

**SUBSTANCE ABUSE PREVENTION**

**NEEDS ASSESSMENT**

**PRESENTED TO**

**COMMUNITY AND STUDENTS TOGETHER (CAST)**  
**(The Foster-Glocester Substance Abuse Prevention Task Force)**

**BY**

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## OVERVIEW

Alcohol, tobacco and other drug use, misuse and abuse have continued to be major issues at the national and local level. In 2003, 19.5 million people or 8.2% of the population in the United States age 12 or older used illicit drugs in the past month (Substance Abuse and Mental Health Services Administration, 2003). About 10.9 million persons ages 12-20 reported drinking alcohol in the month prior to the survey in 2003 (29% of this age group). Of these, nearly 7.2 million (19.2%) were binge drinkers and 2.3 million (6.1%) were heavy drinkers. An estimated 13.6% of persons aged 12 or older drove under the influence of alcohol at least once in the 12 months prior to the interview in 2003 ( a decrease from 14.2% in 2002). These percentages represent 32.3 million persons in 2003 and 33.5 million persons in 2002.

Locally, the 2004-2005 SALT survey of school-age youth in the State of Rhode Island revealed that 18% of middle and 43% of high school students are using alcohol in the past month. In addition, despite a plethora of health warnings, 9% of middle and 22% of high school students report smoking cigarettes sometime in the month prior to the survey.

In order to provide a theory base for substance abuse prevention programming, the US Center for Substance Abuse Prevention (CSAP) has adopted the Risk and Protective Factor Theory of Hawkins, Catalano, and Miller (1992). Consequently, this theory has been adopted by many agencies and communities, including Rhode Island's MHRH Division of Behavioral Healthcare. It is based on the simple premise: "to prevent a problem from happening, one needs to identify the risk factors that increase the risk of that problem developing and then find ways to reduce the risk" (Hogan, Gabrielson, Luna and Grothaus, 2003). This theory also stresses the need to identify the conditions that serve as protective factors and can potentially increase the resiliency of individuals, families and children.

The Towns of Foster and Glocester possess many protective factors. They include: 1) Ability of residents to pay for private care to address health care issues; 2) Families "rally when people need help;" 3) Community and Students Together and other programs: Youth to Youth; SOS (program of Sojourner House), Students Against Destructive Decision-Making (SADD), MADD, DARE; 4) Volunteer spirit of community; 5) The citizens-initiated Fostering Foundation for the Arts; and 6) A Juvenile Hearing Board and Truancy Court.

According to those interviewed, Foster-Glocester also has risk factors including: 1) Perception of youth that "there is little to do" in towns; 2) Use of alcohol and other drugs at school, and in unsupervised houses, woods and cars, 3) Increased reported use of "hard" drugs such as cocaine; 4) DWI's by juveniles; 4) No YMCA or teen center in towns; 5) High use of alcohol and other drugs by youth according to SALT; and 6) No access to mental health/substance abuse services in Foster-Glocester area.

AT higher rates compared to RI youth of the same age, an overwhelming majority of Foster-Glocester Middle School students report "none" when questioned about cigarettes, chewing tobacco, illegal drug and alcohol use. Non-use rates at the high school level are also higher when compared to RI data overall with respect to alcohol, tobacco and other drug use in the last 30 days. There is an 11% increase in use of cigarettes when Foster-Glocester youth transition from sixth to seventh grade; a 10% increase in chewing tobacco use; a 12% increase in illegal drug use; and a 21% increase in the percentage of youth consuming alcohol. This is similar to the 2003-2004 data that indicated that this transitional age group had the highest increase in use of alcohol

and other drugs. *According to the 2003-2004 SALT survey, the largest increases in use by students are between sixth and seventh grade.* There is a 13% increase in use of cigarettes when Foster-Glocester youth transition from sixth to seventh grade; an 11% increase in chewing tobacco use; a 15% increase in illegal drug use; and a 13% increase in the percentage of youth consuming alcohol.

The following are some highlighted recommendations for the Task Force:

- ❖ **Information Dissemination:** 1) Educate parents on the legal dangers of distributing alcohol to minors; 2) Present findings of needs assessment to Town Council and School Committee; 3) Conduct workshops for parents on the dangers of Oxycontin, inhalants, methamphetamines or “ice” and misuse of prescription medications; 4) Link CAST website to town’s and school’s website.
- ❖ **Prevention Education:** 1) Begin prevention programming even before fifth grade program; 2) Add more evidence-based programming as listed on [www.prevention.gov](http://www.prevention.gov), [www.samsha.gov](http://www.samsha.gov); 3) Co-sponsor educational events with other health and substance abuse prevention programs such as Northwest CAP, Tri Town CAP, and Comprehensive CAP; 4) Initiate a transitional program for youth moving from sixth to seventh grade and their parents.
- ❖ **Alternatives:** 1) Develop additional after-school programming with emphasis on creative, visual, manual and performing arts; 2) Co-sponsor intergenerational program at the new Glocester Senior Center; 3) Involve youth in Teen Institute and other prevention training programs; 4) Sponsor a community forum to address issues surrounding alcohol and other drugs.
- ❖ **Community-Based Processes:** 1) Promote Night of Compliance for the Foster-Glocester community; 2) Initiate a “Safe Homes” program; 3) Conduct workshops at night according to requests of parents; 4) Promote in the community a plan to assist more senior citizens with transportation needs.
- ❖ **Environmental Approaches:** 1) Collaborate with Juvenile Hearing Board to mandate for parents of offenders a parenting program such as “Parenting Wisely;” 2) Sponsor a “Prom Contract” not to use alcohol or other drugs; 3) Increase tobacco and alcohol compliance checks.
- ❖ **Problem Identification and Referral:** 1) Assist with the development and distribution of a resource manual that is being created by school district.

In 2004 the University of Rhode Island’s Community Research and Services Team conducted a study of state and federal prevention funding received by communities through the various state departments. According to this study, there a great disparity between Glocester and Foster. Glocester is ranked 13<sup>th</sup> out of the 39 municipalities in Rhode Island in per capita prevention spending. The town spends \$85.83 per youth, for a total of \$227,598 in prevention spending. This is similar to Jamestown, the 12<sup>th</sup> ranked town’s per capita prevention spending of \$86.48 per capita. By comparison, Foster is ranked 38<sup>th</sup> and spends \$63.47 per youth, for a total of \$70,781 in prevention spending. Narragansett (7<sup>th</sup>) spends \$103.02 per youth, Little Compton (10<sup>th</sup>) spends \$100.73 per youth and Tiverton (20<sup>th</sup>) allocates \$75.36.

It is recommended that communities implement evidence-based prevention programming that has proven successful. The Center for Substance Abuse and Prevention (CSAP) has identified model programs that have been developed and tested in specific age and demographic groups and proven to be successful in reducing alcohol, tobacco and other drug use. Examples of these programs are *All Stars*, *Project ALERT*, *Parenting Wisely* and *Strengthening Families*. These and

other model program can be found at the Center for Substance Abuse Prevention website [www.prevention.samhsa.gov/](http://www.prevention.samhsa.gov/).

## **INTRODUCTION**

In 2005, Citizens and Students Together (CAST) contracted with Initiatives for Human Development (IHD) to perform a needs assessment in order to define the substance abuse prevention needs of individuals and families in the community. The needs assessment can serve as a source of defensible recommendations for appropriate and effective strategies in prevention and early intervention as well as an assessment of the impact the abuse has had on the community and its residents.

## **METHODOLOGY**

CAST identified members of the community, including formal and informal leaders, as informants who would be instrumental in providing information on substance abuse issues in the town. IHD staff interviewed them in order to define the nature and extent of the problem of substance abuse in the town and its substance abuse needs. Each interview lasted approximately one to one and one-half hours. Interviewers used a set of questions as a guide for the interview though discussion often extended beyond these basic questions. In all, 11 persons were interviewed. Two focus groups were also conducted by the IHD staff with middle and high school students. Informants who were interviewed ranged in age from persons who were 14 years of age to persons in their seventies, and in time from persons residing in the town for a few years to forty plus years. These persons were also from various backgrounds and sectors of the community.

During the interview process, IHD researched the current literature in substance abuse prevention, specifically with respect to youth in suburban/rural settings. Information on community readiness was also reviewed, some of which is an Appendix to the report.

## **BACKGROUND**

**Demographics** Foster, a residential and agricultural town in northwest Rhode Island, was originally separated from the town of Scituate, and incorporated on August 24, 1781. At key focal points villages grew up. Hopkins Mills was the first to develop in the early 1700's. Foster Center, the present seat of government, developed later in the eighteenth century, and it was there that the first Foster town meeting was held in 1781. The village of Clayville took form in the early nineteenth century, as did Moosup Valley, North Foster, and Mount Vernon. Foster is rich in historic resources - houses, farmsteads, stone walls, roads, and mill ruins - and in the natural beauty of its setting - brooks, waterfalls, woods, swamps, and the plant and animal life they shelter. Foster remains sparsely settled with almost four-fifths of the town's 52.2 square miles being hilly, and 88.2 percent of the land being forested.

The Town of Glocester (originally "Gloucester") was established in 1639; just three years after Roger Williams founded Rhode Island's first settlement at Providence. The land was "disposed of to Roger Williams and his associates by the sachems of local Indian tribes,

who received payment that the sachems deemed satisfactory." It is located adjacent to Foster in northwestern Rhode Island. Glocester is bordered on the north by Burrillville, on the east by Smithfield, on the south by Scituate and Foster, and on the west by Killingly and Putnam, Connecticut. It is connected to these various other communities by Route 44, which runs east-west, and by Route 102, which runs north-south. The state capital, Providence, is approximately 35 minutes to the east. Glocester is basically a rural community, dotted throughout by lakes and ponds. Several of these bodies of water are part of the Providence Water Supply System. Much of the northern portion of the town is set aside as state-owned parks and forests.

Chepachet, the largest of the villages in Glocester to spring up over the years, was the seat of government and a bustling trading center during the 18th and 19th centuries. Chepachet, like its more eastern neighbor, Harmony, continues to flourish. Other Glocester villages have, as Glocester Historian Edna Kent relates, "lost their identities ... Williams' Mills, Skeeterville, Hawkins' Village, Clarkville, Cherry Valley, Spring Grove, Waldron's Corner, and Evans' District ..." Vestiges of these places remain in names of businesses and favorite swimming holes, however.

According to the 2000 Census, 4,274 people reside in **Foster** and the median age of the population is 39.8 years old. In 2000, 21.5% of persons residing in Foster were 15 years of age or younger, 447(10.4%) were 65 and over.

<b>Population</b>	<b>4,274</b>	
White	4,157	97.3%
Hispanic or Latino	34	0.8%
Black or African American	9	0.2%
Asian	25	0.6%
American Indian and Alaskan Native	10	0.2%
Native Hawaiian and Other Pacific Islander	4	0.1%
Some Other Race	11	0.3%
Two or More Races	58	1.4%

The 2000 Census indicates that the median household income for the town is \$63,657, well above the state average of \$42,090. The educational level of residents age 25 years and over in Foster is above the state levels: 88% have a high school degree or higher; 27% have a bachelor's degree or higher; 6.5% have a graduate degree or higher. In Rhode Island 78% have a high school degree and 25.6% have a bachelor's degree. Unemployment is similar to the state average while the poverty rate is significantly lower. 3.9% of the Foster population (3.6% RI) is unemployed and 1.5% of families (8.9% RI) live in poverty.

According to the 2000 Census, 9,948 people reside in **Glocester** and the median age of the population is 38.2 years old. In 2000, 78.5% or 7,771 persons residing in Glocester were 16 years of age or older; 915 (9.2%) were 65 and over.

<b>Population</b>	<b>9,948</b>	
White	9,797	98.5%
Hispanic or Latino	65	0.7%
Black or African American	34	0.3%
Asian	24	0.2%
American Indian and Alaskan Native	15	0.2%
Native Hawaiian and Other Pacific Islander	0	none
Some Other Race	10	0.1%
Two or More Races	68	0.7%

The 2000 Census indicates that the median household income for the town is \$57,537 well above the state average of \$42,090 and slightly lower than nearby Foster. The educational level of residents age 25 years and over in Glocester is also above the state levels: 87% have a high school degree or higher; 27% have a bachelor's degree or higher; 10% have a graduate degree or higher. As previously stated, in Rhode Island 78% have a high school degree and 25.6% have a bachelor's degree. Unemployment and poverty rate are lower than state averages. 1.9% of the Glocester population (3.6% RI) is unemployed and 3.4% of families in Glocester (8.9% RI) live in poverty.

**Education:** The Foster School District (elementary) services 369 students and employs 18 teachers and the Glocester School District (elementary) services 793 students and employs 49 teachers. The Foster-Glocester School District (middle and high school) services 1693 students and employs 126 students. According to the 2004 assessment results provided by *Information Works!*, there are five public schools in the districts. The SALT survey states that none of the students in Foster-Glocester receive ESL or bilingual education. The 2000 Census indicates that 97.8% of the Foster and Glocester population was born in the Rhode Island; and 4% speak another language at home other than English. According to the *Information Works! School Year 2003-2004*, 12% of the Foster-Glocester student population (middle and high school) receives special education services; 20% of Glocester and 14% of Foster elementary school students receive special education services. 9% of the student population in Foster-Glocester, 12% of the Glocester and 14% of Foster student body are eligible for free or reduced lunch.

The areas of mathematics, reading, and writing are tested annually by the RI Department of Education. In 2003-2004, students in Foster-Glocester district were above the statistical norm for all of the scores in the elementary, middle, and high school (except Glocester elementary mathematics: problem solving). The mean SAT scores for Foster-Glocester (1036) are higher than the state average (990). According to the RI Department of Education, all schools are designated "high performing."

There is a rate of approximately 22 suspensions per 100 students enrolled in Foster-Glocester (middle and high school) and the drop out rate is 9% (17% RI). The graduation rate in Foster-Glocester is 91%, again well above the state average of 83%. The middle and high school students are primarily White, constituting 99% of the population. The

stability index for this district is 64% (86% RI). The mobility index is lower than the RI average (5% Foster-Glocester versus 17% RI). The statistics evident in this survey imply that Foster-Glocester students live in a mobile community, are not exposed to a diverse population, and score well above the state average academically in all areas at the elementary and secondary levels.

**Youth Substance Abuse Data** Nationally, marijuana is the most commonly used illegal drug, with a rate of 6.2% (14.6 million) in 2003. Of the 14.8% of Rhode Island middle school students who tried marijuana in 2001, 1.8% tried it 8 years or younger; 2.3% tried it at 9 or 10 tens years old; 4.9% first use was at the age of 11 or 12; 5.3% first time use was at age 13 (2001 Rhode Island Youth Tobacco Survey). According to same survey of middle school students, 8.5% stated that in the last 30 days they had used an illicit drug, other than marijuana, for the feeling it caused or to get high.

The annually administered SALT survey reports rates of substance use and attitudes towards use. According to the 2004-2005 SALT survey of health risk practices of students in, 96% of Foster elementary school students had not smoked a cigarette in the last month, and 89% had not consumed an alcoholic drink in the past 30 days. 98% of Glocester elementary school students had not smoked a cigarette in the last month, and 90% had not consumed an alcoholic drink in the past 30 days.

Responses to questions by middle school students, regarding health risk practices illustrate a wider range of experimentation and occasional use of alcohol, cigarettes, tobacco and illicit drugs. An overwhelming majority of middle school students still report “none” at a rate slightly higher than their RI peers when questioned about cigarettes (94%), chewing tobacco (96%), illegal drugs (93%) and alcohol (87%). The Rhode Island state averages for these are 91%, 94%, 90%, and 79% respectively.

As expected, reported use increases as youth get older and more closely approximates RI’s overall rates. 96% of Foster-Glocester sixth graders (96% RI) in 2004-2005 had *not* smoked a cigarette in the last month, compared to 85% of seventh (92% RI) and 78% of eighth graders (87% RI). According to the 2004-2005 SALT survey between the sixth and seventh grade, there is a 21% difference in the percentage of students consuming alcohol: from 9% of sixth graders to 30% of seventh graders. (There was a 13% difference in 2003-2004). Foster-Glocester seventh grade students score below the state average of 19% for alcohol use, but eighth graders score similar to the state average of 29%.

*A concern with the middle school use is the percentage of seventh and eighth graders who use alcohol and other drugs more than 10 times a month.* Foster-Glocester seventh graders smoke cigarettes more than 10 times a month (9% versus 3% RI); use chewing tobacco more than 20 times a month (8% versus 2% RI); use illegal drugs more than 10 times a month (10% versus 3% RI); consume alcohol more than 20 times a month (9% versus 3% RI). Thirteen percent(13%) of Foster-Glocester eighth graders smoke cigarettes more than 10 times a month (versus 6% RI); 9% use chewing tobacco more



than 20 times a month (versus 4% RI); 12% use illegal drugs more than 10 times a month (versus 6% RI); and 11% consume alcohol more than 20 times a month (versus 5% RI).

*Among high school students grades 9-12, Foster-Glocester students report higher levels of use, when compared to the state average, for all four types of substances tracked by the 2004-2005 SALT survey. In Foster-Glocester there are higher use levels for cigarettes (30% versus 22% RI); chewing tobacco (22% versus 13% RI); illegal drugs (38% versus 27% RI); alcohol (52% versus 43% RI). Overall use levels were lower only for chewing tobacco (10% versus 12% RI). Regular use level by Foster-Glocester high school students is equal to the state averages for cigarettes at 10%; illegal drugs at 12%; alcohol at 8%.*

*Overall use of illegal drugs and alcohol in Foster-Glocester has been generally unchanged since 1997-1998; except chewing tobacco which is on the rise. According to SALT, 37% of Foster-Glocester high school students reported using illegal drugs in 1997-1998; this slightly decreased to 39% in 2003-2004 and to 38% in 2004-2005. This trend is also evident in alcohol use rates as 55% of high school students report using alcohol in the prior month in 1997-1998; 48% stated this in 2002-2003; and 52% in 2003-2004. By comparison, in 1997-1998 14% of Foster-Glocester high school students reported using chewing tobacco (3% more than 20 times a month). This increased to 25% in 2003-2004 (15% more than 20 times) and 22% in 2004-2005 (13% more than 20 times).*

*According to SALT, the largest increase in use by students is between sixth and seventh grade. There is an 11% increase in use of cigarettes when Foster-Glocester youth transition from sixth to seventh grade; a 10% increase in chewing tobacco use; a 12% in illegal drug use; and a 21% increase in the amount of youth consuming alcohol.*

According to National Survey on Drug Use and Health, youth who felt it was easy to obtain alcohol and other drugs were more likely to use drugs in the past month. Students within the focus groups stated that it was relatively easy to obtain alcohol and other drugs in the community. According to the 2001 Rhode Island Youth Tobacco Survey of middle school students, 31.1% said it was “probably impossible”; 20.6% said it would be “very difficult”; 15.4% said it would be “fairly difficult”; 19.2% felt it was “fairly easy.” As stated by key informants and focus groups, marijuana is easier to obtain than alcohol or cigarettes.

*According to SALT, Foster-Glocester middle and high school students' reports of being offered drugs at school were significantly higher than RI secondary school students overall. According to the 2004-2005 SALT survey, 19% of Foster-Glocester middle school students report that they have been offered drugs at school (11% RI), while 41% of Foster-Glocester (31% Rhode Island) high school students reported that someone has offered drugs to them on school premises. 10% of middle school students state that they have experienced actual violence at school (8% RI) and 17% of high school students (10% RI) report similar experiences. The fear of being hurt in school is higher in the high school than in the middle school and also higher than the RI average.*

**Youth Attitudes Regarding Risks Associated with Substance Abuse** In the Foster-Glocester, middle school students indicate a strong degree of perceived peer disapproval of alcohol and marijuana use and trying cocaine. According to SALT, 60% (56% RI) of Foster-Glocester middle school students believed their friends would disapprove of them having 5 or more drinks once or twice on the weekends; 63% (57% RI) would disapprove of their regular use of marijuana, and 65% (62%) would disapprove of using cocaine or crack once or twice. Foster-Glocester middle school youth have a higher disapproval rating for alcohol and other drug use than RI youth overall.

The percentage of peer disapproval declines significantly by the time Foster-Glocester youth enter high school for marijuana and alcohol but the high percentage of disapproval increases for crack/cocaine. The perception of peer disapproval of regular alcohol and marijuana use is lower than their RI counterparts. For the high school respondents of SALT, only 33% of the students expected their friends to disapprove of their use of alcohol once or twice each weekend (39% RI), and 39% of Foster-Glocester high school students would disapprove of their close friends' regular use of marijuana (45% RI). A lower number of Foster-Glocester high school students (61%) would disapprove of cocaine or crack use of once or twice (66% RI) than their peers statewide.

In terms of personal views of risks regarding substance abuse, a significant percentage of the middle and high school students reported believing there to be no risk to: 1) having 5 or more alcoholic drinks once or twice on the weekend (12%, 20%); 2) smoking one or more packs of cigarettes a day (8%, 13%); 3) smoking marijuana regularly (8%, 22%); and 4) trying cocaine or crack once or twice (8%, 13%). *The greatest disparity is in the attitude change between middle and high school regarding smoking marijuana regularly and binge drinking.* The belief that smoking marijuana was of great risk dropped by 28% between middle and high school, from 68% of middle school students to 40% of high school students. The perceived risk of consuming five or more alcoholic drinks decreased by 17% from 52% of middle school students believing it to be a great risk versus 35% of high school students.

Foster-Glocester middle and high school students follow the trend of RI students who view drinking 5 or more alcoholic drinks each weekend less of a risk to their health than smoking marijuana regularly, trying cocaine or crack once or twice, or smoking one or more packs of cigarettes each day. In a related topic, 76.7% of middle school students surveyed felt their parents "have made it clear that they expect me not to use alcohol;" 7.3% disagreed; 16% said they don't know (RI Tobacco Survey 2001). Foster-Glocester middle school students view smoking marijuana regularly, using cocaine or crack once or twice and binge drinking (There is no similar RI data for cigarettes.) with greater disapproval ratings than the state average but high school students have lower disapproval ratings than the RI average. Overall the health curriculum and community have delivered some strong messages to youth about the dangers of tobacco and cocaine use, but there needs to be a significant improvement in and frequency of a non-use message in other areas because of the norming of marijuana and alcohol use among teens.

On another question on the SALT, 7% (10% RI) of Foster-Glocester middle school students indicated they felt pressured by friends to smoke, drink alcohol, or use illegal drugs. 19% of Foster-Glocester high school students also felt pressured in this manner (21% RI).

**Perception of School Safety** According to SALT, Foster-Glocester youth overall experience their secondary schools as slightly safer compared to RI youth overall. 17% of the high school students have had an “experience of actual violence at school” (10% RI).

**Unsupervised Time at Home** According to SALT, over 24% of the Foster-Glocester middle school students are left home alone for three or more days for less than 3 hours, while 25% of this student population is left home alone for three or more days for more than three hours. The percentage of students who are home alone for more than three hours a day for three plus days increases in high school; 21% of students are left home alone for 3 or more days for less than three hours, and 39% are left home alone for three or more days for more than 3 hours. There is a significant amount of research that indicates that the hours immediately after school pose the greatest risk for children engaging in destructive behavior.

**Juvenile Detention Data** On an annual basis, all police departments provides data to the RI Juvenile Justice Commission on juvenile detentions and their disposition. In Foster in 2004, there were a reported 12 juvenile detentions: 6 (50%) were Various Disorderly Behaviors; 2 (16.7%) were Status; 2 (16.7%) were Motor Vehicle Offenses; 1 (8.3%) was a Larceny offense; 1 (8.3%) were Assault Offenses. In Glocester in 2004, there were a reported 60 juvenile detentions, 80% more than in Foster though the population is only twice that of Foster. Fifteen (25%) were Drug Offenses; 13 (21.7%) were Various Disorderly Behaviors; 12 (20%) were Motor Vehicle Offenses; 10 (16.7%) were Larceny Offenses; 6 (10%) were Assault Offenses; 3 (5%) were Status; 1 (1.7%) were Sex-Offenses.

In Foster 33% of the juvenile detentions were between the hours of 2 AM - 6 AM, much later than in most other RI communities. Youth were most likely to commit an offense in April (41.7%). 92% of the offenders were male and 100% were White. The majority (8) of juvenile offenders were released to the Juvenile Hearing Board (67%). 2 (17%) of youth offenders were released to Other; 1 (8%) to the RI Training School for Youth; 1 (8%) were released to parent. In Glocester 41.7% of the juvenile detentions were between the hours of 6 PM - 9 PM. Youth were most likely to commit an offense in the warmer months: May (10%); June (16.7%); July (10%); August (10%); September (10%); October (13.3%); November (11.7%). 93% of the offenders were male and 92% were White. The majority of juvenile offenders were released to their parents (58%). 20 (33%) of youth offenders were released to the Juvenile Hearing Board; 2 (3%) were released to “Other”; 2 (3%) to DCYF; and 1 (2%) to the RI Training School for Youth. Data therefore indicates that Foster police are more likely to utilize the Juvenile Hearing Board while Glocester police are more likely to refer youth to their parents.

**Compliance Checks** As reported by the local police departments, there are 7 establishments permitted to sell alcohol in Foster and 13 in Gloucester. Each year the police are mandated to conduct surveys of a random sample of establishments in their towns. Since 2000, 1-2 surveys have been completed in Foster and 1-5 have been completed in Gloucester yearly. In 2004, half of those surveyed were found to sell alcohol to minors. This percentage has remained fairly consistent over the last 4 years.

## **HEALTH ISSUES INDIRECTLY RELATED TO SUBSTANCE ABUSE**

**Parental Involvement in School** The SALT survey indicates the level of Foster-Glocester parental involvement in the schools and their degree of satisfaction with their schools is relatively high. Parental attitudes toward their child's school and its involvement with their child were generally positive. Most parents strongly agreed or agreed that the school has an active parent organization and that the community supports the school. Unlike many other communities there is not a significant difference in perception of school safety by grade level: 96% of Foster and 97% of Gloucester elementary school parents, 98% of middle school and 92% of high school parents report that "this school is a safe place." *In general, the view of Foster-Glocester parents related to their children's elementary, middle and high school has remained the same since 1997-1998.*

Elementary students responding to the SALT survey indicate a high level of parental involvement in their basic school activities. This is predictably greater than the middle school rates. A large decrease is observed in high school students, as 47% of students report receiving help with homework "sometimes" or "often" from their parents, and 19% report periodic parental monitoring regarding the completion of their homework.

**Perception of School Success** *In student reports of perceived self, parent and teacher academic expectations, there is a discrepancy between those students receiving free or reduced lunch and those whose economic status allows them to afford full paid lunch beginning in middle school.* Free and reduced lunch students (7% of the district's student population) have lower scores than full paid lunch students in all categories except one (Teachers' Academic Expectations: "Do your teachers think that you will do better in school next year?"). According to SALT, expectations of school success for students receiving free or reduced lunch are lower than students who fully pay for lunch. None of the Foster and only 4% of Gloucester elementary school students receiving free or reduced lunch responded "probably won't" when asked whether they will do better next year; None of the Foster and 4% of the Gloucester elementary school students responded "probably won't" when asked if they will finish high school, and 9% of Foster and 11% of Gloucester elementary school students responded "probably won't" when asked if they will go onto college. The averages for full paid lunch students for Foster and Gloucester are 6% and 5%; 6% and 4%; 10% and 3% respectively.

This difference is more significant as children reach the middle school level. 45% (free or reduced) versus 70% (full paid) of Foster-Glocester middle school students felt that they would definitely/ probably will make the honor roll next year. 78% (free or reduced) versus 90% (full paid) felt that they "probably will" graduate from high school;

and 69% (free or reduced) versus 86% (full paid) answered “probably will” in regard to whether they think they will go to college. Middle school students receiving free or reduced lunch also perceive that their parents and teachers have lower expectations in comparison with those receiving full paid students. At the high school level, 54% of Foster-Glocester students (free or reduced) believe they will go to college compared to the 78% (fully paid) students. 28% of high school students (free or reduced) believe that their parents’ think they “probably won’t” make the honor roll next year, compared to 16% (fully paid) high school students. *It appears that lower-income Foster-Glocester students have lower expectations of themselves and feel that teachers and parents do not expect them to meet academic milestones (honor roll, high school/college graduation) to the same degree as full paid lunch students.*

**School Climate** The reports of student discipline practices on the SALT survey are divided into those having free or reduced lunch and those having to fully pay for lunch. *There appears to be a correlation between economic status in Foster-Glocester and interventions for behavioral problems.* Across the board, the statistics regarding disciplinary action appear to start relatively low and increase with age. During the school year in the elementary grades, 20% of Foster and 16% of Glocester free or reduced lunch versus 22% of Foster and 18% of Glocester fully paid students are sent to the principal; 8% of Foster and 2% of Glocester (free or reduced) versus 2% of Foster and 1% of Glocester (full paid) served in-school suspensions; 8% of Foster and 2% of Glocester (free or reduced) versus 4% of Foster and 1% of Glocester (full paid) served out-of-school suspensions.

At the middle school the differences were more distinct. 50% Foster-Glocester free or reduced lunch students versus 33% of fully paid students are sent to the principal; 23% of Foster-Glocester (free or reduced) versus 5% (fully paid) served in-school suspensions; 27% (free or reduced) versus 9% (fully paid) served out-of-school suspensions. At the high school level, the differences were very significant: 57% (free or reduced) versus 32% (full paid lunch) were sent to the principal; 48% (free or reduced) versus 20% (full paid) served in-school suspension; 46% (free or reduced) versus 17% (full paid) served out-of-school suspension.

High stress is a risk factor for substance use. In responses from middle and high school students regarding daily stresses in the SALT survey, the most common issues were related directly to issues regarding teachers expecting too much, trying to get good grades, having too much homework, having problems with their physical appearance, and being teased or bothered by other students. The top stressors in high school related to being teased or bothered by other students, being bothered by physical appearance (acne, weight, height), and having too much homework.

## SUMMARY OF FINDINGS

The research of David Hawkins and Richard Catalano and others (1992) has identified a number of protective and risk factors for any alcohol and other drug abuse that may be present within a given community. Protective factors are those that enhance the well-

being of individuals, families, and communities and serve to protect them from engaging in substance abuse. Risk factors, on the other hand, are shown to increase the likelihood of substance abuse and other problem behaviors.

According to the residents of Foster-Glocester, there are many protective factors for people living in their community regarding substance abuse that in many cases are also consistent with Hawkins' research:

## **PROTECTIVE FACTORS**

### **Family**

- Many residents who can afford to pay for private care to address health care issues
- Family-oriented community
- Families “rally when people need help”
- Good place to raise a family – especially elementary school age or younger
- Families are “fiercely participatory” in the community

### **Schools/Peers**

- Programs: Student Council, French Club, Mentoring Program, Field Work
- Prevention Activities: Youth2Youth, Students Against Destructive Decision-Making
- Resources: Special Ed. Department, Student Assistance Counselor, school psychologist; social worker, SOS (program with Sojourner House to improve awareness of domestic violence)
- Highly rated schools
- The *Ponaganset Post* – informative articles for youth such as the November 16, 2004 editorial on “Truancy Court? Here? It’s No Joke!”
- Outdoor cross country track is very popular
- DARE program at school: a 10-week program with fifth grade
- Low dropout rate (9% versus 17% RI)
- Student Assistance Counselor meet with youth who are new to the community
- Alternative courses such as auto/woodworking program helps some adolescents stay in school
- Teachers are youth oriented and really care about youth

### **Community**

- Low crime rate
- Strong community pride: Old Home Days (Foster) and Heritage Day (Glocester)
- Citizens and Students Together (CAST) provides an excellent website, prevention programs and resources for community members
- Active clergy with youth; churches also assist many community members (Moms and Tots program)
- Close enough to Providence/Greenville to get anything one wants; can visit cities
- Tri Town Community Action Program provides a wide variety of services

- Union Church in Gloucester allows youth to lead a service once a month
- Active senior association: speakers from Department of Elderly Affairs (power of attorney, living will); penny social; pot luck dinners
- Active arts community: Foster Foundation for the Arts; Teen Jam; Christmas in the Valley
- Uncrowded and quiet; overall high quality of life
- Public transportation in Gloucester
- Summer recreation in Gloucester: 2 fresh water beaches
- Resources in Foster: Human Services Director, summer recreation program, scouting groups various sports
- CAST provides newsletter; assists with driving older seniors; works with high school, hosts Walkathon
- Town organizes fundraisers to help people in need (e.g. if house burns down)
- Community working on building a skate park for youth
- Town van takes seniors to doctors, shopping
- Community planning a senior center (computer room, computer room)
- Recreational Center at beach – hires adolescents as lifeguards
- Local community promotes healthy gatherings at a local church - PeepToad Coffee House
- Meal site available for senior citizens; Meals on Wheels program for homebound seniors
- Active Juvenile Hearing Board often ensures that youth receive counseling or do community service
- Comprehensive Community Action Program provides services
- Truancy Court intervenes with youth in crisis early (truancy increasing)
- Boy Scouts, theater program, summer programs at YMCA
- Many residents volunteer (Fire Department, Parent-Teachers Group help building playgrounds)

According to the residents of Foster-Glocester, several factors serve as risk factors for people living in their town regarding substance abuse. They are congruent with Hawkins et al. research and include the following:

### **RISK FACTORS**

#### **Family**

- Large elderly population being driven out by high property taxes
- Isolation of youth after-school
- When adolescents enter high school, “there is little to do”
- Community norm of “youth will drink anyway”
- Youth obtain alcohol and other drugs from older siblings, older friends and family
- Lack of programs for older adolescents

### **School/Peers**

- Occasional use of alcohol and other drugs in school; middle school students for the first time are being caught smoking cigarettes and marijuana
- According to SALT survey and key informants, half of the high school student body is using/abusing alcohol and/or other drugs
- School – “great source for distribution” of alcohol and other drugs
- Students at the high school recently caught using cocaine at school

### **Community**

- Concern about loss of open space
- Large rural area - transportation is needed to get to places
- Isolated senior citizens
- Lack of diversity in community
- Decrease in Foster Police Force (from 6 to 4) to cover 52 square miles
- Difficult to receive mental health/substance abuse assistance in Foster-Glocester. Not many outpatient providers in Foster-Glocester (Residents must go to other towns for care)
- Difficult to enforce laws; everyone knows one another so police would be punishing someone they know
- Youth use alcohol and other drugs in their homes and in the woods
- Foster does not have access to public transportation
- Insufficient funding needed for recreational programming
- Use of other drugs: cocaine, ecstasy, along with prescription medications that are easily accessible (Adderall, Vicodin, OxyContin)
- Roads need improvement
- Youth need resource they know and trust to go to What about SAC?
- Need to address other issues such as the increase in amount of pregnancies at high school)
- Many bars in area
- High number of DWIs: In the past year approximately 60 adult DWIs and 10 juvenile DWIs in Glocester
- Need for a YMCA in area
- No drop-in zone/youth center; not enough activities at night
- Some residents of the two towns feel the community is becoming too crowded
- High levels of alcohol and other drug use by youth reported on SALT survey

### **DISCUSSION**

**Family** Children’s earliest interactions occur within the family and can be positive or negative. For this reason, factors that affect early development in the family are probably the most crucial. Children are more likely to experience risk when there is: a lack of mutual attachment and nurturing by parents and caregivers; ineffective parenting; a chaotic home environment; lack of a significant relationship with a caring adult; and a caregiver who abuses substances, suffers from mental illness, or engages in criminal behavior. These experiences, especially the abuse of alcohol and other drugs by parents



and caregivers, can impede bonding to the family and threaten feelings of security that children need for healthy development. On the other hand, families can serve a protective function when there is: a strong bond between children and their families; parental involvement in a child's life; supportive parenting that meets financial, emotional, cognitive, and social needs; and clear limits and consistent enforcement of discipline (National Institute on Drug Abuse, "Preventing Drug Use among Children and Adolescents," October, 2003).

*Key informants have noted that, as in many Rhode Island communities, some parents in Foster-Glocester are vague, unclear or permissive when it comes to their high school age children's use of alcohol and/or marijuana. Parents in the community seem to send mixed messages to children regarding alcohol and other drugs. Both parents and students in the community complain that, while parents promote a message of non-use of alcohol and other drugs to children, some behave in a manner that condones substance abuse. As mentioned by a key informant "alcohol (use) is condoned" by the community. Some parents tell their children that they don't want them to use, but if they are going to, they should use at home. As stated by a key informant, "They don't realize that with that kind of message, youth will drink anywhere." As in all RI communities, some parents leave an unsupervised home for youth to congregate, providing an opportunity for alcohol and other drug use. Conversely, many adults in the Foster-Glocester community do provide supervised activities, do not condone substance abuse, and do hold their children accountable for their actions. It is crucial that families address the issue of alcohol and other drugs with their children early on. Unfortunately, key informants and the SALT data indicate that fewer than 11% of all middle and high school parents attend a workshop at their child's school.*

Both Foster's and Glocester's median annual income is well above the state average. Many residents' income affords them a peaceful, safe, attractive place to live. This is a strong protective factor the community. For the part of the community that is affluent, when problems arise with adolescents or adults, money can assist with attaining appropriate assistance or treatment. Unfortunately this affluence can also be a risk factor. In a study by the National Center on Addiction and Substance Abuse (2003), teenagers said that marijuana is easier to buy than cigarettes or beer. This was also substantiated by the focus groups. Children who are frequently bored, get \$25 or more a week in spending money or are under stress are more likely to smoke, drink, or use illegal substances, according to the survey. Some youth within the Foster-Glocester community are addressing the Glocester Business Association in attempt to stop businesses from selling drug paraphernalia to residents. This is legal under current law.

The *Fostering Arts* organization is an asset for families in the community. Its goal is to create opportunities to share creative experiences, celebrate local cultural resources and bring the arts from diverse and distant cultures to rural communities. Foster Arts makes arts more accessible to people through educational and social programs including visual art, music dance, music, dance, theater, folk art, and healing arts. Some events are Community Country Dance, Swamp Meadow Community Theater, Artist Open Studios, and the Rhode Island Folk Festival.

In Foster-Glocester, use of alcohol and marijuana begins to significantly increase in the middle school. Only 3% of Foster and 1% of Glocester fifth graders in 2004-2005 report use of alcohol compared to 38% of Foster-Glocester eighth graders. 3% of Foster-Glocester sixth graders report use of illegal drugs compared to 25% of eighth graders. Recent findings from a longitudinal study that followed more than 700 individuals from early childhood to their late twenties confirmed that alcohol and other drug use before the age of 14 is a significant factor in increasing the likelihood of a psychiatric disorder later in life (Brook & Brook, 2003). Earlier marijuana use showed substantial effects on major depressive disorder, alcohol dependence, and substance use disorders, 7%, 23%, and 40% more likely. In a study of more than 300 pairs of same-sex twins, NIDA-supported investigators found that smoking marijuana before the age of 17 is linked to a greater likelihood of proceeding to serious problems with marijuana or other drugs.

**School** Foster-Glocester's schools in 2004-2005 scored higher or equal to the state averages in all the performance standardized testing in all the categories in the elementary, middle and high schools except for one (Glocester Mathematics: Problem Solving).

Foster-Glocester students report on their perception of parental involvement in their education in the SALT survey. Overall Foster-Glocester's rates are comparable to the state average. As with most communities, the rate of parent involvement reported by students decreases from elementary to high school.

Prevention programming is very important for the well being of adolescents growing into healthy adults. Early alcohol use increases the likelihood of developing alcohol abuse or dependence at a later age, according to an analysis of data from the National Survey on Drug Use and Health (NSDUH). In 2003, nearly three-quarters (74%) of adults aged 21 or older reported that they had started using alcohol before the legal drinking age of 21. Those who first used alcohol before the age of 15 were four times as likely to meet the criteria for past year alcohol abuse or dependence than those who started using alcohol at or before age 18 (16% vs. 4%) and more than five times as likely than those who began using at or after age 21 (16% vs. 3%) (Grant, BF, & Dawson, DA., *Journal of Substance Abuse* 9:103-110). These findings support previous research indicating that delaying the onset of alcohol use may prevent alcohol abuse or dependence in adulthood. It is for this reason that prevention efforts at the middle school level are encouraged, in particular model programs with proven outcomes.

Within the Foster-Glocester schools, there are a number of programs and resources that benefit the student population. Youth enjoy participating in Teen Spirit during the summer and Youth2Youth. The Student Council, French Club, Mentoring Program and Field Work were also mentioned as activities popular with students. The Mentoring Program and Field Work involve high school students going to the middle school to work/help. The middle and high school have a single Student Assistance Counselor who assists students. The high school counselor works with the Alternative Learning Program (youth with difficulty in traditional classroom, often lower income, sometimes IEP,

mostly “middle of the road” youth) to promote non-destructive decisions and empower them to be involved in prevention campaigns. The Student Assistance Counselor spends most of his time in individual counseling, both self-referred and adult-referred. Youth-focused drug curricula include Project Northland and the NICoTeen program targeting middle school students, grades 6-8. Project Northland is offered completely in grade 6, not at all in grade 7, and again partially in grade 8. After grade 9 there are no programs integrated into the curriculum.

Middle and high school youth discussed issues surrounding alcohol and other drugs in focus groups conducted at their schools. Middle and high school youth did not have a clear understanding of the school policy regarding substance abuse. Some thought youth would be arrested if they caught with alcohol outside the school. Youth state that if youth are caught drinking on a school trip (like band or chorus), they are not sent home (despite the threats given before the trip that such a punishment would occur). Sometimes these students are given a Saturday detention. Youth norms strongly support alcohol use. Some youth state they have lost friends because they don't drink. Water bottles are no longer allowed in the middle school as one youth brought beer to school in one. Drinking mainly happens in small gatherings, not large house parties. Sometimes parents are aware of drinking. Middle school youth did not like the fact that some people (especially teens) drive too fast and the fact the fact that drunk driving seems prevalent within the community among youth and adults. Marijuana is for the most part used outside of the school in the woods. Students point to the fact that middle school youth want to hang out with the high school students and this is sometimes how they begin their use. Cocaine appears to be used by a small amount of youth. The students feel that, if the district eliminates JV sports there will truly be “nothing to do” for many youth. Youth wanted a teen center/YMCA (closest one is in Smithfield) that is more available to youth. They also reported a need for sidewalks on Snake Hill Road. A general place to “hang out” is also needed: perhaps with a café, fireplace, couches, poetry contests and other activities. Youth do report that a skate park is currently being built. Youth report that they go to Smithfield, Providence and Warwick for shopping, movies and other entertainment.

The youth report that their parents expect them to get good grades, “be smart.” Youth feel that teachers are friendly and expect them to perform “on level.” Success defined by youth was “to be happy.” They feel parents have a “kids will be kids” attitude toward alcohol but feel parents would be surprised if they knew of the number of students who drink. Youth claim they do not pay attention during health class. They say that they learn the same things every year and therefore stop paying attention. During prom season, there was an anti-substance abuse assembly, but no post-prom alternative is provided. A Teen Hotline was suggested as a needed addition to the community. Youth were concerned with guns being left unlocked, lack of bus monitors on buses with middle and high school students, suicide attempts by their friends, and “cutting” by their peers.

**Community** Because Foster and Glocester are peaceful communities located in close proximity to both Providence and Boston, real estate in the area is highly valued. The number of family households in Foster has slightly increased; there were 1,477 families

during the 1990 Census and 1,531 families as stated by the 2000 Census. The increase in household income within the towns mirror the Rhode Island average: households making \$75,000 to \$99,999 increased by 197% (107.7% RI); households making \$100,000 - \$149,000 have increased by 671% (205.9% RI). Examples of those income brackets that decreased significantly from 1990 to 2000 are: those households making less than \$10,000 decreased by 54%; households between \$25,000 and \$34,999 decreased by 54%. This data indicates a trend towards greater affluence of residents of the town. Foster is the home of FosteringArts.org, an organization that nurtures and strengthens the communities of northwestern Rhode Island and eastern Connecticut by offering opportunities for sharing creative experiences and celebrating our cultural resources. The organization supports educational and social programs involving the arts including visual art, music, dance, theater, folk art, and healing arts. There is an annual Folk Festival within the town. The Foster Country Club offers the community recreation and it has many golf events during the year.

In Glocester the number of family households has slightly increased; there were 3,138 during the 1990 Census and 3,555 families as stated by the 2000 Census. The increase in household income within the town mirrors the Rhode Island average: households making \$75,000 to \$99,999 increased by 154% (107.7% RI); households making \$100,000 - \$149,000 have increased by 368% (205.9% RI). Examples of those income brackets that decreased significantly from 1990 to 2000 are: those households making less than \$10,000 decreased by 61%; households between \$25,000 and \$34,999 decreased by 59%. This data indicates a trend towards greater affluence of some residents of the town. Many events happen in Glocester such as house and garden tours; fireworks and the Ancients and Horribles Parade in July; Heritage Day Crafts and Antiques Fairs; the Peddlars Faire and GBA Business Expo in November; and the Candlight Shopping and Festival of Lights and the "Christmas in the Country" sponsored by the Glocester Business Association.

The Towns of Foster and Glocester have an effective Juvenile Hearing Board. In 2004, 62 cases were heard; 55 were male and 46 (75%) were between the ages of 15 – 18. The type of offenses varied: simple assault (1); possession of a weapon (2); malicious damage (2); larceny/possession stolen goods (2); disorderly conduct (11); alcohol and drug offenses (18); other (24); status (2). The sanctions given to the juveniles include: community service (43); curfews (1); alcohol/drug testing (12); essays (13); letter of apology (31); report from school (62); restitution (3). "Other" offenses were arson (2); breaking and entering (4); vandalism (5); driving violations (12); violation of town ordinance (1). The sanctions for these detentions were: anger management workshop (1); Youth Responsibility Program (7); Project Peer (3); SCORE (13); RYDD (Reducing Youthful Dangerous Driving) (15). The police provide great assistance to the Juvenile Hearing Boards and the Explorers Program open to all teens in the community.

Northwest Community Health Care offers assistance to anyone who needs primary medical care, dental care, lab services, radiology services, mental health and substance abuse counseling or case management services. Northwest Health Center accepts most health insurance and also has a sliding-scale fee that is based on income and family size.

Many community residents are referred to the Community Health Care Center for substance abuse services.

The Foster and Glocester Police Departments are very involved in the community. Although a new curriculum could be introduced, DARE is provided to youth at grades K-5. The police officers also bring youth on field trips to the Pawtucket Red Sox and Providence Bruins and assist with bike safety education. The Foster and Glocester police department is instrumental in referring youth to the Juvenile Hearing Board. Tri-Town Community Action program and the Truancy Court receive referrals through this program. There appears to be some disagreement in the towns about the role of the police within the school district as School Resource Officers are not desired by some residents. Police are aware that alcohol and other drug use occur in the community: in the woods, at schools, at homes, and in cars. According to key informants, use of alcohol and other drugs is by far the primary reason for youth to enter the juvenile justice system in some form.

Citizens and Students Together (CAST), the Foster-Glocester substance prevention task force, produces a community health newsletter, which goes to every home, physicians' offices and local outlets. This publication provides health information to the general population and to those who may not directly participate in other CAST-sponsored programs. CAST offers an excellent website which enhances taskforce capacity to provide access to resources, solicit community feedback and expedite project evaluation. CAST places ads/articles in local papers relating to ATOD prevention such as *Developing a Family Policy on ATOD* use and participating in *Family Dinners*. (The community is involved by submitting dinner recipes) In addition, CAST places articles in local papers in support of a variety of national awareness days. In this regard, the membership strives to raise awareness on other social ills related to ATOD use and abuse. Some of these include: Alcohol *Red Ribbon* Awareness Campaign, Purple Ribbon Violence Prevention Awareness Day in October, the Great American Smokeout in November, World AIDS Day in December, and Alcohol Awareness in April.

In addition, CAST has formed partnerships with local community groups to raise awareness and influence community norms in the prevention of ATOD use and abuse. For example, Partners N Prevention is a project that partners with the groups like Foster and Glocester Recreation, the four Foster and Glocester libraries, Boy Scouts, Girl Scouts, the Farmers' Collaborative, Swamp Meadow Theater, Fostering Arts, all Foster and Glocester schools, (elementary-high school) Parent Teacher Organizations, and other groups to offer skill building, mentoring and awareness raising programs, for youth. The membership also partners with local senior groups in offering networking experiences to reduce isolation of the senior citizens in the community. These efforts also raise awareness about alcohol and other drugs, including prescription medication misuse and abuse. This elderly initiative called Connections also includes a special "Connections Page" in the community newsletter.

The towns host a wide variety of community events like the popular Heritage Day in Glocester and Old Home Days in Foster. Sponsored by the Glocester Heritage Society,

Heritage Day takes place in the village of Chepachet. The event actually began in 1907 as Old Home Day at the Freewill Baptist Church. Though many changes have taken place over the years, the event is still celebrated in August with entertainment and a multitude of vendors selling antiques, arts and crafts, collectibles and food. The Town of Foster held its first Old Home Days in the summer of 1904 to raise money for the upkeep of the Town House. The tradition was continued for the next few years with townspeople gathering one day a year for a big picnic at the town grounds. Then the Foster Center Baptist Church assumed responsibility for the event until the early 1980s. At that time, a group formed to organize the celebration of Foster's 1982 Bicentennial, and it has been organizing the Old Home Days festival since.

Peeptoad Coffeehouse is committed to bringing the best folk and traditional music to the area. Its mission is to nurture and strengthen the communities of northwestern Rhode Island and eastern Connecticut by offering opportunities for sharing creative experiences and celebrating the area's cultural resources. The organization supports educational and social programs involving the arts including visual art, music, dance, theater, folk art, and healing arts.

The town has many churches and an active religious community according to key informants. This is another strong protective factor in the community. According to the National Survey on Drug Use and Health, more than 79% of youths (19 million) reported that religious beliefs are a very important part of their lives, and 69% (17 million) reported that religious beliefs influence how they make decisions. Youths aged 12 to 17 with higher levels of religiosity were less likely to have used cigarettes, alcohol or illicit drugs in the past month than youths with lower levels of religiosity (National Survey on Drug Use and Health, January 30, 2004).

As with nearly every community in Rhode Island, the issue of substance abuse among the retired senior population needs to be addressed by the task force. Interviews with seniors indicate that CAST is involved with the senior population and has a seat on CAST. 10.4% of Foster and 9.1% of the Glocester (13.6% RI 2003 Estimate) population is over the age of 65. As indicated in a study by the Woonsocket Substance Abuse Task Force "Prescriptions for Trouble" (1997), there is a problem with noncompliance.

"Americans over the age of 65 make up 12% of the U.S. population, but they are prescribed almost 1/3 of all drugs and take 50% of all over the counter (OTC) medications sold in the country. 40% of senior citizens take at least one drug per day to conduct the essential activities of daily living. Therefore, the issue of medical compliance is a serious one for the senior citizen population of the United States. The salience of this fact has been heightened by several studies, which have shown prescription medication compliance rates among senior citizens to be between 26% and 59%. In addition to communication between physician and patient there is also the issue of individuals being physically or mentally unable to follow drug regimens in spite of adequate information and communication. 12% of senior citizens respondents admitted that they have difficulty keeping their drug schedule. The reasons behind this difficulty could range from dementia, to poor eyesight, to arthritis, to having an extremely complicated drug regimen. Regardless, some senior citizens need assistance in keeping up with their medication schedule."

As in many communities, substance abuse issues are a hidden problem with elderly. Sometimes it is the elderly person with a substance abuse issue, or possibly their child

has the problem and so many times this is how their parent starts using substances. Since these issues are not discussed openly, the new senior center in Gloucester will be a place where these issues can be addressed.

## **QUALITY OF COMMUNITY SERVICES**

Foster and Gloucester have access to a wide variety of social, behavioral health and health services. However, many of these are found outside the community. They include:

**Churches** The town has many churches and an active religious community according to parents and other key informants. This is a positive influence in the community.

**Child Care** According to *2005 Kids Count*, 46% of eligible Foster-Glocester youth participate in Head Start (57% RI); 6% of eligible youth participate in Early Head Start (5% RI); 49 children are receiving child care subsidies; there are 92 licensed school-aged child care slots for eligible children.

**Community Organization/Advocacy** Comprehensive Community Action Agency's delivery area includes Foster. Some programs and services extend into other communities including Gloucester. CCAP's primary role is to make the entire community more responsive to the needs and interests of the poor by mobilizing resources and bringing about greater institutional sensitivity. Tri-Town Community Action Agency located in Johnston serves the low-income residents of Gloucester, but may also serve Foster residents in some cases. Tri-Town has the following programs in Foster: Adult Tobacco Treatment Program; Elder Case Management Program; Even Start Family Literacy Program; GED Preparation; Head Start Program; Juvenile Hearing Board; Literacy Improvement Program; REACH; Supportive Employment Program; Victims of Crime Advocacy and a Youth Smoking Cessation Program. In Gloucester Tri Town Community Action Program offers the following programs: Adolescent Self-Sufficiency Collaborative Program; Adult Tobacco Treatment Program; All Stars Program; Appliance Management Program; Article 23 Program; Basic Human Needs; Boiler Repair; Breastfeeding Peer Counseling; Commodities Distribution; Elder Case Management Program; Emergency Housing Assistance Program; Emergency Shelter; Even Start Family Literacy Program; Food Baskets; Food Vouchers; Furniture Bank Referral; GED Preparation; Head Start Program; Health Center; Heating/Fuel Assistance; Juvenile Hearing Board; Literacy Improvement Program; Mental Health Counseling and Treatment; New Opportunity Homes; REACH; Safe and Drug Free Schools; Substance Abuse Counseling/Treatment; Supportive Employment Program; Toy Distribution; Victims of Crime Advocacy; Weatherization Assistance; Women, Infants and Children Nutritional Program (WIC); Youth Responsibility; and a Youth Smoking Cessation Program.

**Crisis Intervention/Counseling** The Tri Town Community Action Program functions as a Substance Abuse Outpatient Counseling/Treatment Center. Individual, group, and family counseling services is provided through this program. Third party insurance is accepted, including Rite Care and NHPRI. Self-pay and a sliding fee scale is available to all patients based on income. The Substance Abuse Program is staffed by licensed

Substance Abuse Counselors and is licensed by the Rhode Island Department of Health. The Program is JCAHO Accredited. Priority is given to Tri-Town clients.

The Comprehensive Community Action Program (CCAP) provides emergency services: this program assists families in crisis to reduce the daily stresses associated with child abuse and neglect. Services include crisis intervention, parenting skill development, family counseling, home visitation, parent aid services and emergency on-call service 24 hours a day. CCAP also provides discharge planning. Discharge Planning is a program designed to assist minimum-security inmates in planning for transition back into the community. Caseworkers help inmates design discharge plans ninety days prior to their scheduled releases and follow them for sixty days following release. Services include assessment information and referral groups, workshops and advocacy. In addition CCAP staff provides parent education groups and supervised child visitation programs.

**Education/Literacy/Mentoring** The Tri-Town Community Action Program offers job-related instruction and career counseling services. The Tri Town Community Action Program has an Even Start Family Literacy Program. This program is funded by the State of Rhode Island Department of Education to provide families with children under the age of 8 with the following services: early childhood education and development; employment and training; adult basic education (pre-employment/work maturity skills); GED/ESL/ABE instruction and testing; parent involvement; literacy skills training (parent education); parent and child activities.

The Comprehensive Community Action Program offers a teen mentoring program. Research has shown that mentoring has a positive effect on school absence rates, school attitudes, aggression, drug and alcohol use, respect for adults and improved parental relationships.

Fostering Arts sponsors a number of seasonal events designed especially for children, such as "Halloween Ghoulish Graveyard" and storytelling sessions at the Tyler Free Library.

**Employment and Training** The two community action agencies offer GED preparation and testing to eligible individuals. Adult education activities include academic assessments, group sessions, tutoring, home-based studies and computer assisted learning.

**Family Services** CAST (Citizens And Students Together) describes itself as a volunteer community health coalition that supports programs that will enhance healthy conditions toward a drug-free community in both Foster and Glocester. Its "Partners In Prevention" program encompasses plans programs that address the needs of the community, peers, school and family. The primary goal of CAST is to reduce violence and abuse of alcohol, tobacco and other drugs by encouraging other organizations to include prevention of underage smoking and drinking as a formal part of their mission, goals or strategies. CAST solicits groups willing to become Partners In Prevention and seeks programs that have some support from other community groups



**Health Care-Mental Health** The Northwest Community Health Care Center in the village of Pascoag (Glocester) provides treatment and counseling services to individuals and families in need of mental health counseling in individual and group settings. Third party insurance is accepted and no one is denied services due to inability to pay. The program is staffed by licensed mental health professionals and is JCAHO Accredited.

**Health Care-Physical Northwest** Community Health Care offers assistance to anyone who needs primary medical care, dental care, lab services, radiology services, mental health and substance abuse counseling or case management services.

**Legal Aid Counseling/Services RI** Legal Services provides legal service aid to the financially disadvantaged.

**Public Assistance** netWORKri is a unique collaboration of employment and training centers dedicated to address the workforce development needs of job seekers and employers in RI. Most of these resources are available for free. There is a site in Woonsocket.

**Senior Services** A new senior center is being built in Glocester. The Town of Glocester currently provides the regularly scheduled senior events such as senior bingo, meal sites, senior card playing and senior exercise classes.

**Substance Abuse Treatment** Individual, group, and family counseling services are provided at Tri-Town. Third party insurance is accepted and sliding fee scale is available to all patients. The sliding scale fee is based on income. The Substance Abuse Program is staffed by licensed Substance Abuse Counselors and is licensed by the Rhode Island Department of Health. The Program is JCAHO accredited. Priority is given to Tri-Town clients. Also at Tri-Town, the “Quit for Life” Program provides a smoking cessation program for adults who want to quit smoking. Clients enrolled in the Program are provided with a complete physical assessment through the Agency’s Health Center physicians, and, if eligible, are referred to the Smoking Cessation Program. Clients enrolled, are eligible to receive the nicotine patch, Nicorette gum, Wellbutrin, nasal spray or the inhaler. All clients participating in the clinical aspect of the program must also participate in counseling.

The Comprehensive Community Action Program (CCAP) in Cranston provides the following education and prevention programs: “Life Gotten Off Track”; “At Wit’s End with Your Kids”; anger management classes for teens; *Parenting Wisely*; “Youth Success Series.”

## **RECOMMENDATIONS**

The Center for Substance Abuse Prevention (CSAP) has identified six categories of prevention strategies for consideration when planning prevention activities that are responsive to community needs. The following recommendations are made in this format for CAST to consider in its future planning.

**Information Dissemination** An informational campaign for parents about the laws related to alcohol and other drug use focusing on parental responsibility and using a legal expert as a speaker would be a useful activity for CAST to conduct. This educational campaign could include SALT data presented by a substance abuse prevention expert to the Town Council or School Committee or a forum of parents and service providers in the community. Planning this with an active youth group at the Ponaganset High School would increase attendance, especially if the event were prefaced by several articles in the local paper. This may help with community buy-in to the substance abuse that exists and enhance residents' willingness to financially support any endeavors of the Task Force. As mentioned by key informants, there is a community spirit within Foster-Glocester. By incorporating activities that promote awareness around substance abuse and other issues surrounding healthy living as part of existing town-wide activities and gatherings, the task force could counter the social norms that promote alcohol and other drug use/abuse. These events could also be ways to disperse information to the community. The PTO newsletter and local paper are other methods suggested by key informants to disperse this type of information to the community.

Education by CAST on all types of drugs and their effects is critical for parents, youth and the school and local community. Substance abuse in the community is higher than RI averages. In addition, anecdotal data seems to indicate that there is a wider range of experimentation by Foster-Glocester youth than in other more populated areas. Parents need to be aware of the warning signs of their children's use, and all members of a family should be informed on the potential health risks that alcohol and other drugs pose for youth during the vulnerable years of adolescents. Workshops or educational forums for parents should include information on alcohol and marijuana as well as other illegal and legal drugs, including inhalants, methamphetamines and OxyContin. It is suggested that any community forum be planned with youth from the high school. With youth presenting the information, attendance by parents would be increased, especially if some of the SALT data was presented in articles in the local paper and the *Providence Journal* prior to the event.

Our research indicated that the towns' and school websites does not mention the task force. CAST's website is excellent, and more of the information on it should be available to the community in these formats. A link to a homepage with meeting times, past minutes of meeting, members of the task force, educational information on alcohol and other drugs, warning signs of use/abuse, this needs assessment, and health and behavioral health resources would be invaluable for the residents of Foster and Glocester and their school district's websites. As with many communities, another reason for having the website is to provide residents, who may be unwilling for some reason to seek help through the Task Force or a local agency, with information about the location of available resources.

**Prevention Education** At present the DARE program is offered in grade 5 and Project Northland is offered in grade 7 and partially in grade 9. While DARE is well received in the community, it does not have strong, positive outcome data as Project Northland does.

Utilizing the DARE officers to deliver a model program with positive outcomes is recommended. Across the board, the Task Force should continue to co-sponsor and advocate for the integration K-12 of model prevention education programs for children and their parents from the elementary to the high school level. While the emphasis should continue to be at the middle school, “booster” sessions should occur in every grade thereafter to benefit from those prevention activities. The Task Force could benefit the community by promoting the concept of drug prevention programming beginning in early childhood education before fifth grade and continuing it yearly after middle school. The hope is to educate before youth become ingrained with unhealthy societal norms. Other model programs can be found at [www.prevention.samhsa.gov/](http://www.prevention.samhsa.gov/)

Since the use of alcohol and other drugs dramatically increases at these critical times, the school district should be supported and encouraged to adopt a comprehensive transition program for students moving from elementary to middle school. It should also consider expanding any existing transition program from the middle to high school grades. As indicated by the United States Department of Health and Human Services: National Institutes of Health (2003),

“...research has shown that the key periods for drug abuse occur during major transitions in children's lives. These transitions include significant changes in physical development (for example puberty) or social situations (such as moving or parents divorcing) when children experience heightened vulnerability for problem behaviors. The first major transition for children is when they leave the security of the family and enter school. Later, when they advance from elementary to middle or junior high school, they often experience new academic and social situations, such as learning to get along with a wider group of peers and having greater expectations for academic performance. It is at this stage - early adolescence - that children are likely to encounter drug abuse for the first time.”

The 2004-2005 SALT data indicates that overall use of all harmful substances by Foster-Glocester middle school students is higher than the state average. A concern with the middle school is the percentage of eighth graders who smoke cigarettes more than 20 times a month (8% versus 4% RI); use chewing tobacco more than 20 times a month (6% versus 3% RI); use illegal drugs more than 10 times a month (8% versus 4% RI); consume alcohol more than 20 times a month (8% versus 3% RI). *A focus should also be on students between the grades of sixth and seventh grades since this is the time that the highest increase in use by students occurs in the district.*

Among high school students (grade 9-12), Foster-Glocester youth report higher scores for all four categories tracked by SALT. In addition, 17% report using cigarettes more than 20 days a month (10% RI); 13% use chewing tobacco more than 20 times a month (5% RI); 21% are using illegal drugs more than 10 times a month (12% RI); 16% report using alcohol more than 20 times a month (8% RI), indicating that a significant group of students is smoking cigarettes and using illegal drugs on a regular basis. The best way to alter these health risk practices is by using nationally validated model programs. Model programs increase the likelihood of behavioral change.

CAST would benefit from co-sponsoring events on substance abuse with the other health and substance abuse providers such as the Northwest Community Health Center, Tri-

Town Community Action Program, and the Comprehensive Community Action Program. The task force could also co-host workshops with the churches or the schools on topics listed in the SALT survey by parents.

**Alternatives** The National Longitudinal Study of Adolescent Health (Add Health) completed in 2003 shows a strong association between school connectedness and a variety of risks. Researchers found that youth who felt connected to school are less likely to use substances, engage in violent behavior, experience emotional distress or become pregnant. The single greatest indicator of school connectedness was a school climate that incorporated clear expectations, acknowledgment of all students as valuable and active student involvement in classroom management.

A lack of healthy alternatives for youth during after school hours and on weekends is a significant risk factor for some youth in the community. It is recommended that the out-of-school programs at the middle and high school level be increased with an emphasis on the creative, visual, manual and performing arts as well as on the activities that are particularly available in a rural area. Those youth not involved in sports must be validated and engaged in alternative activities that appeal to them. Within the towns, there is a vibrant arts community and a strong farming community that could be further engaged to support these efforts.

Students who participated in the youth focus group listed many additions they would like to see in their community. As previously mentioned, they indicated that they wanted a post-prom alternative provided. This may be reconsidered by CAST and the school district for 2006. In order to be successful, a broad range of youth would have to be involved in all aspects of the planning. High school youth echoed the wish of their younger peers to have a place to “hang out” that they can access easily, such as a recreation center or a YMCA. (Recently, community members in Chariho joined together to bring a “Y” to their area.)

There is a need for a safe and supervised location for youth especially during the hours after school, but due to budget constraints it would be difficult to build a new site. For this reason CAST may wish to promote the idea of an intergenerational center at the future Gloucester Senior Center, or at least utilize it as such for some days of the week. The new senior center would be an excellent location for CAST and other community programs to run after-school, night and weekend programming. CAST might want to create a “Family Night” at the Senior Center. This “Family Night” could include many activities and would be a way to provide educational materials on substance use and also resources for all members of the community. Another possible idea would be for the youth to read to the seniors at the center as a tie-in with the school or plan an intergenerational project highlighting the rich history of the towns. This may be a way to involve more youth, and possibly parents, in the task force since they could help plan for these events. Any manner that these two groups interact would benefit both the seniors and the youth and foster both community bonding and community pride. Many senior citizens in the towns may not have a grandchild, and conversely many youth may not be able to see and know their grandparents. It is also recommended that the task force and

the school district investigate the “community schools” concept whereby creative and innovative after school activities offered by town residents are linked with the schools’ learning objectives.

Some Foster-Glocester youth participate in Youth2Youth, a nationally recognized prevention program. They could also take advantage of other existing alternative prevention programs that are offered in Rhode Island. The Teen Institute is a program for middle and high school students offered free by Initiatives for Human Development throughout the year. This program provides a safe environment for youth leaders to develop skills to improve their community while interacting with youth from around Rhode Island. The National Conference for Community Justice offers Anytown, a program that promotes peaceful, multicultural relationships. The exposure to youth from urban and more suburban areas would infinitely assist this rural community to promote well-rounded future leaders. MADD RI also holds an annual youth conference focusing on prevention.

CAST may wish to sponsor a community forum similar to what the Barrington Task Force and Barrington CARES programs did. Even though this was held in response to a recent tragedy, Foster and Glocester have had some of these events and need not wait for the next one prior to organizing this forum. The forum, “A Community Responds – Uniting for Positive Change” could become a grassroots effort by collaborating with the local PTOs.

**Community-Based Processes** Traffic crashes involving alcohol are still claiming thousands of lives each year. According to MADD, more than 2,200 15 to 20 year olds were killed in alcohol-related traffic crashes in 2003. For community coalitions, compliance checks are often part of their community-wide strategy, with many forming strong partnerships with local businesses and law enforcement officials to reduce alcohol sales to minors. For more information on community-based solutions to underage drinking prevention, visit the Marin Institute’s website. In collaboration with the police department, the task force may wish to consider promoting semi-annual alcohol compliance checks of all establishments and join the “Night of Compliance” or form one of its own. This would demonstrate to the community that underage alcohol use will not be accepted in the community, and it would increase the task force’s visibility in the community.

CAST could also consider adopting a program currently run by the other substance abuse task forces, "Safe Homes." The "Safe Homes" campaign is a prevention project whereby parents identify their homes as places where parents will supervise teen parties and not serve alcohol to them. This strategy would be an extension of the traditional “Safe Homes” program that identifies homes as safe for children to go when working or playing. Key informants identified "open houses on weekends" and the fact that some parents "host parties at their house" as risk factors for the community.

According to SALT, only 5-11% of middle and high school parents had attended a workshop in the past year. The majority of these parents (between 85% - 89%) indicated

that they would be able to attend a conference, meeting or workshop in the evening rather than morning or afternoon. When asked what workshop topics parents of Foster and Glocester youth would like to attend, parents of children at all grade levels indicated: “How children grow and develop at my child’s age”; “How to discipline children”; “How to help my child develop his/her talents”; “How to deal with stress”; and “Helping children take tests” were the top four topics. Services in the community that these parents would like to know more about are, “after-school sports activities”, “other after-school clubs or lessons to develop talents”, “community service that children can do”, “summer programs for children”, and “information on museums, shows”, and “events in the community”. To increase the likelihood of attendance, parents and youth should be invited to be part of the planning process for any programs.

Transportation, a problem for both elderly and youth in the town, might be addressed through a grant source that specializes in capital expenditure projects. Increasing the mobility of some seniors would reduce loneliness and isolation, risk factors for this population.

**Environmental Approaches** According to the juvenile arrest data provided by the RI Juvenile Justice Commission, 8% of Foster and 58% of Glocester youths arrested in 2004 were remanded to parents. This is significantly lower than many other communities. More than 40% of these detentions occurred between 6 PM – 9 PM. In order to alter the norming of binge drinking and marijuana use in the town, the school and community must also intensify its enforcement of laws regarding alcohol and marijuana use by minors. Some youth persist in seeing enforcement as selective and avoidable. Continued collaboration with the police and Juvenile Hearing Board is needed for the safety of students and for enforcement purposes. The Juvenile Hearing Board could require a model program such as “Parenting Wisely,” a Center for Substance Abuse Prevention (CSAP) CD ROM based parenting program as a component of remediation for offending youth and their families. This has been successfully done in communities nationally. According to the RI Juvenile Justice Commission, in 2004 there were a total of 62 case sanctions by the Foster-Glocester Juvenile Hearing Board. “Parenting Wisely” can be incorporated with the Youth Responsibility Program, Project Peer, and SCORE which are used by the Hearing Board. The Hearing Boards can also resume referral to RYDD (Reducing Youthful Dangerous Driving)

Citizens and Students Together (CAST) may wish to adopt the concept of a “Prom Contract.” This contract has been used by other high schools around the country. The contract details the consequences of using, possessing or distributing alcohol and other illegal drugs and requires a parent’s signature. The parent also leaves a phone number where they can be reached on prom night. A drug and alcohol free post prom with incentives for attendance would help alleviate substance use during this high risk time.

Community based organizations and coalitions are increasingly turning to environmental approaches – media advocacy and public policy processes – to change not only societal values but also the laws and regulations. As stated in [www.jointogether.org](http://www.jointogether.org), families, schools, other community organizations, and local practitioners have an important role to

play in bringing about changes in the larger physical and psychosocial environment. The choice to use substances may occur at the individual level, but just as family, peer, and school factors influence these choices, so too do factors in the community and society as a whole. Five environmental strategies can have a significant impact. They are: policy, enforcement, education, communication, and collaboration. These environmental strategies for preventing, reducing, or eliminating substance abuse also contribute to violence prevention (Northeast Center for Applied Prevention Technologies). The Center for Substance Abuse Prevention (CSAP) is a federal organization designed to encourage creative and effective efforts aimed at reducing and eliminating alcohol, tobacco, and other drug problems in our society. CSAP has many publications about prevention and community organizing which are available through the National Clearinghouse for Alcohol and Drug Information (NCADI), [www.health.org](http://www.health.org) or 1-800-729-6686.

CAST does currently target youth groups to carry out several *environmental strategies*. This year *Youth2Youth*, a youth-focused organization in both middle and high school, is spearheading a project to stop the sales of marijuana paraphernalia in local convenience stores. They will collaborate with the business associations and the local police in support of their efforts.

Another effort that CAST should promote in the community are tobacco as well as alcohol compliance checks. For example, in Foster in 2004, of the 6 establishments serving alcohol, only 2 were completed and that one sold to a minor. Since 2000 only 1-2 establishments have been checked and in all years at least 1 is found to serve a minor. In Gloucester in 2004, of 15 establishments licensed to serve or sell alcohol, only 4 were surveyed and 2 served to minors. In the years since 2000, a maximum of 6 establishments have been surveyed and in all but one year 50% have served to a minor. CAST should advocate for surveying of *all* establishments *twice a year* to promote compliance to the law.

**Problem Identification and Referral** The Task Force currently distributes a flyer describing its work and listing local treatment services. It could expand this concept by taking the lead in the development and distribution of a resource manual. This would include all available services and agencies in the local area. As mentioned by a key informant, essential information could even be provided on a handout or magnet, whatever allows the greatest number of people the possibility of identifying needed support services. Other communities, such as Pawtucket, have been successful in developing a resource manual. The manual could include basic information on addictions (alcohol and other drugs), education (adult, family, children), employment, family (divorce, stepfamilies), health (mental/emotional health, physical health, eating disorders), housing, legal issues (laws and regulations for people under 21, search warrants), loss and grief (family and friends, pet loss), minority services, nutrition, physically and/or mentally challenged youth services, running away, sexual activity (AIDS and other STDs, birth control, unplanned pregnancy), sexual orientation, social and recreational activities, spirituality, suicide, transportation. Such a resource guide, once completed, simply needs to be updated on an annual basis. Particularly in a town where resources are usually found outside the community and where new families are

constantly moving in, this resource would be most helpful. The guide could also be made available online. The high school student newspaper or student council, as well as the local newspaper, can serve as resources for substance abuse information distribution.

The total percentage of middle and high school students using alcohol and other drugs in the towns since 1997-1998 has maintained or slightly increased. *However, it cannot be ignored that, according to the 2004-2005 SALT survey, the Foster-Glocester district has some of the highest levels of substance use of all communities in Rhode Island.* More alarming is the fact that *there is a significant increase evident in the regular use of alcohol and other drugs by students.* As previously stated, regular use of chewing tobacco increased by 4% from 1997-1998; regular use of illegal drugs by 8% and alcohol consumption by 6% over the same time period. Among Foster-Glocester high school youth regular use of chewing tobacco increased by 10%; illegal drugs by 9% and regular use of alcohol increased by 9% from 1997-1998 to 2004-2005. Unfortunately, the percentage of students using illegal drugs and alcohol *on a regular basis* and in need of intervention is too high to be acceptable. It is therefore recommended that student assistance services be expanded and be clearly focused on identifying and referring those youth who are already using alcohol and other drugs on a regular basis. In addition, supporting the placement of a School Resource Officer through the police departments, a practice popular with both students and the community at large in other municipalities should also be considered.

## **SUMMARY AND CONCLUSIONS**

Foster and Glocester are rural communities facing many of the same issues that affect all other communities in Rhode Island. Its community programs and cooperative town government are resources afforded to this community that can assist the task force. The task force should continue to work from this “strengths” perspective when addressing the substance abuse issue. Many community leaders, including youth, are aware that substance use is a major issue and are prepared to address the matter. CAST has done a good job promoting itself through its website and outreach but still could become more visible so that more of the community sees it as a resource. Because of the high levels of adolescent use reported, it is strongly recommended that CAST focus its resources on: 1) institutionalizing model prevention curricula, especially in grades 5-12, and 2) promoting environmental strategies that give the message that underage use of alcohol, tobacco use and illegal drug use (including illegal use of prescription drugs) are not acceptable in Foster and Glocester. This latter effort must be planned strategically over a number of years in order to effect a change in the community norm that seems to say that with respect to substance use, “kids will be kids.”

Citizens and Students Together (CAST) should sponsor and promote events and places that provide youth a safe place to gather. An increased level of responsibility is necessary on the part of many parents in the towns to provide safe places for youth to gather, either in their homes or at a supervised location. *It is important that CAST target middle school students since, according to the SALT survey, the largest increase in use by Foster-Glocester students is between sixth and seventh grades.*



Unfortunately there is some significant denial within the community about the level of use among area youth and a vague awareness and concern about substance abuse as problem within Foster and Gloucester. It is recommended that CAST begin by focusing on community mobilization and collaboration with other groups in the area, including the churches and 4-H. These efforts may include community forums, collaborative meetings with local agencies, and the development of a resource manual sponsored by business and local agencies. *The primary challenge for CAST, by virtue of its mission, is to address the norming of substance abuse by youth in the town.* A combination of education and alternative strategies combined with a heavy emphasis on environmental strategies strategically planned over at least five years is most likely to be effective in addressing this. CAST could best do this by utilizing its existing Partners In Prevention as an advocacy group for this agenda.

The recommendations above are, in many cases, beyond the scope of CAST itself. These would need to be prioritized strategically by an expanded membership over three to five years to be workable. Based on the key informant interviews and focus groups, it is clear that there are a critical number of persons, young and old, living in Foster and Gloucester who are invested in its future. However, the town needs assistance in focusing and nurturing this energy to define itself as a place that, in prevention terms, “fosters attitudes and creates conditions that promote the well being of its people.”

## **Foster-Glocester Interviews**

### **Key Informants**

1. David Chase, Teacher, Foster-Glocester School District
2. Mildred Cowell, Glocester senior citizen
3. Linda Dandrow, Foster-Glocester High School Nurse
4. Lee Goulet, Ponnaganset Student Assistance Counselor
5. Jamie Hainsworth, Chief, Glocester Police
6. Reverend Bob Hollis, Roger Williams Baptist Church
7. Anne Irons, Town Clerk, Foster
8. Carol McCullough, Publisher, *Foster Home Journal*
9. Sam Mooney, Foster Police Officer
10. Connie Richardson, Glocester senior citizen
11. Diane Femino, Foster parent
12. Kathy Roberts, President, Glocester Business Association

### **Focus Groups**

Foster-Glocester Middle School Focus Group  
Foster-Glocester High School Focus Group