

# Jefferson County



## *Substance Abuse Needs and Assets Assessment*

2016-2017

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# Executive Summary

Jefferson County was founded on December 12, 1914, out of territory that was once part of Crook County. The County was named after Mount Jefferson, the second highest peak in Oregon, with an elevation of 10,497 feet, which notably marks the rural County's western skyline.



*Photo Courtesy of SpringTime Photography*

The County encompasses 1791 square miles.

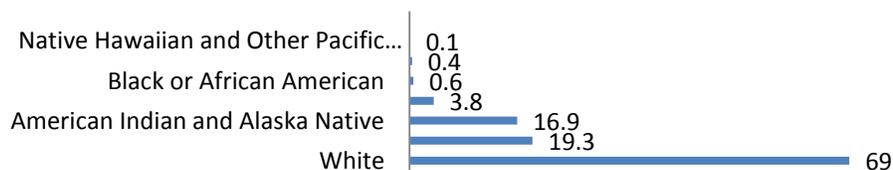
Madras, named after the city in India, was incorporated in 1911, and serves as the County seat. Principal industries are forest products, recreation, ranching, and agriculture. Crops include grass seed, potatoes, hay, garlic, carrot seed and mint.

The Confederated Tribes of Warm Springs reservation is located on portions of land in four counties, including 236,082 acres in the northwestern corner of Jefferson County.

Jefferson County prides itself on being a diverse, rural population.

## 1 - Jefferson County Demographics

### Profile of General Population and Housing Characteristics: 2010 2010 Demographic Profile Data



This Assessment reflects the voices of Jefferson County, including key informants, community members, and our youth. Community members identified “Closeness” and “Community” as strengths.

When asked about things they would like to change about Jefferson County, respondents to our Adult and Youth Alcohol and Marijuana survey overwhelmingly identified alcohol use and marijuana dispensaries. By contrast, we find it interesting to note that on November 8, Madras voters approved the continued sale of recreational marijuana within the city, while county voters opposed allowing any type of recreational marijuana sale or production, but approved medicinal marijuana.

# Introduction

## Coalition Vision, Mission and Values

Our Vision: A vibrant community free from substance abuse, mental health or health inequity.

Our Mission: To reach Jefferson County's full potential through progressive partnerships which enhance wellness among youth and adults.

Our Values:

- Integrity
- Enthusiasm
- Inclusiveness

Recognizing that the Coalition has experienced discord over the past three years, our Coalition adopted a new Vision, Mission, and Values in July of 2016 which outline the Coalition's path for the future. Our vision statement is reflective of our collective destination. Our Values are the bedrock for achieving our Vision, and our Mission is the heart that drives our actions and keeps us committed to informed, data-driven, prevention efforts.

## Community Overviews

### Madras

Incorporated in 1910, Madras and nearby towns of Culver and Metolius were all communities built as service centers for a growing agricultural sector and for the booming railroad industry.



*Photo Courtesy of Jeremiah Lietke*

Later in the century, Madras experienced another economic boom with the establishment of the US Army Air Base during World War II that was, and still is, capable of accommodating the B-17 Flying Fortress.

The community has become an established industrial center and home to the region's largest private employer, Bright Wood Corporation. Average resident age is 31.

As of the census of 2010, there are 5,078 people, 1,801 households, and 1,251 families residing in the city. The population density is 899.4/km<sup>2</sup> (2,326.9/mi<sup>2</sup>). There are 1,952 housing units at an average density of 345.7/km<sup>2</sup> (894.5/mi<sup>2</sup>). The racial makeup of the city is 63.55% White, 0.59% African American, 6.14% Native American, 0.55% Asian, 0.35% Pacific Islander, 24.56% from other races, and 4.25% from two or more races. 35.74% of the population is Hispanic or

Latino of any race. The median income for a household in the city is \$29,103, and the median income for a family is \$33,275. The per capita income for the city is \$12,937. 19.6% of the population and 15.2% of families are below the poverty line. Out of the total population, 26.3% of those under the age of 18 and 10.0% of those 65 and older are living below the poverty line.<sup>i</sup>

## Culver

Culver is a farming community located nine miles south is Madras, and is the Jefferson county seat. Crops include garlic, potatoes, certified grass, alfalfa, grain, mint and vegetable seeds. Even though the growing season is short, it is quite productive; the majority of farmworkers live year-round in Culver.



Farmworker Outreach in Culver, Oregon

In 2013, 79.5% of Culver residents self-identified as White Non-Hispanic, 0.4% Black, 30.4% Hispanic or Latino residents, 3.3%

American Indian/Alaska Native; and 3.4% of the population identified as two or more races.<sup>ii</sup> The median income for a household in the city was \$31,667, and the median income for a family was \$34,063. Males had a median income of \$30,278 versus \$19,583 for females. The per capita income for the city was \$11,865. About 16.1% of families and 18.4% of the population were below the poverty line, including 24.0% of those under age 18 and 7.1% of those age 65 or over.<sup>iii</sup>

Favorable to prevention efforts, Culver is a close-knit community rich in assets. Community discussion still occurs around the table or at the local restaurant. Prevention efforts involve going door-to-door and connecting with community members and families; families appreciate prevention efforts and actively encourage youth participation. Community leaders are quick to respond to outreach efforts and are eager to engage with community members.

## Metolius

Metolius, a quiet little town located four miles south of Madras, is surrounded by farm fields, fabulous views, hawks, and snow-capped mountains. Metolius was established 1911 when the Oregon Trunk Railroad company platted the town and the subsequent railroad surge brought the population of Metolius up to 1,700. Although the town's population has dwindled to 723 people, the town's historic railroad depot is still used for community and special events.

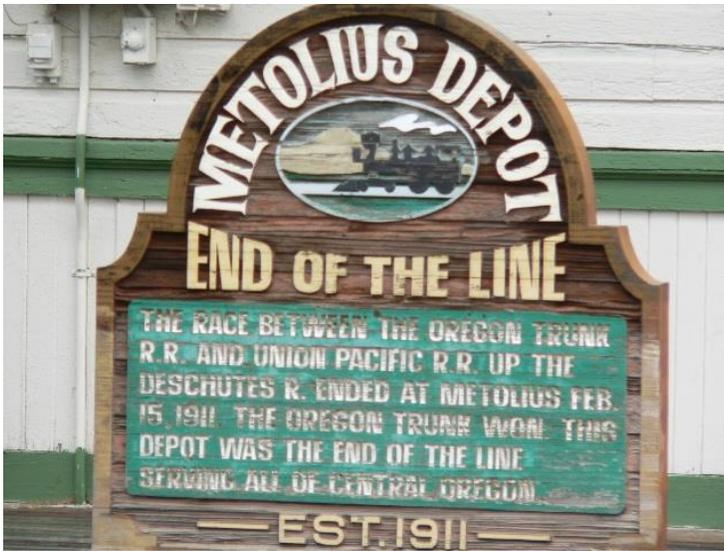


Photo Courtesy of Smalltownoregon.com

In 2013, 75.6% of Metolius residents self-identified as White Non-Hispanic, 1 % Black, 23.7% Hispanic or Latino residents, 2.7% for American Indian/Alaska Native; 4.1% of the population identified as two or more races.<sup>iv</sup>

In 2013, 18% of Metolius residents lived in poverty.

The City hosts a monthly pancake breakfast at the Metolius train depot on and sponsors other community events, including the Santa's Workshop and the annual Easter Egg Hunt.

Metolius also hosts a community garden, where residents are are rewarded with the opportunity to harvest fresh vegetables in exchange for garden care. This setting avails itself to prevention efforts and community connectedness, a protective factor against substance use.

## Confederated Tribes of Warm Springs

The Jefferson County prevention team supports and partners with the Confederated Tribes of Warm Springs to enhance wellness within the Tribes and within Jefferson County, of which roughly 30% of the population are Warm Springs Tribal members. Today's Warm Springs People are implementing their own cultural, wellness, economic, and prevention efforts to recover from historical trauma and cultural loss; statistics are only the beginning.



Photo Courtesy of Rob Finch Photography

Warm Springs is comprised of three predominant tribal People: The Wascoes, whose original lands were the bands of the Columbia River, and who were the eastern-most group of Chinookan-speaking Indians; the Warm Springs bands, who lived along the Columbia's tributaries, and who spoke Sahaptin, and The Paiutes, who lived in southeastern Oregon and spoke a Shoshonean dialect. The lifestyle of the Paiutes was considerably different from the Wasco and Warm Springs bands. Because the Paiutes lived on the high-plains, they migrated further and more frequently for game, and unlike the Wascoes and the Warm Springs Bands, fish was not an important part of their diet. The



Photo Courtesy of Rob Finch Photography

Paiute language was foreign to the Wasco and Warm Springs bands, commerce among them was infrequent, and in the early times, there was conflict as these tribes learned to live together. In the early 1800s, settlers began traveling through the region, and by 1855, treaties began and the Tribes relinquished approximately ten million acres of land, but reserved the Warm Springs Reservation for their exclusive use. The Tribes also kept their rights to harvest fish, game and other foods off the reservation. Federal policies to assimilate the Indian people forced the Confederated Tribes to abandon many of their culture practices. The salmon that ran through the river became scarce.

In 1934, Congress passed the Indian Reorganization Act (Wheeler-Howard Act) to revitalize Indian communities and to bolster Indian tribes as governments. The Warm Springs, Wasco, and Paiute tribes studied the IRA carefully before deciding to accept its terms, and in 1937, the three tribes organized as the Confederated Tribes of the Warm Springs Reservation of Oregon by adopting a constitution and by-laws for tribal government. The ancestral bond through 500 generations of mid-Columbia native tribes was broken, replaced by a vicious cycle of trauma, and now, of healing and wellness.

Today's Warm Springs youth experience a lowered perception of risk in consuming one or two drinks of an alcoholic beverage nearly every day (47.25%, compared to 72.36 Statewide), and a 32.8% perception of parental disapproval in consuming If they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day. Students also experience a lowered perception of risk in consuming marijuana (30.16% Smoking marijuana once or twice a week as risky, compared to 55%, statewide).<sup>v</sup>

## Data Collection

Data collection included information obtained through Key Informant Interviews. Key Informants included staff from Healthy Families, advocates, Public Health, the Confederated Tribes of Warm Springs, law enforcement, City Council members, school administrators, school counselors, and corrections. Other data included local data from The 2010 US Census, City-Data.com, 2014 Oregon Vital Statistics County Data 2014, 2014 Student Wellness Survey, the 2015 Oregon Healthy Teens Survey, and the Street Survey, which was translated to Spanish and targeted the community as a whole, including farmworker and migrant populations, and was collected at various community events, and online through QuestionPro.



Photo Courtesy of SpringTime Photography



Photo Courtesy of SpringTime Photography

Crop sales in Jefferson County are significantly higher than gross animal product sales in the County; in 2012, Jefferson County ranked 22<sup>nd</sup> in the State for gross farm and ranch sales<sup>vi</sup> In 2013, the highest proportion of jobs located in the county were in state and local government. Twenty-seven percent of all of the full and part time jobs were in this industry. Manufacturing was a distant second (12%), and health care/social assistance and retail jobs were tied for third; each representing 8% of jobs in the county. Together, these four top industries accounted for 55% of the jobs in the region.<sup>vii</sup>

By conservative estimates, migrant farmworkers make up approximately 7% of Jefferson County's population.<sup>viii</sup> A study conducted in 2009 by Victor Garcia found that the "migrant status" of transnational Mexican workers places them at a high risk for binge drinking.<sup>ix</sup> Another study (with limitations) concluded that 39% of farmworker respondents had a potential for alcohol abuse or dependency (1 or higher on the CAGE alcohol abuse index)<sup>x</sup> For this reason, qualitative data includes data collected from migrant and farmworker communities in Jefferson County.

## Behavioral Health Consequences and Trends

### Alcohol

Abundant research indicates underage drinking is frequently associated with injury, crime, and high-risk behavior – all of which fall under the classification of “behavioral health.” Additionally, the field of prevention science has found that youth who drink alcohol are more likely to experience:<sup>xi</sup>

- (a) Social problems (more absences and lower grades);
- (b) Unwanted and unprotected sexual activity;
- (c) Physical and sexual assault;
- (d) Higher risk for homicide and suicide;
- (e) alcohol-related accidents (car accidents, falls, drowning);
- (f) Abuse of other drugs; and
- (g) Harmful changes in brain development.

While DUI offenses dropped from 124 in 2009 to 25 in 2013 and diversion agreements for the same time frame dropped from 56 to 19<sup>xii</sup>, prison intakes for drug, driving & property crime increased by 31% from 2012 to 2015.<sup>xiii</sup>

In 2014, 3.5% of deaths in Jefferson County were alcohol-induced.<sup>xiv</sup> Data from the 2015 Healthy Teens Survey indicated that 1.6% of 11<sup>th</sup> grade students had driven a car or other vehicle when they had been drinking alcohol. Additionally, data from the 2014 Student Wellness Survey indicates that 14% of Jefferson County Youth had ridden in a vehicle with a parent or other adult who had been drinking (down from 17.1% in 2012), and 12% of 11<sup>th</sup> graders had ridden in a vehicle with a teenager who had been drinking alcohol. Data from the 2015 Healthy Teens Survey indicates that 28.5% of 11<sup>th</sup> grade students and 26.9% of 8<sup>th</sup> grade students had consumed alcohol within the past 30 days.

It is important to note that in 2013, underage drinking cost the citizens of Oregon \$0.6 billion. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth.<sup>1</sup> This translates to \$1,695 per year for each youth in the state or \$3.43 per drink consumed underage. Excluding pain and suffering from these costs, tangible costs of underage drinking including medical care, criminal justice, property damage, and loss of work in Oregon totaled \$249.88 million each year or \$1.45 per drink. In contrast, a drink in Oregon retails for \$0.96.<sup>xv</sup>

Moreover, drug use trends and consequences provide further evidence to support current prevention efforts. The following section delves into resulting ramifications and identifies drug use trends.

## Marijuana

Respondents to the 2016 Adult and Youth Alcohol and Marijuana Survey, as well as Key Informant Interviews, overwhelmingly agree that youth marijuana use is a concern in Jefferson County. Supporting this concern is data from the 2014 Student Wellness Survey, in which abstinence rates drops from 84% of 8<sup>th</sup> grade students to just 60% of 11<sup>th</sup> Grade Students. Data from the 2015 Healthy Teens Survey compares 91% and 80% thirty-day non-use rates among 8<sup>th</sup> and 11<sup>th</sup> grade students, respectively.

*I am largely concerned about marijuana use by our teens. They just don't understand the change in today's marijuana and how harmful it is.*

*~Key Informant*

## Prescription Medications

In the 2015 Healthy Teens Survey, 10% of 8<sup>th</sup> and 9% of 11<sup>th</sup> grade students report past 30-day use of prescription medications, such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax without a doctor's orders. Data from the 2015 Healthy Teens Survey also indicates that 82% of 8<sup>th</sup> and 11<sup>th</sup> grade students perceived a great or moderate risk of using prescription drugs that are not prescribed to them.

## Opiates

Strong pain relieving medications which are alkaloids derived from the opium poppy, opiates include Morphine, Codeine, Heroin and Opium. *Opioids* are synthetic or partly-synthetic medications which may act like opiates when taken for pain. Opioids include Methadone, Percocet, Percodan, OxyContin, Vicodin, Lorcet, Lortab (Hydrocodone), Demerol, Dilaudid, and Duragesic (Fentanyl). Opiates are of important concern among prevention professionals, as they are associated with accidental overdoses, poisonings, and a high risk for addiction and dependence.<sup>xvi</sup>

*Television commercials for opioid-related constipation medications are aired with the morning news...*

*Opioids are mainstream now.*

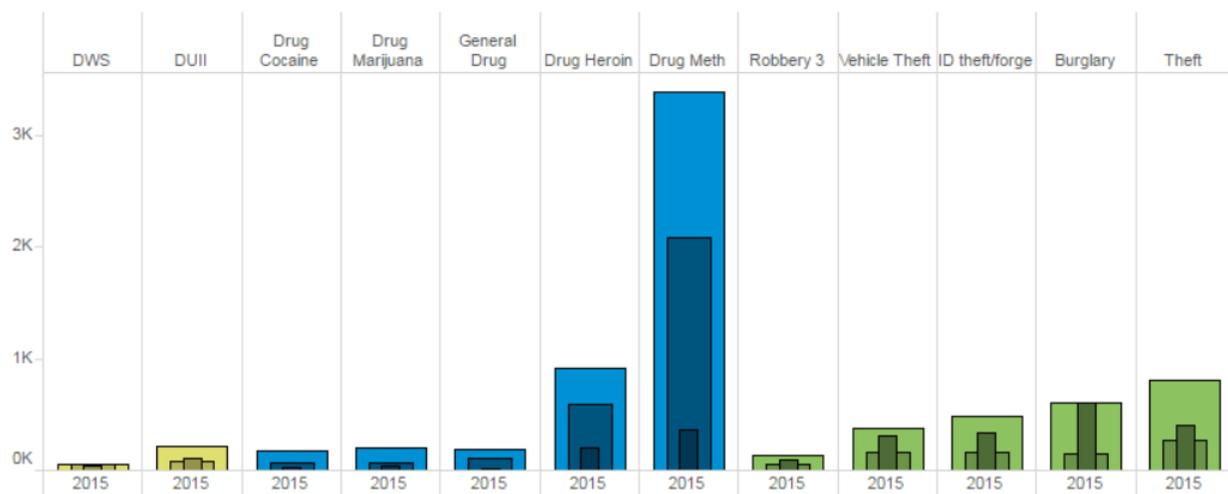
*~Key Informant*

As Opioids have become more widely prescribed, opioid use has become more normalized. Opioids are more easily available to youth who don't understand the immediate and lethal consequences of opioid abuse. Although not directly addressed through SPF-PFS efforts, data trends are indicating a need for prevention efforts to increase perception of harm and risk for opioid and heroin abuse.

## Behavioral Crimes

From 2009 to 2013, Jefferson County behavioral crime rates notably dropped by 89%.<sup>xvii</sup> From 2013 to 2015, however, behavioral Crime increased by 135%.<sup>xviii</sup> Incarceration intakes (prison, jail and probation) for meth offenses increased by 13% from 2014 to 2015; incarceration intakes for heroin remained relatively the same.

### 2 - Prison / Jail / Probation: 2015



## Intervening Variables

Intervening Variables are the Risk Factors and Protective Factors that make it more likely or less likely that a person may use or misuse alcohol, drugs, or prescription medications. *Risk factors* increase one's risk for substance use and abuse, and are categorized by Community, Family, School, and Peer and Individual Risk Factors.

Some risk and protective factors are *fixed*; they do not change over time; others are *variable* and can change over time. Variable risk factors include income level, peer group, employment status, and Adverse Childhood Experiences (ACEs):<sup>xix</sup>

### Adverse Childhood Experiences (ACEs):

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Jefferson County Youth report a 12.5% ACEs yes response rate, compared to 13% statewide.

## Alcohol Risk Factors

Thirty years of research has provided us information on how addiction begins and how it progresses. We have also learned more about effective prevention strategies, intervention, recovery, and maintenance. Risk and protective factors can affect people at different stages of their lives. At each stage, risks occur that can be mitigated through evidence-based prevention efforts.<sup>xx</sup>

By measuring risk and protective factors within a population, relevant local risk factors can be identified and targeted by policies, programs, and actions shown to reduce risk factors or to increase protective factors. Prevention strategies must address the most relevant and variable risk factors influencing the likelihood for substance abuse within the community.

*We're up against a billion dollar industry. We need more efforts addressing it.*

*~Key Informant*

In addition to data from the 2015 Healthy Teens Survey and 2014 Student Wellness Survey, we asked Jefferson County Key Informants to identify the top risk factors for youth alcohol consumption. Key informants tell us that social norms at home, in the community, and in youth's social realms, impede youth perception of harm and sustain a social norm for alcohol use.

Data from the 2015 Jefferson County Healthy Teens Survey tells us that 71% of 11<sup>th</sup> grade students and 73% of 8<sup>th</sup> grade students did not consume alcohol within the past 30 days, lower than the state average of 71% and 88%, respectively. Eighth grade students, however, consumed alcohol on one or two days within the past 30 days, at a rate of 12%, above the state average of 8%.

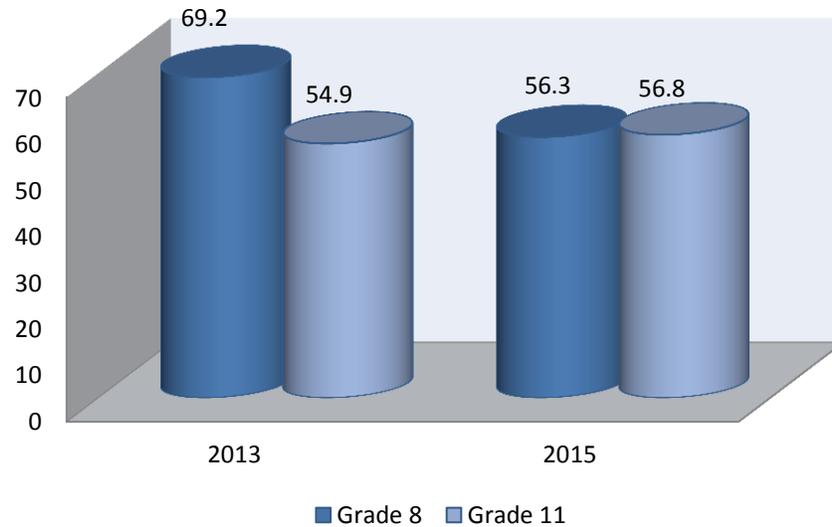
The Healthy Teens Survey also tells us that youth who refrain from binge drinking decreases from 95% of 8<sup>th</sup> grade students to 85.5% of 11<sup>th</sup> grade students, compared to 95% and 83% statewide, respectively. Jefferson County youth who consume alcohol overwhelmingly consume liquor, such as vodka, rum, scotch, bourbon, or whiskey. A risk factor for youth alcohol consumption is ease of access; 62.4% of Jefferson County Youth indicate that liquor, such as vodka, rum, scotch, bourbon, or whiskey is very easy or easy to obtain, compared to 51% of youth statewide.

## Perception of Risk

Data from the 2015 Healthy Teens Survey reflect the beliefs of Key Informants. Youth perception of risk in consuming an alcoholic beverage nearly every single day declined slightly from 2013 to 2015, with 56.3% of 8<sup>th</sup> grade students perceiving moderate or great risk

(compared to 60.2% of 8<sup>th</sup> grade students statewide), and 56.8% of 11<sup>th</sup> grade students perceiving moderate or great risk (compared to 65.7% of 11<sup>th</sup> grade students statewide).<sup>xxi</sup>

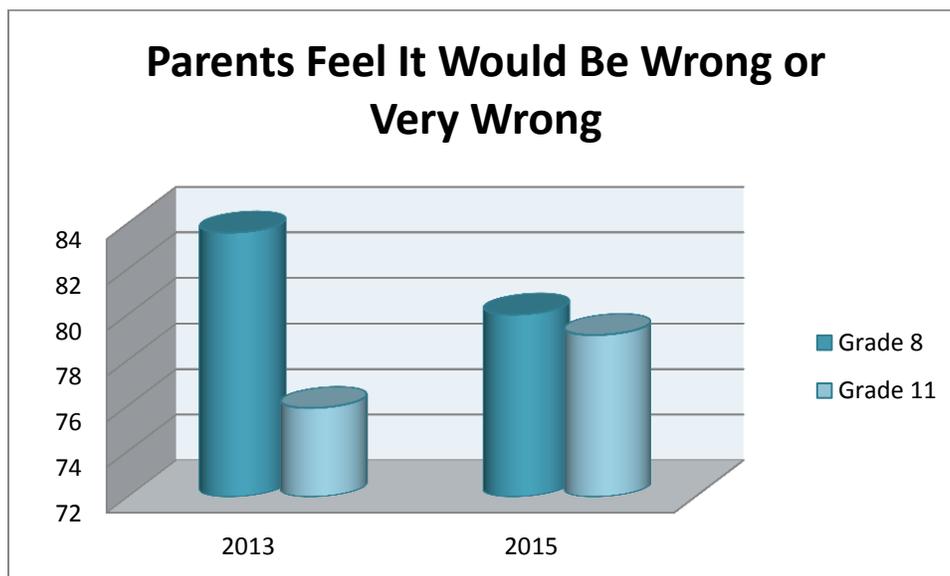
### 3 - Perception of Risk



### Perception of Parental Disapproval

“Parental knowledge is an important construct that reflects reasonable parent-child communication and relations leading to their adolescents’ friends, activities, and whereabouts... [hence], previous studies have shown that parental knowledge is a protective factor against adolescent use of alcohol.”<sup>xxii</sup>

### 4 - Perception of Parental Disapproval

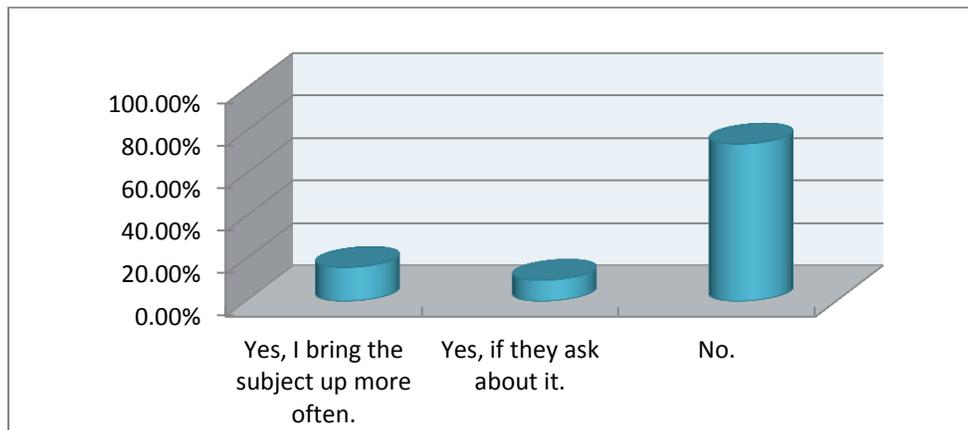


In Jefferson County, perception of parental disapproval remained relatively consistent from 2013 to 2015, at roughly 80%; however, perception of parental disapproval drops 82% of 8<sup>th</sup> grade students to 77.5% of 11<sup>th</sup> grade students).<sup>xxiii</sup>

Prevention messages, encouraging youth and parents to talk with one another about strategies to avoid or resist people or places where they might be offered alcohol, prescription drugs, or other drugs, and providing guiding tips for parents to initiate discussion with their kids about behavior expectations, have not historically been widely implemented in Jefferson County. Recent efforts, however, are showing promise.

Data from the 2016 Street Survey conducted by the Coalition indicates that indicates that 57% of youth and adults are not talking after seeing prevention messaging, and only, 16% of respondents talk only if the other asks. The Coalition has allocated a significant portion of other funding sources to messaging about the health, behavioral health and legal consequences of underage drinking and talking points for parents to engage in discussion with youth.

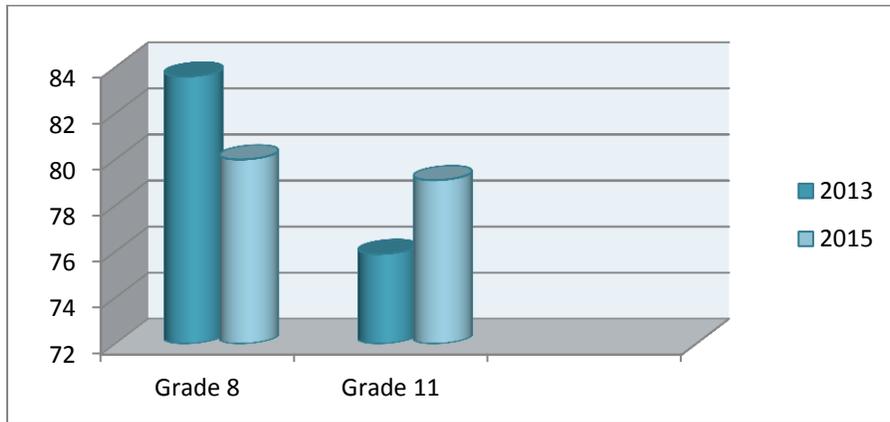
#### 5 - Communication



Youth and Adults Who Talk to One Another After Seeing Prevention Messaging

Only 80% of youth surveyed indicated a perception of parental disapproval in consuming alcohol regularly<sup>xxiv</sup>.

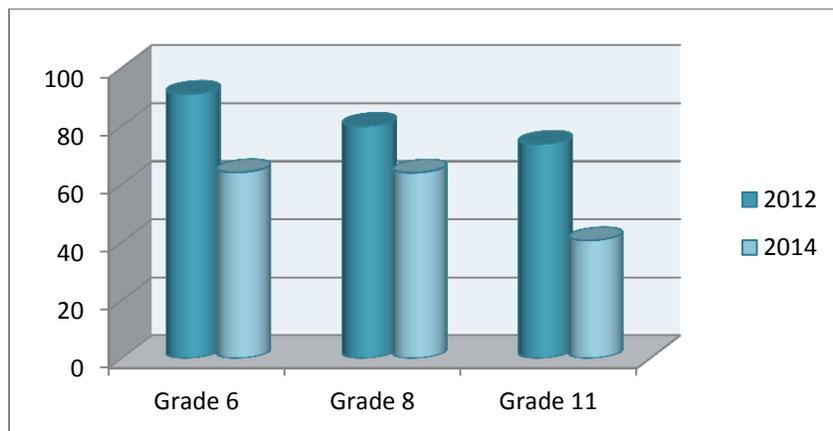
## 6 - Perception of Parental Disapproval



## Perception of Peer Disapproval

Concurrently, however, perception of peer disapproval for Jefferson County Youth to consume consuming alcohol regularly (2012) or one or two drinks of alcohol nearly every day (2014) decreased from 82% of students in 2012 to 56% in 2014.<sup>xxv</sup>

## 7 - Perception of Peer Disapproval

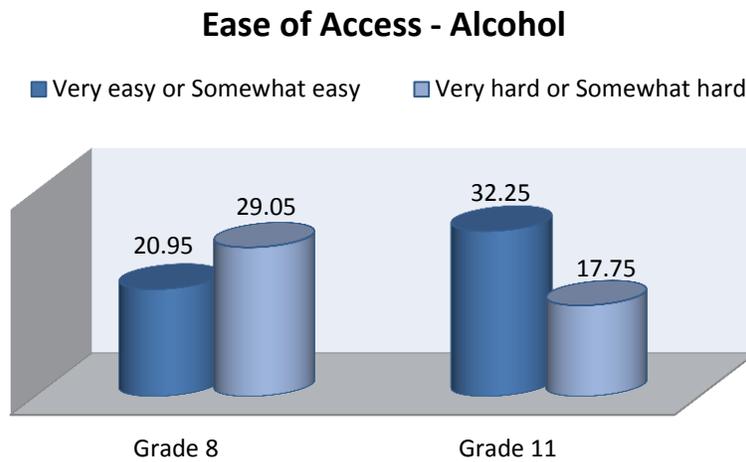


## Alcohol Ease of Access

Key Informants inform us that the availability of alcohol and peer acceptance/pressure are risk factors for youth alcohol use in Jefferson County. “Parties” have been prominent among Jefferson County youth. As more and more people have access to smart phones, to 9-1-1, and to online anonymous crime reporting systems, reports to law enforcement have been valuable in deterring parties within city limits. Our Street Survey indicates that parties have moved out of town or to people’s homes without adults present, where alcohol use is harder to detect. Reports of parties continue, however, because people continue to use anonymous reporting systems, although some people have reported that the Text-a-Tip program is difficult to use.

Data from the 2014 Student Wellness Survey indicates that 35% of students said that alcohol was easy or very easy to get, down from 40% in 2012.<sup>xxvi</sup>

#### 8 - Ease of Access - Alcohol

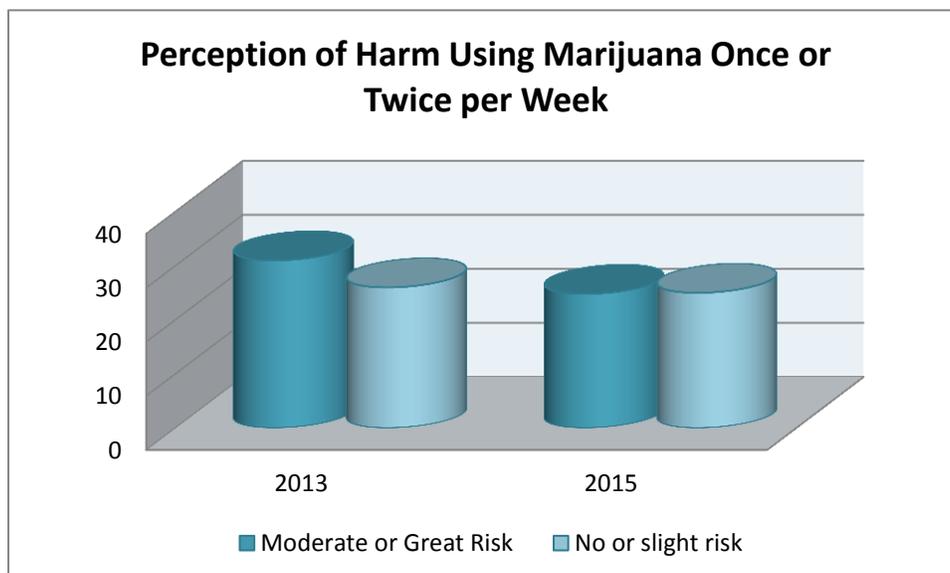


### Marijuana Risk Factors

#### Perception of Risk

We know that young people who do not perceive drug use to be risky are far more likely to engage in drug use. Perception of harm among Jefferson County Youth in smoking marijuana once or twice per week fell from 31% of students in 2013 to 25% of students in 2015.<sup>xxvii</sup>

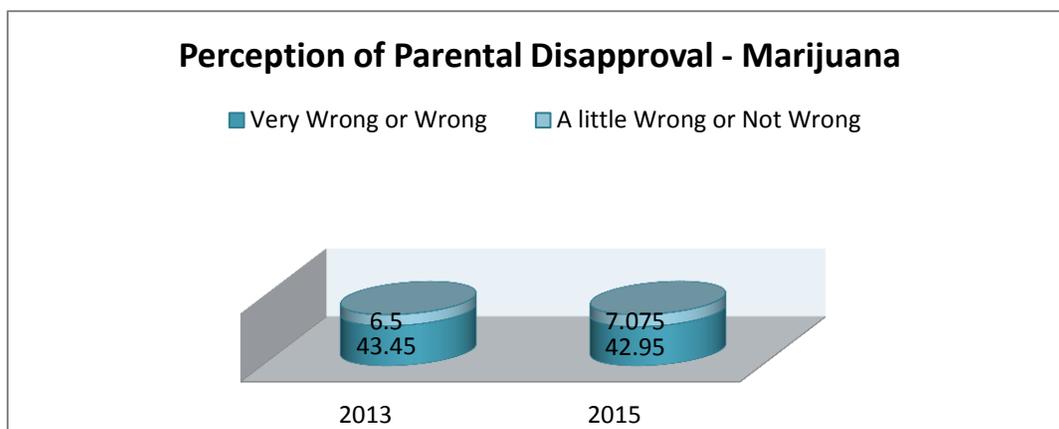
#### 9 - Perception of Harm - Marijuana



### Perception of Parental Disapproval

Research indicates that when parents have favorable attitudes toward drugs, they influence the attitudes and behavior of their children. Perception of parental disapproval fell from 89% of 8th grade students to 83% of 11th grade students, and cumulatively remains at 43% of youth respondents, who indicate their parents feel it would be wrong or very wrong to consume marijuana, compared to 44% statewide.<sup>xxviii</sup>

#### 10 - Perception of Parental Disapproval - Marijuana

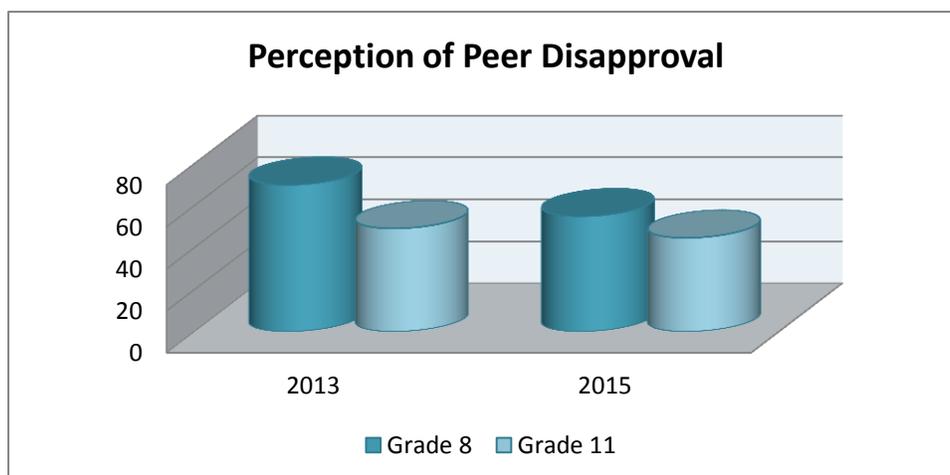


### Perception of Peer Disapproval

In Jefferson County, 53% of 8<sup>th</sup> grade students and 46% of 11<sup>th</sup> grade students perceive moderate or great risk in smoking marijuana regularly (at least once or twice a week), although 89% and 83% of students, respectively, report parental disapproval, and 55% and 45% of peer disapproval of marijuana use.<sup>xxix</sup>

From 2013 to 2015, perception of peer disapproval for marijuana use fell from 60% of 8<sup>th</sup> and 11<sup>th</sup> grade students to 50% of 8<sup>th</sup> and 11<sup>th</sup> grade students.<sup>xxx</sup>

#### 11 - Perception of Peer Disapproval - Marijuana

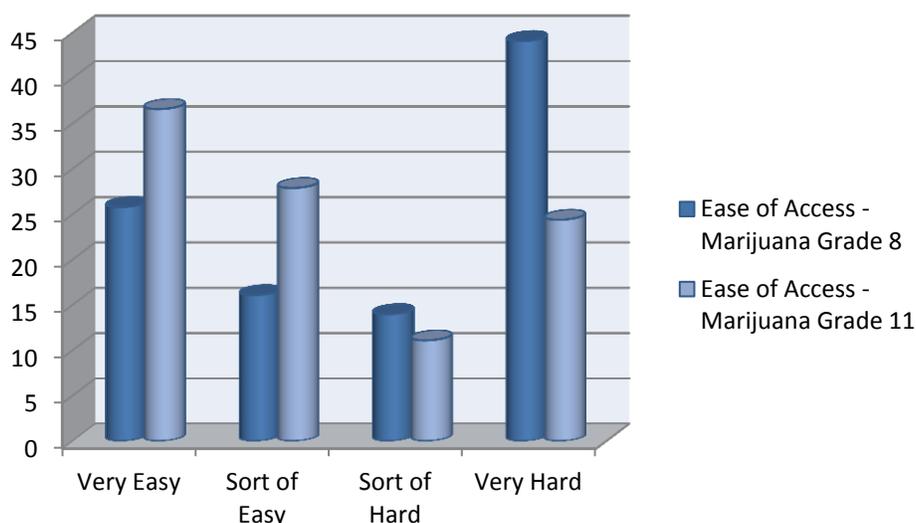


## Ease of Access

Access is a risk factor that is complicated by not only adult perception of harm, but by adult marijuana use, as well. The most commonly used illicit drug in the United States in 2015 was marijuana, which was used by 22.2 million people aged 12 or older.<sup>xxxii</sup>

Of the youth who consumed marijuana in the past 30 days, 10.9% obtained marijuana from friends, 6.1% obtained marijuana some other way, and 1.9% obtained marijuana from a medical cardholder or grower.<sup>xxxiii</sup> When asked where they believe youth are obtaining marijuana, Key Informants responded in unison: From parties and friends; it's available "everywhere." Of additional concern, 80% of respondents to the Street Survey indicated that marijuana was very easy or easy to obtain. Indeed, 27% of 2015 Healthy Teens Survey respondents indicate that marijuana is very easy or easy to get.

12 - Ease of Access - Marijuana

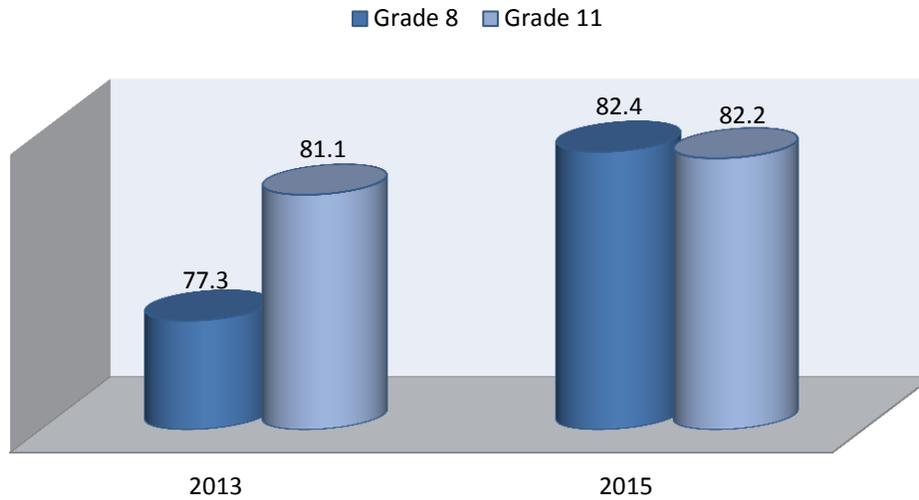


## Prescription Medications Risk Factors

### Perception of Harm

Perception of medication misuse/abuse harm has risen from 77.3% of 8<sup>th</sup> grade students in 2013 to 82.4% of 8<sup>th</sup> grade students in 2015, and from 81.1% of 11<sup>th</sup> grade students in 2013 to 82.2% of 11<sup>th</sup> grade students in 2015.

### Perception of Risk - Using Non-prescribed Prescription Medications

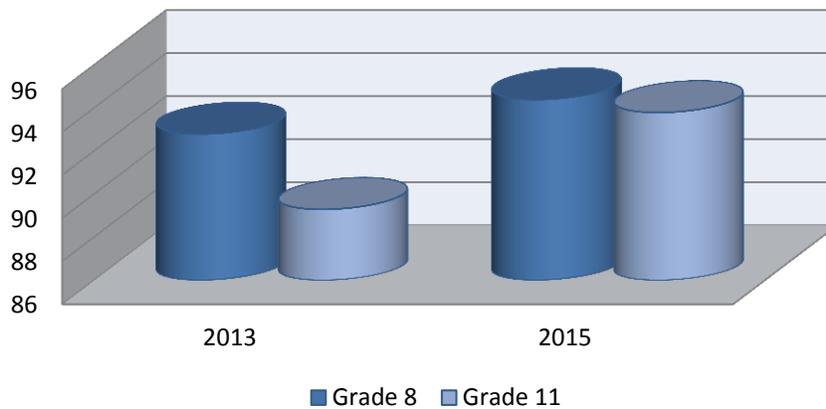


### Perception of Parental Disapproval

Surveyed students report a slight increase in perception of parental disapproval of medication misuse or abuse from 2013 to 2015, with 93% of 8<sup>th</sup> grade students and 89.3% of 11<sup>th</sup> grade students reporting in 2013, and 94.4% of 8<sup>th</sup> grade students and 93.8% of 11<sup>th</sup> grade students reporting in 2015.

### 14 - Perception of Parental Disapproval - Prescription Medications

### Prescription Medication Perception of Parental Disapproval

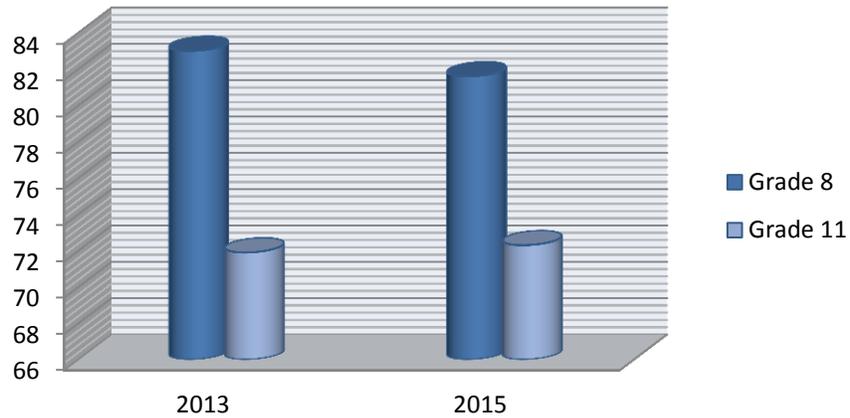


### Perception of Peer Disapproval

Perception of peer disapproval dropped slightly from 2013 to 2015 among 8<sup>th</sup> grade students, and rose lightly among 11<sup>th</sup> grade students. However, perception of peer disapproval drops significantly from 8<sup>th</sup> grade students to 11<sup>th</sup> grade students, from a means of 82.3% of 8<sup>th</sup> grade students to 72.1% of 11<sup>th</sup> grade students.

### Perception of Peer Disapproval

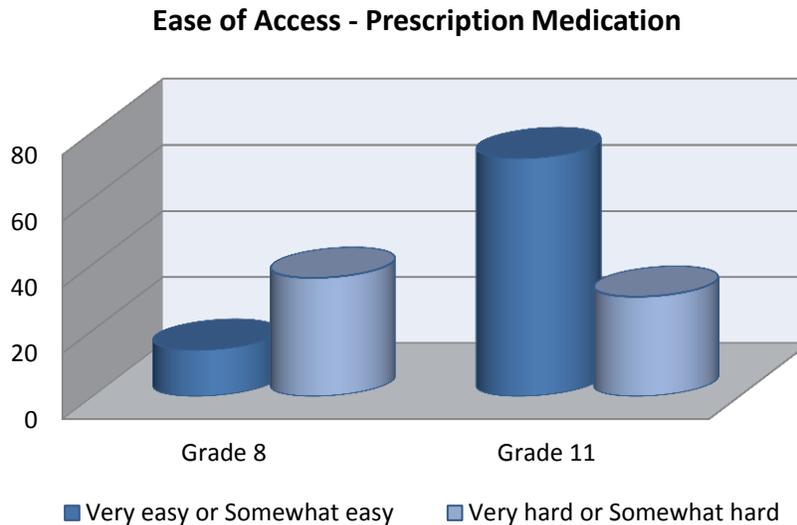
15 - Perception of Peer Disapproval - Prescription Medications



## Ease of Access

Availability of prescription medications continues to be a predominant risk factor for prescription medication abuse. When asked about obtaining prescription medication, 17% of respondents to the 2015 Healthy Teens Survey indicated that prescription drugs not prescribed to them were very easy or easy to obtain.

### 16 - Ease of Access - Prescription Medications



## Protective Factors

Protective Factors serve as buffers against a person's susceptibility to substance use. Protective Factors may include strong bonding to school and community, rewards for pro-social behaviors, interaction with pro-social peers, and clear standards for behavior. We know that every \$1 spent on Substance Abuse Prevention yields between \$2 to \$20 in estimates of savings resulting from reduced demand for health and social services. We also know that, despite differences in demographics, regions, and program strategies, substance abuse prevention outweighs costs by at least 2 to 1.<sup>xxxiii</sup>



Healthy opportunities for youth involvement in the community exist throughout Jefferson County. Key Informants identified three of the top factors within Jefferson County that play a role in preventing underage alcohol use:

1. Community connectedness
2. Diversity
3. Help (programs)

## Community Assets

**Fly Above The Influence (FLY)** - FLY is a youth-led substance abuse prevention coalition which provides numerous prevention messages to the community and hosts educational, social, and other events throughout the community. All events tie into substance abuse prevention.

**Kids Club** – Offering services to youth ages 5-12- Kids Club is a community-based childcare resource which also provides events for the community and activities for families.

**Sports in School** - After school practice and games where the majority of our youth are actively involved in several activities like: football, basketball, volleyball, soccer and cheer, etc. Little leagues in the summer are also an activity that most of our community members get involved in.

**Fishing Pond** – Adjacent to our community fairgrounds is a pond for fishing and meditating.

### Hispanic Culture

Two Cultural groups offer well-attended cultural events, as well as information and support for residents who may have questions about immigration or who may need additional services.

**Sahalee Park** – The majority of local events occur at Sahalee Park and include Saturday markets, faith-based events throughout the summer and holidays. Without parental supervision, Sahalee Park, like the skate park, also lends itself to opportunity for misuse.

**The Zone** - The Zone is similar to Kid’s Club and is geared toward middle school students.

**The Madras Aquatics Center (MAC)** The MAC partners with the community to offer events and activities for youth and families.

**Skate Park** - The local skate park is a youth resource, although a lack of parental supervision lends to an opportunity for misuse.

### Tribal Culture – Confederated Tribes of Warm Springs

Warm Springs offers many cultural activities and events throughout the year, ranging from Pow Wows, athletic tournaments, conferences, trainings, and gatherings.

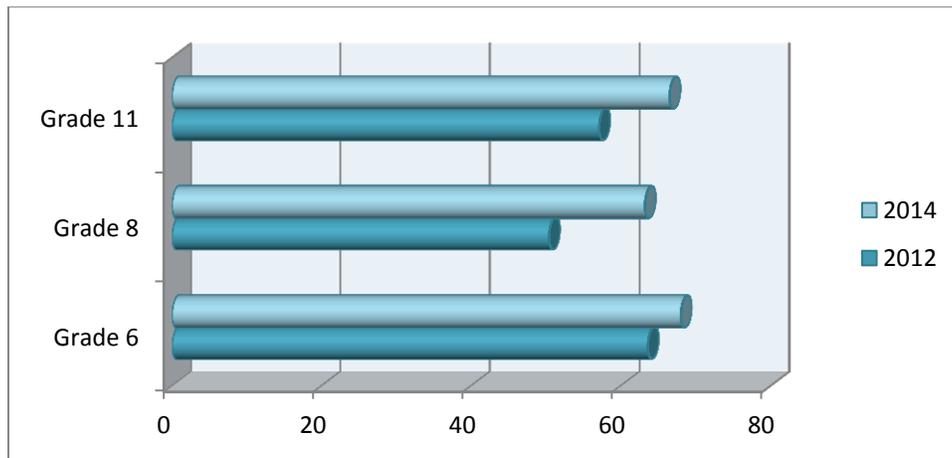
**The Annex or Public Library-** Offers conference room space volunteer opportunities for youth and adults, as well as Story Time, which is read by youth volunteers. The library also provide movie night for the whole family and I believe is once a month.

**Entertainment** consists of a local bowling alley, the cinema (which sponsors prevention activities and messaging), and the local Fairgrounds, which hosts family events, including Quinceañera.

**Strong Positive Youth Development**

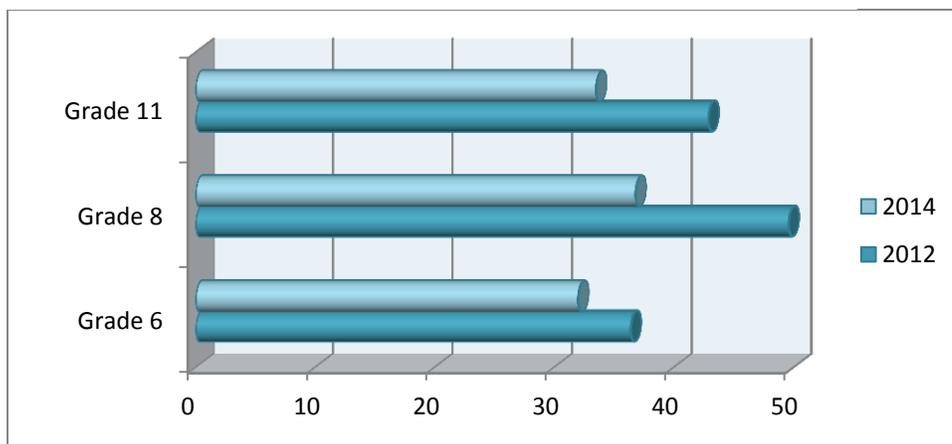
In 2014, 66% of Jefferson County students reported Strong Positive Youth Development, compared to 57% in 2012.<sup>xxxiv</sup>

17 - Strong Positive Youth Development



Concurrently, Weak Positive Youth Development dropped from 43% to 34%.

18 - Weak Positive Youth Development



## Comprehensive Prevention Plan

We know that there is no single strategy that is effective toward promoting wellness. For example, we know that education plays a role—but education alone is ineffective toward prevention. Rather, six Federal strategies define an overall concept of services that prevent or reduce substance use and promote mental wellness. Jefferson County's Comprehensive Prevention Strategy includes complementary prevention efforts, cultural resonance, and assured sustainability, using each of the following six CSAP strategies:

- 1- **Information Dissemination** provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the information source to the audience, with limited contact between the two.
- 2- **Education** builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities. There is more interaction between facilitators and participants than there is for information dissemination.
- 3- **Alternatives** provide opportunities for target populations to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.
- 4- **Problem Identification and Referral** aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through education. This strategy does *not* include any activity designed to determine if a person is in need of treatment.
- 5- **Community-based Process** provides ongoing networking activities and **technical assistance** to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action **planning** and collaborative systems planning.
- 6- **Environmental** establishes or changes written and unwritten community standards, codes, and attitudes. Its intent is to influence the general population's use of alcohol and other drugs.

By weaving together prevention resources, including the coalition itself, Jefferson County is using an evidence-based, comprehensive approach to substance abuse prevention.

## PFS Strategies

- Strengthen and sustain the coalition and build coalition leadership, including youth coalition leadership. As demonstrated by waning coalition attendance in the previous two years, we will utilize the Coalition Core Survey to identify needed skills; utilize local technical assistance to provide training to existing and new coalition members on the Strategic Prevention Framework, Public Health approach to substance abuse prevention, the IOM Protractor, effective planning, implementation, and evaluation. Our goal is to strengthen community partnerships, support coalition ownership of prevention efforts, to assure cultural resonance, and actualize sustainability of the coalition.
- Complement DFC Efforts to raise awareness among adults about safeguarding and monitoring alcohol at home, social, and sporting events, use local data and media best practices to implement television, radio, print media, YouTube, and social media campaigns, to:
  - 1- Raise awareness among older youth (21-25) about the legal and social consequences of providing alcohol to underage drinkers.
  - 2- Raise awareness among youth about the legal, health, and social consequences of sneaking alcohol out of their homes for underage consumption.
  - 3- Encourage businesses and faith communities to establish policies about alcohol use at events.

## DFC Strategies (Staffing)

- Using local data and media best practices, implement youth-driven television, radio, print media, YouTube, electronic music, and social media campaigns to raise adult awareness about, and encourage parents to talk to youth about the health, behavioral health, and legal consequences of underage drinking.
- Provide information to community adults about safeguarding and monitoring alcohol at home, social, and sporting events.
- Provide community education and referral to local, state, and national help resources; encourage help-seeking behavior.
- Educate the community about the Text-A-Tip line (funded through other sources).
- Support law enforcement in its efforts to enforce minor in possession laws.
- Implement Too Good for Drugs and other evidence-based or best practice curriculum.
- Youth to develop refusal skills against pressure to use alcohol, marijuana and drugs.

- Provide education and support to parents of participants.
- Using local data and best practices (similar to that of the CDC's campaign about tobacco), implement youth-driven television, radio, print media, YouTube, electronic music and social media campaigns which increase marijuana perception of harm.
- Implement a comprehensive media campaign to raise adult awareness about safeguarding and monitoring marijuana and edibles at home, at social events, and at sporting events.

### **Sober Truth on Preventing Underage Drinking Act (STOP ACT) Strategies (Staffing and Resources – Current Plan is Under Revision)**

- Build capacity of the Youth Prevention Task Force (YPTF) at 509J and Culver School Districts in order to empower youth leaders in planning and implementing environmental strategies and prevention projects, an outlet for youth to anonymously report underage drinking activities or other criminal behavior with the Text-A-Tip line.
- Reduce barriers and increase access for ID Checking/Liquor Law Classes and the Oregon Liquor Control Commission (OLCC) Responsible Vendor program for clerks, businesses and liquor license vendors in order to reduce youth access to alcohol. *(Key Informant Interviews indicates that this action is step is not a high priority at this time; our coalition will re-visit this strategy).*
- Increase compliance through enhancement of Minor Decoy Compliance Operations, utilizing volunteers from our Youth Prevention Task Force in other communities, and youth from other neighboring coalitions come to our community under the supervision of the OLCC and/or local law enforcement with goal of reducing access to underage drinking. *(Discussion with individual coalition members and key informants indicates a lack of investment in this strategy; we will revisit this effort as we enhance coalition relationships and coalition ownership).*
- Enhance the Jefferson County Alcohol, Tobacco and Other Drug (ATOD) Protocol through Town Hall educational meetings for the public and refresher meetings with all participants who partner in the Protocol and, most importantly, consistent enforcement of underage drinking. Expand the ATOD Protocol across county lines in partnership with Crook and Deschutes Counties.

### **Mental Health Promotion and Prevention Project (MHPP)**

It is anticipated that MHPP will supplement substance abuse prevention efforts as the community is able to identify local prevention and intervention resources.

- By June 2017, two staff will become T4T in QPR

- By June 2017 trained staff will offer QPR to community businesses, prevention coalition members, social clubs, youth agencies, elder agencies, and the community at large.
- Contract with CONNECT to provide a Training for Trainers on Suicide Prevention, Postvention, and Youth Training.
- Distribute *SOS: A Handbook for Survivors* by Jeffrey Jackson throughout Jefferson County
- Provide local data to prevention coalition members.
- Identify key stakeholders; provide local data; offer training on Suicide Prevention | Postvention
- Through Facebook and other social media, offer links to Hope|Help|How:
  - Hope: Positive messaging around suicide prevention
  - Help: Provide local, state and national hotlines, online resources, local resources
  - How: Offer links to attempt survivor stories of hope; share safe messaging; encourage help-seeking behavior
- Identify theme, e.g., if you are evening questioning whether it's time to ask for help, the answer is YES!
- Partner with regional prevention efforts to promote rural Lines for Life youth training.
- Partner with local and/or regional prevention efforts to implement "After Aces," an action plan for providers who are educated about ACES, but are wondering "What's next." This plan has not been fully fleshed out, but is an inspiration following the 2016 Mind Your Mind Conference, and is hoped to begin the planning stages in 2016, with implementation in late-2017.

### AD-70 (Resources)

- Decrease 30 day use of alcohol and marijuana
- Increase perception of harm: 1 or two drinks daily; five or more drinks once or twice a week; marijuana
- Provide community education: ease of access, safeguarding and monitoring alcohol, marijuana and prescription medication
- Positive Youth Development
- Increase knowledge of risk among 21+ adults who provide alcohol and marijuana to underage consumers
- Professional Development/Capacity Building – Staff and Coalition Members
- Data Collection

### AD-80 (Resources)

- Gambling Risk Awareness (Cultural, community, and youth).
- Gambling Resources

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## End Notes

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- i 2010 US Census
- ii <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
- iii 2010 US Census
- iv <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
- v 2016 Warm Springs Student Wellness Survey
- vi 2015 Jefferson County Profile, Oregon State University Extension Service
- vii Id.
- viii 2013 Oregon Update: Migrant And Seasonal Farmworker Enumeration Profiles Study
- ix <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3189446/>
- x <https://www.farmworkerjustice.org/sites/.../EOFH%208.2%20FINAL.11.7.2014.pdf>
- xi Miller, Naimi, Brewer and Jones, 2007
- xii 2009-2013 DUUI Data Book (July 2016) for Oregon Counties
- xiii Criminal Justice Commission / Interactive Data / Prison Intakes & Length of Stay
- xiv Oregon Health Authority Vital Statistics County Data 2014
- xv Pacific Institute for Research and Evaluation (PIRE), March 2015.
- xvi Grilly, 2006
- xvii Criminal Justice Commission / Interactive Data / Prison Intakes & Length of Stay
- xviii 2014 Oregon Uniform Crime Reports
- xix <http://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>
- xx Id.
- xxi 2015 Healthy Teens Survey
- xxii Wang, J., Simons-Morton, B.G., Farhart, T. & Luk, J.W. (2009). Socio-demographic variability in adolescent substance use: Mediation by parents and peers. *Prevention Science*, 10: 387-396.
- xxiii 2015 Healthy Teens Survey
- xxiv Id.
- xxv Id.
- xxvi 2014 Student Wellness Survey
- xxvii 2015 Healthy Teens Survey
- xxviii Id.
- xxix Id.
- xxx Id.
- xxxi Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health.
- xxxii 2015 Healthy Teens Survey
- xxxiii The Journal of Primary Prevention Costs-Benefits of Prevention October (2004)
- xxxiv Student Wellness Survey, 2012 and 2014