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PRIORITY HEALTH CONCERN  
**PREVALENCE OF  
SUBSTANCE ABUSE**



## PRIORITY HEALTH CONCERN SUBSTANCE ABUSE

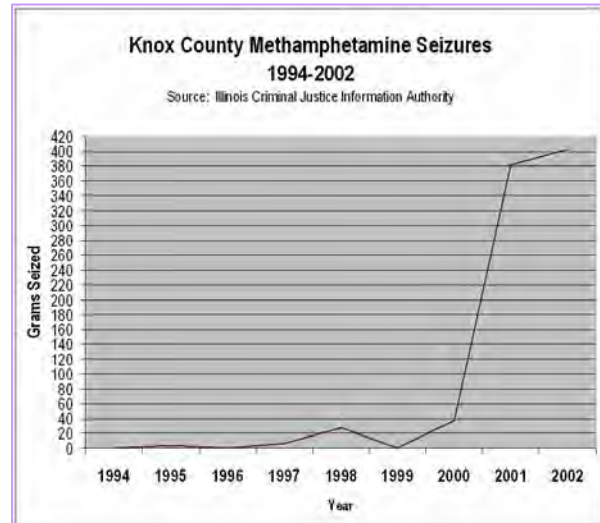
One thing is clear, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance abuse is a local, community-based issue. In order to make a meaningful impact to combat our Nation's issues with drug and alcohol abuse, we must provide community-based solutions.

According to the 2004 Knox County Behavioral Risk Factor Survey, about one of every seven Knox County adults report binge drinking within the past month; 3.4% consumed in excess of 60 alcoholic beverages within the same time period. Excessive drinking has consequences for virtually every part of the body. Long-term heavy drinking increases risk for high blood pressure, heart rhythm irregularities, heart muscle disorders and stroke. Long-term alcohol use also increases the risk of developing certain forms of cancer, especially of the esophagus, mouth, throat, and larynx. It increases the risk for cirrhosis and other liver disorders, and worsens the outcomes for patients with hepatitis C. Drinking also may increase the risk of developing cancer of the colon and rectum.

**The economic cost of alcohol and drug abuse is estimated to be almost \$280 billion annually, representing more than \$1,000 for every man, woman, and child in the U.S.**

Despite some success in reducing tobacco use among adolescents, underage drinking remains a serious, persistent, and stubborn problem, as does drug abuse; including both illicit and prescription drug use. 1999-2001 Communities Can Knox County Youth Survey data indicates that 31.7% of 8<sup>th</sup> graders and 41.7% of 10<sup>th</sup>

graders used alcohol during the past month. Additionally, 14.6% of 8<sup>th</sup> graders and 22.2% of 10<sup>th</sup> graders used marijuana during that same time period. Drug related arrests have accelerated rapidly in Knox County since 1990, increasing an overwhelming 608.1% from just 74 arrests in 1990 to 524 in 2003.



Generally about two-thirds of drug arrests are violations of the cannabis law or controlled substance act. However, according to data obtained from the Illinois Criminal Justice Information Authority, Knox County law enforcement agencies seized a total of 403 grams of methamphetamine during 2002, for a rate of 727.8 grams per 100,000 population. This number is more than triple the Illinois rate of 222.5 grams per 100,000 population. Just two years earlier in 2000, the Knox County rate stood at 65.9 or only 37 grams. In 2001, two methamphetamine labs were identified in Knox County, in 2002 there were fifteen, during 2003 that number grew to twenty-five.

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

Drug dependence is a chronic, relapsing disorder. Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs. In 1998, there were 13.6 million current users aged 12 years and older of any illicit drug. This number represented 6.2% of the total population.

In Knox County, several causes of death are linked to alcohol and drug use. For example, during 2002, four Knox County individuals died from chronic liver disease or cirrhosis, a rate of 7.3 per 100,000 population; liver disease accounted for 110 years of life lost. Additionally, during 2004, alcohol and drug abuse accounted for 63 hospital admissions of Knox County residents totaling almost a half million dollars in charges. Also, during 2002, three of eight, or 37.5%, fatal vehicle crashes in Knox County involved alcohol.

**According to DAWN (SAMHSA's Drug Abuse Warning Network) in 2004, 42% of drug-related emergency department visits among patients aged 12 to 20 years involved alcohol.**

Another aspect of substance abuse concerns in Knox County are co-occurring mental and substance use disorders. According to the SAMHSA, 2004 National Survey on Drug Use and Health, an estimated 4.6 million people experienced co-occurring mental and substance use disorders during the year. Nearly half of the adults with co-occurring disorders received no treatment for either problem; only 6% received treatment for both.

The resulting human and societal costs are high. People with co-occurring disorders are at a greater risk for HIV/AIDS, homelessness, contact with the criminal justice system, violence, and suicide. To strengthen the public health system in Knox County, both substance abuse and

mental health disorders must be addressed. Individuals with co-occurring disorders should be the expectation, not the exception, in substance abuse and mental health treatment systems.

Healthy People 2010 calls for successfully reaching the goal of "reducing substance abuse to protect the health, safety, and quality of life for all, especially children."

#### **The Healthy People 2010 objectives for substance abuse include:**

- Reduce past month use of illicit substances. (baseline: 5.8% of adults 18 years and older used any illicit drug during the past 30 days in 1998);
- Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. (baseline: 16.6% of adults aged 18 years and older; 7.7% of adolescents aged 12-17 years engaged in binge drinking during the past month);
- Reduce deaths and injuries caused by alcohol and drug related motor vehicle crashes. (baseline: 5.9 per 100,000 population alcohol related deaths; 113 per 100,000 alcohol related injuries);
- Reduce cirrhosis deaths. (baseline: 9.5 per 100,000 population occurred in 1998);
- Reduce drug-induced deaths. (baseline: 6.3 per 100,000 population occurred in 1998);
- Increase the age and proportion of adolescents who remain alcohol and drug free. (baseline: average age in years – Alcohol 13.1; Marijuana 13.7);
- Increase in high school seniors never using substances. (baseline: Alcohol 29%; Illicit Drugs 56%);
- Increase the proportion of adolescents who disapprove of substance abuse. (baseline: 77% of 8<sup>th</sup> graders; 75% of 10<sup>th</sup> graders; 69% of 12<sup>th</sup> graders).

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

#### RISK FACTORS

Alcohol and drug dependence and addiction, known as substance abuse disorders, are complex problems. People with these disorders were once thought to have a character defect or moral weakness; some people mistakenly still believe that. But substance abuse disorders are illnesses that can affect anyone: rich or poor, male or female, employed or unemployed, young or old, any race or ethnicity. No one is exempt, and no one knows for use exactly what causes it; but, the risk factors which contribute to the development of a substance abuse disorder depend partly on genetics, or biological traits passed down through families.

The U.S. Department of Health and Human Services states that individuals who have a family history of dependence have a higher risk for lifetime dependence than those without such a history. Additionally, the environment of an individual, psychological traits, and stress level play major roles in contributing to the use of alcohol or drugs.

**Several types of substance abuse treatment programs are available; they include:**

- ✓ Inpatient treatment;
- ✓ Residential programs;
- ✓ Partial hospitalization or day treatment;
- ✓ Methadone clinics; and
- ✓ Outpatient/intensive outpatient programs.

Other factors impacting development of substance abuse disorders are social in nature, and include concerns such as; easy access to drugs and alcohol, as well as community and family attitudes about alcohol and drug use among children and teens. Unfortunately, many parents view substance use as something they are powerless to stop. According to the National Center on Addiction and Substance Abuse

(CASA), 41% of parents think that drug use by their teen is likely; but only 11% of teens think so.

**48% of surveyed parents said that drugs are used, kept, or sold, on the grounds of their child's school, and an alarming 56% of these parents believe that the goal of making their child's school drug free is unrealistic.**

While it may seem that the myriad of negative influences surrounding children and disposing them to tobacco, alcohol, and drugs pose too much of a challenge to overcome, study after study has shown that theirs is the voice and their behavior the model that most significantly influences children's substance use.

According to CASA, teens who believe smoking cigarettes by someone their age is "not morally wrong" are more than seven times more likely to smoke than those who believe teen smoking is "seriously morally wrong." The same pattern is reflected in alcohol and marijuana use where teens who believe drinking alcohol by someone their age is "not morally wrong" are almost seven times more likely to drink than those who believe teen drinking is "seriously morally wrong" and teens who believe marijuana use by someone their age is "not morally wrong" being more than 19 times more likely to use marijuana than those who believe it is "seriously morally wrong."

#### DIRECT & INDIRECT CONTRIBUTING FACTORS

Other direct and indirect factors which contribute to substance abuse include access to care concerns. As is the case with any access to care issues, corrective actions taken to aid in the management of substance abuse as a priority health concern must cohesively address the three components which generally comprise any

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

“access to care” issue, namely: physical access to treatment programs, knowledge of available services, and preconceived notions regarding substance abuse and treatment. Physical access concerns include facets such as a lack of insurance coverage, financial resources, and transportation concerns, in addition to the availability of an actual facility or provider for care.

Additionally, an individual's willingness to seek help is often contingent on confidence that information pertaining to their substance abuse disorder will not be disclosed without their consent. Although protection of confidential health information is commonplace to health care in general, there are special concerns related to substance abuse treatment due to the extreme nature of social stigmas related to these disorders.

Other concerns are linked to socioeconomic status, poor self-esteem, poor mental health, a lack of accountability, and the ease of which drugs and alcohol can be obtained. For a perspective on the relationship between availability and substance abuse risk, consider that Casa studies indicate that forty-two percent of 12-17 year olds say they can buy marijuana within a day; 21% can in an hour or less. 23% state that marijuana is easier to buy than cigarettes or beer; while 32% say cigarettes are the easiest to buy. The percentage who think that beer is the easiest to buy is 18%. This data indicates that there is a persistent ease with which drugs and alcohol can be obtained.

### COMMUNITY HEALTH IMPROVEMENT GOALS

In order to reduce the prevalence of substance abuse among Knox County residents, the Citizens Workgroup proposes the following community health improvement goals:

- **By the year 2016, reduce the prevalence of substance abuse in Knox County residents by 25%.**

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

*The estimated percentage of substance abuse by Knox County residents during the past month in 2002 were 9.1% for 12-17 year old; 21.7% for 18-25 year olds; and 6.9 % for individuals aged 26 and older. National estimates for 2002 were 11.6% for 12-17 year old; 20.2% for 18-25 year olds; and 5.8% for individuals aged 26 and older.*

Healthy People 2010: Reduce past month use of illicit substances. Target: 2%; Baseline: 5.8% of adults 18 years and older used any illicit drug during the past 30 days in 1998.

Healthy People 2010: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. Target: 6% of adults aged 18 years and older; 2% of adolescents aged 12-17 years; Baseline: 16.6% of adults aged 18 years and older; 7.7% of adolescents aged 12-17 years engaged in binge drinking during the past month.

- **By the year 2016, reduce the rate of Knox County deaths related to substance abuse by 15%.**

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

*During 2002 the rate of death from chronic liver disease, or cirrhosis was 7.3 per 100,000 population. State of Illinois rate was 9.1 per 100,000 population while the U.S. rate was 10.6. During 2002 there were 3 alcohol related automobile crashes and all 3 resulted in fatalities. Driving under the influence rates for*



## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

*Knox County during 2002 were 688.5 per 100,000 licensed drivers, up from 625.5 in 2001.*

Healthy People 2010: Reduce deaths and injuries caused by alcohol and drug related motor vehicle crashes. Target: 4 per 100,000 population alcohol related deaths; 65 per 100,000 alcohol related injuries; Baseline: 5.9 per 100,000 population alcohol related deaths; 113 per 100,000 alcohol related injuries.

Healthy People 2010: Reduce cirrhosis deaths. Target: 3 per 100,000 population; Baseline: 9.5 per 100,000 population occurred in 1998.

Healthy People 2010: Reduce drug-induced deaths. Target: 1 per 100,000 population; Baseline: 6.3 per 100,000 population occurred in 1998.

### COMMUNITY HEALTH IMPROVEMENT OBJECTIVES

The Healthy Communities Project Partners have established the following community health improvement objectives in an effort to influence the health improvement goals for substance abuse.

- **Reduce the percentage of Knox County adults at risk for acute or binge drinking by a minimum of 15%, by the year 2016.**

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

*Percentage of Knox County adults who self-reported in 2004 IBRFS that they are at risk for acute or binge drinking was 15.1%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they are at risk for acute or binge drinking was 17.1%.*

Healthy People 2010: Reduce the proportion of persons engaging in binge drinking of

alcoholic beverages. Target: 6% of adults aged 18 years and older; 2% of adolescents aged 12-17 years; Baseline: 16.6% of adults aged 18 years and older; 7.7% of adolescents aged 12-17 years engaged in binge drinking during the past month.

- **By the year 2016, reduce the proportion of Knox County adults using illicit drugs, or abusing prescription medications, by a minimum of 25%.**

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

*The estimated percentage of substance abuse by Knox County adults during the past month in 2002 were 21.7% for 18-25 year olds; and 6.9 % for individuals aged 26 and older. National estimates for 2002 were 20.2% for 18-25 year olds; and 5.8% for individuals aged 26 and older.*

Healthy People 2010: Reduce past month use of illicit substances. Target: 2%; Baseline: 5.8% of adults 18 years and older used any illicit drug during the past 30 days in 1998.

- **Reduce the proportion of Knox County youth using alcohol by a minimum of 25%, by the year 2011.**

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

*From 1999-2001 Communities Can Youth Survey results indicated that 31.7% of 8<sup>th</sup> graders and 41.7% of 10<sup>th</sup> graders used alcohol. The estimated percentage of alcohol use by Knox County 12-17 years olds in the past month in 2002 was 13.8% for 12-17 year old; National estimates for 2002 were 17.6% for 12-17 year olds.*

Healthy People 2010: Increase the age and proportion of adolescents who remain alcohol

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

and drug free. Target: average age in years – Alcohol 16.1; Marijuana 17.4; Baseline: average age in years – Alcohol 13.1; Marijuana 13.7.

Healthy People 2010: Increase in high school seniors never using substances. Target: Alcohol 19%; Illicit Drugs 46%; Baseline: Alcohol 29%; Illicit Drugs 56%.

Healthy People 2010: Reduce past month use of illicit substances. Target: 89%; Baseline: 79% of adolescents aged 12 to 17 years reported no alcohol or illicit drug use in the past 30 days.

- **By the year 2011, reduce the percentage of Knox County youth using marijuana by a minimum of 25%.**

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

*From 1999-2001 Communities Can Youth Survey results indicated that 14.6% of 8<sup>th</sup> graders and 22.2% of 10<sup>th</sup> graders used marijuana. The estimated percentage of marijuana use by Knox County 12-17 years olds in the past month in 2002 was 6.4% for 12-17 year olds; National estimates for 2002 were 8.2% for 12-17 year olds.*

Healthy People 2010: Increase the age and proportion of adolescents who remain alcohol and drug free. Target: average age in years – Alcohol 16.1; Marijuana 17.4; Baseline: average age in years – Alcohol 13.1; Marijuana 13.7.

Healthy People 2010: Increase in high school seniors never using substances. Target: Alcohol 19%; Illicit Drugs 46%; Baseline: Alcohol 29%; Illicit Drugs 56%.

Healthy People 2010: Reduce past month use of illicit substances. Target: 89%; Baseline: 79% of adolescents aged 12 to 17 years

reported no alcohol or illicit drug use in the past 30 days.

Healthy People 2010: Increase the proportion of adolescents who disapprove of substance abuse. Target: 83% of 8<sup>th</sup> graders; 83% of 10<sup>th</sup> graders; 83% of 12<sup>th</sup> graders; Baseline: 77% of 8<sup>th</sup> graders; 75% of 10<sup>th</sup> graders; 69% of 12<sup>th</sup> graders.

### COMMUNITY HEALTH IMPROVEMENT STRATEGIES

Substance abuse disorders are preferably and most cost effectively managed as a result of prevention. Intervention programs which provide education and promote the adoption of life-long healthy behaviors and habits are the primary components of most strategies to reduce the prevalence of substance abuse in Knox County. Additional strategies address issues related to the risk factors pertaining to physical access to substance abuse treatment programs, as well as co-occurring mental disorders, for Knox County residents. They include:

- ▶ *Provision of substance abuse treatment within a Clinic setting to ensure access to the provision of services for Medicaid, low-income, uninsured or under-insured individuals and families in Knox County.*
- ▶ *Focused overview of available substance abuse treatment resources for Knox County residents and assurance that linkages are provided for proper treatment.*
- ▶ *Comprehensive community health education campaign related to substance abuse warning signs and symptoms, treatment, and social stigmas.*
- ▶ *Marketing campaign to address substance abuse, social acceptability, and related social stigmas.*

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

- ▶ *Collaborate with Knox County physicians to promote a culture of brief screenings for substance abuse and referral and education resources for primary care physicians.*
- ▶ *Partner with the Knox County Bar Association to provide a resource for referrals and education.*

#### IMPLEMENTATION & CORRECTIVE ACTIONS

Although the prevention and the reduction of risk factors is the major strategy for reducing substance abuse in Knox County residents, early provision of treatment, as well as the provision of useful educational information concerning substance abuse, are also fundamental components of this effort. The Knox County public health system partners will collaborate in implementing the following measures to aid in the reduction of substance abuse disorders in Knox County:

- ▶ *Investigate models for the provision of substance abuse treatment services to Medicaid, low-income, uninsured or under-insured individuals and families.*
- ▶ *Utilize community stakeholders to monitor the number of mental health/substance abuse professionals in the Knox County and coordinate community recruitment and marketing.*
- ▶ *In collaboration with community stakeholders investigate the establishment of a "Grow Your Own" program and/or last year medical school payoff to recruit mental health/substance abuse professionals.*
- ▶ *Partner with Knox County physicians to promote completing brief screenings for substance abuse indicators during routine and primary health care visits and provide support through educational programs and referral resources for treatment.*
- ▶ *Establish a substance abuse treatment resource and referral listing for Knox County residents identifying all available services and linkages for treatment.*
- ▶ *Provide comprehensive health education programming which educates the general public about substance abuse; including: alcohol, prescription drugs and illicit drugs, the warning signs of substance abuse, and supports individuals seeking treatment.*
- ▶ *Investigate utilizing existing resources for the provision of substance abuse education and prevention programming, such as some local college fraternities.*
- ▶ *Coordinate a community marketing campaign to alleviate public social stigmas and cultural barriers associated with substance abuse and individuals who seek treatment.*
- ▶ *Partner mental health/substance abuse care providers with local physician offices in order to expand physician comfort levels when working with mental health care medication management and treatment within physician scope of practice.*
- ▶ *Investigate programs which would encourage the use of "mental health nurses" in physician offices; specifically general practitioners and OB/GYN.*
- ▶ *Partner with the Knox County Bar Association to provide a resource for referrals and education for individuals within the legal system.*

These corrective actions will provide the multi-faceted approach needed to address substance abuse concerns for Knox County residents. Of



## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

primary importance is the establishment of some form of indigent treatment program, or community health clinic for low-income, uninsured, or underinsured individuals in Knox County to receive substance abuse disorder treatment services. The Steering Committee of key stakeholders will be utilized to investigate multiple aspects of this concern; including, the investigation of models for providing health, mental health, and substance abuse treatment services to the underserved populations, the establishment and coordination, and operation of community health clinic. Also investigation into programs which allow access to advanced treatment services for community health clinic patients within the local community through referrals.

A second purpose of this task force would be to undertake activities which focus on ensuring the availability of substance abuse treatment for all residents of the County by monitoring the availability of professional practicing in Knox County; and, taking active steps to coordinate community recruitment if necessary. As part of these efforts, opportunities such as “grow your own” programs, last year tuition pay-off and college recruitment would be investigated as possible, viable solutions.

Additionally, resource and referral listings will be made available to the health care and mental health care community to aid in ensuring linkages to care for patients; resources will also be made available to the general public and the Knox County Bar Association . A component of this resource will be educational support for physicians to encourage appropriate patient instruction and referrals made in follow-up to substance abuse screening practices.

Finally, community health education campaigns will be instituted in order to comprehensively educate the general public

about substance abuse, the warning signs of addiction, and support individuals seeking treatment. Substance abuse education would continue to be provided in the Knox County schools and would include programs such as DARE, Project Alert, and Too Good for Drugs. Social marketing campaigns will be executed via print media, billboards, radio, television, and other venues.

These campaigns will be designed to be all-encompassing and will work to eradicate social stigmas and cultural barriers related to substance abuse treatment. By educating the public about mental illnesses and portraying an accurate and balanced view of the substance abuse issues that effect so many; public perceptions about addictions and treatment can finally be changed and the public health crisis can be addressed. All portions of the campaign will be an integral and ongoing component of programming designed to reduce the prevalence of substance abuse in Knox County.

### **BARRIERS**

The burden of substance abuse, including its economic and social effects, has a detrimental effect on the Knox County community, and many barriers keep individuals with substance abuse disorders from seeking, obtaining, and maintaining treatment. These barriers to care or treatment interventions play a key role in efforts to combat and reduce the prevalence of substance abuse in Knox County.

Concerns related to personal beliefs, social stigmas, and the attitudes and perceptions of others are significant determinants in individual decisions to seek treatment. Additionally, some lack a primary care provider who may initially identify the need for mental health care, or simply fear a type of health care they have not previously experienced.

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

Furthermore, transportation to and from mental health treatment may be a problem for some Knox County residents. According to the 2000 Census, 8.4% of Knox County households have no vehicle available. Census data also indicates that 13.1% of residents are in poverty. These individuals may experience a lack of financial resources or health insurance, and are unable to afford the cost of care or prescription medications to treat mental illnesses.

Finally, many individuals experience some form of skepticism about substance abuse, and others still participate or are victims of social stigmas related to substance abuse disorders and those who seek treatment. All of these barriers must be addressed in public health programming to improve the health status of Knox County residents.

#### COMMUNITY RESOURCES

Promoting communities free from substance abuse; including: illicit drugs, alcohol, and prescription medications, involves organized efforts from all sectors of the public health system. The following community agencies and organizations would partner in the coordination and implementation of programs and activities to impact the prevalence of substance abuse in Knox County:

- » Health care providers
- » Physician offices
- » Knox County Health Department
- » Bridgeway, Inc
- » Schools and Colleges
- » Faith community
- » YMCA
- » Illinois Department of Public Health
- » University of Illinois Extension
- » Civic and business groups
- » Labor unions
- » Human service organizations

- » Clubs and organizations
- » Chamber of Commerce
- » Local media outlets
- » Pharmacies
- » Substance Abuse Prevention Coalition

#### FUNDING

Initially and on an ongoing basis, funding for vital local health department staff, community health clinic staff, health educators, and public health nurses, as well as other expenditures such as travel reimbursement, health education materials, screening services and supplies, data collection, and advertising costs will be required. Possible sources of funding include grants to local agencies from the State of Illinois, the Federal Government, and other public or private entities.

However, as is the case in access to health care concerns, Knox County public health system partners will need to work collaboratively in providing care and completing the identified strategies in order to assure that needed resources are provided. The Citizens Workgroup recognizes that only through collaboration are public health system partners able to assure access to primary and preventative health care services for a greater number of Knox County residents while avoiding duplication of services.

#### EVALUATION

Effective program evaluation plays an essential role in public health programming. It includes the development of clear plans, inclusive partnerships, and systematic feedback that allows learning and ongoing improvement to occur. Each program, as part of the Knox County Community Health Improvement Plan, must conduct routine, practical evaluations that provide information for management and

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

stakeholders, and improve program effectiveness. Program evaluation data will be reviewed every six months by Health Department staff monitoring programs, and annually by key stakeholder groups.

A program is simplistic terminology used to describe the object of the evaluation, and can be any organized public health action. Within this Community Health Improvement Plan, evaluation will be routinely tied to all identified corrective actions which address priority health concerns. Emphasis will be placed on the evaluation processes being practical, ongoing, and involving key community stakeholders. It will be utilized to justify the value of a program; answering questions related to program “merit” or quality, “worth” or cost-effectiveness, and “significance” or importance.

Additionally, Citizens Workgroup members acknowledge that stakeholders will be involved in the Community Health Improvement Plan evaluations. When key stakeholders are not engaged in the evaluation process, an evaluation may not address important elements of a program’s goals, objectives, and strategies. Therefore, evaluation findings might be criticized or ignored. Program evaluation will include stakeholders who are involved in program operations, those served or affected by the program, and the primary users of the evaluation.

Each program evaluation outlined as part of this Plan will include a brief program description; including what the program is intended to accomplish. Key program stakeholders will be identified, as well as how and when data will be gathered and the program evaluated. Finally, each evaluation description will identify how often and with whom program evaluation results will be shared, as well as the means for distribution.

Program evaluation data and results will be maintained by Knox County Health Department

staff and kept on file for public use. Any substantial changes to Programs identified by the Knox County Community Health Improvement Plan will be noted therein.



**PROGRAM #1: Access to Health Care Services Steering Committee charged with monitoring, investigating, and supporting implementation of solutions for access to health care concerns, including mental and substance abuse services, in Knox County; including establishment of a community health clinic.**

#### PURPOSE

The purpose of the program is to form a “watch-group” of key stakeholders to monitor and address concerns vital to access to medical and mental health care, including substance abuse treatment services for Knox County residents. The Access to Health Care Services Steering Committee would be formed collaboratively with local health care partners, the Knox County Health Department and other public health system partners.

The watch-group would be charged with investigating models for providing health care, mental health, and substance abuse services to Medicaid, low-income, uninsured or under-insured individuals and families, and aiding in the formation of a committee of local public health system partners to establish and coordinate operation of community health clinic. A second purpose of this task force would be to undertake activities which focus on ensuring the availability of mental health care and substance abuse treatment for residents of the County by monitoring the availability of mental health professional practicing in Knox County; and, taking active steps to coordinate community

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

recruitment if necessary. As part of these efforts opportunities such as “grow your own” programs, last year tuition pay-off and college recruitment will be investigated as possible, viable solutions.

Additionally, the steering committee would work to cooperatively to investigate programs which allow access to mental health prescription drugs either through the community health clinic, indigent care plans, or community philanthropy. Finally, the Steering Committee would ensure the provision of advanced mental health and treatment services for community health clinic patients within the local health care system by establishing fiscal resource systems, community partnerships, and accepted policies and procedures for referral.

#### KEY PROGRAM STAKEHOLDERS

Local health care providers, County hospitals, local medical association members, members of the Access to Health Care Services Steering Committee, program recipients and their families, community health clinic staff, Knox County Health Department staff, and individuals and entities to whom the evaluation results will be provided.

#### DATA

Access to Health Care Services Steering Committee will inherently as part of its purpose; maintain demographic data relevant to the status of the health care system in Knox County. This data will be relevant to the watch-group performing the task for which it was created. Additionally, process evaluation data will be collected which reflects the activities and actions of the Steering Committee.

Health Care Services Steering Committee activities will be monitored and amended if necessary during annual Program evaluation.

#### PROGRAM EVALUATION

The Health Care Services Steering Committee would be evaluated as a successful effort if resulting data indicates that the partnership has successfully accomplished assigned actions, and that completion of those actions has positively influenced the health care system in Knox County.

Specifically, was the Steering Committee able to appropriately investigate models for providing health care, mental health, and substance abuse services to Medicaid, low-income, uninsured or under-insured individuals and families? Did they aid in the formation of a committee of local public health system partners to establish and coordinate operation of community health clinic? Was a community health clinic successfully established? Are there programs available which allow access to prescription drugs and medical supplies either through the community health clinic, indigent care plans, or community philanthropy for Knox County residents? Did the Committee work cooperatively and successfully? Key program stakeholders ensure the provision of advanced health care services to community health clinic patients within the local health care system? These are the type of questions that evaluators will be charged with in the evaluation of this program.

Additionally, Program accomplishments will also be measured against the successfulness of the collaborative relationships amongst participating Knox County Public Health System partners. This secondary purpose of the Program will foster and expand communication and working relationships between entities, specifically those which build relationships between mental health and health care.

Collected statistics will also be utilized to justify the value of the program to the community, health care providers, and the overall public

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

health system, as well as its contribution to reducing access to primary and preventative health care concerns in Knox County. Process evaluation questions related to the quality of the program, its cost-effectiveness, and importance to the community will additionally be examined during evaluation by key stakeholders.

#### RESULTS

Program evaluation results will be reviewed and provided annually via written reports made by the Health Care Services Steering Committee to key stakeholders within the local health care community.



**PROGRAM #2: Better Understanding Substance Abuse education and promotion program, intended to increase public knowledge about substance abuse and reduce stigmas related to substance abuse and treatment.**

#### PURPOSE

The purpose of this program is to reduce social stigmas within the Knox County community and provide individuals and their families health education concerning what substance abuse disorders are and are not. Programming will also address what influences your mental health, warning signs and symptoms of substance abuse, how substance abuse and your mental health affects your life, the effectiveness of treatments, and social stigmas connected to substance abuse disorders and those who seek treatment for them.

Fundamental to any disease control program is the accurate communication about the causes of that disorder, since this knowledge empowers individuals to make educated choices regarding their health. As such, health education will be provided to the community providing individuals

the tools necessary to take control of their overall mental health and well-being.

Another segment of the Better Understanding Substance Abuse, health education and promotion program is a social marketing campaign which focuses first and foremost on eradicating social stigmas and fears related to addictions and substance abuse treatment. Removal of these stigmas as a barrier will allow individuals to have confidence in seeking treatment for substance abuse disorders and full, active participation in society.

Secondarily, the Better Understanding Substance Abuse, health education and promotion program encourages collaboration between community public health system partners to ensure that a greater number and scope of individuals are being reached and that non-duplication of services is accomplished.

#### KEY PROGRAM STAKEHOLDERS

Local health care providers, county hospitals, local medical association members, members of the Access to Health Care Services Steering Committee, program recipients and their families, community health clinic staff, Knox County Health Department staff, and Bridgeway staff, individuals and entities to whom the evaluation results will be provided.

#### DATA

Substance abuse education data will be collected through an activity log tracking the number of Program recipients. Additionally, data may include program evaluations completed by recipients, pre-and post-test results, program inputs and outcomes, as well as community feedback which may be received from the local mental health care community.

Health promotion data specific to substance abuse will be qualitative data outlining program activities completed and at times a running tally



## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

of recipient response. The Community Health Improvement Plan strategy does not identify a specific goal for this portion of the Program; however, these activities would be monitored and amended if necessary during regular Program evaluation.

#### PROGRAM EVALUATION

The program will be determined successful if the comprehensive Better Understanding Substance Abuse Program is successful in increasing the number of Knox County residents who understand the importance of good mental health and its link to the overall health and well-being of an individual. Additionally, the length of Community Health Improvement Plan goals will allow for measurement of any increase in individuals seeking substance abuse treatment when need exists and for conclusions to be drawn as to any relationship between the increase and the Better Understanding Substance Abuse Program.

Collected statistics will also be utilized to justify the value of the program to the community, mental health care providers, and the overall public health system, as well as its contribution to reducing the prevalence of poor mental health in Knox County. Process evaluation questions related to the quality of the program, its cost-effectiveness, and importance to the community will additionally be examined during evaluation by key stakeholders.

#### RESULTS

Program evaluation results will be reviewed and provided annually via reports made to key stakeholders within the local health care community. Program data will also be shared through publication in the Knox County Health Department Annual Report.



#### **PROGRAM #3: Knox County Substance Abuse Screening, Referral, and Educational Resources programming to provide short and long term solutions for substance abuse.**

The purpose of the Knox County Substance Abuse Screening, Referral, and Educational Resources programming is to form partnerships within the health and mental health care systems in Knox County, which encourage brief screenings for patients for substance abuse disorders.

Knox County physicians will be encouraged to complete brief screening for the mental health status of individuals during routine and primary health care, specifically general practitioners and OB/GYN providers. Physicians will be supported in educational materials and opportunities, as well as being provided referral linkages for treatment of substance abuse disorders to refer patients for treatment.

All portions of Knox County Substance Abuse Screening, Referral, and Educational Resources programming are intended to provide short- and long- term solutions for managing substance abuse treatment concerns in Knox County. The desired outcome being that substance abuse and mental health concerns are managed prior to need arising for ambulant care or inpatient treatment programs.

#### KEY PROGRAM STAKEHOLDERS

Local health care providers, mental health care providers, county hospitals, Bridgeway staff, local medical association members, patients and their families, community health clinic staff, Knox County Health Department staff, and individuals and entities to whom the evaluation results will be provided.

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

#### DATA

Data will be collected through a confidential running tally of physicians and their staff who participate in the Knox County Substance Abuse Screening, Referral, and Educational Resources programming, as well as patients receiving substance abuse treatment and services who would not have otherwise had access. This will be completed confidentially in accordance with HIPAA Privacy Standard provisions.

Additionally, participating physicians, medical office staff, and mental health care providers and their staff will complete surveys regarding the successfulness of the screening and resource referral program, and changes in physician comfort levels when working with substance abuse referrals, as well as care inside their scope of practice.

#### PROGRAM EVALUATION

The Knox County Substance Abuse Screening, Referral, and Educational Resources programming will be determined successful if participating physicians, medical office staff, and mental health care providers and their staff report that the program was successful in completing outlined goals of aiding physicians through provision of support through educational materials and opportunities, as well as being provided referral linkages for treatment of substance abuse disorders to refer patients for treatment.

Additionally, the length of Community Health Improvement Plan goals allows for measurement of any increase in individuals diagnosed with Substance Abuse concerns who seek treatment, as well as any increase in individuals adhering to substance abuse treatment. Knox County Substance Abuse Screening, Referral, and Educational Resources programming activities will be monitored and amended if necessary during annual Program evaluation.

#### RESULTS

Program evaluation results will be reviewed and provided annually via written reports to key stakeholders and participating health and mental health care providers within the local health care community.



**PROGRAM #4: Mental Health Care Resource and Referral program for physicians and patients to aid in assuring linkages for substance abuse treatment.**

#### PURPOSE

The purpose of this Resource and Referral program is to provide appropriate educational resources, as well as linkages for treatment of mental health disorders to both physicians and community members, in order to allow access to substance abuse treatment programs. Physicians completing brief screening tools during care of their patients will be provided access to resource and referral information to aid in ensuring that their patients go on to receive timely and suitable mental health and substance abuse treatment.

Additionally, completion of substance abuse screening which will lead to early detection of addiction concerns; thus, increasing the chances of treatment in its early stages, with the desired outcome being that substance abuse disorders are managed prior to need arising for ambulant care or inpatient treatment programs.

The Mental Health Care Resource and Referral program will also promote the link between good mental health and the overall health and well-being of an individual. It will encourage collaboration among community public health system partners to ensure that a greater number and scope of individuals are receiving needed mental health services

## PRIORITY HEALTH CONCERN

### SUBSTANCE ABUSE

appropriately, and that non-duplication of services is accomplished.

#### KEY PROGRAM STAKEHOLDERS

Local health care providers, county hospitals, local medical association members, program participants, and their families, community health clinic staff, Bridgeway staff, Knox County Health Department staff, and individuals and entities to whom the evaluation results will be provided.

#### DATA

Data will be collected through a confidential running tally of Mental Health Resource and Referral Program participants and referred services. This will be completed confidentially in accordance with HIPAA Privacy Standard provisions. Additionally, the length of Community Health Improvement Plan goals allows for measurement of any increase in referrals for appropriate mental health and substance abuse treatment, as well as any increase in individuals seeking treatment.

#### PROGRAM EVALUATION

The Mental Health Resource and Referral program would be evaluated as a successful effort if resulting data indicates that the resource and referral partnership has successfully accomplished assigned actions, and that completion of those actions has positively

influenced the health care system in Knox County. Program accomplishments will also be measured against the successfulness of the collaborative relationships between Knox County Public Health System partners. A secondary purpose of this Program is to foster greater communication and workforce relationships between public health system partners.

Evaluation and collaboration data will additionally be utilized to justify the value of a program to the community, as well as its contribution to reducing the prevalence of poor mental health in Knox County. Process evaluation questions which are related to the quality of the program, its cost-effectiveness, and importance to the community will all be examined by key stakeholders of the Program. Mental Health Resource and Referral Program activities will be monitored and amended if necessary during annual Program evaluation.

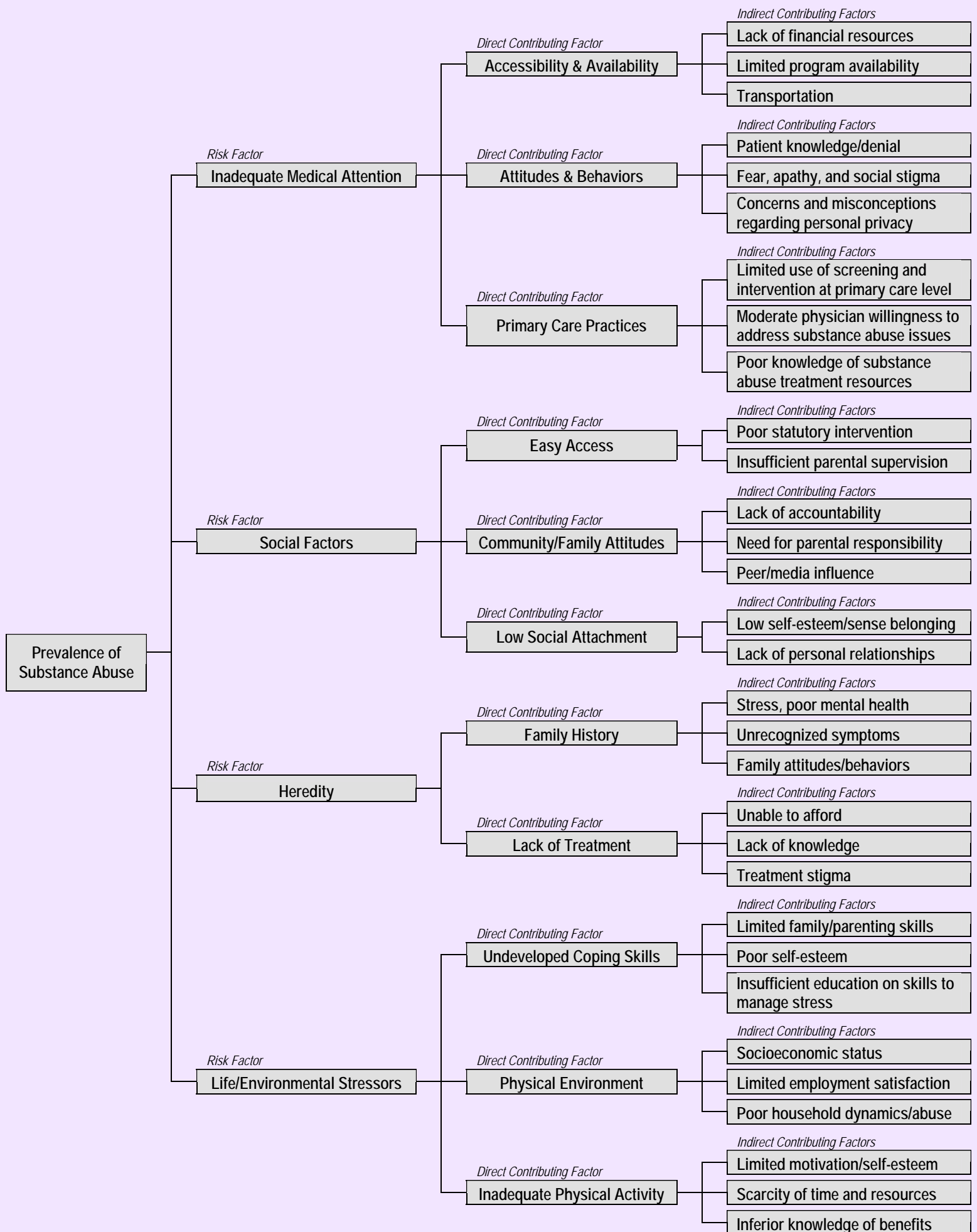
#### RESULTS

Program evaluation results will be reviewed and provided annually via written reports made to key stakeholders, to include mental health care and health care providers, within the local health care community.

# WORKSHEETS

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## PREVALENCE OF SUBSTANCE ABUSE





## 2006 Knox County Community Health Plan

<b>HEALTH PROBLEM:</b> Prevalence of Substance Abuse	<b>COMMUNITY HEALTH IMPROVEMENT GOALS:</b> <ul style="list-style-type: none"> <li>• By the year 2016, reduce the prevalence of substance abuse in Knox County residents by 25%.</li> <li>• By the year 2016, reduce the rate of Knox County deaths related to substance abuse by 15%.</li> </ul>
<b>RISK FACTORS:</b> Inadequate Medical Attention Social Factors Heredity Life/Environmental Stressors	
<b>CONTRIBUTING FACTORS (direct &amp; indirect):</b> Lack of Providers and/or Facilities for Care Indigent Care Facility Availability Lack of Available Programs Primary Care Practices – Brief Screening Practices Physician Willingness to Address Substance Abuse Issues Resource and Referral Knowledge Poor Statutory Intervention Parental Supervision/Accountability Cost of Treatment Denial Lack of Local Treatment Providers Specializing Lack of General Health Education Socioeconomic Status and Cultural Differences Limited Motivation and Self-Esteem Poor Mental Health Uninsured or Underinsured Low-Income and Working Poor Peer and Media Influences	<b>COMMUNITY HEALTH IMPROVEMENT OBJECTIVES:</b> <ul style="list-style-type: none"> <li>• Reduce the percentage of Knox County adults at risk for acute or binge drinking by a minimum of 15% by the year 2016.</li> <li>• By the year 2016, reduce the proportion of Knox County adults using illicit drugs, or abusing prescription medications, by a minimum of 25%.</li> <li>• Reduce the proportion of Knox County youth using alcohol by a minimum of 25%, by the year 2011.</li> <li>• By the year 2011, reduce the percentage of Knox County youth using marijuana by a minimum of 25%.</li> </ul>
<b>RESOURCES FOR PROGRAMMING:</b> Health care providers and physician offices Knox County Health Department Schools and Colleges Faith community YMCA Bridgeway, Inc. Illinois Department of Public Health University of Illinois Extension Civic and business groups Labor unions Human service organizations Clubs and organizations Chamber of Commerce Local media outlets Pharmacies	<b>COMMUNITY HEALTH IMPROVEMENT STRATEGIES:</b> <ul style="list-style-type: none"> <li>• Provision of substance abuse treatment within a Clinic setting to ensure access to the provision of services for Medicaid, low-income, uninsured or under-insured individuals and families in Knox County.</li> <li>• Focused overview of available substance abuse treatment resources for Knox County residents and assurance that linkages are provided for proper treatment.</li> <li>• Comprehensive community health education campaign related to substance abuse warning signs and symptoms, treatment, and social stigmas.</li> <li>• Marketing campaign to address substance abuse, social acceptability, and related social stigmas.</li> <li>• Collaborate with Knox County physicians to promote a culture of brief screenings for substance abuse and referral and education resources for primary care physicians.</li> <li>• Partner with the Knox County Bar Association to provide a resource for referrals and education.</li> </ul>
<b>BARRIERS:</b> Inability to afford care, prescription medication, or supplies Cost, lack of insurance coverage Social stigma associated with addiction and treatment Limited transportation Resources Fear of confidentiality or legal recourse Lack of knowledge of resources for treatment Attitudes, denial, or personal beliefs about addiction Limited understanding of long-term effects of addiction Provider resources Increasing medical costs	

## 2006 Knox County Community Health Plan

### DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS, AND CONTRIBUTING FACTORS:

- In the United States, it is estimated that the economic cost of alcohol and drug abuse is nearly \$280 billion annually for health care costs; that is \$1,000 for every man, woman, and child in the U.S.
- According to Knox County Behavioral Risk Factor Survey data, one in seven, or 15.1% of Knox County adults report binge drinking during the past month; 3.4% consumed 60 or more alcoholic beverages during that time period.
- Drug related arrests in Knox County have accelerated rapidly, increasing 608.1% from 74 in 1990 to 524 in 2003.
- During 2004, alcohol and drug abuse accounted for 63 hospital admissions, resulting in nearly one-half million dollars in hospital charges.
- About 10% of current drinkers meet the diagnostic criteria for alcohol dependence.
- In 2003, about 24 of the 126 cases, or 19%, of the cases heard in teen court involved drug or alcohol abuse violations.

### CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

- Investigate models for the provision of substance abuse treatment services to Medicaid, low-income, uninsured or under-insured individuals and families.
- Utilize community stakeholders to monitor the number of mental health/substance abuse professionals in the Knox County and coordinate community recruitment and marketing.
- In collaboration with community stakeholders investigate the establishment of a "Grow Your Own" program and/or last year medical school payoff to recruit mental health/substance abuse professionals.
- Partner with Knox County physicians to promote completing brief screenings for substance abuse indicators during routine and primary health care visits and provide support through educational programs and referral resources for treatment.
- Establish a substance abuse treatment resource and referral listing for Knox County residents identifying all available services and linkages for treatment.
- Provide comprehensive health education programming which educates the general public about substance abuse; including: alcohol, prescription drugs and illicit drugs, the warning signs of substance abuse, and supports individuals seeking treatment.
- Investigate utilizing existing resources for the provision of substance abuse education and prevention programming, such as some local college fraternities.
- Coordinate a community marketing campaign to alleviate public social stigmas and cultural barriers associated with substance abuse and individuals who seek treatment.
- Partner mental health/substance abuse care providers with local physician offices in order to expand physician comfort levels when working with mental health care medication management and treatment within physician scope of practice.
- Investigate programs which would encourage the use of "mental health nurses" in physician offices; specifically general practitioners and OB/GYN.
- Partner with the Knox County Bar Association to provide a resource for referrals and education for individuals within the legal system.

### PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Health care providers	Schools/Colleges	Meal sites	Illinois Department of Public Health	Civic and business groups
Local media outlets	Pharmacies	YMCA	University of Illinois Extension	Human service organizations
KCHD	Faith community	Bridgeway	State and Local Medical Associations	Clubs and organizations

### Evaluation Plan:

#### Programs

1. Access to Health Care Services Steering Committee
2. Better Understanding Substance Abuse Education and Promotion Program
3. Substance Abuse Screening, Referral, and Educational Resources Programming
4. Mental Health Care Resource and Referral Program

#### Purpose

The purpose of the proposed programming is to promote, and provide support and infrastructure to effectively address social stigmas, as well as cultural, knowledge-based, and physical community health concerns related to access to mental health treatment services.

# 2006 Knox County Community Health Plan

## Key Stakeholders

Health care providers and their staff, community health clinic staff, Knox County Health Department staff, program recipients, participants, and their families, individuals who will utilize the evaluation information, Board of Health, steering committee members, and members of the public health system.

## Data

Data for evaluation of all programs will be collected according to HIPAA Privacy Rule Standards, and may include any or all of the following dependent upon programming evaluation and justification needs: recipient and participant data, activity logs, organizational records, client records, observatory information, completed questionnaires, participant and recipient interviews, case studies, monitoring of inputs and outcomes, service utilization data, qualitative and quantitative data, demographic data, and process evaluation data.

## Program Evaluation

The costs and benefits, or the value, of the program to the community will always be considered in evaluation of a program; including, its contribution in reducing access to health care concerns in the Knox County community. Additionally, data will be used to determine the quality and worth of the program, as well as its significance in addressing the priority health concern prevalence of substance abuse in Knox County.

## Information Distribution

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

## Community Health Improvement Goal(s):

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### **By the year 2016, reduce the prevalence of substance abuse in Knox County residents by 25%.**

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

*The estimated percentage of substance abuse by Knox County residents during the past month in 2002 were 9.1% for 12-17 year old; 21.7% for 18-25 year olds; and 6.9 % for individuals aged 26 and older. National estimates for 2002 were 11.6% for 12-17 year old; 20.2% for 18-25 year olds; and 5.8% for individuals aged 26 and older.*

Healthy People 2010: Reduce past month use of illicit substances. Target: 2%; Baseline: 5.8% of adults 18 years and older used any illicit drug during the past 30 days in 1998.

Healthy People 2010: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. Target: 6% of adults aged 18 years and older; 2% of adolescents aged 12-17 years; Baseline: 16.6% of adults aged 18 years and older; 7.7% of adolescents aged 12-17 years engaged in binge drinking during the past month.

### **By the year 2016, reduce the rate of Knox County deaths related to substance abuse by 15%.**

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

*During 2002 the rate of death from chronic liver disease, or cirrhosis was 7.3 per 100,000 population. State of Illinois rate was 9.1 per 100,000 population while the U.S. rate was 10.6. During 2002 there were 3 alcohol related automobile crashes and all 3 resulted in fatalities. Driving under the influence rates for Knox County during 2002 were 688.5 per 100,000 licensed drivers, up from 625.5 in 2001.*

Healthy People 2010: Reduce deaths and injuries caused by alcohol and drug related motor vehicle crashes. Target: 4 per 100,000 population alcohol related deaths; 65 per 100,000 alcohol related injuries; Baseline: 5.9 per 100,000 population alcohol related deaths; 113 per 100,000 alcohol related injuries.

Healthy People 2010: Reduce cirrhosis deaths. Target: 3 per 100,000 population; Baseline: 9.5 per 100,000 population occurred in 1998.

Healthy People 2010: Reduce drug-induced deaths. Target: 1 per 100,000 population; Baseline: 6.3 per 100,000 population occurred in 1998.

# 2006 Knox County Community Health Plan

## Community Health Improvement Objectives:

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**Reduce the percentage of Knox County adults at risk for acute or binge drinking by a minimum of 15%, by the year 2016.**

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

*Percentage of Knox County adults who self-reported in 2004 IBRFS that they are at risk for acute or binge drinking was 15.1%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they are at risk for acute or binge drinking was 17.1%.*

Healthy People 2010: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. Target: 6% of adults aged 18 years and older; 2% of adolescents aged 12-17 years; Baseline: 16.6% of adults aged 18 years and older; 7.7% of adolescents aged 12-17 years engaged in binge drinking during the past month.

**By the year 2016, reduce the proportion of Knox County adults using illicit drugs, or abusing prescription medications, by a minimum of 25%.**

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

*The estimated percentage of substance abuse by Knox County adults during the past month in 2002 were 21.7% for 18-25 year olds; and 6.9 % for individuals aged 26 and older. National estimates for 2002 were 20.2% for 18-25 year olds; and 5.8% for individuals aged 26 and older.*

Healthy People 2010: Reduce past month use of illicit substances. Target: 2%; Baseline: 5.8% of adults 18 years and older used any illicit drug during the past 30 days in 1998.

**Reduce the proportion of Knox County Youth using alcohol by a minimum of 25% by the year 2011.**

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

*From 1999-2001 Communities Can Youth Survey results indicated that 31.7% of 8<sup>th</sup> graders and 41.7% of 10<sup>th</sup> graders used alcohol. The estimated percentage of alcohol use by Knox County 12-17 years olds in the past month in 2002 was 13.8% for 12-17 year old; National estimates for 2002 were 17.6% for 12-17 year olds.*

Healthy People 2010: Increase the age and proportion of adolescents who remain alcohol and drug free. Target: average age in years – Alcohol 16.1; Marijuana 17.4; Baseline: average age in years – Alcohol 13.1; Marijuana 13.7.

Healthy People 2010: Increase in high school seniors never using substances. Target: Alcohol 19%; Illicit Drugs 46%; Baseline: Alcohol 29%; Illicit Drugs 56%.

Healthy People 2010: Reduce past month use of illicit substances. Target: 89%; Baseline: 79% of adolescents aged 12 to 17 years reported no alcohol or illicit drug use in the past 30 days.

**By the year 2011, reduce the percentage of Knox County youth using marijuana by a minimum of 25%.**

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

*From 1999-2001 Communities Can Youth Survey results indicated that 14.6% of 8<sup>th</sup> graders and 22.2% of 10<sup>th</sup> graders used marijuana. The estimated percentage of marijuana use by Knox County 12-17 years olds in the past month in 2002 was 6.4% for 12-17 year old; National estimates for 2002 were 8.2% for 12-17 year olds.*

Healthy People 2010: Increase the age and proportion of adolescents who remain alcohol and drug free. Target: average age in years – Alcohol 16.1; Marijuana 17.4; Baseline: average age in years – Alcohol 13.1; Marijuana 13.7.

Healthy People 2010: Increase in high school seniors never using substances. Target: Alcohol 19%; Illicit Drugs 46%; Baseline: Alcohol 29%; Illicit Drugs 56%.

Healthy People 2010: Reduce past month use of illicit substances. Target: 89%; Baseline: 79% of adolescents aged 12 to 17 years reported no alcohol or illicit drug use in the past 30 days.

Healthy People 2010: Increase the proportion of adolescents who disapprove of substance abuse. Target: 83% of 8<sup>th</sup> graders; 83% of 10<sup>th</sup> graders; 83% of 12<sup>th</sup> graders; Baseline: 77% of 8<sup>th</sup> graders; 75% of 10<sup>th</sup> graders; 69% of 12<sup>th</sup> graders.

## 2006 Knox County Community Health Plan

### Community Health Improvement Strategies:

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- Provision of substance abuse treatment within a Clinic setting to ensure access to the provision of services for Medicaid, low-income, uninsured or under-insured individuals and families in Knox County.
- Focused overview of available substance abuse treatment resources for Knox County residents and assurance that linkages are provided for proper treatment.
- Comprehensive community health education campaign related to substance abuse warning signs and symptoms, treatment, and social stigmas.
- Marketing campaign to address substance abuse, social acceptability, and related social stigmas.
- Collaborate with Knox County physicians to promote a culture of brief screenings for substance abuse and referral and education resources for primary care physicians.
- Partner with the Knox County Bar Association to provide a resource for referrals and education.