

Youth Substance Abuse Trends and Community Assessment



Drug Free
Charlotte County

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Overview of Our Community

Located on the gulf coast of Florida, Charlotte County Florida is widely known as a retirement community, second oldest median age of 58.4 in the state and third in the nation.¹ The 2015 US Census estimate for Charlotte County is 173,115 up from the 159,978 estimate base in 2010 (Decennial Census). This same data reinforces its status as a retirement community, indicating only 12.8% of the county's residents are of school-age.¹ Its large retirement population drives the county's demographics with a 90.4% Caucasian and no other ethnic group making up the majority of the remaining population.¹



The unincorporated Port Charlotte area was listed by CNN Money as one of the 25 best place to retire in 2009.² Additionally, the City of Punta Gorda, sitting in the southern portion of the County, was ranked as one of the best healthiest places in the United States to retire by *Money* magazine in 2009; as well as designation by *Where to Retire* magazine for a top 2014 ranking.^{3,4} The Robert Wood Johnson Foundation recently ranked Charlotte County as the 15th healthiest county in Florida (improving from #26 in 2011)⁵. And, in December 2014, Punta Gorda was named one of the top ten best places to open a small business in the U.S. Adding to these distinctions, the Tampa Bay Rays' minor league team, the Stone Crabs, attracts new tourism and industry to the Charlotte County area. Additionally, tourism receives a boost from the presence of Allegiant Air flying out of Punta Gorda, with a 73% spike in passengers during 2014-15, and Frontier Airlines planning to service the airport starting October 30, 2016.⁶

Charlotte County faces some economic challenges, especially for children and families. The median household income in Charlotte County continues to decline. The 2015 estimate is \$44,378; \$9,217 below the National average.¹ While lower than the state average, there is a higher percentage of families with children who live below poverty, and the unemployment rate is higher than national and state averages (July 2016).

Table 1 provides an overview of some key data offering additional insights into the economic environment of Charlotte County as experienced by many of its families and children.

Table 1: Key Economic Data for Families

	Charlotte	Florida	United States
Median Household Income (2015 est.)	\$44,265	\$47,212	\$53,482
Persons in Poverty (2015 est.)	11.9%	16.5%	14.8%
Families Below Poverty with Children under age 18 (2014 est.)	19.5%	19.9%	18.1%
% Free/Reduced Lunch (2015 – USDA and FLDOE)	64.4%	47.22%	72.6%
July 2016 Unemployment Rates (BLS)	5.6%	4.7%	4.9%
No Health Insurance (2014 est.)	16.4%	19.6%	14.2%

Providing over 21% of local jobs, the largest employers in Charlotte County are education and health services. Next are retail trade, leisure and hospitality, followed by local government, demonstrating we are a service community. Nearly 100% of the top 50 non-governmental employers in the county use some form of shift-work, including nights, midnights and weekends, resulting in a large population of latchkey families.³

Though not a rural county, Charlotte County teens are likely to experience a rural-like upbringing, attending one of four middle schools and four high schools. Facilities available for recreation to students also mirror those of a rural setting, with large number of public facilities and resources focused on the activities of the county’s large retirement population. However, local organization and government have becoming increasingly more active to seek positive activities and opportunities for youth and families. This includes a growing emphasis on services and activities that support education and economic improvement, as well as wellness and recreation.

Charlotte County is a community of tremendous spirit, which regards challenges as opportunities. The community is working hard to build and reinforce partnerships of all types – public and private and nonprofit with other nonprofit(s) – all focused on leveraging their collaborative impact to address local issues. Several notable efforts have been the Community Health Improvement Partnership (CHIP), an action based collaborative, and TogetherCharlotte, an effort to develop the county’s first Health and Human Services County-wide Plan. Drug Free Charlotte County was honored to serve as a lead with local government and youth serving organizations, to engage teens and get their input into the community through two Youth Summits in 2014 and 2015 – CCVOLT (Charlotte County Voice of Local Teens). Input from these summits revealed a strong desire for life skills training, which helped inform the decision of Drug Free Charlotte County to bring the evidence-based *LifeSkills Training*® to the community.

References for Overview:

¹ US Census Bureau
² http://money.cnn.com/galleries/2009/moneymag/0909/gallery.bpretire_top25.moneymag/
³ <https://www.google.com/#q=best+place+to+retire+punta+gorda>
⁴ <http://www.charlottecountyfl.gov/news/Pages/Punta-Gorda-Featured-in-Where-to-Retire-Magazine.aspx>
⁵ <http://www.countyhealthrankings.org/app/florida/2016/rankings/outcomes/overall>
⁶ [Charlotte County Economic Development Office](#)

Youth Substance Abuse in Charlotte County

Collecting the Data

Drug Free Charlotte County (DFCC) is fortunate to have strong partners in the Charlotte County Public School System, Charlotte County Sheriff Office, Punta Gorda Police Department, Charlotte Behavioral Health Care, Charlotte County Medical Examiner, the Children's Services Council, and the Florida Departments of Health and Children and Families. These partners provide both data and opportunities for coalition members and staff to identify trends and assess our community's youth substance abuse issues. Coalition volunteers, including our youth leaders, conduct environmental retail scans, key informant interviews and other collection activities that provide further data used in our assessment.

Teen Surveys in Partnership with the Schools:

- *Florida Youth Substance Abuse Survey (FYSAS)*. This survey provides excellent trend data, having been collected every two years (at the county level) since 2000. DFCC and Charlotte County Public Schools work with the Florida Department of Health and Department of Children and Family to conduct this survey.
- *Teen Norms Survey (TeeNS)*. Designed and analyzed by Northern Illinois University, the TeeNS provides near real-time trend data as well as data on perception and teen norms. Charlotte County teens take this each year with results returned within six weeks, providing the advantage of knowing the data within the same year.
- *Florida Youth Tobacco Survey*. This survey is conducted every two years in combination with the Florida Youth Substance Abuse Survey, with the same partners.
- *Developmental Assets Survey*. In 2013, the Children's Service Council received a grant from the Florida Department of Juvenile Justice to conduct the Search Institute's Developmental Assets Survey.

Historically, data results are similar between the FYSAS and TeeNS surveys, although, FYSAS data has indicated slightly higher rates of use for the same year in high school ages. The Developmental Assets Survey in 2013 provided similar data for youth substance use as the TeeNS of that same year. It must be acknowledged, however, there has been a marked difference in the 2014 and 2016 FYSAS as compared to the TeeNS for those years. These surveys are given at different times of the year, and while hold the same calendar year, they are actually given in different school years. The TeeNS is given the beginning of the school year, while the FYSAS is given every other year around February. This may be related to the differences more recently noted in the data. The TeeNS is more reflective of behaviors and attitudes from summer months, out of school. While the FYSAS may be more reflective of those behaviors and attitudes supported while spending weekdays in school.

Law Enforcement Data

- Both the Charlotte County Sheriff Office and Punta Gorda Police Department provide data on crimes and violations either caused by, or related to, drug or alcohol use. Data may also be collected from the state databases provided by the Florida Department of Law Enforcement.

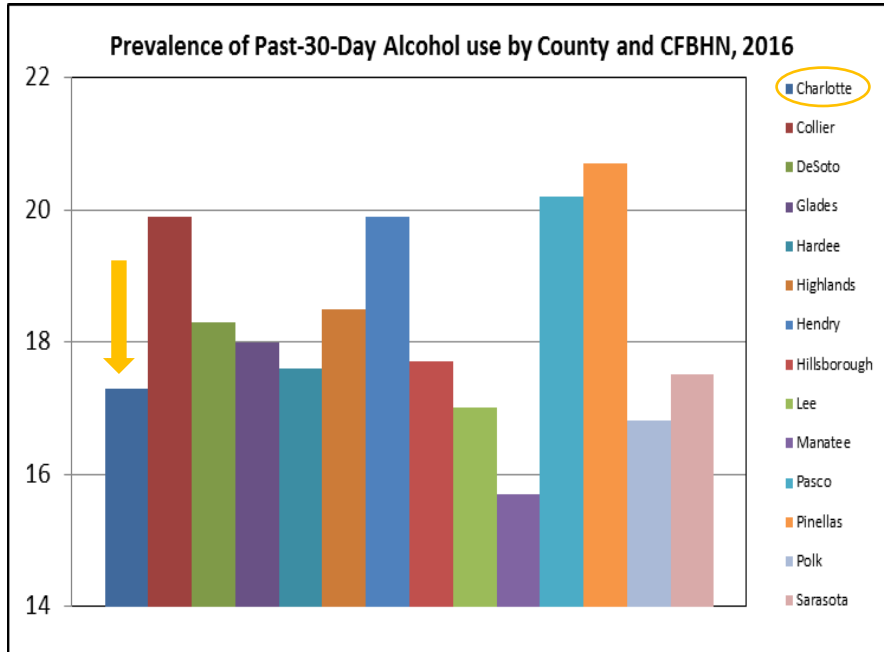
Other Community Data

- *Retail Data.* Youth and coalition volunteers conduct scans of local retailers who sell alcohol or tobacco. These scans look for signage and product placement that can promote (or hinder) underage alcohol and tobacco use. Data is collected on the number of licensed alcohol and/or tobacco retailers in the community.
- *Medical Examiner Data.* Our medical examiner's office provides critical data regarding deaths and overdoses resulting from alcohol or drugs.
- *Other School Data.* Suspension and graduation rates provide data on community impacts often related to alcohol or drug use.
- *Local Substance Abuse Treatment Data.* The coalition receives data from Central Florida Behavioral Health Network, our managing entity, regarding drugs of choice at admission.
- *Key Informant Interviews.* Coalition members and/or staff conduct key informant interviews on specific issue areas to learn more about the local impact of substance use. During 2016, local emergency room staff were interviewed to ascertain what their experience is with regard to the impact of alcohol and drugs on emergency room visits.

Youth Substance Use Data/Trends:

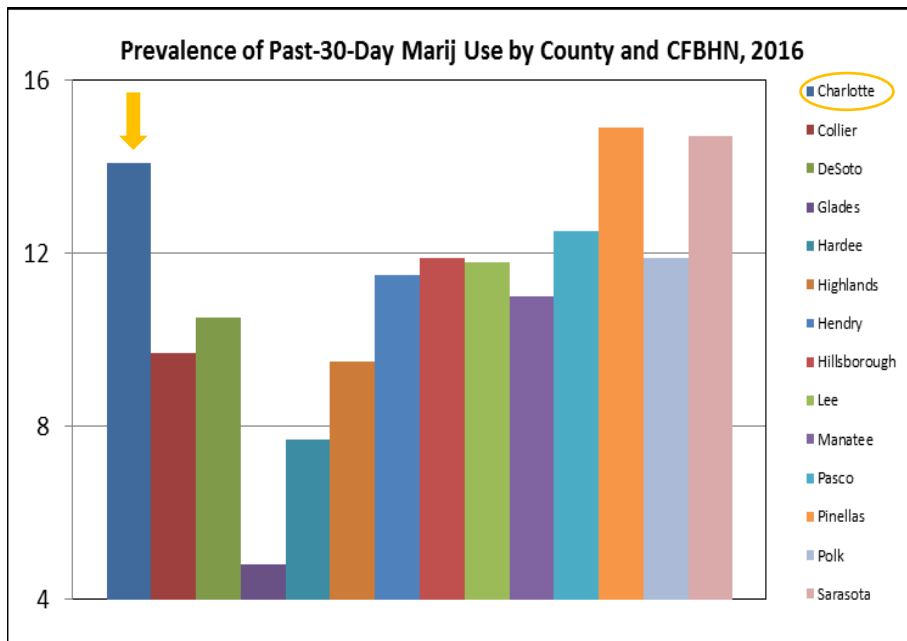
Despite once leading the state in underage drinking rates, Charlotte County continues to gain ground in prevention. In 2002, Charlotte County's Florida Youth Substance Abuse Survey (FYSAS) rates were among the state's highest with 54% of high school students reporting past 30-day alcohol use. Both the TeeNS and FYSAS show a continual and dramatic drop in underage alcohol use since 2000. According to a ranking of 2014 FYSAS data for past 30-day alcohol use by both middle school and high school teens, Charlotte County ranks 48th out of 67 counties, just below the quartile of the lowest rates in the state. 2016 FYSAS statewide *ranking* data was not available at the time of this assessment, Figure 1 shows how Charlotte County ranks among our sister coalitions throughout the region. The 2016 data indicates Charlotte County is fourth lowest for past 30-day use of alcohol among teens. This improvement from our 2002 data is evidence of the successful collaborations of the coalition partners dedicated to the mission of eliminating youth substance abuse from our community.

Figure 1: Past 30-day alcohol use by in Suncoast Region 2016 FYSAS



However, data for past 30-day use of marijuana among our teens shows a different result in the county’s ranking for teen marijuana use within the Suncoast Region. As Figure 2 indicates, Charlotte County is third highest in the region with regard to this indicator.

Figure 2: Past 30-day use of Marijuana in Suncoast Region 2016 FYSAS



Four Core Measure Data

As a Drug Free Communities Coalition, DFCC gathers data on four core measures on alcohol, cigarettes, marijuana and prescription drugs:

- Past 30-day use
- Perception of risk or harm
- Perception of parental disapproval of use
- Perception of peer disapproval of use

Past 30-Day Use

The Table 2 provides a historical perspective on past 30-day use among Charlotte County teens, as surveyed through the annual Teen Norms Survey (TeeNS).

Table 2: Teen Norms (TeeNS) Survey – Past 30-day Use Historical

Past 30-day Substance Use	Smoked cigarettes?		Had at least one drink of alcohol?		Used marijuana?		Used Prescription Drugs?	
	MS	HS	MS	HS	MS	HS	MS	HS
2007	9%	22%	14%	39%	9%	22%		
2008	11%	23%	17%	37%	11%	24%		
2009	10%	22%	15%	37%	9%	26%		
2010	9%	21%	14%	34%	9%	25%		
2011	9%	21%	15%	36%	10%	27%		
2012	8%	19%	14%	34%	8%	26%		
2013	6%	16%	10%	31%	7%	25%	6%	12%
2014	4%	17%	8%	32%	6%	29%	5%	14%
2015	5%	13%	7%	25%	7%	24%	9%	12%
2016	5%	15%	9%	27%	8%	26%	6%	10%

The data shows fluctuations in both middle and high school teens during the past three years among all substances, but prescription drugs, with a steady decline. Looking at three-year average (rolling year) provides additional perspective. The **rolling year data for 2014-16** TeeNS indicates:

- Alcohol – 8% for MS and 28% for HS
- Marijuana – 7% for MS and 26.7% for HS
- Cigarettes – 4.7% for MS and 16% for HS
- Rx Meds – 6.7% for MS and 12% for HS

With two (2) Constitutional Amendment ballot initiatives for marijuana in Florida during the past three years, our community, like all of the state, has experienced a high level of media coverage and conversation in the community on this issue. The increased publicity on the legalization

movement from across the country has only added to this local condition. Adults and teens are exposed to an increasing amount of misinformation related the risks of use. Of additional concern to prevention planning, as reported in the October 2016 release of “Lessons Learn After Four Years of Marijuana Legalization” (www.learnaboutsam.org),¹ since 2012, the per capita alcohol consumption has risen alongside marijuana use in Colorado. Therefore, the coalition must consider the potential impact of any rise in marijuana use on that of alcohol.

The Florida Youth Substance Abuse Survey (FYSAS) provides additional data regarding substance use behavior in teens. Given throughout the state, it also offers the opportunity to compare local data trends to regional (i.e., Suncoast Region) and statewide.

Data for past 30-day reported by 2016 FYSAS is displayed in Table 3. This survey shows a continual decline in alcohol, cigarette and marijuana use.

Table 3: Past 30-Day Use by Substance – Historical FYSAS

<i>Past 30-day use</i>	Charlotte County- MS			Florida - MS		
	2012	2014	2016	2012	2014	2016
<i>Alcohol</i>	13.3%	10.4%	7.9%	12.3%	10.1%	8.3%
<i>Cigarettes</i>	5.3%	3.2%	2.8%	2.7%	2.0%	1.4%
<i>Marijuana</i>	8.4%	4.7%	3.6%	4.2%	4.2%	3.2%
	Charlotte County - HS			Florida - HS		
	2012	2014	2016	2012	2014	2016
<i>Alcohol</i>	35.6%	25.1%	23.1%	33.9%	28.4%	25.5%
<i>Cigarettes</i>	17.9%	10.9%	7.4%	9.6%	7.1%	4.8%
<i>Marijuana</i>	22.0%	17.3%	20.6%	18.5%	18.6%	17.0%

Historically, the FYSAS and TeeNS data are similar – within one or two percentage points. However, in the past several years, there has been a larger difference between the two surveys. The TeeNS is taken within the first 30-days of the school year, while the FYSAS is taken mid-year. The 2015 TeeNS was taken within the same school year as the 2016 FYSAS. Therefore, past 30-day data of the TeeNS includes behavior during the summer. While FYSAS data reflects behavior during the school year. Further, the TeeNS is given to all middle and high school students, while the FYSAS is done through random sampling. It is not possible to know if these circumstances play a role in the differences between the two surveys, or what other circumstances might have an impact. Given this, the coalition looks to **the overall trends** demonstrated by both surveys through the assessment process. Specific data points are examined within each particular survey, rather than compared to each other.

¹ <https://learnaboutsam.org/wp-content/uploads/2016/10/SAM-report-on-CO-and-WA-issued-26-Oct-2016.pdf>

Table 4 shows past 30-day use of other substances through the Florida Youth Substance Abuse Survey (FYSAS). This information indicates that Charlotte County has slightly higher rate of vaping/e-cigarette and prescription drug use than the state.

Table 4: Past 30-day use of other substances - FYSAS

Past 30-day use by substance	Charlotte County						Florida Statewide					
	2012		2014		2016		2012		2014		2016	
	MS	HS	MS	HS	MS	HS	MS	HS	MS	HS	MS	HS
Vape/E-Cig	---	---	---	---	9.5%	17.2%					5.1%	12.8%
Synthetic Marijuana	---	9.6%	---	1.3%	---	1.0%	--	4.3%	---	1.4%	---	1.0%
Inhalants	4.2%	1.9%	2.5%	1.6%	2.6%	1.2%	3.8%	1.6%	3.1%	1.3%	2.2%	1.2%
Flakka	---	---	---	---	---	0.7%	--	--	--	--	--	0.5%
Club Drugs	0.4%	1.9%	0.5%	1.5%	0.5%	1.9%	0.4%	1.5%	0.3%	1.0%	0.3%	0.8%
LSD, PCP, or Mushrooms	0.5%	2.8%	0.8%	1.1%	0.6%	1.1%	0.5%	1.3%	0.6%	1.4%	0.3%	1.4%
Meth	0.3%	1.4%	0.9%	0.3%	0.8%	0.3%	0.5%	0.5%	0.4%	0.5%	0.3%	0.4%
Cocaine or Crack Cocaine	1.1%	1.8%	0.6%	0.5%	0.6%	1.4%	0.4%	0.9%	0.4%	0.7%	0.3%	0.8%
Heroin	0.5%	0.7%	0.4%	0.0%	0.7%	0.4%	0.2%	0.4%	0.3%	0.3%	0.1%	0.2%
Depressants	1.3%	4.4%	0.5%	2.3%	0.3%	2.1%	0.8%	2.1%	0.8%	2.1%	0.8%	2.4%
Prescription Pain Relievers	1.7%	4.3%	2.0%	1.7%	2.4%	3.2%	1.7%	2.8%	1.4%	2.6%	1.6%	2.0%
Prescription Amphetamines	0.1%	1.0%	0.8%	1.7%	0.5%	2.5%	0.4%	1.5%	0.5%	1.7%	0.5%	1.6%
Steroids (without Rx)	0.0%	0.7%	0.0%	0.0%	0.0%	0.3%	0.3%	0.5%	0.2%	0.3%	0.2%	0.2%
Over the Counter Drugs	1.2%	4.6%	1.8%	2.1%	0.6%	3.3%	1.7%	2.6%	1.6%	2.4%	1.8%	2.1%

Perception of risk or harm

In Charlotte County, even students who choose not to drink alcohol report a limited understanding of the harm associated with drinking alcohol regularly. The 2016 FYSAS reports 41.2% of surveyed teens (middle and high) report a perceived “great risk of harm” from drinking every day. This is an increase from the rate in 2014, which was 36.8%. However, our community is below the percentage for the Suncoast Region² of 42.7% and state rate of 42.8% reporting great risk of harm for alcohol use daily.

According to the 2016 FYSAS, Charlotte teens report great risk of harm for daily cigarette use at 68.6%. This is a higher rate as compared to the regional percentage of 67.8% and state percentage of 68.4%. Charlotte teens report a lower perception of risk of use of marijuana (33.1% for weekly

² Suncoast Region includes the counties of: Charlotte, Collier, DeSoto, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota. This is the Central Florida Behavioral Health Network.

use) as compared to regional Figures (37.7%). Charlotte's 72.1% for perception of great risk of harm for prescription drugs is within one percentage point of the state percentage of 71.2%. Figures 3 and 4 break this data down by middle and high school age as well as data from 2014.

Figure 3: Perception of Harm - Middle School FYSAS

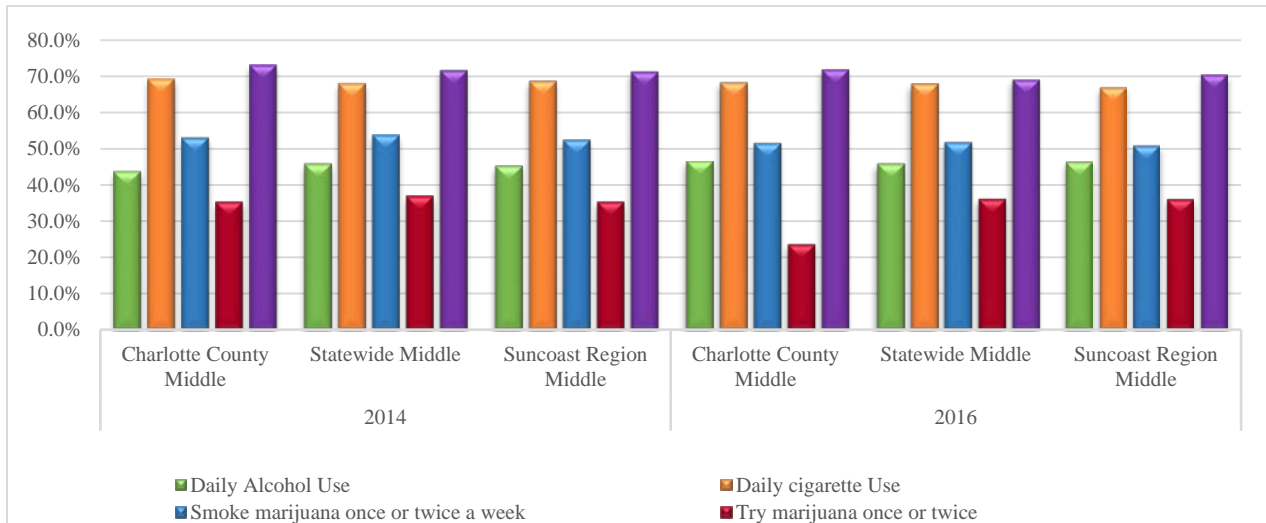
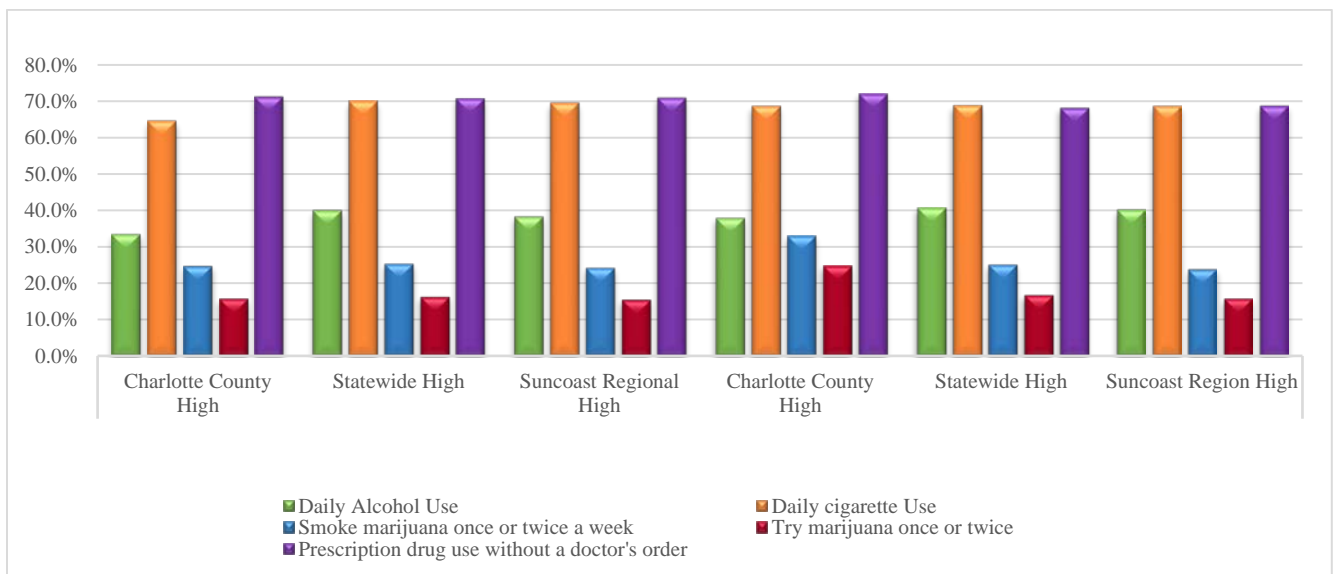


Figure 4: Perception of Harm - High School FYSAS



Perception of parental disapproval of use

Parents play a key role in preventing youth substance abuse. Perception of parental approval is one measure to help gauge how well they are communicating their disapproval.

Figure 5: Parental Disapproval - Middle School FYSAS

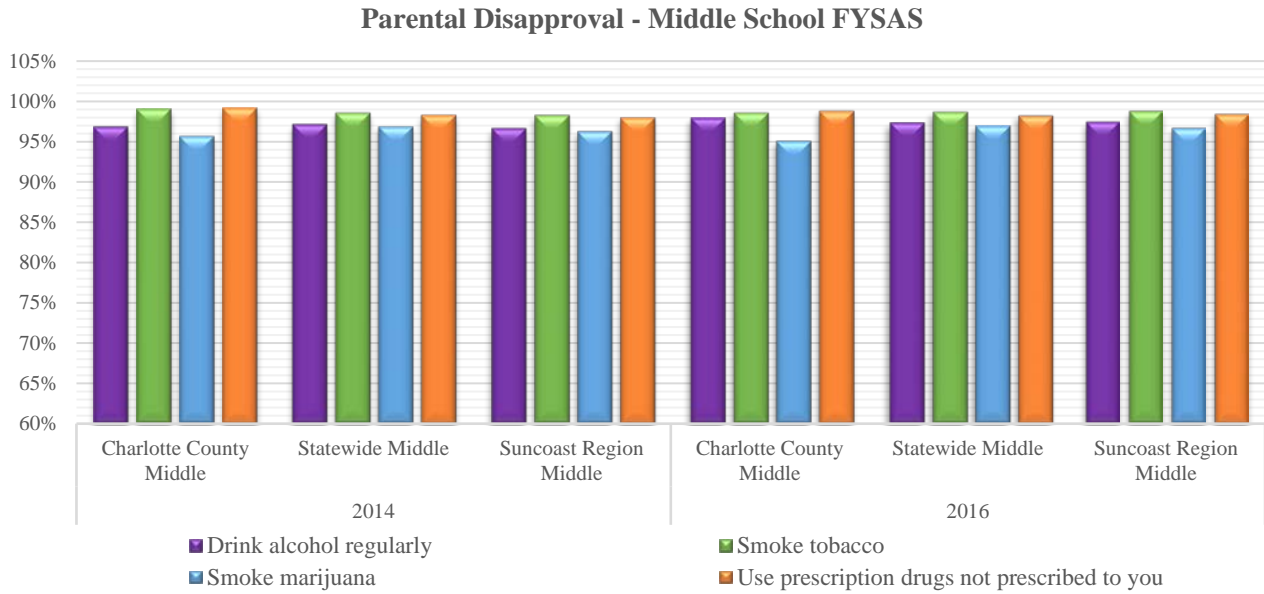
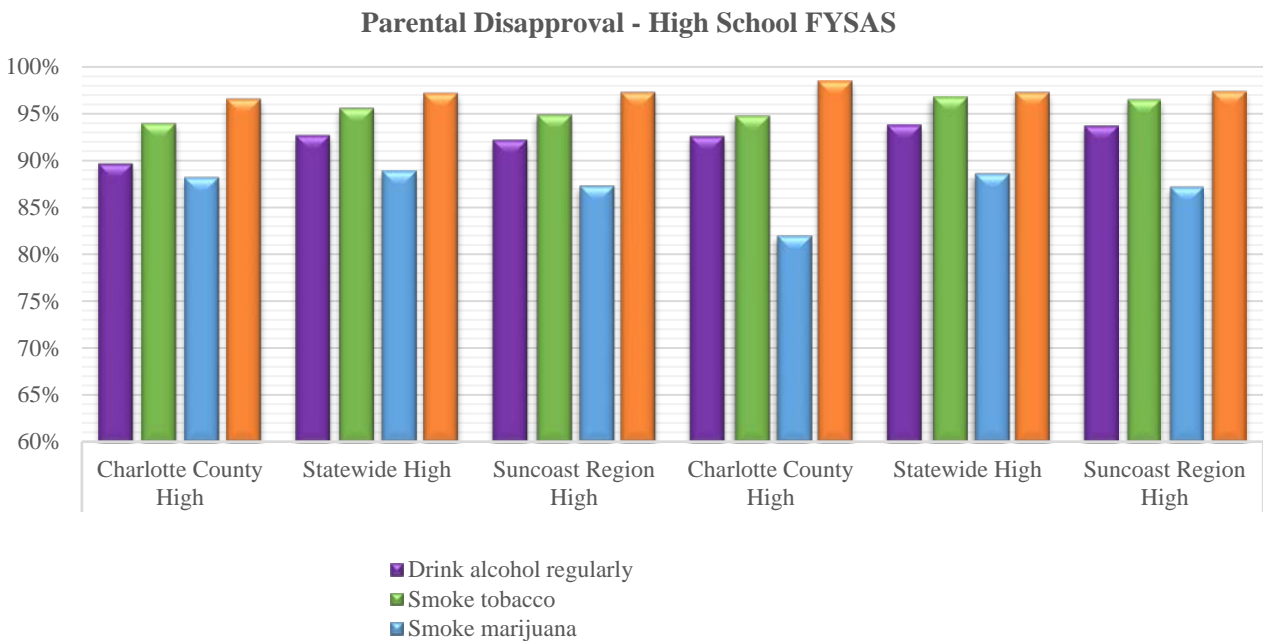


Figure 6: Parental Disapproval - High School FYSAS



As shown by the FYSAS, in both middle and high school students, the perception of parental disapproval is lowest for marijuana. Overall, tobacco and prescription drug (use without prescription) show the highest rates of parental disapproval in the community.

The rate for parental disapproval of marijuana use, as perceived by Charlotte County high school teens, dropped from 88.2% in 2014 to 82% to 2016. This is a larger decrease than for the state or region. Adult attitudes regarding marijuana are also reflected in the recent election, where “amendment 2” for legalization of medical marijuana passed locally by 69.53% to 30.47%. (The amendment passed statewide at a higher rate: 71.31% to 28.69%).

The 2016 TeeNS provides additional depth in to the perception of parental disapproval by Charlotte County teens. Data is provided on the perceived level of disapproval by parents from “not wrong at all” to “very wrong”. 89% of teens state they believe their parents would think it was “wrong” or “very wrong” for them to drink beer, wine, or hard liquor regularly (2016 HS TeeNS). This perception drops to 87% report for them to use marijuana.

According to the 2016 TeeNS, high school teens rank a nurse or doctor as #1 source for believable information regarding alcohol/drug information, followed by the law enforcement. Parents rank 3rd. This is a change from previous years, when parents were usually the #1 believable source. Middle schoolers also rank a nurse or doctor as the #1 believable source, with parents just below, followed by law enforcement. Teachers rank fourth out of thirteen sources for both middle and high schoolers. Friends as believable sources, rank last for middle school and third from last for high schoolers.

Data from the 2013 Developmental Assets survey indicates the area of positive family communication as a very low asset area. This indicator, along with the other indicators related by teens through the FYSAS and TeeNS, indicate an opportunity to build skills in communication and education for parents to better equip them as influencers of their child’s behavior and choices regarding alcohol and drugs.

Perception of peer disapproval of use

It is a commonly shared view that teens want to “fit in”. For this reason, perceptions can have a notable impact on teens, including related to substance use. The fourth core measure deals with one of these perceptions – peer disapproval of use. Figures 7 and 8 visualize FYSAS data for the county, region and state, depicting perception levels of “friends think it would be wrong to…” for alcohol, marijuana, tobacco and prescription drugs.

Figure 7: Perception of Peer Disapproval - Middle School FYSAS

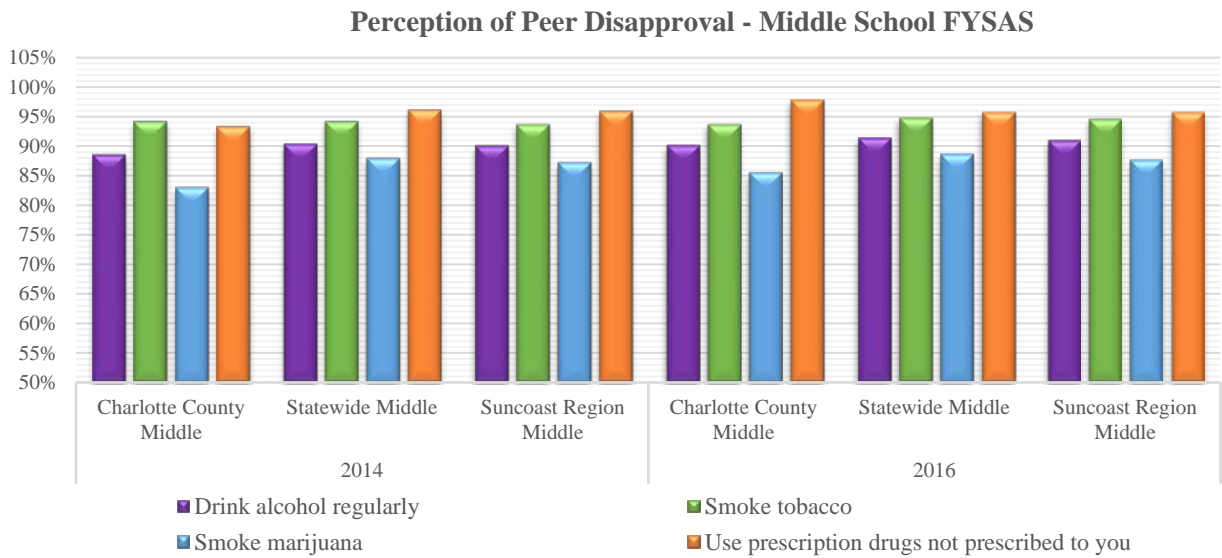
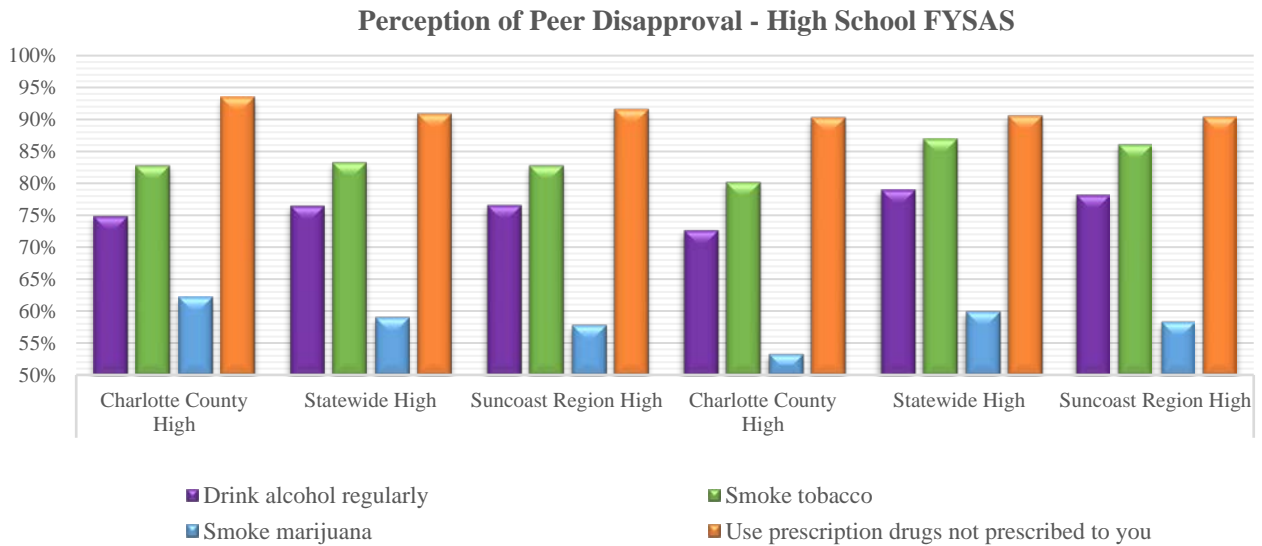


Figure 8: Perception of Peer Disapproval - High School FYSAS



According to this data, use of prescription drugs has the highest level of peer disapproval both locally and in the state. In our county, except for prescription drug use, perceptions of peer disapproval differ greatly between high school and middle school teens. It is particularly concerning to note that perception of peer disapproval for marijuana is over 30 percentage points lower in high school than in middle school. In 2016, Charlotte County high school rate of perceived disapproval dropped below the state rate after being higher previously.

The 2016 TeeNS provides additional insights into perception of peer disapproval. Table 5 indicates that among female high school teens, perception of peer (friend) disapproval is higher than among male high school teens in Charlotte County. However, it must be noted that this difference is slight with regard to marijuana use.

Table 5: 2016 TeeNS – Disapproval Friends – High School

How wrong do you think your friends feel it would be for you to:	Female HS	Male HS
<i>...have one or two drinks of an alcoholic beverage nearly every day?</i>	62.9%	58.0%
<i>...smoke tobacco</i>	73.8%	64.5%
<i>...smoke marijuana</i>	53.2%	52.0%

Table 6 offers data on how middle school teens perceive the disapproval of their friends for these substances. Again, female middle school teens perceive a higher level of disapproval. However, it does not echo the drop for marijuana as for high school teens. Alcohol is seen by both females and males as the substance with least disapproval – though for males, it ties with marijuana.

Table 6: 2016 TeeNS – Disapproval of Friends– Middle School

How wrong do you think your friends feel it would be for you to:	Female MS	Male MS
<i>...have one or two drinks of an alcoholic beverage nearly every day?</i>	83.1%	76.4%
<i>...smoke tobacco</i>	86.0%	79.4%
<i>...smoke marijuana</i>	85.6%	76.4%

Additional Data

Risk and Protective Factors

Research has worked to identify how individuals begin using substances and progress to substance abuse. This research has led to the identification of two types of factors that either increase risk, or reduce the risk of substance abuse. Risk factors can increase an individual’s chances for substance abuse, while protective factors can reduce the risk. According to Substance Abuse Mental Health Services Administration (SAMHSA),

- Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.
- Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events.³

³ <http://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>

The FYSAS assesses twelve (12) risk and six (6) protective factors related to substance abuse and negative behaviors in teens. Lowering the risk factor prevalence and increasing protective factor prevalence is a goal for communities working to prevent substance abuse. Table 7 below, indicates the average prevalence of both risk and protective factors for Charlotte County Teens from 2006-2016. Given the scale for risk factors is one to one hundred, it is preferable to have risk factors below “50” and protective factors above “50”.

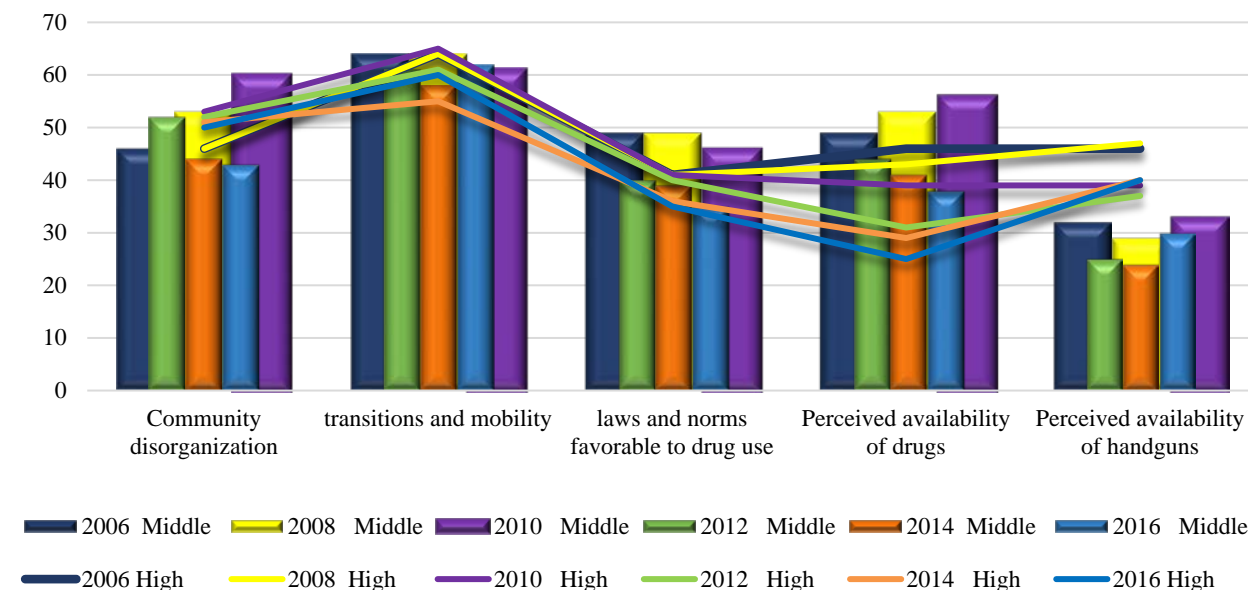
Table 7: Risk and Protector Factor Historical Prevalence - Charlotte FYSAS

Charlotte County	2006		2008		2010		2012		2014		2016	
	MS	HS	MS	HS	MS	HS	MS	HS	MS	HS	MS	HS
Average prevalence rate of Risk Factors	49	46	43	46	47	45	44	47	40	39	40	41
Average prevalence rate of Protector Factors	45	53	45	55	43	57	46	55	45	57	48	55

Risk factors in Charlotte County historically run below “50”, while the protective factors run above the “50” for high school, but fall below for middle school. Figure 9 visualizes that community disorganization and transitions and mobility tend to be the higher risk factors within the “community domain” for Charlotte County.

Figure 9 looks at one domain of risk factors from 2006 to 2016. The community domain of risk factors assesses perceptions and feelings about their community. Community disorganization and transitions and mobility tend to be the higher risk factors within this domain for Charlotte County.

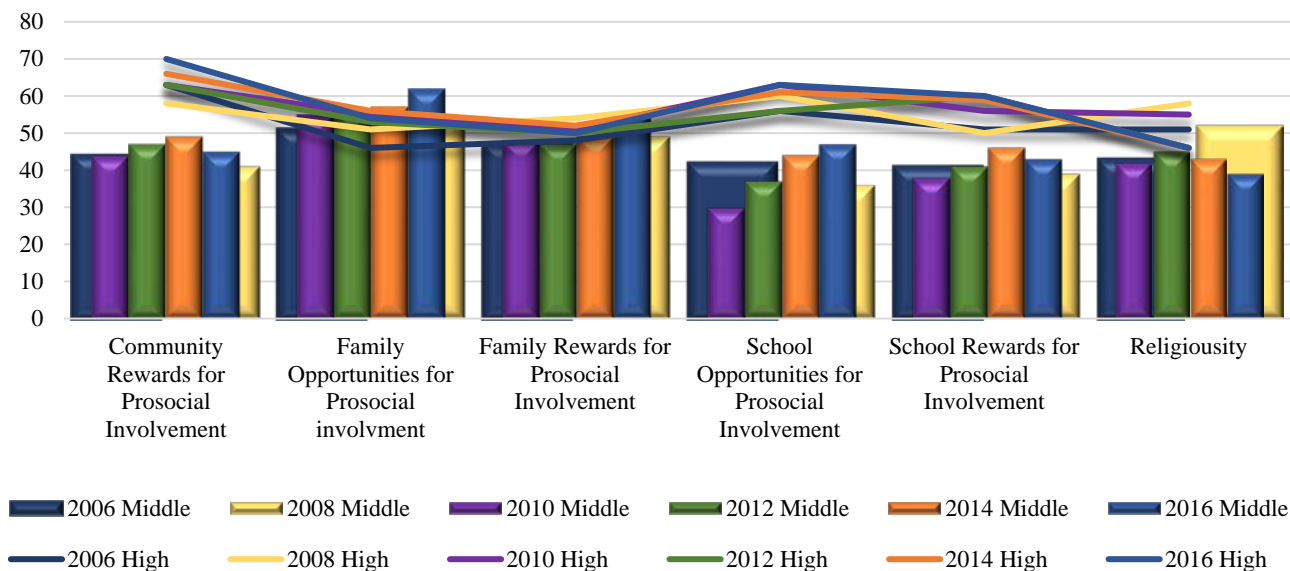
Figure 9: Community Risk Factors for Middle and High School – Charlotte FYSAS Historical



Community disorganization pertains to how the teens perceive and feel about their community and neighborhood environment. This include questions related to conditions of their environmental

surroundings to fighting and drug selling, as well as “I feel safe in my neighborhood”. Transitions and mobility include such transitions as: changing schools, grades, neighborhoods and homes. Figure 10 visualizes how Charlotte County teens have perceived the protective factors of their community, family, school and peers. Again, high school teens tend to report higher levels of protective factors through the domains, with the exception of within the family domain, where the rates may fall below or similar to middle school data.

Figure 10: Protective Factors - Charlotte FYSAS Historical



Historical perspectives provide a look at how we have done through the years in reducing risk factors and improving protective. Tables 8 and 9 provide snapshots of how our 2016 rates compare to the state and national rates.

Table 8: 2016 Risk Factors for Charlotte, Florida, and Nation

Risk Factors 2016 FYSAS	Charlotte		Florida		National Norms	
	Middle	High	Middle	High	Middle	High
Community disorganization	43	50	42	44	47	47
Transitions and mobility	62	60	59	61	47	46
Laws and norms favorable to drug use	35	35	37	31	42	42
Perceived availability of drugs	38	25	37	27	45	45
Perceived availability of handguns	30	40	24	36	25	42
Poor Family management	39	41	40	38	44	45
Family conflict	39	35	38	33	42	37
Poor academic performance	37	43	42	44	45	48
Lack of commitment to school	58	56	53	54	47	46
Favorable attitudes to Antisocial behavior	38	39	39	35	40	46
Favorable attitudes to ATOD use	35	42	32	36	39	45
Early initiation of Drug Use	22	27	23	22	41	46
Average prevalence rate	40	41	39	38	42	45

Table 9: 2016 Protective Factors for Charlotte, State, and Nation

Protective Factors - 2016 FYSAS	Charlotte		Florida		National Norms	
	MS	HS	MS	HS	MS	HS
Community Rewards for Prosocial Involvement	45	70	46	69	56	63
Family Opportunities for Prosocial involvement	62	54	60	59	59	54
Family Rewards for Prosocial Involvement	55	50	56	56	54	55
School Opportunities for Prosocial Involvement	47	63	53	63	57	60
School Rewards for Prosocial Involvement	43	60	49	59	53	58
Religiosity	39	49	49	57	56	62
Average prevalence rate	48	58	52	61	56	59

Risky Behaviors Related to Use, and Consequences of Use of Alcohol or Marijuana

Binge Drinking

According to data from the 2016 FYSAS, while Charlotte County high school age females report a higher rate of past 30-day alcohol use than males (18.1% compared to 17.2%), high school males report a higher percentage of having five or more drinks on days they drank. However, this is still lower than state rates for binge drinking. In the 2014 FYSAS, rates were higher in Charlotte County than the state for binge drinking, but dropped below the state rate in 2016. Binge drinking occurs more frequently between the ages of 15-17 (1.9% ages 10-14 as compared to 10.3% ages 15-17).

For the first time, the 2014 FYSAS asked high school teens if they had “blacked out” during the past 30-days. 2014 Data for Charlotte County shows 17.4% report having experienced this effect of alcohol. This rate rose to 18.7% in 2016. More females (23.3%) than males (14.8%) in Charlotte County reported blacking out. Lower rates are reported for the state, with 16.5% of females and 15.4% of males reporting this occurred. The overall percentage for the state was 15.9%, below our local rate.

Alcohol Use Consequences

2016 TeeNS reports that as a result of drinking, high school age teens experience in Charlotte County report:

- 6% report injury to themselves
- 11% report sickness
- 6% report punishment by parent/guardian
- 6% report damage to property
- 5% report injury to others
- 6% report damaged relationships
- 5% report trouble with police
- 4% report impaired driving

TeeNS also reports 13% of high school students report driving a car after drinking alcohol within the past 30-days. With no change from the previous year, 17% report riding with another student that had been drinking in the past 30-days.

Driving Under the Influence, or Riding with a Driver Under the Influence

FYSAS data indicates that 20% of high school teens report riding in a car with someone who has been drinking in the past 30-days; while 7.4% indicated they drove after drinking. Both are increases from 2014 data. However, it is an improvement in this survey's 2012 data which reports that just under 24% admit to riding car and 8% driving after alcohol. Unlike the 2014 FYSAS which indicates males are more likely to drive (6.8% v. 5.3%) after drinking, the 2016 reports females are more likely to drive after drinking alcohol (8.5% to 6.5%). Females are also more likely a passenger (22.3% v. 17.6%).

2016 FYSAS data provides the ability to compare our local to statewide data. For both the state and local community, it is more common to ride with someone or drive under the influence of marijuana (Figure 11). However, rates for high school teens driving or riding under the influence are higher in Charlotte County than for the state (Figure 12). While both areas saw drops in rates in 2014 data, Charlotte's was more pronounced. During this time, DFCC partnered with the State Farm Foundation on a campaign promoting safe driving habits. There may be a relationship to our local drop in rates during this period, as a result of the campaign messaging.

Figure 11: Riding in a Car with Someone Under the Influence - FYSAS High School

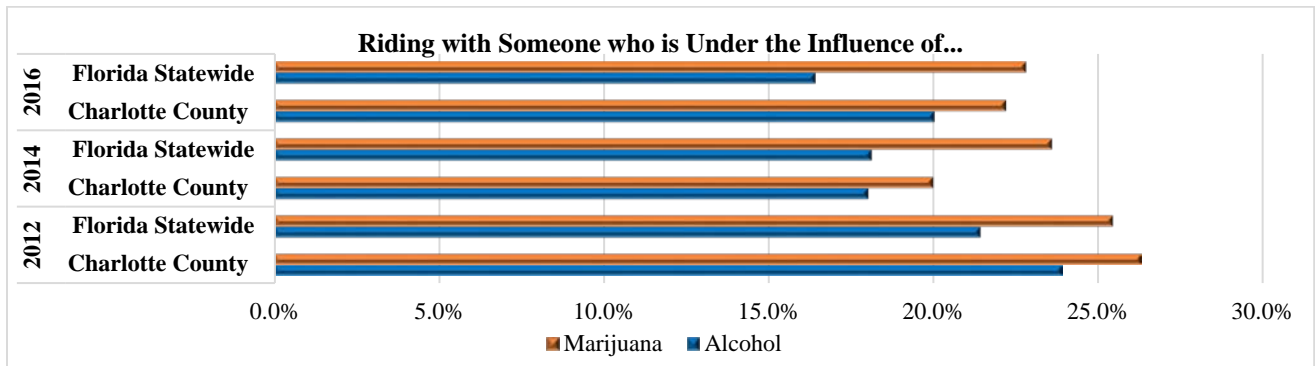
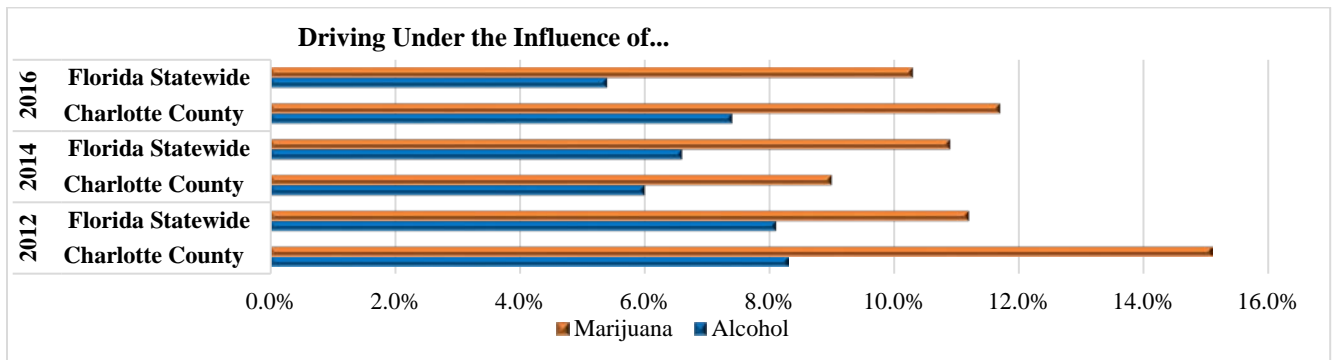


Figure 12: Driving Under the Influence of - FYSAS High School



FYSAS data indicates that 20% of high school teens report riding in a car with someone who has been drinking in the past 30-days; while 7.4% indicated they drove after drinking. Both are increases from 2014 data. However, it is an improvement in this survey's 2012 data which reports that just under 24% admit to riding car and 8% driving after alcohol. Unlike the 2014 FYSAS which indicates males are more likely to drive (6.8% v. 5.3%) after drinking, the 2016 reports females are more likely to drive after drinking alcohol (8.5% to 6.5%). Females are also more likely a passenger (22.3% v. 17.6%).

Risky behaviors related to driving have a higher reported incidence if marijuana is involved, as indicated by the 2016 FYSAS. This data indicates 22.1% of high school teens surveyed reported riding in a vehicle driven by someone who had used marijuana in the past 30-days. This is two percentage points higher than alcohol data (20.0%) in the survey. Additionally, there is a four-percentage point increase in teens who report driving a car after having used marijuana in the past 30-days. These rates have risen since the 2014 FYSAS.

Other Risky Behaviors

The coalition collects additional risky behavior factors that can be local indicators of teen substance use and abuse as part of its assessment process. Researchers cite an association between substance use and increased serious delinquency, increased serious risk behaviors, and poor academic performance.⁴ The FYSAS provides data on several behaviors classified as delinquent. These data points do not necessarily reflect use of alcohol or drugs, but can be indicators of the types of risky behaviors occurring in our community. It must be also acknowledged that the FYSAS is given in a school setting. Therefore, this does not reflect data which includes teens who do not attend school, such as those who have dropped-out or are in an alternative setting. Table 10 provides an overview of these risky behaviors assessed through the FYSAS, which may be associated with substance use or a risk of substance use.

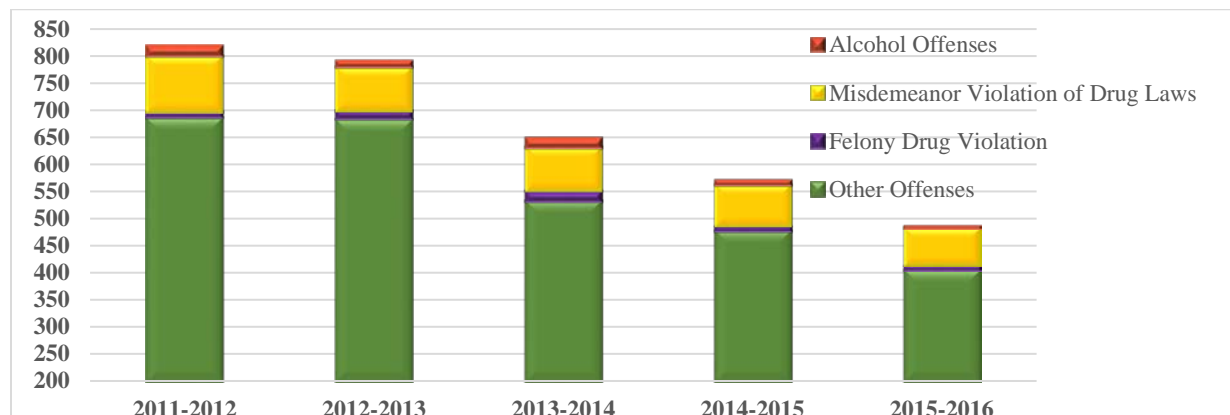
Table 10: 2014 and 2016 FYSAS – Delinquent Behavior

Delinquent Behavior	2014 FYSAS				2016 FYSAS			
	Charlotte MS	State MS	Charlotte HS	State HS	Charlotte MS	State MS	Charlotte HS	State HS
Carrying a gun	5.7%	5.1%	6.8%	5.4%	6.1%	5.0%	7.3%	5.8%
Selling drugs	4.1%	2.1%	7.2%	6.9%	2.2%	1.6%	4.9%	6.0%
Attempting to steal a vehicle	1.2%	1.1%	2.0%	1.5%	0.2%	1.0%	1.4%	1.5%
Being arrested	2.7%	2.2%	5.5%	3.3%	0.5	1.9%	1.2%	2.8%
Attacking someone with intent to harm	5.5%	6.7%	5.3%	7.0%	5.4%	6.2%	5.0%	6.1%

⁴<http://www.ncjrs.gov/html/ojjdp/204171/index.html>

The coalition also collects data from the Florida Department of Juvenile Justice. Figure 13 displays trends in juvenile offenses in Charlotte County. There appears to be a decreasing trend, though misdemeanor violations of drug laws appear more constant through this timeline.

Figure 13: FL. Dept. of Juvenile Justice – Felonies, Misdemeanors & Other Offenses



Florida Department of Law Enforcement also provides data for assessment purposes. Table 11 reinforces the trend in Figure 13, with an overall decline in offenses since 2013. Again, drug offenses are more frequent than alcohol violations, and the trend indicated a hike in these type of offenses in 2014, but a drop in 2015. While the specific drug involved is not specified in this data, this echoes a pattern in both past 30-day use and decline in perception of harm for marijuana, which would fall into this category of offense/violation.

Table 11: FDLE Juvenile Offense Data by Year

	2012	2013	2014	2015
TOTAL OFFENSES				
Drugs/Narcotics Offenses	128	101	122	109
DUI	0	3	1	4
Liquor Law Violations	5	1	14	9

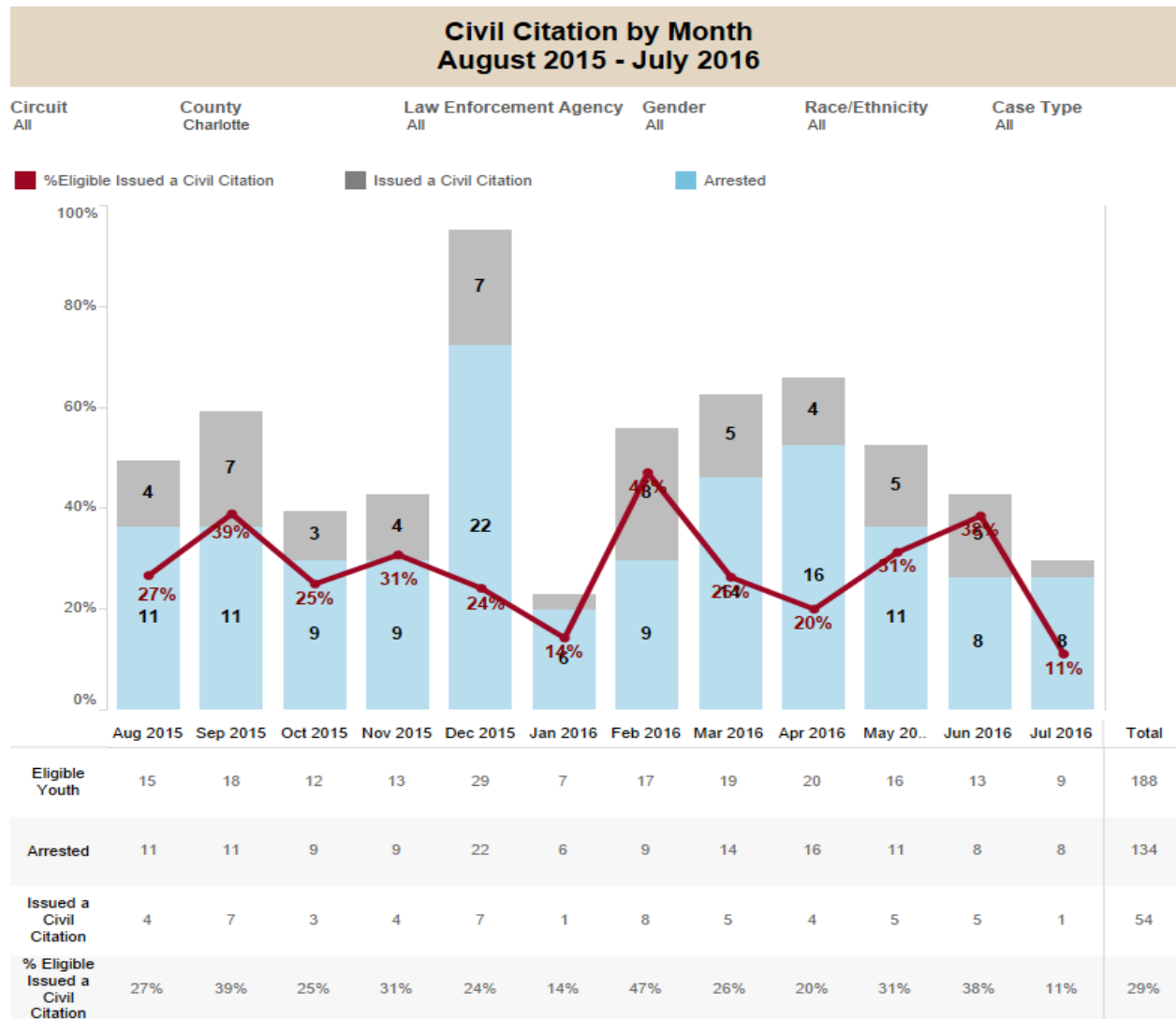
Diversion data is also an important community indicator. Table 12 also supports the area of drug law violation as the key offense among juveniles referred to diversion, rather than prosecution.

Table 12: Juvenile Offenses Referred to Diversion by Fiscal Year

	2012-2013	2013-2014	2014-2015	2015-2016
TOTAL OFFENSES	249	215	233	191
Other Offenses	186	147	165	138
Felony Drug Violation	6	8	5	7
Misdemeanor Violation of Drug Laws	51	53	57	42
Alcohol Offenses	6	7	6	4

Additionally, Charlotte County has a civil citation program through both the County Human Services Department and Department of Juvenile Justice (DJJ). Charlotte County also has a Teen Court through the State’s Attorney Office, in addition to a diversion program through DJJ. The coalition now works with all these programs to provide the evidenced based, Level 2 Prevention Program, *LifeSkills Training*® and community service activities for not only those teens whose offense involved alcohol, tobacco or drugs, but those who are at-risk for future use. Representatives from both law enforcement and the State’s Attorney Office are key members in the coalition and its leadership body.

Figure 14: Florida Dept. of Juvenile Justice – Civil Citations Eligible and Issued



As a role in our partnership with these programs, DFCC also advocates to local law enforcement and judicial systems for use of civil citation and similar diversion programs. As Figure 14 indicates, there are more teens who would be eligible to receive a civil citation than issued. In 2016, DFCC participated in a forum with the State and local officials overseeing the Civil Citation

program as part of an effort to build awareness and support for civil citations in lieu of arrest when appropriate. DFCC's new Level 2 program offerings are another way in which the coalition seeks to insert prevention – evidenced base prevention – into the community and particularly for at-risk teens. This program was started in May 2016, and is receiving steady referrals from DJJ, Civil Citation and Teen Court. Initial feedback has been strong, and applying a consistent evaluation process, the coalition is committed to providing an effective service that reduces future substance use in at-risk teens.

Local Community Influences

Family Support or Dysfunction

Family support or dysfunction also play a role in many at-risk behaviors for Charlotte County teens. The FYSAS measures risk and protective factors related to the family domain. The lower the risk factors, and higher the protective factors, the less likely a teen is to engage in harmful or substance use behaviors. Within risk factors, the survey assesses “poor family management” and “family conflict”. Charlotte County teens consistently report lower than the national normative average for these risk factors. The period during the recovery from both Hurricane Charley and the economic downturn shows the highest trends for family risk factors, specifically “poor family management” in the past 10 years. However, recent surveys report lower risk factor scores than the national rate. Charlotte County teens consistently report at above the national normative average for protective factors within the family. This includes both the opportunity and reward (from family) for pro-social behaviors.

Other risks factors within the family domain in Charlotte County indicate families under stress. These include poverty, incarcerated family members and domestic violence.

Ludwig and Mayer (2006) found society cannot reduce poverty with strategies and policies focused only on ways to prevent children who are raised in poverty from reaching adulthood still living in poverty. Their findings indicate strategies must also focus on ways to keep individuals from entering poverty *after* childhood. Substance-use disorders have been shown to be prospective predictors of first-time homelessness in the United States.⁵ Therefore, we cannot address poverty, without also working to prevent the development of substance-use disorders.⁶ Early onset of substance use is indicated by research to be “associated with a higher risk of transition[ing] from nonuse to problem use, emphasizing the need for prevention and early intervention among youth.”⁷

⁵ Ludwig, J., & Mayer, S. (2006). "Culture" and the intergenerational transmission of poverty: The prevention paradox. *The Future of Children*, 16(2)

⁶ Wall, M. M., PhD., Greenstein, E., M.P.H., Grant, B. F., PhD., & Hasin, D. S., PhD. (2013). Substance-use disorders and poverty as prospective predictors of first-time homelessness in the united states. *American Journal of Public Health*, 103(2), S282-S288.

⁷ Blanco, C. (2013). Understanding transitions in illicit drug use and drug use disorders. *The American Journal of Psychiatry*, 170(6), 582-4

As reported in Table 1 (page 4), 2015 Census data shows that the median household income is below both the state and national averages. In fact, it is nearly \$10,000 below the national median household income. Further, 19.5% of families with children under eighteen years of age are living below poverty.

44.6% of middle or high school teens report having a family member previously or currently in jail or prison (2016 FYSAS). This is similar, though slightly higher, than the state rate of 44.5%. Currently, more middle school aged teens report a family member currently or previously incarcerated than high school (46.2% v. 43.7%).

Substance abuse is a risk factor for domestic violence, factoring into being a perpetrator, as well as being both a catalyst to entry into unhealthy relationships, or as a coping mechanism within such a relationship.^{8,9} The Florida Department of Law Enforcement reports 610 arrests for domestic violence in 2015. This rate has steadily declined from 2014 (652) and 2013 (692).

Education and School Performance

A 2012 study by the University of Minnesota found that early alcohol use, alcohol dependence and daily nicotine use are related to fewer years of educational attainment.¹⁰ The coalition explores links between academic performance and absenteeism in Charlotte County with substance use behaviors.

Florida Department of Education 2014-15 school year data shows that the district had a 3.6% drop out rate; up from 2.4% the previous year, and higher than the state rate of 1.8%. The graduation rate for 2014-15 was also slightly higher than the state rate at 76.5% (state rate 77.8%). However, this is an improvement from the previous school year's rate of 76.2%.

Figures 15-18 provide a vivid image of grades achieved by those teens who report use of alcohol or marijuana as compared to those who do not report "past 30-day" use (2016 TeeNS). Use of marijuana appears to be linked to the larger disparity in grades, though use of alcohol is still strongly linked to lower grade achievement. Because use goes up in high school, the disparities between grades are more pronounced.

⁸ <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

⁹ <http://vawnet.org/material/substance-abuse-and-intimate-partner-violence>

¹⁰ Alcoholism; substance use reduces educational achievement even when educational benefits are assured. (2012). NewsRx Health & Science, 204

Figure 15: Middle School Grades and Past 30-Day Use of Alcohol - 2016 TeeNs

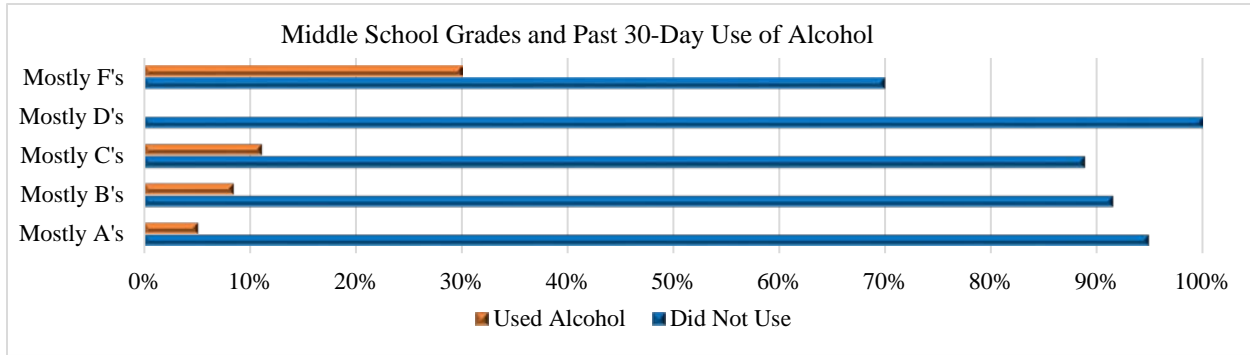


Figure 16: Middle School Grades and Past 30-Day Use of Marijuana - 2016 TeeNS

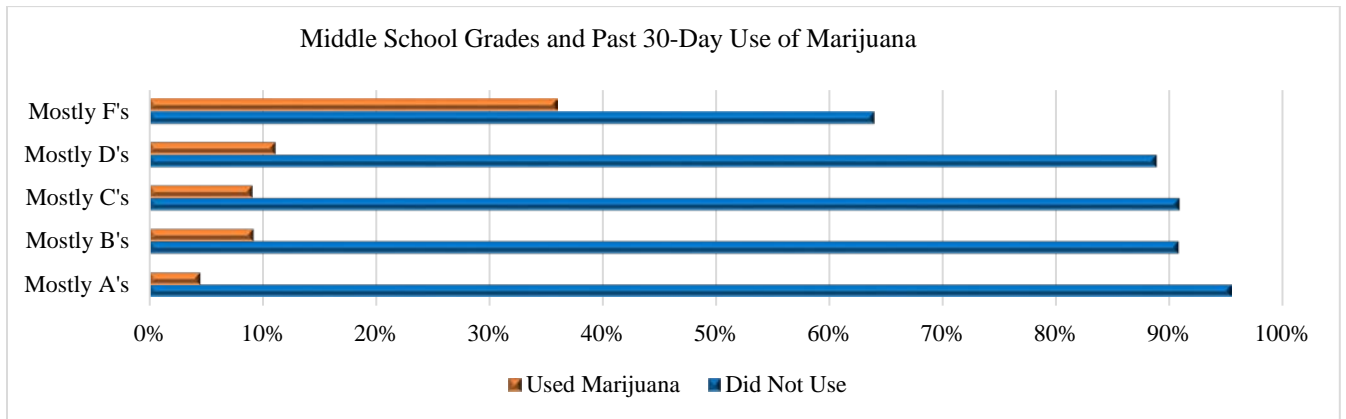


Figure 17: High School Grades and Past 30-Day Use of Alcohol - 2016 TeeNS

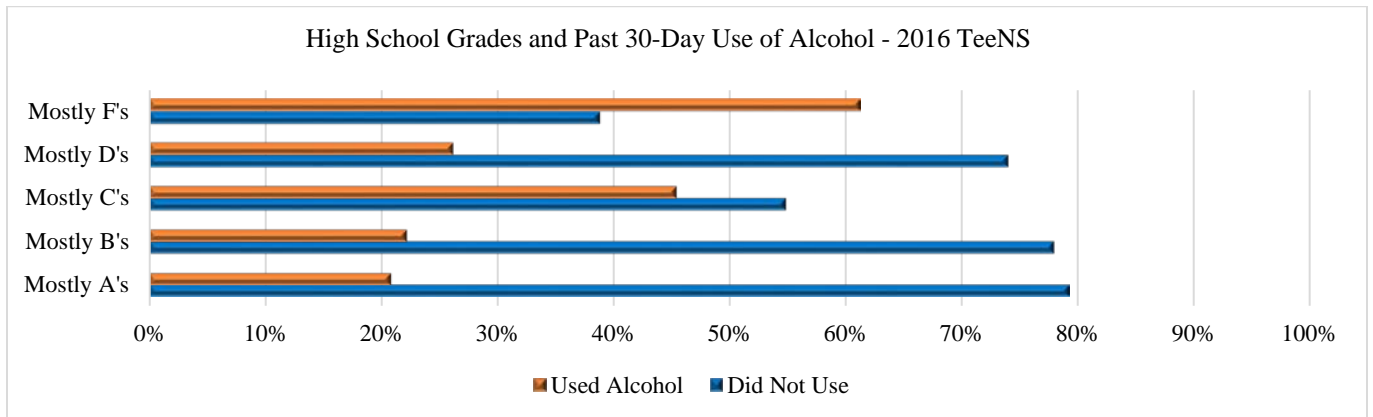
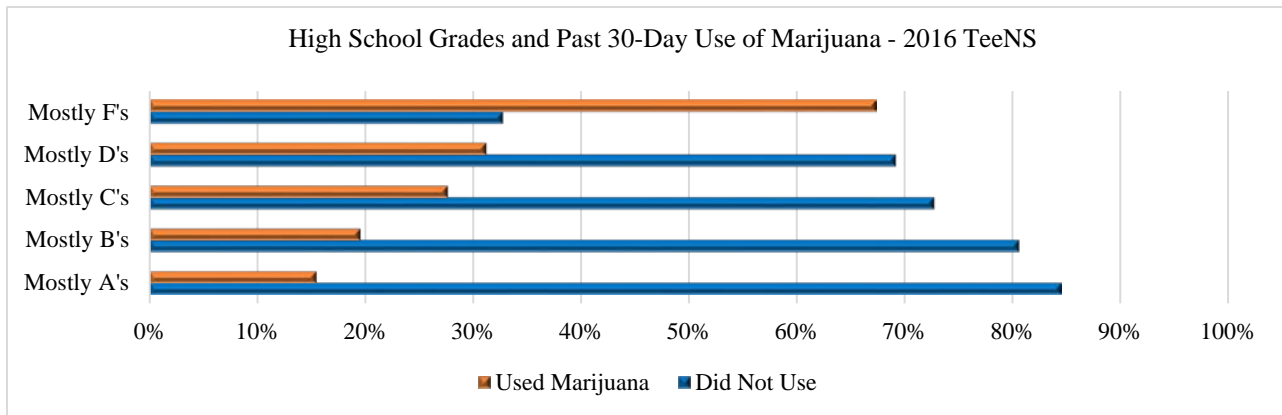


Figure 18: High School Grades and Past 30-Day Use of Marijuana - 2016 TeeNS



The data clearly shows the value and importance for educational achievement to work to prevent teens from using alcohol or drugs, as well as working to reduce the number of those teens who already use.

Additional data from the Teen Norms Survey (2016) shows the effect of alcohol and drugs on education and school performance. As a result of using alcohol:

- 5% of Charlotte high school age teens report school absences as result of alcohol
- 6% of Charlotte high school age teens report late papers, missed exams, failure to study, as a result of alcohol

The Florida Youth Substance Abuse Survey provides additional data on negative behaviors in schools as reported by respondents. This information includes use of alcohol and drugs at school, as well as other negative behaviors, such as bringing a handgun to school.

Table 13: 2014 and 2016 FYSAS – Negative Behavior - School

Negative Behavior	2014 FYSAS				2016 FYSAS			
	Charlotte MS	State MS	Charlotte HS	State HS	Charlotte MS	State MS	Charlotte HS	State HS
Taking a Handgun to School	0.6%	0.6%	1.5%	0.8%	0.0%	0.4%	0.4%	0.7%
Getting Suspended	11.5%	11.0%	7.8%	9.7%	11.8%	10.6%	6.8%	9.1%
Drinking alcohol before or during school	2.1%	3.6%	6.8%	7.3%	3.5%	3.3%	4.9%	6.5%
Smoking marijuana before or during school	5.5%	4.1%	13.4%	13.7%	4.5%	3.3%	11.7%	12.2%
Used another drug to get high before or during school	1.6%	1.8%	4.0%	4.1%	1.1	1.4	3.8	3.9

During Fiscal Year 2014-15, Charlotte County had a 6.6 arrest rate/1000 students, which is lower than the state rate for that same period (6.8).¹¹ There were sixty-one (61) school related arrests. These arrests usually occur through the School Resource Officer (SRO). Charlotte County has a SRO in all middle and high schools.

School Environmental Safety Incident Reporting (SESIR) System¹² data shows there is a higher percentage of disciplinary action for Charlotte County students related to alcohol, drugs or tobacco than statewide – both in 2014 and 2015 (see Table 14). While 128 and 106 such incidents appear relatively low, this data represents 61% (2013-14) and 48% (2014-15) of the total incidents for Charlotte County students, as compared to 12.5% (2013-14) and 19.8% (2014-15) for the State. The majority (77%) of drug offenses involved marijuana.

Table 14: FDOE Alcohol, Drug, or Tobacco Disciplinary Actions in School

	2013-14			2014-15		
	Charlotte County	% of total offenses - Charlotte	% of total offenses - State	Charlotte County	% of total offenses - Charlotte	% of total offense - State
Alcohol	18	4.70%	1.12%	12	3.11%	1.67%
Drug Sales, except alcohol	12	3.13%	9.85%	15	3.89%	0.91%
Drug Use or Possession, except alcohol	76	19.84%	11.69%	50	12.98%	9.00%
Tobacco	128	33.42%	9.56%	106	27.53%	8.20%

Bullying

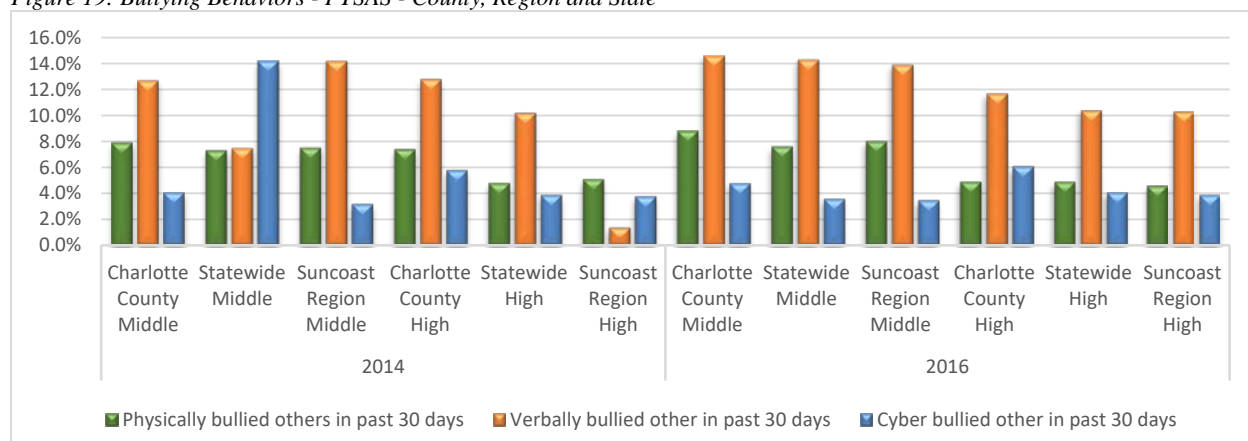
A link between bullying behaviors and substance abuse has been shown by research. Teens who bully, are more likely to also use alcohol, tobacco or drugs.¹³ The FYSAS provides the coalition with data related to bullying behaviors, as shown in Figure 19 below. Teens in Charlotte County report higher rates of bullying others than the state or region. For all three locations, rates for middle school teens reporting they have physically or verbally bullied others in the past 30 days rose from 2014 rates in the 2016 survey. However, rates for cyberbullying among middle school teens decreased for the region and state, rising slightly in the county.

¹¹ <http://www.djj.state.fl.us/research/reports/research-reports/delinquency-in-schools/school-delinquency-profile>

¹² <http://www.fldoe.org/schools/safe-healthy-schools/safe-schools/SESIR-discipline-data/discipline-incident-data/statewide-report-on-school-safety-disc.html>

¹³ <https://researchnews.osu.edu/archive/bullyuse.htm>

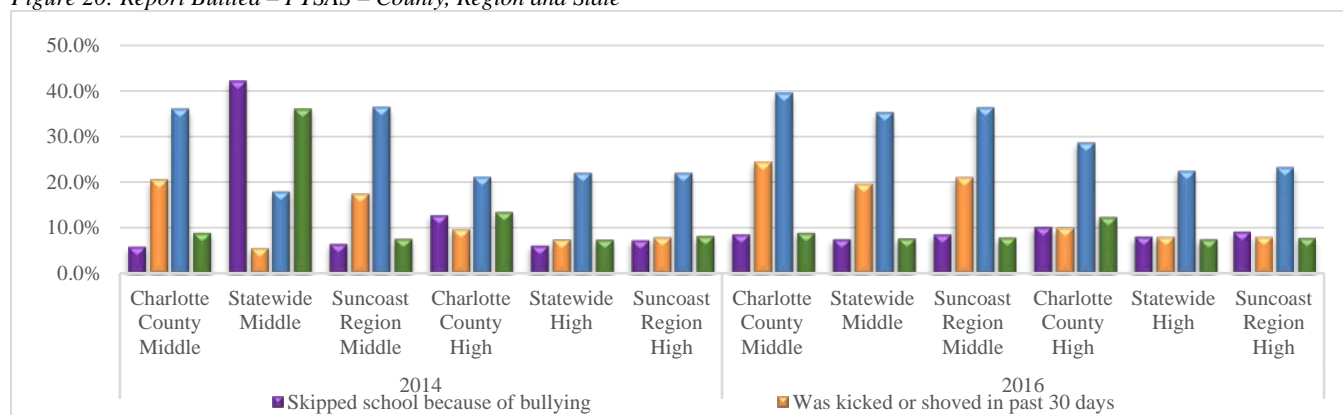
Figure 19: Bullying Behaviors - FYSAS - County, Region and State



While High School rates for the state and region rose slightly from 2014 to 2016, rates decreased for county high school teens, excepting for the area of cyberbullying.

Perhaps, unexpectedly, research does not show as strong of a link between being a victim of bullying and substance use. However, research did find those teens who were severely bullied and had strong maternal support and tight family bonds were less likely to drink than those without such bonds.¹⁴ Figure 20 illustrates data regarding those who report being bullied in one form or another on the FYSAS. Being taunted or teased in the past 30-days is the highest form of bullying reported by teens in all area and ages. While more teens reported cyberbullying others (Figure 19), the number of teen reporting being cyberbullied actually decreased in 2016 for the county and region (Figure 20). Unlike their counterparts, Charlotte County teens were less likely to miss school because of being bullied in 2016 than 2014. Across all regions, teens report an increase in verbal or physical bullying from 2014 to 2016.

Figure 20: Report Bullied – FYSAS – County, Region and State



¹⁴ <http://www.drugfree.org/news-service/research-substance-abuse-bullying-yields-surprising-findings/>

Perceptions and Norms

Research consistently shows that perceptions of use of alcohol, marijuana and other drugs, among adolescence is one of the strongest predictors of future use and experimentation (Olds, Thombs, and Tomasek, 2005, Perkins, 2003, Haines 2003). The more students perceive that their peers are engaging in at-risk behavior, the more likely a teen is to make the decision to engage in the same behavior in order to fit in with the perceived “norm”. The same theory holds as teen’s perceive adults accept certain behaviors. If teens perceive their adult influencers believe it is acceptable for them to drink or experiment with substances, then, when faced with the opportunity to do so, they are more likely to do so.

For nearly a decade, Charlotte County has tracked teen use and perceptions utilizing the Teen Norms Survey (TeeNS) developed by Northern Illinois University. The 2016 TeeNS data shows the immense exaggerated perception of use as compared to actual reported use.

Table 15: 2016 Teen Norms Survey – Perception of Use vs. Actual Reported Use

2016 Perceptions	2016 Actual Reported Use
High School teens perceive 78% of their peers have been drinking in the past 30-days (2016 TeeNS)	30-day use of alcohol is 26% of high school teens (2016 TeeNS)
High School teens perceive 80% of their peers have used marijuana in the past 30-days (2016 TeeNS)	30-day use of marijuana is 24% of high school teens (2016 TeeNS)
High School teens perceive 48% of their peers approve of drinking beer or wine for experimentation purposes (2016 TeeNS)	28% state they approve of high school teens drinking beer or wine for experimentation purposes (2016 TeeNS)

In 2007, Charlotte County high school teens perceived that 90% of their peers used alcohol, as compared to the actual past 30-day rate of 40%. Drug Free Charlotte County has used social norm marketing campaigns to address faulty perceptions, reinforcing non-alcohol use as the norm among local teens. The success of these campaigns is reflective in decrease of both perceptions of use and actual use of alcohol by peers.

Developmental Assets

According to developmental asset theory, building community assets for children and teens helps them to thrive and become more fulfilled and productive adults. Further, strong community asset helps decrease negative behaviors, including drug, alcohol and tobacco use. The 2013 Developmental Assets survey of Charlotte County high school aged teens, data indicates the developmental asset areas of “community values youth”, “creative activities”, “adult role models” and “caring neighborhood” are assets with the lowest rankings. Some of this may be reflective of Charlotte County’s status as a retirement community, but it does provide insight on key ways to build the assets of our youth. This same data shows that our teens are highly motivated and have strong values – but, the internal areas related to social skills and identity are low. Further, many of the external areas that are low often have relation to the poor social skills and identify assets.

In 2014 and 2015, Drug Free Charlotte County served as the lead for a county-wide effort to engage our high school teens in vocalizing their interests and ideas to help our community build its assets for child and youth development. CCVOLT (Charlotte County Voice of Local Teens) was a very successful project by DFCC, the County, DJJ, the school system and other local youth serving organizations. The goal was to hold two youth summits, facilitating and engaging the ideas of teens from a variety of backgrounds, experiences, and participation levels. Themes related to improving recreational and philanthropic opportunities for teens, safety issues in “getting around” the community and to school (lighting and sidewalks), intergenerational activities, and development of life skills echoed in both the 2014 and 2105 Summits. As a result of teen input from both Summits, the coalition decided to implement D-Fy (Drug-Free Youth) and *LifeSkills Training*®.

Because there are no plans to conduct the Developmental Assets Survey again, unfortunately, there is no way to measure the community’s status with regard to its level of assets. Therefore, this data area will not be addressed in the future, unless the survey is able to be conducted in the county.

Environmental Influences and Local Laws

Adult Binge Drinking

In 2002, adult binge drinking was rated at 18.4% by the Florida Behavioral Risk Factor Survey, the rate dropped to 12.3% in the 2010 survey – below the State rate of 15%. However, this rate rose to 18% in the 2013 BRFS, once again going above the state rate of 17.6%, just below the upper quartile in the state. This is a 46% increase in our local rate from 2010 to 2013. The BRFS is being repeated in 2016, but the data was not available at the time of this assessment.

The 2015 Charlotte County Community Health Assessment (CHA) reports data from their survey indicating 6.1% of respondents indicated someone in their household had an alcohol problem and 3.9% indicated someone has both an alcohol and drug problem.¹⁵ Among the more obvious social and health reasons for concern over the rates of heavy alcohol use in the community, the CHA indicates concern due to the association of alcohol consumption and strokes. The CHA reports a steady increase in the rate of hospitalization due to stroke in Charlotte County, even as it decreases statewide.

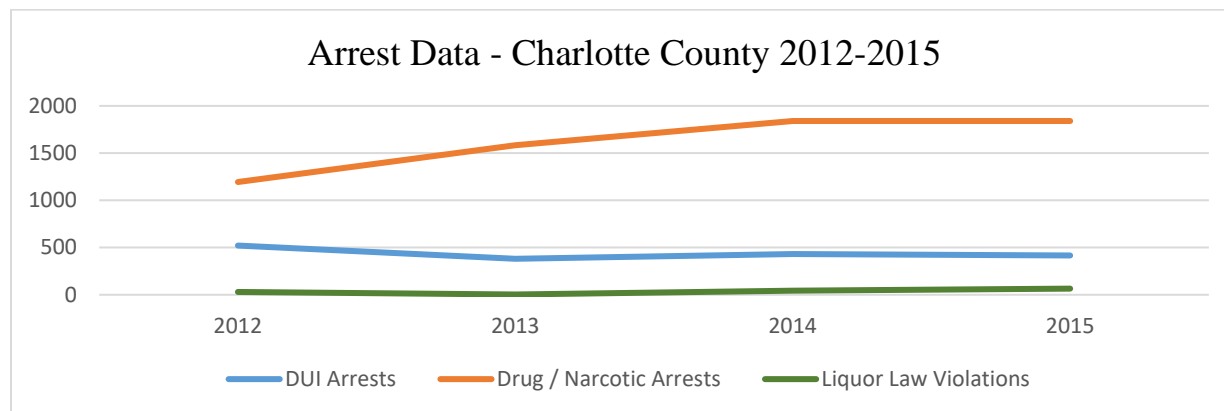
Enforcement and Public Policy

Since 2006, the local law enforcement has applied a consistent focus to maintain retail compliance of alcohol sales as well as the prevention of drinking and driving. As a result, Charlotte County’s alcohol related car accidents, DUIs and compliance have improved significantly. Figure 21 shows how increased enforcement has become a deterrent for DUI and drug arrests. The rise in drug and narcotic arrests is the result of a strong enforcement attitude instilled by the incoming Sheriff, elected in 2012. Following the rise, there is a leveling-off of the arrests, which is likely related to

¹⁵ http://charlotte.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/FINAL%202015%20CHA-Charlotte.pdf

the effectiveness of enforcement as a deterrent. Liquor law violations teeter around the same amount, though a more recent increase has occurred.

Figure 21: Arrest Data Charlotte County 2012-15



During the recent economic downturn, Charlotte County had a history of the second highest foreclosure rate in Florida. Cheap foreclosure properties brought an organized grow-house operation from the East Coast of Florida (Miami area) into Port Charlotte. In 2009, three of these “high operation” homes were part of the 28 busted in Charlotte County. A high operation grow house utilizes advanced carpentry skills, electric wiring and hydroponic devices to literally gut a home and turn it into nothing but a working grow house. A special unit focused on detecting and shutting down grow houses in the county was implement by the sheriff to help address this issue. The success of this intervention is evident in the decrease in reported grow houses.

Both Charlotte County and City of Punta Gorda passed ordinances prohibiting the sale of synthetic drugs and regulating the display of paraphernalia in 2013-14. This has been a strong tool for law enforcement to help address the sale of incense, spice and other synthetic products.

On November 8, 2016, the Charlotte County Board of County Commissioners instituted a moratorium on medical marijuana dispensaries and production in the county. This moratorium is for nine (9) months, giving the local government time to understand the regulations and changes impacting the state through the passage of a medical marijuana constitutional amendment, which passed on the same date. The City of Punta Gorda has not decided how that government will address the issue, but it is researching the issue and changes in regulation which will be implemented at the state level. Recent news coverage of the City Council’s deliberations alludes to an interest in developing zoning and local regulations that would permit some facilities within the city limits. This could create a similar situation as neighboring Sarasota County, in which a moratorium at the county level exists, but the City of North Port is working to permit up to two (2) dispensaries. Drug Free Charlotte County provided an educational event for policy makers with Monte Stiles, a former U.S. District Attorney, to review options.

Driving Under the Influence

Between 2000 and 2002, DUI checkpoints were not conducted in Charlotte County, so enforcement was very low. Table 16 shows that arrests for driving under the influence (DUI) have gone down since 2011.

Table 16: Arrests for Driving Under the Influence by LEA – Charlotte County

	Charlotte County Sheriff's Office	Punta Gorda PD	Charlotte-Florida Game Commission	Florida Highway Patrol	Total
2011	405	123	11	22	561
2012	383	86	3	49	521
2013	291	62	3	28	384
2014	292	3	-	52	347
2015	320	87	1	8	416

While the data does not indicate the lower arrests are related to lower enforcement, anecdotal evidence may suggest stronger, not weaker, enforcement has led to decreased incidences. A “Charlotte Sun” Newspaper report (1/6/14) quoted two local attorneys citing a decrease in their business related to DUIs. Both state that the community is much more aware of the efforts of law enforcement to crack down on DUIs; and are using designated drivers. One of the attorneys also cited the economy as a possible impact; it is less expensive to drink at home.

Motor Vehicle Crashes Related to Alcohol

2015 data reports alcohol was suspected as a factor in 5.36% of total crashes in the county (Table 17). Three year rolling rates of alcohol related motor vehicle accidents decreased from 2004-06 through 2012-14. However, the most recent rolling year data for 2013-15, shows a slight increase – moving from a rate of 68.7 to 72.8. This increase is shown in one year increments for 2014 and 2015 in Table 18, indicating an increase not just in crashes with alcohol suspected, but in fatality and injury crashes.

Table 17: FDHSMV Crash Data and Alcohol Suspected - Charlotte County 2015

	2015	total crashes	alcohol suspected	% alcohol suspected
unincorporated -- Charlotte County		771	48	6.23%
Punta Gorda		497	24	4.83%
Port Charlotte		991	48	4.84%
Englewood		297	17	5.72%
Charlotte County Totals		2556	137	5.36%

Table 18: FDHSMV Crash Data Alcohol Involved - Charlotte County

	2014	2015	% change	2-year aver
Alcohol Suspected	115	137	19.13%	126
Alcohol Suspected Fatality	7	8	14.29%	7.5
Alcohol Suspected Injury	66	89	34.85%	77.5

While the percentage of alcohol suspected crashes to overall crashes is low, consideration needs to be given that 17% of high school and 10% of middle school teens report riding with a friend who has been drinking (2016 TeeNS).

Alcohol Establishments

Charlotte County has approximately twenty-two (22) establishments licensed to sell alcohol for every one public school. At a 22:1 ratio, the exposure to alcohol advertising, sales and service is high. Environmental scans regularly conducted by Drug Free Charlotte County youth document alcohol and tobacco signage in the community. Retail scans conducted in the summer of 2016 revealed in environmental scans of sixteen (16) stores, there were a total of 230 indoor signs and 105 outdoor signs with alcohol or tobacco advertising. Charlotte County youth cannot travel to a middle or high school without being exposed to alcohol or tobacco advertising. The coalition is fortunate to have the area alcohol distributor as a coalition partner. While this may be counterintuitive in some communities, the distributor in this area is very supportive and engaged in reducing underage alcohol use. Concerns revealed through environmental scans, such as missing “We ID” signage are rapidly addressed through the distributor to its retailers. The distributor also helps distribute “Be the Wall” (between teens and alcohol) campaign materials to retailers for the coalition.

Open Container and Exposure to Alcohol Use

On February 1, 2010, the county enacted its first open container ordinance, prohibiting the consumption of alcohol on county right-of-ways. The ordinance does not include the county parks or beaches, including the facilities such as baseball fields designated for youth. While rates for DUI’s and public drunkenness are low for Charlotte County, historically, the tax collected on alcohol sales as well as volume of alcohol sold, as reported by the Department of Beverage and Professional Regulation indicates Charlotte County, per capita, has one of the higher consumption rates of alcohol in the state.

As well as exposure to beer consumption, many of the facilities and events considered family events in Charlotte County have the capability to be “full liquor”. For example, the Spring Training games for Rays baseball are “full liquor” selling beer as well as any liquor. This is somewhat ironic, since their regular season games are beer-only. Additionally, the fair and annual rodeo are full liquor events, increasing the likelihood of public drunkenness, drinking and driving, and at-risk behavior. At a recent Town Hall Meeting on Alcohol sponsored by Drug Free Punta Gorda, a parent lamented about her family’s struggle to find family friendly community events at which alcohol was not served.

Access to Alcohol by Teens

TeeNS data (2016), attributes access to alcohol by teens primarily from social or family sources. Teens report parents as the number one source of alcohol, followed by a friend who is 21 or older.

The 2013 Developmental Assets survey indicates that 45% of the respondents attended at least one or more parties in the past year where alcohol was served.

The usual sources and drinking locations of high school teens who reported past 30-day use of alcohol is highlighted on Table 19. This 2016 FYSAS data shows both females and males are most likely to get alcohol from “someone”. Males are more likely than females to take from a family member.

Table 19: 2016 FYSAS – Usual Source of Alcohol for High School Teens Past 30-day Use

High school teens reporting use of alcohol	County Female	County Male	Total County	State Female	State Male	Total State
Bought it in a store	3.3%	11.0%	7.4%	5.0%	12.4%	8.3%
Bought in a bar, restaurant, or club	0.0%	0.0%	0.0%	1.2%	2.1%	1.6%
Bought at a public event	0.0%	0.0%	0.0%	0.7%	0.8%	0.7%
Someone bought it for me	7.9%	13.7%	10.9%	13.3%	16.3%	14.7%
Someone gave it to me	69.1%	51.0%	59.6%	50.6%	37.8%	44.8%
Took it from a store	4.1%	0.5%	2.2%	0.2%	0.4%	0.3%
Took it from a family member	3.7%	12.0%	8.1%	14.2%	8.7%	11.7%
Some other way	11.9%	11.8%	11.8%	14.7%	21.5%	17.8%

Figure 22 adds depth to what we know about source of alcohol for teens. The 2016 TeeNS shows that parents are the number one source for those who used alcohol in the past 30-days.

Figure 22: 2016 TeeNS - Usual Source of Alcohol for High School Teens - Past 30-day Use

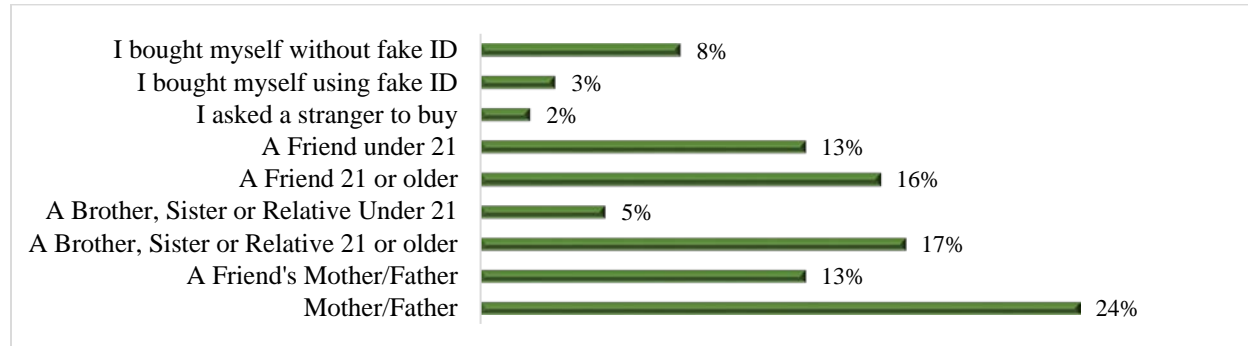
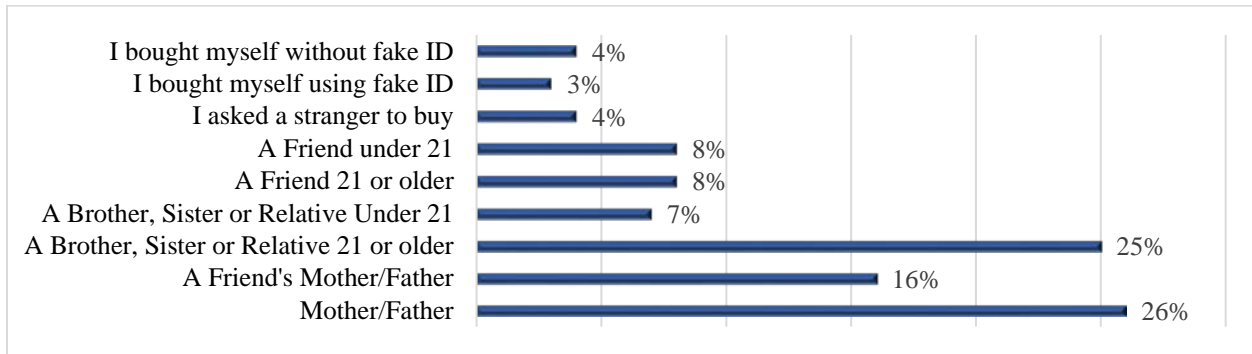


Figure 23 shows a similar trend for middle school teens who used alcohol in the past 30-days. However, siblings or other relatives are nearly as significant of a source for middle schoolers, as parents.

Figure 23: 2016 TeeNS - Usual Source of Alcohol for Middle School Teens - Past 30-Day Use



Usual Drinking Location for High School Teens

Comparing the 2014 FYSAS to 2016, data indicates teens are now more likely to drink in their own home. Formerly, they were more likely to drink in someone else's home. For both the county and state, teens drinking at home has risen, though Charlotte County rates rose nearly twenty percentage points from 2014 data, above the state rate. In our county, high school teens drinking at a restaurant, club, public event or at school is lower than for the state. However, rates for drinking in public place (such as parks) has risen above the previous Charlotte County FYSAS rate and current state rates. Table 20 shows this 2014 and 2016 data for our county and state.

Table 20: 2014 and 2016 FYSAS – Usual Drinking Location High School Teens

	2014		2016	
	Charlotte County HS	State HS	Charlotte County HS	State HS
My home	26.1%	32.5%	41.6%	37.7%
Another person's home	45.7%	46.3%	37.2%	40.0%
Car or other vehicle	4.4%	1.6%	0.0%	1.7%
Restaurant, bar or club	0.5%	2.7%	1.0%	2.7%
Public place	3.2%	3.9%	5.6%	3.9%
Public event	0.0%	1.6%	1.3%	1.6%
School property	0.0%	1.2%	0.2%	1.3%
Some other place	20.2%	10.3%	13.1%	11.1%

Access to Services and Financial Resources

As a satellite community sandwiched between the more populated areas of Sarasota and Fort Myers, Charlotte County is accustomed to doing more with less. A significant downturn however started in 2004, when Hurricane Charley devastated a large portion of the community. Destruction of homes resulted in a loss of residents, a loss of a tax-base and a loss of students to the school district, and the resulting decrease in resources and funding. However, this has provided the community with an opportunity to pull together and build capacity from within its own resources and nonprofit networks.

The Charlotte County grants-in-aid program is a County-funded initiative that funds not for profits to assist with their basic human service projects. A few years ago, a collaboration between the Charlotte Community Foundation, United Way of Charlotte County and Charlotte County Government provided the means to develop the 2013 Community Needs Assessment. This compilation has resulted in several recommendations for future priorities for funding and service delivery. Included in these recommendations are six key human service areas, with prevention as a preeminent approach. Youth substance abuse prevention has been identified under the key area of Family Services. Further, a collaborative approach with multi-partnerships throughout the community has become the preferred approach for funding. This also includes the development of a strategic initiative – TogetherCharlotte – which is working to develop a county-wide health and human services strategic plan, and developing ways to leverage local resources and partnerships to more fully and effectively address local needs.

Lack of health insurance continues to be an area of concern for our community. According to U.S. Census data, Charlotte County has 20.7% of persons without health insurance, under the age of 65.¹⁶ This is a higher rate than the state, which reports 16.2%. The Florida Department of Health in Charlotte County ceased primary care services, which included pediatric services, several years ago following a change in service priorities at the state level. A federally qualified health center (FQHC) from Lee County provides some services, but not at the levels or locations to make a large impact on need. The Virginia B. Andes Clinic and Englewood Community Free Clinic also provide free medical services, but not pediatric or many specialty services. A broader scope of services is available in neighboring North Port (Sarasota County) at a FQHC there. However, transportation is a major barrier. Care Coordinators through Charlotte County Healthy Start Coalition provide valuable assistance to help pregnant women and newborns access services.

Because of this lack of health insurance resources, our local emergency rooms at three (3) hospitals located within the county, and one (1) on the border in Englewood, are often the site of indigent medical care. In the summer of 2016, the coalition conducted a key informant survey with the emergency room staff at each of the hospitals. This survey reveals that the three ER's rate a score of 7.6 as to the commonality of prescription drugs being a common cause of ER visits. (Scale 1-not common at all; 5-common; 10-very common). Alcohol rated at 5.6 on the same scale.

According to the 2013 Behavioral Risk Factor Surveillance System survey (BRFSS), 18.7% of Charlotte County respondents indicated having been told at some point in their life they have a depressive disorder. This compares to the state rate of 16.8%.¹⁷

Behavioral health services are available through private (self-pay and insurance) providers, and through Charlotte Behavioral Health Care, which can provide services based on income through state contracts. Charlotte Behavioral has opened a center on the Northside of the county and is

¹⁶ <http://www.census.gov/quickfacts/table/HEA775215/12015.12>

¹⁷ <http://www.floridacharts.com/charts/Brfss.aspx>

working to find a location in the Englewood community to provide better access to all residents. They are also in process of adding to a needed capacity to their children's behavioral health unit.

Suicide

While often considered a behavioral health issue but not a part of substance abuse prevention, research indicates that substance abuse is one of the highest risk factors for suicide, second only to depression.¹⁸ Further, studies have revealed that lower minimum-age drinking laws are associated with higher youth suicide rates.¹⁹ Therefore, it is important for the coalition to explore suicide as part of its assessment process. Further, to address it as part of its community strategies, if data so indicates.

Through the Florida Department of Health's Community Health Assessment process, the coalition has learned that nine out the last ten years, Charlotte County has exceeded state rates for suicides. Suicide by firearm is the number one mechanism, followed by accidental poisonings.

Data for Florida Charts indicates Charlotte County ranks 21st among all Florida counties for suicide (all age) and 27th for ages 12-18 according to rolling year for 2013-15. However, the rolling year data for ages 19-21 indicates Charlotte County is 8th amongst all counties.

In the past year, Charlotte County experienced several highly publicized deaths by suicide of teens. Centered in one community, the school and behavioral health services worked to educate parents on resources and signs and symptoms. The Englewood Community Coalition (our sister coalition) provided Mental Health First Aid training, and the Behavioral Health Committee of CHIP worked to provide an evidenced based prevention program at the middle school level in one affected school. Education to the local media on how to 'cover' suicide incidents appropriately was provided after articles appeared which may have impinged on family privacy and grief.

Our regional Poison Control call center is also a source for suicide related data. In 2014 there were sixty-two (62) calls to the center related to intentional suicide attempts. This rose to eighty-three (83) in 2015.

Adult Health and Wellness as Community Influences

One of the first adult health and wellness factors that is likely to have an influence on teen substance abuse is adult excessive or binge drinking. The 2013 Florida Behavioral Risk Factor Surveillance System (BFRSS) presents data on the "percentage of adults who engage in heavy or binge drinking". Charlotte County's 18% overall (male and female) percentage is above the state's 17.6%. Men (20.5%) lead women (15.6%) in binge drinking. Adults age 18-44 comprise the

¹⁸ http://archive.samhsa.gov/samhsaNewsletter/Volume_17_Number_1/SubstanceAbuseAndSuicide.aspx

¹⁹ <https://www.hhs.gov/answers/mental-health-and-substance-abuse/does-alcohol-increase-risk-of-suicide/index.html>

highest percentage of binge drinkers (24.9%), but only a difference of two percentage points from ages 45-64 (22.1%). More adults reporting binge drinking have an income over \$50,000/year and are not married.

Tobacco use is another adult health and wellness factor that yields valuable data for the coalition and community. Charlotte County has a higher percentage (21.3%) of adults who are current smokers (2013 BRFSS) than the state (16.8%). While tobacco use is higher than the state, Charlotte County also reports a greater number of *former* smokers (34%) than the state (28.1%). Women, in Charlotte County, lead men as being current smokers (23.2% as compared to 19.3%). In addition, similar to data reported for binge drinking, the age group of 18-44 leads with the most smokers. Furthermore, smokers are less likely to be married. However, current smokers are more likely to have an income under \$50,000.

Health consequences related to these substance use behaviors may be revealed in data gathered in the Community Health Assessment process of the Community Health Improvement Partnership and the Florida Department of Health – Charlotte County. The lung cancer death rate (21.3%) in the county is greater than the state’s rate (16.8%). Heart disease is the second leading cause of death in Charlotte County. Furthermore, Charlotte County has seen an increase in hospitalizations due to strokes, even though this rate is decreasing statewide. These diseases are directly and indirectly linked to smoking and alcohol consumption.

Safe medication practice is also an area explored by the coalition for this assessment. For a short period in early 2016, the coalition was able to use special funding to implement an outreach to adults and seniors in the community educating on “Safe Use – Safe Storage – Safe Disposal”. The purpose was to educate adults on safe practices for using, storing and disposing of medications. Using material from Ohio State College of Pharmacy’s “GenerationRx”,²⁰ and other research based materials, the outreach highlights the dangers of misuse (including off-label), how to guard against dangerous interactions with other substances, safe storage and ways to safely discard old medications, including our local drop-off boxes. Pill Pods (100) and Deterra bags (1700) were also distributed through the outreach. Over six hundred community members were reached through the initiative.

The “Safe Use – Safe Storage – Safe Disposal” initiative revealed there is more work to do regarding awareness of safe disposal practices and dangers of mixing medications. Key findings from participants are:

- 50% would return unused medications to their pharmacy
- 40% did not know how to dispose of unused medications
- 5% would use an environmentally safe depository (drop-off box)
- 5% would just throw away

²⁰ <http://www.generationrx.org/>

- 85% of participants did not know where the nearest drop-off box location is to them
- 55% know that some over the counter medications can be lethal when mixed with certain prescription drugs

Maternal and Infant Health Factors Related to Substance Use

The Charlotte County Healthy Start Coalition just completed their five-year service delivery plan process (SDP). Through this process, DFCC is able to learn important data for its own assessment.

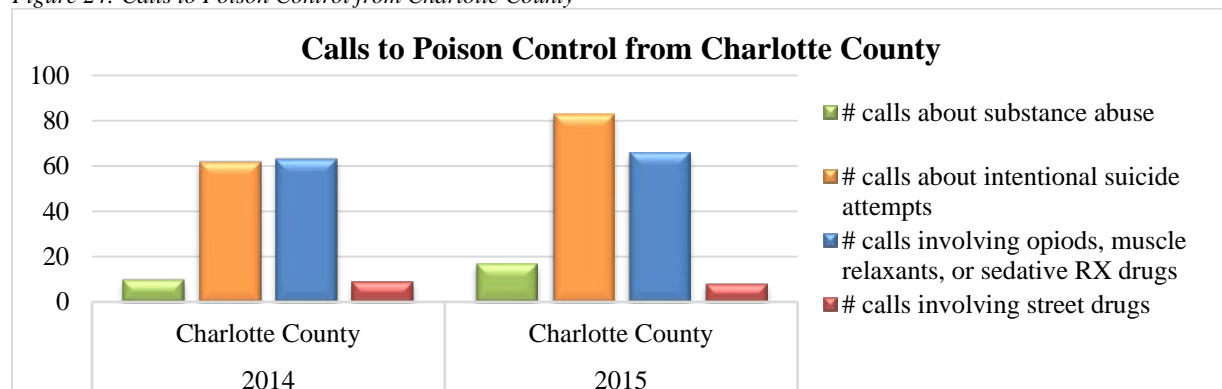
The SDP shares information from an informal review by the neo-natal staff at BayFront Health Port Charlotte between March 2015 and January 2016. This survey reveals thirty-three (33) newborns with documented exposure to prescription drugs. Fourteen (14) were identified to have Subutex or Methadone exposure, suggesting the mother was in treatment for opiate addiction. Opiates were the most common substance present. It must be noted that this was not a formal examination, and some data may be missing.

Gathering SEN data consistently is an issue for the community. Drug Free Charlotte County and the Charlotte County Healthy Start Coalition will be working together in 2017, to explore substance exposed newborns (SEN) utilizing the Strategic Prevention Framework (SPF) process. A student intern from the University of Florida will be working with DFCC in early 2017 to support the project. Data will be gathered and the workgroup will identify best practices and evidenced based strategies that are suited to our community.

Of additional concern for maternal and infant health is the rolling year data from 2012-2014 which indicates the percentage of women who smoked during pregnancy is 2.3 time higher in Charlotte County than the state's rate. Working to help address this, the coalition provides a trainer for Healthy Start Care Coordinators in the evidenced-based SCRIPT (Smoking Cessation and Reduction in Pregnancy Treatment) program – a cessation program specifically for pregnant women.

Poison Control Data

Figure 24: Calls to Poison Control from Charlotte County



Between 2014 and 2015, there were 129 calls to Poison Control related to opioids, muscle relaxants or sedative Rx drugs, with more in 2015 than 2014. There was also an increase in 2015 for general substance abuse calls. The only area of decrease in 2015 was related to street drugs, and that was from nine (9) to eight (8).

Assessing the Trends by Substance

Marijuana

Marijuana is now tied with alcohol as the substance of choice among Charlotte County high school teens at 26% – outranking regular tobacco use (14%) by 15 percentage points according to the 2016 TeeNS data. The age of onset, as reported by middle school teens, is 11.28 years, which is drop from 11.42 in 2014 and 11.45 in 2013 (TeeNS). Data shows first use of marijuana falls just behind first use of alcohol (11.11 years).

Historically, the FYSAS showed a high of 30.1% past 30-day use of marijuana in high school teens in 2002, with a drop to 20.4% in 2004, and then to 17.2% in 2006. In 2008, FYSAS data shows an increase in past 30-day use (high school) to 21.4%, followed by another increase in 2010 to 23%. This was followed by a drop in 2012 to 22% and then, to 17.3% in 2014. FYSAS reports the 2016 rate climbed to 20.6%. Notably, this is lower than the 2016 TeeNS data. As discussed earlier, discrepancies between TeeNS and FYSAS data starting in 2012. While it is not known why there are broader differences now than early in surveying, it should be noted that there were updates to the FYSAS in 2014, which may have impacted methodology slightly. Additionally, FYSAS is taken in the spring, while TeeNS is taken in August or September of the next school year. Therefore, teens have matriculated to different grades, so the same teens are not in each grade. There may also be a relationship to the time of year, as teens are fully occupied with school when the FYSAS is taken, but just returning from summer break for the TeeNS. Neither of these possible reasons can be confirmed.

Even with the discrepancies, similar trends can be seen in the TeeNS data since 2006, until 2014. TeeNS data has shown slightly higher rates annually than FYSAS, though still within several percentage points (prior to 2014).

FYSAS shows lifetime marijuana use among students is decreasing from 36% (middle and high school age combined) in 2002 to 23.6% in 2014, but rose again, slightly in 2016 to 23.8%.

Perceived risk of harm of regular marijuana use among students in both middle and high school has dropped from a high of 31.4% in 2006 to 23.7% in 2014; it rose in 2016 to 24.9% (FYSAS). The majority of students, 66.8%, report that it is wrong for someone their age to smoke marijuana. Unfortunately, this is a drop from the 2014 FYSAS rate of 72.2%.

Marijuana use rates between genders continue to show males taking the lead in both the FYSAS and TeeNS data for 2016. This was also seen in the 2013 Developmental Assets survey.

Though only anecdotal, there is a major factor that may contribute to increases in marijuana use and decreases in risk of harm perception. Florida had a constitutional amendment initiative on the ballot in November 2014 and again in 2016 (passed) to legalize marijuana for medical purposes. Additionally, in the Spring of 2014, the state legislature passed “Charlotte’s Web” legislation,

creating a process for patients to obtain a certain strain of marijuana (Charlotte Web) for medical purposes. Add the media attention given to states legalizing marijuana for recreational use and other states for medical use - our teens are surrounded by mixed messaging. Much misinformation on the scientific facts of marijuana, its safety and use for medical purposes is evident in many news items and community conversations. There is no ready or direct way to measure the impact this issue may have on teen use and perceptions. However, the pronounced changes in TeeNS data for 2014 and forward may be some indication of the effect.

Alcohol

Further examination of 2016 FYSAS indicates the percentage of teens reporting use during lifetime for alcohol or any illicit drug is 44.4%, up from 2014 at 43.3%. When factoring out alcohol use from this data, it appears only 6.1% of the teens with reported use of various drugs in their lifetime had only used illicit drug(s), and not alcohol. Similarly, data for past 30-day use of any drug other than alcohol was 7.4%. For substance abuse prevention purposes, this demonstrates alcohol is the number one substance used during “lifetime” for local teens. Thus, supporting alcohol as a priority issue for prevention.

Our most current data, the 2016 TeeNS, shows 74% of high school teens in Charlotte County did not have alcohol in the past 30-days. 2016 TeeNS data shows past 30-day use among high school teens increased by one-percentage point from the 2015 TeeNS. However, this is a twelve percentage points decrease from 2008 data, the first high school Teen Norms Survey (38%).

TeeNS data also indicates that in 2016 a higher percentage of high school female teens drank alcohol in the past 30-days. In fact, six of the past eight years show higher rates of female use than male. Middle school females also have higher past 30-day alcohol use than males with similar rates of past 30-day alcohol use between genders in 2014. However, prior to 2013, data indicates that males in middle school generally reported higher rates of use of alcohol (TeeNS 2006-2012).

The age of onset, as reported by middle school teens, for alcohol is 11.1. While not the lowest age, 2010 was 10.96, it is a drop from 2015 (11.32). Working to increase this age is important, as research indicates staving use of alcohol or drugs past age fifteen (15) significantly reduce the likelihood of addiction issues later in life.²¹

Prescription Drugs

2013 was the first time Charlotte County used the TeeNS to ask about past 30-day use of prescription drugs. 6% of middle school and 12% of high school students reported a past 30-day use. These rates increased in 2014 slightly to 7% for middle school and 14% for high school. Then,

²¹ <http://pubs.niaaa.nih.gov/publications/AA67/AA67.htm>

rose by 1% to 6% for middle school teens again in 2016. However, rates dropped for high school teens to 11%.

Perception of harm or risk of use for prescription drugs is highest of all surveyed substances at 71.9% for middle school and 72.23% for high school teens, according to the 2014 FYSAS. Perception of harm or risk increased for high school teens in the 2016 FYSAS, but decreased slightly for middle school teens.

FYSAS shows reported steroid use in the past 30-days fluctuating since a high of 1.9% in 2002 for high school to a low of 0.1% in 2006. Rates began to rise again in 2008, reaching 1% in 2010, but falling to 0.4% in 2012 and now at 0.2%.

Cigarettes and Tobacco

The 2016 TeeNS reports a past 30-day use of cigarettes rate of 14% and 5% for high school and middle school teens, respectively. Males report higher cigarette use than females. Rates increased from 2015 TeeNS by one-percentage point for both middle and high school age teens.

The average age of onset for tobacco by Charlotte County teens is the lower than alcohol (11.11) or marijuana (11.28); occurring at just over age ten and a half (10.58), which is likely **prior** to entering sixth grade. 2013 is the lowest age of onset in the past five years for middle school teens at 10.56.

Cigarette use has the second highest level of perception of risk or harm between alcohol, marijuana, misuse of prescription drugs, and cigarettes. Additionally, 89.2% of all teens surveyed by the FYSAS in 2016 indicated they think it would be wrong for someone their age to smoke cigarettes. This is the highest for this indicator since, and including, 2004.

Synthetic Marijuana

2016 FYSAS data shows that 1.0 % of Charlotte County high school teens reported use of synthetic marijuana in past 30-days. This equals the state rate, and was a drop of over eight percentage points from 2012 (9.6%).

In November of 2013, Charlotte County passed an ordinance prohibiting the sale of synthetic drugs and restricting display of paraphernalia. This ordinance went into effect January 2014. The City of Punta Gorda has also followed suit with an ordinance for that community. As these ordinances are enforced, they are expected to support reduction in reported use of synthetic marijuana among Charlotte County teens.

Other Drugs

Inhalants use continues to decline. For high school age teens, the 2016 rate dropped to 1.2% from 1.9% in 2012 (past 30-day use). The 2013 Developmental Assets indicated 9% of high school teens

surveyed reported past 30-day use. There has been a drop for middle school age teens, as well. 2012 rate was 4.2%, which fell to 2.6% in 2016.

Club drugs, cocaine, heroin or similar all fall below 2% reported past 30-day use. However, these rates have risen slightly in previous years, as per FYSAS, and bear monitoring. Over the counter medication misuse rose for high school teens in 2016, yet it remains lower than 2014 rates – and decreased for middle school age teens. Table 4 found on page 11, provides detailed data on these substances.

In 2015, paramedics in Charlotte County responded to 152 overdoses. In 2016, there have been 127 through the end of September. All Charlotte County Fire and EMS Advanced Life Support rescues and engines carry Narcan. Paramedics are trained to administer Narcan as necessary.

Prioritizing Our Issues

Examination of data clearly shows that marijuana and alcohol are the top two substance abuse issues among Charlotte County teens. Key data indicators for each are listed below:

Marijuana

- 26% of Charlotte County high school teens report past 30-day use of marijuana (2016 TeeNS). This is a two-percentage point increase from 2015 TeeNS.
- Charlotte County high school teens perceive that 77% of their peers have had marijuana in the past 30-days (2016 TeeNS).
- 8% of Charlotte County middle school teens report past 30-day use of marijuana (2016 TeeNS). This is a one-percentage point increase from 2014.
- Charlotte County middle school teens perceive that 42% of their peers have had marijuana in the past 30-days (2016 TeeNS).
- 22.1% of high school teens report riding in a vehicle driven by someone who had been using marijuana in the past 30-days (2016 FYSAS).
- 11.7% of high school teens report driving a vehicle after using marijuana in the past 30-days (2016 FYSAS).
- According to 2016 TeeNS data, the average age of first use for middle school teens who have ever used marijuana is 11.28.
- Perception of harm of regular marijuana use is decreasing in both middle and high school teens
- 84% (n166) of Charlotte County children admitted for substance abuse treatment (n197) in a 2014 report, indicate marijuana as drug of choice. This is according to data from Central Florida Behavioral Health Network for Charlotte County admissions.

These key data points signify potential areas of impact: perception of use, perception of harm or risk of use, educating parents to help to decrease age of onset.

Underage Alcohol Use

- 26% of Charlotte County high school teens report past 30-day use of alcohol (2016 TeeNS). This is a one-percentage point increase from 2015 TeeNS.
- Charlotte County high school teens perceive that 78% of their peers have had alcohol in the past 30-days (2016 TeeNS)
- A higher percentage of males than females report having one (1) drink of alcohol during the past 30-days. However, 25.4% of high school females who had alcohol in the past 30 days, drank five (5) or more drinks on those days they used alcohol. This is nearly nine (9) percentage points higher than state (16.7%) according to the 2016 FYSAS.

- 9% of Charlotte County middle school teens report past 30-day use of alcohol (2016 TeeNS). This is a two-percentage point increase from 2015 TeeNS.
- Charlotte County middle school teens perceive that 54% of their peers have had alcohol in the past 30-days (2016 TeeNS)
- 2016 TeeNS reports 24% of Charlotte County high school teens who reported using alcohol in the past-30-days say a parent gave it to them and 24% said another family member gave it to them. 2016 FYSAS data indicates 8.1% took alcohol from a family member.
- 2016 FYSAS data shows an increase in the number of teens getting alcohol from a store rose to 7.4% from 3.7% in 2012.
- 18% of Charlotte County high school teens report riding in a car with a friend who has been drinking (2016 FYSAS). 17% report doing this on the 2016 TeeNS
- 4.9% of Charlotte County high school teens report driving a car after they had been drinking (2016 FYSAS). 13% report doing this on the 2016 TeeNS
- Age of onset (first use) of alcohol is 11.11(2016 TeeNS); higher than 2010 age of 10.96, but still too early.

These key data points signify potential areas of impact: perception of use, access through adults and availability at parties, addressing alcohol use at younger age to decrease age of onset.

Other Issues of Concern

Tobacco and Electronic Cigarettes

Drug Free Charlotte County serves as the lead for this issue area in Charlotte County, as facilitator of the Tobacco Free Charlotte Partnership. With the slight rise in tobacco use rates, the coalition needs to maintain a strong role in the local Tobacco Partnership.

The coalition is highly concerned about the growing opportunities to use and misuse of electronic cigarettes. Especially with the trend to use these devices for vaping marijuana oil and synthetic substances. 2016 FYSAS data shows past 30-day rates for use of vapor and e-cigarette devices are higher in Charlotte County among both middle and high school teens. 2016 TeeNS data supports this finding, as well. Further, TeeNS data reports that in both middle and high teens, perception of risk to use these devices is the lowest of all surveyed (alcohol, tobacco, marijuana and prescription drugs).

Prescription Drug Abuse

The Teen Norms Survey has only reported on prescription drugs for two years, with rates dropping. However, the rates of use are of concern to the coalition, and should be addressed through education at a young age. Implementation of the Body Safety/Medication Safety classes at the

elementary level focus on learning medication safety at a young age, helping to internalize the proper and healthy use of prescription or over the counter medications.

The coalition would also like to be able to provide education on safe use, storage and disposal of medications to adults, repeating a successful outreach in the Spring of 2016. As discussed earlier, this project revealed a continued a lack of understanding among adults, and especially senior citizens, about the risk of medication mixing, unsafe storage and opportunities for safe disposal.

Our Local Resources

Utilizing the community coalition model, Charlotte County has been working collaboratively in the community since 2003. As such, critical collaborations exist in such a way to cover three critical components to a community's response to substance use: prevention, enforcement and treatment.

Charlotte County Public Schools, one of the founders of the coalition, remains a key partner with the coalition. Drug Free Charlotte County's staff are located in free office space at the Charlotte County School Board and within the Charlotte County Sheriff's Office community policing office. With this strategic placement, the coalition is able to be located at two ends of the community while having access to school district and Sheriff's Office resources. Of particular importance is the access to Charlotte County School's students, staff and parents. This high level of access facilitates the implementation of prevention programs, outreach to parents and access to students. As a result of this partnership, Drug Free Charlotte County has been able to track substance use trends through the use of two critical student surveys and implement student social norms projects that are beginning to show small changes in perception and use. This relationship has also been critical in the systemic recruitment and development of a youth empowerment model that is teaching students to advocate for change on their school campuses and within their community.

Support Departments within the School District are also valuable to the coalition's role. The transportation department provides bus transport for youth during street advocacy days and the school social work program provides referral support to families seeking drug treatment services. The District print shop prints many of the parent information mailings as well as other coalition support materials such as newsletters and flyers. *In total, it is estimated Charlotte County that Public Schools provides the coalition with approximately \$127,000 of in-kind services.*

Charlotte County Sheriff's Office and Punta Gorda Police Department are other founding partners and critical for the continued success of our work. The relationship with the Sheriff's Office and Police Department are critical in reducing youth access to alcohol and other illicit drugs. These agencies also assist in providing teacher and parent training as well as assisting with classroom education through their School Resource Officers. In partnership with these agencies, compliance has increased from 35% to as high as 100% on four occasions (no less than 14 stores are checked during an operation). *In addition to space (valued at over \$32,000), and related resources, the Sheriff's Office also provides at least \$20,000 per year from drug forfeiture liquidations that Drug Free Charlotte County is able to use as supplemental funding.*

Juvenile Justice Services- The coalition now works with local juvenile justice programs, such as teen court, civil citation, DJJ diversion and others to provide evidenced based programs that support resiliency and resistance skills in teens.

PAARI – Police Assisted Addiction and Recovery Initiative (PAARI) was started in 2016. Any opioid user can go to a Sheriff’s Office in Charlotte County and access treatment and recovery services without arrest. The request must be voluntary, and not once an arrest has been made. Local organizations, such as **Johnny’s Dream** and **ARCHway Institute** raise funds for rehabilitation scholarships to help those without funds or insurance. The Sheriff’s Office works closely with Charlotte Behavioral Health Center for the rehabilitation services.

2-1-1 Charlotte – Our local 2-1-1 is a rich source for information on local services and resources. We are fortunate, in our community, to have an AIRS accredited service that goes beyond providing information and referral with follow up and more personalized assistance.

Florida Department of Health in Charlotte County- In 2012-13, the department started a community collaboration – Community Health Improvement Partnership (CHIP) – that has, as one of its key community issues, tobacco prevention and cessation. CHIP’s focus on community wellness provides the coalition with another opportunity to interlock its activities with the greater community. The Department’s 2015 Community Health Assessment (CHA) provides an excellent foundation of community health and wellness data for the coalition to use in assessments. Furthermore, CHIP provides an avenue for partnership growth, and leveraging resources between community members, businesses, government and health and social services providers.

Charlotte Behavioral Health Care, the community’s primary mental health provider utilizes over \$17,000 of state prevention dollars with Drug Free Charlotte County for prevention activities. This helps supports the coalition’s social norms campaigns and social marketing with parents. Additionally, this partnership includes a PPG (Prevention Partnership Grant) to provide science-based programs (Alcohol EDU and Project Alert) and additional social norms activities. Treatment services for adults and youth are provided by this community partner at several locations throughout the community; including inpatient and outpatient services.

Charlotte County Healthy Start Coalition collaborates with Drug Free Charlotte County on a Substance Exposed Newborn (SEN) workgroup. In addition to exploring data on newborns exposed to prescription and illicit drugs, the workgroup has identified tobacco use as a major “substance” presenting in newborn babies in Charlotte County.

The Hanley Center does not have offices in Charlotte County, but it is able to provide the community with parent skills programs, a steroid prevention program and wellness programs for seniors with a focus on addressing alcohol misuse. Hanley Center also provide valuable CEU training to our prevention staff, school social workers, school psychologists, school nurses and other professionals to keep them abreast of substance use and prevention related content.

CARE (Center for Assault and Rape Emergencies) partners with the coalition on outreach activities to community members, youth and retailers. Most recently, the coalition has been collaborating on the Green Dot initiative, to help both community members and local businesses understand the importance of intervention through making a choice to confront the abuse situation

“directly”; through “distraction; or by “delegating” to an authority. These intervention strategies are important skills for intervention for not only abusive situations, but serving staff can use these skills when a customer is too intoxicated to drive. The coalition is also a member of its Community Action Team for the Englewood community.

Peace River Distributing has been a long partner at the coalition table. They help get the coalition’s *Be the Wall* campaign out to beverage retailers and servers. Additionally, they provide free Responsible Beverage Server training and “We ID” materials to retailers.

Local Chambers of Commerce are strong partners in helping the coalition reach businesses in our community. This provides the coalition with the opportunity to present community data and build awareness about the youth substance abuse issues in our community. These organizations also offer the opportunity for the coalition to promote drug free workplaces and tobacco free businesses.

Area Hospital Organizations, including Fawcett Memorial, BayFront Port Charlotte and Punta Gorda and Lee Memorial Trauma Center, participate in coalition meetings, committees and its leadership board. They provide data for our assessment, and help communicate prevention education and awareness materials to staff. Lee Memorial Trauma also offers assistance with prevention programs.

TogetherCharlotte is a collaborative of local nonprofits, providers, public service organizations and nonprofits working to address a county-wide health and human services strategic plan, and developing ways to leverage local resources and partnerships to more fully and effectively address local needs. Drug Free Charlotte County is an active participant in this process, and recently updated our vision and mission to reflect the value of partnership building and providing our expertise in prevention as a local resource.

Regional collaborations with other coalitions through our Management Entity (Central Florida Behavioral Health Network) also offer the coalition the opportunity to share ideas, resources and reach. These relationships also offer training opportunities for coalition members and staff.

Faith community partners assist by providing meeting spaces and hosting education and awareness events for congregation members and youth groups. In 2014, the faith community played a critical role in educating our community on the risks of marijuana use and the facts behind marijuana as medicine. They have committed to continuing this work alongside the coalition.

Youth Leaders work with coalition staff to implement *Friday Night Done Right* in the community and schools. They are key in our retail scan activities, and conduct street advocacy activities throughout the year. In July 2014, they attended the National Youth Leadership Institute in Orlando, Florida. This help builds their skills in the Strategic Prevention Framework.

Media Partners, including a local radio host and media specialists with CCSO, help the coalition with Public Service Announcements. During 2014 and through early 2015, two PSA's ran in the local theater. One was created for our *Be the Wall* campaign. A second was created by our youth leaders for a safe driving campaign.

Sister Community Coalitions have emerged in our community. Both the communities of Punta Gorda (**Drug Free Punta Gorda**) and Englewood (**Englewood Community Coalition**) now have coalitions being formed through the support of DFCC and local community partners. Both coalitions are now fully funded by the federal Drug Free Communities Support Program. These coalitions help build capacity at their local levels, while working alongside DFCC to further countywide efforts in a collaboration manner. Both coalitions are also the lead partners in the implementation of D-Fy (Drug-Free Youth) in Charlotte County.

School Health and Advisory Council oversees health and well-being of students and includes members from the Department of Health, Healthy Start, local hospitals, pediatricians, and school nurses. This partnership is critical in the response to at-risk student behaviors such as substance use and sexual activity.

C3 – Continuum of Care collaborative for homelessness in Charlotte County provides the opportunity for service providers and nonprofits to identify ways to help reduce homelessness and provide services to those who are homeless. The coalition is able to offer prevention services through Drug Free Charlotte County's Level 2 teen and parent programs.

EACH is a community network meeting that brings together nonprofits and the faith community to build understanding of available resources, services and programs, without duplication.

Drug Free Charlotte County Level 2 Prevention Programs – Drug Free Charlotte County is able to provide two evidence based programs for at-risk teens and parents. *LifeSkills Training*® has curriculums for elementary, middle, high and transitioning teens, as well as parents. DFCC works closely with juvenile diversion programs, school discipline, AMI/Crossroads and other sources to provide this program. While not yet providing (at time of assessment) DFCC is also able to provide the *Strengthening Families Program* to individual parents or groups of parents. Sessions can be offered in the home, as well as at host organization sites.

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