

Strategic Plan 2010-2015

Ingham Substance Abuse Prevention Coalition

Includes the 2010-2015 Tri-County Tobacco Strategic Plan for Ingham, Clinton, and Eaton counties



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Introduction

Our History

The Ingham Substance Abuse Prevention Coalition (ISAP) is a formalized county-wide coalition with representation from multiple sectors in Ingham County. Founded in 2004, our principal vision is to bring effective prevention services to our community through comprehensive collaboration. ISAP develops, plans, coordinates, implements, and evaluates comprehensive countywide strategies that addresses locally determined risk and protective factors and achieves changes in substance use behaviors prioritized by our county. We have successfully convened a wide variety of stakeholders from around the county, in health, human services, courts, law enforcement, substance abuse prevention and treatment providers, schools, colleges and universities, youth-service providers, adult employment and training agencies, faith-based community members, and city governments. Staff support is provided through collaboration between Cristo Rey Community Center and Prevention Program Services of the Eaton Intermediate School District. Contracted support services to ISAP are provided by community agencies, including the Community Coalition for Youth, Lansing Teen Court, and the Ingham County Health Department. Funding is provided through Mid-South Substance Abuse Commission (MSSAC), the Substance Abuse and Mental Health Services Agency (SAMHSA) under the Drug Free Communities Grant, and the Capital Region Community Foundation. ISAP is a member of the local Human Services Collaborative, the Power of We.

Beginning in the fall of 2004, ISAP was built from the ground up. Challenged by MSSAC to switch from direct service prevention programming and services to community mobilization and environmental change, was initially a daunting task. With the guidance of consultants and utilizing the SAMHSA Strategic Prevention Framework (SPF), ISAP staff and coalition membership began to understand and appreciate the impact SPF could have on our community. Our commitment to SPF made it possible for ISAP to write for and receive a Drug Free Communities Grant in 2007, one of only 112 awarded nationwide.

Our Framework

The SPF enables communities nationwide to build the infrastructure necessary for effective and sustainable prevention. The SPF is designed to impact population level change and is built on outcomes-based prevention, focusing on both consequences and consumption patterns for the entire life span, rather than a particular age group. Population level change means that the focus is on entire populations, such as entire communities. Cultural competence and sustainability must also be infused within the SPF five steps, as visually represented in the symbol.



The SPF is a public health approach to prevent and reduce substance-related problems and involves five specific steps:

1. **Needs Assessment - profile population needs, resources, and readiness to address needs and gaps**
2. **Capacity Building - mobilize and/or build capacity to address those needs**
3. **Strategic Planning - develop a comprehensive strategic plan**
4. **Implementation - implement evidence-based prevention programs, policies, and practices**
5. **Evaluation - monitor, evaluate, sustain, and improve or replace those strategies that fail**

The SPF also utilizes the risk and protective factor model in the assessment of prevention needs in a community. This model focuses on reducing the number of risk factors to which an individual is exposed, as well as increasing the number of protective factors, or buffers, to effectively reduce future substance use and abuse. Risk factors are characteristics of school, community, and family environments and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth. Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Risk and protective factors fall into five domains: community factors, school factors, and characteristics of the individual, family, and peers. The majority of risk and protective factors are amenable to change (e.g. community or family norms and values) and can be targets for interventions.

ISAP is committed to local data collection, strategic planning, and resource allocation for the provision of essential prevention programs, policies, and practices to reduce substance use, abuse, and the related consequences. These essential services must be culturally relevant and sustainable over time to truly impact population level change. We must also address prevention's role throughout the substance abuse system continuum of care, inclusive of early intervention, treatment, and recovery. Ingham County networks including prevention have the qualities to identify and propose improvements for linking prevention efforts and services collectively to treat clients, families, and other systems within our communities.

Our Methods

The work of ISAP is divided among six key areas: Capacity (including media and communications), Data, Adult Use of Alcohol and Tobacco and Parental Involvement in Youth Use, Youth Use of Alcohol, Tobacco and Other Drugs, Community Norms, and Family Management. We conducted an initial needs and resource scan of the county prevention and prevention-related programming and services. We reviewed local data, selected key indicators, developed problem statements, prioritized those problems, and categorized the problem statements into workgroups. The workgroups built logic models around their problem statements, identifying consumption patterns, contributing factors and supporting data, intervening variables, and strategies to address the problems. Initially, process measures were put in place. As our capacity grew and our strategies refined, measurable outcome evaluation was the logical next step. Short-term, intermediate, and long-term outcomes addressing and impacting our key data indicators will be the final test of our success, and are a critical part of our planning process.

Our Strengths, Weaknesses, Opportunities, and Threats (SWOT)

Introduction

On April 13, 2010 the ISAP coalition conducted an analysis of our strengths, opportunities, weaknesses, and threats. The use of a SWOT analysis is a well practiced strategic planning technique that allows us as a coalition to really examine our status and build on our strengths, correct our weaknesses, and protect against internal vulnerabilities and external threats.

Methodology

In order to pinpoint our top SWOT's, coalition strengths were brainstormed. As a group, we examined what we do well, internally, externally, as a stand-alone organization, and as compared to other coalitions in the Mid- South region and other organizations in Ingham County. We continued the analysis with weaknesses. Our discussions lead us to the conclusion that some things we perceive as strengths (professional, knowledgeable, dedicated community partners) are also weaknesses (these same professional, knowledgeable, dedicated community partners are also a limited resource). As we looked at opportunities, we connected them to our strengths and asked not only what obvious opportunities (such as grant writing) exist but what opportunities exist *because* of our strengths (social norm expertise with Michigan State and Olin Health Center). Once we brainstormed each category, participants then voted on their top three strengths, weaknesses, opportunities, and threats.

Results

Coalition members identified ISAP's top three:

Strengths

- Understanding of the Strategic Prevention Framework and Prevention Knowledge
- ISAP's relationship with the school districts in Ingham County (Particularly the Lansing School District), law enforcement, and Michigan State University
- Professional membership and collaboration

Weaknesses

- Members asked to do too much work for coalition on top of individual agency duties - how to balance not being too agency driven without overburdening membership
- Visibility of ISAP in the community - media and otherwise
- (tie) Ethnic and racial diversity of the coalition and involvement of diverse youth
- (tie) ISAP goals are too lofty - trying to take on too much at once

Opportunities

- Impact the link between prevention, treatment, and recovery
- Maximize the use of local experts both internally and externally
- Expand ISAP's relationship with the Ingham County Health Department and its connection with families and family programs.

Threats

- The general population does not understand substance abuse prevention, which threatens funding and progress
- Lack of knowledge of community norms and the perceived misconceptions around alcohol use county wide
- Separation of funding between prevention and treatment/recovery

Next Steps

ISAP will continue to discuss these SWOT indicators in depth at upcoming ISAP meetings and identify action steps to incorporate the SWOT into both the strategic plan and future implementation plans.

Our Goals

Overall, ISAP is fairly well versed in the principles and processes of data collection, community collaboration, planning, implementation, and evaluation. However, shortcomings still exist and maintenance of standards of efforts and improved capacity is paramount. The ongoing need for local data collection mechanisms surrounding the prioritization of data indicators and the ability to track over time; identifying gaps in services and exploring potential enhancements to current prevention services and braided funding opportunities; ongoing comprehensive planning and appropriate documentation of processes, outcomes, and achievements (i.e. logic models, agency action plans, etc.); evaluation of year-end outcomes surrounding the implementation of evidence-based prevention programs, policies, and practices; ability to garner additional funding from sources beyond Mid-South or the publicly funded system for local prevention efforts; and maintaining a sustainable and effective system of prevention remain key focus areas. Our coalition has identified key indicators updated annually in the Substance Abuse in the Capital Area Report, and those indicators are listed within the alcohol, tobacco, and prescription drug use goals. The full report for 2009 is available at www.drugfreeingham.org.

Goal Areas: Capacity Building and Data, Alcohol, Tobacco, and Prescription Drug Use

Goal 1 - Capacity Building and Data

ISAP will continue to build infrastructure to sustain substance abuse prevention in communities and institutionalize the SPF five steps, as evidenced by the following:

- ✓ Development of concise, data-driven problem statements
- ✓ Development of annual county communication plans
- ✓ Partnership agreements and/or memorandums of understanding established and renewed bi-annually
- ✓ Provision of local training and orientation to new county prevention staff, coalition members, and county coalition networks
- ✓ Enhancement of early problem identification protocol and referral systems
- ✓ Development of comprehensive strategic plans
- ✓ Annual development/renewal of substance abuse specific logic models
- ✓ Annual development of implementation plans identifying effective evidence-based policies, practices, and programs and annual development of agency action plans
- ✓ Evaluation report produced annually with recommendations for quality improvement

Goal 2 - Alcohol

For youth, as well as adults, alcohol is the single most commonly abused substance. Young people are more likely to drink alcohol than they are to smoke cigarettes or use any illicit drug. More than two-fifths of all adults in Michigan (42 %) and in Ingham County (49 %) who received treatment from a publicly funded substance abuse program between September 2006 and October 2007 reported alcohol as their primary substance of use and were treated for an alcohol-related disorder¹. In addition to serious health conditions, alcohol use is linked to injuries and deaths from traffic crashes, falls, fires, and drowning. It is also a factor in homicide, suicide, domestic violence, and child abuse.

In order to understand why these consequences and corresponding alcohol consumption patterns occur so frequently in society today, we must identify and analyze the intervening variables and contributing factors, or more specifically, the causal factors surrounding this public health issue. Risk and protective factors provide one such mechanism. One of the most heavily targeted risk factors in the field of prevention continues to be youth perception of risk surrounding alcohol. In Ingham County, 61.9% of 6th grade youth, 63.7% of 8th graders, 67.0% of 10th graders, and 65.4% of 12th graders in 2008 agreed with the statement "people are at Moderate or Great Risk of harming themselves if they drink one or two drinks nearly every day".² These relatively low to moderate percentages signify a troubling youth perception of regular alcohol use and also symbolize an opportunity for improvement. In short, a large portion of school aged youth in the Mid-South region simply do not perceive regular alcohol use as a risky behavior that puts people at moderate or great risk of harming themselves. A second risk factor that is also heavily targeted by prevention professionals involves youth's perception of peer disapproval. Perception of peer disapproval is measured when students are asked the following question regarding alcohol, "I think it is wrong or very wrong for someone my age to drink beer, wine, or hard liquor regularly". The 2008 Prevention Needs Assessment Survey reported that 94.9% of 6th graders, 83.7% of 8th graders, 66.5% of 10th graders, and 56.7% of 12th graders agreed with this statement. The glaring issue here is exemplified in the amount of change over time that occurs between 6th grade youth (94.9%) and 12th grade youth (56.7%) in regards to the perception of peer disapproval and alcohol use. The same question is being asked, but somehow as a student ages and moves closer to graduation, that student's belief that it is wrong or very wrong for someone his or her age to drink beer, wine, or hard liquor regularly is significantly reduced.

¹ SOURCES: *Mid-Michigan Behavioral Risk Factor Survey* (1997, 2000, 2003, 2006), Ingham County Health Department; *Capital Area Behavioral Risk Factor and Social Capital Survey 2006*, Ingham County Health Department. *Michigan Behavioral Risk Factor Survey*, Michigan Department of Community Health; and Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

² Mid-South Substance Abuse Commission, Prevention Needs Assessment Survey, 2008

ISAP has identified, through prioritization of data, key indicators in the county around alcohol use and related consequences. The alcohol related goal for ISAP is:

To reduce alcohol involved traffic fatalities, injuries, and crashes due to the use/misuse of alcohol by youth and adults in Ingham County.

Alcohol Objectives:

2.1 Community Norms: to correct the misperceived community norms involving alcohol use/misuse

2.2 Enforcement and Adjudication: to support and enhance the effective enforcement and adjudication of alcohol related violations

2.3 Social Availability: to reduce youth social access to alcohol and to impact adult social access to alcohol

2.4 Retail Availability: To reduce youth retail access to alcohol and to impact adult retail access to alcohol

2.5 Laws and Policies: To support and/or enhance laws and policies that reduce alcohol misuse

Key Indicators in Ingham County regarding alcohol use:

- Binge and heavy drinking by adults
- Self-reported alcohol use by youth
- Self-reported binge drinking among youth
- Parental attitudes toward underage drinking

Goal 3: Tobacco

Tobacco kills more people than AIDS, alcohol (chronic liver disease and cirrhosis), auto accidents, cocaine, heroin, murders, and suicides combined. In 2007, there were a total of 7,387 deaths in the Mid-South region, with 1,089 of those deaths, or 14.7%, directly linked to tobacco use². Smoking related illnesses include, but are not limited to: heart disease, stroke, respiratory diseases, lung cancer, and other tobacco related cancers. Specifically, in Ingham County, the average age of onset for smoking cigarettes, even a puff, is 12.3 years. For past thirty day use, 4.2% of Ingham County 6th grade youth report smoking in the past 30 days, 8.6% of 8th grade youth, 12.1% of 10th grade youth, and 18.7% of 12th grade youth report smoking in the past thirty days³. There were also 144 deaths to non-smokers in the Mid-South region due to secondhand smoke exposure. Research shows that even 30 minutes of exposure to secondhand smoke can cause heart damage in a non-smoker similar to that caused by the smoking of a habitual smoker (Michigan Department of Community Health, 2007).

ISAP collaborated with the Eaton County Substance Abuse Advisory Group and the Clinton Substance Abuse Prevention Coalition in 2009 to develop a regional strategic plan for all three counties, Clinton, Eaton, and Ingham, known as the Tri-County area. This Tri-County Tobacco Strategic Prevention Plan is a testament of the Mid-South Substance Abuse Commission's (MSSAC) commitment to the continued collaboration among county prevention providers and community prevention networks that began with the 2005-2009 strategic planning process. The partnerships fostered and expanded in the development of the 2010-2015 Tri-County Tobacco Strategic Plan, which is attached as Appendix A, symbolizes the overall growth of the region in the past five years. This plan was designed to replace individual tobacco plans in three of the nine strategic plans in Mid South's nine-county region. Those three counties are Ingham, Clinton, and Eaton counties.

² Michigan Department of Community Health, Division of Vital Records and Health Statistics and Centers for Disease Control and Prevention, CDC Wonder Online Database and SAMMEC Online database, 2007

³ Mid-South Substance Abuse Commission, Prevention Needs Assessment Survey, 2008

The Tobacco related goal for ISAP is:

Tobacco use by Adults and Youth, second-hand smoke (ETS) exposure contribute to tobacco-related deaths in the Tri-County region of Clinton, Eaton, and Ingham Counties

Tobacco Objectives:

3.1 Community Norms: To correct the misperceived community norms involving tobacco use and exposure

3.2 Laws and Policies: To support and/or enhance laws and policies that reduce tobacco use and exposure

3.3 Promotion: To reduce the product promotion of tobacco

3.4 Social Availability: To reduce youth social access to tobacco, and to impact adult social access to tobacco

3.5 Retail Availability: To reduce youth access to tobacco, and to impact adult retail access to tobacco

Key Indicators in Ingham County regarding tobacco use:

Percentage of homes reporting smoking is permitted inside the home

Percentage of students reporting they have ever used tobacco

Tobacco use in the past 30 days

Goal 4: Prescription Drugs

One of the fastest growing problem areas in the substance abuse field involves the misuse and abuse of over-the-counter (OTC) and prescription drugs by youth and adults. The data presented below will illustrate a corresponding and dramatic increase in the number of poisonings and deaths associated with the abuse of prescription and OTC drugs. Additional data and analysis is needed surrounding this growing trend, although the available data speaks volumes. For example, research on deaths in the U.S. due to poisonings from 1999-2004 shows nearly all are attributed to drugs, and most drug poisonings result from the abuse of prescription and illegal drugs. The more striking finding was the number of total deaths due to poisonings increased by 62% in those five years, from 12,186 deaths in 1999 to 20,950 deaths in 2004⁴. In particular, unintentional poisoning deaths involving psychotherapeutic drugs, such as sedative-hypnotics and anti-depressants, grew 84% from 1999 to 2004. Within the same time frame, the CDC reported that unintentional poisoning deaths involving narcotics and hallucinogens grew 55%, with research suggesting that this increase is attributed primarily to prescription painkillers³.

The data surrounding adult abuse of OTC and prescription drugs and the youth data that follows provides further insight into this legitimate public health issue. Between 2002 and 2004, an estimated 534,000 people in Michigan reported non-medical use of prescription drugs in the past year⁵. The Michigan Treatment Episode Data Set (TEDS) shows a 182% increase (1,929 to 5,442) from 2002 to 2007 in the number of admissions into Michigan's publicly funded substance use disorder treatment system for people reporting prescription drug abuse as a problem at the time of admission.

The issue of OTC and prescription drug abuse is as pervasive as any growing trend in the United States today. States, regions, and communities must collectively join together and identify solutions to achieve long-term outcomes involving youth and adult OTC and prescription drug abuse. Additionally, in 2008 Michigan voters overwhelmingly voted in a medical marijuana law which went into effect in April of 2009. The Act allows registered patients and caregivers to legally possess up to 2.5 ounces of usable marijuana and to grow up to 12 plants, which must be kept in an enclosed, locked facility for medical purposes. While the Act legalizes the possession and medical use of marijuana, it does not address the acquisition of the marijuana, nor does it set up a legal supplier or distribution network. Registered patients and caregivers may legally grow marijuana, but the question remains as to how the caregiver or patient will legally acquire the original marijuana or marijuana seeds. ISAP will monitor the consequences of the law in Ingham County and determine what, if any, actions should be taken.

The prescription drug related goal for ISAP is:

To reduce poisonings and deaths due to over-the-counter and prescription drug misuse and abuse by youth and adults in Ingham County.

⁴ Michigan Department of Community Health, Division of Vital Records and Health Statistics and Centers for Disease Control and Prevention, CDC Wonder Online Database and SAMMEC Online database, 2007

⁵ National Survey on Drug Use and Health, 2006

Prescription Drug Objectives

4.1 Social Availability: To reduce youth and adult social access to over-the-counter and prescription drugs

4.2 Promotion: To impact the promotion, prescribing, and distribution practices of over-the-counter and prescription drugs

4.3 Community Norms: To correct the misperceived community norms related to over-the-counter and prescription drug misuse and abuse

4.4 Laws and Policies: To support and/or enhance laws and policies that reduce over-the-counter and prescription drug misuse and abuse

Key Indicators in Ingham County regarding prescription drug use and over-the-counter (OTC) drug use:

Lifetime misuse of prescription drugs and
lifetime misuse of over-the-counter drugs

Conclusion

This Strategic Plan is made possible by the collaboration of multiple partners in Ingham County, Michigan, as well as funding from the Mid-South Substance Abuse Commission. It reflects the collective commitment to the Strategic Prevention Framework and cannot be achieved without full collaboration of Ingham County residents, leaders, service providers, educational systems, law enforcement, parents, youth, and an overall dedication to reducing the harmful consequences of substance abuse. ISAP is committed to:

Monitoring and reporting on major outcomes through the use of an annual outcome evaluation report used to communicate and advocate with local and regional networks, legislators, and major stakeholders;

Continuing dialogue surrounding the substance abuse continuum of care and Recovery Oriented Systems of Care (ROSC) (strategic planning, protocol, funding), as it relates to both treatment and prevention;

Integrating cultural competency at all levels in SPF's five steps including how-to protocol, social justice, and health equity;

Increasing the capacity for Ingham County to implement strategies on a multi-county or regional level and encourage cross-county, multi-county, and regional collaboration on prevention strategies;

Providing networking opportunities county-wide and region-wide to address the following: continuum of care and ROSC, outcome evaluation reporting, and cross-county collaboration;

Collaboration with the Eaton Substance Abuse Advisory Group and other regional partners to serve as the Mid-South Regional Training Center.

APPENDIX A: Tri-County Tobacco Prevention Strategic Plan 2010-2015 Clinton, Eaton, and Ingham Counties

Introduction: This Tri-County Tobacco Strategic Prevention Plan is a testament of the Mid-South Substance Abuse Commission’s (Mid-South) commitment to the continued collaboration among county prevention providers and community prevention networks that began with the 2005-2009 strategic planning process. The partnerships fostered and expanded in the development of the 2010-2015 Tri-County Tobacco Strategic Plan symbolize the overall growth of the region in the past five years. This plan was designed to replace individual tobacco plans in three of the nine strategic plans in Mid South’s nine-county region. Those three counties are Ingham, Clinton, and Eaton counties.

Demographical Description: The Tri-County area, composed of Clinton, Eaton, and Ingham counties is located in south central Michigan. According to the Michigan 2000 census, the total population of the three counties is 456,420 residents. Ingham County is the largest with 279,275 residents, followed by Eaton, with 107,390, and Clinton with 69,755. The City of Lansing is both the state capital and the largest city, located predominately in Ingham County, with a population of 114,276. While most of the city of Lansing is geographically located in Ingham County, parts of the city limits cross county lines into Clinton County to the north and Eaton County to the west. Eaton, Clinton, and out-county Ingham are predominately rural, distinguishing Lansing as the heart of the Tri-County area. In addition to Lansing, the City of East Lansing is in Ingham County and has a population of just over 46,000. Michigan State University is located there also, with a student population of 46,648. The Tri-County area is rich with recreational activities, from small community festivals and carnivals to Big Ten athletic events to parks and recreation, an annual art fair, summer theater, and summer music festivals. While many of these events are smoke free, many are not, or existing policies are inadequately enforced. Adult use, youth use, and environmental tobacco smoke in the Tri-County area is the focus of this plan.

Methodology for developing the Tri-County Tobacco Strategic Plan: This strategic plan was developed as a result of a community process modeled after the “Strategic Prevention Framework” to create regional and local systems change. This planning process increases capacity (skills and abilities) and organizes infrastructure (agencies, staff, and other resources) in local communities to create positive, lasting population-level change involving substance use and abuse. The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Strategic Prevention Framework enables communities nationwide to build the infrastructure necessary for effective and sustainable prevention. The SPF is designed to impact population level change and is built on outcomes-based prevention, focusing on both consequences and consumption patterns for the entire life span, rather than a particular age group. Population level change means that the focus is on entire populations, such as entire communities. Cultural competence and sustainability must also be infused within the SPF five steps, as visually represented in the symbol below:



Figure 1 Strategic Prevention Framework

Three sessions were held over a three-week period with key stakeholders and community members invited. Sessions were held, by problem area, in each of the three counties. Ingham County hosted the session on Adult tobacco and cessation; Eaton hosted Clean Air, Environmental Tobacco Smoke, and Asthma; and Clinton County hosted the Youth Tobacco Use workshop. Key data indicators were reviewed, prioritized, discussed and appropriate strategies identified. Strategies were voted on and compiled into logic models for change. All community stakeholders met one final time to review the final models and vote on acceptance of the models. These outcomes were then used to guide the strategic plan.

Tobacco Problem Statement: Tobacco kills more people than AIDS, alcohol (chronic liver disease and cirrhosis), auto accidents, cocaine, heroin, murders, and suicides combined. In 2007, there were a total of 7,387 deaths in the Mid-South region with 1,089 of those deaths, or 14.7%, directly linked to tobacco use.¹ Smoking-related illnesses include, but are not limited to: heart disease, stroke, respiratory diseases, lung cancer, and other tobacco-related cancers. There were also 144 deaths to non-smokers in the Mid-South region due to secondhand smoke exposure. Research shows that even 30 minutes of exposure to secondhand smoke can cause heart damage in a non-smoker similar to that caused by the smoking of a habitual smoker.¹

Tobacco Data and Issues in the Tri-County area: Adult use in the Tri-County area is delineated by significant differences in use by age, level of education, employment status, and income level. The unemployment rate in the region hovers near 11%, one of the highest in the nation. Plant closings and financial difficulties of General Motors has had a huge impact on this region, and adults who reported being unemployed also reported the highest prevalence of smoking². Demographically, 2006 Behavior Risk Factor Survey (BRFS) data indicates one in three adults between the ages of 18-35 are current smokers. Of current smokers, 31.1% have a high school diploma, and 36.3% of current smokers have less than a high school diploma. The highest incidences of current smokers, or 38.2%, earn less than \$15,000 per year, and 27% earn between \$15,000 and \$24,000 annually. Of current smokers, 30.5% earn between \$25,000 and \$35,000 per year. In the Tri-County area, 36.8% of adult smoker's report they are unable to work, 41% report they have been out of work a year or less, and 43.7% report they have been unemployed a year or more.²

Environmental tobacco smoke (ets), or secondhand smoke, is also an issue regionally. In the Tri-County area, there is a social class disparity in indoor smoking practices by education level, household income, and age. Also, there is no difference in the indoor smoking practices in the home between households with children present and households without children. The highest %age of households with children that allow smoking indoors are highest among households with income less than \$35,000 per year. The highest prevalence of smoking in the home where children are present is among persons between the ages of 18 and 24.²

The problem of youth access to tobacco is a problem in our country, state, and local counties. When youth can access tobacco easily, they are more prone to smoking behavior and tobacco addiction. In the Tri-County area, 66% of high school and 35.6% of middle school youth consistently report "easy" or "very easy" access to cigarettes. However, only 15.8% of our Tri-County youth report being able to purchase their own cigarettes. Since most youth are not purchasing tobacco products, impacting social access and community norms becomes the obvious strategy for reducing tobacco access. Even more alarming is the age of onset (age 12.5) for the Tri-County area.²

Key contributing factors and highlights: There are decreased quit tobacco programs in Ingham County, limited quit tobacco programs in Eaton County, and no quit tobacco programs in Clinton County. There is a lack of smoke-free policies at the health departments of all three counties. Also, there is a large gap in youth who perceive their friends are using tobacco and those who actually did use tobacco; 83% perceive their friends used when only 19% actually did use.³ Another key issue is a disparity in ethnicity and tobacco use. Hispanic youth have the highest percentage of recent cigarette use, and white students have the highest percentage of frequent cigarette use. Respectively, 17.5% of Hispanic youth, 14.2% of white youth, and 7.5% of black youth have smoked in the past 30 days, and 28.7% of Hispanic 24.7% of white, and 16.3% of black youth have ever used tobacco in their lifetime. Finally, 5% of Hispanic, 2.7% of black, and 6% of white middle and high school students have smoked 20 or more cigarettes in the past 30 days.³

What Can We Do About It? The Strategic Plan: The identified data indicators involving tobacco use, secondhand smoke exposure, and their related consequences ultimately provide a second opportunity for change. The time is now to address this major public health issue. We have allies, networks, and policies that we have never had before to assist the prevention field in reducing tobacco related death due to tobacco use and exposure to secondhand smoke. Our objectives include:

Community Norms: To correct the misperceived community norms involving tobacco use / misuse

Enforcement and Adjudication: To support and/or enhance the effective enforcement and adjudication of tobacco involved violations

Social Availability: To reduce youth social access to tobacco, and to impact adult social access to tobacco

Retail Availability: To reduce youth retail access to tobacco, and to impact adult retail access to tobacco

Laws and Policies: To support and/or enhance laws and policies that reduce tobacco misuse

The vision for the Tri-County area is that by 2015:

- The Tri-County area will report a reduction in the percentage of homes reporting smoking is permitted inside the home as measured on the Behavior Risk Factor Survey (BRFS).
- There will be a reduction in the percentage of homes reporting smoking is permitted inside the home where children are present on the BRFS.
- There will be a decrease in the percentage of students reporting they have ever used tobacco and a decrease in use in the past 30 days as reported on the Michigan Profile for Healthy Youth (MiPHY).
- The Tri-County area will see tobacco prevention and treatment services are more available, accessible and affordable for everyone in Eaton, Clinton, and Ingham counties.
- The Tri-County area will see cultural and social norms shift so that tobacco use by adults and youth in the county is perceived as negative behavior by all community members.
- Youth access to tobacco in all three counties will be reduced as evidenced by compliance checks and county Synar rates.
- Smoke free campuses initiated at Ingham County Health Department, timeline developed for Barry-Eaton and Clinton health departments.
- Tobacco taxes will be allocated for health and quit tobacco services as evidenced by legislation.
- There will be a clean air policy passed statewide as evidenced by legislation.

Summary:

These objectives cannot be reached without a collaborative, cooperative, and shared effort of all of the sectors in the Tri-County area. This plan is a result of many hours of data review, assessing what resources are already in the community and where service gaps exist, strategies that could be implemented, and how those outcomes will be measured. This plan is a result of a joint venture between the Ingham Substance Abuse Prevention Coalition, the Eaton County Substance Abuse Advisory Group, and the Clinton County Substance Abuse Coalition.



¹ Michigan Department of Community Health, Division for Vital Records and Health Statistics and Centers for Disease Control and Prevention; CDC Wonder Online Database and SAMMEC Online Database, 2007.

² 2006 Behavior Risk Factor Survey

³ Mid-South Substance Abuse Commission, Prevention Needs Assessment 2008