing resources, **and enhancing the capacity of another MSAPC member** for mutual benefit and to achieve a common purpose. This is the most desirable type of exchange according to Himmelman.

Figure 32. Percent of those who Jointly Sought New Funding with MSAPC Partners



Note: 12% responded “Not Applicable” in 2012

Membership Quality

The survey also sought feedback on membership and coalition quality. The figures below report ***the percent of members who agree or strongly agree with the statement indicated*** in the figure headings.

Figure 33. MSAPC Has a Feeling of Cohesiveness and Team Spirit

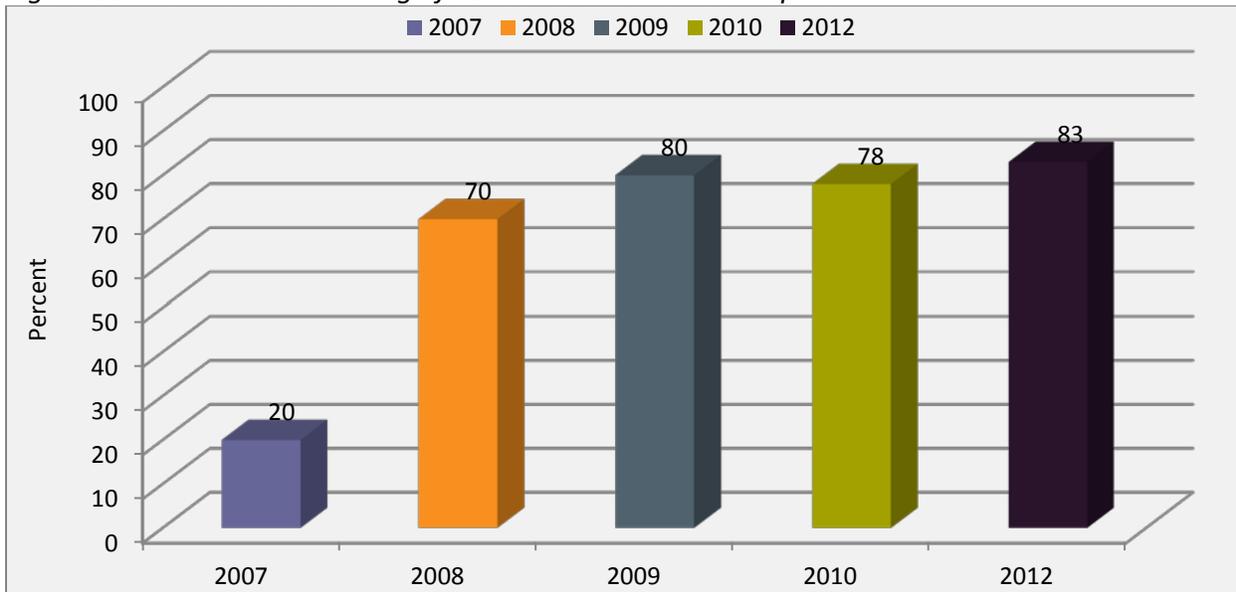


Figure 34. MSAPC Shares a Common Vision for Providence

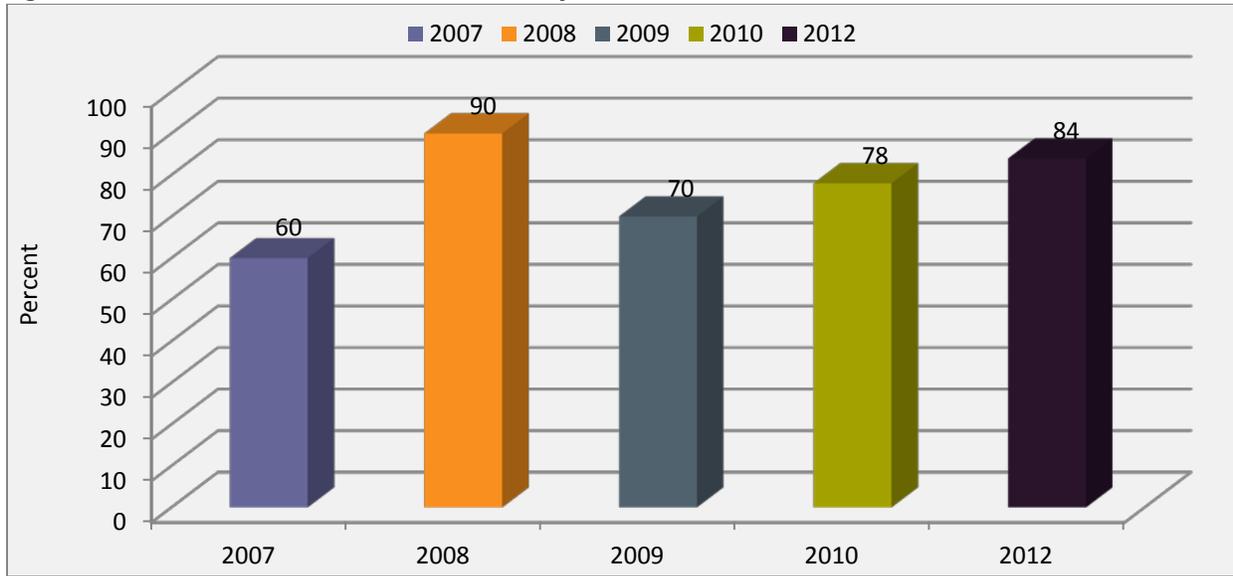


Figure 35. I Feel Strongly Committed to MSAPC

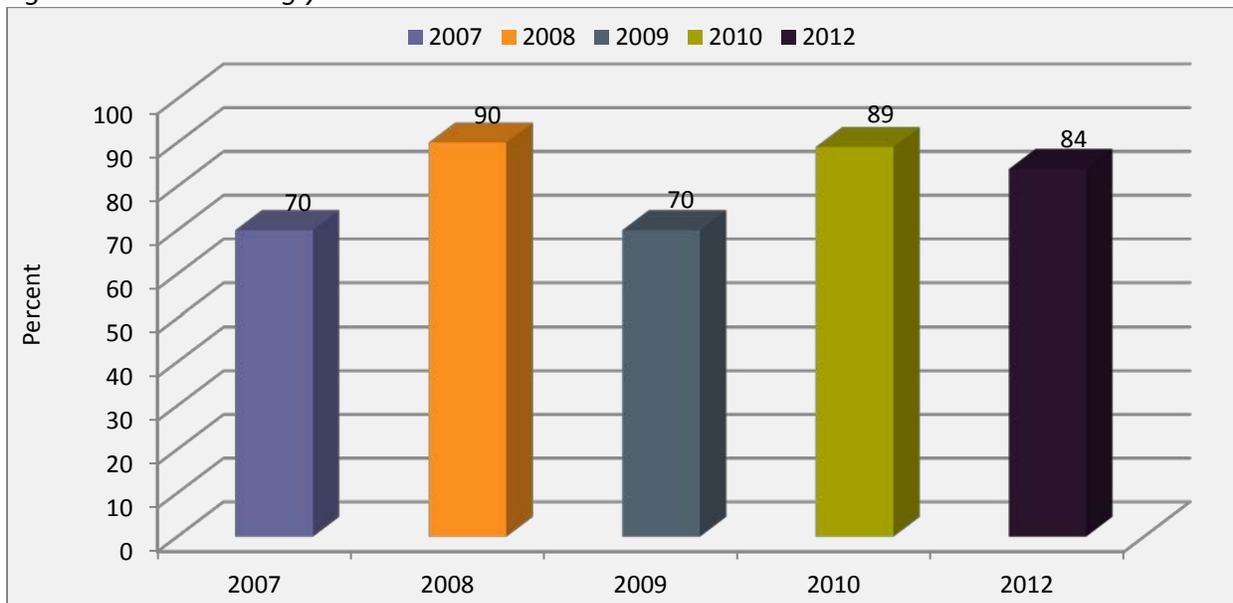
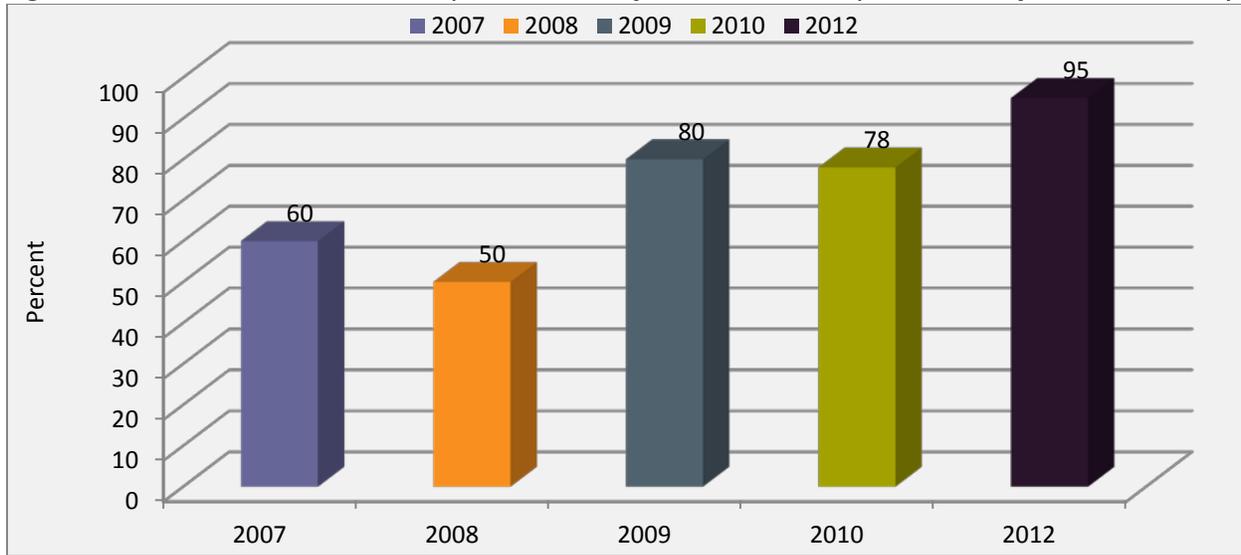
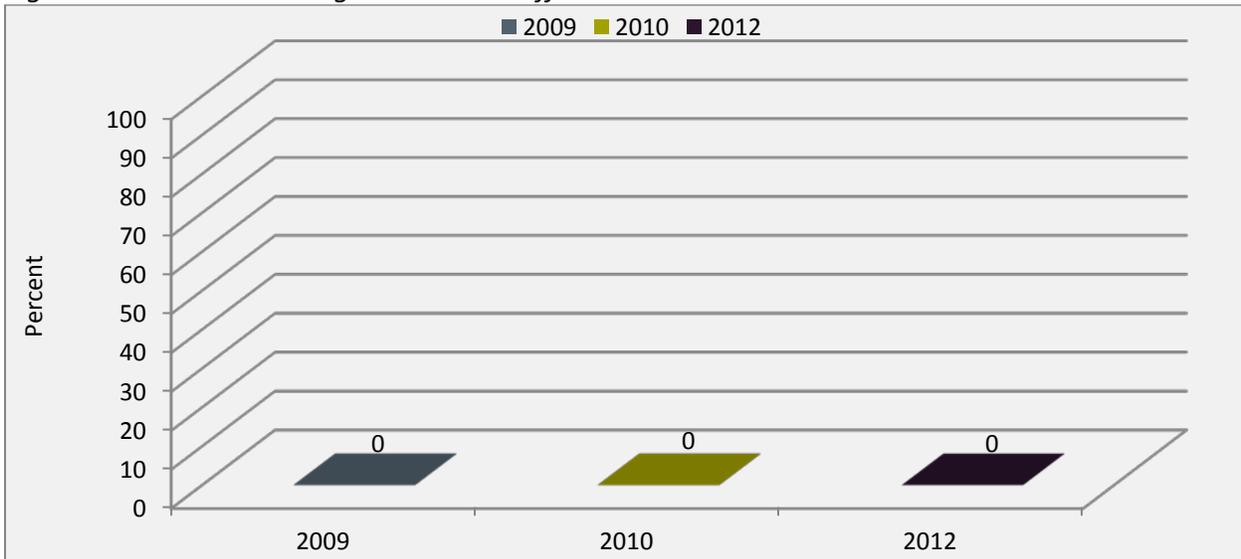


Figure 36. MSAPC Members are Representative of the Varied Groups/Citizens of this Community



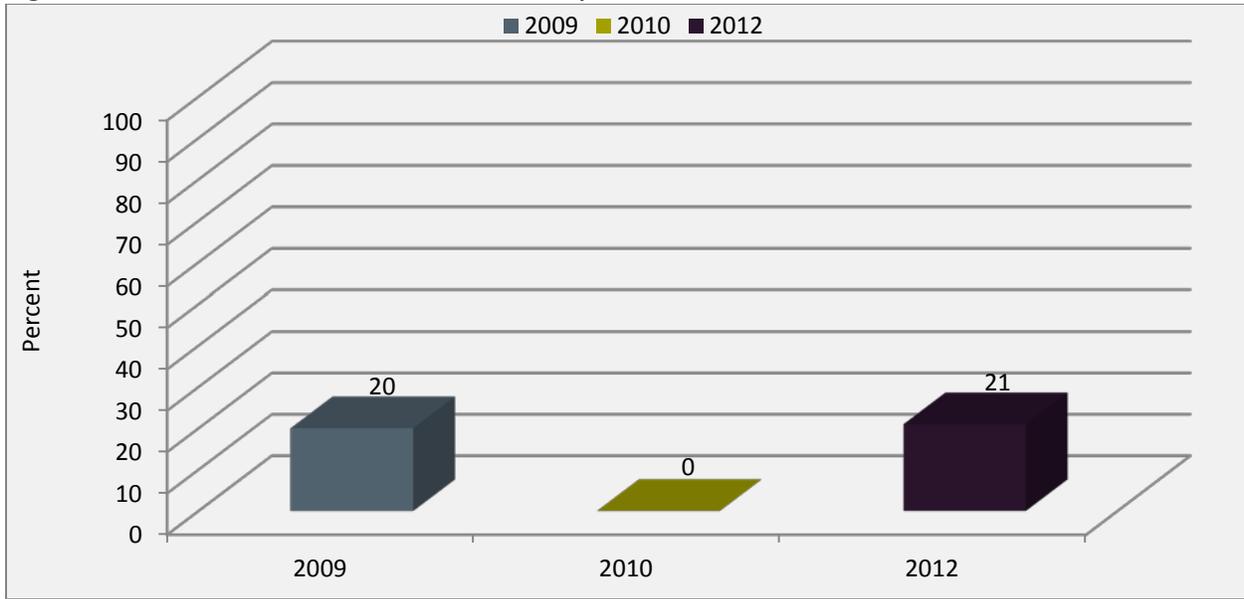
The following figures show results for data that were only available beginning in the 2009 Coalition Survey.

Figure 37. MSAPC is Disorganized and Inefficient



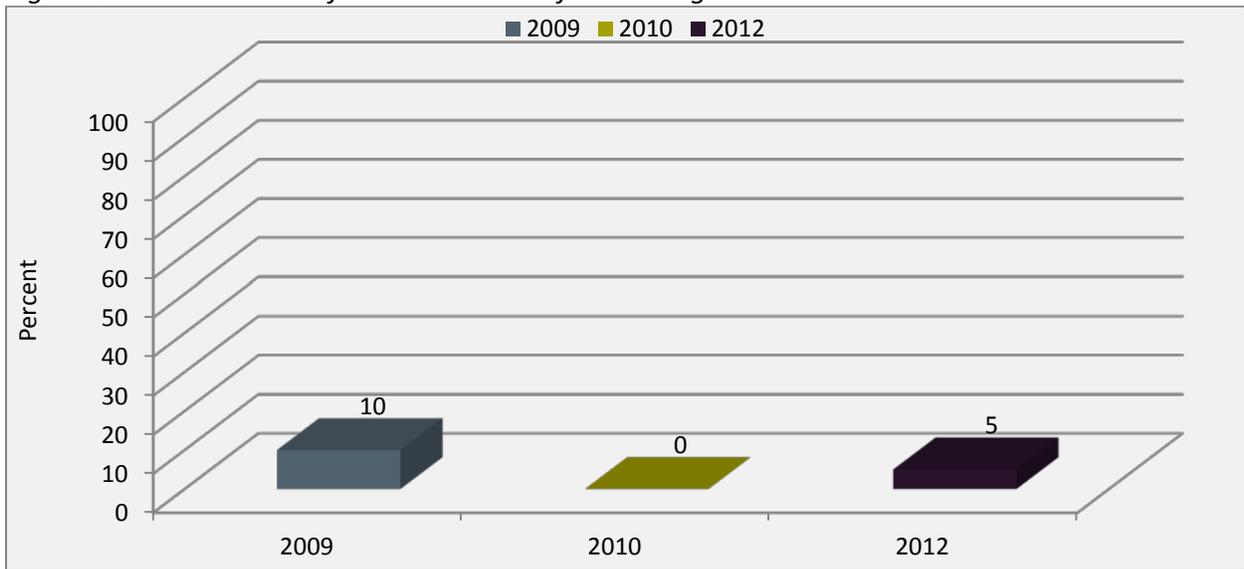
Note: Not available for 2007 or 2008

Figure 38. MSAPC's Direction is Dominated by One or a Few Individuals



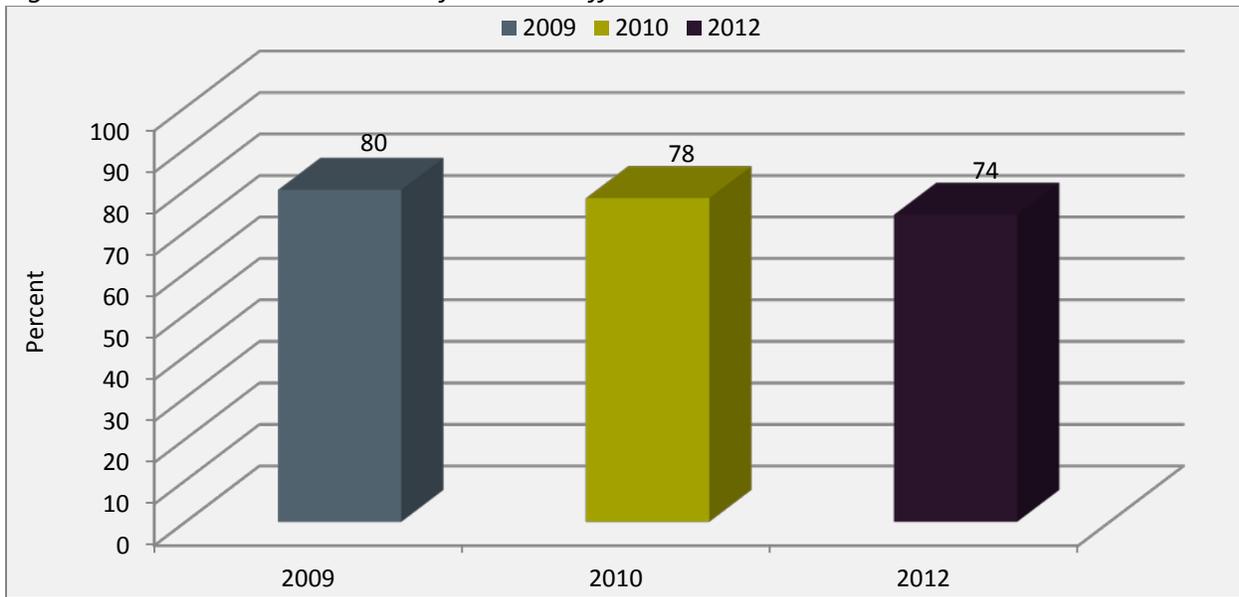
Note: Not available for 2007 or 2008

Figure 39. There is a lot of Tension and Conflict Among MSAPC Members



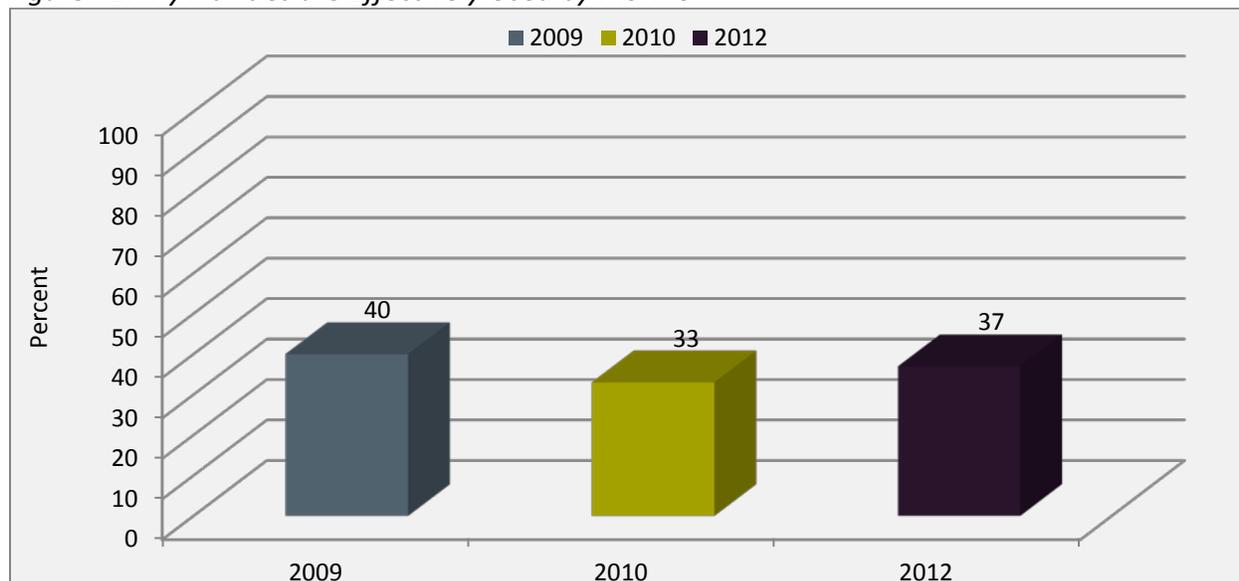
Note: Not available for 2007 or 2008

Figure 40. MSAPC's Overall Plan of Action is Effective



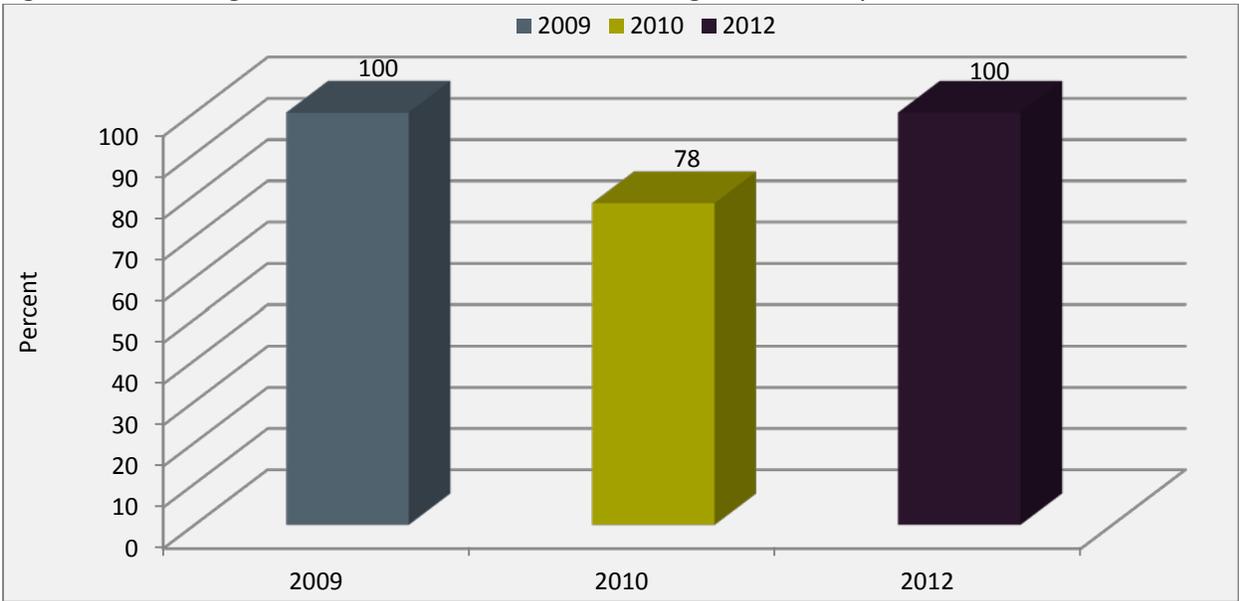
Note: Not available for 2007 or 2008

Figure 41. My Abilities are Effectively Used by MSAPC



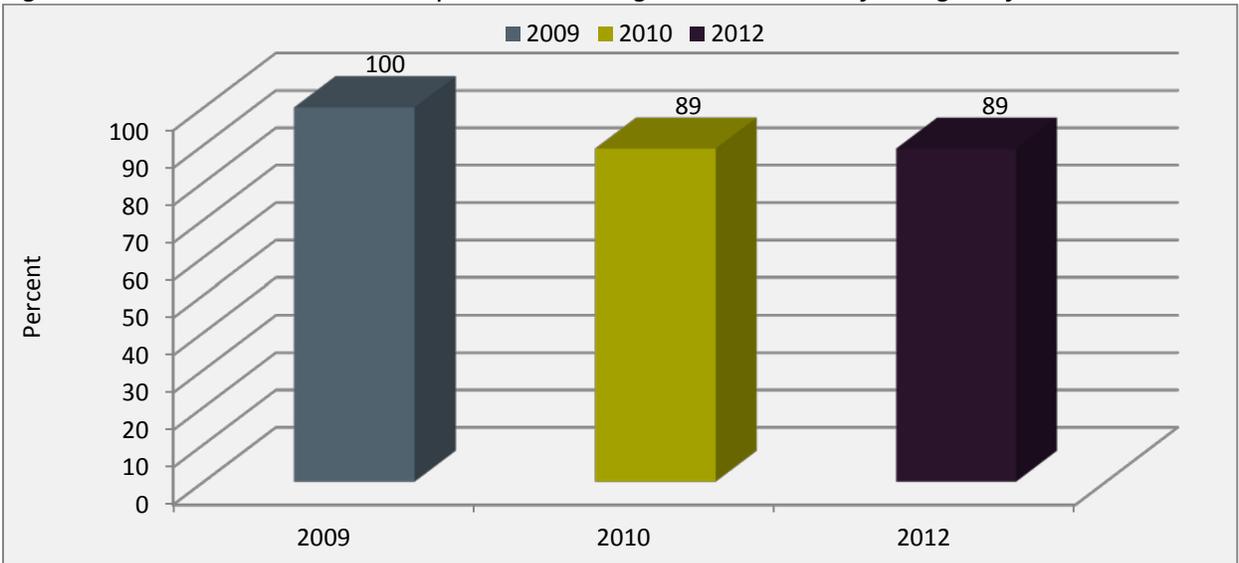
Note: Not available for 2007 or 2008

Figure 42. Meetings Start and End on Time, and the Agenda is Completed



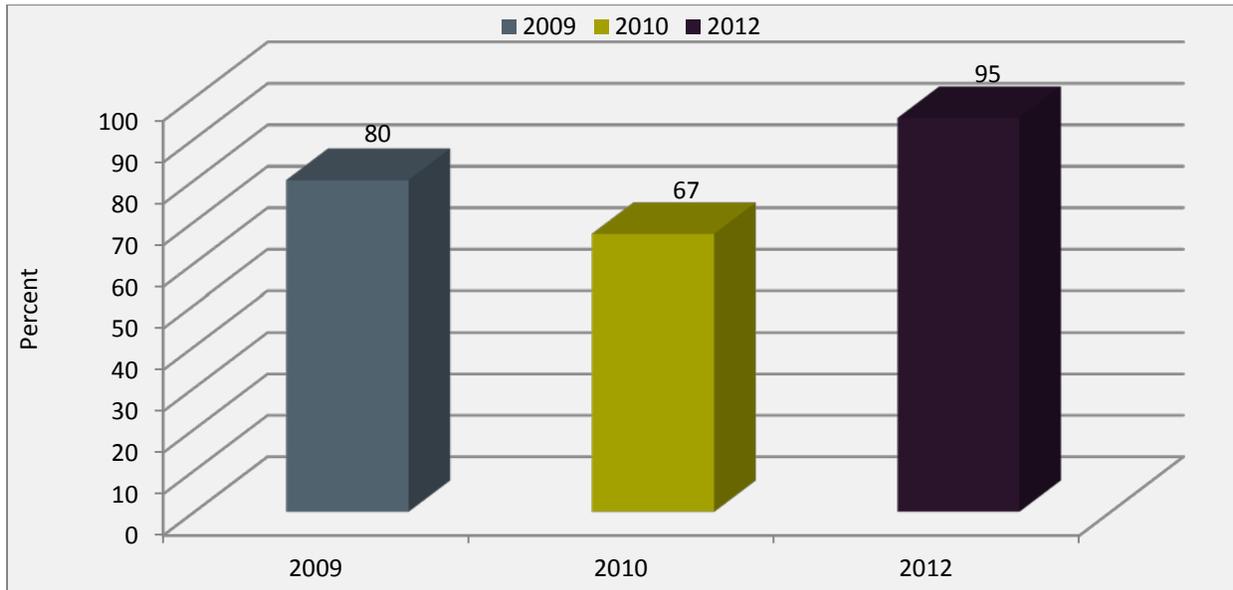
Note: Not available for 2007 or 2008

Figure 43. Members Feel Free to Speak at Meetings Without Fear of Being Confronted



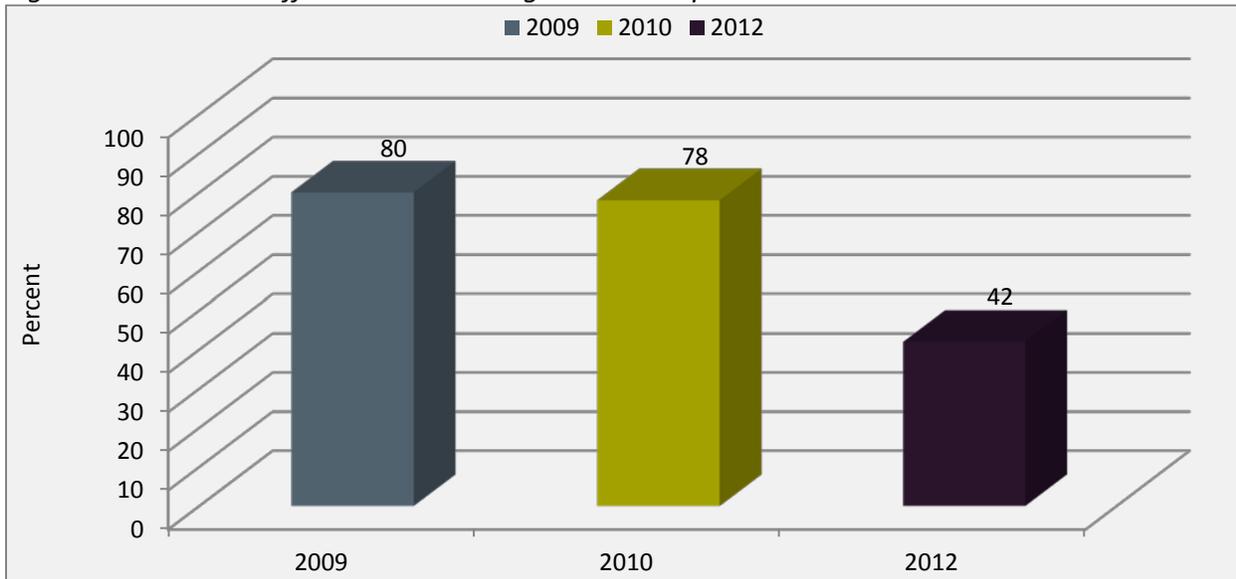
Note: Not available for 2007 or 2008

Figure 44. All Providence Residents are Welcome in the Council Regardless of Age, Race, or Gender



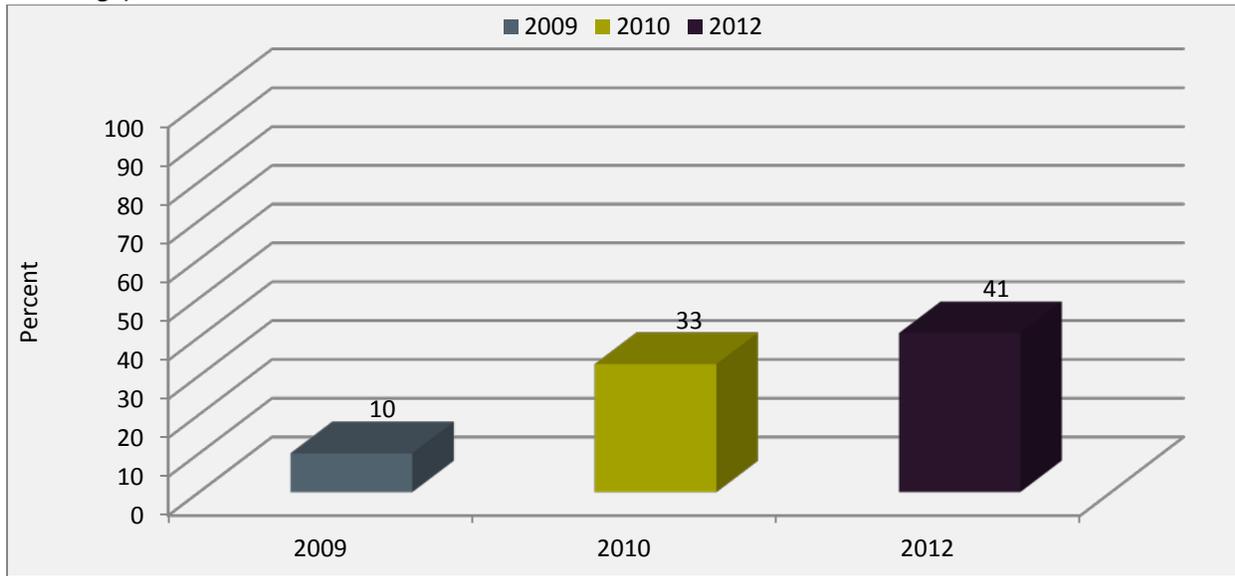
Note: Not available for 2007 or 2008

Figure 45. MSAPC is Effective at Reducing Membership Turnover



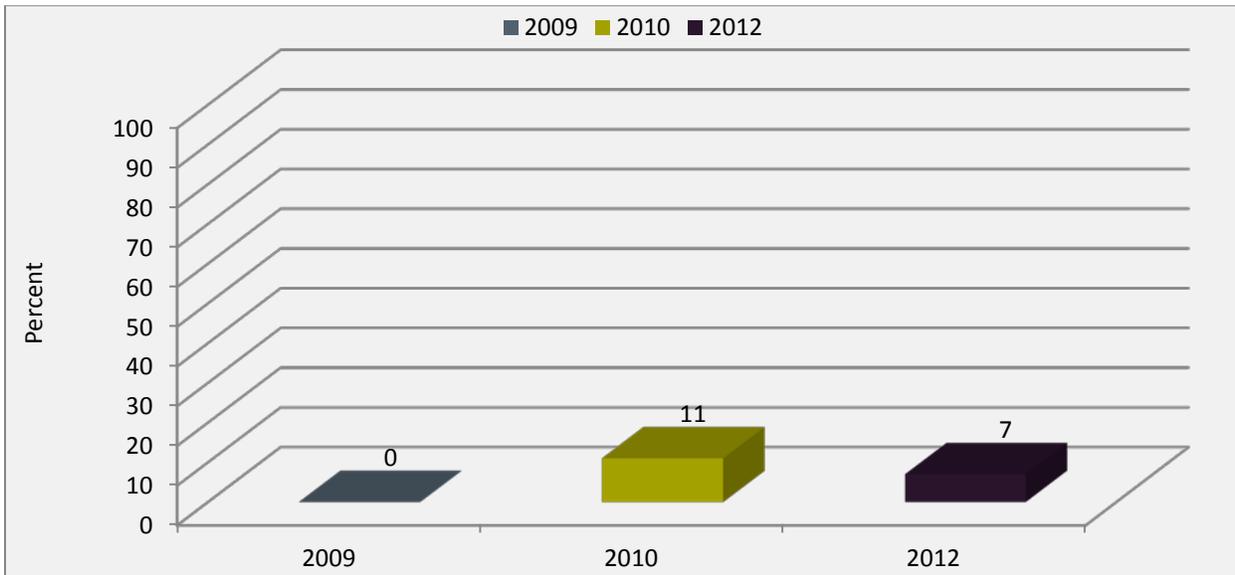
Note: Not available for 2007 or 2008

Figure 46. Percent of Members who Helped Organize Council Sponsored Activities (Other than Meetings) in the Past 12 Months



Note: Not available for 2007 or 2008

Figure 47. Percent of Members Who Chaired a Committee or Served as a Council Officer in the Past 12 Months



Note: Not available for 2007 or 2008

MSAPC Perceived Community Impact

We sought membership feedback on how much impact they felt that MSAPC has had on the Providence community. The figures below report the **percent of members who agreed to "Some Extent" or "Great Extent" with the statement** indicated in the figure headings.

Figure 48. MSAPC has Increased Community Awareness of ATOD

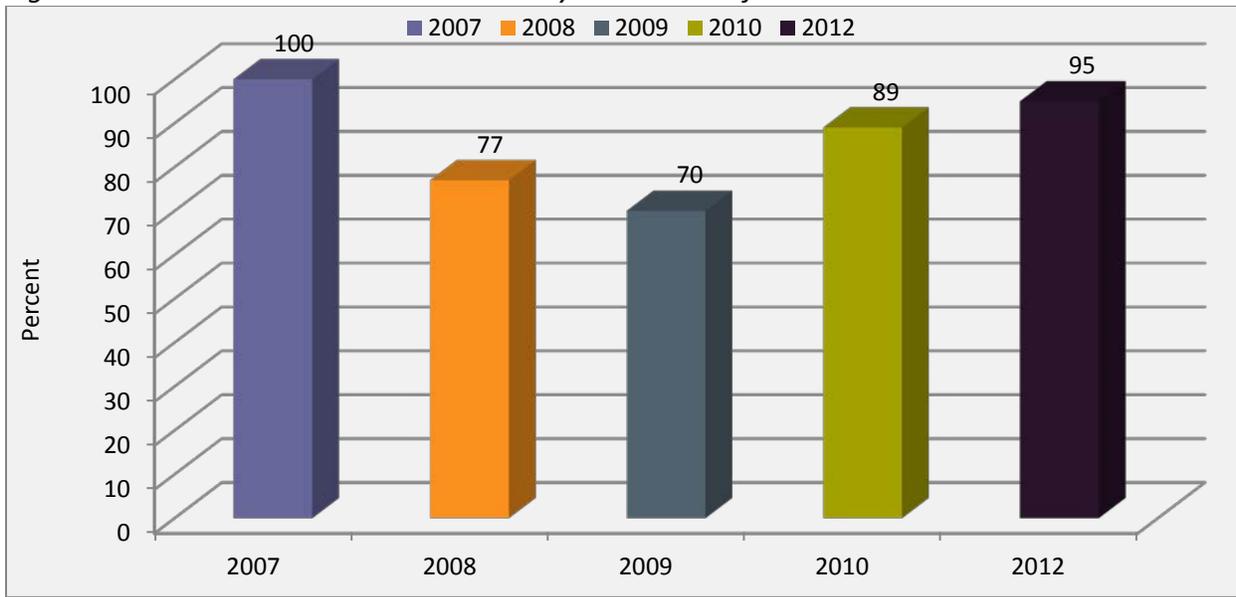


Figure 49. MSAPC has Improved Community Service and Programs for ATOD

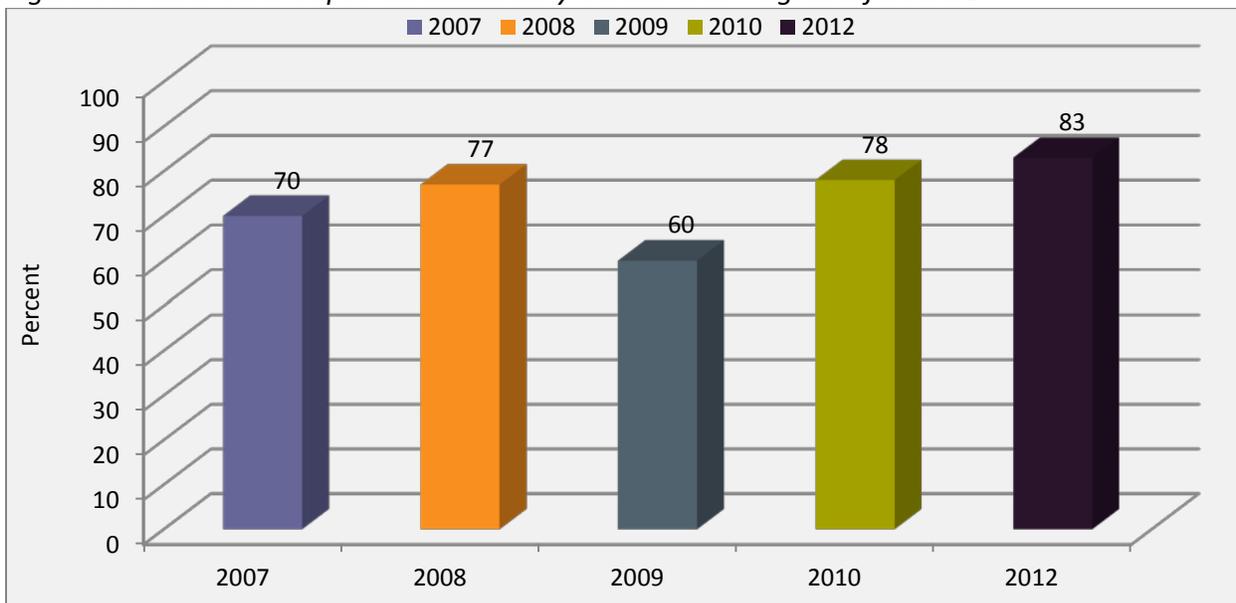


Figure 50. MSAPC has Helped Organizations Working for ATOD Prevention to Increase Their Share of Community Resources

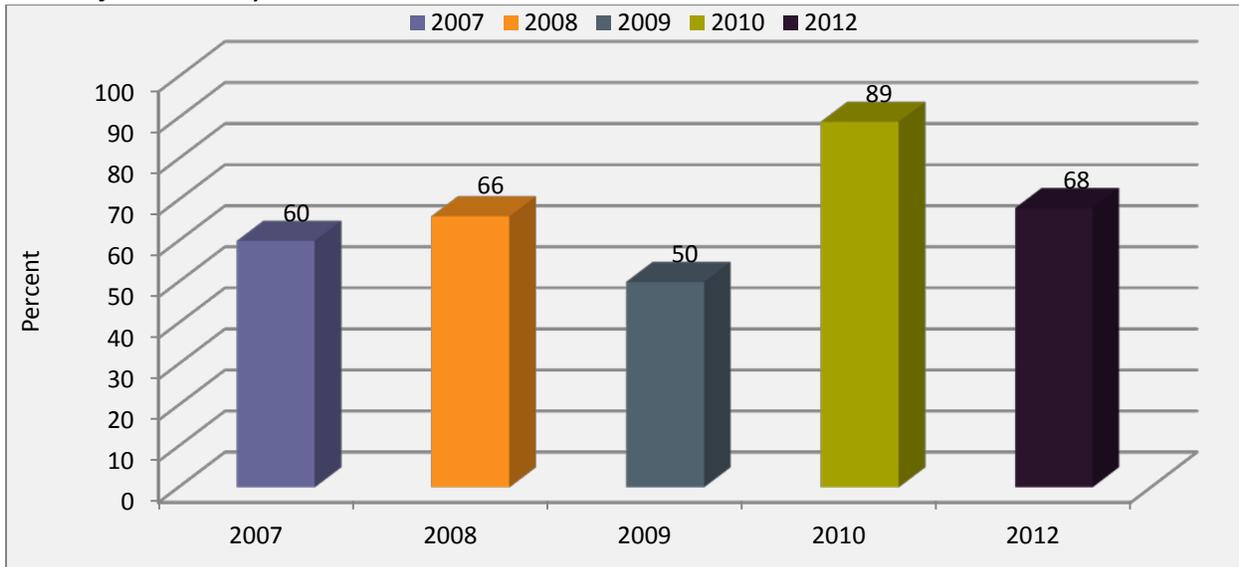


Figure 51. MSAPC Increased the Use of Science-Based Prevention Efforts

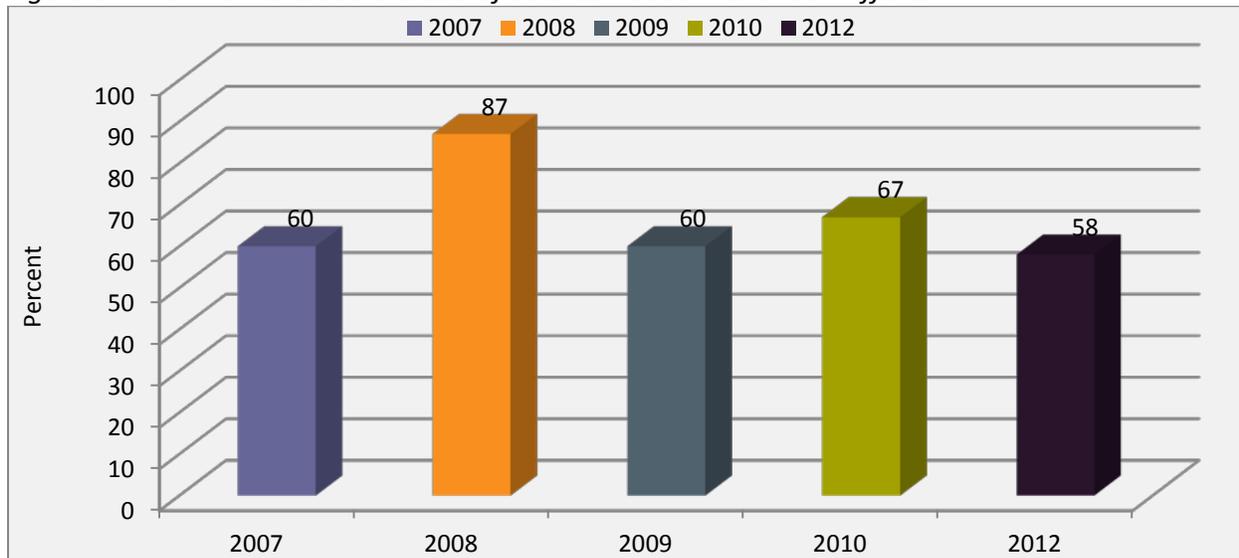


Figure 52. MSAPC Increased the Chance that Providence Youth Will Avoid Developing ATOD Problems

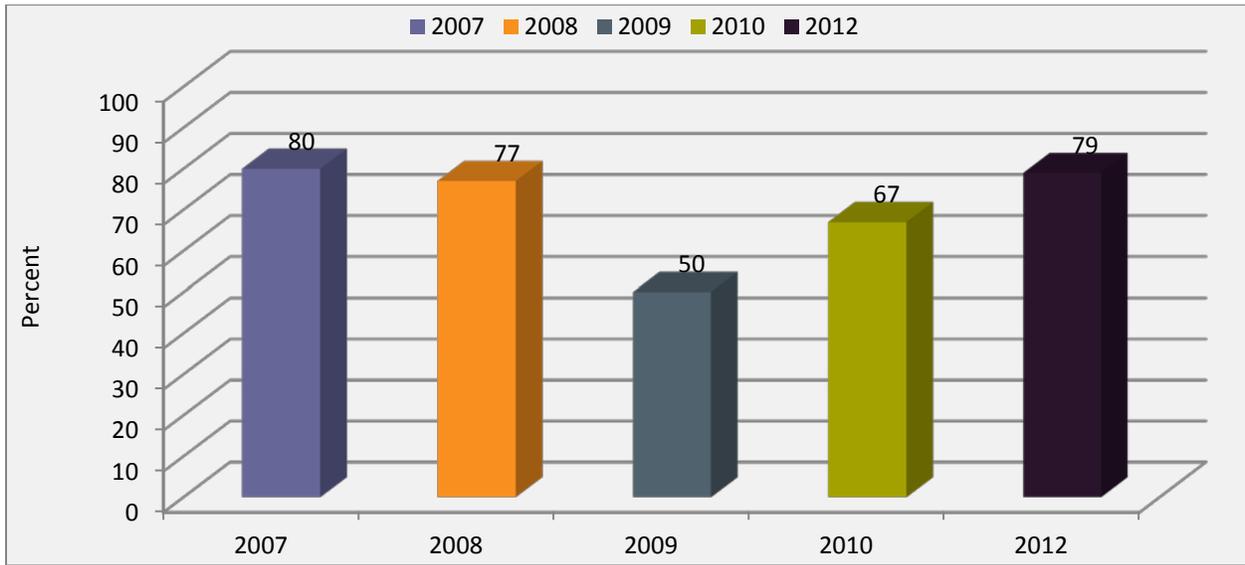


Figure 53. MSAPC Increased Collaborations with Community Groups Concerned with Preventing Other Youth/Community Issues

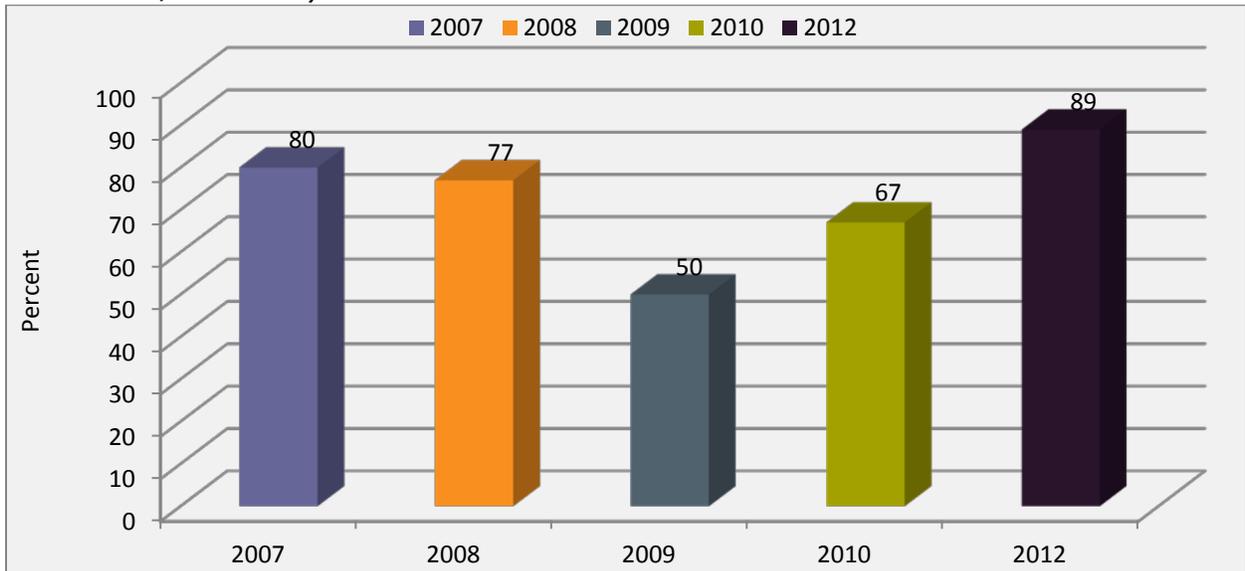


Figure 54. MSAPC Strengthened ATOD-Related Policies and Regulations

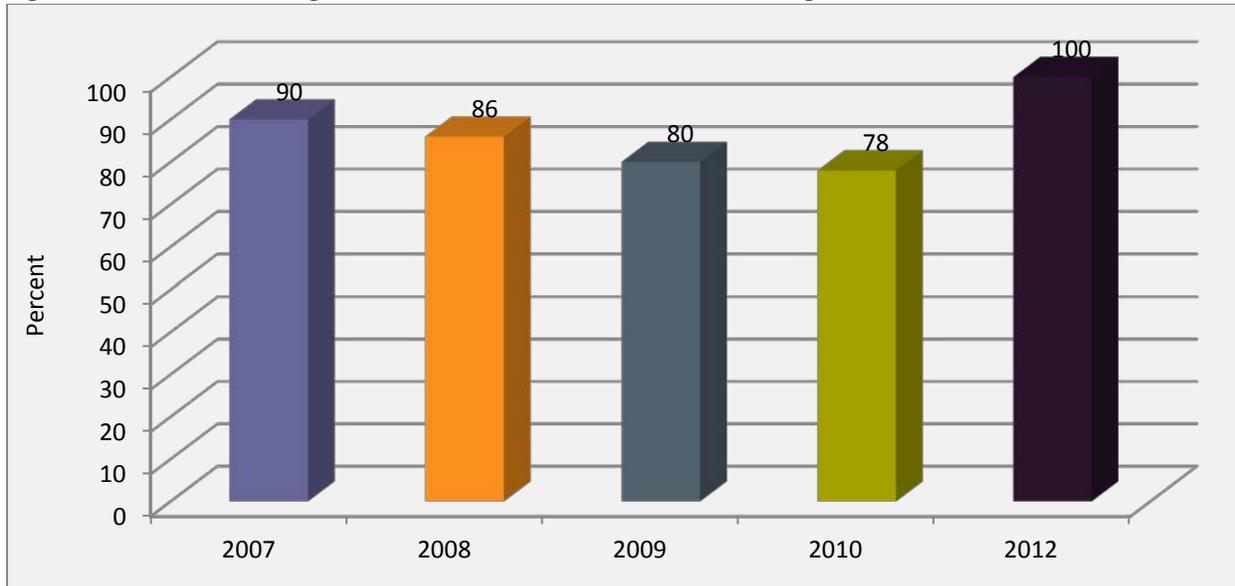
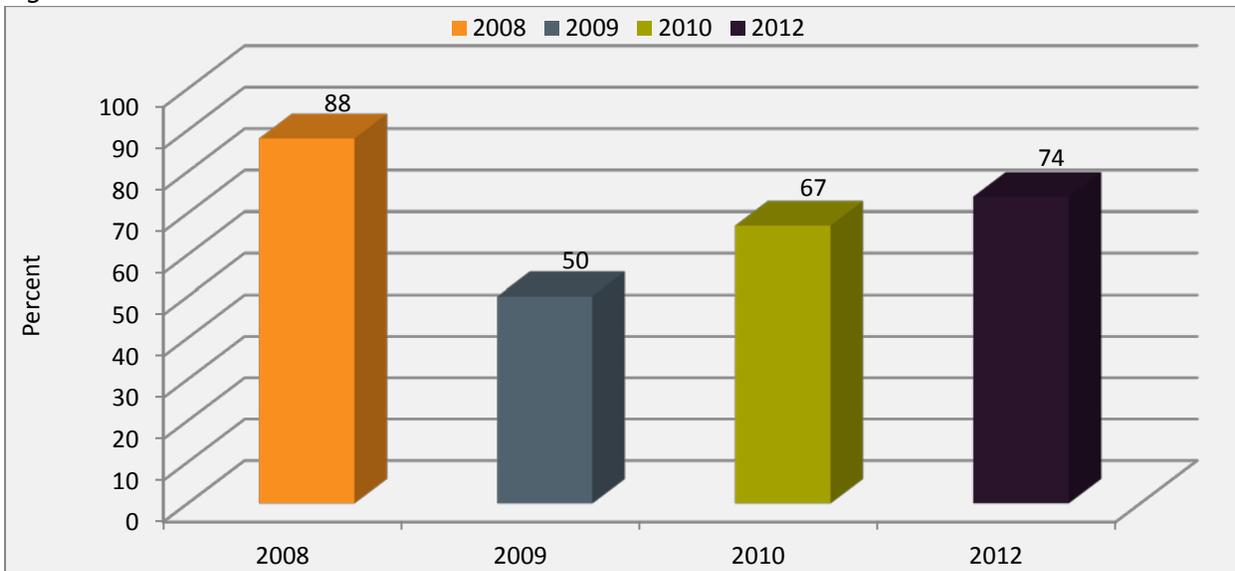


Figure 55. MSAPC Increased Communication and Coordination with the Schools in Providence



Note: Not available for 2007

FOCUS GROUPS & KEY INFORMANT INTERVIEWS

OBJECTIVE

The purpose of this focus group and key informant interview section is to provide qualitative information to supplement the quantitative evaluation of the Mayor's Substance Abuse Prevention Council (MSAPC) Drug-Free Community initiative. MSAPC sponsored focus groups and key informant interviews in the community to explore the perceptions and knowledge about substance use and its effects with adult and youth community members.

PROCEDURE

Five focus groups and ten key informant interviews were held throughout July and August of 2013 consisting of students, residents, or persons employed within Providence, Rhode Island. In total, the youth focus groups consisted of 10 participants, 5 males and 5 females. Whereas, the adult focus groups consisted of nine total participants, all of which were female. The focus groups were scheduled to meet for approximately 90 minutes and were asked similar questions adjusted for age group. Prior to the discussion, participants signed a consent form that summarized the purpose of the focus group, informed them that the discussion would be audiotaped for analytic purposes, and confirmed that participation was voluntary. Two youth male key informants were interviewed while eight adult key informants, six male and two female were interviewed. The key informant interviews were scheduled to meet for approximately 60 minutes and were asked similar questions adjusted for age.

At the beginning of each session, participants were told that the purpose of the focus group or interview was to learn more about their perceptions and opinions of substance use in general and in relation to the Providence community. In addition, participants were informed that their responses would be kept confidential and that identifying information would not be attached to quotations used for reporting.

QUALITATIVE ANALYSIS

Participant responses to each question were entered into Wordle (www.wordle.net). This qualitative analysis tool identifies themes within participant responses and creates a visual image of key themes from the focus group. According to McHaught and Lam (2010), "A word cloud is a special visualization of text in which the more frequently used words are effectively highlighted by occupying more prominence in the representation." This tool was used to help identify emergent themes in the discussions during the analysis phase and as a visual aid to the results in the current report of key findings.

After themes were identified, notes from the focus group meetings and key informant interview sessions were synthesized to find commonalities among responses. The results detailed below are a summary of key themes for each question.

- “. . . hinders students’ ability to be successful overall in school”
- “. . . curbs kids potential”

Youth participants suggested the effects of substance use trickles into the school community:

- “I know at least 4 or 5 drug dealers in school.”
- “You can at least make a connection.”

With regard to parent knowledge of youth substance use, reports were conflicting:

- “Parents [are] blind to youth use.”
- “Some parents are directly affected and some are affected by ignorance.”
- “It’s my impression that the parents don’t have any clue what’s going on with their kids.”
- “You’d be surprised how many kids actually drink with their parents.”
- “It’s about 50/50, a lot of the adult population really don’t know”

Several participants perceived the community as being divided on the issue of substance use. Both adults and youth reported that some substances are more associated with certain geographic areas or sub-communities than others are. For instance, one participant reported that there are streets where there is a liquor store on every corner. This participant also reported observing differences in the price of alcohol according to community and demand. Several youth participants believed there are “substance abuse stereotypes” placed on youth and communities. One youth explained:

- “Substance use affects me many different ways by impressions, what’s around me and what people think of me and the stereotypes that people put on Hispanics and young people.”

When discussing prevalence, adult and youth participants stressed the use of alcohol and marijuana over other substances:

- “Alcohol still number one and marijuana would be a close second for kids.”
- “Almost every teenager I know has either tried [marijuana], experimented, or is thinking about trying [marijuana].”

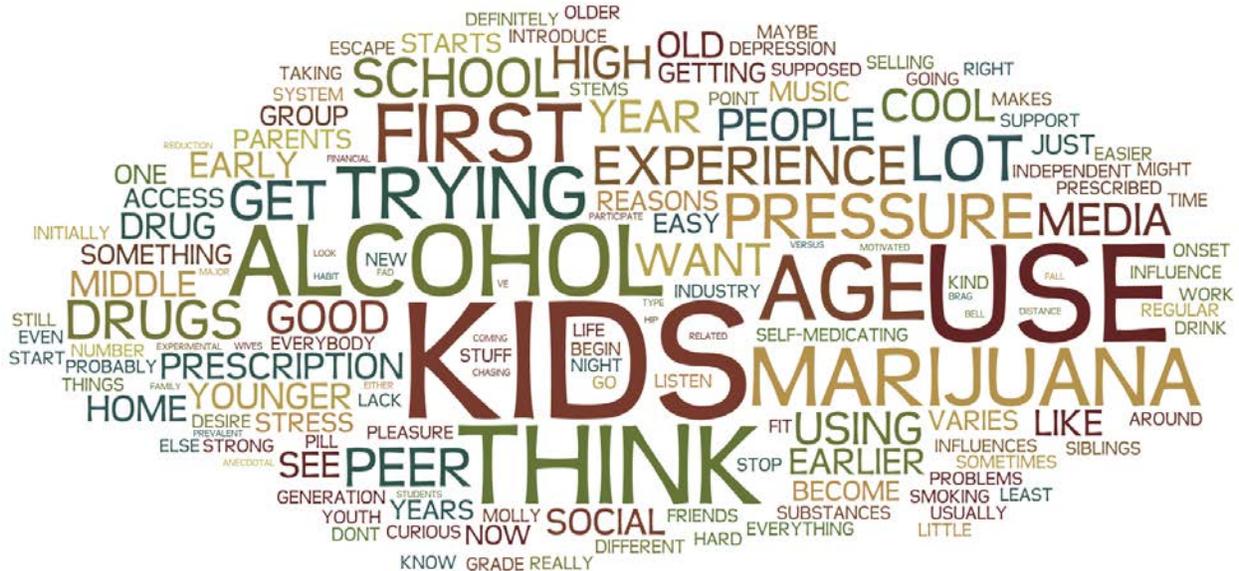
Prescription drug use was also noted in the focus group. Most participants reported that it is on the rise. Participants also talked about “pill parties”. At such a party, youth engage in taking multiple prescription medications and/or illicit pills in a game format. Individuals stated:

- “Kids are doing pill parties.”
- “My sons on Focalin, he has ADHD, I know that kids have offered to buy his pills to use.”

The media and social media were cited as significant influencers of community substance use:

- “Social media has made a lot of things cool that shouldn’t be.”
- “[Substance use] affects my friends because it is something you see every day whether in the media, or something around them, their neighbors, it’s something they can’t get away from.”

Perceived Reasons for Youth Substance Use



Our next question surveyed motivations for youth substance use. Adults were asked, “Why do youth use alcohol and other drugs?” while youth participants were asked, “Why do people your age use alcohol and other drugs?” Adult and youth participants were asked to provide additional information about age of first use and prescription drugs.

Overall, many reasons for youth substance use were reported in both age groups. Participants suggested that motivation for use and age of first use vary across individuals, situations, substances, and culture:

- “It varies.”
- “It depends on the situation.”
- “Anything from stress to peer pressure, to entertainment, or recreational use.”

As some may expect, several youth and adult participants stated peer pressure and the desire to fit in as one of the strongest motivators for youth substance use:

- “I think primarily because they want to fit in and . . . or they think everybody else is doing it, even though they might not be.”
- “Peer pressure seems to really have an impact with the kids who are trying to cut down or stop.”
- “Just want to fit in.”

However, participants reported other reasons for youth substance use such as feeling good or the desire to get high, self-medicating, lack of supervision leading to availability, curiosity or experimentation, poor example from older siblings and friends, and lack of role models:

- “I know people talk a lot about peer pressure but interestingly enough that hasn’t been my experience with the kids. They drink for a lot more reasons than just peer pressure.”
- “Everything is about being high now.”

- “Having a good night is almost synonymous with having a little bit of alcohol at least, which is bad but true.”
- “A lot of these kids are raising themselves.”
- “I definitely think easy access is what they are going to use first but also who in their life is using that makes it even easier.”
- “Part is boredom; they are looking for something to do.”
- “If you had a good experience then you are trying to recreate that experience.”
- “To experience something you’ve never experienced before.”
- “Unless you have a bad reaction to the substance, it’s fun, it’s a pleasant experience.”
- “The biggest reason, kids are like monkey see monkey do.”
- “Because they see other people do it.”
- “To pacify what’s happening at home.”
- “If you don’t use, it’s much harder to create your own social space.”

During one adult focus group, we discussed how motivations differ across substances:

- “I guess [a reason to use alcohol] would be, other than numbing depression, just to party and have fun.”
- “I think marijuana is more about kind of having an altered reality, they’re interested in experiencing that feeling and I also think it gives them a break from being stressed.”
- “Adderall . . . the motivation for that is to study more, that one bothers me but I just don’t have a sense of it.”

Adults provided shifting reports for age of first use:

- “Have heard as early as 7th and 8th grade starting marijuana and alcohol but the majority is more 9th and 10th grade.”
- “From my experience, I would say they begin as early as 14, now there are many chances for them to begin earlier but in general, the feedback I get from crowds, marijuana is 12 and alcohol is 14.”
- “I think middle school, right at that point when kids are trying to distance themselves from their parents and become more independent and become more risk taking and experimental.”
- “I think it’s not unheard of although maybe not typical of a person who has a problem now as an adult to have started as early as 11, 12, [and] 13 years old.”
- “People will report drinking by high school.”
- “Older than what people think.”
- “Probably the first or the second years of high school.”

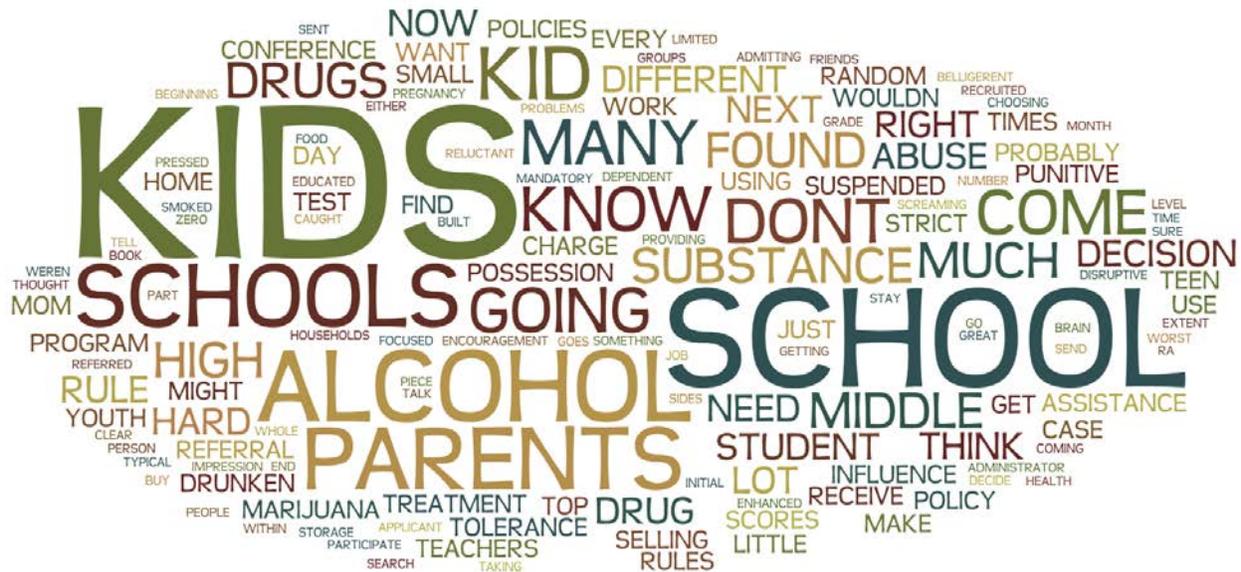
Youth responses were more stable; they described the age of onset occurring at a younger age than the adults did:

- “Earlier and earlier.”
- “Kids as young as 11.”
- “It is more the middle school kids that brag and think that doing different drugs is cool.”

Interestingly, when the discussion was brought to prescription drugs the general flow of the conversation would naturally revert to alcohol and marijuana. However, there were a few specific comments made about prescription drugs:

- “Prescription drugs are just readily available.”
- “Prescription drugs [are] more unknown maybe [they start] around 18.”
- “Prescription drugs still have the connotation of a drug, and kids don’t see marijuana as a drug.”
- “Prescription drugs are a little later.”
- “They use [prescription drugs] for what they think is a quick high.”

Enforcement of Substance Use Related Rules



We then asked participants to discuss the enforcement of substance use related rules. Adults were asked, “What kinds of rules do you enforce about alcohol and other drugs?” while youth participants were asked, “What kinds of rules are there at your home about alcohol and other drugs?” We also asked parents how they store alcohol and prescription drugs in their homes. Youth participants were asked about how alcohol and prescription drugs are stored in their friends’ homes. Since our adult participants represented various community sectors they discussed enforcement rules across a wide variety of environments in addition to their homes, this included school, after school programs, military and police settings, and even clinical sites.

With regard to enforcing alcohol- and other drug-related rules at home, parents said:

- “It wasn’t so much rules but an understanding from the very beginning that they’re not supposed to use.”
- “You never want to overdo it, and sometimes that works against you because you might be too lax, you kind of wonder, ‘Where’s the middle ground?’”
- “I hid my liquor, too.”

In the school setting, professionals stated the following about enforcing alcohol- and other drug-related rules:

- “If a kid is caught under the influence of drugs and or alcohol or if they find it on their person, or if there is a search in the school, which is very, very random, those kids are suspended. Now it depends on the school district what happens.”
- “In the middle school they have to send them down to SRO [School Resource Officer].”
- “Family conference at every level.”
- “In my school they are really strict.”

Adult participants had varying opinions about enforcement of school policy. For instance, one parent described it as follows:

- “They have so much going on that substance abuse is not on the top of their list right now, probably coming under teen pregnancy. They are so focused on test scores and teaching to the scores, that’s their number one priority.”

While some did not think there is much control at school, other adults believed there is control but it is inconsistently enforced:

- “It’s not consistent.”
- “There’s a great inconsistency in terms of whether or not they’re given a mandatory referral for treatment.”

In response to our question about substance abuse policy enforcement in afterschool programs, adults explained:

- “They have to refrain from recreational substance abuse.”
- “I address every kid that I believe is under the influence. I have made a decision, probably case by case basis . . . I am an advocate of the [belief] that kids will be much safer in here than out there.”

Yet, zero tolerance policies were a prominent theme across several environments:

- “A zero tolerance policy so when I meet someone who even has a possession charge of marijuana even as a juvenile that stops the opportunity.”
- “Zero tolerance policy for youth to participate in the program”
- “The rule is abstinence.”
- “Zero tolerance”

Several participants discussed alternative method of enforcement that they perceived as successful. Either they attributed the success to the purpose behind the rule or the person rule was made with, such as a respected adult rather than the parent. One participant said:

- “I know someone whose grandmother made a contract with this girl that said if you are abstinent through high school, I will give you a thousand dollars when you go to college. That contract kept the girl focused . . . My daughter did an extracurricular activity that had the similar thing, not allowed to use substances, and she was really responsive to that because the commitment was and the activity was important to her.”

- “No substance [is] hard to get.”
- “They are all easy to get depending on how seedy the characters are and how many derelicts you know.”

The youth seemed very aware of how to access substances. The youth discussion focused on alcohol and readily available it is:

- “If your with someone who is over the age limit and has access and your very close friends [getting alcohol is] probably pretty easy.”
- “Bootleggers for alcohol or a friend over 21.”
- “Some liquor stores would sell and not card, if you have the money.”

Some of the youth considered marijuana easy to get, if not easier than other substances:

- “[Alcohol] is harder to get than weed.”
- “[Marijuana] is everywhere.”
- “Sometimes if you don’t have enough money you will buy [marijuana] with your friends and share the cost.”
- “You can buy [marijuana] at school.”
- “Marijuana is way easier to get because you don’t need an Id to get it you just need the money.”

The middle school-aged focus group perceived prescription drugs as the easiest substance to access. Several of them reported the following about gaining access to prescription drugs:

- “I assume they get [prescription drugs] from their parent, left over from prescriptions.”
- “Old people get prescriptions for drugs and instead of taking it, they sell them to make money, but you need to know someone.”
- “Some people just use prescription drugs to commit suicide.”

Adult perceptions on accessibility were similar to the youth responses:

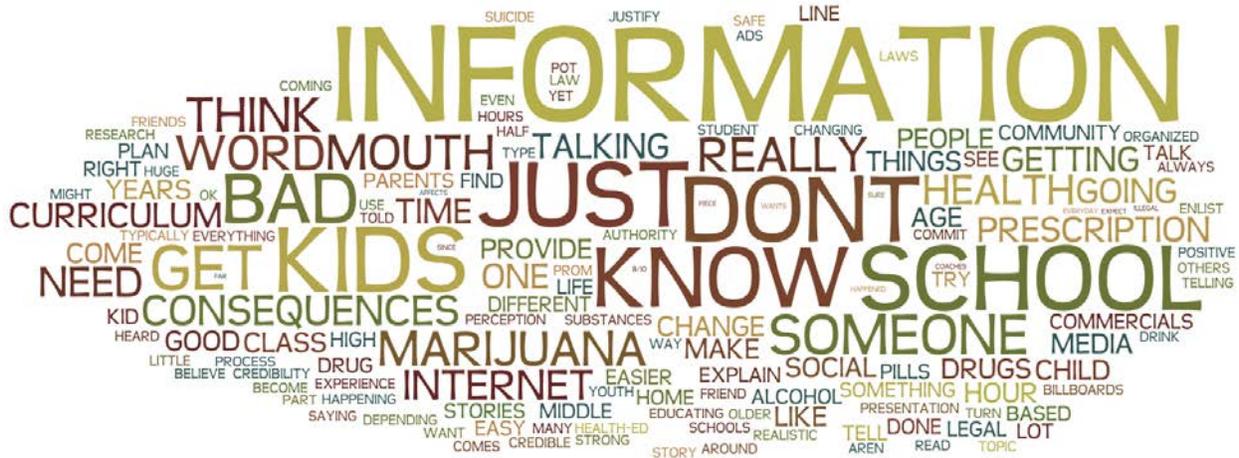
- “The first place is in the home.”
- “The first person you get it from, the first person you steal it from is family and friends.”
- “If they are not getting it at home, I think they are getting it from friends or friends’ older siblings.”
- “Some liquor stores card and some don’t.”
- “My son tells me ‘if I wanted to, I could just go to the bathroom and buy it at school’ he knows who the dealers are.”
- “Possible to get prescription drugs off the street too.”
- “In small amounts, pills are readily available also.”

However, the adults’ perceptions about which substances are the easiest substance for youth to obtain were in conflict with the youth reports in a few cases:

- “Alcohol is easier to get.”
- “Alcohol is fairly easy to get in small quantities.”

- “I think certainly the legal drugs, like alcohol are easier, I think that’s just common sense, than the illegal drugs.”
- “Alcohol is regulated so it might be harder.”
- “Marijuana is easier to get because alcohol has more rules against it.”

Substance Use Information Available to Youth



Next, we asked participants to discuss the information available to youth regarding substance use. Adults were asked “Where do youth get information that they find credible about drugs and alcohol?” while youth participants were asked, “Where do you get information that you find credible about drugs and alcohol?” When necessary we provided examples of sources such as pamphlets at the doctor’s office, programs at school, commercials, and billboards. Adults were also asked, “What type of information do you provide to youth about drugs and alcohol?” In addition, we asked both adult and youth participants what they would change about the information available to youth.

Adults identified several sources of information that they believe youth consider credible, including:

- “The older kids tell the younger kids.”
- “Credibility would probably lie with their peers.”
- “Social media is how they are educating themselves.”
- “Word of mouth is so strong with good or bad things.”
- “It’s a community effort not always organized by the community.”
- “Getting information from peers, parents, community, it’s everywhere.”
- “Their friends and in the neighborhood. Rumors and stories will live on for years and they can be so wrong.”
- “A few years ago I would have said from school teachers or their friends, but now they get it from social media and the internet.”

Youth responses to where they find credible information were similar to adult discussions:

- “It starts with one friend who has done it and they tell stories about what happened that night.”

- “Combination of many different places.”
- “The person who uses the drug.”
- “Friends and the internet.”
- “Parents.”

An interesting comment was made regarding anecdotal information youth receive through word of mouth:

- “Bad consequences aren’t portrayed, at the time it was bad but when you’re retelling [the story] bad experiences turn into a good story. Through word of mouth, consequences turn into humor. Even though they were bad at the time, when being retold they are just a part of the story.”

The individual went on to say:

- “They can temporarily scare someone off but I don’t think it’s a lasting image because whereas a Health Ed seminar is a onetime thing the experience of others and word of mouth is continually changing your mind about it.”

An adult echoed this issue when he described information that travels by word of mouth as an obstacle to credible information:

- “When you’re coming into a classroom and you’re talking to a kid for 20 minutes to 40 minutes about don’t do drugs, that’s a one day topic that you’re talking to those kids. You don’t yet have a connection with a kid.”

This individual went on to make the point that:

- “When it’s all said and done you are an hour in the weeks and months and years of someone’s life. Coming in for an hour to change someone’s years of information; you can’t just come in for an hour and expect that you’re making that much of a difference.”

In both the youth and adult discussions, there were some conflicting reports about information provided in school environments:

- “If they are getting any information, at all, on how it affects you it is in school, I think primarily it’s from the curriculum”
- “They know when it comes from the school there is a lot of credibility attached to it”
- “Some schools provide information in health class.”
- “In either science or health class.”
- “Not much in school except for posters on the wall that say, don’t do it or don’t drink and drive. I don’t think anyone notices them.”
- “It all depends on the curriculum, but [the school staff] are not diving into it the way it needs to be touched upon.”

One youth participant described a school assignment that required the use of the internet. He explained:

- “I had to research and report on a drug in school. I got the information from the internet. It is confusing because what you read on the internet is conflicting. You will read how bad for you it is on one site and then on another how it’s not that bad”.

The “credibility” of information from the internet, media, and social media was debated by several participants:

- “Social media has become so powerful.”
- I’m going to say [the internet is] where they are getting information, I’m not going to say that’s where they are getting credible information.”
- “That’s part of the problem they are educating themselves through television, YouTube, social media.”
- “Basically, the wealth of information is available to anyone who wants to find out how to make, create, or grow.”
- “Credible information is out there, but very little.”
- “It’s easy to find out positive information about pot and other illicit substances from the internet.”

When asked what they would change, adults mentioned perceived issues:

- “With the youth today, they need to see real life issues, circumstances, consequences. Stop censoring their information.”
- “It only becomes big at prom time, when it’s not just a temporary issue. It’s happening everyday not just a season.”
- “The laws of marijuana usage. I don’t think it’s clear enough.”
- “I don’t know that we can change what they are having access to as much as making sure they are having access to the factual stuff.”

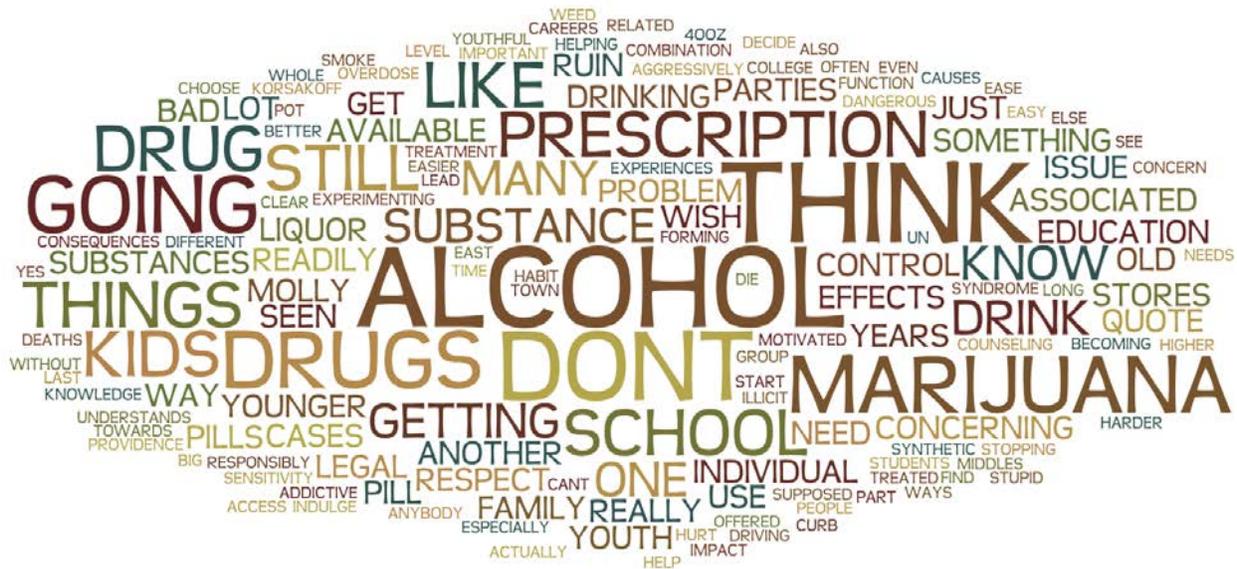
Youth participants also reported issues with the information available to them that they think should be changed:

- “[There are] just as many billboards and advertisements telling you to drink than not to.”
- “Facts instead of opinions.”
- “Need more information about consequences than just don’t do it.”
- “The media portrays substance use as not a big deal.”
- “Make sure that everyone knows the consequences before they try so then they can make a decision.”

Interestingly, when we asked adults what information they provided to youth, they emphasized the tone they use to convey the message rather than the information per se:

- “I try to be very non-threatening and nonjudgmental so I find that students, youngsters may find credibility when you’re not force-feeding them your information.”
- “You have to try and give kids both sides. You can’t let them think this is harmless.”
- “I try and talk about what’s going on with them right then, what are their thoughts.”
- “Getting out facts as opposed to this is what’s going to happen to you.”
- “I try and approach it as this is how it is, make your decisions.”
- “[Discuss] what is going to be compromised because of your use.”
- “I try and be honest with them.”
- “Broaden their perspective.”

Primary Concerns about Youth Substance Use



We asked participants to discuss their primary concerns pertaining to youth substance use. Adult and youth participants were asked, “What concerns you about substance use among youth in Providence?” We also asked participants, “Which substances concern you most and in what way?” When fitting, we stated that prescription drug overdoses are on the rise nationally and then asked participants if they knew of any drug-related overdose incidences in Providence.

The adults’ primary concerns regarding youth substance use varied across many subjects:

- “Definitely that it’s happening younger and younger.”
- “Just that [youth] learn to experience real life before they try to alter any sensations.”
- “There are really not many programs out there for substance abuse for younger people. If there is they aren’t talked about, it’s almost like taboo to speak about this kind of stuff.”
- “How easy it is to get something that’s not supposed to be legal.”
- “Parents [who think] that it is just okay and not habit formatting.”
- “How dangerous kids don’t know that it is or don’t think that it is. They don’t understand the severity of those actions at a young age. They think it’s normal or a rite of passage.”
- “There’s a whole different dynamic in the city. Kids in the city have a tough time. They are up against it, its drugs, and its violence.”
- “I’m concerned that the messages are all hard lines, black and white.”

Several adults discussed concern with the availability of substances:

- “The way it’s readily available.”
- “The ease of access has increased a lot.”

A number of adult and youth participants were concerned about the effect of substance use on a young person's motivation and ability to achieve in life:

- "A lot of these kids are not motivated enough to think about their career."
- "My interaction with people who smoke, their motivation level is unacceptable."
- "Losing the opportunity to achieve."
- "Addiction, giving them the ability to fail further in life, and possibly death."
- "There are a lot of students who don't choose to pursue education and don't want to better themselves."

Youth participants concerns were less specific than adults were. Primary concerns voiced by youth participants include:

- "If you drink while you are driving, it's bad."
- "Cigarettes because their families might be smoking."
- "Alcohol is at many different parties."

When asked which substances cause the greatest concern adult and youth participant responses varied across substances:

- "I think prescription pills because you can overdose and die."
- "The prescription drugs are a more serious matter because sometime kids have a tendency to play stupid games on one another and that can be serious."
- "These pills you can die from them. Synthetic weed you can die from it first time."
- "I think we have been more combative towards alcohol than illicit substances."
- "Obviously, the harder substance would be more concerning because you know crack, coke those types of things have a higher negative impact on the individual."
- "Alcohol because it is the "legal" drug and I think that is what kids really start to experiment with when they get to high school and there is alcohol-related deaths, binge drinking, [and] dependency."
- "I think marijuana usage, I'm from the old school, but I think that once kids start to experiment with marijuana I think that it might lead to other experimentation."
- "I feel like marijuana is the most rampant, which is why it concerns me the most."
- "In my opinion alcohol and marijuana. I kind of grouped them together because one's legal, one's on its way to becoming legal and they are the most prevalent."

When asked whether they knew of any drug-related overdose incidences in Providence responses were inconsistent:

- "It doesn't surprise me but I don't see that as a rampant high school problem."
- "Pill parties! Middle school children are bunking school and having pill parties."
- "Not really, I don't know what's going on in private parties."
- "Yes, we have. I think it's treated with a lot of sensitivity but aggressively."
- "It doesn't surprise me at all, and, yes, we are seeing it in this community."
- "No. I have never heard about that. I don't have any friends or family that has ever overdosed."

SUMMARY OF KEY FINDINGS

YOUTH SURVEY

Out of the 439 PASA students who completed the survey and were eligible for analysis, almost half (49%) of the sample was from the sixth grade with ages predominantly ranging from 11 to 12 (68%) years old. It will be important to keep this result in mind while reviewing and interpreting the youth survey data as substance use typically increases with age; therefore, the results may be skewed indicating less use than one might expect. This trend can be observed in the 2012 responses provided by students who reported substance use. For instance, 17% of the seventh grade (n=20) and 16% of the eighth grade (n=12) reported alcohol use whereas only 9% of the sixth grade (n=19) reported alcohol use. In the future, MSAPC may want to consider ensuring a more representative sample equally distributed across the grades to ensure the collective findings are not overly influenced by the youngest respondents in the sample.

The core measures did not change substantively since the survey in 2010. Overall, the PASA youth survey sample reported minimal past 30-day substance use. Alcohol and marijuana continued to be the most widely used and most accepted substances. This year was the first time participants were asked about prescription drug use. Only 4% of the sample reported ever using prescription drugs. This finding was similar to the 5% of respondents who reported using marijuana and the 12% of respondents who reported alcohol use in the past 30 days. This may suggest an increasing need for prevention of prescription drug use with the youth in Providence. Nevertheless, the minimal use reported is positive but should be interpreted with caution given the influence of the sixth grade students in the sample for whom low levels of use is to be expected.

Risky behavior by peers is a prominent risk factor in youth substance use. Thus, the addition of “perception of peer disapproval” as a core measure for the 2012 youth survey was a positive change. Overall, youth reported high rates of perception of peer disapproval for cigarette, alcohol, marijuana, and prescription drug use. However, youth perceived greater parental disapproval than peer disapproval for all substances.

Although youth perceived high rates of peer and parental disapproval, perceptions of the risk associated with substance varied between “no risk” and “great risk”. This bimodal distribution in the survey results is similar to previous survey year findings. There are two groups of youth whose perception of the risk associated with substance use are strikingly different from each other. Participants perceived regular cigarette use, regular alcohol use, experimentation with alcohol use, and prescription drug use as slightly risky. However, for experimentation with marijuana and regular marijuana use participants reported perceiving no risk slightly more than those who reported great risk. These findings suggest an opportunity for further prevention efforts on the risk presented by substance use.

COALITION EVALUATION

This year's coalition survey received 19 responses. This is the greatest number of responses received in all five DFC survey years. The number of community sectors represented also increased greatly from the previous survey. This year 10 sectors were reported as being represented within the council, compared to only five sectors in 2010. The membership diversity is a major strength, which may affect the coalition in positive ways, especially with regard to cross-sector collaboration. Still, the task force may want to consider focusing recruitment efforts on underrepresented groups such as counseling agencies and businesses. These sectors could bring an interesting perspective and potential resources to the task force. It should be noted, however, that of the 19 respondents only 15 selected a sector they represent. This suggests that some participants may be unaware of their representation on the council. The coalition could benefit from discussing this issue with the membership to ensure accurate sector counts are made and that all sectors represented by the membership are fully accounted for.

Overall, the coalition is perceived well by members. The percent of members who attend council meetings increased in 2012. Members were generally satisfied with cohesiveness, diversity, meetings, and community impact. An increased number of MSAPC members perceived that MSAPC has a common vision for Providence and that the coalition increased collaborations with community groups.

Great strides were made concerning alcohol, tobacco, and other drugs (ATOD). Respondents reported high rates of agreement that MSAPC had increased its objectives, which include the chance that Providence youth will avoid developing ATOD problems, community awareness of ATOD, and collaborations with community groups concerned with preventing other youth/community issues. In addition, participants reported that MSAPC improved community service and programs for ATOD as well as strengthened ATOD-related policies and regulations.

Beyond these successes, there are tools and strategies that can be used by any coalition to help improve its effectiveness. For instance, only 37% of the members perceived their abilities were being utilized effectively by MSAPC. One strategy the leadership may wish to consider is to have a brainstorming session wherein members can suggest areas where they believe their skills, abilities, and experience could be utilized more effectively by the coalition. This would show both responsiveness to survey findings and appreciation by the leadership for what members have to offer. The number of subcommittee meetings dropped dramatically this year. The coalition may wish to explore whether this was due to less demand for subcommittee activity or if there is a lack of interest or apathy among the members. In addition, 21% of members reported that one or a few individuals dominate the MSAPC's direction. This finding represents an increase in this perception compared to the previous year. It is possible that this finding is related to the two previous findings. Only 42% of members reported MSAPC effective at reducing membership turnover, which decreased considerably this year. Again, this finding may be related to the previous findings and may indicate that some members find the coalition dynamics challenging. It could be that some participants feel less open about sharing their

ideas and opinions in the face of stronger personalities. Finally, coalition members' perceptions of cooperation and collaboration also decreased. This change may indicate a need to encourage interaction between coalition members; however, it might be best to consider additional training in group dynamics, facilitation, and team building.

FOCUS GROUPS AND KEY INFORMANT INTERVIEWS

Overall, the focus group and key informant interview portion of this project was very successful providing qualitative data, descriptive in nature and substantiates data collected in the PASA youth survey. The adults selected for participation in the focus groups and key informant interviews varied in their roles and sectors of the community they represented. This included law enforcement, educators, counselors, community members, after school program leaders, and parents among others. We also conducted two focus groups and two key informant interviews with youth from the Providence community. More variety in the student sector would have been beneficial. The report largely represents the adult voice more strongly than it does the youth. This can be attributed to a couple of key reasons. Adult participants were more forthcoming and willing to share their perceptions and opinions of substance use in the Providence community. A majority of the youth participants were reserved and seemed to be more cautious when sharing information relative to youth substance use. This may have been due to a mistaken fear of punitive consequences or feeling embarrassed about sharing information with unfamiliar peers. The council may find value in increasing the coalition membership by including more high and middle school youth so that youth are better represented in the coalition.

The descriptive information obtained through the focus groups and key informant interviews provided context for the surveys. For instance, apart from the key findings in response to specific questions there were prominent themes that emerged across groups, interviews, and questions such as ineffective messages and lack of collaboration between school and home settings

Various systematic issues concerning the school environment were discussed. In one focus group, a community member discussed new dismissal times as possible influences, which may provide more opportunity for youth substance use. One adult said,

- “From elementary on up to high school, these kids are going to be getting out 2 days a week at 1:20 in the afternoon. So where are these kids supposed to go and what are these kids supposed to do and who’s watching them.”

Similarly, another parent contributed that the school bus system traveling through downtown Kennedy Plaza is problematic and possibly allows youth access to substances. The adult stated,

- “Downtown is just not a great thing and it really is upsetting that so many kids transfer through this section of town. I would really like to see the schools work with transportation, like RIPTA, to not give kids exposure to that environment. I think part of

the problem is that the more kids have awareness and easy access to substances the more likely they are going to be to use."

Several adult participants discussed the domino effect these issues can have on youth substance use. While these problems are largely institutional due to budget constraints, it may be beneficial for MSAPC to brainstorm methods that can address these school-related issues that may facilitate youth substance use.

Another prominent theme discussed throughout the focus group sessions was the importance of role models and structured schedules for youth. In one focus group, community members discussed youth being "latchkey kids", meaning that kids return home from school with little or no supervision due to parents working. One adult stated:

- "The unfortunate thing is that we are such a driven population to work in order to provide many of these children are latchkey kids. So kids are home by themselves as early as 13 years old with really no rules."

Several adults noted the importance of limiting the down time that youth have where they are not engaged in a positive activity and are not supervised. Many adults suggested that unsupervised time facilitates children engaging in risk-taking behavior such as substance use. Other adults said the following:

- "There is a lot of down time, a lot of our parents work through three, four, or five o'clock."
- "The down hours are critical."

In order to change "down time" to be more "productive time" one individual suggested the following:

- "Parents and families need to really have a plan for their child's day. Know where they are, know who they are hanging around with, know who they are talking to online, know who they are talking with on facebook, and know what's happening after school."

This seemed to be an important issue cited by many adults as a significant problem. The MSAPC may want to encourage collaboration among parents and schools to ensure all available resources for afterschool programs and activities are well known within the community.

The use and acceptance of marijuana was widely discussed in the focus groups and interviews. Both adult and youth participants acknowledged that marijuana use is a common occurrence in the Providence community. Marijuana seemed to be perceived as the drug of choice, even surpassing alcohol, for several youth and adult respondents. Although this is not well represented in the youth data, youth participants remarked that marijuana may be easier to obtain than alcohol and therefore more prevalent than alcohol. Conversely, some adults suggested that marijuana was one of the biggest concerns and largest areas for better information and awareness. Several youth participants identified marijuana as un-harmful or at least exhibited a low perception of risk if used:

- "Weed does not mess up your lungs. If it does than why can you use it when you are sick?"

- “It’s legal in some places so it can’t be that bad.”

Adult participants voiced concerns with the decriminalization of marijuana citing that the new laws are unclear, which suggest an inconsistent message for youth. In order to combat the perception of risk and improve awareness of new policies and regulations, MSAPC may want to consider producing information relative to consequences and details pertaining to new laws concerning the decriminalization of marijuana. This may be an agenda where collaboration between the council, health care professionals, and law enforcement would be beneficial.

CONCLUSIONS AND RECOMMENDATIONS

PREVALENCE OF SUBSTANCE USE

It is encouraging to see that few youth are using substances regularly. Yet there should be concern about this young sample reporting substance use within the last 30 days. However, with such minimal use reported, it is difficult to determine how significant a problem the city of Providence faces. It is well documented (i.e. Monitoring the Future and National Survey on Drug Use and Health) that both past year and lifetime rates, had they been measures, could have been expected to be significantly higher. Thus, the rates obtained in this survey should not be taken lightly.

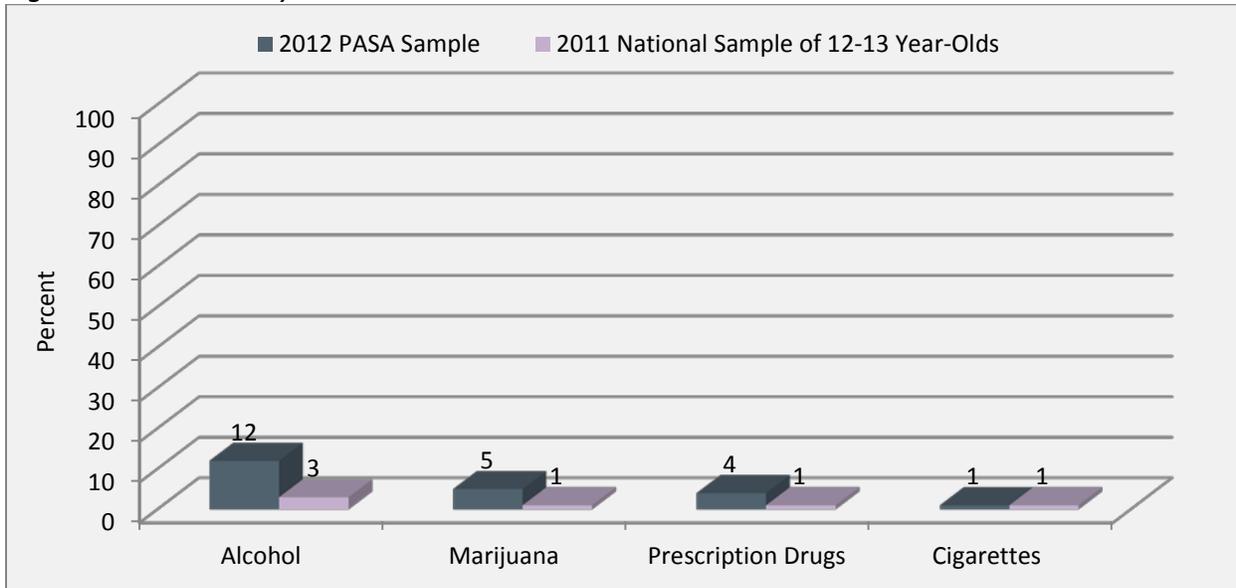
In order to provide a context for the PASA Youth Survey findings it is beneficial to look at them when compared to a nationally representative sample. Although there is no commonly cited national survey of middle school aged youth substance use behavior and perceptions, the National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey that involves interviews with approximately 70,000 randomly selected individuals aged 12 and older. The NSDUH age groups include 12-13 and 14-15 year-olds. The PASA sample primarily ranged 11-13 in age. When making comparisons, however, one should bear in mind that the NSDUH survey mode involves face-to-face interviews; whereas the PASA survey took place in a paper-and-pencil group format. Interviews tend to yield slightly more conservative rates than “classroom-type” surveys.

As seen in figures 56 and 57, PASA survey respondents reported high percentages of 30-day use and lower perceptions of great risk across various substances. This suggests that the Providence youth perceives less risk of harm, which might influence the prevalence of substance use. In addition, it is possible that the 2012 PASA findings exemplify the trend that access and use is beginning earlier as discussed in the focus groups and key informant interviews.

Both adults and youth respondents reported that the age of first use for many substances is occurring earlier than what has been reported in the past. One youth participant indicated that the age of onset for some substances is as early as 11 years old. This might be one explanation for the higher prevalence of alcohol, marijuana, and even prescription drugs being observed in

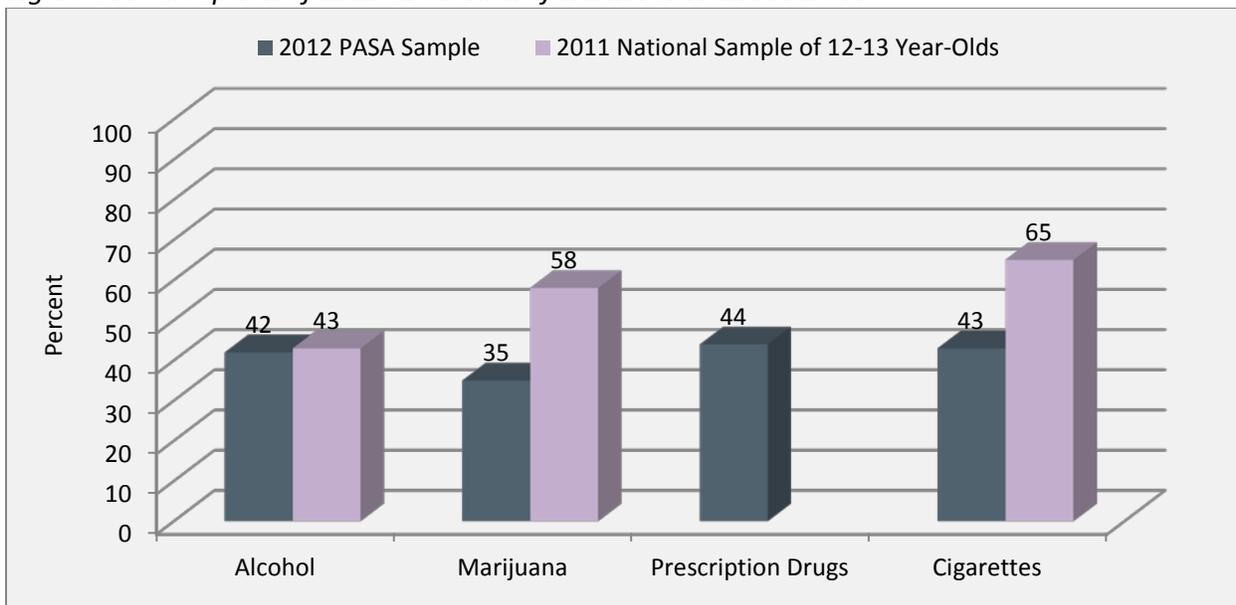
the PASA sample. These findings support the need for intervention and prevention approaches prior to high school and before the age of onset.

Figure 56. Past 30 Days PASA and NSDUH



Note: Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

Figure 57. Perception of Risk: Great Risk of Harm PASA and NSDUH



Note: Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

Adult and youth participants continue to report alcohol and marijuana as the most widely used substances, and the youth survey data supports this finding. However, for prescription drugs parents were not in agreement with each other. While some adults acknowledged middle school kids attend pill parties, others believed prescription drug use does not start until kids are older. These findings would suggest a need to raise parent awareness around the issue of youth prescription drug use.

PERCEIVED SOCIAL NORMS

Although substance use reported by the PASA youth participants is higher than prevalence reported in the NSDUH, the percentages of those who had “never used” during the past 30 days is an important finding. For instance, based on the results it may be beneficial to focus on reinforcing the positive aspects of youth behavior. The fact that the greater part of middle school youth are choosing to engage in positive behavior is encouraging. MSAPC may do well to inform the youth community of these minimal reports of youth statistics.

Theories related to social norms suggest that perceptions of social norms greatly influence private attitudes and public behavior (Neighbors et al., 2011). The social norms approach is an environmental strategy with specific focus on health campaigns. According to Borsari and Carey (2003), this approach suggests that the majority of individuals overestimate the use and approval of alcohol by peers, which leads to individuals normalizing behaviors and believing their habits are not problematic. Thus, social norms theory submits that individuals misperceive the attitudes and/or behaviors of peers to differ from their own when in fact they are similar.

One adult participant discussed how a young adolescent perceives similar peers’ use as an important influence to their own behavior. When asked to provide reasons for youth to engage in substance use, the participant responded: “I think primarily because they want to fit in and everybody else or they think everybody else is doing it, even though they might not be.” Middle school youth are at a pivotal age when peer perception and experimentation can strongly influence their choice of behavior. Educating them that most youth are not using substances may result in a very strong message for young adolescents in Providence.

PERCEPTION OF RISK

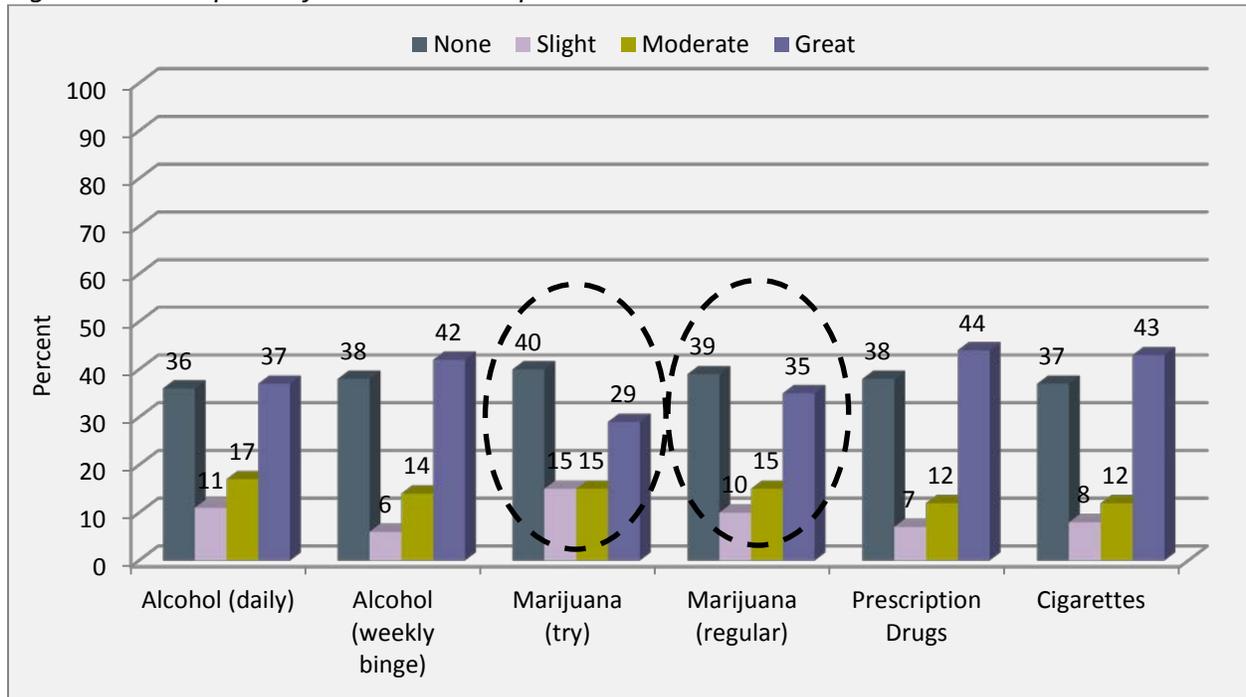
Findings from the PASA youth survey, displayed in figure 58, indicate that a large percentage of youth see no risk or only a slight risk in engaging in substance use, even though many believe their parents will disapprove of them engaging in such behavior. These findings were supported with the data from the focus group and key informant interviews. Although several adults were primarily concerned with alcohol, marijuana, and prescription drugs, youth participants reported far less concerns in general. Youth participants noted some concerns with illicit substances such as heroin and crack, which tend to maintain far more perceptions that are negative and are considerably less desirable with the youth population. Other concerns reported from youth participants included driving under the influence and the risks of cigarette

use, both of which have received extensive intervention through school based programs and efficient messages from the media. In fact, many youth participants portrayed the cigarette media campaign as distributing some of the most influential messages they have received. This suggests that more media campaigns could be equally as beneficial if they were as striking and thought provoking as some of the extreme cigarette prevention promotions currently used. Thus, it may be very beneficial to provide clear and easy to understand risks of using substances, so that youth know the reasons behind adult disapproval.

Developmentally, middle school age youth are still mastering long-term planning. Therefore, youth may appreciate information regarding immediate risks and rewards better than long-term or abstract information (e.g., immediate physical changes due to substance use, rather than long-term health issues; positive aspects of choosing not to drink at a party, rather than escalation of antisocial behavior over time). Providing age-appropriate education to youth, and educating parents on how to communicate age-appropriate expectations and information to their children, are important aspects to consider in developing strategies to prevent youth substance use.

As indicated in figure 58, perceptions of risk and disapproval consistently were lower for marijuana than the other substances. This trend corresponds with national trends and may be related to the decriminalization of marijuana in a number of states, which was suggested by several focus group participants and key informants. These results highlight the need to continue community-wide efforts to educate and communicate with both youth and parents about the risks associated with marijuana use and abuse.

Figure 58. Perception of Risk: PASA Sample Distributions



IMPLICATIONS FOR MSAPC

In order to address some of the issues cited in this report, MSAPC may want to consider where to target primary efforts. As demonstrated through the coalition evaluation data, many ATOD related successes were achieved this past year. However, prevalence and acceptance of substances must be addressed further. The council may benefit from further discussion at the council level to:

- Address and minimize membership turnover
- Increase sub-committee activities and meetings
- Maximize council cooperation and collaboration
- Maximize members' expertise and abilities
- Further support community prevention organizations

We strongly encourage the coalition to continue its capacity building effort by considering factors that predict success in areas where the data indicated opportunities for improvement. As the coalition finishes this DFC year, we suggest that the MSAPC continue to identify strategies for sustainability, including financial resources, strategic vision and mission, leadership, collaborations, evaluation efforts, and outcome maintenance.

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