

# A Key Informant Survey About Alcohol, Tobacco, and Other Drugs

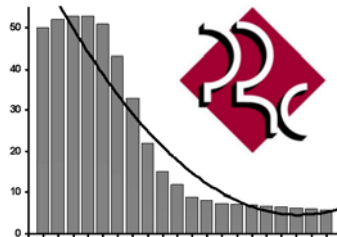
## Part II Results Report: Risk and Protective Factor Comparisons

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## Introduction

The WV Prevention Resource Center (WVPRC) conducted a key informant survey in the spring of 2003 on behalf of the WV Division on Alcoholism and Drug Abuse (DADA) and in conjunction with the WV Division of Criminal Justice Services (DCJS). Based on the *Risk and Protective Factor* framework of substance abuse prevention, the survey was intended to collect data on the opinions, perceptions, and attitudes of selected community leaders about alcohol, tobacco, and other drugs (ATOD), as well as other related issues in their communities. Results are intended to be used in an assessment of community needs with respect to substance abuse prevention and informational or awareness gaps among community leaders across the state.

## Organization of the Report

This is the second of two reports in which survey results are presented. In the first, technical aspects of the survey and the reliability of sub-scales of the community risk and protective factor domain were presented (West Virginia Prevention Resource Center, 2005). The results of that report are a set of factors that reliably tap into key informant perceptions, beliefs, and attitudes about their communities and substance use issues.

In this second report, results will be presented on how key informants in three subgroups (Community, Justice System, and Services) differed in their responses on risk and

protective factors and other survey questions not analyzed in the first report. Also, variations on community risk and protective factors among sub-state geographic areas are presented. County groupings used for the geographic comparisons are based on the WVPRC's sixteen Community Development Specialists' (CDS) service areas. The CDS Network covers the entire state, and each CDS serves three to five counties. A map of CDS service area designations is presented in Appendix A.

For purposes of the key informant group comparisons, 26 key informant categories (Table 1) were collapsed into three groups described below.

- The ***Community*** group (n=262) includes individuals from CDS community contacts and those affiliated with the Family Resource Networks.
- The ***Justice System*** group (n=152) is comprised of individuals representing law enforcement, the judicial system (e.g., judges, magistrates, prosecuting attorneys, etc.) and probation.
- The ***Services*** group (n=248) includes service providers. Represented are respondents from child care centers, local governments, school systems, prevention and treatment services, and other community-based social service providers.

DCJS grantees and recipients of Prevention Mini-Grants represented a broad spectrum of individuals and organizations.

Table 1. Composition and Sample Size for Key Informant Analysis Groups

Descriptor	Community	Justice System	Services
CDS Contact	138		
Family Resource Network	24		
Family Resource Network Board Member	97		
Alcohol Beverage Control Administration		25	
Circuit Court Judge		8	
County Prosecuting Attorney		3	
County Sheriff's Office		13	
Family Court Judge		8	
Local Police		15	
Magistrate		33	
Probation Office		7	
Public Defender Corporation		2	
Public Defender Services		2	
State Police		10	
Supreme Court Justice		1	
Prevention Mini-Grant Recipients	3		23
BBHMF Grantees			9
Bureau for Children and Families			28
Child Care Centers			70
County Commissioner Office			5
County School Superintendents			10
Mayor's Office			26
Prevention Specialist			15
School-Based Health Center			7
Substance Abuse Treatment			13
DCJS Grantees		25	42
<b>Totals</b>	<b>262</b>	<b>152</b>	<b>248</b>

Many respondents from these categories (e.g., law enforcement, local governments, etc.) shared an affiliation with organizations or agencies already represented in other key informant categories or were community-based organizations providing prevention programming or services in local communities. Consequently, they were grouped into one of the three groups described above in accordance with those affiliations or functions.

The analyses presented hereafter are based on this three-group categorization of key informants or the sub-state county groupings

described above. The underlying null hypothesis shared by the analyses was that *no statistically significant differences exist among the three key informant groups or among sub-state geographic areas*. Rejecting this hypothesis implies sufficient evidence that the groups or geographic areas differ, in which case post hoc multiple comparisons were used to identify among which groups or areas differences existed.

## Respondent Demographics

While the adult population in West Virginia is almost evenly split by gender (i.e., 49% male), key informant respondents in this survey were predominantly female (64.7%). However, it was not possible to determine precisely the gender distribution of the key informants invited to participate in the survey. Consequently, it is not clear if this finding is meaningful.

Respondents also represented a more “middle aged” segment of West Virginia’s population (Figure 1). The 31 to 60 age cohort was overrepresented, while the 30 and under and 61 and over age cohorts were underrepresented compared to the 2000 Census. They were also predominantly white or Caucasian (96.8%), which compares well with the racial/ethnic makeup of the state (U.S. Census 2004).

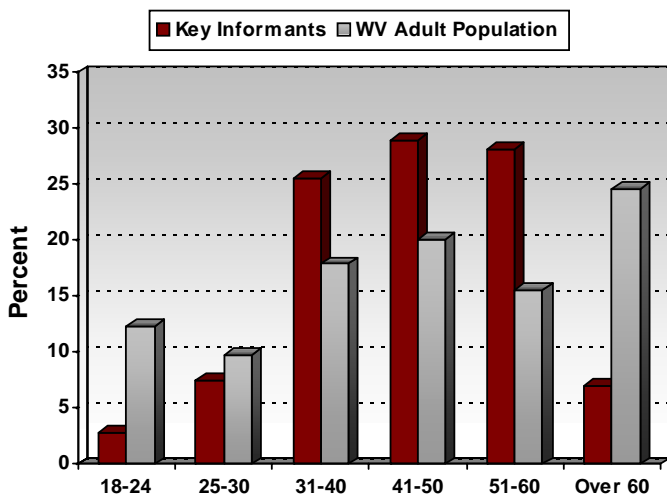


Figure 1. Age distribution of key informant respondents.

Key informant respondents were much more highly educated than the rest of the adult population of West Virginia. Nearly 40% had advanced academic or professional degrees, while slightly more than 30% had college degrees (Figure 2). The age and educational attainment distributions are not surprising, however, in that one would expect community leaders and professionals working in fields directly or indirectly related to substance abuse prevention to be of working age and well educated.

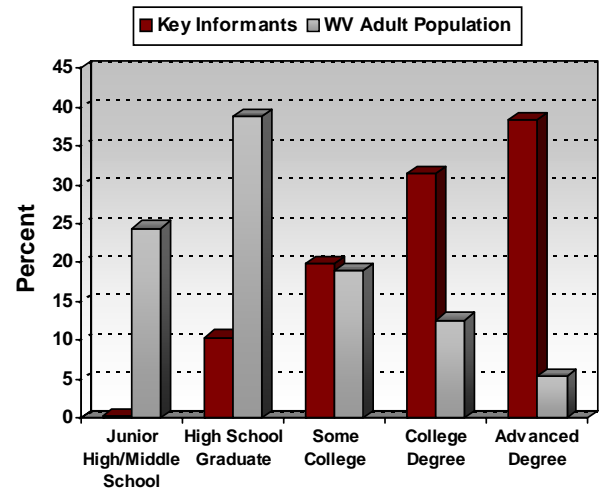


Figure 2. Educational attainment of key informant respondents.

Key informants appeared to have relatively deep roots in their communities. Respondents reported that they have lived in their communities an average of 26.4 years, which seems remarkable in that over 80% of them were between the ages of 31 and 60. Furthermore, when asked how many times they had relocated (i.e., moved from one location to another) within their communities, the majority

(56.1%) had moved fewer than 4 times. In fact, 27.5% had never relocated at all.

Finally, on the assumption that the more neighbors one knows the more attached one is to their community, key informants were asked how many close-by neighbors they knew. Nearly 45% reported knowing 10 or more neighbors, and nearly 17% knew 7 to 10 neighbors. Collectively, these findings suggest respondents were deeply attached to their communities.

## Key Informant Comparisons

### Perceptions about Substance Availability and Use by Youth

The results presented in this section focus on three questions. Two questions address key informant perceptions about youth’s use and ease of obtaining substances in their communities. The third question assesses perceptions about the level of concern expressed by adults in their communities about the “drug problem.”

***What percentage of youth in your community use tobacco, alcohol, marijuana, other illegal drugs, or prescription drugs for non medical use?***

Key informants were asked for a numerical percentage for each substance. It was assumed that responses for each substance were not independent, i.e., respondent’s opinions about how many youth use alcohol may not be independent of their opinions about tobacco or other substances. As a result, multivariate

statistical procedures were used to test for group differences.

Overall, key informants estimated that a fairly high percentage of youth use these substances, ranging from 19.2% for non-medical use of prescription drugs to 42.8% for tobacco (Figure 3). Generally, percentages provided by key informants paralleled self-reported past-year use among West Virginia youth. For example, in the 2002-2003 West Virginia Statewide Pride Survey of 8<sup>th</sup> and 11<sup>th</sup> graders, 41.3%, 59%, and 31.8% of participating students reported using tobacco, alcohol, or illicit drugs in the past year, respectively (WV PRIDE Survey, 2004).

Comparing the three key informant groups revealed that those in the Justice System reported lower estimates for all substances. However, tobacco, for which the Justice System group estimates were about 7 to 8 percentage points lower, was the only substance for which statistically different estimates were found (Figure 3).

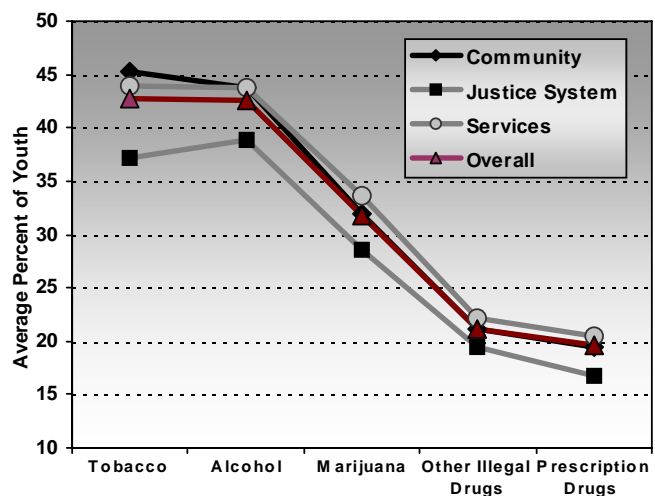


Figure 3. Key informant estimates of the percent of youth who use ATOD substances.

**How easy is it for youth to get tobacco, alcohol, marijuana, other illegal drugs, or prescription drugs for non medical use?**

For this question, key informants were asked to respond to a four-category scale ranging from *Very Hard* to *Very Easy*. An additional response option of *Don't Know* was available, but was excluded from this analysis. Key informants reported overall that they thought it was easy for youth to get all of the substances listed. The percent of respondents saying they thought it was *Fairly Easy* or *Very Easy* ranged from 64.4% for prescription drugs for non-medical use to 84.6% for tobacco (Figure 4). Significant differences were found among key informant groups with respect to how easy it is for youth to get tobacco and alcohol, but not for marijuana, other illegal drugs, nor prescription drugs for non-medical uses. Follow-up multiple comparisons indicated that respondents representing the Justice System differed from the

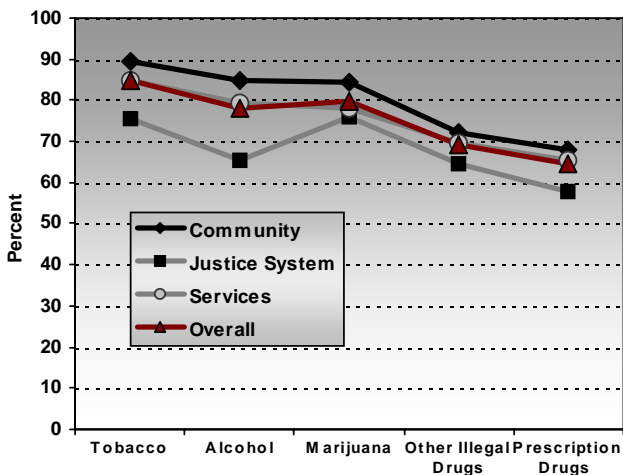


Figure 4. Percent of key informants saying it is Fairly Easy or Very Easy for youth to get ATOD substances

other two groups. Approximately 12% fewer respondents in the Justice System said it was easy for youth to get these two substances.

A secondary analysis of *Don't Know* responses was performed to get an idea of the level of awareness or uncertainty about the ease of youth access to substances among key informant groups. Overall, the percentage selecting *Don't Know* ranged from 5.4% for tobacco to 23.6% for prescription drugs for non-medical uses, and increased somewhat linearly with each substance (Figure 5). Across all substances, respondents from the Justice System responded *Don't Know* at lower percentages than respondents in the Community and Services key informant groups, suggesting they are more likely to have formed an opinion about the issue of youth access to substances.

Combined, these results suggest that key informants in the Justice System are more confident in their opinion about how easy it is for youth to get ATOD substances (i.e., fewer *Don't*

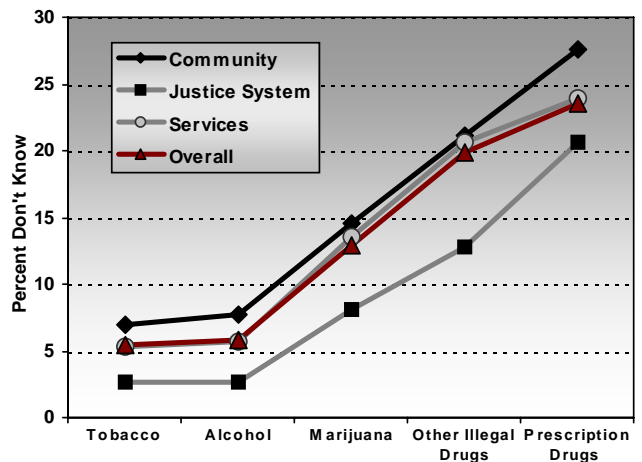


Figure 5. Percent of Don't Know responses to "How easy is it for youth to get ATOD substances?"

Know responses). Furthermore, they think it is harder for youth to get tobacco and alcohol, respectively, compared to the other two key informant groups.

**How much concern is expressed by adults in your community about the “Drug Problem”?**

In this question key informants were asked if there was *Too Little*, *Enough*, or *Too Much* concern expressed by adults in their communities about the “drug problem.” Overall, 69% of key informants reported that adult community members expressed too little concern, while slightly fewer than 31% said there was enough concern expressed (Figure 6). A very small minority (0.3%) said adults expressed too much concern about the drug problem.

Significant differences were found on this question between two of the three key informant groups. More respondents in the Community group said adults express too little concern compared to those in the Justice System (73.9%

vs. 62.8%). Likewise, nearly ten percent fewer in the Community group said there was enough concern (26.1% vs. 35.9%). Key informants in the Services category split the difference between the Justice System and Community groups—there was no statistical evidence that they differed from either.

**Risk and Protective Factor Comparisons**

In the Part I Technical report, results of an analysis of the composition and reliability of community risk and protective factors were presented (see the listing of factors and corresponding items in Appendix B). Factor scores, representing groups of inter-related items, were calculated using item coefficients derived from that analysis. These factor scores served as dependent variables by which the three key informant groups were compared. Again, multivariate procedures were used on the assumption that it was unlikely that factors were independent within community risk and protective factor domains. Pearson’s correlation confirmed that assumption.

Note also that factors vary in direction (e.g., a higher score in the *ATOD Tolerance* component suggests higher risk; whereas a lower score in the *Community Commitment* component suggests higher risk), which must be taken into consideration when interpreting results.

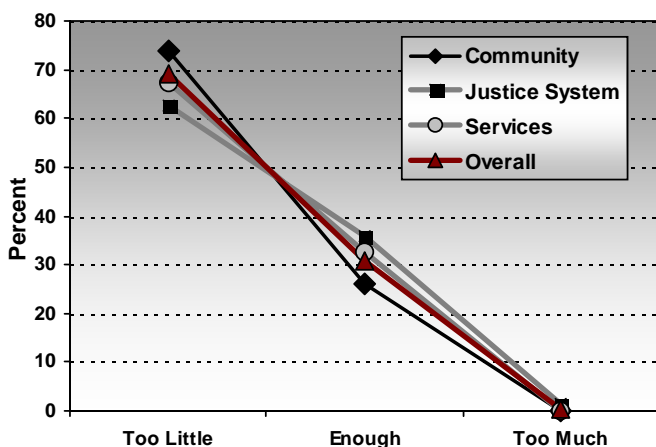


Figure 6. Key Informants’ responses to how much concern is expressed by adults in their communities about the “Drug Problem.”

**Community Perceptions and Descriptions**

Key informants in the three groups differed on two of the four factors extracted from the community perception items. Respondents in the Justice System tended to agree more with items comprising the *Community Commitment* factor than respondents in both the Community and Services groups (Figure 7). Recalling the description of this factor in Part I, it seems to reflect aspects of social capital. The fact that respondents from the Justice System agreed more with items in this factor suggests they construe higher levels of shared community values, trust, problem solving capacity, and communication about community needs than respondents in the Community or Services key informant groups.

Conversely, respondents in the Community and Services groups agreed more with statements in the *Tolerance for Substance Use* factor (Figure 8). This suggests that from

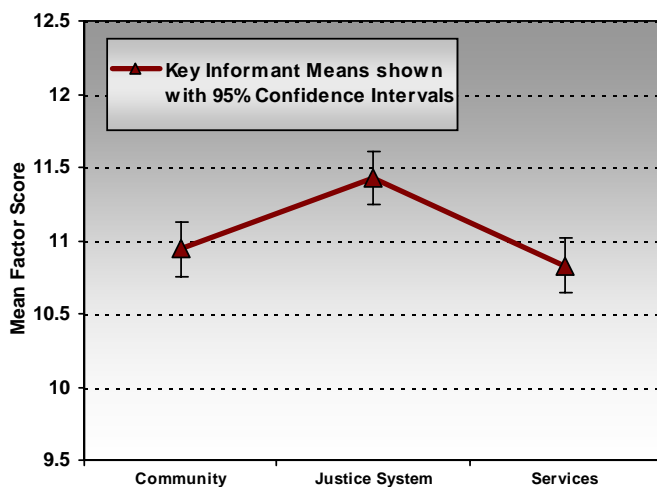


Figure 7. Mean Community Commitment Factor Scores among Key Informant Groups

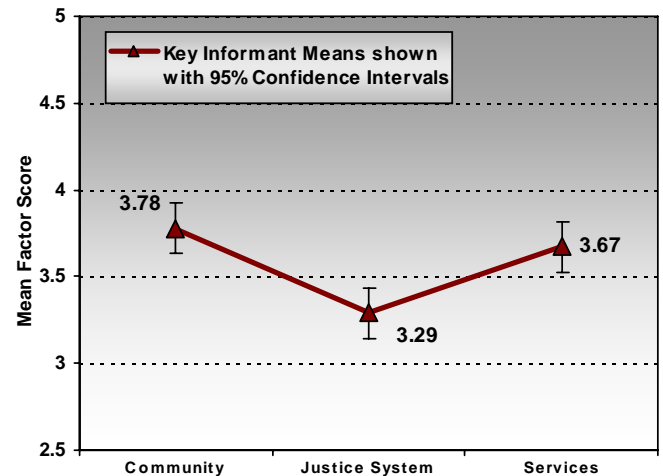


Figure 8. Mean Scores for the Tolerance for Substance Use among Key Informant Groups

their perspective community norms are more lenient when it comes to drug and alcohol use than those in the Justice System.

Interestingly, no differences were observed among the three groups on the *Sense of Place, Institutional Support for Prevention*, or any factors extracted from the community descriptor items. All three groups describe their communities in similar ways and appear to experience similar levels of attachment or a sense of belonging to their communities. Additionally, they support prevention among community institutions like schools, churches, and law enforcement agencies.

**Availability/Accessibility of Services and Programs**

Differences were observed among key informant groups on one of the three factors extracted from the items assessing the availability of services and programs. Respondents in the Services group were more

likely to say the types of services making up the *Coping Services* factor were more available than respondents in the other two groups (Figure 9). The *Coping Services* factor includes various counseling and life skills services, which respondents from the Services group (likely to be providers), may view as more available, making this a reasonable finding. On the other hand, respondents from the other key informant groups were less likely to say these services were available. This may indicate a lack of awareness or recognition about the availability of services. Alternatively, lack of awareness about service availability could result of the absence of effective information dissemination or interagency communication about service availability.

The key informant groups did not differ substantially in their responses about more specific community-based and school-based prevention or treatment services factors. That the items composing these factors are more

specific than the varied services represented in the *Coping Services* factor may explain why no differences were observed. Perhaps respondents were more capable of agreeing on the availability of services that define specific topical areas such as substance abuse.

**Attitudes and Beliefs about Substance Use**

Although there was a trend toward significance for the *Perceived Risk/Harm of Substance Use* factor, no key informant group differences were observed on either of the factors representing attitudes and beliefs about substance use. This may reflect the effectiveness of national, regional, and local universal prevention strategies intended to raise awareness about substance abuse. Perhaps this finding indicates that the message from these strategies has resonated, at least with the key informant groups represented in this study.

**CDS Service Area Comparisons**

In this section, results are organized as they were presented in the key informant group comparisons. Initially the focus is on three questions addressing key informant perceptions about the use and the ease of obtaining ATOD substances among youth, and the level of concern expressed by adults in their communities about the “drug problem.” This is followed by results of risk and protective factor comparisons among CDS service areas, which are listed in the table below with corresponding counties and sample sizes (Table 2).

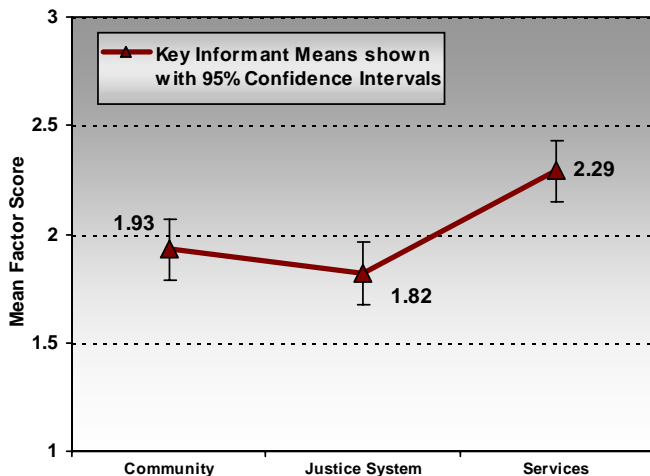


Figure 9. Mean Coping Services Factor Scores among Key Informant Groups

With a comparison among 16 geographic areas it was unlikely that areas would differ in non-overlapping groups. That is, two CDS service areas may differ statistically from other areas, but not necessarily that same ones or in the same direction. To simplify the presentation of the geographic comparisons, areas that differed from a minimum of four other areas, and whose differences were in a direction that indicated higher risk, are described.

areas, five of the 16 areas, representing 17 counties, differed from at least four other areas (Appendix C-Map 1). Whereas comparisons of key informant groups on youth tobacco use showed significant differences of about 7 to 8 percentage points, respondents in the five CDS service areas that differed on tobacco did so by up to more than 15 percentage points.

**Table 2. Community Development Specialist (CDS) Areas and Corresponding Counties.**

Code	County	Sample
1-1	Brooke, Hancock, Marshall, Ohio	64
1-2	Doddridge, Harrison, Pleasants, Ritchie	40
1-3	Calhoun, Gilmer, Wirt, Wood	55
1-4	Marion, Monongalia, Tyler, Wetzel	46
2-1	Cabell, Putnam, Wayne	41
2-2	Boone, Clay, Kanawha	53
2-3	Jackson, Mason, Roane	29
2-4	Lincoln, Logan, Mingo	23
3-1	Grant, Hampshire, Hardy, Mineral	30
3-2	Berkeley, Jefferson, Morgan	19
3-3	Pendleton, Preston, Randolph, Tucker	53
3-4	Barbour, Lewis, Taylor, Upshur	25
4-1	Mercer, McDowell, Wyoming	50
4-2	Greenbrier, Monroe, Pocahontas	34
4-3	Fayette, Raleigh, Summers	35
4-4	Braxton, Nicholas, Webster	40

***How easy is it for youth to get tobacco, alcohol, marijuana, other illegal drugs, or prescription drugs for non medical use?***

As described earlier, key informants were asked to respond to a four-category scale ranging from *Very Hard* to *Very Easy*. They reported overall that they thought it was easy for youth to get all of the substances listed—from 64.4% for prescription drugs for non-medical use to 84.6% for tobacco (combined *Fairly Easy* and *Very Easy* responses).

In the key informant group comparisons, differences were found only on how easy it is for youth to get tobacco and alcohol, but not any of the other substances. The comparisons among CDS service areas yielded a different result—significant differences were found on all substances except alcohol. That is, key informant respondents across all sixteen CDS service areas responded similarly with regard to how easy it is for youth to obtain alcohol, with about 73% saying it is fairly to very easy to get.

Responses from one CDS service area (Grant, Hampshire, Hardy, and Mineral counties) differed from at least four other areas for tobacco, marijuana, illegal drugs, and for prescription drugs for non-medical use (Appendix

**Perceptions about Substance Availability and Use by Youth**

***What percentage of youth in your community use tobacco, alcohol, marijuana, other illegal drugs, or prescription drugs for non medical use?***

As with the comparison of key informant groups, tobacco was the only substance for which respondents differed. Among CDS service

C- Map 2 through Map 5). For marijuana and illegal drugs, this area differed from most of the rest of the state—11 and 12 other CDS areas, respectively. As well, this area differed from 5 and 6 other areas, respectively, for tobacco and prescription drugs. Clearly, respondents from these four counties believe it is far too easy for youth to obtain illegal substances.

Another CDS service area that differed from several other areas includes Braxton, Nicholas, and Webster counties. Although it differed from only 2 other areas with respect to tobacco, it differed from 5 other areas for marijuana, and 8 other areas for both illegal drugs and prescription drugs for non-medical use (Appendix C-Map 2, Map 3 and Map 4). As with the counties described above, respondents from these counties believe it is comparatively easy for youth to access substances.

One other CDS area differed, but only for tobacco and prescription drugs (Appendix C-Map 2 and Map 5). This area includes the southern WV counties of Lincoln, Logan, and Mingo, which differed from 5 other areas on the ease of obtaining tobacco, and 4 other areas for prescription drugs.

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### ***How much concern is expressed by adults in your community about the “Drug Problem”?***

Although differences were found among many CDS area, only one differed from four or more other areas in a direction suggesting there is not enough concern expressed about the substance abuse problem. This particular area includes Marion, Monongalia, Tyler, and Wetzel counties (Appendix C-Map 6).

## **Risk and Protective Factors Comparisons**

Few differences were found among CDS service areas with regard to risk and protective factor domains. No differences at all were found on any factors derived from the questions addressing community perceptions or attitudes and beliefs about substance use. Differences on community descriptor and availability of services and programs factors are described below.

### ***Community Descriptions***

Statistical differences were found among three CDS service areas (9 counties) on the *Community Disintegration* factor (Appendix C-Map 7). This factor depicted community deterioration in terms of violence, crime, vacant buildings, etc. Respondents from these 9 counties tended to say that such characteristics described their communities more so than in other CDS areas.

Another factor for which differences were observed was one labeled *Youth Support Systems*, which captures support for youth among community institutions like schools, churches, and families. Five CDS areas representing 17 counties (Appendix C-Map 8) scored statistically lower on this factor, suggesting that, in the opinion of respondents from these counties, community institutions (schools, churches, and families) could do more to support youth.

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### **Availability/Accessibility of Services and Programs**

Differences were observed in only one CDS service area on only one of the three factors extracted from the items assessing the availability of services. Respondents from Pendleton, Preston, Randolph, and Tucker counties were more likely to say the types of services making up *Coping Services* factor are unavailable than respondents from 9 other CDS areas (Appendix C-Map 9). These counties are predominately rural and mountainous, and perhaps somewhat isolated, which may explain the perception that the types of counseling and life skills services represented in this factor are unavailable.

### **Supporting Information from Key Informants**

Key informants were asked to voice their opinions and provide additional information regarding their communities. They were also invited to tell what they would do about substance abuse issues, given sufficient resources.

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#### ***What else would you (key informant respondents) like to add about your community?***

##### **Community Group**

Key informants from the community included board members from Family Resource Networks, Community Development Specialists' contacts, and prevention mini-grant recipients. Some community informants reported they lived

in "good communities" that supported their youth, had strong family values, and held the potential "to become a county of character." The majority of informants however reported their communities were struggling with an assortment of issues, from parental apathy, unemployment, lack of education, inadequate transportation, denial of substance abuse problems, and inadequate services and programs.

The most reported issue of respondents from the Community key informant group occurred around law enforcement. A desire was expressed for "stricter law enforcement" with regard to underage consumption of alcohol and smoking, and stricter sentencing guidelines for "pushers and users." Others reported their police force had "too little manpower" and were "understaffed due to budget constraints."

"Family disintegration" was often reported by respondents, who pointed to a lack of parental involvement and an acceptance of drug and alcohol use in the family as a "rite of passage." One community informant said, "Children are at risk due to fragile family systems. Often there's economic problems, domestic violence, substance abuse problems, medical and psychiatric problems. These children are vulnerable..." Additionally, lack of youth programs and opportunities for youth was highly reported, with youth centers and after-school programs an urgent need for many communities. One respondent reported, "More needs to be done for young people or else this rural community will slowly become extinct."

##### **Justice System Group**

One-quarter of respondents from the Justice System (including probation officers, state police, county sheriffs' offices, judges, magistrates, and others) reported they were happy living in their communities. Some said their communities were "very volunteer-oriented," "close-knit," and "a great place to raise a family." Others reported that, over time, drug and alcohol use had "definitely increased," but their communities were "fighting to stop it."

The majority of Justice System respondents reported their communities were struggling with issues similar to those reported by Community and Services informants. Some believed their communities would be "surprised by the amount of drugs and drug users in [the] county," and that "school and community awareness projects for kids and adults" needed to be developed. Several reported that communities once thought to be good places to live were now deteriorating, with "run down and vacant buildings." Coupled with high unemployment and lack of opportunity, these communities reflected poor images, where there were "no jobs but plenty of drugs and alcohol available."

Stricter prosecution was a concern for many, some of whom reported that juveniles rarely face consequences for criminal behavior and alcohol abuse. "The police should be doing more to arrest drug and alcohol offenders," said a respondent from a County Sheriff's Office. While one respondent said "Teens attend high school "high" and no one with authority seems to notice," another said, "Schools have to hide drug issues or they get [bad] public relations and can't pass

bonds. State legislators only talk about problems; [they] don't really want to solve them."

Other issues reported by Justice System respondents included lack of parental guidance and family stability, inadequate transportation, a need for rehabilitation facilities, a rise in heroin and alcohol use, and apathetic communities where, "people would rather complain than try to fix [the drug problem]."

### **Services Group**

Key informants for Services included childcare centers, various prevention grant recipients, prevention and substance abuse treatment specialists, county commissioners, and school-based health centers. While several informants said they lived in "good, caring" communities that offered "working relationships" with other community groups, the majority believed their communities to be at risk.

The number one response from this group was a lack of local resources, including a need for treatment facilities and youth programs. "Our community has no programs or places for youth to hang out or socialize," said one respondent. "If they park anywhere, the police run them off." Other respondents said, "[There's] very little if anything for young people to do," and "I believe [teens] would be less inclined to drink or use drugs" if there were programs and places available to them. In terms of treatment facilities, many respondents reported that no treatment centers were available in their local area or in the entire county. Additionally, "gaps in crisis counseling and cooperation between agencies and the government structure," added to the problem, as heroin, meth [Methamphetamine],

prescription drug use, and teen pregnancy continue to rise.

A need for stricter law enforcement was also highly reported. In addition to a desire for “stronger leadership [by] city officials,” several respondents reported “passive attitudes” from local law enforcement who sometimes “seem to be part of the problem,” and “inconsistent legal consequences for drug and alcohol offenses.”

Other issues reported by Services respondents mirrored those reported by the Justice System and Community respondents: a need for more community support and less community apathy, a lack of jobs and a poor economic base, a need for more awareness campaigns, denial or refusal to address substance abuse problems in schools, and families accepting teen alcohol use as “normal.”

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***Given sufficient resources, as a community leader, what would you do in your community about ATOD issues?***

**Community Group**

If given sufficient resources to address ATOD issues, respondents from the Community group overwhelmingly reported they would concentrate on spreading awareness. They wished for an increase in educational campaigns for youth as well as parents, who needed to learn parenting skills, how to help children make healthy choices, and how to become more responsible in their homes and communities. Other suggestions for spreading awareness included public forums, celebrity and “reality” speakers, more media attention with effective media messages, and more awareness

programs in schools that emphasize prevention and how to form youth-prevention groups.

A desire to increase available activities for youth was the second-highest reported need, from opening community-based recreation and youth centers to providing the transportation to get them there. More alternative activities for youth were needed, as well as more after-school care, more mentoring programs, more ways to challenge youth and adults, perhaps through incentives, and more focus on teaching students how to build self-confidence.

Three other highly reported needs that arose were: (1) stricter law enforcement, including more available officers, more diversion programs for youth offenders, and mandatory counseling for offenders; (2) more comprehensive prevention and early intervention programs, both in communities and in schools, where full-time peer groups and abuse coordinators were desired to help educate and motivate students. Several informants desired drug-testing in schools as well; and (3) more rehabilitation centers, including quality outpatient substance abuse therapy, long-term treatment, more programs for abusers, free in-home counseling, and more shelters for teens.

**Justice System Group**

Among key informants from the Justice System group education and awareness campaigns and more emphasis on law enforcement topped the list for areas of concentration, if given sufficient resources. In terms of education and awareness, more emphasis on parental awareness was highly suggested, including a focus on prescription drug

awareness, which can start at the family medicine cabinet. Also suggested were better promotional programs for kids, more targeted awareness campaigns for Middle and High School students, and developing a protocol to “take kids to jails to see first-hand what happens when you break the law.”

In terms of law enforcement, responses included tougher courts, better laws, harsher sentencing and less probation, a “total revision of federal sentencing guidelines,” more police officers, more checks on businesses to see if they’re selling tobacco and beer to minors, more funding for police, a need to “prosecute more small-time buyers and sellers of drugs,” instead of focusing on “the big dealer.” “Police and community officials should be more proactive and less re-active.”

A desire for more treatment facilities was highly reported, including a need for fully-funded treatment and detox centers; more in-patient treatment for adolescents; long-term care, “not de-tox and release;” a greater number of programs at mental health centers; free alcohol prevention help centers; services to entire families, not just the individual; alternatives for DUI offenders, like “72-hour in-patient treatment in lieu of mandatory jail for first offenders;” and a closing of all methadone clinics. A desire for more youth programs was also reported, from better counseling and mentoring programs to more recreational and social centers for youth, which could “offer an option besides driving up and down the road and parking in the parking lots.”

Additional areas of concentration included better information sharing between agencies, and a need to legalize marijuana. “Legalize, control, and tax marijuana,” reported a Family Court Judge. “It’s easier for kids to get drugs than alcohol. Educate and discuss [it] openly.”

### **Services Group**

Like responses from the Community and Justice System, top responses from Services included more programs and services for youth and adults, more awareness and education campaigns, a focus on law enforcement, and more treatment facilities in the community. Additionally, the Services sector reported a desire for increased cooperation and coordination between agencies and services across systems, and more involvement from faith-based organizations.

Strong support for needed services and programs included a desire for more programs like DARE, local recreation and community centers that provide mentoring services, and more after-school programs and activities with transportation provided. Awareness and education responses included a need for “peer education training using high school students in middle and elementary school,” more reality speakers and “more education with shock value,” more outreach programs to parents, and a need for more community education, indicated by a prevalent attitude that “Alcohol isn’t considered a drug in my community.”

Responses concerning law enforcement included stricter penalties, hiring more police, and a need to go after “small-time drug pushers,

not just big dealers,” but also included a desire to “Infiltrate the ‘good-ole-boy’ network to push the education of the issues [and provide] equal treatment under the law.”

## Discussion

Substance abuse is one of the most important issues facing society, particularly for youth. Over the past three decades public opinion about the nation’s progress in coping with illegal drugs has remained relatively stable with about 60% of people saying that we’ve stood still or lost ground (Sourcebook of Criminal Justice Statistics, 2004). Drugs or drug abuse has continually been cited as an important problem facing the nation and an important issue for the government to address. Teens identified drugs, alcohol, and tobacco as among the most important issues facing people their own age (CASA, 2002; 2003).

Despite minimum legal drinking age laws (MLDA), random compliance checks, merchant education, and the emergence of zero-tolerance policies intended to prevent youth from accessing alcohol, tobacco, and other drugs, youth still report that it is relatively easy to get them. Wagenaar and Toomey (2002) report from their review of 40 years of research on MLDAs that more than half to more than three quarters of teens say it is easy to get alcohol. Similarly, about 65% of 8<sup>th</sup> and 11<sup>th</sup> graders in WV reported it easy to get cigarettes and almost 60% said it was easy to get beer (WV Pride Survey, 2003). Nearly as high percentages indicate it was easy

to get other forms of tobacco and alcohol, such as smokeless tobacco and liquor.

Easy access and availability contribute to illegal drug use as well. In the 2003 CASA survey of 12 to 17 year olds nationwide, 51% reported being able to buy marijuana in a week or less, and 25% said they could buy it in an hour or less. Thirty five percent said it was easier to get marijuana than either tobacco or alcohol (CASA, 2003). Similarly, nearly 48% of the students surveyed in WV said it was easy to get marijuana (WV Pride Survey, 2003). Alarming high percentages also indicated that other illegal drugs such as cocaine (24.5%), heroin (19.9%), and OxyContin (24.6%) were easily obtained.

Consistent with what youth have reported about their own use and ease of accessing substances, key informants in this study estimated that a high percentage of youth in their communities use alcohol, tobacco, or other drugs, and that it is easy for youth to get these substances. This suggests they recognize availability and easy access as an issue in need of additional attention.

However, there was some degree of geographic variation in key informant opinions about the use of tobacco among youth, and the ease of obtaining all substances, with the exception of alcohol. Respondents in 17 counties believed youth in their communities use tobacco at a higher rate than the rest of the state. Respondent’s estimates were to some extent validated in that past month youth tobacco use in 13 of these 17 counties exceeded the state rate (WV PRIDE Survey, 2003). From 3 to 11 counties reported it easier for youth to obtain

tobacco, marijuana, illegal drugs, and prescription drugs for non-medical use than the rest of the state.

Interestingly, respondents from the Justice System tended to think fewer youth use or have easy access to tobacco and alcohol than the key informant in the Community or Services groups. In the current atmosphere of “zero tolerance” it is not surprising that those working on the frontlines of enforcement of drug laws have different opinions about these issues than those working outside that arena. Also, it may be troubling for any public official to even appear to be soft on drugs (Trevino & Richard, 2002), and this may be particularly applicable to those working in the justice system.

However, while Americans are still keen on being tough on drug dealers and traffickers, they are more compassionate when it comes to users, and view drug use as a disease not a crime (The Lancet, 2001). Key informants in the Community and Services groups may be more inclined to think of substance abuse more as a public-health issue than an enforcement issue, which may account for their departure from those in the Justice System on these questions.

Public concern remains high about the drug abuse problem, drunk driving, and teen drinking (Harwood, Wagenaar, & Bernat, 2002). Overall, key informants in this study reported that adults in their communities express too little concern about the “drug problem.” While the survey targeted a broad spectrum of community leaders and key players in enforcement, prevention, intervention, and treatment, this finding may reflect a level of frustration with the

inability or unwillingness of communities to mobilize around the issue of substance use and abuse.

There were differences among respondent groups on this question, however. Those from the Community group tended to say there was too little concern expressed compared to those from the Justice System. Also, fewer respondents from one CDS area (4 counties) tended to say there was too little concern expressed.

While overall there is a high level of concern about substance abuse, its saliency may pale relative to other public concerns. For example, terrorism, the economy, affordable health care, and education are also identified as important problems facing the nation (Sourcebook of Criminal Justice Statistics, 2004). These issues may garner more immediacy and overshadow the problems associated with substance use and abuse.

The three key informant respondent groups appeared to generally be of the same opinion on most community risk and protective factors identified in this study. There were exceptions, however. In the key informant group comparisons, respondents from the Justice System agreed more with items in the community attachment factor labeled *Community Commitment*, which contained items related to shared community values, trust, problem solving, etc. At the same time, they agreed less with regard to whether substance use was tolerated in their communities. These differences may originate from the view described above of substance use as an enforcement issue from the

perspective of some, and as a public health issues from the perspective of respondents in the Community and Services groups.

Respondents from the Services group tended to say that counseling and other life skill services are more available than the other two groups, which may indicate a lack of awareness about these services among the Community and Justice System groups.

As was found in the key informant groups, differences were found on only a few community risk and protective factors when compared geographically. As noted earlier, because of the relatively large number of CDS service areas (16), differences were noted only where areas differed statistically from a minimum of 4 other areas in a direction suggesting higher risk. The differences that were found occurred on two community descriptor factors—*Community Disintegration* and *Youth Support Systems*, and one of availability of services and programs factors—*Coping Services*.

Three CDS areas differed from the rest of the state on the *Community Disintegration* factor. These included the area containing the 3 easternmost counties of the state, and two areas containing six central and southern WV counties. Ironically, these groups of counties differ in many ways. For example, because of their proximity to mid-Atlantic urban centers, the three eastern panhandle counties have recently experienced rapid population growth, an expanding tax base for public services and infrastructure maintenance, and comparatively strong economic indicators (e.g., per capita income, etc.). Conversely, the central and southern

counties are generally marked by population loss and deteriorating economic conditions.

It is surprising that these areas of contrasting conditions are at higher risk on the *community disintegration* items than most other parts of the state. Perhaps rapid growth and development evoke similar perceptions about issues such as violence, crime, and drug selling, and other items comprising the *Community Disintegration* factor as does the opposite conditions.

Five CDS areas (17 counties) scored significantly lower on the factor labeled *Youth Support Systems*, which consisted of three items about the extent to which local schools and churches support youth, and how schools and families work with each other. This finding suggests these counties may benefit from more emphasis on raising community awareness about what schools and churches do to support youth, or may indicate to these institutions that they may need to refocus their current youth programs or services. Also, schools and the families they serve in these counties may benefit from an assessment of how they work with each other and perhaps seek out new or different opportunities for collaborating to support their youth.

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# Appendix A

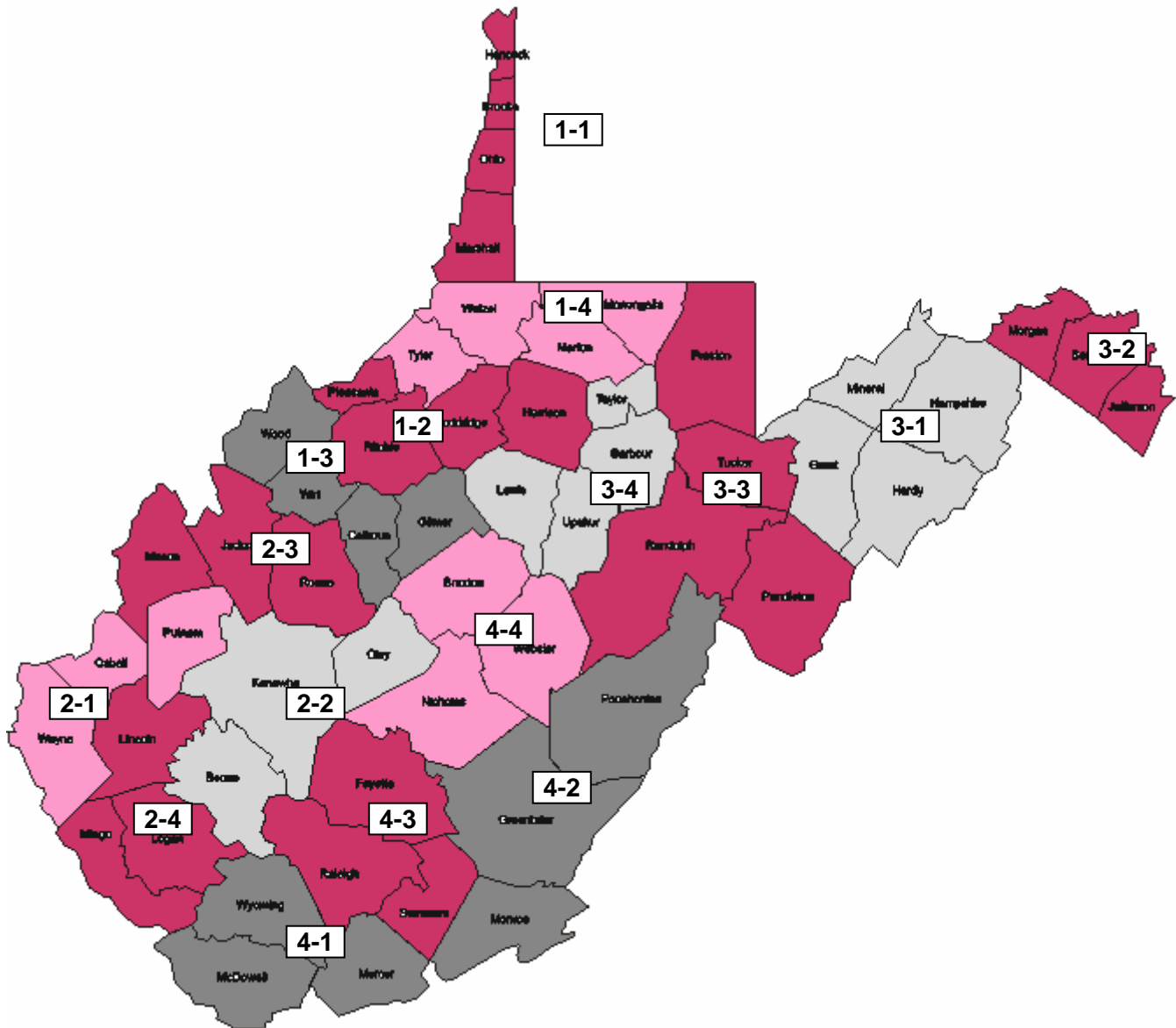


Figure 10

## Community Development Specialist Areas

# Appendix B

Community Risk and Protective Factors with Corresponding Items.	
Community Perceptions	Service Availability
<b>Community Attachment - Sense of Place</b>	<b>Coping Services</b>
I like my community I'd like to get out of my community I feel at home in my community I am proud of where I live I feel safe in my community My neighbors and I want the same thing from this community	Individual counseling Group/Family counseling Crisis counseling Life Skills classes Job training programs Stress Management classes
<b>Community Attachment - Community Commitment</b>	<b>Community-Based Prevention and Treatment Services</b>
I have influence in my community If there is a problem in this community people who live here can get it solved People in my community share the same values Generally speaking, most people in my community can be trusted Parents, teachers, police, ministers, doctors and others discuss community needs/conditions I know most of the people who live in my community	Community-based training on drug and alcohol issues for adults Community-based programs on drug and alcohol use for youth  Training related to signs and symptoms of drug and alcohol use Treatment services for drug and alcohol abuse Programs to promote healthy lifestyles
<b>Laws and Norms Favorable to Drugs - Tolerance for Institutional Support for Prevention</b>	<b>School Based Prevention Services</b>
Schools in my community support "no use" messages about ATOD	School-based training on drug and alcohol issues for parents  School-based drug and alcohol prevention programs for youth
Law enforcement agencies support for "no use" policy about ATOD	<b>Attitudes and Beliefs</b>
<b>Laws and Norms Favorable to Drugs - Tolerance for Substance Use</b>	<b>Laws and Norms Favorable to Substance Use</b>
Alcohol use by minors is tolerated in my community Drug use is tolerated in my community	It is okay to use drugs to have a good time It is okay to use drugs to relax  It is okay to take drugs to do better at work It is okay to take drugs to stay awake while driving It is okay to use alcohol to have a good time It is okay to use alcohol to relax It is okay to use drugs to lose weight People can use marijuana without hurting their family Everyone should try alcohol or drugs once It is ok to take someone else's prescription if you know what it is for People can stay healthy if they abuse drugs
<b>Community Descriptors</b>	<b>Perceived Risk/Harm of Substance Use</b>
<b>Community Disorganization</b>	People risk harming themselves if they smoke one or more packs of cigarettes a day People risk harming themselves if they have five or more alcoholics drinks a day
Fights Lots of empty or abandoned buildings Crime and drug selling Drug overdoses  Lots of graffiti Large groups of loiterers on street Lots of empty beer cans or liquor bottles along streets	Pregnant women who drink alcohol may hurt their unborn child Sleeping pills may be habit forming Smoking marijuana can hurt driving ability Regular drug users get in trouble with the law Heavy alcohol use hurts the family People can stay healthy even if they abuse alcohol
<b>Healthy Beliefs and Clear Standards - Youth Support Systems</b>	
Local schools support youth Local churches support youth Schools and families work with each other	
<b>Healthy Beliefs and Clear Standards - Media Influence</b>	
Media provides positive prevention messages about drug use Media provides positive prevention messages about underage drinking	









