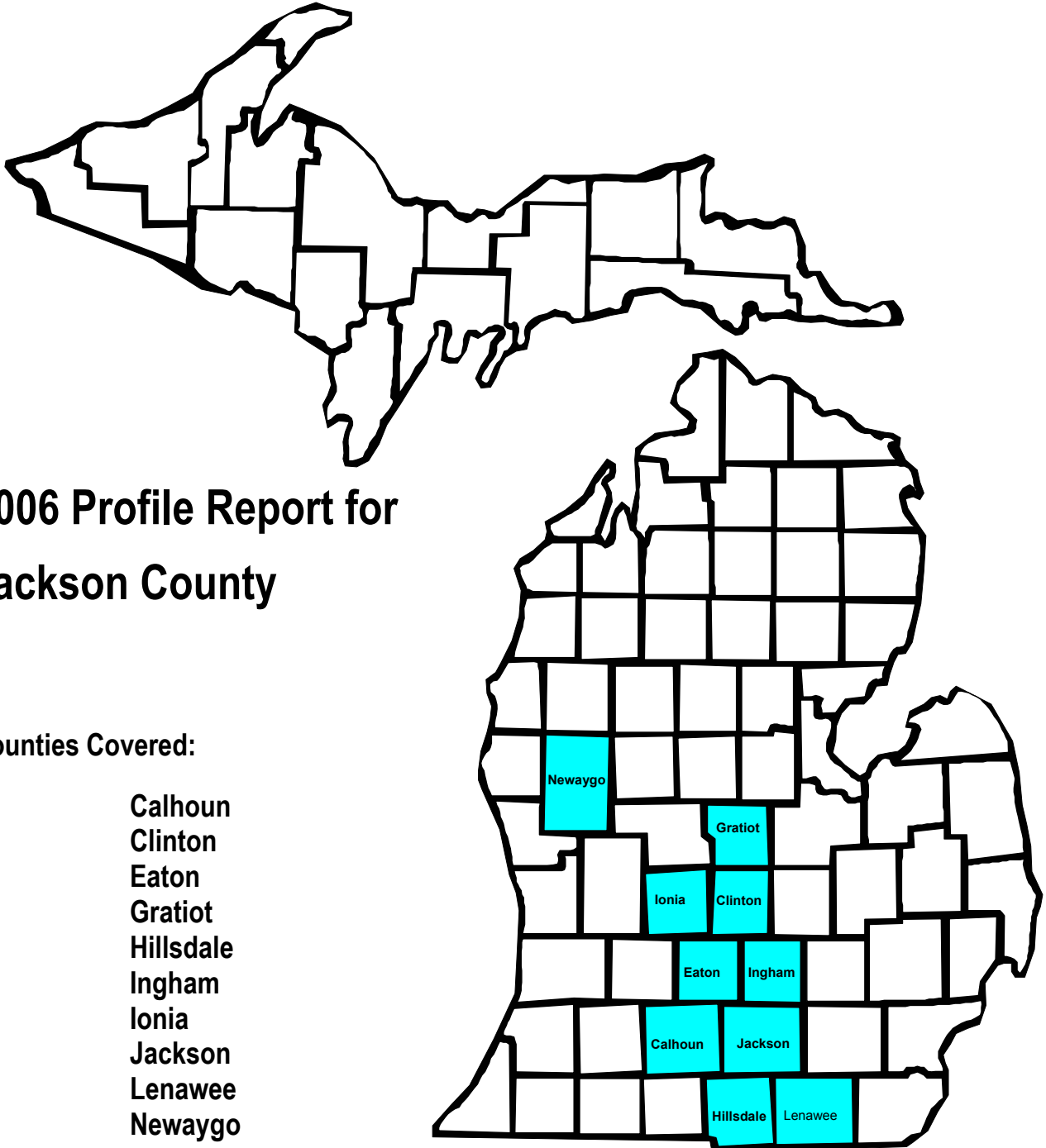


Prevention Needs Assessment Survey



2006 Profile Report for Jackson County

Counties Covered:

- Calhoun
- Clinton
- Eaton
- Gratiot
- Hillsdale
- Ingham
- Ionia
- Jackson
- Lenawee
- Newaygo

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Introduction

2006 Michigan MSSAC Prevention Needs Assessment Survey

Summary for Jackson County

This report summarizes the findings from the Mid-South Substance Abuse Commission (MSSAC) Prevention Needs Assessment Survey that was conducted from November 2006 to January 2007 in grades 6, 8, 10, and 12. The results for your county are presented along with comparisons to the results for the MSSAC Region. In addition, the report contains important information about the risk and protective factor framework on which the survey is based and guidelines on how to interpret and use the data.

The MSSAC PNA is designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. The risk and protective factors have been shown to influence the likelihood of academic success, school dropout, substance abuse, violence, and delinquency among youth.

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Table 1 contains the characteristics of the students who completed the survey from your county and the MSSAC Region. A total of 148 schools in the area served by MSSAC participated in the survey. Because not all students answer all of the questions, the number of students in the gender and ethnicity categories in Table 1 will often be less than the total number of students in grades 6, 8, 10, and 12.

When using the information in this report, please pay attention to the number of students who participated from your community. If 60% or more of the students participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, a review of who participated should be completed prior to generalizing the results to the entire community.

Be attentive when comparing data between survey administrations. It is important to consider the number and percentage of students participating each year, and how these differences can affect the results. Comparisons are most valid when participation and sample size indicate that both years are representative of the community.

MSSAC would like to acknowledge the Michigan Department of Community Health/Office of Drug Control Policy for their financial support in conducting this survey. We would also like to recognize the MSSAC Board of Directors for their support around the issue of local data collection through this survey. The MSSAC Board's vision will systemically change the way substance abuse prevention needs are identified throughout the MSSAC region. For more information about the PNA or prevention services in Michigan, please refer to the *Contacts for Prevention* section at the end of this report.

Risk and Protective Factors

Many states and local agencies have adopted the Risk and Protective Factor Model of Prevention to guide their prevention efforts. This model is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase

Table 1. Characteristics of Participants

Student Totals						
Total Students	County 2004		County 2006		MSSAC 2006	
	Number	Percent	Number	Percent	Number	Percent
	727	100	1555	100	22825	100
Grade						
6	149	20.5	530	34.1	5774	25.3
8	94	12.9	262	16.8	6723	29.5
10	222	30.5	459	29.5	5804	25.4
12	262	36.0	304	19.5	4524	19.8
Gender						
Male	345	48.6	741	48.6	10957	48.8
Female	365	51.4	785	51.4	11507	51.2
Ethnicity						
Native American	18	2.6	57	3.7	869	3.9
African American	16	2.3	331	21.6	2064	9.3
Hispanic	14	2.0	54	3.5	1198	5.4
White	624	88.8	895	58.5	15776	71.1
Asian	9	1.3	18	1.2	513	2.3
Pacific Islander	0	0.0	2	0.1	63	0.3
Multi-racial or Other	22	3.1	172	11.2	1716	7.7

Additional Information on Risk and Protective Factors

the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are characteristics of school, community, and family environments, and characteristics of students and their peer groups, that are known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth. For example, children who live in disorganized, crime-ridden neighborhoods are more likely to become involved in crime and drug use than children who live in safe neighborhoods.

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. Protective factors identified through research include strong bonding to family, school, community and peers, and healthy beliefs and clear standards for behavior.

Three conditions must be present in communities, neighborhoods, schools, families, and peer groups for young people to develop strong bonds to these social units. These conditions are a) **Opportunities** for young people to actively contribute; b) **Skills** to be able to successfully contribute; and c) **Consistent recognition** or reinforcement for their efforts and accomplishments. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior.

Research on risk and protective factors has important implications for children's academic success, positive youth development, and prevention of health and behavior problems. In order to promote academic success and positive youth development and to prevent problem behaviors, **it is necessary to address the factors that predict these outcomes.** By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by policies, programs, and actions shown to reduce those risk factors and to promote protective factors.

The chart to the right shows the links between the 19 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

Risk Factors	Problem Behaviors				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs and Firearms	✓	✓			✓
Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓			✓
Transitions and Mobility	✓	✓		✓	
Low Neighborhood Attachment	✓	✓			✓
Community Disorganization	✓	✓			✓
Extreme Economic and Social Deprivation	✓	✓	✓	✓	✓
Family					
Family History of the Problem Behavior	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓
Favorable Parent Attitudes and Involvement in the Problem Behavior	✓	✓			✓
School					
Academic Failure	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓
Peer / Individual					
Early Initiation of Drug Use and Other Problem Behavior	✓	✓	✓	✓	✓
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓
Alienation and Rebelliousness	✓	✓		✓	
Friends Who Use Drugs and Engage in a Problem Behavior	✓	✓	✓	✓	✓
Favorable Attitudes Toward Drug Use and Other Problem Behaviors	✓	✓	✓	✓	
Gang Involvement	✓	✓		✓	✓
Constitutional Factors	✓	✓		✓	

Building a Strategic Prevention Framework

The MSSAC Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating a planned, data-driven, effective, and sustainable prevention program. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grants (SPF SIG) Request for Application.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the Regional level) will help you to identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as data from this survey.
- **Community Resource Assessment:** It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why Conduct the Prevention Needs Assessment Survey?

Data from the MSSAC Prevention Needs Assessment (PNA) Survey can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your county make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

- Which 3-5 risk factors appear to be higher than you would want?
- Which 3-5 protective factors appear to be lower than you would want?
- Which levels of 30-day drug use are increasing and/or unacceptably high?
 - Which substances are your students using the most?
 - At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
 - Which behaviors are your students exhibiting the most?
 - At which grades do you see unacceptable behavior levels?

How to decide if a rate is “unacceptable.”

- **Look across the charts** – which items stand out as either much higher or much lower than the other?
- **Compare your data with statewide, and/or national data** – differences of 5% between local and other data are probably significant.
- **Determine the standards and values held within your community** – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

Use these data for planning.

- **Substance use and antisocial behavior data** – raise awareness about the problems and promote dialogue
- **Risk and protective factor data** – identify exactly where the community needs to take action
- **Promising approaches** – access resources listed on the last page of this report for ideas about programs that have proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the MSSAC PNA

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the MSSAC PNA Survey presented in this report can help your schools and community comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use, Antisocial Behavior, Risk, and Protection

There are three types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, and 3) protective factor charts. All the charts show the results of the MSSAC PNA Survey, and the actual percentages from the charts are presented in Tables 3 through 9. Table 10 contains additional data for prevention planning and the information needed to complete federal Drug Free Communities reports.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever used** is a measure of the percentage of students who tried the particular substance at least

once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.

- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance. For both ever-used and 30-day use, national rates from the Monitoring the Future (MTF) survey for grades 8, 10, and 12 have been included to allow a comparison of your data to a national sample of students. (The MTF survey does not include data for grade 6.)
- **Heavy use** includes **binge drinking** (having five or more drinks in a row during the two weeks prior to the survey) and smoking **one-half a pack or more of cigarettes per day**.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **during the past year**. In the charts, antisocial behavior is referred to as ASB.

How to Read the Charts: Continued

- **Dots and Diamonds.** The dots on the charts represent the percentage of all of the youth surveyed from MSSAC who reported substance use, problem behavior, elevated risk, or elevated protection. The diamonds represent national data from either the Monitoring the Future Survey or the 8-State Norm. A comparison to the region-wide and national results provides additional information for your community in determining the relative importance of levels of ATOD use, antisocial behavior, risk, and protection. Information about other students in the region and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Risk and Protective Factor Charts

The risk and protective factor charts show the percentage of students at risk and with protection for each of the risk and protective factor scales. The risk and protective factor scales measure specific aspects of a youth's life experience that predict whether he/she will engage in problem behaviors. The factors are grouped into four domains: community, family, school, and peer/individual.

- **The Bars** on the risk and protective factor charts, represent the percentage of students whose answers reflect significant risk or protection. There are bars for the last two administrations of the PNA: 2004 and 2006. By looking at the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention.
- **The 8-State Norm** allows a comparison between the levels of risk, protection, and antisocial behavior in your community and a more national sample. The 8-State Norm value for each risk and

protective factor scale represents the percentage of youth at risk or with protection for eight states across the country. Similarly, 8-State levels of antisocial behavior represent the percentage of youth in the eight states who engaged in each of the eight antisocial behaviors. In developing the 8-State Norm, the contribution of each of eight states was proportional to its percentage of the national population which helps to make the results more representative of youth nation-wide. A comparison between the ATOD use rates from the 8-State database and those from the national Monitoring the Future survey showed the rates to be very similar which provides added confidence in the validity of the 8-State Norm.

Brief definitions of the risk and protective factors scales are provided in Table 2 following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under *Contacts for Prevention*.

Youth with High Risk and Protection

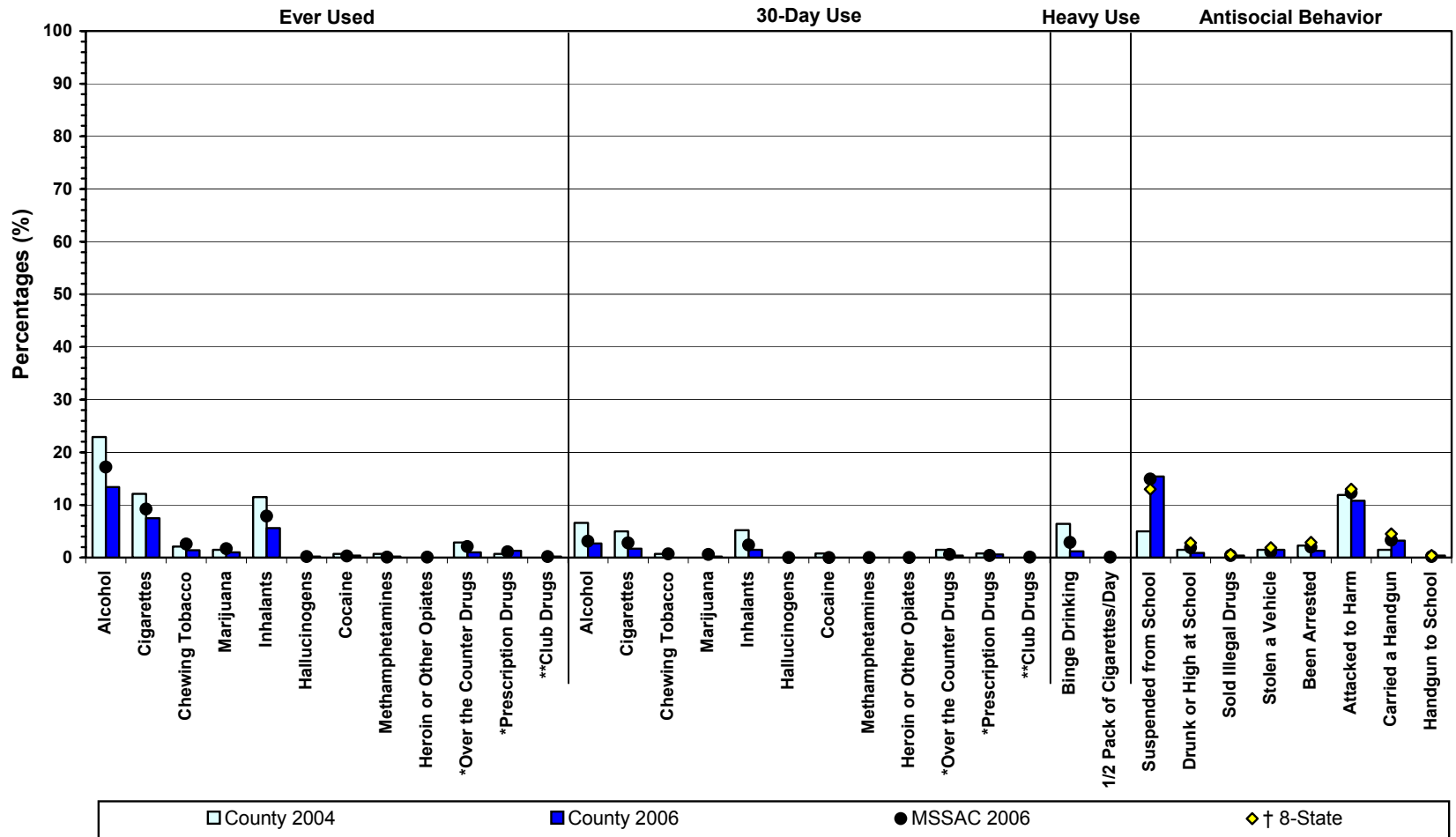
Along with the risk and protective factor scales, there is a bar for each chart that shows total risk for each risk factor chart and total protection for each protective factor chart. The percentage of youth at high risk (Total Risk) is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. For 6th grade students, it is the percentage of students who have 8 or more risk factors, for 8th grade it is 10 or more risk factors, and for 10th and 12th grades it is 11 or more risk factors. The percentage of youth with high protection (Total Protection) is defined as the percentage of students in grades 6 through 12 who have 6 or more protective factors operating in their lives.

Drug Free Communities Report

Table 10 contains information that needs to be reported by communities with Drug Free Communities Grants. In Table 10, information about the perception of the risk of ATOD use; perception of parent and peer disapproval of ATOD use; past 30-day use, average age of first use, and incidence of alcohol, cigarettes, marijuana, and inhalants use are reported by grade and gender.

Substance Use and Antisocial Behavior

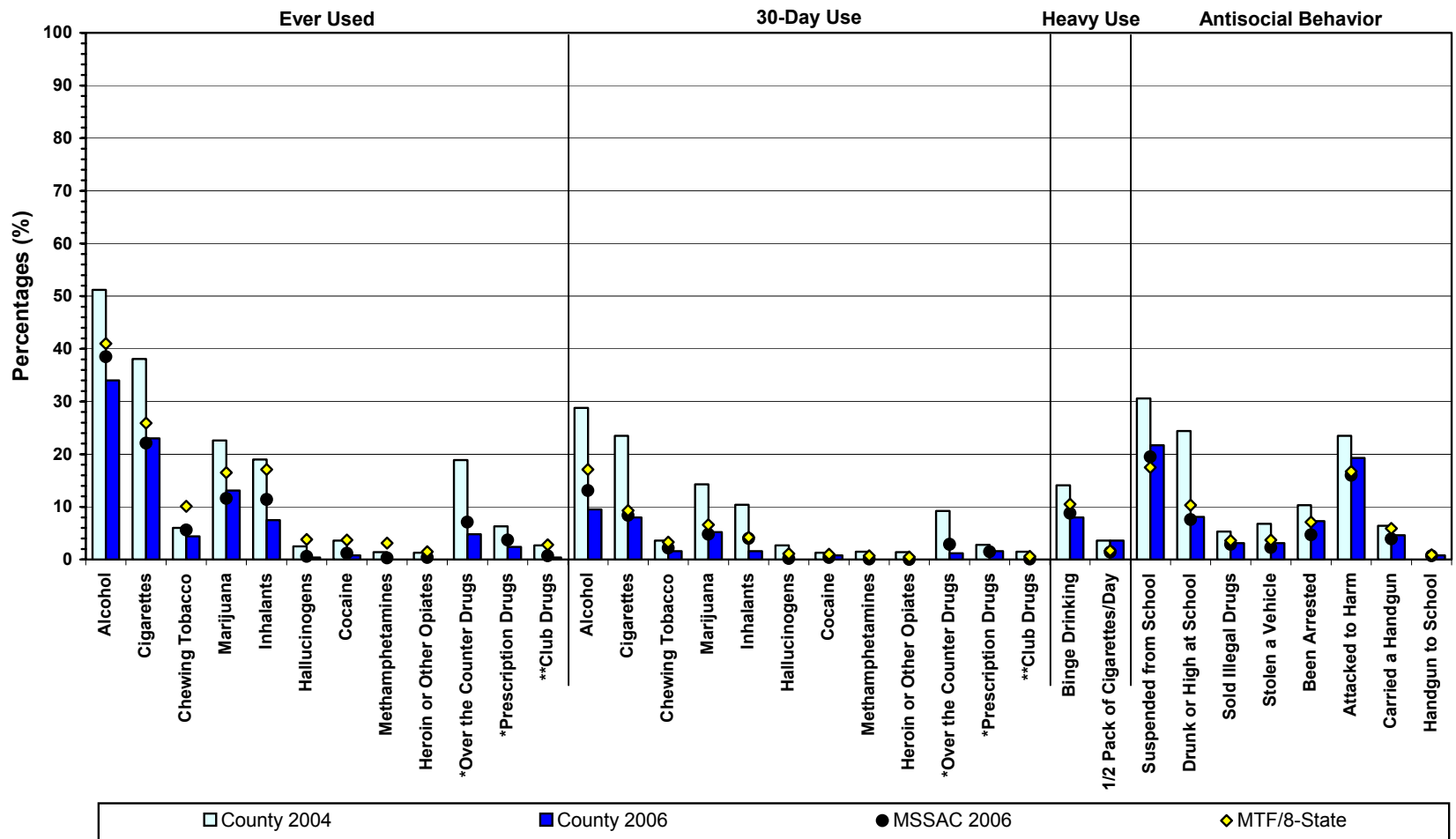
ATOD USE & ANTISOCIAL BEHAVIOR 2006 Jackson County Student Survey, Grade 6



† (6th grade data not available from Monitoring the Future Survey)

Substance Use and Antisocial Behavior

ATOD USE & ANTISOCIAL BEHAVIOR 2006 Jackson County Student Survey, Grade 8

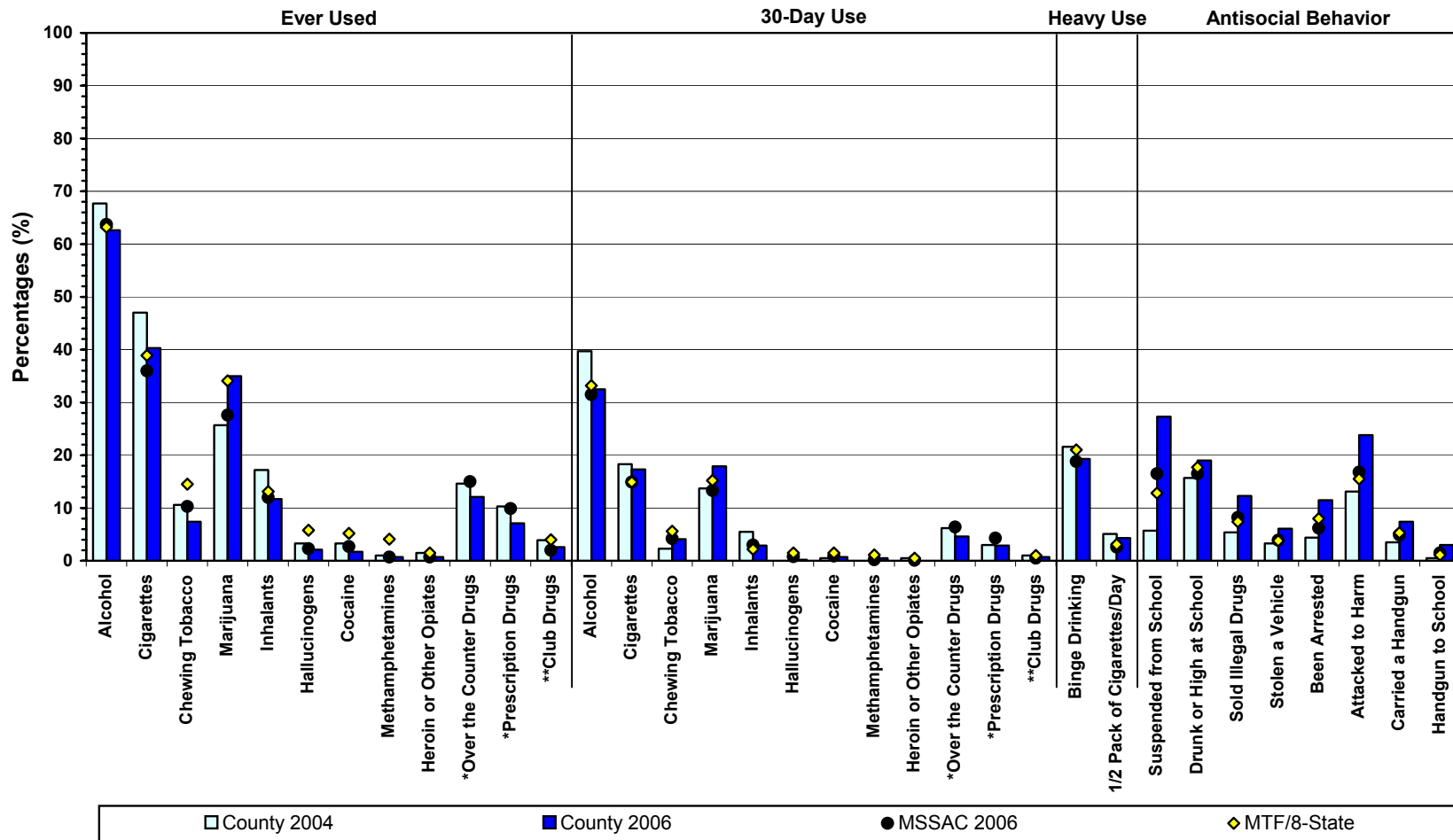


* Data not available from MTF

** MTF value for Ecstasy

Substance Use and Antisocial Behavior

ATOD USE & ANTISOCIAL BEHAVIOR 2006 Jackson County Student Survey, Grade 10

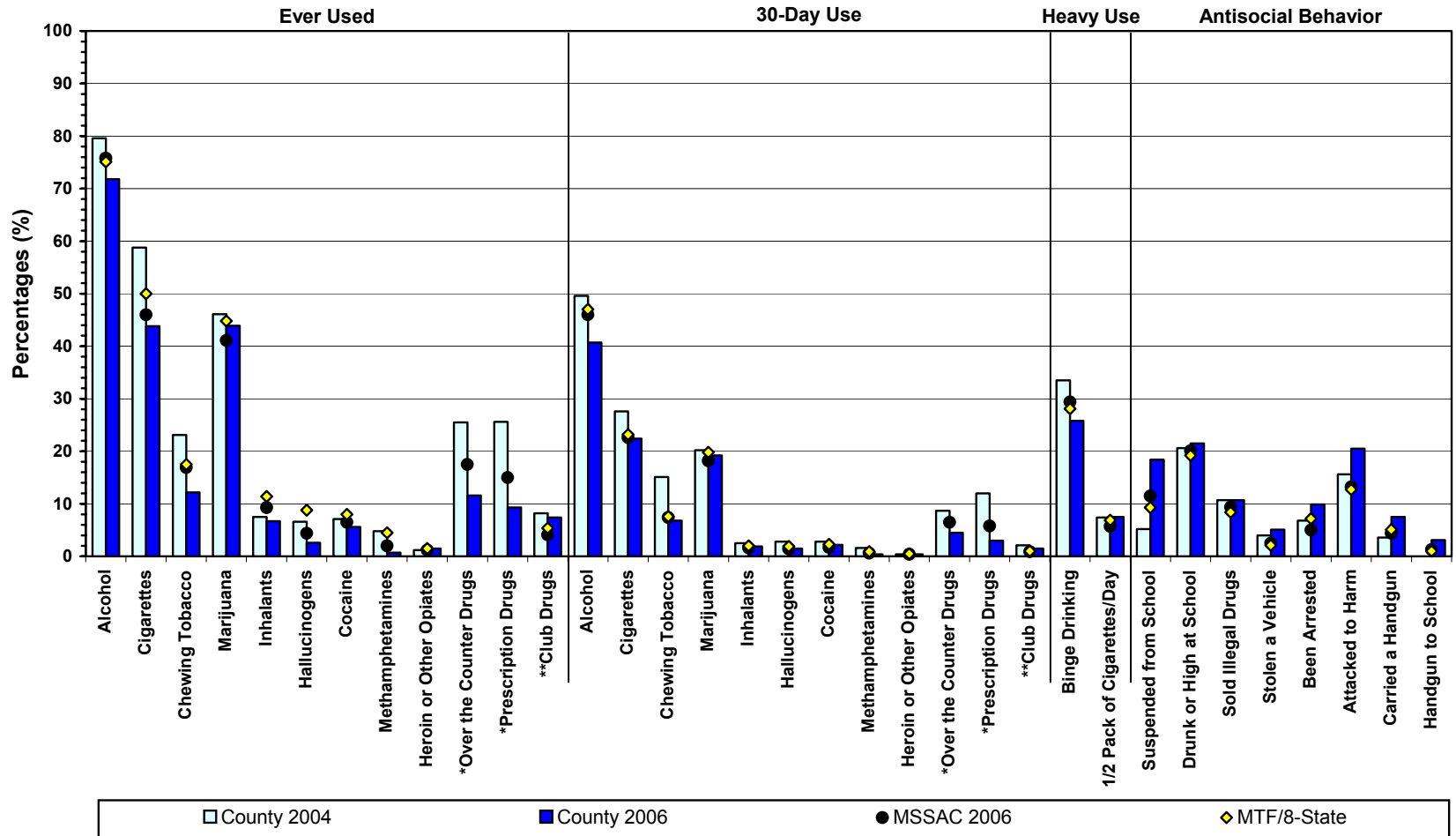


* Data not available from MTF

** MTF value for Ecstasy

Substance Use and Antisocial Behavior

ATOD USE & ANTISOCIAL BEHAVIOR 2006 Jackson County Student Survey, Grade 12



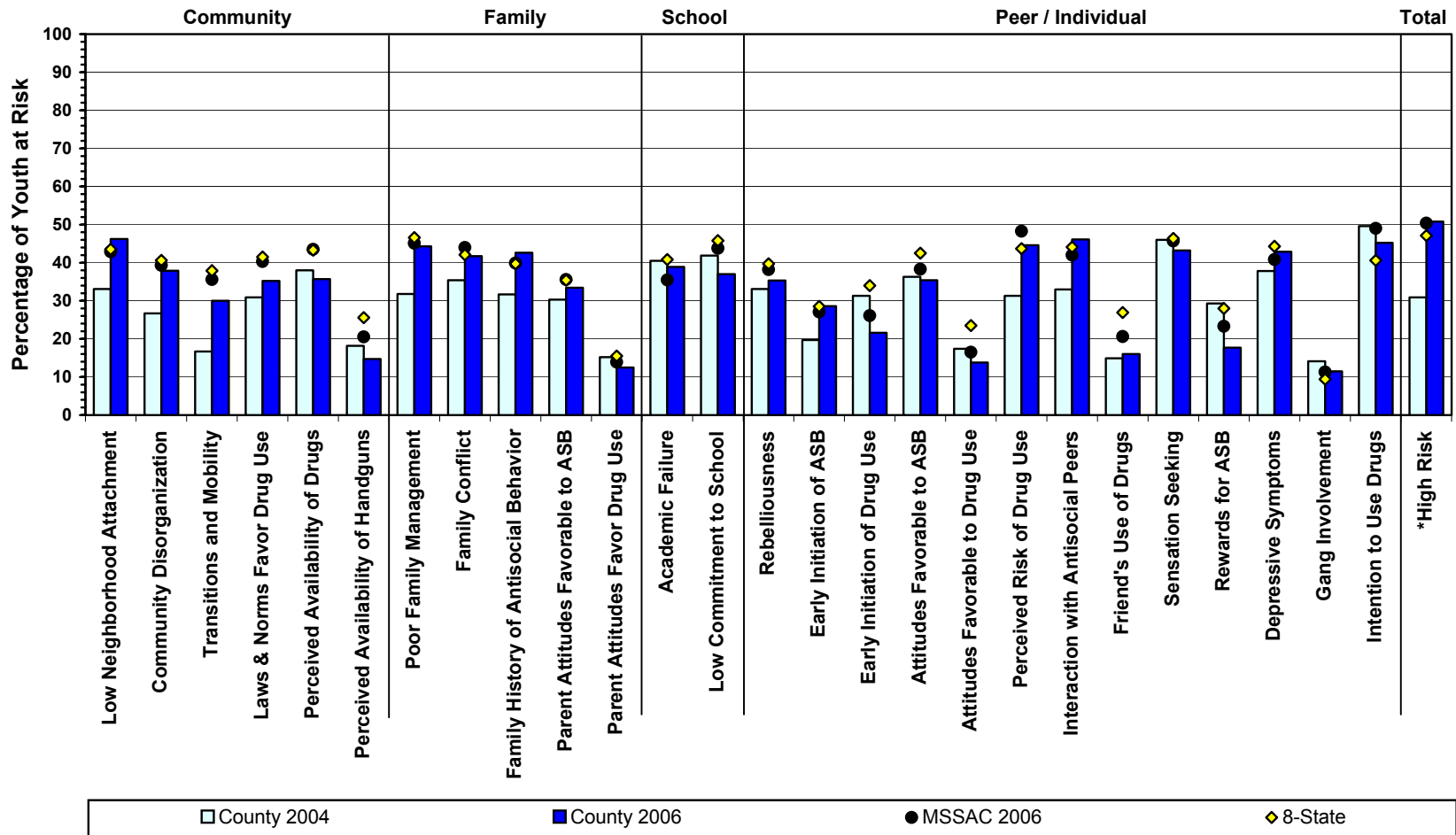
* Data not available from MTF

** MTF value for Ecstasy

Risk and Protective Factor Profiles

RISK PROFILE

2006 Jackson County Student Survey, Grade 6

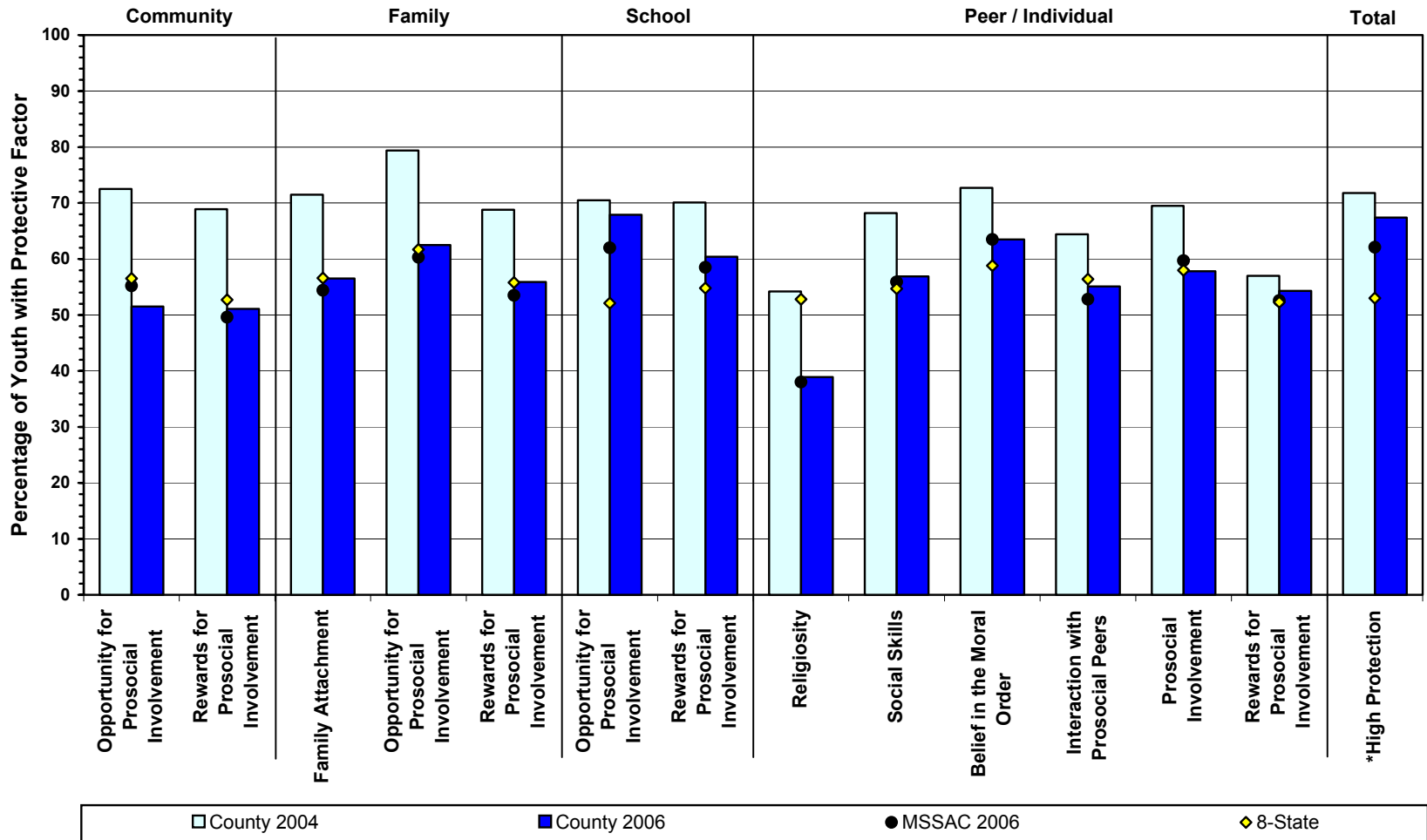


* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 8 or more risk factors, 8th grade: 10 or more risk factors, 10th & 12th grades: 11 or more risk factors)

Risk and Protective Factor Profiles

PROTECTIVE PROFILE

2006 Jackson County Student Survey, Grade 6

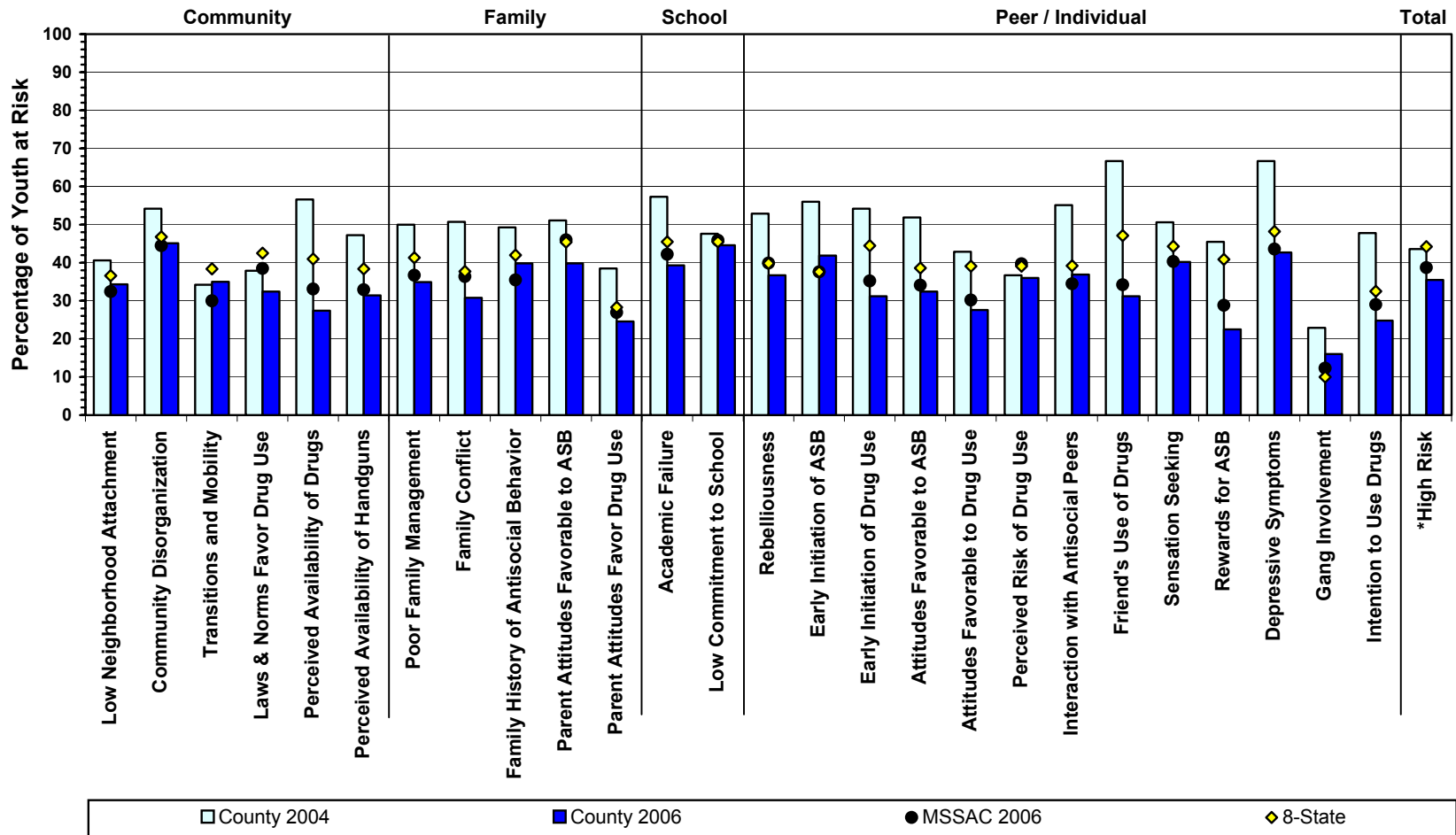


* High Protection youth are defined as the percentage of students who have 6 or more protective factors operating in their lives.

Risk and Protective Factor Profiles

RISK PROFILE

2006 Jackson County Student Survey, Grade 8

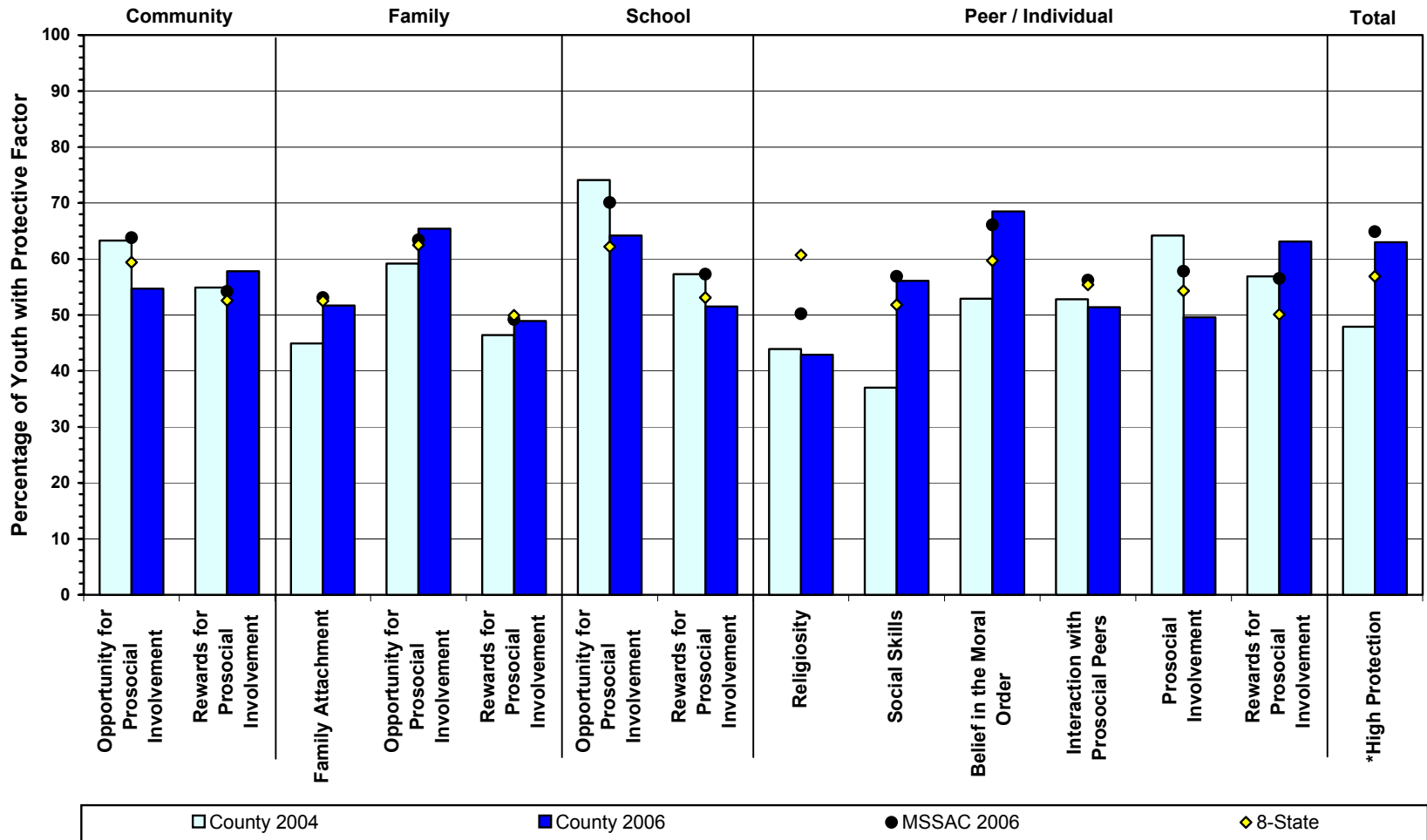


* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 8 or more risk factors, 8th grade: 10 or more risk factors, 10th & 12th grades: 11 or more risk factors)

Risk and Protective Factor Profiles

PROTECTIVE PROFILE

2006 Jackson County Student Survey, Grade 8

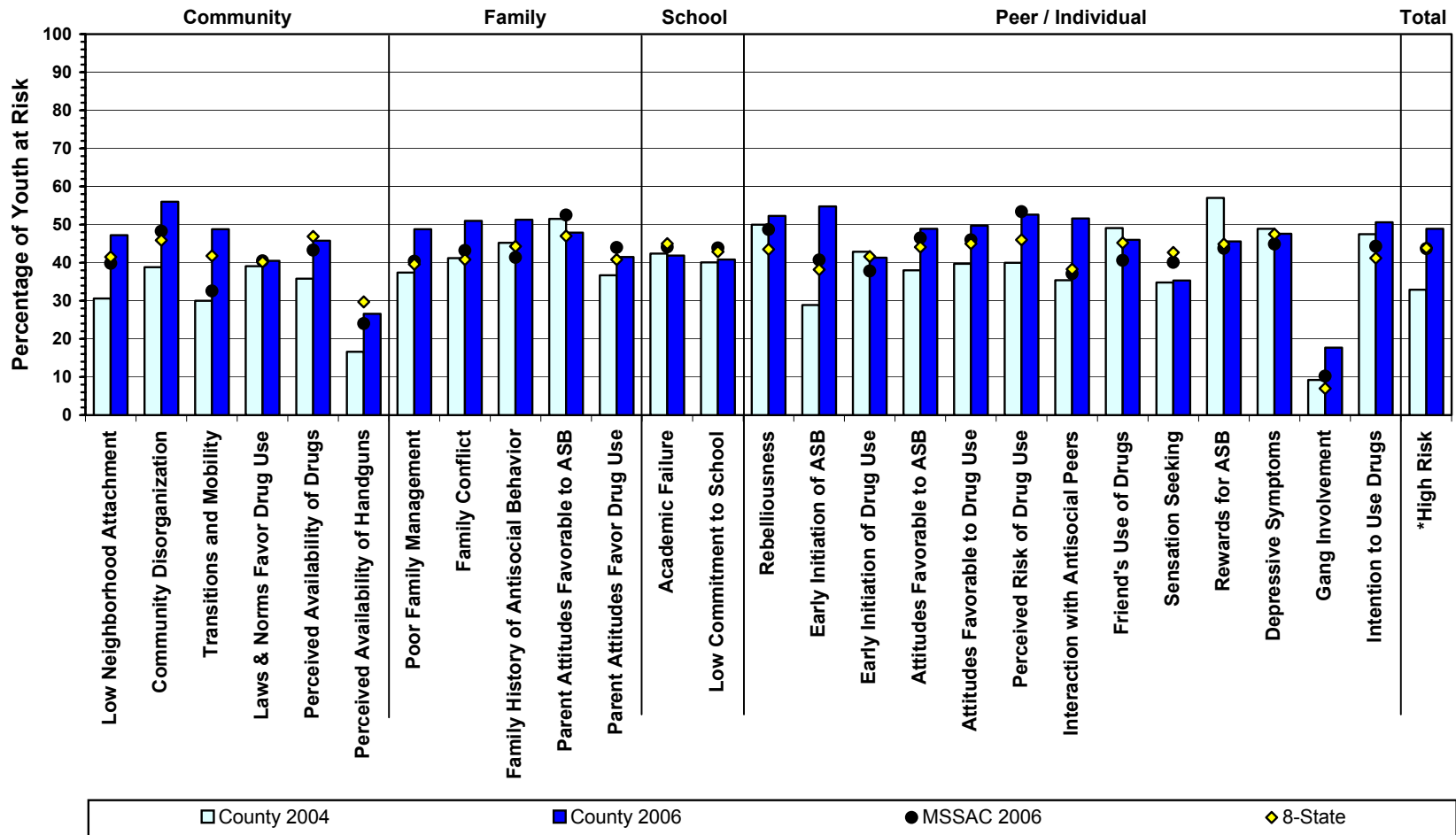


* High Protection youth are defined as the percentage of students who have 6 or more protective factors operating in their lives.

Risk and Protective Factor Profiles

RISK PROFILE

2006 Jackson County Student Survey, Grade 10

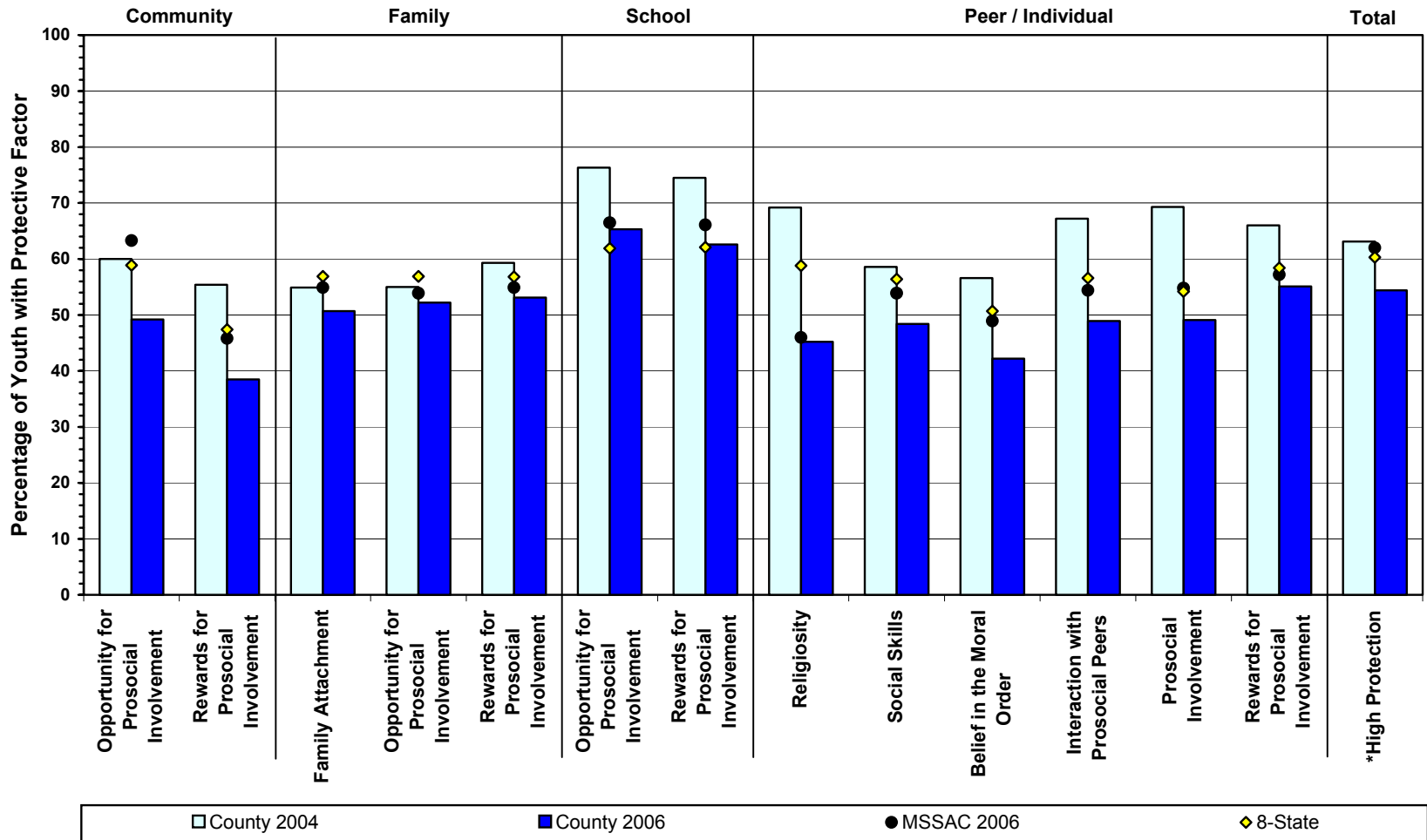


* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 8 or more risk factors, 8th grade: 10 or more risk factors, 10th & 12th grades: 11 or more risk factors)

Risk and Protective Factor Profiles

PROTECTIVE PROFILE

2006 Jackson County Student Survey, Grade 10

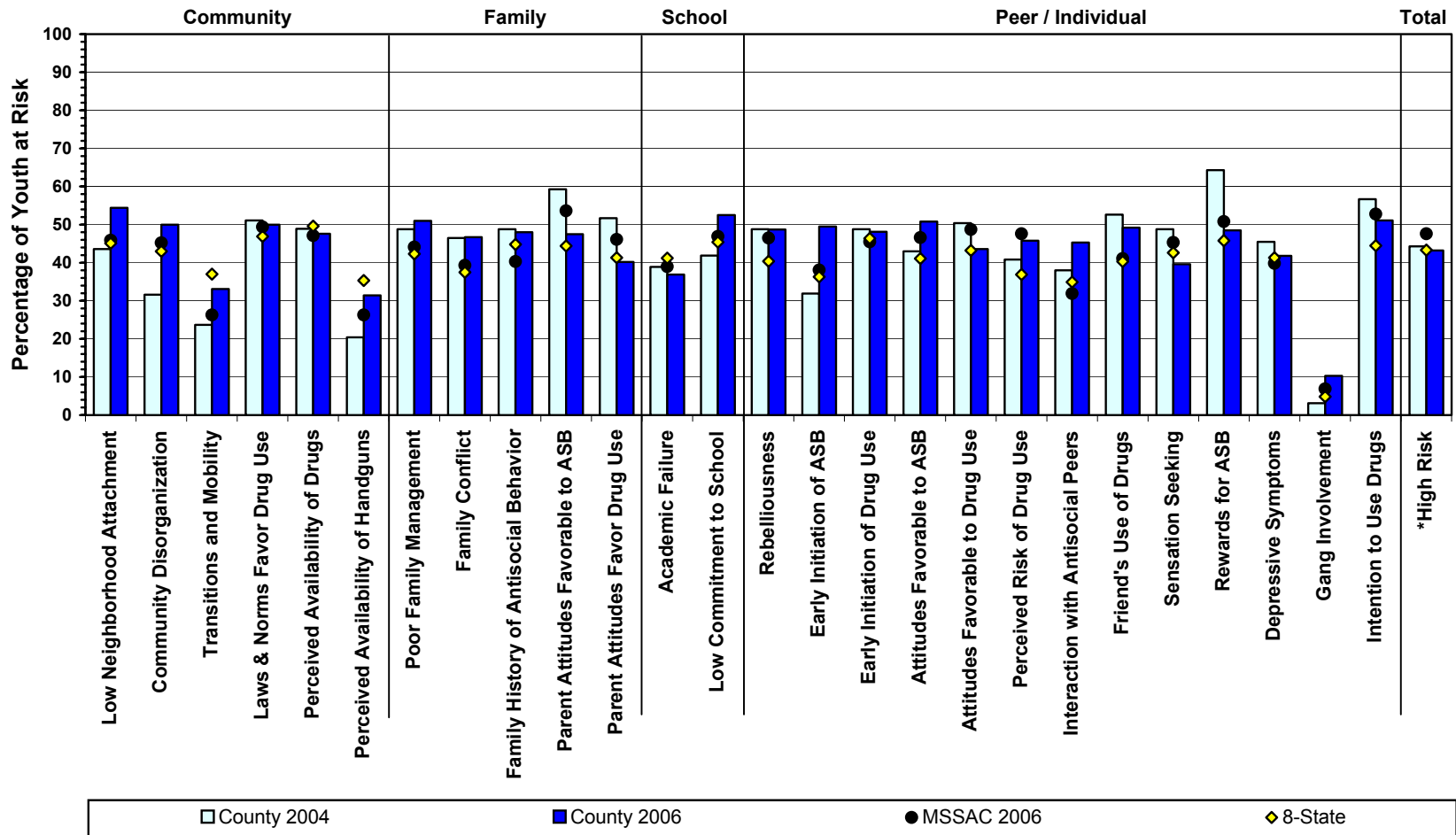


* High Protection youth are defined as the percentage of students who have 6 or more protective factors operating in their lives.

Risk and Protective Factor Profiles

RISK PROFILE

2006 Jackson County Student Survey, Grade 12

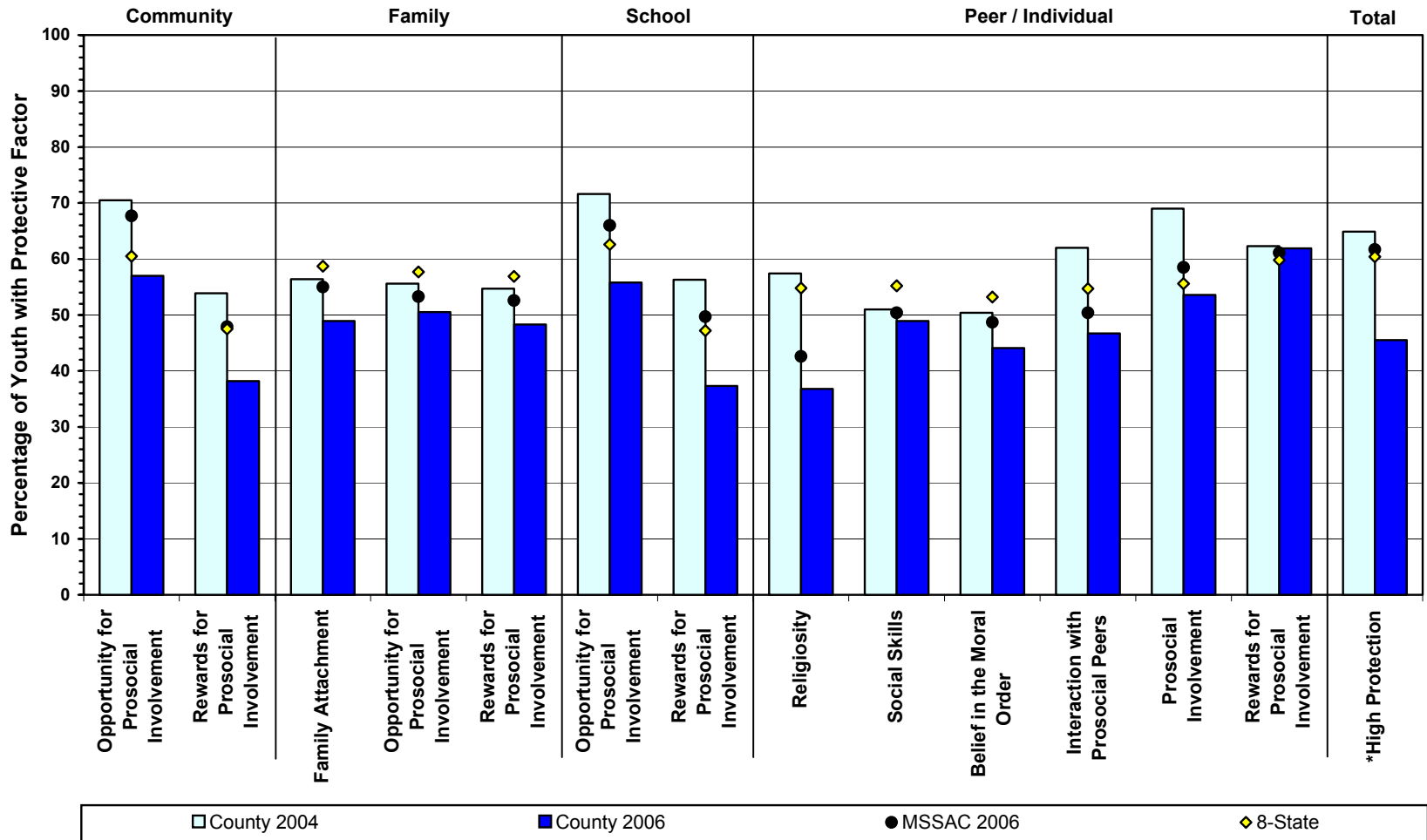


* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 8 or more risk factors, 8th grade: 10 or more risk factors, 10th & 12th grades: 11 or more risk factors)

Risk and Protective Factor Profiles

PROTECTIVE PROFILE

2006 Jackson County Student Survey, Grade 12



* High Protection youth are defined as the percentage of students who have 6 or more protective factors operating in their lives.

Table 2. Risk and Protective Factor Scale Definitions

<i>Community Domain Risk Factors</i>	
<i>Community and Personal Transitions & Mobility</i>	Neighborhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug selling, while children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use.
<i>Community Disorganization</i>	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
<i>Low Neighborhood Attachment</i>	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
<i>Laws and Norms Favorable Toward Drug Use</i>	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
<i>Perceived Availability of Drugs and Handguns</i>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
<i>Community Domain Protective Factors</i>	
<i>Opportunities for Positive Involvement</i>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
<i>Family Domain Risk Factors</i>	
<i>Family History of Antisocial Behavior</i>	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
<i>Family Conflict</i>	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
<i>Parental Attitudes Favorable Toward Antisocial Behavior & Drugs</i>	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
<i>Poor Family Management</i>	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems
<i>Family Domain Protective Factors</i>	
<i>Family Attachment</i>	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
<i>Opportunities for Positive Involvement</i>	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
<i>School Domain Risk Factors</i>	
<i>Academic Failure</i>	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.

Table 2. Risk and Protective Factor Scale Definitions (Continued)	
Low Commitment to School	Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.
School Domain Protective Factors	
Opportunities for Positive Involvement	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
Rewards for Positive Involvement	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors
Peer-Individual Risk Factors	
Early Initiation of Antisocial Behavior and Drug Use	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
Attitudes Favorable Toward Antisocial Behavior and Drug Use	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
Friends' Use of Drugs	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
Interaction with Antisocial Peers	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
Perceived Risk of Drug Use	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Rewards for Antisocial Behavior	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
Rebelliousness	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
Sensation Seeking	Young people who seek out opportunities for dangerous, risky behavior in general are at higher risk for participating in drug use and other problem behaviors.
Intention to Use ATODs	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
Depressive Symptoms	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.
Gang Involvement	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
Peer-Individual Protective Factors	
Religiosity	Young people who regularly attend religious services are less likely to engage in problem behaviors.
Social Skills	Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors.
Belief in the Moral Order	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
Prosocial Involvement	Participation in positive school and community activities helps provide protection for youth.
Prosocial Norms	Young people who view working hard in school and the community are less likely to engage in problem behavior.
Involvement with Prosocial Peers	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.

Table 3. Number of Students Who Completed the Survey

Number of Youth	Grade 6			Grade 8			Grade 10			Grade 12		
	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006
	149	530	5774	94	262	6723	222	459	5804	262	304	4524

Table 4. Percentage of Students Who Used ATODs During Their Lifetime

Drug Used	Grade 6			Grade 8			Grade 10			Grade 12		
	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006
Alcohol	22.9	13.4	17.2	51.2	34.0	38.5	67.7	62.6	63.7	79.6	71.8	75.8
Cigarettes	12.1	7.5	9.2	38.1	23.0	22.1	47.0	40.3	36.0	58.8	43.8	46.0
Chewing Tobacco	2.1	1.4	2.6	6.0	4.4	5.6	10.6	7.4	10.3	23.1	12.2	16.9
Marijuana	1.5	1.0	1.7	22.6	13.1	11.6	25.7	35.0	27.6	46.1	43.9	41.1
Inhalants	11.5	5.6	7.9	19.0	7.5	11.4	17.2	11.7	12.0	7.5	6.7	9.3
Hallucinogens	0.0	0.2	0.2	2.5	0.4	0.6	3.3	2.1	2.3	6.6	2.6	4.4
Cocaine	0.7	0.4	0.3	3.6	0.8	1.2	3.3	1.7	2.7	7.1	5.6	6.5
Methamphetamines	0.7	0.2	0.1	1.4	0.0	0.3	1.0	0.7	0.7	4.8	0.7	2.0
Heroin or Other Opiates	0.0	0.0	0.1	1.3	0.0	0.4	1.5	0.7	0.7	1.2	1.5	1.2
Over the Counter Drugs	2.9	1.0	2.1	18.9	4.8	7.1	14.6	12.1	15.0	25.5	11.6	17.5
Prescription Drugs	0.7	1.3	1.1	6.3	2.4	3.7	10.3	7.1	9.9	25.6	9.3	15.0
Club Drugs	0.0	0.2	0.2	2.7	0.4	0.7	3.9	2.6	2.0	8.2	7.4	4.1

Table 5. Percentage of Students Who Used ATODs During the Past 30 Days

Drug Used	Grade 6			Grade 8			Grade 10			Grade 12		
	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006
Alcohol	6.6	2.7	3.1	28.8	9.5	13.1	39.7	32.5	31.5	49.6	40.7	46.0
Cigarettes	5.0	1.7	2.8	23.5	8.0	8.4	18.3	17.3	14.9	27.6	22.4	22.6
Chewing Tobacco	0.7	0.0	0.7	3.6	1.6	2.2	2.3	4.1	4.2	15.1	6.8	7.4
Marijuana	0.0	0.2	0.6	14.3	5.2	4.8	13.7	17.9	13.3	20.2	19.2	18.2
Inhalants	5.2	1.5	2.4	10.4	1.6	4.0	5.5	2.9	3.0	2.5	1.9	1.6
Hallucinogens	0.0	0.0	0.0	2.7	0.0	0.2	0.0	0.2	0.8	2.8	1.5	1.4
Cocaine	0.8	0.0	0.0	1.3	0.8	0.4	0.5	0.7	0.9	2.8	2.2	1.7
Methamphetamines	0.0	0.0	0.0	1.5	0.0	0.1	0.0	0.5	0.2	1.6	0.4	0.6
Heroin or Other Opiates	0.0	0.0	0.0	1.4	0.0	0.0	0.5	0.0	0.1	0.4	0.4	0.4
Over the Counter Drugs	1.5	0.4	0.6	9.2	1.2	2.9	6.2	4.6	6.4	8.7	4.5	6.5
Prescription Drugs	0.8	0.6	0.4	2.8	1.6	1.5	3.0	2.9	4.3	12.0	3.0	5.8
Club Drugs	0.0	0.0	0.1	1.5	0.0	0.1	1.0	0.7	0.5	2.1	1.5	0.9

Table 6. Percentage of Students With Heavy Use of Alcohol and Cigarettes

Drug Used	Grade 6			Grade 8			Grade 10			Grade 12		
	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006
Binge Drinking	6.4	1.2	2.9	14.1	8.0	8.8	21.6	19.3	18.8	33.5	25.8	29.4
1/2 Pack of Cigarettes/Day	0.0	0.0	0.1	3.6	3.6	1.4	5.1	4.3	2.6	7.4	7.5	5.7

Table 7. Percentage of Students With Antisocial Behavior in the Past Year

Behavior	Grade 6			Grade 8			Grade 10			Grade 12		
	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006
Suspended from School	5.0	15.4	14.9	30.6	21.7	19.5	5.7	27.3	16.5	5.2	18.4	11.5
Drunk or High at School	1.5	0.9	1.9	24.4	8.1	7.6	15.7	19.0	16.5	20.6	21.5	20.1
Sold Illegal Drugs	0.0	0.4	0.4	5.3	3.1	2.9	5.4	12.3	8.2	10.7	10.7	9.4
Stolen a Vehicle	1.5	1.5	1.1	6.8	3.1	2.3	3.3	6.1	3.9	4.0	5.1	2.5
Been Arrested	2.3	1.3	2.0	10.3	7.3	4.7	4.4	11.5	6.2	6.8	9.9	5.0
Attacked to Harm	11.9	10.8	12.3	23.5	19.3	16.0	13.1	23.8	16.8	15.6	20.5	13.2
Carried a Handgun	1.5	3.2	3.3	6.4	4.6	3.9	3.5	7.4	4.9	3.6	7.5	4.4
Handgun to School	0.0	0.4	0.2	0.0	0.8	0.7	0.5	3.0	1.5	0.0	3.1	1.3

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 6			Grade 8			Grade 10			Grade 12		
	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006
Community Domain												
Opportunity for Prosocial Involvement	72.5	51.5	55.2	63.3	54.7	63.8	60.0	49.2	63.3	70.5	57.0	67.7
Rewards for Prosocial Involvement	68.9	51.1	49.6	54.9	57.8	54.2	55.4	38.5	45.8	53.9	38.2	47.9
Family Domain												
Family Attachment	71.5	56.5	54.4	44.9	51.7	53.1	54.9	50.7	54.9	56.4	48.9	55.0
Opportunity for Prosocial Involvement	79.4	62.5	60.3	59.2	65.4	63.4	55.0	52.2	53.9	55.6	50.5	53.3
Rewards for Prosocial Involvement	68.8	55.9	53.5	46.4	48.9	49.2	59.3	53.1	54.9	54.7	48.3	52.6
School Domain												
Opportunity for Prosocial Involvement	70.5	67.9	62.0	74.1	64.2	70.1	76.3	65.3	66.5	71.6	55.8	66.0
Rewards for Prosocial Involvement	70.1	60.4	58.5	57.3	51.5	57.3	74.5	62.6	66.1	56.3	37.3	49.7
Peer-Individual Domain												
Religiosity	54.2	38.9	38.0	43.9	42.9	50.2	69.2	45.2	46.0	57.4	36.8	42.6
Social Skills	68.2	56.9	55.9	37.0	56.1	56.9	58.6	48.4	53.9	51.0	48.9	50.4
Belief in the Moral Order	72.7	63.5	63.5	52.9	68.5	66.1	56.6	42.2	48.9	50.4	44.1	48.7
Interaction with Prosocial Peers	64.4	55.1	52.8	52.8	51.4	56.2	67.2	48.9	54.4	62.0	46.7	50.4
Prosocial Involvement	69.5	57.8	59.7	64.2	49.6	57.8	69.3	49.1	54.8	69.0	53.6	58.5
Rewards for Prosocial Involvement	57.0	54.3	52.6	56.9	63.1	56.5	66.0	55.1	57.2	62.3	61.9	61.1
Total Protection												
Students with High Protection*	71.8	67.4	62.1	47.9	63.0	64.9	63.1	54.4	62.0	64.9	45.5	61.7

* High Protection youth are defined as the percentage of students who have 6 or more protective factors operating in their lives.

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 6			Grade 8			Grade 10			Grade 12		
	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006	County 2004	County 2006	MSSAC 2006
Community Domain												
Low Neighborhood Attachment	33.1	46.2	42.9	40.6	34.3	32.4	30.6	47.2	39.8	43.6	54.4	45.9
Community Disorganization	26.7	37.9	39.3	54.2	45.1	44.5	38.8	56.0	48.3	31.6	50.0	45.2
Transitions and Mobility	16.7	30.0	35.6	34.2	35.0	30.0	30.0	48.8	32.6	23.7	33.1	26.3
Laws & Norms Favor Drug Use	30.9	35.2	40.3	37.9	32.4	38.5	39.1	40.5	40.5	51.1	50.0	49.4
Perceived Availability of Drugs	38.0	35.7	43.5	56.6	27.4	33.1	35.8	45.8	43.3	48.9	47.6	47.1
Perceived Availability of Handguns	18.2	14.7	20.5	47.2	31.4	32.9	16.6	26.6	24.0	20.4	31.4	26.3
Family Domain												
Poor Family Management	31.8	44.3	45.1	50.0	34.9	36.7	37.4	48.8	40.4	48.8	51.0	44.1
Family Conflict	35.4	41.7	44.0	50.7	30.8	36.4	41.2	51.0	43.2	46.5	46.7	39.3
Family History of Antisocial Behavior	31.7	42.6	39.9	49.3	39.8	35.5	45.2	51.3	41.4	48.8	48.0	40.3
Parent Attitudes Favorable to ASB	30.3	33.4	35.6	51.1	39.8	46.0	51.5	47.9	52.5	59.3	47.5	53.6
Parent Attitudes Favor Drug Use	15.2	12.5	13.9	38.5	24.6	26.9	36.7	41.5	44.0	51.7	40.2	46.1
School Domain												
Academic Failure	40.5	38.9	35.5	57.3	39.3	42.2	42.4	41.9	44.1	38.9	36.9	39.0
Low Commitment to School	41.9	37.0	43.8	47.6	44.6	45.9	40.1	40.8	43.9	41.9	52.5	46.9
Peer-Individual Domain												
Rebelliousness	33.1	35.3	38.2	52.9	36.7	39.9	50.0	52.3	48.7	48.8	48.7	46.5
Early Initiation of ASB	19.7	28.6	27.1	56.0	41.9	37.6	28.9	54.8	40.7	31.9	49.5	38.1
Early Initiation of Drug Use	31.3	21.6	26.1	54.2	31.2	35.2	42.9	41.3	37.8	48.8	48.1	45.5
Attitudes Favorable to ASB	36.3	35.4	38.3	51.9	32.4	34.1	38.0	48.9	46.5	43.0	50.8	46.6
Attitudes Favorable to Drug Use	17.4	13.8	16.5	42.9	27.6	30.2	39.7	49.7	46.0	50.4	43.6	48.7
Perceived Risk of Drug Use	31.3	44.6	48.3	36.7	36.0	39.7	40.0	52.6	53.4	40.8	45.8	47.6
Interaction with Antisocial Peers	33.0	46.1	42.0	55.1	36.9	34.5	35.4	51.6	37.1	38.0	45.3	31.9
Friend's Use of Drugs	14.9	16.0	20.6	66.7	31.2	34.2	49.1	46.0	40.6	52.6	49.2	41.1
Sensation Seeking	46.0	43.2	45.7	50.6	40.2	40.3	34.8	35.3	40.1	48.8	39.6	45.3
Rewards for ASB	29.3	17.7	23.3	45.5	22.5	28.8	57.0	45.6	43.8	64.3	48.5	50.8
Depressive Symptoms	37.8	42.9	40.8	66.7	42.7	43.6	48.9	47.6	44.9	45.5	41.8	39.8
Gang Involvement	14.1	11.5	11.3	22.9	16.0	12.3	9.2	17.7	10.2	3.1	10.3	6.9
Intention to Use Drugs	49.6	45.2	49.0	47.8	24.8	29.0	47.5	50.6	44.3	56.7	51.1	52.8
Total Risk												
Students at High Risk*	30.9	50.8	50.4	43.6	35.5	38.7	32.9	48.9	43.7	44.3	43.2	47.6

* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives.
 (6th grade: 8 or more risk factors, 8th grade: 10 or more risk factors, 10th & 12th grades: 11 or more risk factors)

Table 10. Drug Free Communities Report (2006 Data)*

Outcome	Definition	Substance	Grade 6		Grade 8		Grade 10		Grade 12		Male		Female		Total†	
			Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Perception of Risk <i>(People are at Moderate or Great Risk of harming themselves if they...)</i>	drink 1 or two drinks nearly every day	Alcohol	67.3	514	60.3	252	65.2	419	64.4	275	62.9	685	67.0	751	64.9	1460
	smoke 1 or more packs or cigarettes per day	Cigarettes	83.6	518	87.4	253	85.9	418	88.4	276	83.8	690	87.9	751	85.8	1465
	smoke marijuana regularly	Marijuana	85.4	507	84.3	242	72.1	412	68.1	270	74.7	671	81.7	736	78.1	1431
Perception of Parent Disapproval <i>(Parents feel it would be Wrong or Very Wrong to...)</i>	drink beer, wine, or hard liquor regularly	Alcohol	97.4	504	92.8	236	84.5	386	77.3	216	90.5	623	88.8	699	89.6	1342
	smoke cigarettes	Cigarettes	98.8	504	93.7	237	90.7	388	87.2	219	94.1	626	93.3	701	93.7	1348
	smoke marijuana	Marijuana	99.4	499	94.3	229	89.0	383	89.8	215	94.3	618	93.8	688	94.0	1326
Perception of Peer Disapproval <i>(I think it is Wrong or Very Wrong for someone my age to...)</i>	drink beer, wine, or hard liquor regularly	Alcohol	97.7	529	88.0	259	65.7	443	58.4	296	80.1	724	78.6	776	79.2	1527
	smoke cigarettes	Cigarettes	96.4	529	90.3	257	74.7	439	67.9	296	83.2	721	84.1	773	83.6	1521
	smoke marijuana	Marijuana	98.9	529	91.9	258	73.0	437	66.6	296	82.1	721	85.6	772	83.9	1520
Past 30-Day Use	at least one use in the Past 30 Days	Alcohol	2.7	523	9.5	253	32.5	422	40.7	268	17.2	685	21.0	754	19.4	1466
		Cigarettes	1.7	515	8.0	249	17.3	417	22.4	268	10.8	676	11.5	746	11.1	1449
		Marijuana	0.2	522	5.2	251	17.9	418	19.2	266	9.0	680	10.4	750	9.6	1457
			Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number
Average Age of Onset** <i>(How old were you when you first...)</i>	began drinking alcoholic beverages regularly, that is, at least once or twice a month?	Alcohol	12.2	6	11.9	13	14.2	116	15.2	116	14.2	107	14.8	137	14.5	251
	smoked a cigarette, even just a puff?	Cigarettes	10.4	53	11.3	57	12.4	194	13.2	157	12.1	208	12.4	245	12.3	461
	smoked marijuana?	Marijuana	12.4	5	11.8	32	13.5	159	14.4	139	13.4	159	13.9	169	13.7	335

*The "Number" column represents the sample size (the number of youth who answered the question). The "Percent" column represents the percentage of youth in the sample answering the question as specified.

**For Average Age of Onset, "Number" represents the number of youth who reported any age of first use for the specified substance other than "Never Used."

†The "Total" column represents responses from students in all grades surveyed. (In order to report individual grades accurately, the grade must have a minimum of twenty students reporting data. The "Total" sample may contain additional data from grades that did not make the sample cutoff, and so may exceed the sum of the individual grade columns displayed.)

CONTACTS FOR PREVENTION

NATIONAL RESOURCES

United States Department of Health and Human Services (USDHHS)
Substance Abuse and Mental Health Service Administration (SAMHSA)
1 Choke Cherry Rd., Rm. 8-1054
Rockville, Maryland 20857
Phone: 240-276-2000
E-mail: info@samhsa.hhs.org
www.samhsa.gov

Substance Abuse and Mental Health Service Administration (SAMHSA)
Center for Substance Abuse Prevention (CSAP)
1 Choke Cherry Rd., Ste 4-1057
Rockville, Maryland 20857
Phone: 240-276-2420
E-mail: info@samhsa.hhs.org
<http://prevention.samhsa.gov>

Center for Substance Abuse Prevention (CSAP)
Central Center for Applied Prevention Technology (CAPT)
2720 Hwy. 10
Mounds View, Minnesota 55112
Phone: 800-782-1878
E-mail: centralcapt@miph.org
<http://www.ccapt.org>

National Institutes of Health (NIH)
National Institute on Drug Abuse (NIDA)
6001 Executive Blvd., Rm. 5213
Bethesda, Maryland 20892-9561
Phone: 301-443-1124
E-mail: information@lists.nida.nih.gov
<http://www.nida.nih.gov>

STATE RESOURCES

Michigan Department of Community Health (MDCH)
Office of Drug Control Policy (ODCP)
Lewis Cass Bldg., 5th Floor
320 S. Walnut St.
Lansing, Michigan 48913
517-373-4700
www.michigan.gov/odcp

REGIONAL RESOURCES

Regional Coordinating Agency

Serving Calhoun, Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Lenawee & Newaygo Counties

Mid-South Substance Abuse Commission (MSSAC)
2875 Northwind Dr., Ste 215
East Lansing, Michigan 48823
Gary VanNorman, Executive Director

Joel Hoepfner, Prevention Coordinator
Phone: 517-337-4406 ext. 102
E-mail: jhoepfner@mssac.com

Kim Thalison, Prevention Assistant
Phone: 517-337-4406 ext. 103
E-mail: kthalison@mssac.com

MSSAC 2005-2006 Strategic Substance Abuse Prevention Plan and Board of Commissioners Meeting schedule available at: www.mssac.com

LOCAL RESOURCES

MSSAC Funded Prevention Providers

Serving Calhoun County

Calhoun County Substance Abuse Prevention Coalition

Terry Langston, Prevention Coalition Staff

Phone: 517-629-2113

E-mail: tslang4504@yahoo.com

Minority Program Services

300 B Drive N.

P.O. Box 265

Albion, Michigan 49224

Serving Clinton County

Clinton County Substance Abuse Coalition

Ruth Rockwell, Prevention Coalition Staff

Phone: 989-224-5303

E-mail: Rockwell@ceicmh.org

Clinton County Counseling Center

1000 E. Sturgis Street, Suite 3

St. Johns, Michigan 48879

Serving Eaton County

Eaton County Substance Abuse Advisory Group

Sara Lurie, Prevention Coalition Staff

Phone: 517-484-2929 ext. 1111

E-mail: slurie@eaton.k12.mi.us

Prevention Program Services/Eaton Intermediate School District

1790 E. Packard Hwy.

Charlotte, Michigan 48813

www.eatondrugfree.org

Serving Gratiot County

Gratiot County Substance Abuse Coalition

Bill Dilts, Prevention Coalition Staff

Phone: 989-875-1023

E-mail: bdilts@mmdhd.org

Mid-Michigan District Health Department

151 Commerce Drive

Ithaca, Michigan 48847

Serving Hillsdale County

Hillsdale County Substance Abuse Prevention Coalition

Michael Vennekotter, Prevention Coalition Staff

Phone: 517-439-8707

E-mail: Michael.vennekotter@yahoo.com

McCullough, Vargas and Associates

3251 Beck Road, Suite B

Hillsdale, Michigan 49242

Serving Ingham County

Ingham County Substance Abuse Prevention Coalition

Micki Fuhrman, Prevention Coalition Staff

Phone: 517-484-2929 ext. 1159

E-mail: mfuhrman@eaton.k12.mi.us

Prevention Program Services/Eaton Intermediate School District

1790 E. Packard Hwy.

Charlotte, Michigan 48813

www.isapcc.org

Serving Ionia County

Ionia County Substance Abuse Initiative

Trisha Zizumbo, Prevention Coalition Staff

Phone: 616-527-5341

E-mail: tzizumbo@ioniacounty.org

Ionia County Public Health Department

175 E. Adams Street

Ionia, Michigan 48846

Serving Jackson County

Jackson County Substance Abuse Prevention Coalition

Kelsey Winston, Prevention Coalition Staff

Phone: 517-796-5133

E-mail: kwinston@uwjackson.org

United Way of Jackson County

729 W. Michigan Avenue

Jackson, Michigan 49201

LOCAL RESOURCES (cont'd)

Serving Lenawee County

Lenawee Substance Abuse Prevention Coalition

Jessica Murray, Prevention Coalition Staff

Phone: 517-263-7861

E-mail: jmurray@caajlh.org

Community Action Agency

400 W. South Street

Adrian, Michigan 49221

Serving Newaygo County

Coalition For a Drug Free Newaygo County

Gale A. Beach, Prevention Coalition Staff

Phone: 231-924-1662

E-mail: gale@prideyouthprograms.org

PRIDE Youth Programs, Inc.

4 West Oak

Fremont, Michigan 49412

www.drugfreenewaygocounty.org

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