

COMMUNITY PREVENTION SURVEY

In 2006, a diverse group of **Adult** Westbank Community members was surveyed to evaluate their attitudes involving problem behaviors. These persons included local merchants, clergy, parents, school staff/administrators, representatives from city governments and law enforcement, etc.

Students were surveyed from grades 6, 8, 9, and 12 (transition years).

WHAT IS THE STATE OF PREVENTION IN OUR COMMUNITY?

1. **What are the adult attitudes and behaviors?**
2. **What are the students' attitudes and behaviors?**
3. How can we eliminate Risk Factors and increase Protective Factors for adolescent problem behaviors (such as tobacco, alcohol and drugs)?

Risk Factor	Protective Factor Conditions
<u>Individual/Peer</u> Alienation/Rebelliousness • Friends • who engage in Problem Behavior •Favorable Attitude toward Problem Behavior	<u>Caring and Support</u> Nurturing • Staff and Positive Role Models Creative, • Supportive School Leadership Peer • Support, Cooperation, and Mentoring
<u>Family</u> Family Management Problems • Family • Conflict Family • History of Problem Behavior	Personal • Attention and Interest from Teachers Warm, • Responsive School Climate <u>High Expectations</u> Minimum • Mastery of Basic Skills
<u>School</u> Early Academic Failure • Early • Conduct Problems Lack • of Commitment to School/School Affiliation	Emphasis • on Higher Order Academics Avoidance • of Negative Labeling and Tracking <u>Opportunities for Meaningful Participation</u> Leadership • and Decision-Making by Students

Lack • of Clear Policies at School	•Student Participation in Extracurricular Activities
<u>Community</u>	Parent • and Community Participation in Instruction
Availability of Drugs/or • Weapons	Culturally • Diverse Curricula and Experiences
Community • Laws and Norms Favorable toward Problem Behavior	
Low • Neighborhood Attachment and Community Disorganization	
Severe • Economic Deprivation	

community assessment survey was developed by research and educational services in 2001.

1. community bonding:

- Adult respondents know each other, would miss their neighborhood if they moved, feel safe, are proud of where they live, feel at home in the community.

Very High Positive response – were content, associated with neighbors, many had not moved or relocated in the area. High stability and comfort level.

- Students reflect high involvement in family, school, and community. Bonding with parents through communication and shared social activities, as with friends is strong. Students are increasingly discussing alcohol with their family members
- But decreasingly discussing other drugs with family members. The lowest percentage of time was spent doing volunteer work and in school clubs.

2. community empowerment:

- Adult respondents share values and want the same things for their community
- BUT only 2/3 felt they had influence.
- 55.2% of Adults say Tobacco is available to minors.
- 70.1% say that Alcohol is available to minors.
- 66.2% of Adults say that Drugs are available to minors.

Very High Concern – high knowledge of about what is needed and the direction the community should go, but a much lower level of a sense of input to change.

- Students show competence in using social skills to say no to a friend about alcohol or other drugs through communication skills.
- 38% of students report that Cigarettes are “very easy” or “fairly easy” to obtain, up 4% from previous surveys.
- 53% of students say that Alcohol is easy to obtain, up 6%.
- 49% of students predict future use of Alcohol, up 9%.

**** Survey note: 7% more Seniors were surveyed, 7% less 6th Graders were surveyed in 2005-2006 compared to 2003-2004. Older students are more likely to engage in risk behaviors when looking at increases.*

3. community resources:

Respondents varied highly in what services are available (Parent training on drugs and alcohol, DARE or law enforcement programs, stress management classes, youth prevention programs, crisis counseling, etc.

There is a need to educate the community on the availability of services and gaps need to be filled. Counseling appears to be readily available.

4. community attitudes:

- Only 41% of Adult respondents felt the community had a zero tolerance for drug use;
- Only 30.8% of the Adult respondents felt the community had a zero tolerance for alcohol use by minors.
- 100% of Adults agreed that smoking was harmful.
- 97% of Adults agreed that binge drinking was harmful. (5+ drinks at once)
- 40% of Adults report binge drinking in the past year (5 or more drinks at once).
- Adults estimate that 31% of youth use marijuana and 50% of minors engage in underage drinking.

The community is aware of the danger related to use, but the community is very tolerant of it. There are low levels of activity to support the concerns. There is a high level of tolerance to drug and alcohol use.

- 30% of Students had 5+ drinks at once (binge drinking) in the past 30 days, up 9%.
- 38% of Students drank alcohol in the past 30 days, up 13%.
- 49% of Students drank alcohol in the last year, up 9%.
- Our Students first try alcohol at age 12, cigarettes at age 13, Marijuana at age 13, inhalants at age 9.5

5. community knowledge:

- 53% of Adults felt it is ok to use alcohol to relax
- 53.7% of Adults felt it was ok to use alcohol to have a good time.
- 1/10 Adults responded that it was ok to try drugs and alcohol to see what it was like (anyone).
- Teacher surveys indicate a need for teacher training in substance abuse, intervention strategies, and prevention.

There is tolerance to using alcohol for recreational purposes and to relax. This is typically observed in adults, however this community demonstrated a higher than usual acceptance and approval of use.

6. community issues and challenges

- 86.6% of respondents say there is a drug and alcohol problem in the community.
- 41.5% of respondents say there is a drug and alcohol problem in **my** neighborhood.

There is too little concern related to the drug and alcohol issues in the neighborhood of the subjects. (60%)

WHAT DO WE DO WITH THIS INFORMATION?

- Present to community, school, church, and business organizations.

- Prioritize needs based on assessment.
- Involve all sectors of the community in a coalition (Eanes CARES vision)
- Support comprehensive prevention program planning
- Increase community empowerment (“You can make a difference.”)

Join with Eanes CARES to support a variety of activities that decrease the risk and increase the protection for our youth.

Risks

- *Lack of involvement in pro-social community activities*
- *Easy availability of tobacco, alcohol, or other drugs*
- *Community norms and laws which favor the use of tobacco, alcohol or other drugs*

Protective factors

- *Community norms and laws which favor the abstinence from tobacco, alcohol and other drugs*
- *Access to resources*
- *Involvement of youth in pro-social activities*

Key Idea: Use of community and school facilities and resources for social activities for our youth including movie nights, games, recreation, concerts, etc. (Teen Teachers, PYPM)

- ▶ **CREATE ACTIVITIES FOR STUDENTS WHERE NO ALCOHOL, DRUG, OR TOBACCO USE IS THE ‘NORM’.**

What does Eanes CARES need: Increased involvement by our community to provide: leadership, ideas, financial support, training, and implementation