

Lancaster County by the Numbers

- **Prevention**
- **Treatment**
- **Criminal Justice**

Indicators of Community Substance Abuse Efforts

2010

SAAC

Lancaster County, Nebraska **Substance Abuse Action Coalition**

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Prepared For:

Lancaster County, Nebraska SAAC

1115 K Street
Suite 100
Lincoln, NE 68508
402.441.4944

www.saaclincoln.org

Electronic versions of the report can be found on the SAAC website

Prepared By:

Schmeckle Research Inc.

Research and Evaluation

1701 S. 17th Street
Suite 2A
Lincoln, NE 68502
402.477.5407
www.schmecklerresearch.com

This report was supported in part by Drug Free Communities (DFC) Grant 5H79SP012199-07.

October 2010

Introduction

In Lancaster County, Nebraska, we pride ourselves in working together to use the strengths and skills of individuals and agencies in communicating what we have to offer and in providing the community with a solid range of easily accessible services. To do our jobs successfully, data is needed to show us how effective we have been and what steps are needed in the future to fill any gaps in services found.

The Substance Abuse Action Coalition (SAAC), formed in 2000, is dedicated to making our communities safe for our youth and young adults. Excessive drinking and the use of tobacco and illegal drugs are risks taken which often result in severe consequences. Costs to society cannot be ignored. Emergency response calls, treatment services, costs for incarceration and our criminal justice systems total millions of unnecessary dollars when we fail in our ability to be responsible. Abuse of alcohol is associated with increased risks for many issues including child abuse, domestic violence, assaults and sexual assaults, as well as driving under the influence and other criminal offenses. We are fortunate if we have not been personally impacted by someone struggling with alcoholism or other substance abuse issues.

Lancaster County is fortunate to have a variety of individuals, groups and agencies making a positive difference. These efforts include ten dedicated community groups working in regional high schools to educate parents, community members, teens and young adults about the harmful effects of alcohol and drug abuse and to encourage strong family and peer support systems. Programs like the School and Community Intervention Program (SCIP) are available for youth and offer early intervention services. A broad range of treatment services are available for youth and adults. Problem solving courts are working well in Lancaster County. We have many committed elected officials working with law enforcement and business owners to discuss problems and find solutions.

At the same time we continue to question what more we need to prevent substance abuse. What are the savings of early intervention and prevention programs in criminal justice dollars in the future? Are youth and adults receiving the services they need? What are the long term impacts of SCIP or any type of prevention programs? Anecdotally, we know we have a problem with misuse and sales of prescription drugs. How do we document these non-scientific reports and make recommendations to curb use? We also know when problems arise, for example a lack of public transportation surrounding the density of bars in downtown Lincoln, partnerships must be created to find solutions.

We recognize that data is the key to assess whether we are making a positive change. And we know all too well change is sometimes slow. Seatbelt and bike helmet use, recycling instead of tossing, landlines to cell phones, even moving from books to Kindles all take time. Facebook and Twitter are household words. They are changes we are making, even if challenging, because we know they will improve our lives.

We invite the entire community: schools, businesses, social organizations, volunteers, professionals, mentors, faith based communities, cultural centers and those in recovery to join the efforts to help those around us. We must all be good role models for our youth. Parents and extended family, neighbors and friends must step up, recognize the risks involved in underage substance use, and stop making excuses for it to continue. The myth that underage drinking or smoking marijuana is a “right of passage” is no longer excusable in our communities.

We are pleased to be able to provide a snapshot of what we are seeing in Lincoln and Lancaster County, Nebraska to show the public what professionals are seeing as a result of behaviors we can control. These indicators represent some of the ways to measure success of our community’s effort to reduce underage drinking and use of illegal substances by youth and adults. We hope the data will be used by agencies, parents and policy makers to make insightful decisions based on this information.

We still have a long way to go.

Progress is not possible without change, and change is not possible without the time, energy, ideas and actions of the people reading this report. We hope everyone who calls Lincoln or rural Lancaster County home finds something interesting or personally relevant in this report. We hope it also encourages more individuals to act. Go to www.saaclincoln.org to become involved and make a difference.

Kit Boesch
Lancaster County Human Services

Patte Newman
Substance Abuse Action Coalition

Acknowledgements

We would like to thank all who contributed data and participated in the creation of this first time Lancaster County indicators report. We trust that this baseline data will continue to be collected in the future to create a timeline of indicators to reflect (hopefully positive) changes in our community, to assess gaps in services, and to use as documentation of future needs and successes.

Agencies and individuals who contributed data or text include: Jerome Barry and BJ Brittenham from BryanLGH, CenterPointe, Child Guidance Center, Cornhusker Place, Houses of Hope, Tim Perry from Lancaster County Adult Probation, Lancaster County Juvenile Court, Jared Gavin and Alex Houchin of Lancaster County Adult Problem Solving Courts, Vicky Thompson of Lancaster County Juvenile Diversion, Bev Hoagland of Lancaster County Juvenile Probation, Sara Hoyle of Lancaster County Juvenile Justice, Captain Joy Citta of the Lincoln Police Department, Darrell Fisher, Amanda Genuchi and Teri Vosicky of Lincoln Council on Alcoholism and Drugs, David Humm of Lincoln Lancaster County Health Department, Lutheran Family Services, Nebraska Health and Human Services, Region V, SCIP of the Lincoln Medical Education Partnership, St. Monica's, Touchstone, Youth Services Center. The Lancaster County Juvenile Justice team worked to collect data and edit several drafts of this report.

Sincere thanks to Nathan Ritz and Joyce Schmeeckle, PhD, of Schmeeckle Research who turned raw numbers into something meaningful.

Finally, our heartfelt thanks to funders from the Drug Free Communities who allowed us to use one-time grant funding to make this document possible. The DFC program has helped us build up our network of community groups working diligently on substance abuse education, surveys, campaigns and forums to make the difference here in Lincoln / Lancaster County.

Executive Summary

Lancaster County prevention, treatment, and juvenile and adult criminal justice data was collected and trends were analyzed. Prevention data indicates a reduction in alcohol use over the past 5 to 10 years. While the effectiveness of prevention programs is difficult to assess, this downward trend may be the result of prevention funding, programming and county-wide community group efforts. Adult treatment continues to be in demand; however, there has been a shift in funding for youth from residential to non-residential treatment services. In addition, overall trends in criminal justice are more difficult to interpret, but data points to an increase in alcohol related crimes.

Please note that comparison years vary across the data sources. Also, in general, youth statistics represent youth ages 12-17 and adult data represents ages 18 and over.

Prevention

Three youth surveys were used to assess youth behaviors and perception of alcohol, smoking, and marijuana use. **County** data includes both Lincoln and Lancaster County schools as measured by the Youth Risk Behavior Survey (YRBS), **urban** data for Lincoln youth from the Youth Core Measures Survey, and **rural** data from the four rural schools in Lancaster County from the Nebraska Risk and Protective Factor Student Survey (NRPFSS).

Where substance use and perception data is reported as an increase or decrease, the increase or decrease is in the **percentage** of students responding to each question, not in the number reporting.

Alcohol

Youth data indicates a declining trend in alcohol use and 30-day use. Binge drinking and driving while impaired has decreased; however, youth are using alcohol at a younger age. There is a greater perceived risk of regular alcohol use and parental disapproval.

Ever Used:

- Decreased 14% from 1999 to 2009 (County: 9th-12th Graders).
- Decreased 11% from 2005 to 2007 (Rural: 12th Graders).

Age of Onset:

- Decreased .7 years or the age of 14.5 to 13.8 between 2005 to 2010 (Urban: 12th Graders).

30-Day Use:

- Decreased 7% from 2005 to 2010 (Urban: 9th-12th Graders).
- Decreased 9% from 2005 to 2007 (Rural: 12th Graders).
- Decreased 13% from 1999 to 2009 (County: 9th-12th Graders).

Binge Drinking:

- Decreased 9% from 2005 to 2007 (Rural: 12th Graders).
- Decreased 9% from 1999 to 2009 (County: 9th-12th Graders).

Drinking and Driving:

- Decreased 11% from 2005 to 2007 (Rural: 12th Graders).
- Decreased 6% from 1999 to 2009 (County: 9th-12th Graders).

Risk and Perception:

- Increase of 3% who responded regular alcohol use was a great risk from 2005 to 2010 (Urban: 6th-12th Graders).
- Increase of 15% who responded their parents would say it was very wrong for them to use alcohol from 2005 to 2010 (Urban: 6th-12th Graders).

Marijuana

Data does not show a significant change in marijuana use among Lincoln or Lancaster County youth; in most cases there was no change. Students perceive a greater risk in marijuana use and a higher degree of parental disapproval of regular marijuana use, despite a lower degree of perceived peer disapproval.

Ever Used:

- Decreased 1% from 1999 to 2009 (County: 9th-12th Graders).
- Unchanged at 30% from 2005 to 2007 (Rural: 12th Graders).

30-Day Use:

- Decreased 1% from 2005 to 2010 (Urban: 6th-12th Graders).
- Unchanged at 14% from 2005 to 2007 (Rural: 12th Graders).
- Unchanged at 18% from 1999 to 2009. (County: 9th-12th Graders).

Risk and Perception (2005-2010):

- Increase of 5% who responded regular marijuana use was a great risk (Urban: 6th-12th Graders).
- Increase of 11% who thought their parents would say it was very wrong for them to use marijuana (Urban: 6th-12th Graders).
- Decrease of 13% for 10th graders and 2% for 12th graders who thought their peers would disapprove of drug use (Rural: 10th and 12th Graders).

Tobacco

Although there is a younger age of first tobacco use among Lincoln high school 12th graders, tobacco use and 30-day tobacco use have decreased among Lincoln and Lancaster County students, with the exception of 30-day use among rural Lancaster County 12th graders. Students also perceive regular tobacco use as a greater risk and believe there is a higher degree of parental disapproval than in the past.

Ever Used:

- Decreased 22% from 1999 to 2009 (County: 6th-12th Graders).
- Decreased 1% from 2005 to 2007 (Rural: 12th Graders).

Age of Onset:

- Decreased .3 years or 2% from 2005 to 2010 (Urban: 12th Graders).

30-Day Use:

- Decreased 5% from 2005 to 2010 (Urban: 6th-12th Graders).
- Decreased 3% from 2005 to 2007 (Rural: 12th Graders).
- Decreased 17% from 1999 to 2009 (County: 9th-12th Graders).

Risk and Perception:

- Increase of 10% who thought regular tobacco use was a great risk from 2005 to 2010 (Urban: 6th-12th Graders).
- Increase of 16% who thought their parents would say it was very wrong to use tobacco from 2005 to 2010 (Urban: 6th-12th Graders).

Liquor License Density and Compliance Checks

- Lancaster County holds 11% of the states liquor licenses or 23.6 licenses per 10,000 population compared to 34.9 per 10,000 for the entire state.
- Compliance check rates were 86% in June of 2010 compared to 81% in April 2010 and 89% in November 2009 in off-sale liquor establishments.
- Tobacco compliance rates increased from 81.1% in 2006 to 93.4% in 2010.

School Community Intervention Program (SCIP)

- There was a 16% increase in SCIP referrals and 10% increase in interventions for alcohol, tobacco, and drug related issues between 2004/05 and 2008/2009, but an **18% decline** in the number of youth services received over this period.

Treatment

Youth Treatment

Treatment data was reported by 10 agencies, representing a majority of providers in Lincoln. While the number of youth receiving assessments and evaluations and residential treatment did not change notably from 2005 to 2010, the number of youth accessing treatment group home services declined, while the number receiving outpatient services increased.

- Residential treatment decreased 5.6% from 2005 to 2010.
- An increase of 60% in Intensive outpatient and outpatient youth services from 2006 to 2010.
- Treatment group home clients decreased 55% from 2005 to 2010.

Adult Treatment

All adult treatment services increased from 2005 to 2010.

- Residential treatment increased 63%.
- Treatment group home use increased 14%.
- Intensive outpatient and outpatient treatment increased 11%.
- Assessments and evaluations increased 46%.

Cornhusker Place Civil Protective Custody

- Youth admissions increased 50% and adult admissions 26% from 2005 to 2009.
- In 2009, males had on average a .01 higher BAC than females and youth ages 19 and 20 had on average a .014 higher BAC than youth 17 and younger.
- 40% of youth indicated Budweiser products as their last drink.

BryanLGH Emergency Room Data

- There were 155 emergency room visits for alcohol poisoning among 11 to 18 year olds in 2009, a 7.7% decrease from 2005.

Criminal Justice: Juvenile and Adult

The most significant changes in arrests in Lancaster County from 2004 to 2008 include an increasing rate of liquor law violations among youth and an increasing rate of DUI arrests among adults. From 2007 to 2009, the percentage of repeat alcohol offenses among adult probationers has increased substantially. Data reflects all of Lancaster County unless indicated otherwise.

Arrests, Citations, and Violations

- Juvenile: An increase of 37% in youth liquor law violations but a 35% decrease in DUI arrests from 2004 to 2008.
- Adult: Increase of 4% in adult liquor law violations and an increase of 44% in DUI arrests. Drug abuse violations increased 9% from 2004 to 2008.
- The number of alcohol related crashes declined 2% from 2005 to 2009, but rose 17% from 2008 to 2009.
- Lincoln: a 43% decline in party dispatches, 20% increase in MIP offenses, 15% increase in marijuana possession offenses, and a 54% increase in narcotic felons arrested from 2005 to 2009.

Diversion and Problem Solving Court

- Increase of 17% in alcohol offenses referred to Juvenile Diversion from 2005 to 2009.
- Juvenile Court dispositions from 2005 to 2008: increased 62% for alcohol possession and 55% for misdemeanor drug charges.

Juvenile Detention

- There was an increase from 5.5% in 2005 to 7.2% in 2009 in youth who tested positive for alcohol use or admitted using alcohol prior to intake.
- An increase of 1.1% who admitted marijuana use at intake from 2005 to 2009.
- Increase of 2% who reported using alcohol during the 48 hours prior to intake from 2005 to 2009.

Juvenile and Adult Probation

- 23% increase in youth placed on Juvenile Probation for alcohol offenses from 2005 to 2009, with no change in drug offenses.
- 53% increase in adults placed on probation for alcohol offenses and 112% for drug offenses 2007 to 2009.
- The number placed on adult probation for alcohol offenses from 2007 to 2009: increased 34% for 1st DWI, increased 97% for 2nd DWI, and increased 258% for 3rd DWI.

Lancaster County by the Numbers

Indicators of Community Substance Abuse Efforts

Prevention

Prevention statistics were gathered for youth in Lincoln and Lancaster County. The prevention data shows frequency of use and perception of harm and disapproval and is split into alcohol, marijuana, and tobacco sections. The survey tools used to collect data on each of these three areas are described below.

Throughout the prevention section when substance use and perception data is reported as an increase or decrease, the increase or decrease is in the **percentage** of students responding to each question, not in the number reporting.

Youth Core Measures Survey

The **Youth Core Measures** is an annual survey administered at Free Fest, a prevention event for youth grades 6-12. This sample is a convenient sample and may or may not represent all youth in Lincoln. Youth completing the survey represent students primarily from Lincoln. The survey tracks "core measures" used by the federal funding agencies and includes age of onset, 30-day use, parental perception, and perception of risk.

The 802 youth who completed the youth core measure survey in 2005 were compared with the 698 who completed it in 2010.

Nebraska Risk and Protective Factor Student Survey (NRPFS)

The **Nebraska Risk and Protective Factor Student Survey** represents primarily rural students in Lancaster County (Lincoln Public Schools did not participate in 2007). The **NRPFS** is given to students in grades 6, 8, 10, and 12 and assesses adolescent substance abuse behaviors and perceptions and other factors that predict problem adolescent behaviors.

Lancaster County had 1,111 students complete the survey in 2005 and 1,625 students complete the survey in 2007. These results were benchmarked against the 31,044 students who completed the survey in the state of Nebraska in 2007.

Youth Risk Behavior Survey (YRBS)

In 1990, the Centers for Disease Control and Prevention (CDC) initiated a program of national and state surveys to provide estimates of behaviors related to poor health, disability, and premature death among young people. These surveys are known as the **Youth Risk Behavior Surveys (YRBS)**. The **YRBS** covers the overall student population in Lancaster County.¹

YRBS data was compared over three time periods, 1999, 2005, and 2009 for 9th through 12th graders in Lancaster County. A total of 1,145 students completed the survey in 1999; 739 in 2005; and 840 in 2009.

A map of Lancaster County is located in **Appendix A**.

Alcohol Frequency

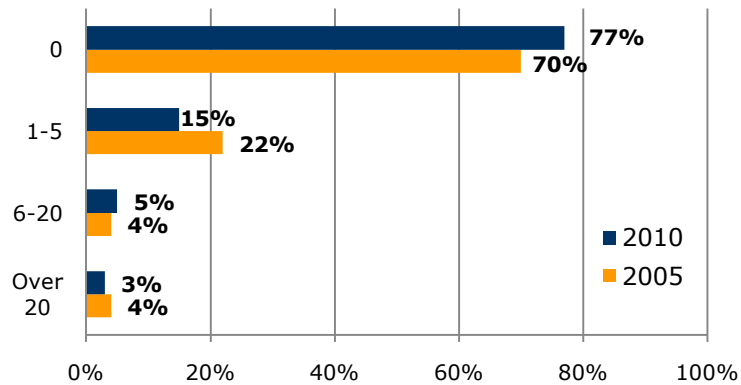
Lincoln

30-day alcohol use **decreased 7%** between 2005 and 2010.

A **7% decrease** in those that drank 1-5 times.

There was **no change** in the number drinking on 6 or more occasions.

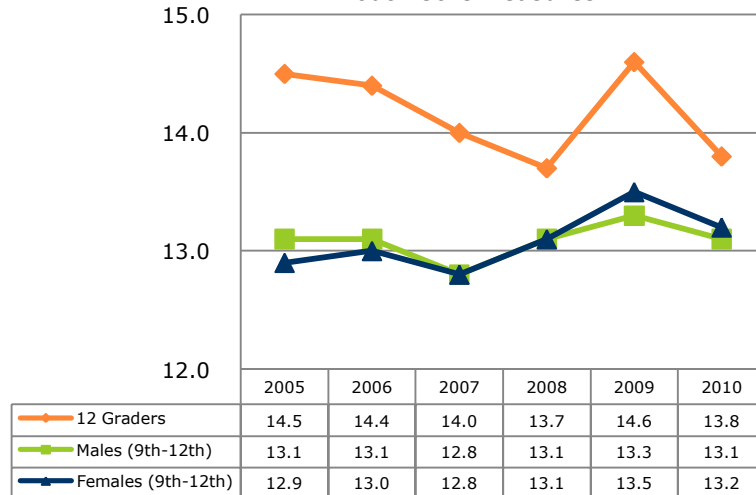
Figure 1. 30-day Alcohol Use
Youth Core Measures



Average age of first use for 12th graders **declined to under age 14** from 2005 to 2010 despite an increase in 2009.

Females first used alcohol at a younger age than males in 2005, but the trend was reversed in 2010.

Figure 2. Average Age of First Use
Youth Core Measures



Rural Lancaster County

The percentage of students who tried alcohol, used alcohol during the past 30 days, and who reported binge drinking **declined** for both 10th and 12th graders from 2005 to 2007. The only measure that increased over this period was alcohol impaired driving among 10th graders. The 2007 Lancaster County average for all four measures was lower than the state average.

Figure 3. Alcohol Prevalence
NRPFS

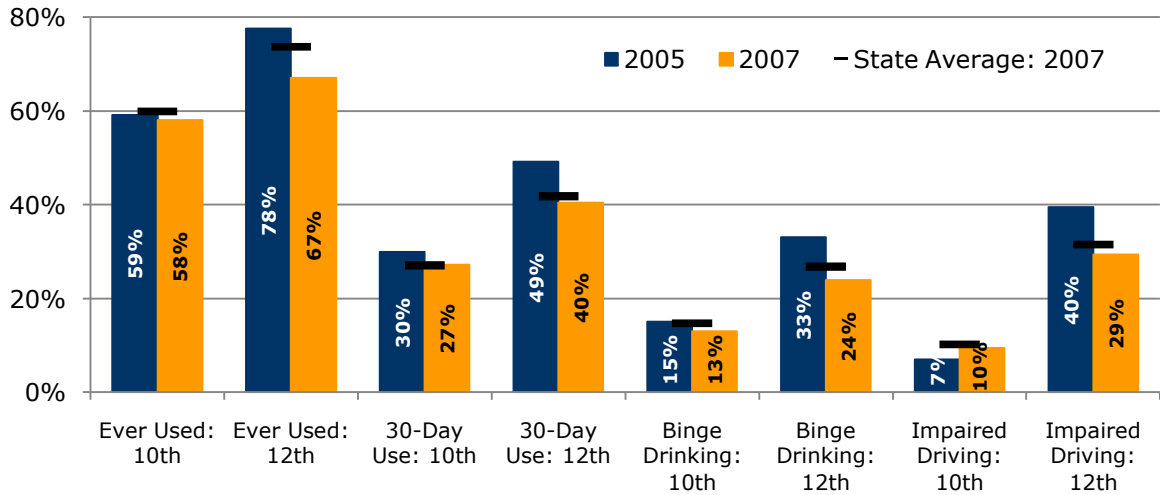
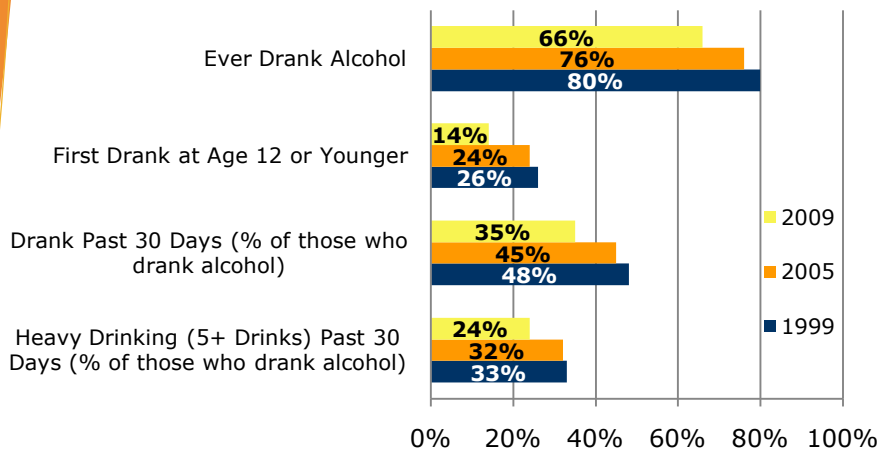


Figure 4. Alcohol Frequency
YRBS



All Lancaster County

Between 1999 and 2009, there was a

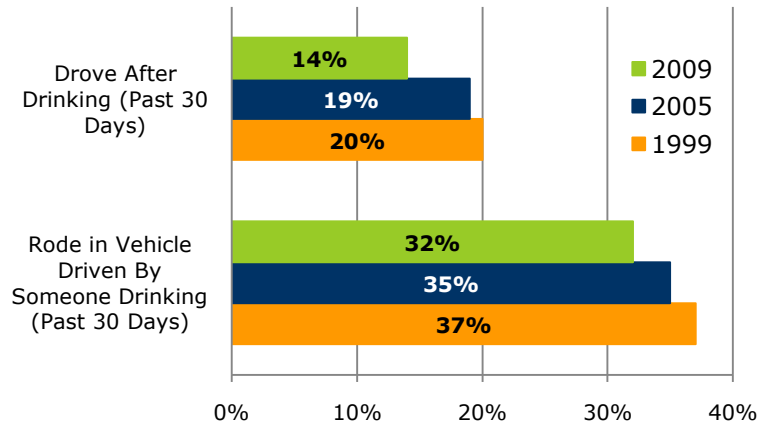
14% decrease in students who ever drank alcohol.

12% decline in those who first drank at age 12 or younger.

13% decrease in 30-day use.

9% decrease in students who binge drank.

Figure 5. Impaired Driving Frequency
YRBS



Between 1999 and 2009 there was a:

6% decrease in youth who drove after drinking during the past 30 days.

5% decline in those who rode in a vehicle driven by someone who had been drinking.

Alcohol Perception

Lincoln

Youth who thought regular alcohol use was a great risk **increased 3%**.

There was a **6% decrease** in students perceiving regular alcohol use (drinking beer, wine, or hard liquor regularly) as no risk.

Figure 6. Risk of Harm
Youth Core Measures

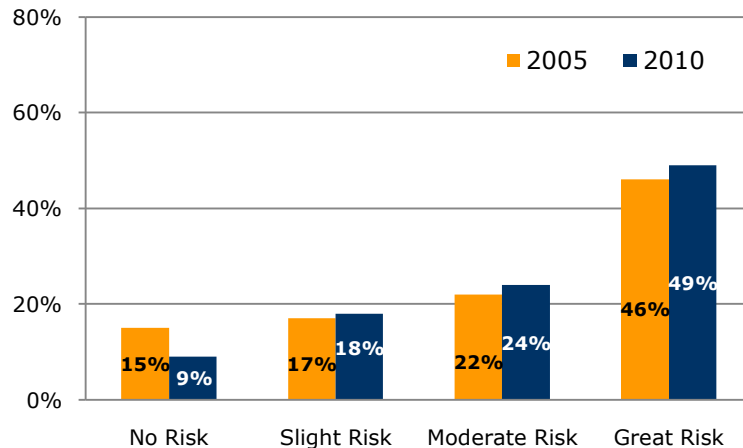
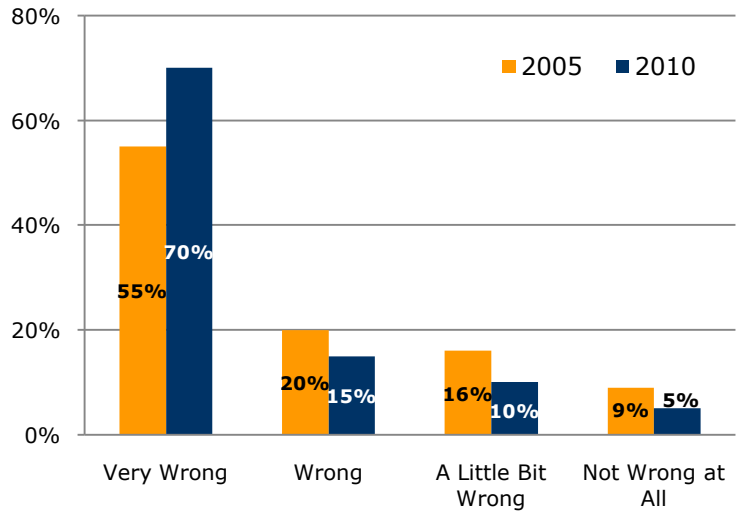


Figure 7. Parental Disapproval
Youth Core Measures

There was a **15% increase** in students who believed their parents thought regular alcohol use was very wrong.



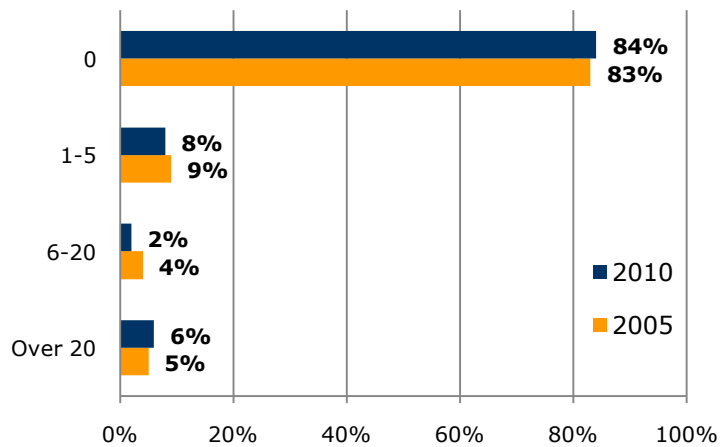
Marijuana Frequency

Lincoln

There was **little to no change** in Lincoln 30-day marijuana use.

There was a **1% decrease** in those who used marijuana during the past 30 days.

Figure 8. 30-Day Marijuana Use
Youth Core Measures



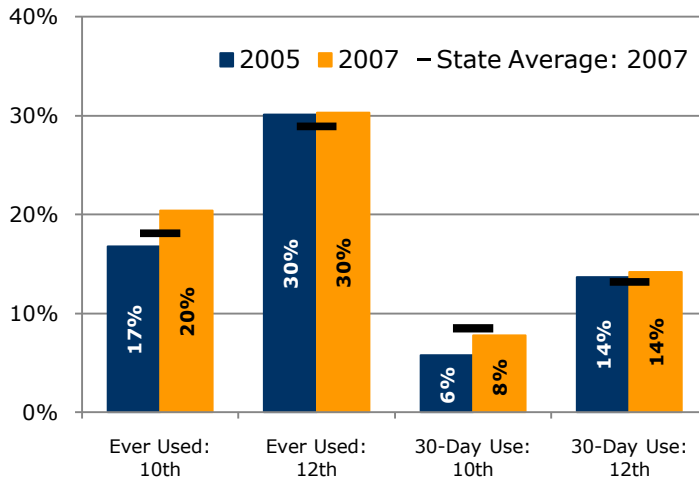
Rural Lancaster County

There was a **3% increase** in 10th graders who ever used marijuana.

30-day use **increased 2%** for 10th graders.

Use and 30-day marijuana use for 12th graders **stayed constant**.

Figure 9. Marijuana Use
NRPFS



All Lancaster County

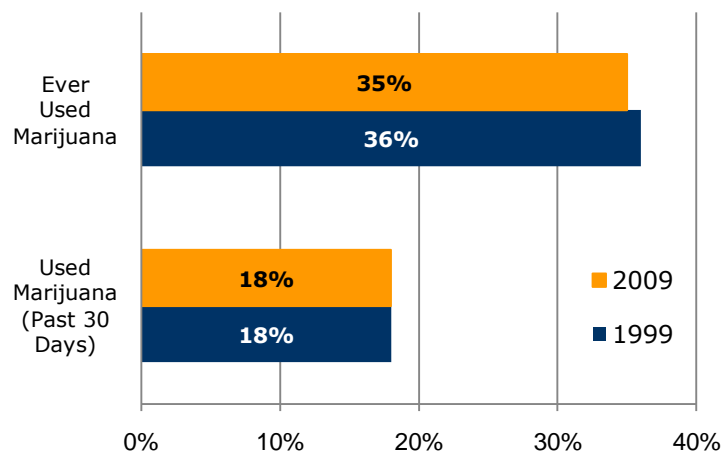
There was **little to no change** in marijuana use and 30-day use.

Lancaster County use was **9% higher** than the Nebraska average in 2009.

Lancaster County 30-day use was **6% higher** than the Nebraska average in 2009.

Average age of first marijuana use among Lancaster County 12th graders was 14 in both 2005 and 2010.

Figure 10. Marijuana Use
YRBS



Marijuana Perception

Lincoln

There was a **5% increase** in the percentage of students who thought regular marijuana use was a great risk.

There was a **3% decline** in the percentage of students who thought there was no risk to regular use.

Figure 11. Marijuana Risk of Harm
Youth Core Measures

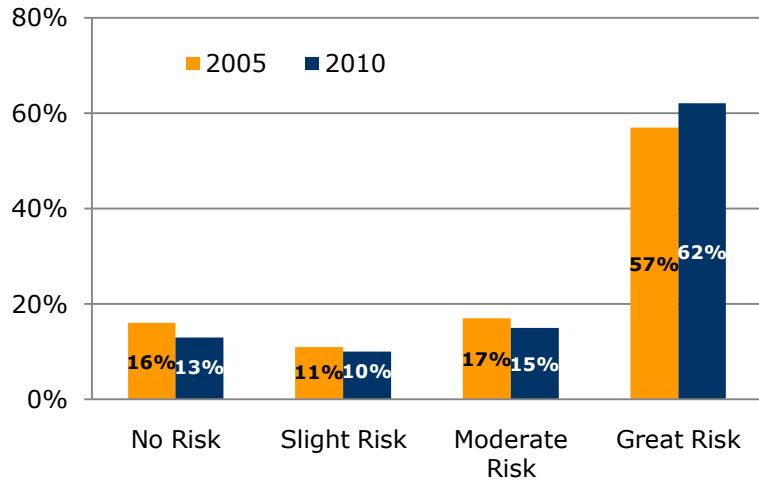
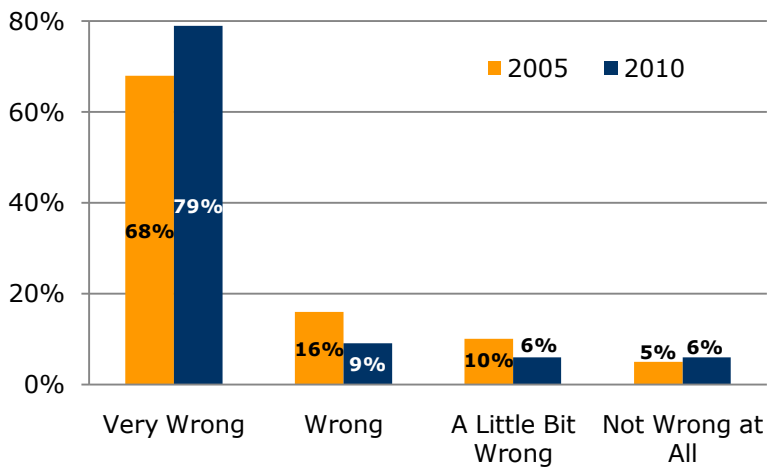


Figure 12. Marijuana Parental Disapproval
Youth Core Measures



There was an **11% increase** in students who believed their parents thought it was very wrong for them to smoke marijuana regularly.

Tobacco Frequency

Lincoln

There was a **5% decrease** in students who smoked during the prior 30 days.

There was a **5% increase** in the percentage of students smoking over one pack per day.

There was a **13% decrease** in the percentage of students who only smoked 1-5 cigarettes.

Figure 13. 30-Day Cigarette Use
Youth Core Measures

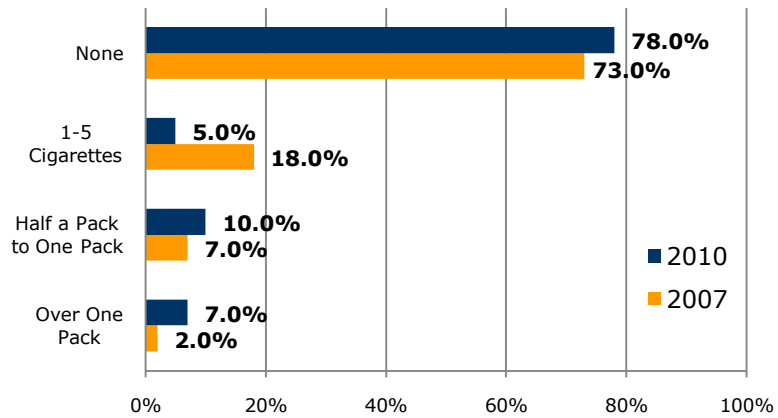
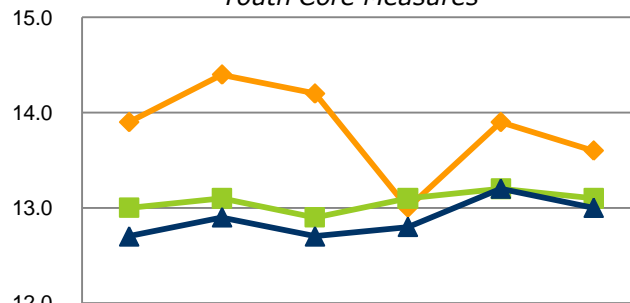


Figure 14. Average Age of First Tobacco Use
Youth Core Measures



The average age of 12th graders first tobacco use **decreased .3 years** from 2005 to 2010.

Females average age was **.3 years younger** than males in 2005 and **.1 years older** in 2010.

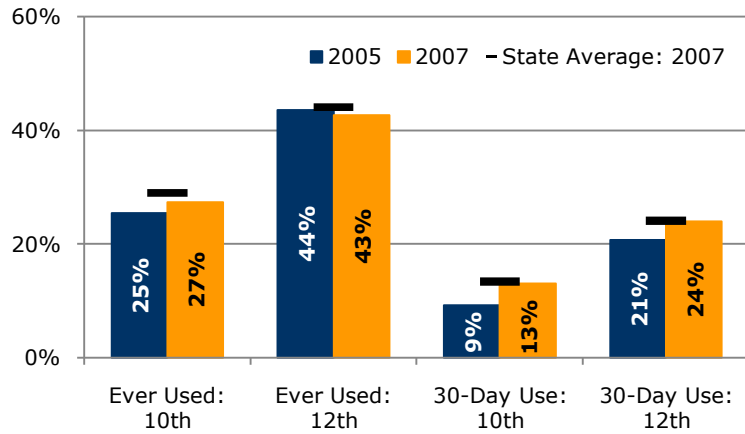
Rural Lancaster County

30-day use **increased 4%** for 10th graders and **3%** for 12th graders.

Lancaster County had **lower use and 30-day use** than Nebraska for both 10th and 12th graders.

Figure 15. Tobacco Prevalence

NRPFS



All Lancaster County

From 1999 to 2009:

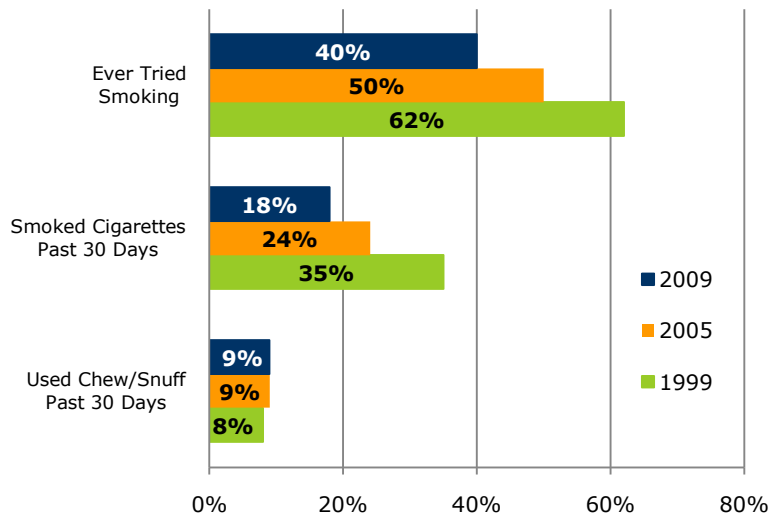
There was a **22% decrease** in the percentage of students who tried smoking.

There was a **17% decrease** in the percentage of students who smoked cigarettes during the past 30 days.

Lancaster County student use was **6% lower** and 30-day use was **1.5% lower** than the Nebraska average.

Figure 16. Tobacco Frequency

YRBS



Tobacco Perception

Lincoln

There was a **10% increase** in the percentage of Lincoln students who thought smoking one or more packs of cigarettes a day was a great risk.

Figure 17. Tobacco Risk of Harm
Youth Core Measures

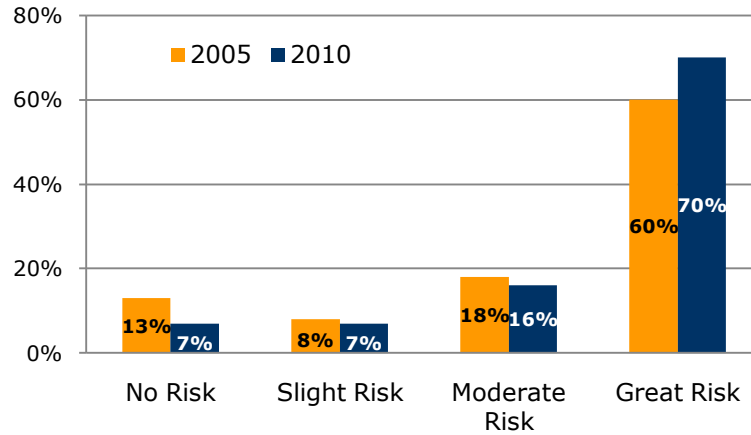
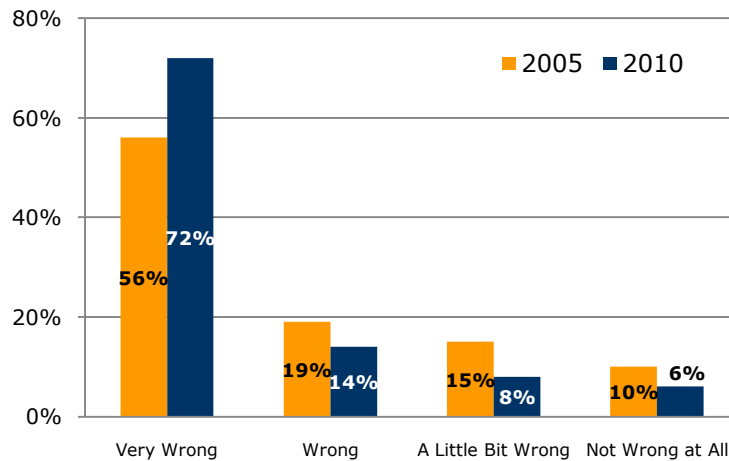


Figure 18. Tobacco Parental Disapproval
Youth Core Measures



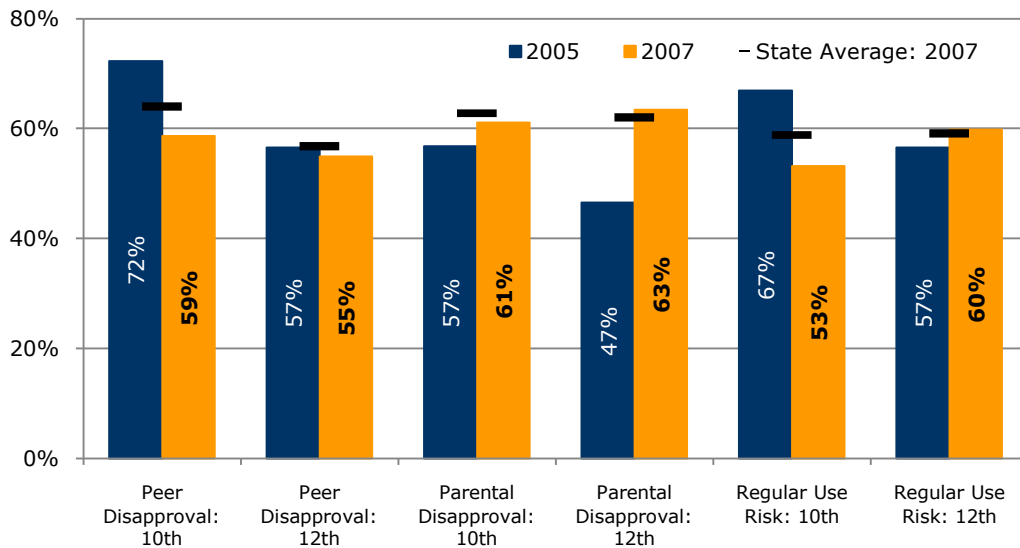
There was a **16% increase** in the percentage of students who believed their parents would think it is very wrong for youth to smoke cigarettes.

Drug Perception

The NRPFSS for rural Lancaster County schools reported the students perceived risk and parental and peer disapproval for overall drug perception, which included alcohol, tobacco, marijuana, and meth.

Figure 19 depicts the change in drug perception for three key measures from 2005 to 2007. While the percentage of students who thought their parents would say it is wrong or very wrong for youth to use drugs **increased 4%** for 10th graders and **increased 16%** for 12th graders, the percentage who thought their peers would say it is wrong or very wrong **decreased 13% and 2%**, respectively, over this period. The perceived risk of regular drug use **decreased 14%** for 10th graders but **increased 3%** for 12th graders. The perceived risk, parental disapproval, and peer disapproval for Lancaster County students were at or below Nebraska averages.

Figure 19. Drug Perception
NRPFSS



Related Information

Liquor License Density

Liquor licenses **increased 2.9%** in Lancaster County and **increased 5.2%** in Nebraska over the past year.

<u>Number</u>	<u>8/30/2009</u>	<u>8/5/2010</u>
Lancaster	490	504
Nebraska	4,450	4,680
<u>Per 10,000</u>		
Lancaster	23.0	23.6
Nebraska	33.2	34.9

Alcohol Compliance Checks

The percentage of compliant off-sale liquor establishments **decreased 8%** from November 2009 to April 2010. However, the compliance percentage **increased 5%** in June 2010. Three different law enforcement agencies conducted the compliance checks in Lancaster County.

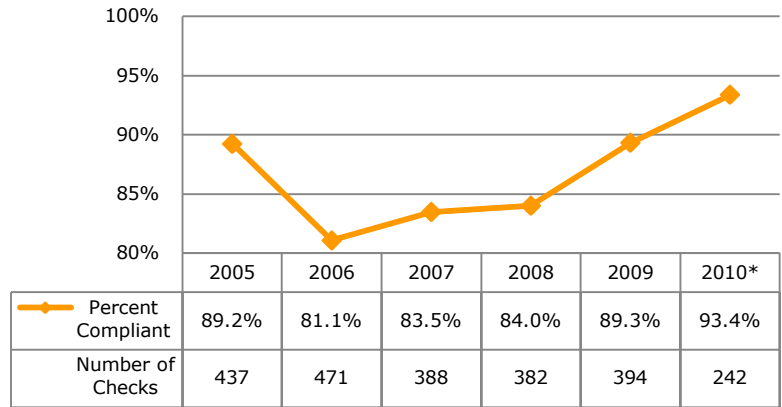
	<u>Checked</u>	<u>Sold</u>	<u>Compliance Rate</u>
Lincoln Police Department (November 14, 2009)	37	4	89%
Lancaster Sheriff's Office (April 29, 2010)	27	5	81%
State Patrol: Lancaster (June 19, 2010)	29	4	86%

Tobacco Compliance Checks

There were 43 fewer compliance checks in 2009 compared to 2005.

The compliance rate has **increased 12.3%** from 2006 to 2010*.

Figure 20. Tobacco Retailer Compliance Rate ⁴



*The compliance rate for 2010 was calculated through May 2010.

School Suspensions and Expulsions

Alcohol and drug related suspensions, long-term suspensions, and expulsions for Lincoln Public Schools 2009/2010 school year are shown in Table 1.

Table 1 LPS Juvenile Substance Use Disciplinary Measures ⁶			
<i>2009/2010 School Year</i>			
	Suspension	Long-Term Suspension	Expelled
Gender			
Male	132	4	32
Female	44	0	12
Grades			
7th-8th	22	0	14
9th-10th	69	2	17
11th-12th	84	1	15
Race			
White	106	4	21
Black/African American	29	0	8
Hispanic/Latino	22	0	11
Other Race/Ethnicity	18	0	8
Overall	176	4	48

School Data and Services

The School Community Intervention Program (SCIP) developed by The Lincoln Medical Education Partnership provides a systematic approach for schools and communities to respond to high-risk student behaviors. SCIP demonstrates to students that they are supported in remaining drug and alcohol free, and encourages them to seek a lifestyle promoting continued, healthy productivity.

SCIP Referrals **increased 16%** from the 2004/ 2005 school year to the 2008/2009 school year.

Interventions **increased 9.6%** over this period.

The number of services received by the youth **decreased 17.7%**.

Figure 21. SCIP Referrals and Actions ⁵
(Alcohol, Tobacco, and Other Drugs)

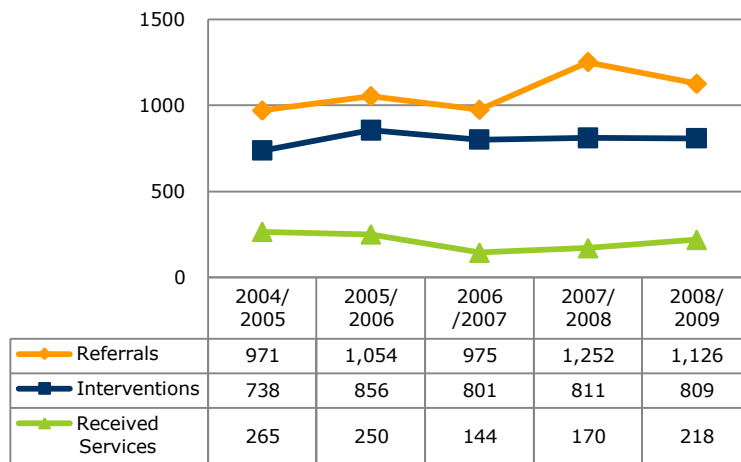
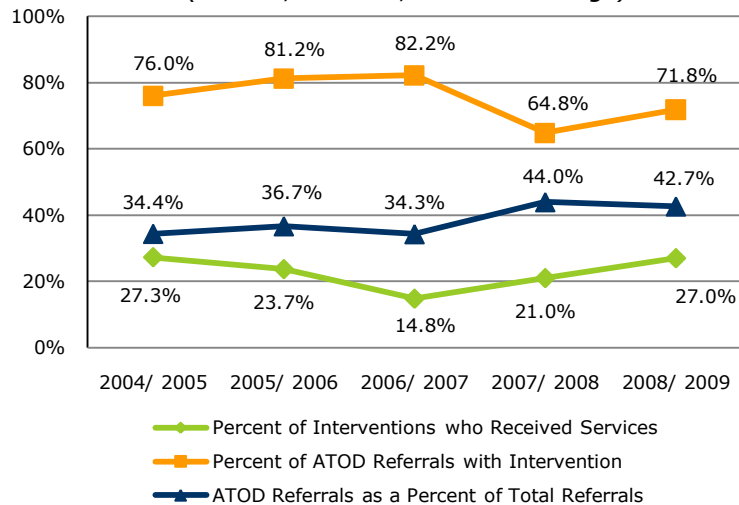


Figure 22. SCIP Referral and Action (%) ⁵
(Alcohol, Tobacco, and Other Drugs)



From 2004/2005 to 2008/2009:

There was an **increase of 8.3%** in the ATOD related referrals as a percent of total referrals.

There was a **decrease of 4.2%** in the percentage of youth ATOD referrals with an intervention.

Strengths and Barriers

Alcohol Policy

Lancaster County has a long history of pro-active policy and prevention efforts with alcohol issues. Historically, Lincoln city government has employed a combination of strategies that include zoning, educational mandates and early intervention with licensed establishments. In the early 1990's the Mayor's Lincoln Traffic Safety Committee was active with a volunteer designated driver program. In 1993, bar owners and wholesalers organized the Responsible Hospitality Council to train and proactively address issues related to the problems with the sale and service of alcohol.

The Internal Liquor Committee, comprised of representatives from law enforcement, treatment, downtown businesses, the University of Nebraska, city council members and prevention professionals meet regularly to review problems and trends with liquor law violations and last drink data. Neighborhood disruption from drinking parties are ticketed as disorderly houses and are addressed with the Lincoln Police Department's Party patrol. Information is readily available to the public, including landlords dealing with problem tenants. These programs, policies and practices as well as keg registrations, strict policies for special events and a newly implemented statewide social host law are examples of the commitment by Lincoln's leadership to address substance abuse.

SAAC Prevention

In 1998, a county-wide human needs assessment, entitled the Community Services Initiative, was conducted and a comprehensive human service plan was created for the community. Substance Abuse was identified as a growing concern and the Substance Abuse Action Coalition (SAAC) was formed in 2000. At that time it was estimated that 12,515 residents of Lancaster County were in need of treatment for substance abuse. Nebraska data including the Youth Risk Behavior survey showed Nebraska youth drink at high rates with Nebraska ranking third in the nation for youth drinking. Three individual data sources confirmed that binge drinking was higher among Nebraskans than national rates.

Prevention dollars were received through Drug Free Communities, SICA (State Incentive Cooperative Agreement) and Prevention Block Grant grants with a focus on underage drinking. Over the past eight years, SAAC has built a strong network of 11 county coalitions; four rural, six urban and one county-wide youth coalition. The groups develop their own strategic plans and budgets based on local data with input from parents, youth, educators, administrators, faith communities, business representatives and law enforcement. Projects include parent and educational forums, social norms campaigns developed from their own local data and tailor made for their community. They also work together with the other groups in Lancaster County as the Prevention Leadership Team (PLT) on joint projects addressing county-wide issues including red ribbon week events, drug-free youth events and prom campaigns. The groups include representation from Lincoln East, Lincoln High/Near South, Lincoln Northeast, Lincoln Southeast, Lincoln Southwest, Pius X, Malcolm, Norris, Raymond Central and Waverly. Technical support for underage efforts is provided by staff at Lincoln Council on Alcoholism and Drugs.

Past prevention efforts have centered around underage issues including student use of tobacco, illegal drugs or alcohol. Groups are aware that educating parents is as important as educating students. Currently several groups have expanded efforts into education on other high risk problems, including prescription drug abuse, sexting, and cyber-bullying.

Currently a variety of programs, events and campaigns are employed to attempt to educate parents and keep youth drug free. Parenting skills, discipline and communication are encouraged with the SAFE HOMES parenting network with over 1,400 pledges county-wide. Parents sign pledges to ensure parties on their property will be supervised and alcohol, tobacco and other drugs will not be used by youth. Members are noted in school directories and parents are encouraged to contact other parents when parties are planned. Programs are offered to enhance skills to train trainers including Creating Lasting Family Connections, SAMHSA's Parenting Wisely program and Strengthening Multi-Ethnic Families programs are available in English and Spanish. "Parents: You Matter!" has been developed as a companion piece to Meth360 to increase awareness of adolescent substance use with speakers offering specific, consistent messages to parents on why kids use, how parents can communicate with kids and keep those lines of communication open and what steps to take if they suspect their kids are using drugs or alcohol.

Town hall meetings and parent forums are held. Media campaigns have been promoted on the "I Have Hope" anti-stigma campaign, counter-advertising alcohol campaign and environmental scan done by youth. SAAC has organized several statewide conferences for prevention professionals throughout Nebraska and local coalition members to look at successes in other communities and focus on sustainability.

Agencies

Lincoln agencies offer two other juvenile prevention or intervention programs that are school-based; Choices and School Community Intervention Program (SCIP).

The Child Guidance Center offers a two semester program with topics including family, peer and school issues, drug and alcohol use and abuse, wellness and healthy lifestyles and decision-making skills. The program is for youth grades 9 to 12 and students attend one individual therapy session and one group session per week with two credits awarded for participation. Referrals are from peers, families or the students themselves based on use of drugs or alcohol.

SCIP is sponsored by the Lincoln Public School system, Lincoln Medical Education Partnership, United Way of Lincoln/Lancaster County, Region V and the Nebraska Department of Health and Human Services, Office of Mental Health, Substance Abuse and Addiction Services. Students experiencing problems in school, not only with alcohol or drugs, but exhibiting high risk behaviors impacting their ability to learn, are identified. SCIP team members meet with parents, school officials and the student to discuss the problem and options. Offering alternative approaches and providing a support system in the school and total environment are the goal. Youth may be referred to a community agency for support. Referrals are from peers, families, teachers, administrators or students themselves.

Other local prevention programs include media literacy, mentoring, gambling, tobacco, screening and brief intervention and some faith based efforts.

University of Nebraska at Lincoln

In 1998, the University of Nebraska-Lincoln received the “A Matter of Degree” grant from the Robert Wood Johnson Foundation to address high risk drinking on campus and in the City of Lincoln. A collaborative group, NU Directions, developed 13 goals and 60 objectives to reduce student drinking rates and binge-drinking. The coalition received nationwide attention for a significant change in drinking behavior with a drop in student binge drinking from 62% in 1997 to 41% in 2008. The project expanded from a campus program to a community program with partners from University of Nebraska, Lincoln, downtown retailers, law enforcement, landlords and neighborhood representatives joining with students and administrators from Doane College, Southeast Community College and Wesleyan University. The name was changed to the Lincoln College Partnership (LCP).

In 2008/09 LCP and PLT representatives joined together to work on a comprehensive strategic plan to address three priority issues; underage drinking, high-risk drinking amongst 18 to 25 year olds and drinking and driving. Nebraska officials were concerned with both marijuana and binge drinking among youth and results of the Nebraska Risk Protective Factor Survey of 2007 showing that Nebraska students were 1.7 times more likely to drive after drinking compared with high school students nationally. A needs assessment based on data, focus groups and key informant interviews with law enforcement and community leaders was done over eight months. The long term plan included a multi-year countywide effort to educate underage and young adults and parents on social host laws, consequences of illegal use and overconsumption, encourage responsible modeling and correct misperception of drinking norms. Prevention efforts continue on an individual basis with LCP and PLT groups addressing their own target populations under the umbrella of the Lancaster Alcohol Prevention Partnership (LAAPP). Contributing factors to be addressed include easy social access, enforcement of alcohol laws, perceived risk of alcohol use and impaired driving, social and community norms and easy retail access.

Tobacco Policy

One of the major policy initiatives impacting short or long term tobacco use was a ban on smoking indoors in all public establishments and businesses. In Lincoln, the Smoking Regulation Act passed by 62 percent of voters and went into effect January 1, 2005. On June 1, 2009 the Nebraska Clean Indoor Air Act was enacted in the rest of the state.

Tobacco compliance check national research indicates when communities consistently conduct compliance checks and keep failure rates below 10%, children in those communities are less likely to use tobacco products. A tobacco compliance check is one strategy as part of a comprehensive plan to keep youth from starting to use tobacco products. To support all tobacco retailers and help employees avoid selling tobacco to minors, a free Tobacco Retailer ID Training is offered on a quarterly basis. The training provides information about state and local tobacco laws, Nebraska State IDs, how to refuse a tobacco sale, and why compliance checks are conducted. Most attend to prevent underage sales, but many people who have been ticketed for selling tobacco to a minor attend the class to prevent future underage sales. Retailers may also require all new hires and existing employees to attend to ensure the law is followed.⁴

Treatment

Treatment Services

The capacity, service, and waitlist numbers presented in the following sections are only estimations and do not encompass all agencies in Lincoln/Lancaster County. Data was provided by:

- St. Monica's
- CenterPointe
- Independence Center
- Houses of Hope
- CHOICES
- Lincoln Council on Alcoholism and Drugs
- Youth Assessment Center/ Child Guidance
- Lutheran Family Services
- Cornhusker Place
- Touchstone

Treatment data is compared annually on July 1 - June 30 calendar years, with the exception of Independence Center which has a June 1 - May 31 calendar year.

Not all treatment agencies listed above submitted information for each variable (i.e. number served, waitlist, capacity). There were several agencies that submitted the number served, but did not have data available for capacity or waitlist. For example, Figure 30 shows the overall capacity for youth and adult treatment. The capacity for assessments is low because only two agencies reported this measure. The data that was reported includes consistent data across the five years.

Levels Of Care

Residential Treatment Center (RTC): 24 hour highly structured residential treatment program that provides, at a minimum, 40 hours per week of active treatment to individuals with a severe mental health or substance abuse diagnosis.

Treatment Group Home (TGH): 24 hour highly structured residential treatment program that provides, at a minimum, 21 hours per week of active treatment to individuals with a mental health or substance abuse diagnosis.

Intensive Outpatient (IOP): Community based outpatient treatment that provides individual, group and family therapy multiple times per week for adults and children with a mental health or substance abuse diagnosis. IOP has a minimum of three hour sessions per week.

Outpatient (OP): Individual, group, or family therapy provided to youth or adults, one or two times per week, to address their mental health or substance abuse diagnosis.

Assessments & Evaluations (AE): Structured interview and assessment process used to determine diagnosis and level of care placement. Consists of collateral information gathering and objective testing to substantiate the information gathered from the client.

Youth Treatment

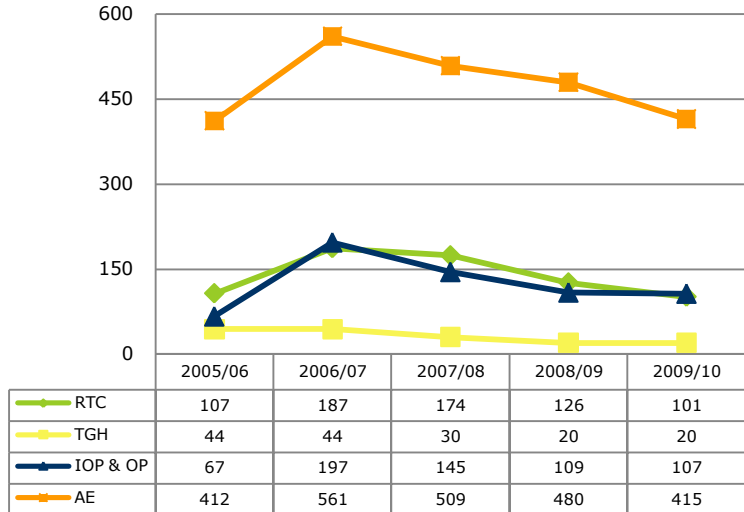
From 2005/06 to 2009/10:

There was a **55% decrease** in the number of youth receiving treatment group home services.

Intensive outpatient and outpatient youth services **increased 60%**.

Youth residential treatment services decreased slightly from 05/06 to 09/10 and youth assessments and evaluations increased slightly over this period.

Figure 23. Youth in Treatment



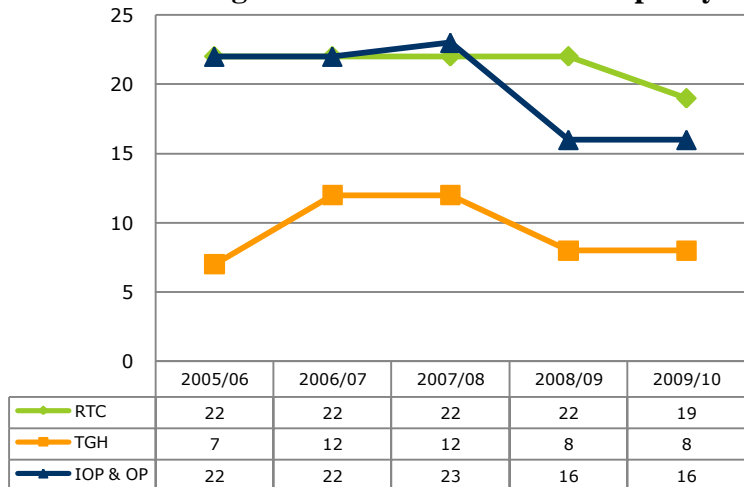
From 2005/06 to 2009/10:

Residential treatment had a **14% reduction** in capacity.

Treatment group home capacity increased by one position.

Intensive outpatient and outpatient youth capacity **decreased 27%**.

Figure 24. Youth Treatment Capacity*



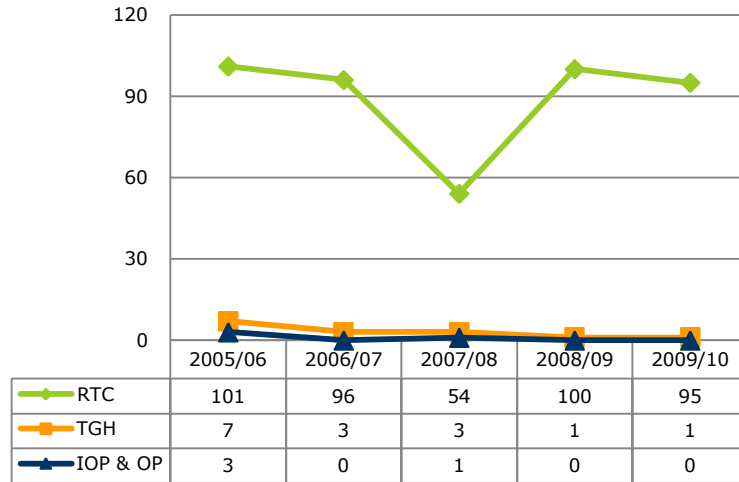
*Not all treatment agencies that reported the number of youth served recorded their agency's capacity numbers.

From 2005/06 to 2009/20:

All four levels of care saw a reduced waiting list.

There was a **6% reduction** in the waitlist for residential treatment.

Figure 25. Youth Treatment Waitlist*



*As with capacity, waitlist numbers were not recorded by all agencies.

Adult Treatment

Adult treatment rose from 2005/06 to 2009/10:

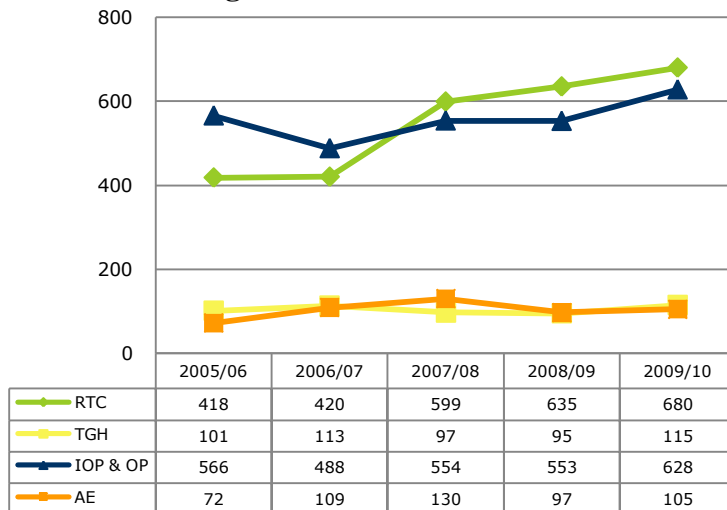
There was a **63% increase** in residential treatment.

Treatment group home use **increased 14%**.

Intensive outpatient and outpatient **increased 11%**.

There was an **increase of 46%** in assessments and evaluations.

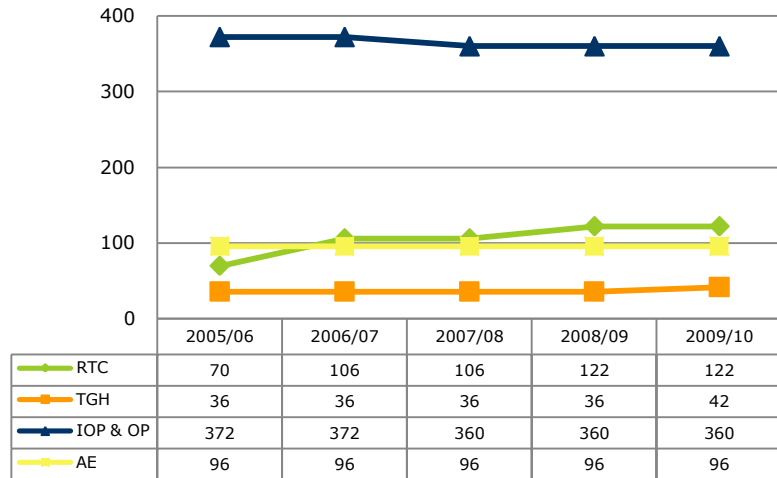
Figure 26. Adults in Treatment



Treatment capacity for outpatient, intensive outpatient, treatment group home, and assessments remained fairly stable from 05/06 to 09/10.

Residential treatment capacity **increased by 52 beds** over the past five years.

Figure 27. Adult Treatment Capacity



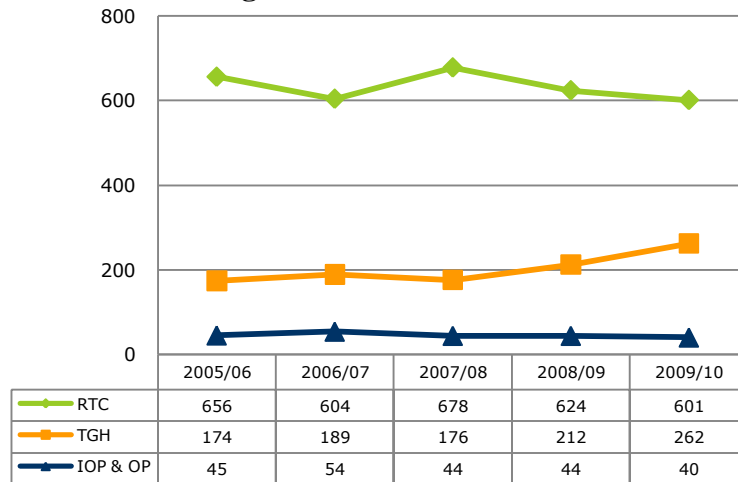
From 2005/06 to 2009/10:

The adult waitlist for residential treatment has **decreased 8%**.

There was a **51% increase** in the waitlist for treatment group home.

Intensive outpatient and outpatient waitlists have **declined 11%**.

Figure 28. Adult Treatment Waitlist



Overall Treatment

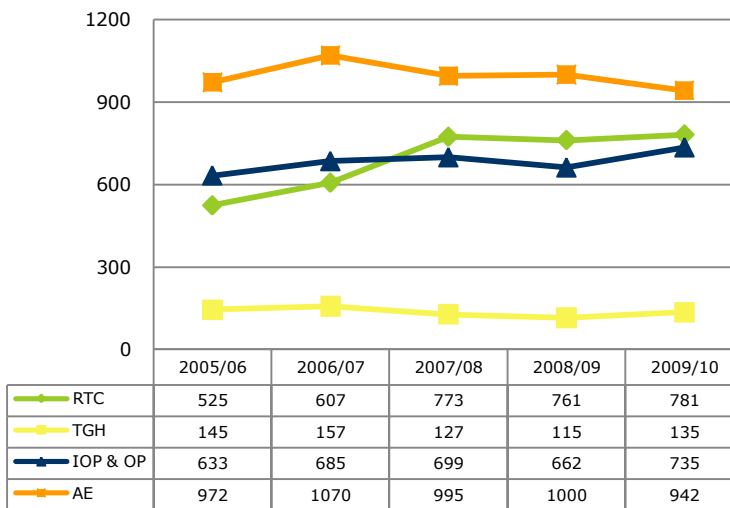
Combined data for youth and adults from 2005/06 to 2009/10:

Residential treatment **increased 49%.**

Intensive outpatient and outpatient **increased 16%.**

There were slight decreases in treatment group home, assessments and evaluations.

Figure 29. Youth and Adults in Treatment



From 2005/06 to 2009/10:

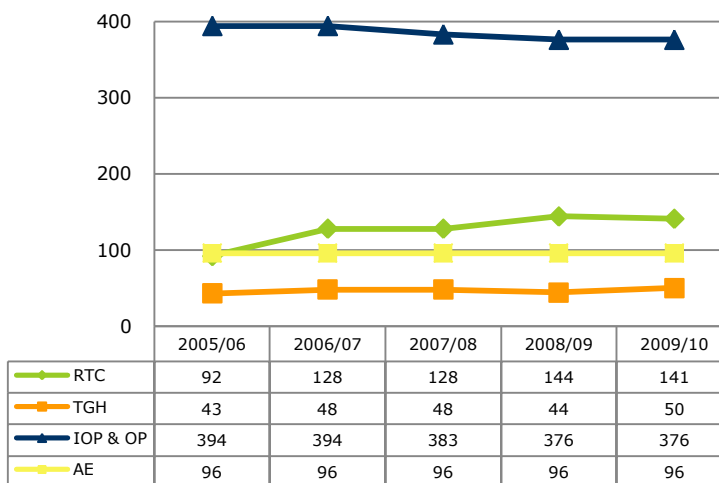
There was a **53% increase** in residential treatment capacity.

Intensive outpatient and outpatient capacity showed a **decrease of 5%.**

Treatment group home capacity **increased 16%.**

Assessment and evaluation capacity **showed no change.**

Figure 30. Overall Treatment Capacity



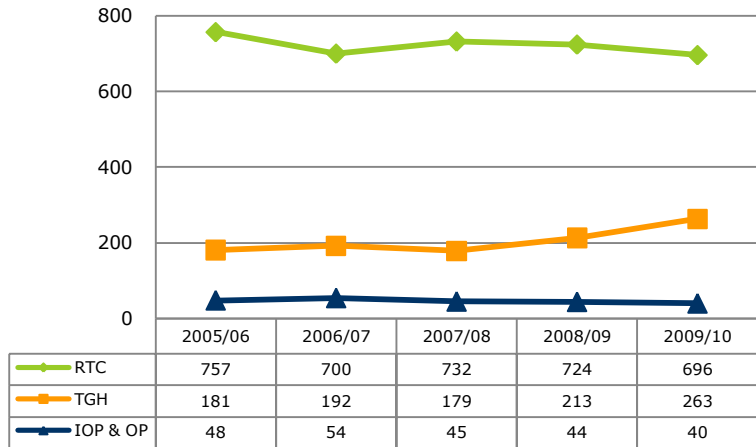
From 2005/06 to 2009/10:

There was a **45% increase** in the overall waitlist for treatment group home services.

The waitlist **decreased 17%** for intensive outpatient and outpatient.

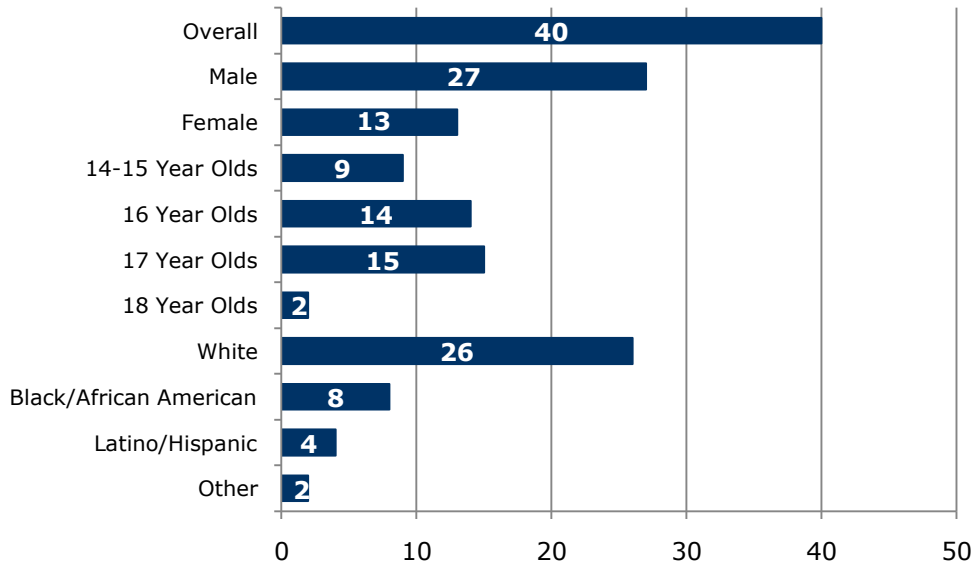
The Residential treatment waitlist **decreased 8%**.

Figure 31. Overall Treatment Waitlist



Juvenile Diversion makes referrals for youth assessment, based on conditions of the youth in Juvenile Diversion. For FY 2009, 40 youth were referred for assessment and evaluation. A majority, 68%, of the referrals were males and 73% were either 16 or 17 years old. More detailed information on Juvenile Diversion is reported in the proceeding Criminal Justice section.

Figure 32. Juvenile Diversion Referrals For Assessment ⁷
(July 1, 2009 - June 30, 2010)



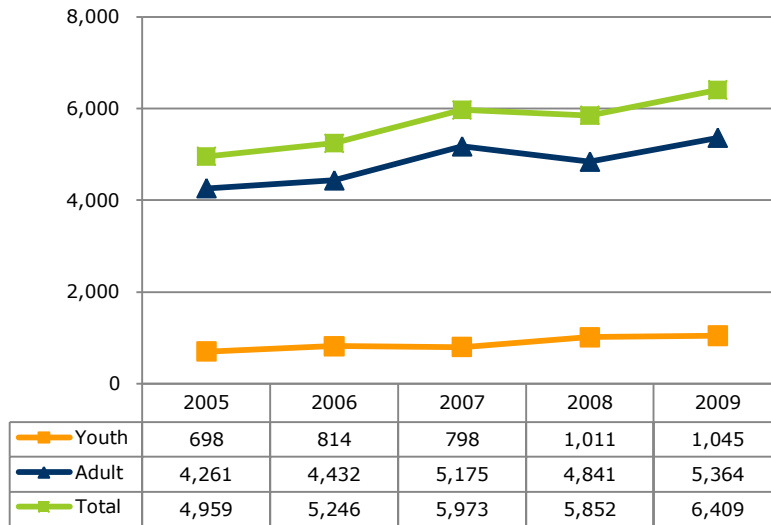
Cornhusker Place Civil Protective Custody and ER Statistics

Overall Cornhusker Place Civil Protective Custody

Youth admissions **increased 50%** from 2005 to 2009, including a large increase in 2008.

Adult admissions **increased 26%** over this period, including a large increase in 2007.

Figure 33. Cornhusker Place Overall Admissions* 8



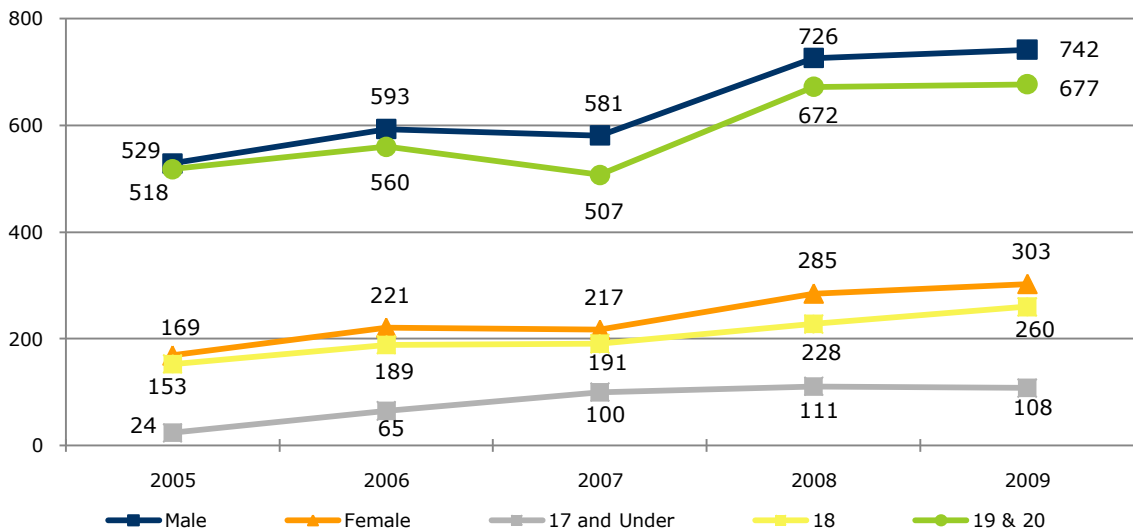
*Cornhusker Place records detox admissions for both youth and adults.

Youth Cornhusker Place Civil Protective Custody

Youth admissions were separated by gender and age (see Figure 34). The number of admissions under the age of 17 increased at the highest rate, 350%, from 2005 to 2009. The number of 18 year olds **increased 70%** and 19-20 year olds **increased 31%**.

71% of youth admissions in 2009 were male. The number of male admissions **increased 40%** from 2005 to 2009, compared to an **increase of 79%** for females.

Figure 34. Cornhusker Place Admissions by Demographics ⁸



Youth Average BAC

Overall blood alcohol content (BAC) at intake **has declined** from 2005 to 2009.

Males consistently had a **higher average** BAC when admitted to detox.

In 2009, males had on average a **.01 higher** BAC than females.

Figure 35. Average BAC by Gender ⁸

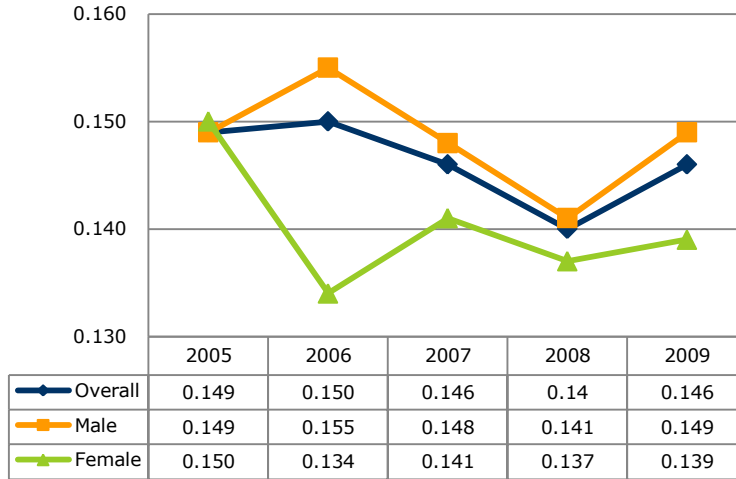
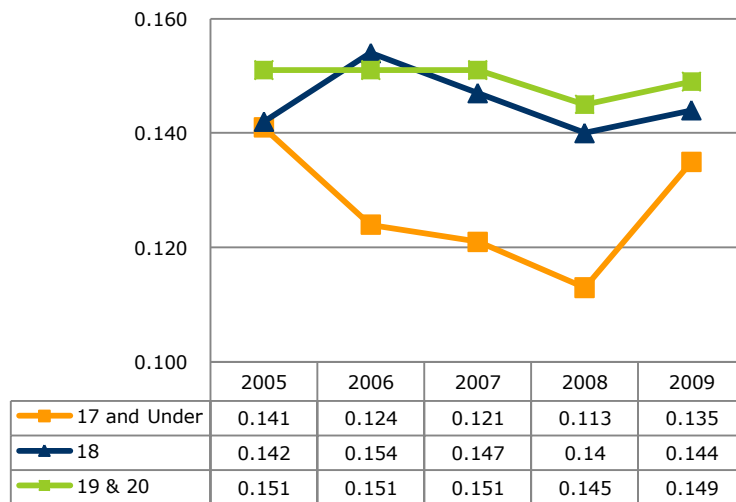


Figure 36. Average BAC by Age ⁸



In 2008, 19 and 20 year olds on average had a **.032 higher** BAC than youth 17 and under. This gap **decreased to .014** in 2009.

During this five year period, the average BAC fluctuated for all three age categories, but ended in 2009 at similar levels to 2005.

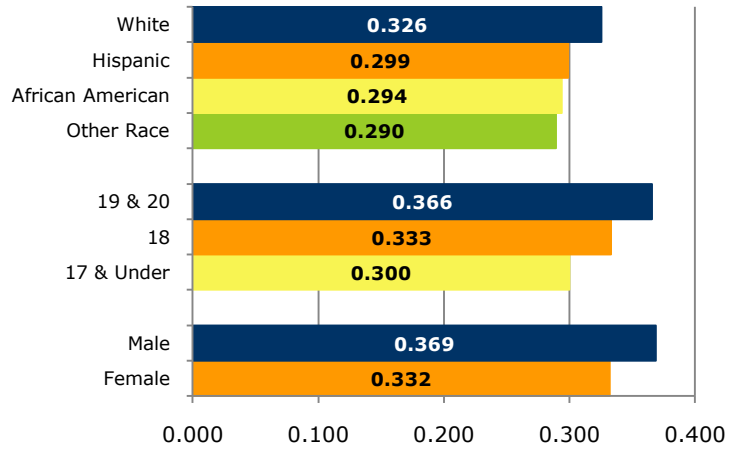
High BAC

The highest recorded BAC for males was **.037 higher** than that of females, on average.

The highest recorded BAC for 19 and 20 year olds was **.033 higher** than that of 18 year olds, and **.066 higher** than youth 17 and under.

The highest recorded BAC for whites was **.027 higher** than all other races.

Figure 38. High BAC 2005-2009 Average ⁸



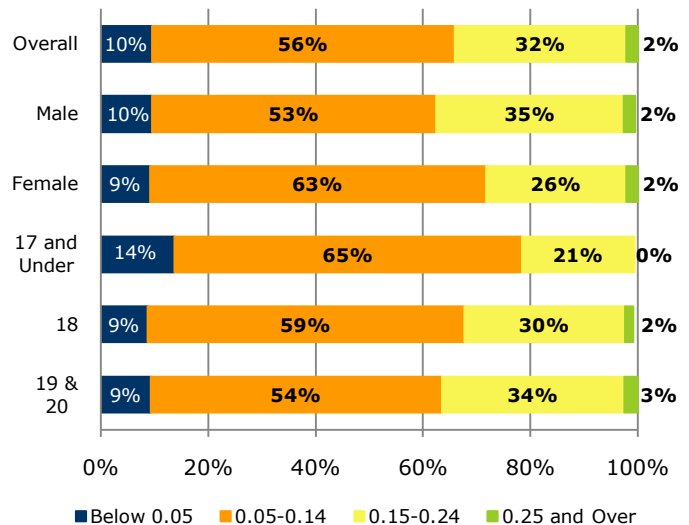
BAC Categories

The average BAC levels were grouped into four categories for comparison (Figure 39).

Comparing categories for 2009, youth 17 and under had a larger percentage in the lower BAC categories (below 0.05 and 0.05-0.14) than other ages.

Males and youth 19-20 had a higher percentage in the higher BAC categories (0.15-0.24 and 0.25 and over) compared to females and those younger.

Figure 39. Cornhusker 2009 BAC Level ⁸



Youth Last Drink

Last drink percentages by beverage of choice in 2009 were consistent with 2008.

Budweiser products were the last drink for **40%** of youth in civil protective custody.

Vodka and other beer followed.

Civil Protective Custody: Last Drink ⁸ (Percentages by Beverage of Choice)

	2008	2009
Budweiser	40%	40%
Vodka	16%	17%
Other Beer	13%	10%
Coors/Miller	9%	9%
Rum	5%	7%
Whiskey	5%	6%
Other Hard Liquor	5%	6%
Wine	1%	1%
Unknown	6%	4%

Emergency Room Admissions

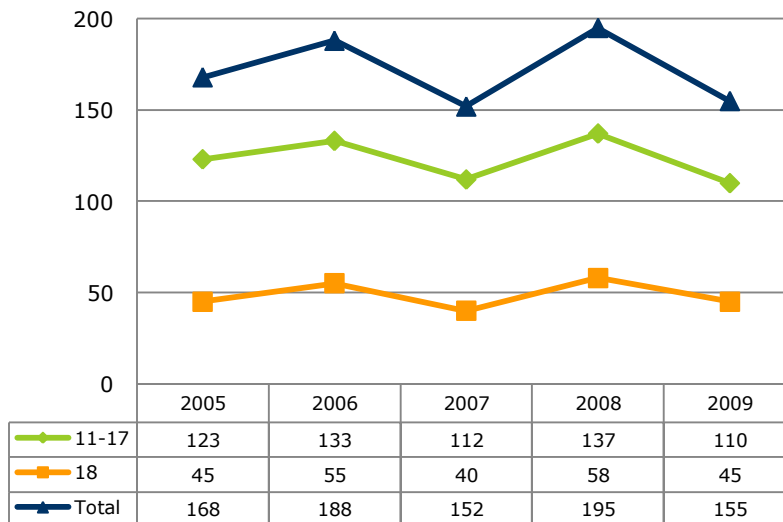
Emergency Room admissions for alcohol poisoning from 2005 to 2009:

Decreased 11% for 11-17 year olds.

Stayed constant for 18 year olds.

The highest number of admissions over this 5 year period was 195 in 2008.

Figure 40. ER Admissions For Alcohol Poisoning ⁹
(11-18 Year Olds)



Strengths & Barriers

The SAAC Treatment Team, previously known as Back on Track, identified capacity issues as a priority and funds were raised to assess the societal cost with a Wait List project. A campaign to educate the public on the stigma of seeking treatment entitled "I Have Hope" was completed in 2003.

Lancaster County Medical Society worked with SAAC to implement a Screening and Brief Intervention and Referral (SBIR) service and brochures about treatment options are available in medical offices in the community. Communication amongst these county-wide SAAC members has played a valuable role in being able to address issues before they become problems, particularly with tight budgets and constant changes in federal and state regulations and funding.

There exists a broad range of treatment options within Lancaster County. Providers are working cooperatively and collaboratively to meet the needs of those in need of substance abuse services. There are services available for indigent clientele, those who have 3rd party payers, as well as services for those who choose to self pay. Providers have grown to understand each others' niche expertise with the various populations and will often refer to each other to meet the clients' needs. There is a large and active recovery network in our communities which complements the work of treatment providers so that long term recovery can be established and maintained. Support groups such as Alcoholics Anonymous, Narcotics Anonymous, and Celebrate Recovery are plentiful and actively involved in bridging the gap from treatment to recovery.

There are barriers to continually improving both the quality of treatment and treatment rapid access. The barriers tend to be centered on low reimbursement rates and lack of funds for continued quality improvement. Providers are unable to help clients enter treatment quickly when the timing is right and the client is ready; preauthorization has become burdensome, complicated, and costly as clients often choose to return to their drug or alcohol of choice while being placed on the waiting lists or while awaiting the preauthorization process. Providers want to adopt the "let's get you started in treatment" stance with clients who are finally ready but instead must adhere to the "let's slow down and make sure everything is in order to achieve reimbursement" position. The client and our community are the ultimate losers as these barriers are increasing rather than being resolved.

Program and Facility Information

Youth Assessment Center¹⁰

The Youth Assessment Center provides a variety of screening and assessment services for Lancaster County Juvenile Justice and the community. These assessment services include drug and alcohol evaluations, pre-treatment assessments, and juvenile justice reports. The Child Guidance Center has contracted with Lancaster County to provide licensed mental health practitioners and licensed drug and alcohol counselors at the Youth Assessment Center, to assess youth involved with the Juvenile Justice System.

CHOICES¹¹

CHOICES is a two semester program facilitated by counselors from the Child Guidance Center. Each week a student attends one individual therapeutic session and one group session. Topics covered in these sessions include family, peer and school issues; drug and alcohol use and abuse; wellness and healthy lifestyles; positive coping skills; and decision-making skills. Youth in grades 9-12 can receive up to two credits each semester for participation in the program.

The number of youth assessments and evaluations for CHOICES youth increased from 79 in 2005/2006 to 88 in 2009/2010. Capacity increased from 60 to 70 in 2009/2010. In addition, the waitlist for youth to receive assessments and evaluations increased by 20 in 2009/2010.

Criminal Justice: Juvenile and Adult

Arrests, Citations, and Violations

The Crime Commission was assigned the responsibility for the collection of Uniform Crime Reports (UCR) for the Federal Bureau of Investigation (FBI). Law enforcement agencies in the state are statutorily required to submit monthly Uniform Crime Reports detailing the number of crimes reported or known to them and the number of arrests. The law enforcement agencies required to submit reports include sheriffs' departments, police departments, the State Patrol, two campus police departments, and the State Fire Marshal. ¹²

Crime Commission arrests for Lancaster County and Nebraska are presented first, followed by individual law enforcement agency data for Lincoln, which expands from the broad crime commission categories into specific offenses. Throughout the Criminal Justice section, the arrest, citation, and violation statistics are shown as the number of arrests, citations, and violations per 10,000 population. This allows for the comparison of county and state data.

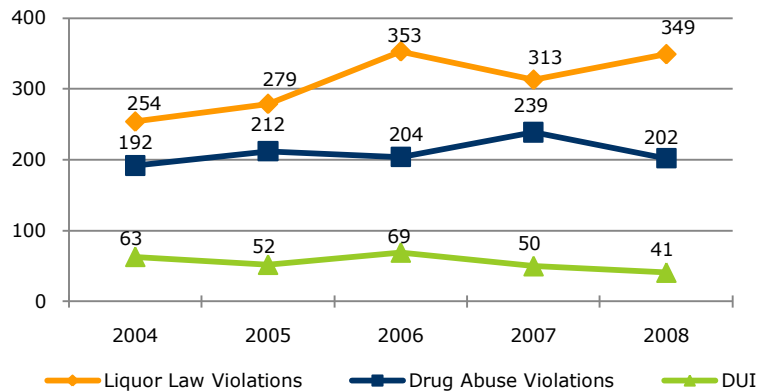
Lancaster County Arrests

There was a **37% increase** in the number of liquor law violations for Lancaster youth from 2004 to 2008.

DUI arrests **declined 35%**.

Drug abuse violations did not fluctuate significantly over this period.

Figure 41. Lancaster County Arrests (17 & Younger) ¹³

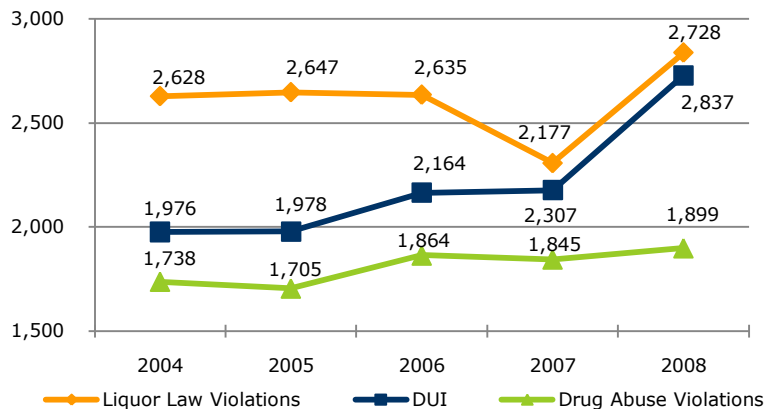


Adult liquor law violations and DUI arrests **increased 25% and 23%**, respectively from 2007 to 2008.

Drug abuse violations **increased 3%**.

All three violation categories have had an increasing trend from 2004 to 2008.

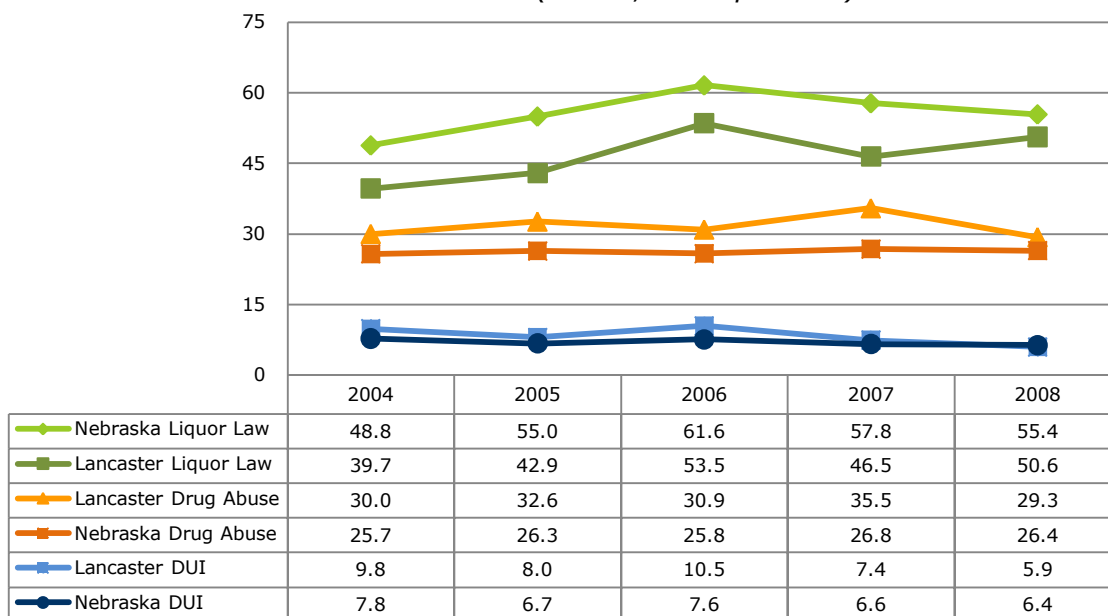
Figure 42. Lancaster County Arrests (18 & Older) ¹³



Lancaster and Nebraska Arrests Per 10,000 Population

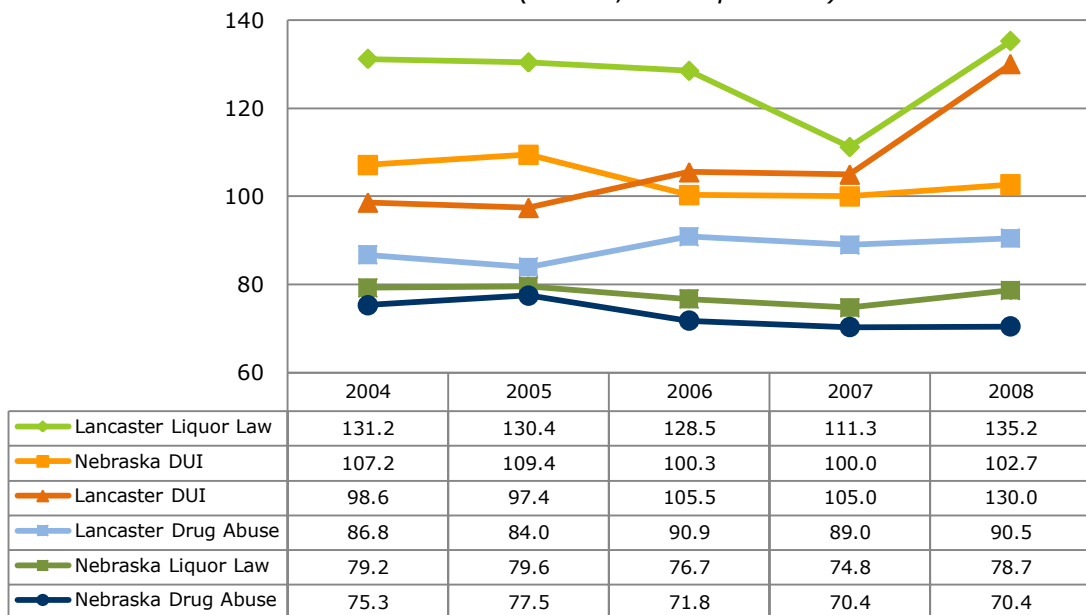
Lancaster County and Nebraska youth arrests per 10,000 population are depicted in Figure 43. Lancaster County had a lower rate of liquor law violations per 10,000 population when compared to Nebraska; however, Lancaster's liquor law violation rate has been increasing at a faster rate than Nebraska's from 2004 to 2008. Lancaster County has a higher rate of drug abuse and DUI arrests per 10,000 youth when compared to Nebraska.

Figure 43. Youth Alcohol and Drug Arrests ^{13, 14}
(Per 10,000 Population)



Lancaster County and Nebraska adult arrests per 10,000 population are depicted in Figure 44. Lancaster County had a higher DUI, liquor law, and drug abuse arrest rate for adults when compared to the state as a whole. The greatest gap is in liquor law violations, Lancaster County had 57 more adult liquor law violations per 10,000 population than the rest of the state. The greatest change from 2004 to 2008 was in Lancaster DUI arrests per 10,000 population, which increased 32%.

Figure 44. Adult Alcohol and Drug Arrests ^{13,14}
(Per 10,000 Population)



LPD Offenses

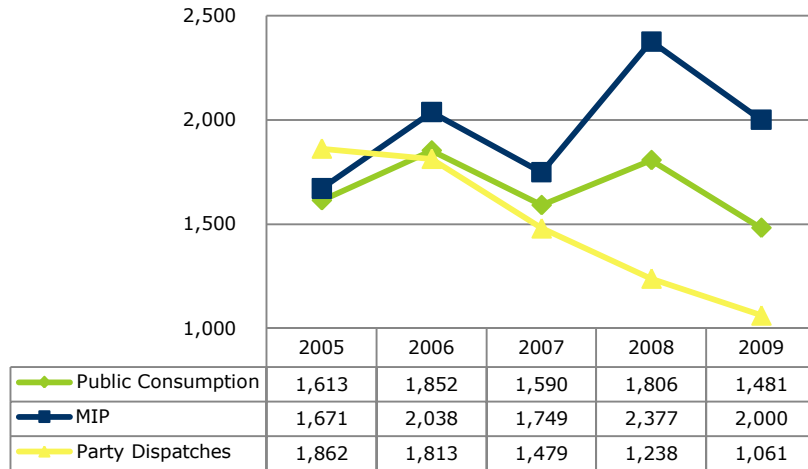
From 2005 to 2009
Lincoln Police
Department:

Party dispatches
declined 43%.

Minor in possession
offenses **increased
20%.**

Public consumption
decreased 8%.

Figure 45. Lincoln Alcohol Offenses ⁴



While the LPD saw a declining number of narcotics cases from 2005 to 2009, there was an increase in the number of narcotics felony arrests.

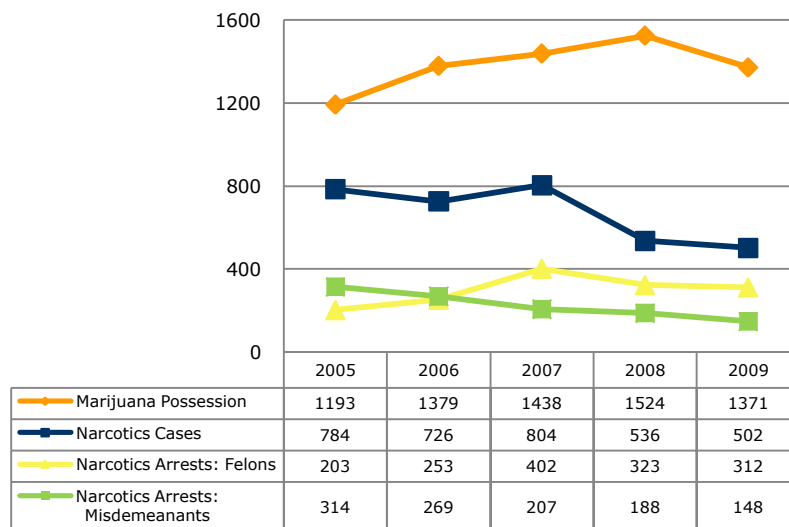
Narcotics Cases
decreased 36%.

Marijuana possession
offenses **increased
15%.**

Narcotics felony arrests
increased 54%.

Narcotics misdemeanor
arrests **declined 53%.**

Figure 46. Overall Lincoln Drug Offenses ⁴



Misdemeanor and Felony ³

For clarification, the difference between a drug misdemeanor and a felony can be defined by maximum length of time a person is incarcerated for the crime. Crimes with a minimum jail time of over a year are usually felonies. Possession of less than one ounce of marijuana is considered a misdemeanor and penalized with a fine while other drugs, such as methamphetamine or cocaine, may mandate automatic incarceration.

Severity of drug possession penalties depends on a variety of factors including quantity, type of drug, intent, age of the offender, and the location of the crime with penalties proportionate to the crime and related mitigating factors.

Felony Drug Offenses

There was a **41% decrease** in the number of adult felony drug offenses in Nebraska from 2005 to 2009.

Lancaster County felony drug offenses **increased 27%** over this period.

Figure 47. Adult Felony Drug Offenses ¹³
(Admitted to Department of Correctional Services)

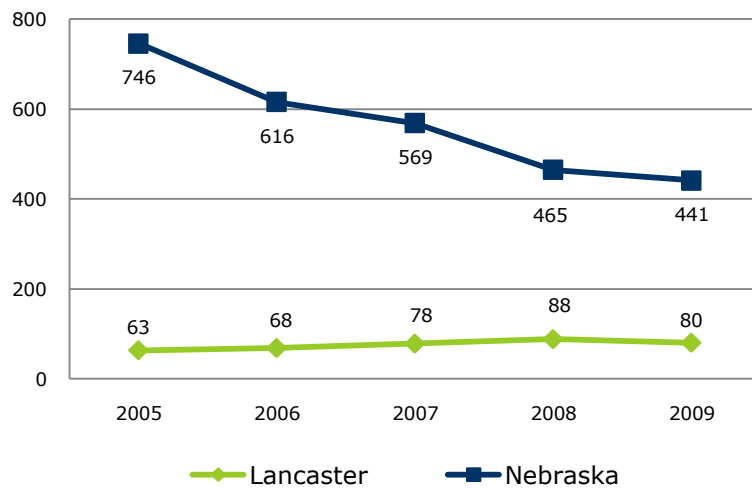


Table 2 gives additional alcohol violations and arrests in Lancaster County for the July-June 2009/2010 year. These figures include youth and adult violations.

The fourth quarter of 2009/2010 had a lower number of DUI, MIP, and procuring violations compared to earlier quarters; however, the number of public consumption violations was notably higher in the fourth quarter.

Table 2 2009/2010 Lancaster County Enforcement Summary Data ³					
	DUI	MIP	Procuring	Open Container	Public Consumption
LPD	496	478	22	247	262
LSO	54	16	7	16	5
UNLPD	37	113	0	0	5
NSP	89	42	0	65	0
Totals 1st Quarter	676	649	29	328	272
LPD	536	405	11	176	88
LSO	29	13	1	0	0
UNLPD	20	104	3	0	3
NSP	43	29	0	42	0
Total 2nd Quarter	628	551	15	218	91
LPD	500	355	22	100	36
LSO	28	10	2	0	0
UNLPD	9	67	24	0	3
NSP	91	48	4	44	0
Total 3rd Quarter	628	480	52	144	39
LPD	459	288	10	179	246
LSO	46	33	7	8	0
UNLPD	12	29	1	0	2
NSP	64	14	3	36	0
Total 4th Quarter	581	364	21	223	248
TOTALS	2,513	2,044	117	913	650

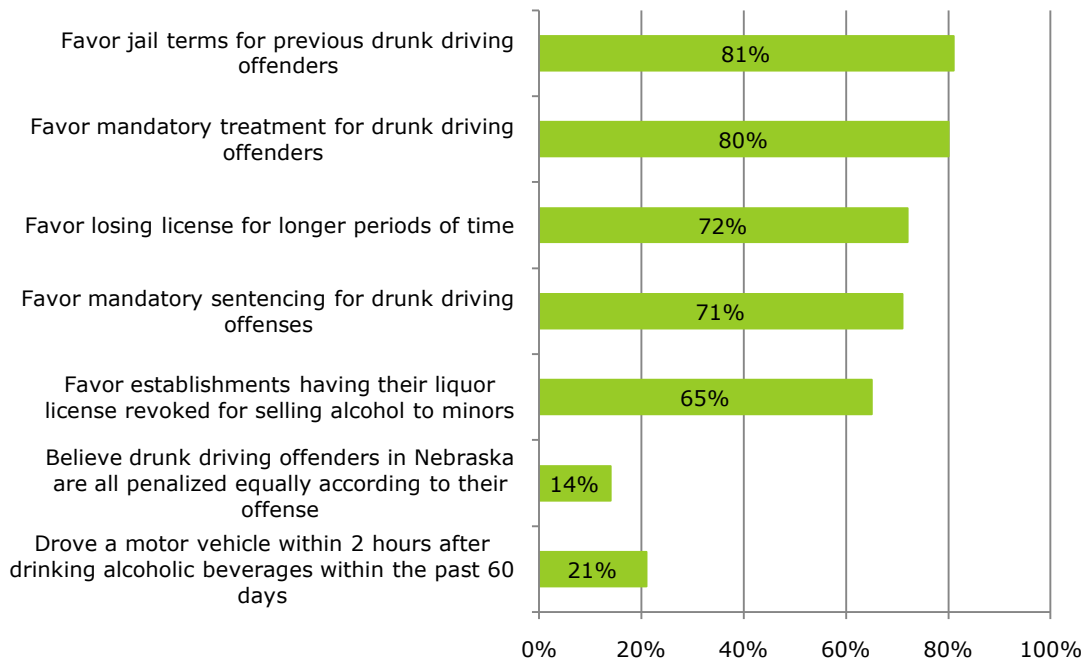
Transportation Safety Issues

The Nebraska Office of Highway Safety and Mothers Against Drunk Driving (MADD) conducted a survey to measure the attitudes of Nebraskans relative to highway safety issues.¹⁵ A total of 900 people completed the 2010 survey. Figure 48 depicts the results of select questions relating to alcohol use.

On a 1-5 scale, where 5 is very important and 1 is not at all important, Nebraskans rated the problem of driving while intoxicated or drunk driving as a 4.5.

60% thought Nebraska penalties for drunk driving were not tough enough, while only 3% thought they were too tough.

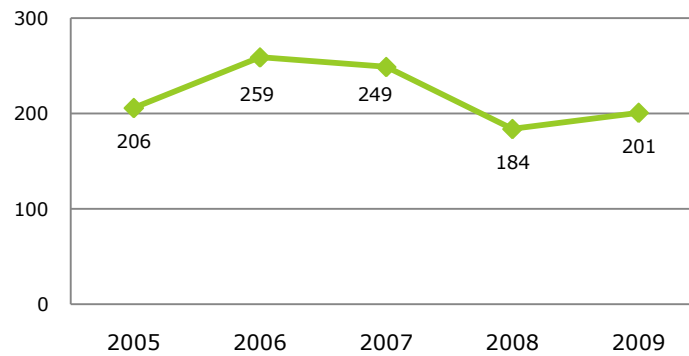
Figure 48. Highway Safety Survey Alcohol Related Responses¹⁵



Alcohol Related Crashes

Alcohol related crashes have declined from 2005 to 2009, but **rose by 17 crashes** from 2008 to 2009.

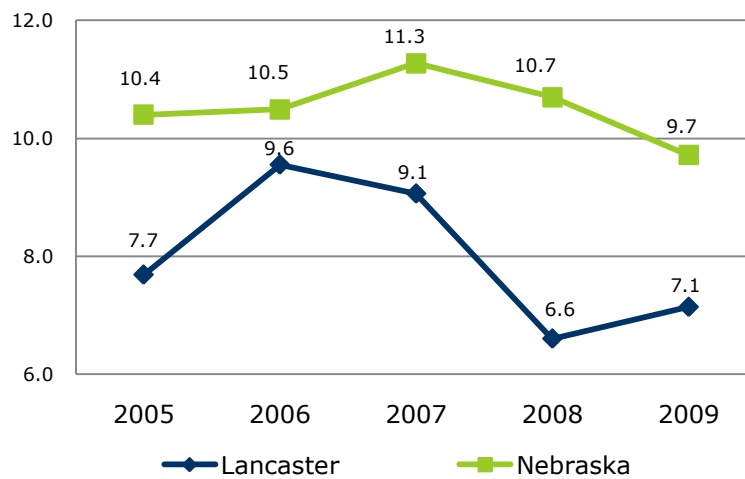
Figure 49. Lancaster Alcohol Related Crashes ¹⁶



Alcohol related crashes **declined 7%** in the state and **declined 8%** in Lancaster County since 2005.

In the last 5 years, Lancaster County's alcohol related crash rate has been lower than the rest of the state, although both Nebraska and Lancaster County rates have been declining.

Figure 50. Alcohol Related Crashes Per 10,000 Population ¹⁶



Diversion

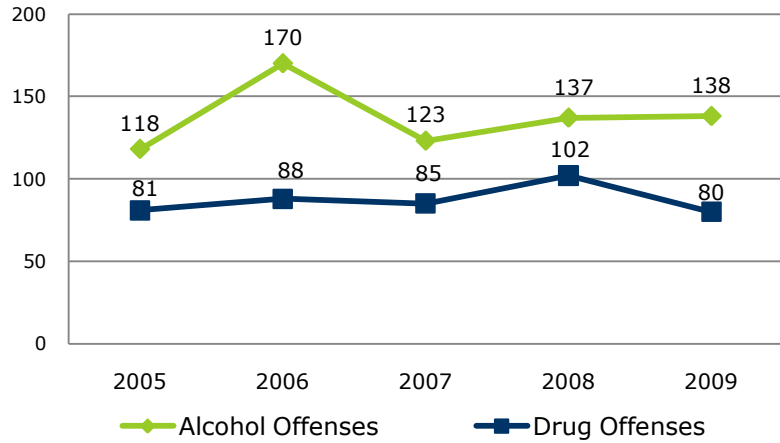
Diversion Offenses

From 2005 to 2009:

Juvenile Diversion for alcohol offenses have **increased 17%**.

Drug offenses in 2009 fell after increasing for three years.

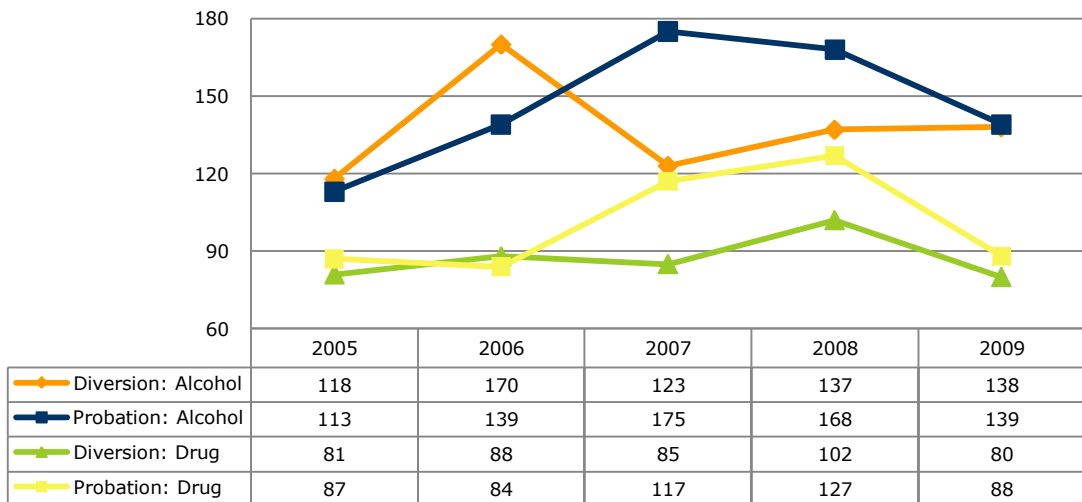
Figure 51. Lancaster County Juvenile Diversion Offenses ⁷



The number of youth in diversion and probation for alcohol offenses were at similar levels in 2005 and 2009, after fluctuating during 2006-2008. There was an overall upward trend in juvenile diversion and probation for alcohol offenses.

Diversion and probation for drug offenses also had similar levels in 2005 and 2009, but probation drug offenses were higher in 2007 and 2008. The number of youth on diversion for drug offenses prior to diversion remained relatively constant from 2005 to 2009.

Figure 52. Lancaster County Juvenile Diversion and Probation ^{7,17}



Juvenile & Adult Court

Juvenile Court

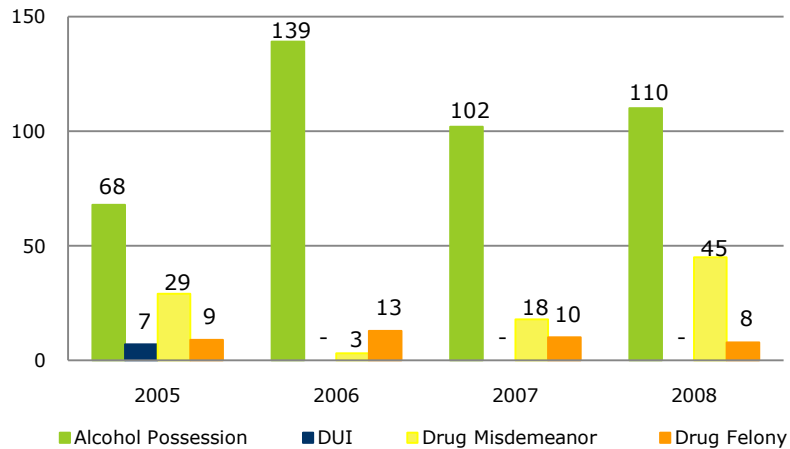
Lancaster Juvenile Court dispositions from 2005 to 2008:

Increased 62% for alcohol possession.

Increased 55% for drug misdemeanors.

Felony drug dispositions have not changed notably.

Figure 53. Lancaster County Juvenile Court Dispositions ¹³



Nebraska Juvenile Court dispositions from 2005 to 2008:

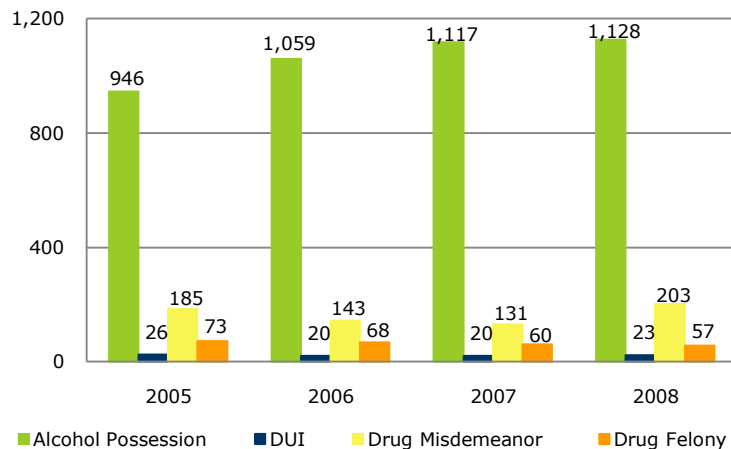
Increased 19% for alcohol possession.

Decreased 22% for juvenile drug felonies.

Increased 10% for drug misdemeanors.

Decreased 12% for DUIs.

Figure 54. Nebraska Juvenile Court Dispositions ¹³



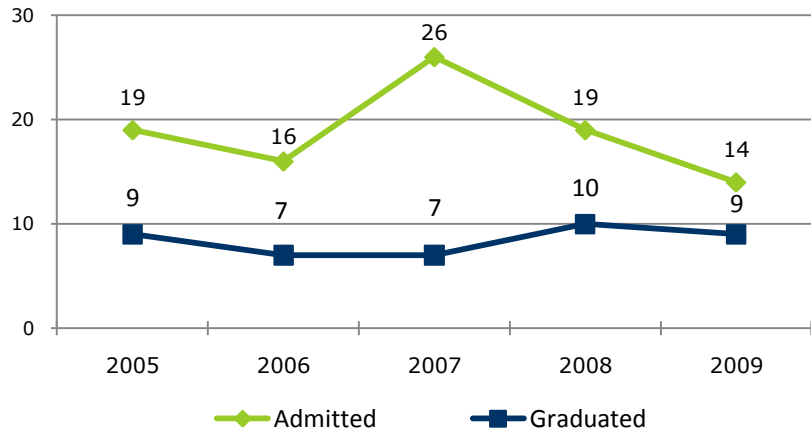
Juvenile Drug Court

Juvenile Drug Court is a specialized program for high risk youth with identified substance abuse. It offers intensive treatment, random drug testing, and pro-social activities through team-based approaches with judicial oversight.

Figure 55. Lancaster Juvenile Drug Court Admissions ¹⁸

Overall, the number of youth in juvenile drug court has been decreasing since 2006.

Admissions **decreased 26%** since 2005.



Adult Drug Court

Adult Drug Court is a special program that fights recidivism and drug addiction in nonviolent adult offenders using a team-based approach emphasizing judicial oversight, pro-social activities, frequent and random drug testing, and a sweeping array of treatment services.

Comparing graduation rates year by year is misleading because in 2008 the minimum program length changed to 18 months. This explains why it appears a low percentage of admissions graduated in 2008 compared to 2009. The program, founded in 2001, was at capacity in 2009, 28 people were turned away. ¹⁹

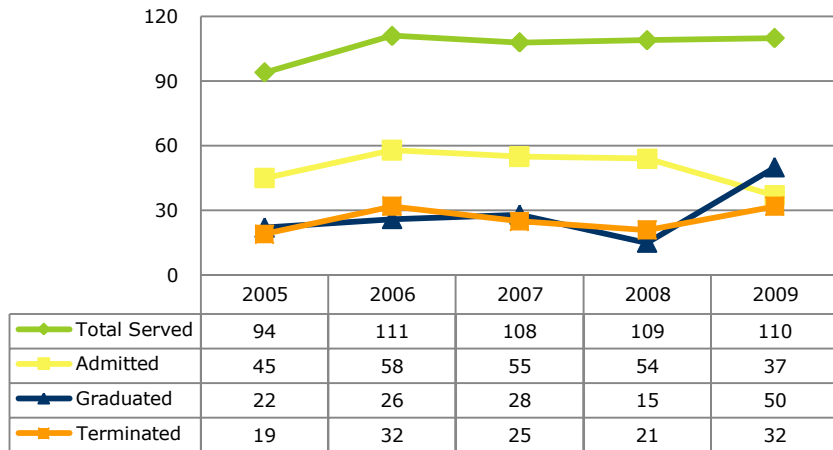
Figure 56. Lancaster County Adult Drug Court Admissions¹⁹

From 2005 to 2009:

There was a **18% decrease** in adult drug court admissions.

17% increase in the total number served.

68% increase in the number terminated.



Juvenile Detention - Lancaster County Youth Services Center

Lancaster County juveniles who are admitted to detention self-report drug use and are tested for alcohol use (BAC) at intake. Each juvenile is also asked to document their alcohol and drug use over the 48 hours prior to admission. The figure below shows the number of admissions for each year 2005-2009, the number and percent who reported/tested positive for substance use at intake, and the number and percent who reported substance use over the past 48 hours.

The number admitted to Juvenile Detention increased slightly from 2005 to 2009. The percentage of youth who tested positive for alcohol use or admitted using drugs or alcohol at intake increased from 5.5% in 2005 to 7.2% in 2009.

The percent who indicated substance use during the past 48 hours remained approximately the same from 2005 to 2009.

Juvenile Detention Admissions & Substance Use²⁰

	2005	2006	2007	2008	2009
Admissions	858	827	908	868	895
Substance Use (At Intake)	47 5.5%	50 6.0%	53 5.8%	54 6.2%	64 7.2%
Substance Use (Past 48 Hours)	221 25.8%	208 25.2%	229 25.2%	186 21.4%	229 25.6%

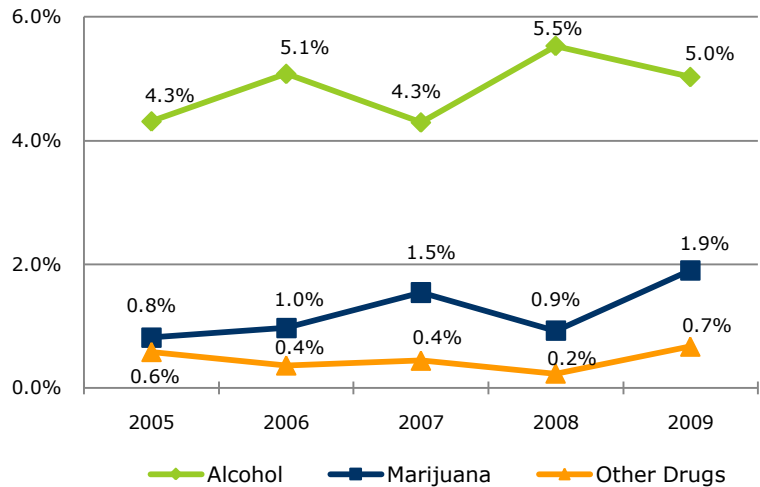
Use at Intake

Figure 58 shows the percentage of juvenile admissions who recorded a BAC or admitted alcohol or drug use at intake.

Alcohol and marijuana use has increased slightly from 2005 to 2009.

Marijuana use **increased 1.1%** from 2005 to 2009, while other drug use has remained fairly constant.

Figure 58. Substance Use at Intake ²⁰
Juvenile Detention Admissions

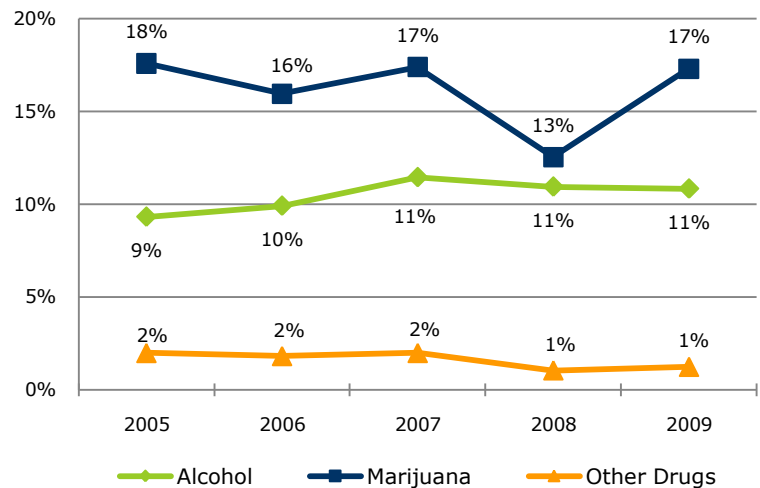


Past 48 Hour Use

Youth admitted to Juvenile Detention were asked about their past 48 hour alcohol and drug use.

Marijuana use was reported by 17% and alcohol use by 11% in 2009.

Figure 59. Substance Use - Past 48 Hours ²⁰
Juvenile Detention Admissions



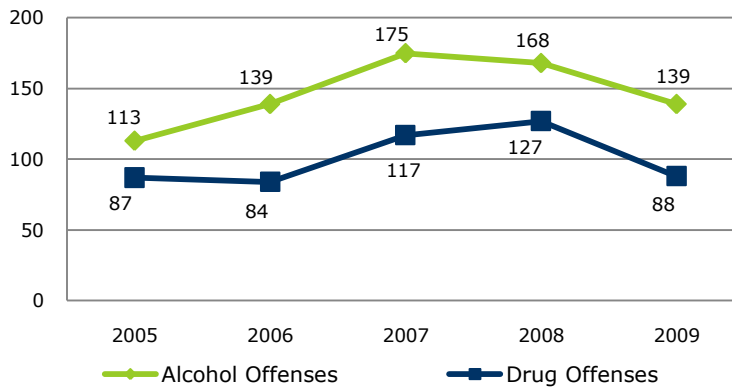
Probation

Juvenile Probation

Juveniles placed on probation for alcohol offenses have **increased 23%** from 2005 to 2009.

In 2009 drug offenses fell to 2005 - 2006 levels after increasing in 2007 and 2008.

Figure 60. Lancaster County Juvenile Probation Offenses ¹⁷



Demographics of juveniles placed on probation by their offenses prior to probation are shown in Table 3.

Table 3 Juvenile Probation Offenses: July 1, 2009 - June 30, 2010 ¹⁷						
	.02 Violation	MIP	DUI	Open Container	Possess/Deliver	Paraphernalia
Gender						
Male	2	54	9	1	29	28
Female	4	40	9	2	9	7
Age						
13					2	
14						
15		2			3	7
16		14	1		5	6
17		46	7		13	12
18	6	32	10	3	15	10
Ethnicity						
White	6	61	16	2	28	26
African American		11			4	6
Native American		4				1
Asian		1			1	
Latino		13	2	1	3	1
Other		4			2	1
Overall	6	94	18	3	38	35

Adult Probation

In 2008, probation performed 65,000 drug tests compared to 79,000 in 2009. From 2007 to 2009, there have been significant drops in positive test results for amphetamine/methamphetamine.²¹

The adult probation statistics presented below include adults arrested for drug and alcohol related charges that were pre-sentenced and might go to probation or supervision.

Adult probation for alcohol offenses in 2009 **increased 53%** from 2007.

Drug offenses among Lancaster adults in probation declined in 2008, but remain **112% higher** than 2007.

Figure 61. Lancaster County Adult Probation Offenses ²²

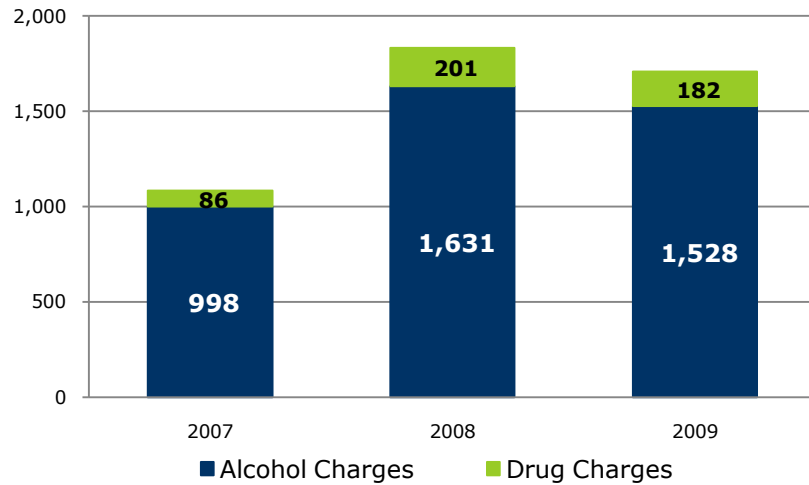
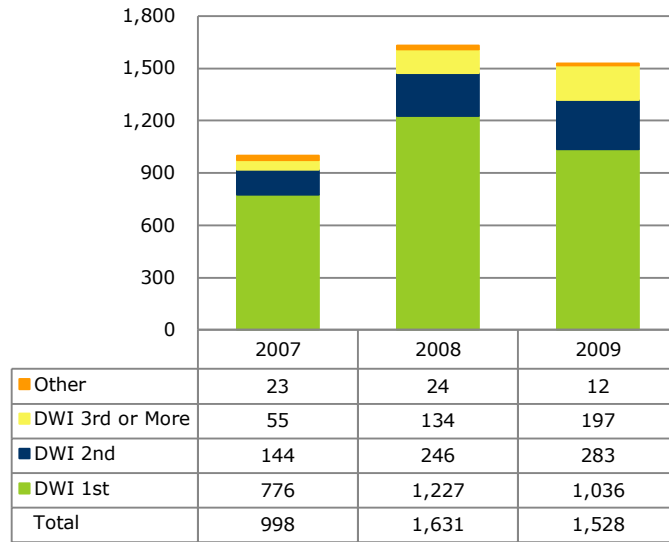


Figure 62. Adult DUI Charges ²²

Although total alcohol offenses decreased in 2009, there was a higher number of adults in probation for 2 or more DWI's.

The number of adults on probation for alcohol offenses rose from 2007 to 2009:

- 1st DWI increased 34%
- 2nd DWI increased 97%
- 3+ DWI **increased 258%**



Lancaster County probation tracks drug offenses in the following categories: **amphetamine**, **marijuana**, and **other drug offenses**. Notable changes from 2007 to 2009 include a **200% increase** in the number of marijuana possession charges, a 95% increase in the number of other drug distribution charges, and a 280% increase in other drug possession charges. Amphetamine charges have remained consistent from 2007 to 2009.

Figure 63. Adult Drug Charges Prior to Probation ²²

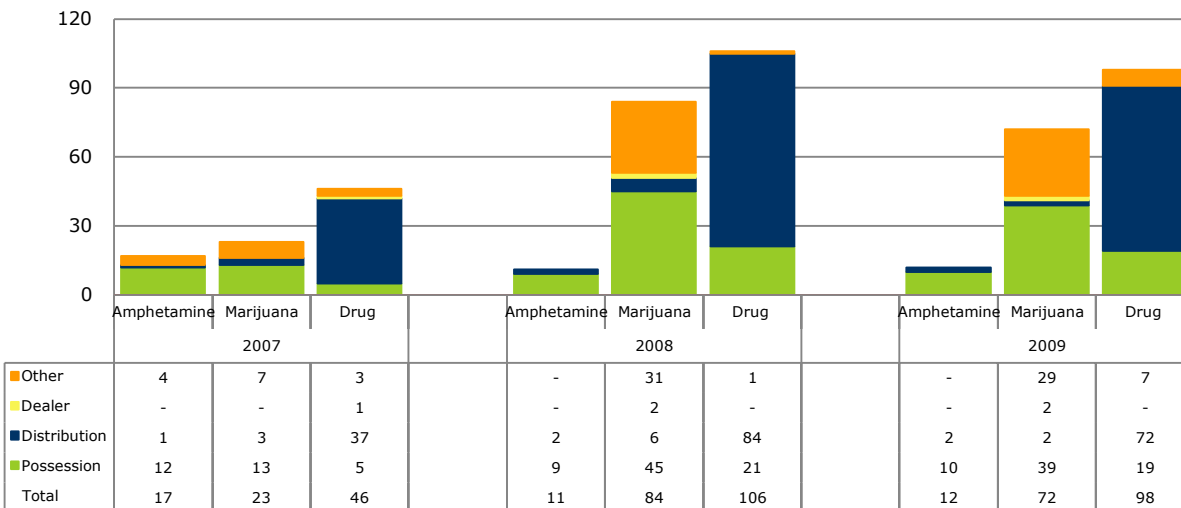


Table 4 shows the percentage of adults whose court rulings end in probation dispositions. For drug charges, there was a slight decline in the percentage sentenced to probation and an increase in those sentenced to county jail. A lower percentage of court rulings for **1st, 2nd, and 3rd DUI** offenses have been sentenced to probation, while the percent of **4th DUI** rulings that went to probation increased 17%.

Table 4		Adult Dispositions of Presentence/Court Rulings²²		
<u>Offense</u>	<u>Disposition</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
DUI 1st	Probation	99.34%	99.50%	98.92%
	County Jail	0.65%	0.24%	0.48%
	Department of Corrections	0.00%	0.24%	0.58%
DUI 2nd	Probation	99.47%	98.16%	98.92%
	County Jail	0.52%	1.83%	0.71%
	Department of Corrections	0.00%	0.00%	0.35%
DUI 3rd	Probation	95.77%	73.49%	73.38%
	County Jail	1.40%	15.66%	13.66%
	Department of Corrections	2.81%	10.84%	12.94%
DUI 4th	Probation	18.18%	45.83%	35.29%
	County Jail	0.00%	8.33%	11.76%
	Department of Corrections	81.81%	45.83%	52.94%
Drugs	Probation	39.43%	35.68%	38.14%
	County Jail	26.76%	33.72%	29.25%
	Department of Corrections	33.80%	30.58%	32.59%

**On DUI 5th Offense 100% of Dispositions are to Department of Corrections*

Strengths & Barriers

In 1998, the federal government funded the Arrestee Drug Abuse Monitoring (ADAM) program, initiated in 35 data collection sites throughout the nation to track trends in the prevalence and types of drug use among booked arrestees in urban areas. Dr. Denise Herz worked in Omaha as an ADAM site director from 1996 to 2001 and assisted five different jurisdictions in Nebraska in planning drug treatment courts. The Nebraska State Legislature formed the Community Corrections Working Group in 2001 to investigate the costs and rising number of offender populations.

The Community Corrections Council was created in 2003 to look at a variety of issues, including the need for substance abuse evaluations and treatment for drug offenders. Dr. Herz was responsible for helping develop the standardized model for delivery of substance abuse services in Nebraska which was implemented in 2005. The single goal was to improve public safety by effectively addressing offender substance abuse and to reduce recidivism. The Community Corrections Council continues to meet and discuss the opportunities for lower cost alternatives to incarceration for low risk individuals with substance abuse issues.

Cornhusker Place⁸

Currently, Cornhusker Place is conducting arrestee and civil protective custody admissions surveys similar to the ADAM project funded by the federal government in many municipalities nationwide in the 90's. Since arrestee and civil protective custody admissions survey data provides general locations of drug trafficking and the Lincoln Police Department has a very proactive crime mapping system in place, the local Coordinating Council will have valuable information to assess what local trends are involving drug trafficking, substance abuse and the criminal justice system.

Cornhusker Place started as the area provider of 24 hour medical supervision and support for voluntary and involuntary detoxification services. In the late 1970s, early 1980s there was a nationwide cultural shift in how to deal with alcohol and drug addiction. Since 1983, Cornhusker Place has operated as a licensed, non-profit treatment center serving 16 counties in southeast Nebraska with not only a safe environment for intoxicated individuals to become sober, but to provide comprehensive, short and long term treatment for those with alcohol for those in need.

Juvenile Diversion⁷

Juvenile Diversion Services is an alternative to traditional justice proceedings for youth up to 17 years of age who have committed minor legal violations. Their goal is to prevent crime by teaching youth skills to become more productive citizens. Services provided are based on the restorative justice principle – "it is more effective to educate youth on the harm his/her actions have caused on others and ultimately themselves."

Some of the services available through Juvenile Diversion specific to substance-related issues include:

- Drug and Alcohol Prevention and Early Intervention Educational Groups
- Tobacco Education and Cessation Support
- Drug-Testing
- Referrals for Drug and/or Alcohol Assessment/Evaluation – recommendations from evaluations are included in service plans and may

include: in-patient/out-patient, counseling/therapy, or additional educational recommendations

Juvenile Probation¹⁷

The District #3J Juvenile Probation Office serves the Separate Juvenile Court of Lancaster County which encompasses four Juvenile Court judges. The staff of 19 consists of a Chief Probation Officer, Chief Deputy Probation Officer, Juvenile Drug Court Coordinator, an Office Manager, four Community Based Intervention officers (including the Juvenile Drug Court Officer), four Predisposition Investigation officers, four Community Based Resource officers and two Home Detention officers. They pride themselves in facilitating appropriate services, providing quality assessments and providing framework for constructive change for juveniles and families.

In October, 2005 Nebraska State Probation initiated a new system emphasizing specialization, increased collaboration and greater skill levels of staff. Information was shared with the Court to assess a juvenile's level of risk and to provide case management with four Predisposition probation officers providing predisposition reports (PDI). In 2009, 917 PDIs were completed with adjudications for alcohol or drug offenses (i.e. DUI, .02 violations, MIP, Possession of marijuana or other controlled substance or drug paraphernalia) numbering 178.

The district also provides supervision for youth on probation (numbering about 480 per year). There are three Community Based Resource (CBR) Officers who each supervise approximately 80 juveniles considered low moderate or low risk. High to high moderate risk juveniles get more intensive supervision (electronic monitoring, tracker services, team meetings, etc.) along with targeted treatment. These CBI officers have smaller caseloads, generally 40 to 45 juveniles, based on greater expectations for case management with this group which might include strategies such as treatment, cognitive groups, family and school engagement, pro-social support and relapse prevention planning.

The Lancaster County Juvenile Drug Court (JDC) was developed in April 2001. It includes a Lancaster County Drug Court Coordinator and Drug Court Probation Officer who meet with a treatment team to review each youth's progress weekly.

JDC can serve up to 25 youth at a time. Since inception 149 juveniles have been served with 68 graduating from the program. Last year alone, 38 juveniles were served with 9 graduating from the program (5 graduated from high school and 3 earned their G.E.D.) with the group investing 160 hours of their time in community service work.

Adult Probation²²

The Adult Probation Office (District #3A) provides services to both the Lancaster County and District Courts. The Presentence Investigation Unit consists of seven PSI Officers to provide information at sentencing which may include criminal history, employment history, education, family, defendant statement, and victim information.

This report aids the court in determining what sentence to impose for the rehabilitation of the defendant and community safety. If the defendant is placed on Probation Supervision, this information assists the supervising officer to develop a case plan to address the needs of the probationer as well as reducing the risk to recidivate for the protection of the community. If the probationer is incarcerated with the Nebraska Department of Corrections, the Presentence Investigation Report is used to develop case planning for the inmate. In 2009, 2,019 PSI Investigation Reports were completed for the Courts.

At any one time there are approximately 2500 Adult Probationers under supervision by the Lancaster County Adult Probation Office. The District #3A Reporting Center provides a variety of services and resources for the Probationer population based on the person's needs and risk to recidivate, including cognitive behavior classes, parenting classes, anger management, employment classes, pretreatment substance abuse, and the crime's impact on the community.

Specialized Substance Abuse Supervision (SSAS) is a program identified and implemented in five Nebraska counties, including Lancaster County, to provide a new sentencing alternative for courts and to decrease prison overpopulation due to substance abuse issues. In January of 2006, the SSAS program was created to address the treatment and supervision needs of offenders with chronic drug problems. In 2008 and 2009, the SSAS program served 541 probationers and more than 70 parolees state-wide. Approximately 60 percent of probationers completed the SSAS program successfully in 2008/2009. Three SSAS officers in District #3A supervise approximately 95 probationers sentenced to SSAS probation by the courts as well as work with approximately 11 parolees enrolled in programming in a collaborative partnership with the Nebraska Department of Corrections.⁷

In line with the goals of the SSAS program, the Adult Drug Court is one of several Problem-Solving Courts operating in Lancaster County. The Lancaster County Adult Drug Court is a separate agency operating within the Lancaster County Department of Community Corrections. A combination of judicial oversight, high standards of offender accountability, frequent and random drug testing, and a comprehensive team-based approach is actively applied in order to improve outcomes for victims, communities and participants. The purpose of drug courts is to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender's chances of successful rehabilitation.

Similar programs are offered in Douglas, Sarpy, Buffalo and Dakota Counties for nonviolent drug offenders willing to address the underlying problems prompting their addiction. Drug treatment, group therapy, job searches, and monitoring are required to deal with drug and alcohol issues. A study by the University of Nebraska Medical Center (UNMC) estimates the cost of housing a felon in state prison at \$30,000 per year compared with approximately \$3,000 per year for this type of program. The Nebraska Department of Correctional Services reports prison system population at 140% capacity with an increase in inmates rising from 2,096 in 1988 to 4,467 in 2009. Of that, approximately 824 (18%) are drug offenses. The operating budget (not including capital construction) has nearly doubled in the past decade to \$144.4 million. Similar overcrowding is forcing an expensive capital investment in Lancaster County for a new county jail. The UNMC study also compared SSAS participants with regular probation and found better job retention rates and lower recidivism rates. Despite favorable outcomes, statewide funding has not increased for rehabilitative alternatives to prison.

According to the Nebraska Department of Correctional Services, the yearly cost of housing one offender in the Nebraska State Penitentiary is \$31,036. Lancaster County Department of Corrections estimates a cost of \$72/day per offender. In contrast, the average cost of participation in Drug Court is between \$1,500 and \$3,000 per year. Thus, Drug Court provides a lower cost option for drug-involved offenders which, according to Marlowe, DeMatteo & Festinger (2003) “outperform virtually all other strategies that have been attempted”. Indeed, the two-year recidivism rate of Lancaster County Adult Drug Court graduates (defined as a new felony charge resulting in a conviction in the Lancaster County District Court) sits just under 14%, compared with a nationwide two-year recidivism rate of over 50% for offenders released from penitentiary incarceration.

Recidivism Rates* (As of December 31, 2008)

	Number	Percent
1 Year Since Graduation (n=121)	7	5.7%
2 Years Since Graduation (n=93)	13	13.9%

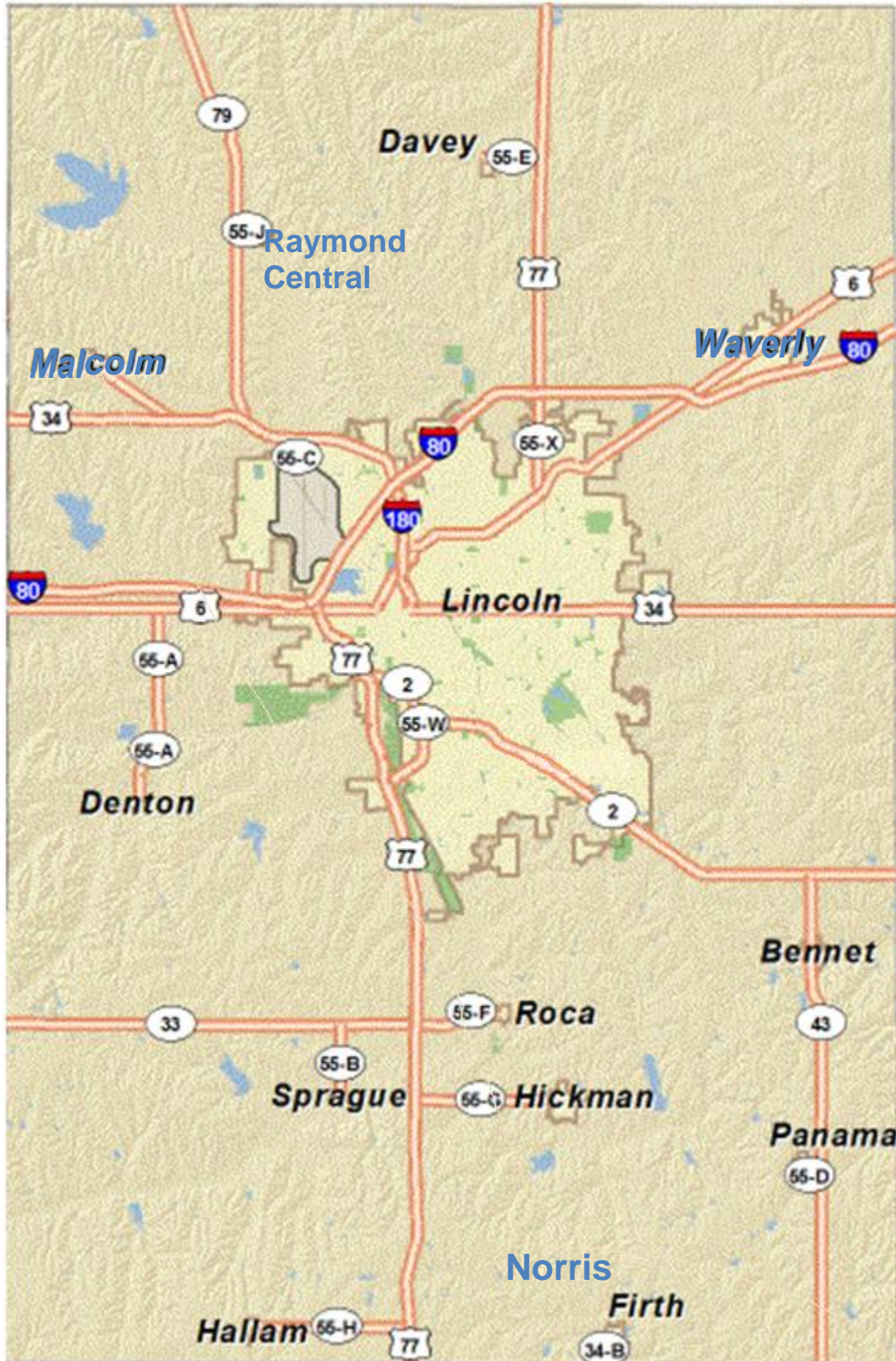
**Defined as New Felony Charge Resulting in Conviction in Lancaster County District Court*

District #3A Probation has specialized officers assigned to the DUI Unit who work with those convicted of DUI offenses with one officer working specifically with those probationers whom have been identified as very high risk to recidivate. As of April 2010, Lancaster County had 2,400 adults on supervision with 1,475 (61%) DUI offenders.

Resources and References

1. The Results of the 2005 Youth Risk Behavior Survey of Nebraska. Department of Health and Human Services. June 30, 2010. http://www.hhs.state.ne.us/srd/05_YRBS.pdf
2. Liquor Licenses. Nebraska Liquor Control Commission. August 5, 2010. http://www.lcc.ne.gov/license_search/licsearch.cgi
3. Alcohol Compliance Checks. Lincoln Council on Alcoholism and Drugs. <http://www.lcad.org/>
4. Lincoln Alcohol and Drug Related Violations and Arrests. Lincoln Police Department. July 19, 2010.
5. Evaluation and Historical Data Report. School Community Intervention Program. November 2009.
6. Lancaster County SAAC Juvenile Justice Reporting. Lincoln Public Schools.
7. Intensive Diversion Officer. Juvenile Diversion and Street Outreach Program.
8. Cornhusker Place Detox. The Bridge at Cornhusker Place. <http://www.cornhuskerplace.org/>
9. Emergency Room Data for Alcohol Poisoning. BryanLGH Health Systems. <http://www.bryanlgh.com/>
10. Youth Assessment Center/Child Guidance Center. <http://www.child-guidance.org/treatment.html>
11. CHOICES Program Data. <http://www.choicestreatmentcenter.com/>
12. Crime and Arrest Statistics. Nebraska Crime Commission. http://www.ncc.ne.gov/statistics/data_search/arrest.htm. June 21, 2010.
13. Adult and Juvenile Arrest and Offense Statistics. Nebraska Crime Commission. <http://www.ncc.state.ne.us/>
14. FBI Arrest Statistics. U.S. Department of Justice. July 14, 2010. http://www.ojjdp.ncjrs.gov/ojstatbb/ezaucr/asp/ucr_display.asp
15. Nebraska Annual Traffic Safety Study 2010. Nebraska Highway Safety. March 2010.
16. Motor Vehicle Crash Data. Nebraska Highway Safety Department of Roads. <http://www.dmv.state.ne.us/highwaysafety>
17. Juvenile Probation Data. Lancaster County Youth Services Center. <http://lancaster.ne.gov/youth/index.htm>
18. Juvenile Drug Court Admissions. Lancaster County Juvenile Drug Court. <http://www.supremecourt.ne.gov/problem-solving/>
19. Adult Drug Court Data. Lancaster County Adult Drug Court. <http://www.supremecourt.ne.gov/problem-solving/>
20. Juvenile Detention Center Data. Lancaster County Youth Services Center (Detention Center). <http://www.lancaster.ne.gov/hserv/yscenter.htm>
21. Nebraska Probation for the New Millennium Biennial Report 2008-2009. Nebraska Supreme Court / Office of Probation Administration. June 22, 2010. www.supremecourt.ne.gov/probation
22. Nebraska State Probation District #3A Data. Lancaster County Adult Probation. July 15, 2010.

Lancaster County, Nebraska Map



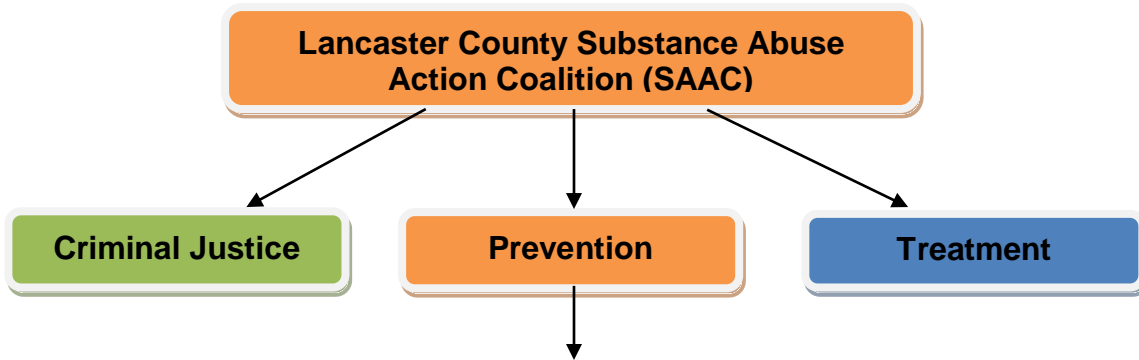
Partners and Member Agencies

Asian Community Center
BryanLGH/Independence Center
Cornhusker Place
Cedars Youth Services
CenterPointe
Child Guidance Center
CHOICES
Clyde Malone Center
Community Corrections
Community Mental Health Center
Cornhusker Place
Doane College
El Centro Community Center
First Step
Houses of Hope
Indian Center
Insight
Lancaster County Cooperative Extension Service
Lancaster County Juvenile Drug Court
Lancaster County Juvenile Probation
Lancaster County Adult Drug Court
Lancaster County Medical Association
Lancaster County Sheriff's Office
Lincoln Action Program
Lincoln College Partnership
Lincoln Council on Alcoholism and Drugs
Lincoln East Community Group
Lincoln High / Near South Community Group
Lincoln Lancaster County Health Department
Lincoln Lancaster County Human Services
Lincoln Medical Education Partnership
Lincoln Northeast Community Group – N-acts
Lincoln Police Department
Lincoln Public Schools
Lincoln Southeast Community Group
Lincoln Southwest Community Group
Lutheran Family Services

Partners and Member Agencies (continued)

MADD Nebraska
Malcolm Community Group
Nebraska Commission on Law Enforcement & Criminal Justice
Nebraska Grocery Industry Association
Nebraska Health & Human Services
Nebraska Comprehensive Health Care
Nebraska Office of Highway Safety
Nebraska State Patrol
Nebraska Wesleyan University
Norris CARES
Origins Behavioral Health
Parallels
Raymond Central Community Group
REOMA (Real Estate Owners and Managers Association)
Recovery Center
Region V Systems
St. Monica's
Schmeeckle Research
School Community Intervention Program
Southeast Community College
Summit Care and Wellness
Touchstone
University of Nebraska, Lincoln-Office for Student Affairs
VA NE-Western Iowa Health Care System
Waverly Community Group
Youth Assessment Center

Lancaster County Prevention System



Lancaster County Community and Youth Prevention Groups

Vision:

A community free of substance abuse.

Mission:

To reduce substance use and abuse among youth and the community at large, by addressing the factors in the community that serve to increase the risk of substance abuse.

Purpose:

The Lancaster County Substance Abuse Action Coalition's purpose is to reduce the use of alcohol, tobacco, and other drugs in our community.

