



# Drug Free Charlotte County Community Assessment

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## Executive Summary

Charlotte County has made advances in preventing teen substance use in the years since the coalition was formed. When the coalition was formed, it was dubbed “Scarlett Charlotte” by the local press as a result of one of the highest past 30-day uses of alcohol by high school teens in the state. In 2000, the past 30-day use of alcohol by high school teens was 54%.<sup>1</sup> This dropped to 22.5%.<sup>2</sup> Similarly, the 2000 rate for high school use of cigarettes was 27.1%, and in 2018 was 6.2%. Efforts by the coalition have had a positive impact.

However, there is still work to be done. The coalition is concerned about marijuana use. Looking at the 2000 FYSAS in Florida Charts, 21% of Charlotte County high school teens used marijuana in the past 30-days. In 2018, it was 20.9% (2018 Florida Youth Substance Abuse Survey, 2018). Perception of harm from use decreased as media portrays use of marijuana more and more in a normalizing manner. The coalition is also concerned with the growing use of electronic vaping devices by teens, as they can be used to more discretely use marijuana through THC oils.

One of the key strategies employed by the coalition over the years is that of social norming and marketing. This strategy is based on research (Hansen, Ph.D. & Graham, Ph.D., 1991) suggesting the importance of addressing faulty perceptions of peer use as a strategy to reduce actual use. It also includes an emphasis on input from teens to form key prevention messages. This is also a strategy the coalition will use to more forcefully address marijuana use as the coalition moves forward.

Additionally, based on the input from local teens, the coalition promotes prevention messaging strategies with a strong emphasis in social marketing of facts with regard to risks of use of alcohol, marijuana and vaping. While data is heavily used in promoting the actual rates of use in the format of percent who do not use (supporting positive social norms), teens are now requesting more facts and information on risks of use. Educators and social workers in the school system also point to a need for even more education on risks of use. While activities occur in every elementary, middle and high school in the public school system, there is a recognition more is necessary to keep rates going down, and counter the normalizing of use through media.

Teen misuse or abuse of prescription medications is relatively low in comparison with other alcohol or marijuana. However, it is still seen as an important issue to continue to monitor closely. It is also seen as an issue of concern with regard to our older community members. Adults over age fifty-five appear in the medical examiner’s data for overdoses in greatest numbers. Additionally, the coalition joined with other maternal and child health and service providers to assess and develop strategies to address substance exposed newborns.

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<sup>1</sup> <http://www.flhealthcharts.com/Charts/OtherIndicators/NonVitalIndRateOnlyDataViewer.aspx?cid=0510>

<sup>2</sup> <http://www.dcf.state.fl.us/programs/samh/publications/fysas/2018Survey/county-tables/Charlotte.pdf>

## Overview of Community

### *Community demographics*

Charlotte County shares borders with Sarasota and Desoto Counties to the north, while Lee County is at its southern border, and Glades County to the east. On its western coast, the Gulf of Mexico provides over twelve miles of sandy shoreline and Charlotte Harbor is home to one of the world's largest protected marine estuaries at 270 square miles; 219 of which is natural shoreline.<sup>3</sup> Port Charlotte, an unincorporated area, was one of General Development Corporation's communities in Florida, drawing many to the area with the dream of a retirement home in Florida. Punta Gorda, the county seat, and the county, itself, is often noted as one of the top places to retire.<sup>4</sup> This is supported in the demographics of the community.

Charlotte County grew from 159,935 in 2010 to 184,998 residents in 2018.<sup>5</sup> The largest segment of the population is over the age of 65, pegging the county as the second oldest county in the State of Florida and in the United States.<sup>6</sup> Recently, Together Charlotte, a community collaborative of residents, businesses, nonprofits and government, identified the concern that the community needs to address the loss of young adults, families and children, while number of retirees increase. According to data collected by the group, "Charlotte County population projections increase 24% by 2025 for age 65 and older, and decline 2% for the 35-54 age range."<sup>7</sup>

In 2018, the white population made up 90.5%, a high majority of the total population and not unlike prior years. The Black or African American population is at 6.0% and Hispanic population is at 7.4%. The percentage of individuals over the age of five (5) who live in a home in which a language *other than* English is spoken is 10.0%.<sup>7</sup> This lack of diversity provides challenges for the prevention system, making sure to include strategies that reach pockets of different cultures and does not merely address the majority.

***Factors unique to the community*** (employers, migrants, unemployment, rurality, etc.)

Charlotte County is viewed as a mostly suburban area with a bit of agriculture. Like many counties along the gulf coast with a shoreline on the west and I-75 on the east, there is more undeveloped land to the east of the interstate. Recreational activities are often focused on water and off-trail activities. Clusters of retirement and 55 and over communities provide socializing most commonly within one's own housing community, and often appear to focus on adult and senior activities. While the community continues to seek additional ways for youth to socialize in safe environments, the demographics of the community can constrain these efforts.

Further, due to demographics, youth may find themselves competing with retirees for jobs that historically are considered entry into employment for their age group. These jobs, such as in fast food, cashiers and wait staff have some of the lowest median hourly wages at about or under \$10/hour, according to The Southwest Florida Workforce Development Board (November 2019). However, The Board reports that the average hourly wage is \$17.13, based on a 40-hour work week. This falls below their report of \$21.53 average hourly wage for the state and \$19.63 for the Workforce Region 24 average.

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<sup>3</sup> [http://cleared4takeoff.com/community\\_data/quality\\_of\\_life](http://cleared4takeoff.com/community_data/quality_of_life)

<sup>4</sup> <http://www.bestplaces.net/county/florida/charlotte>

<sup>5</sup> <https://www.census.gov/quickfacts/fact/table/charlottecountyflorida,US/PST045218>, by Age

<sup>6</sup> [U.S. Census, 2018 Median Age by County data table](https://www.census.gov/quickfacts/fact/table/charlottecountyflorida,US/PST045218)

<sup>7</sup> <https://www.census.gov/quickfacts/fact/table/charlottecountyflorida,US/PST045218>, by Race and Hispanic Origin

Unemployment rates have improved. However, the 2018 Annual Unemployment rate (not seasonally adjusted) was 4.0% in Charlotte County, higher than the state rate of 3.7%, but equal to the national rate of 4.1%.<sup>8</sup>

Housing is considered affordable if a household pays no more than 30 percent of its gross income for all housing costs. “Cost-burdened” households pay more than 30% of income for rent or mortgage costs. In 2017, Together Charlotte studied the housing market as related to poverty and community need. Based on 2016 data they uncovered<sup>9</sup>, 28,775 Charlotte County households (36%) pay more than 30% of income for housing. 14,218 households in Charlotte County (18%) pay more than 50% of income for housing. In total, 42,993 households are considered cost-burdened regarding housing costs. In Charlotte County and the surrounding metro area, the HUD Fair Market Rent in 2017, representing rent for a typical modest apartment, was:

- \$630 for a studio apartment
- \$661 for a one-bedroom
- \$878 for a two-bedroom
- \$1227 for a three-bedroom
- \$1488 for a four-bedroom unit.

As reported by Together Charlotte’s report to the community, “this information is at odds with real estate information for the area, and may not take seasonality into account.”

*2018 Median Household Income for Charlotte County is more than \$11,068 below national rate, and more than \$4,042 below state.*

U.S. Census

Updated housing cost information per Zillow.com<sup>10</sup>, indicates the rent index for Charlotte County is:

- \$1549 per month versus the national average of \$1600 per month as of data on their site December 2019.
- The median price of homes currently listed for sale in Charlotte County as of October 2019, is \$207,900.

Together Charlotte continues to note that “it is important to note that Charlotte County is a seasonal community. Housing inventory can be difficult to measure as a result. For instance, many property owners only lease homes seasonally due to high demand and profit. Retirees moving to the community drive up housing costs which can price lower income residents out of the market.”

11% of households are living below the Federal Poverty Level in Charlotte County. However, according to The United Way ALICE Report updated in 2018, 34% of other households in Charlotte County could not afford basic needs (housing, child care, food, health care, and transportation).<sup>11</sup> ALICE is an acronym for Asset Limited, Income Constrained, Employed. ALICE households typically earn above the Federal Poverty Level of \$11,880 for a single adult and \$24,300 for a family of four, but less than the Household Survival Budget. From 2010 to 2016, the number of households living in poverty in Charlotte County decreased, but the number of ALICE household increased. Economic struggles are important considerations for the coalition as it addresses risk factors for substance use.

<sup>8</sup> [https://cleared4takeoff.com/community\\_data/unemployment\\_rates](https://cleared4takeoff.com/community_data/unemployment_rates)

<sup>9</sup> <http://flhousingdata.shimberg.ufl.edu/>

<sup>10</sup> <https://www.zillow.com/research/data/>

<sup>11</sup> <https://www.uwof.org/alice>

As discussed under demographics, Charlotte County is not a highly diverse community. However, it does provide unique considerations for assuring the delivery of cultural competent strategies. Geography is identified as a cultural consideration in the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health care by U.S. Department of Health and Human Services.<sup>12</sup> In Charlotte County, geography really is an important consideration as the coalition plans culturally competent strategies for the county. The community's "bridges" form a sense of distinct and separate communities. It is not unheard of for someone to say, "I don't go over the bridge." Complicating this issue further, is the lack of a fixed-route transportation system. Under United Way's Household Survival Budget calculation, Charlotte County has a 52% gap to meet the basic threshold for transportation, even when income and nonprofit assistance is combined. Therefore, the coalition needs to ensure that activities and strategies "go to them", rather than focus on activities that require residents to come to "us."

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<sup>12</sup> <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf> pg 24

## Current Substance - Related Local Conditions

Drug Free Charlotte County (DFCC) is fortunate to have strong partners in the Charlotte County Public School System, Charlotte County Sheriff Office, Punta Gorda Police Department, Charlotte Behavioral Health Care, Charlotte County Medical Examiner, Poison Control, local hospitals, and the Florida Departments of Health and Children and Families. These partners provide both data and opportunities for coalition members and staff to identify trends and assess our community's youth substance abuse issues. Coalition volunteers, including our youth leaders, conduct environmental retail scans, key informant interviews and other collection activities that provide further data used in our assessment.

### Teen Surveys in Partnership with the Schools

- *Florida Youth Substance Abuse Survey (FYSAS)*. This survey provides excellent trend data, having been collected every two years (at the county level) since 2000. DFCC and Charlotte County Public Schools work with the Florida Department of Health and Department of Children and Family to conduct this survey.
- *Teen Norms Survey (TeeNS)*. Designed and analyzed by Northern Illinois University, the TeeNS provides near real-time trend data as well as data on perception and teen norms. Charlotte County teens take this each year with results returned within six weeks, providing the advantage of knowing the data within the same year.
- *Florida Youth Tobacco Survey*. This survey is conducted every two years in combination with the Florida Youth Substance Abuse Survey, with the same partners.

### Law Enforcement Data

- Both the Charlotte County Sheriff Office and Punta Gorda Police Department provide data on crimes and violations either caused by, or related to, drug or alcohol use. Data may also be collected from the state databases provided by the Florida Department of Law Enforcement.

### Florida Behavioral Risk Factor Surveillance System Data

- Conducted through the Florida Department of Health every three (3) years.
- Surveys a random sample of adults on health and health behaviors.

### Other Community Data

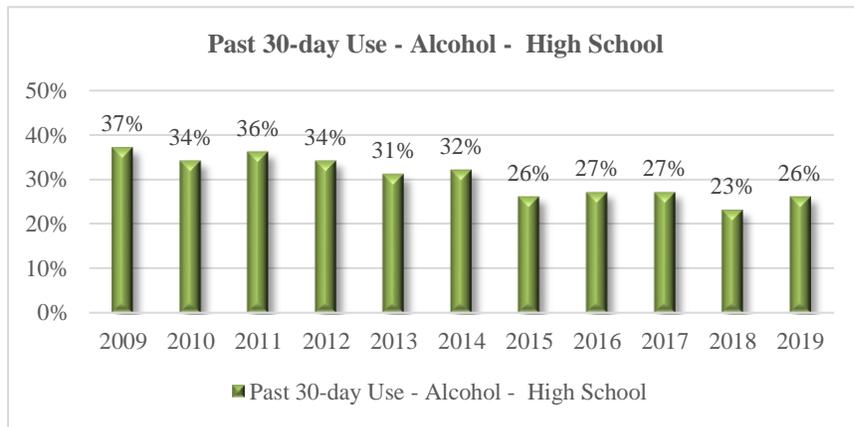
- *Retail Data*. Youth and coalition volunteers conduct scans of local retailers who sell alcohol or tobacco. These scans look for signage and product placement that can promote (or hinder) underage alcohol and tobacco use. Data is collected on the number of licensed alcohol and/or tobacco retailers in the community.
- *Medical Examiner Data*. Our medical examiner's office provides critical data regarding deaths and overdoses resulting from alcohol or drugs.
- *Other School Data*. Suspension and graduation percentages provide data on community impacts often related to alcohol or drug use.
- *Local Substance Abuse Treatment Data*. The coalition receives data from local providers regarding primary substances related to admission and services.
- *Key Informant Interviews*. Key informant interviews are conducted to learn more about the local impact of substance use. This includes intercept surveys with teens on perception of peers and special surveys in the community.
- *Poison Control Data*. The Tampa Poison Control Center provides data on the types of calls received from Charlotte County callers which are related to drug-related poisonings.

### ***Underage Alcohol Use***

Alcohol continues to be a priority issue for the coalition. It is the number one most used substance by Charlotte County teens. 2018 FYSAS reports the percentage of teens reporting use during lifetime for alcohol or any illicit drug is continues to rise. For 2018 it was 46.2%, up from 2016 at 44.4%. And, second only to tobacco, alcohol is the one of the first substances used by children in Charlotte County. Middle schoolers report in the 2018 TeeNS indicates that the age of onset for alcohol use in Charlotte County had dropped from 11.3 to 11.23 years of age.

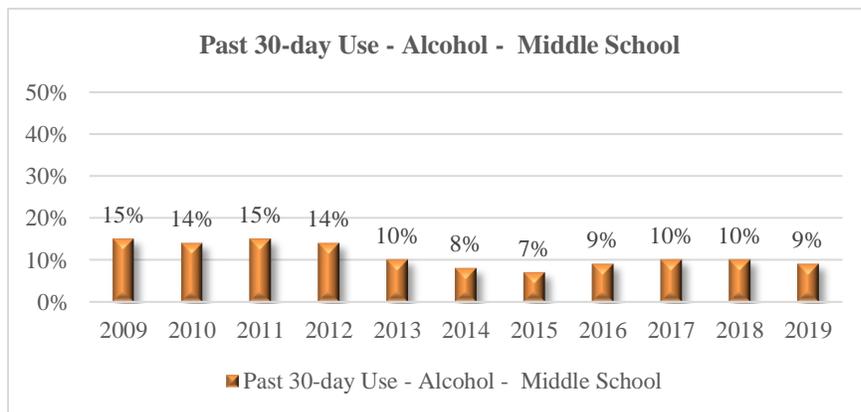
#### **Past 30-Day Use Alcohol**

From 2009 to 2019, past 30-day use of alcohol dropped by nearly 30% for high school teens in Charlotte County, according to Teen Norms Survey data. The 2019 Teen Norms Survey (TeeNS), shows 74% of high school teens in Charlotte County did not drink alcohol in the past 30-days, with 26% reporting use (see Figure 1). This data shows an increase in alcohol use by one (1) percentage point since last year. It is too early to identify if use is trending up, or if this is a one year adjustment.



*Figure 1: Past 30-day alcohol use - high school - TeeNS*

From 2009 to 2019, past 30-day use of alcohol dropped by 40% for middle school teens in Charlotte County, according to Teen Norms Survey data. As Figure 2 indicates, 2019 TeeNS data shows 91% of middle school teens in Charlotte County did not drink alcohol in the past 30-days, with 9% reporting use (see Figure 2). This data for middle school use of alcohol in the past year is lower than the previous two years, but remains above the lowest rate of 7% in 2015.



*Figure 2: Past 30-day alcohol use - middle school - TeeNS*

The TeeNS also provides insights on perception of peer use, which is discussed in a [later section](#).

The Florida Youth Substance Abuse Survey (FYSAS) provides the coalition with additional data, as well as the ability to compare local conditions with regional and state conditions. Table 1 indicates 2018 Charlotte County percentages rose above state percentages for past-30 day use of alcohol for both middle school and high school teens. Rates were slightly under in the county in the previous survey (2016)

<i>Past 30-day use FYSAS</i>	<b>Charlotte County- MS</b>				<b>Florida - MS</b>			
	2012	2014	2016	2018	2012	2014	2016	2018
<i>Alcohol</i>	13.3%	10.4%	7.9%	8.5%	12.3%	10.1%	8.3%	7.3%
	<b>Charlotte County - HS</b>				<b>Florida - HS</b>			
	2012	2014	2016	2018	2012	2014	2016	2018
<i>Alcohol</i>	35.6%	25.1%	23.1%	22.5%	33.9%	28.4%	25.5%	21.2%

Table 1: Past 30-Day Alcohol Use - FYSAS

Historically, the FYSAS and TeeNS data are similar – within one or two percentage points. However, at some points there are been greater differences between the two surveys. The TeeNS is taken within the first 30-days of the school year, while the FYSAS is taken mid-year. For example, the 2017 TeeNS was taken within the same school year as the 2018 FYSAS. Therefore, past 30-day data of the TeeNS includes behavior during the summer. While FYSAS data reflects behavior during the school year. Further, the TeeNS is given to all middle and high school students, while the FYSAS is done through random sampling. It is not possible to know if these circumstances play a role in the differences between the two surveys, or what other circumstances might have an impact. The coalition looks to **the overall trends** demonstrated by both surveys through the assessment process. Specific data points are examined within each survey, rather than compared to each other.

#### Source and Location of Teen Alcohol Use

It is important to understand how our teens obtain alcohol and where they are most likely to drink it. Key informant interviews with local teens indicate many teens, in both middle and high school, are aware of at least one parent who provides alcohol to their teen(s). Both the Teen Norms Survey and the Florida Youth Substance Abuse Survey provide insights on these issues. For both middle and high school teens, a relative is the most common source; parents being the number one source.

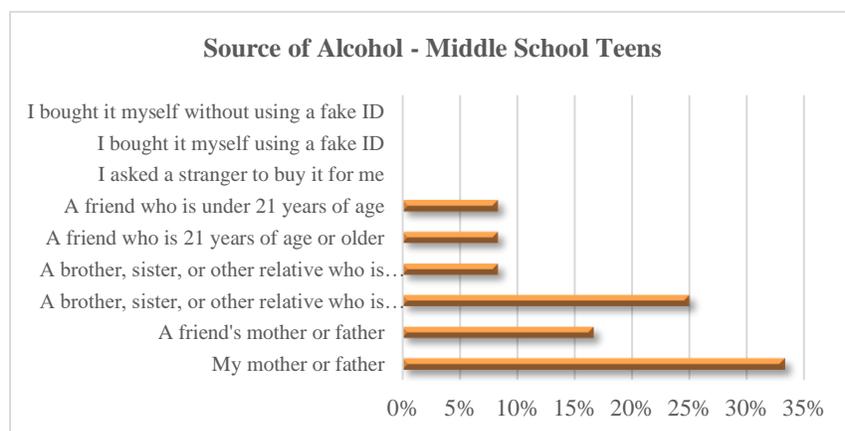


Figure 3: Source of alcohol - middle school - 2019 TeeNS

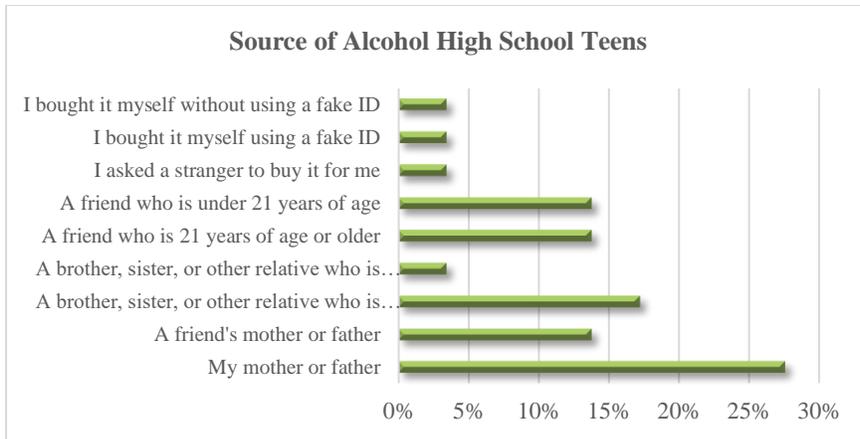


Figure 4: Source of alcohol - high school - 2019 TeeNS

The FYSAS also asks high school teens who report drinking alcohol, the location where they usually drink. In 2014, teens were more likely to drink in “another person’s home”, echoing statewide data. However, since 2016, this changed to “my home.” 2018 data shows the statewide data for the main location also became “another person’s home.” Percentages for drinking in a public place or event dropped in the county in 2018, after a rise in 2016.

Usual Drinking Location High School - FYSAS	2014		2016		2018	
	Charlotte County HS	State HS	Charlotte County HS	State HS	Charlotte County HS	State HS
My home	26.1%	32.5%	41.6%	37.7%	38.1%	41.0%
Another person's home	45.7%	46.3%	37.2%	40.0%	36.0%	38.3%
Car or another vehicle	4.4%	1.6%	0.0%	1.7%	3.4%	1.5%
Restaurant, bar or club	0.5%	2.7%	1.0%	2.7%	1.1%	3.3%
Public place	3.2%	3.9%	5.6%	3.9%	2.9%	3.6%
Public event	0.0%	1.6%	1.3%	1.6%	0.6%	1.7%
School property	0.0%	1.2%	0.2%	1.3%	0.0%	1.2%
Some other place	20.2%	10.3%	13.1%	11.1%	17.9%	9.4%

Table 2: Usual Drinking Location - High School – FYSAS

Other person’s home may be a major location for alcohol used by teens, but, 86% of parents surveyed (n65) in April 2019 indicate that strongly disagree that it is okay for another parent or guardian to provide their son/daughter with alcohol under supervision. 14% either agreed or strongly agreed this would be okay. 77% indicated that they make sure the parties their teen attends are alcohol-free. Further, while Charlotte County teens indicate the most common location for drinking is their own home, parents surveyed (n66) in April 2019 disagreed even more strongly, with nearly 96% stating they strongly disagreed it is okay for their teen to drink alcohol in their home, under supervision.

Retailers, restaurants, public places and media can also impact teen’s perceptions that alcohol use is acceptable and part of social norms. Research demonstrates that the more alcohol advertisements seen by a teen, the more likely that teen is to use alcohol.<sup>13</sup> In fact, according to a fact sheet from Johns Hopkins Bloomberg School of Public Health noted this research with this statement:<sup>14</sup>

<sup>13</sup> <https://jamanetwork.com/journals/jamapediatrics/fullarticle/204410>

<sup>14</sup> <http://www.camry.org/resources/fact-sheets/alcohol-advertising-and-youth/>

A national study published in January 2006 concluded that greater exposure to alcohol advertising contributes to an increase in drinking among underage youth. Specifically, for each additional ad a young person saw (above the monthly youth average of 23), he or she drank 1% more. For each additional dollar per capita spent on alcohol advertising in a local market (above the national average of \$6.80 per capita), young people drank 3% more.

Annual environmental scans are done of local retail establishments selling alcohol. As part of these scans, a count is made of alcohol advertising. In 2017, seventy (70) stores were surveyed throughout the county, nearly all within one mile of a school or youth recreational site. There were 239 (3.4 av/store) alcohol ads outside and 761 (11 av/store) were found inside. Fifty-three (53) stores were surveyed in 2019 with 267 (5 av) alcohol ads outside and 501 (9.5 av/store) were found inside. Additionally, key informant interviews conducted with teens between 2016-17 and repeated in 2018 indicate they are aware of alcohol messages in restaurants, tv and stores.

#### Perception as a Local Condition

Research consistently shows that perceptions of use of alcohol, marijuana and other drugs, among adolescence is one of the strongest predictors of future use and experimentation (Olds, Thombs, and Tomasek, 2005; Perkins, 2003; Haines 2003). **The more students perceive that their peers are engaging in at-risk behavior, the more likely a teen is to make the decision to engage in the same behavior** to fit in to what they perceive as the “norm.” Using an evidence based social norms marketing strategy<sup>15</sup>, the coalition develops prevention messaging to emphasize and support healthy norms. This includes countering false perceptions of peer use with the real data; supporting healthy norms of peer and parental disapproval of use, as well as the risks of use. To maintain strategy fidelity, input from local teens is used to identify both the key messages and the means by which to deliver these messages to teens.

#### Perception of Harm or Risk – Alcohol

Research indicates that the greater the perception of harm for use, the less likely a teen is to engage in use of that substance.<sup>16</sup> In Charlotte County, even students who choose not to drink alcohol report a limited understanding of the harm associated with drinking alcohol regularly. The 2018 FYSAS reports 42.3% of surveyed teens (middle and high) report a perceived “great risk of harm” from drinking every day. This is an increase from the percentage in 2014 (36.8%) and 2018 (41.2%). However, our community is below the percentage for the CFBHN Region of 46.7% and statewide percentage of 45.9% reporting great risk of harm for alcohol use daily.

Figure 6 shows the perception of harm from use of alcohol compared to past 30-day use of alcohol for Charlotte County teens in sixth through twelfth grade. While only three years displayed, this supports the research that use declines as perception of harm increases.

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<sup>15</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5249059/> and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4942845/>

<sup>16</sup> <https://www.samhsa.gov/data/sites/default/files/NSDUH099a/NSDUH099a/sr099a-risk-perception-trends.pdf>

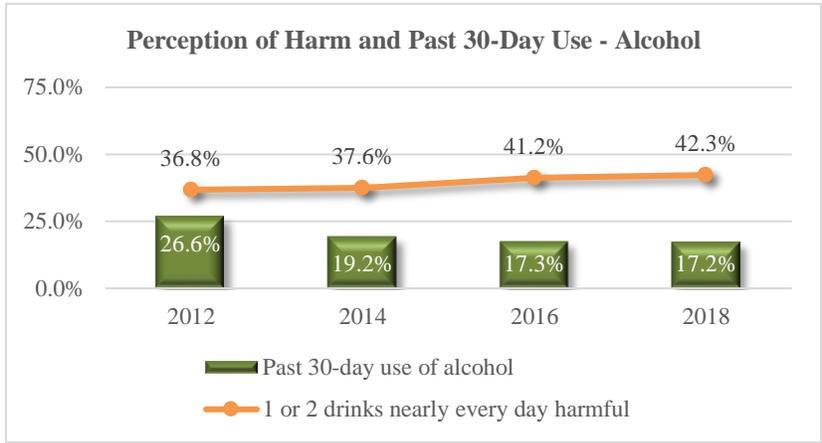


Figure 5: Perception of harm and past 30-day use - FYSAS

Perception of harm from use of alcohol can also be looked at from the perspective of how common is it for teens to engage in the risky behavior of either driving after using alcohol, or riding in a car with someone who used alcohol before driving. According to the 2019 TeeNS, 6% of high school teen in Charlotte County report driving after drinking and 12% report riding in a car with someone who had been drinking. This is a reduction from 2018, when 9% of high school teens in Charlotte County report driving after drinking alcohol, and 15% report riding in a car with someone who had been drinking, continuing a downward trend from 2017, as well.

The 2018 FYSAS data shows a higher percentage at 15.3% for those reporting riding with someone who had been drinking, lower than Suncoast Region (15.5%), but higher than 14.3% for the state. Driving under the influence of alcohol is higher by at least two (2) percentage points in Charlotte County than in both the region and state. While Charlotte County percentages are higher than the state, 2018 indicates an overall drop from 20% reporting riding with someone who had been drinking and a drop from 7.4% driving (2016) to 6.8% for those who report drinking and driving.

Perception of Peer Use – Alcohol

As seen in both Figures 7 and 8, perception of peer use percentages for both middle and high school teens appear to follow the same general trajectory as actual use in the Teen Norms Survey, supporting it as a potential risk factor for use.

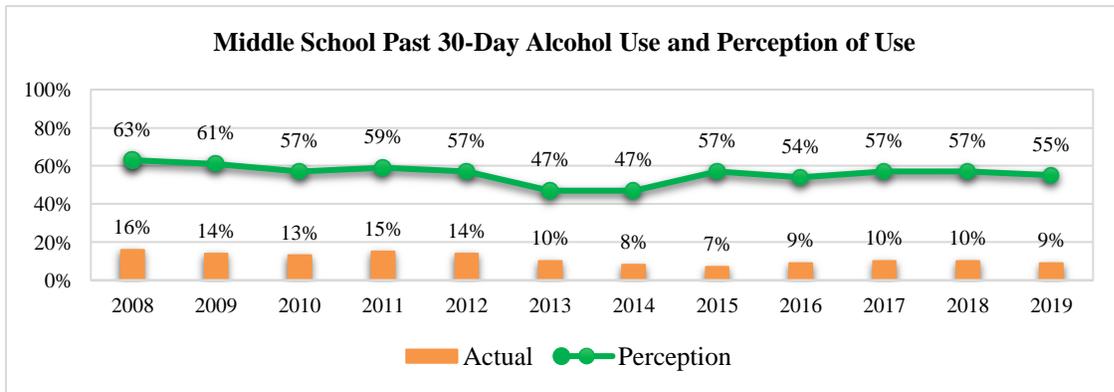


Figure 6: actual and perceived use of alcohol -middle school -TeeNS

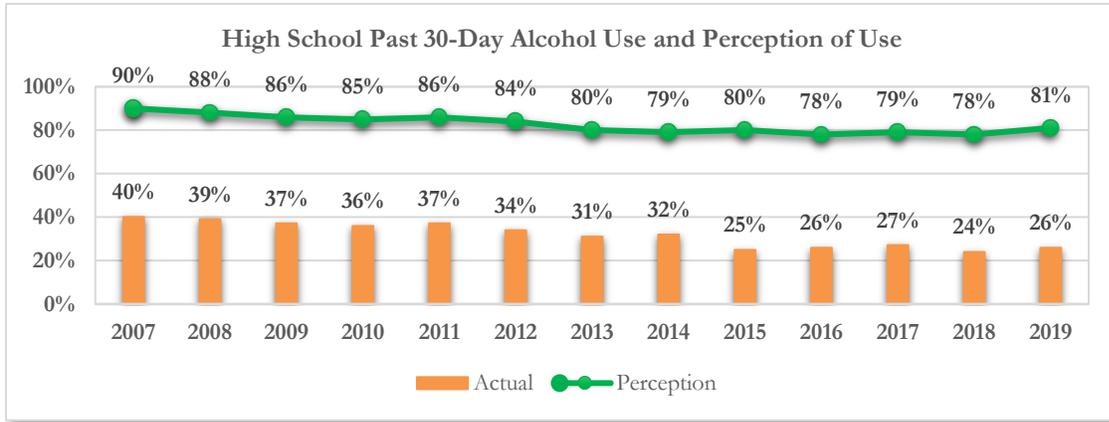


Figure 7: Actual and perceived use of alcohol – high school - TeeNS

Perception is also explored through intercept surveys given at the beginning of the school year and end, through the Prevention Partnership Program (PPG) grant staff. Intercept surveys are given to approximately 100 teens in each school. This provides an additional look at how teens perceive the use of alcohol by their peers by asking “What percentage of your peers do NOT use alcohol.” Data from the 2<sup>nd</sup> quarter intercept survey shows that surveyed high school teens believe that 50.5% of their peers do NOT use alcohol. Surveyed middle school teens believe 84.7% of their peers do NOT use alcohol.

Perception of Peer Disapproval – Alcohol

Perception of peer use is not the only “peer perception” the coalition assesses. Perception of peer disapproval (to “drink alcohol regularly”) is also examined. Table 3 shows Florida Youth Substance Abuse Survey data which shows at both the middle school and high school ages, Charlotte County teens are less likely to report peer disapproval than in our Suncoast Region (CFBHN) and statewide.

	2014			2016			2018		
	Charlotte	CFBHN	State	Charlotte	CFBHN	State	Charlotte	CFBHN	State
Middle School	88.5%	90.0%	90.3%	90.1%	91.3%	90.9%	86.0%	91.9%	90.9%
High School	74.9%	76.6%	76.5%	72.7%	78.2%	79.0%	74.4%	80.1%	81.2%

Table 3: Perception of Peer Disapproval - Alcohol – FYSAS

Perception of Parental Disapproval – Alcohol

Parents are still the largest deterrent to use of alcohol among Charlotte County teens. The Florida Youth Substance Abuse Survey provides data on the perception of parental disapproval for teens to “drink alcohol regularly.” For 2018, the perception of high school teens in Charlotte County that their parents’ disapproval of regular alcohol use is the same as for the region, but lower than the state, as per the FYSAS. Whereas, it is lower in Charlotte County than the region for middle school, but slightly higher than the state. This data is provided in Table 4 below.

	2014			2016			2018		
	Charlotte	CFBHN	Charlotte	Charlotte	CFBHN	State	Charlotte	CFBHN	State
Middle School	96.8%	96.6%	97.9%	97.9%	97.9%	97.3%	97.9%	98.1%	97.6%
High School	89.7%	92.2%	92.6%	92.6%	92.6%	93.8%	94.1%	94.1%	94.2%

Table 4: Perception of Parental Disapproval - Alcohol - FYSAS

Parents surveyed in April 2019 rated alcohol use by teens as third, in a list of their concerns about substance use. E-cigarettes and other drugs were ranked number one and two, respectively.

**Law Enforcement Data – Juvenile Alcohol Use**

The Department of Juvenile Justice (DJJ) reports a slight increase in intake for arrests due to an alcohol offense, but still at a low, historically. The following tables show DJJ and Florida Department of Law Enforcement (FDLE) data for alcohol-related juvenile arrests.

Alcohol-Related Juvenile Arrest – Dept. of Juvenile Justice (DJJ)	FY13	FY14	FY15	FY16	FY17	FY 18	FY 19
DJJ Intake	13	16	8	4	6	4	6
DJJ Diversion (civil citation)	6	7	5	4	1	1	3

*Table 5: Alcohol Related Juvenile Offense – Dept. of Juvenile Justice (DJJ)*

Alcohol-Related Juvenile Offenses – Fl. Dept. of Law Enforcement	2013	2014	2015	2016	2017	2018
DUI	3	1	4	1	0	1
Liquor Law Violation	1	14	9	7	3	4

*Table 6: Alcohol Related Juvenile Offenses - Florida Dept. of Law Enforcement (FDLE)*

**Binge Drinking**

The Florida Youth Substance Abuse Survey defines binge drinking as “having had five or more alcoholic drinks in a row in the past two weeks.” The 2018 FYSAS indicates 8.1% of teens in the county binged drink, up from 6.9% in 2016. Separating middle school teens from high school teens, 2.7% of middle school teens and 11.4% of high school teens in Charlotte County reported binge drinking behavior. Both middle and high school rates have risen in the past two (2) years, after declining in both 2014 and 2016 FYSAS surveys. The data indicates Charlotte County rose above the state (6.8%) and Suncoast Region percentage (7%) for the first time in several surveys.

It is also helpful to look at binge drinking by gender. Table 7 compares local and statewide percentages for past 30-day use of alcohol and binge drinking. In Charlotte County, females report a higher level of past 30-day use of alcohol than their male counterparts in the county, as well as other female teens statewide. Additionally, while teens who are male reported higher levels of binge drinking than teens who are female in 2016, this reversed in 2018. Past 30-day use of alcohol and binge drinking is higher for both females and males in the county than state.

2016 FYSAS Past 30-Day Alcohol Use	Charlotte	Statewide	2016 FYSAS Binge Drinking	Charlotte	Statewide
Male	16.0%	19.9%	Male	7.3%	7.7%
Female	18.1%	17.0%	Female	6.7%	7.9%
2018 FYSAS Past 30-Day Alcohol Use	Charlotte	Statewide	2018 FYSAS Binge Drinking	Charlotte	Statewide
Male	16.4%	13.8%	Male	9.2%	6.9%
Female	18.2%	16.8%	Female	6.9%	6.7%

*Table 7: Alcohol Use by Gender - FYSAS*

**Adult Heavy Drinking**

In 2002, adult binge drinking was percentaged at 18.4% by the Florida Behavioral Risk Factor Surveillance System (BRFSS), the percentage dropped to 12.3% in the 2010 survey – below the State percentage of 15%. However, this percentage rose to 18% in the 2013 BRFSS, once again going above the state percentage of 17.6%, just below the upper quartile in the state. This is a 46% increase in our local percentage from 2010 to 2013. The 2016 BRFSS reports the county percentage decreased to 16.1%, ranking 29th out of 67 counties for highest percentage of “adults who engage in heavy or binge drinking”. The county also reports 7<sup>th</sup> highest percentage for adult heavy drinking in our region of fourteen counties (Central Florida Behavioral Health Network).

Adults who engage in heavy or binge drinking					
	2002	2007	2010	2013	2016
Charlotte	18.4%	14.9%	12.3%	18.0%	16.1%
State	16.4%	16.2%	15.0%	17.6%	17.5%

Table 8: Adult heavy drinking – BRFSS

The BRFSS also provides insights into the age of adults who report heavy drinking. Table 9 provides this detail, indicating ages 45-64 report the highest level of heavy drinking in Charlotte County. This trend changed from 2002 and 2007, where, as with the state data, the highest levels of heavy drinking among adults was ages 18-44. This may be reflective of Charlotte County’s status as a retirement community and high median age.

Year	Charlotte			Florida		
	18-44	45-64	65 & Older	18-44	45-64	65 & Older
2002	28.8%	19.0%	11.4%	21.9%	13.9%	8.8%
2007	19.6%	17.0%	9.8%	21.6%	14.6%	7.7%
2010	11.1%	16.0%	10.2%	20.9%	14.4%	6.8%
2013	24.9%	22.1%	9.4%	24.2%	16.9%	7.2%
2016	16.7%	24.5%	10.6%	23.1%	17.2%	8.7%

Table 9: Adults Who Engage in Heavy Drinking, by Age - BRFSS

The 2015 Charlotte County Community Health Assessment (CHA) reports data from their survey indicating 6.1% of respondents indicated someone in their household had an alcohol problem and 3.9% indicated someone has both an alcohol and drug problem.<sup>17</sup> Among the more obvious social and health reasons for concern over the percentages of heavy alcohol use in the community, the CHA indicates concern due to the association of alcohol consumption and strokes. The CHA reports a steady increase in the percentage of hospitalization due to stroke in Charlotte County, even as it decreases statewide.

Charlotte Behavioral Health Care data indicates that alcohol remains the number “drug of choice” for both court ordered services. However, in FY 15-16, 37% of those received court ordered services reported alcohol as “drug of choice,” as compared to 32.6% in FY 16-17. Alcohol as “drug of choice” did increase from FY 15-16 to FY 16-17 in adult detox (27% to 35.6%), but it falls second, to opioids as ‘drug of choice’ for adults receiving detox services.

Charlotte County is in the midst of county-wide community health and human services assessment. This will provide updated data for the above topics. The coalition will utilize this information as it becomes available.

<sup>17</sup> <http://charlotte.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/documents/FINAL%202015%20CHA-Charlotte.pdf>

Law enforcement data provides insight to local conditions related to adult heavy drinking. Data shows an increase in the number of arrests related to DUI (driving under the influence). This data is not able to show if increase is due to extra vigilance or actual increase in persons driving under the influence.

DUI Arrests	Charlotte County Sheriff's Office	Punta Gorda PD	Florida Highway Patrol	Other	Total
2013	291	62	28	3	384
2014	292	3	52	-	347
2015	320	87	8	1	416
2016	325	71	28	1	425
2017	288	46	30	0	364
2018	399	68	32	13	512

Table 10: DUI Arrest Data by Jurisdiction - UCR Data - FDLE.state.fl.us

Figure 8 shows whether impaired driving crashes were related to alcohol, drugs or a combination. Alcohol only crashes were the most prevalent, as well as led to more injuries. However, there was one more fatality related to drugs only.

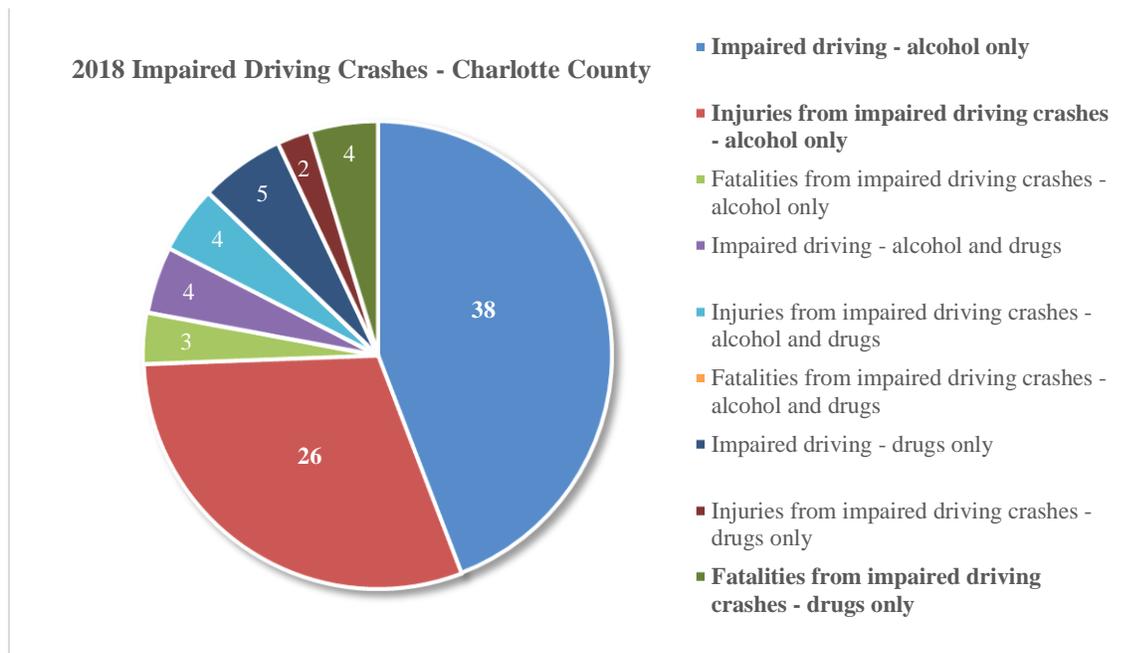


Figure 8: 2018 Impaired driving crashes - Charlotte County

There are 401 establishments with a liquor license in Charlotte County. This averages approximately one (1) establishment per 1.5 square mile. Given the areas of preserved land, including Babcock Ranch Preserve, this is a conservative calculation. Recreational activities and community events usually include alcohol. At a 2016 Town Hall Meeting in Punta Gorda, this topic was discussed, with at least one family concerned about the lack of community events that do not include alcohol.

### **Marijuana Use**

Marijuana use by teens falls to third as the most used substances by teens, still behind alcohol, but vaping moved up to most used substance in 2018 (FYSAS and TeeNS). It is also the substance which is viewed as least harmful by our teens. Key Informant interviews (2017) with both school social workers and school

resource officers indicated that marijuana was the main substance issue in the schools at that time. However, it is replaced by vaping as the number one issue in the schools. The decrease in past 30-day marijuana use is similar to increase in vaping in the 2018 TeeNS for some schools. The coalition identified a need to explore if teens do not report marijuana use if they are vaping THC. Unfortunately the required semantics of surveys do not always capture the realtime definitions of use. Teens may not be “smoking” marijuana – but “vaping” THC, and therefore not reporting past 30-day use. At this time, this is an unsubstantiated supposition, but one that the coalition hopes to explore.

Key informant interviews with high school school resource officers (SROs) indicate that they believe marijuana is the substance that creates the most problems in schools. They see it being used in vaping form which is harder to detect. Youth key informant interviews report that middle and high school teens believe marijuana use is an issue and the source is through dealers, the streets or friends. However, one middle school teen stated that it is not a problem as most are using medical marijuana and that the main source for teens is through doctors.

**Past 30-Day Use – Marijuana**

Our most current data, the 2019 Teen Norms Survey (TeeNS), shows 75% of high school teens in Charlotte County did not use marijuana in the past 30-days, with 25% reporting use (see Figure 10). The previous use decreasing reversed in 2019.

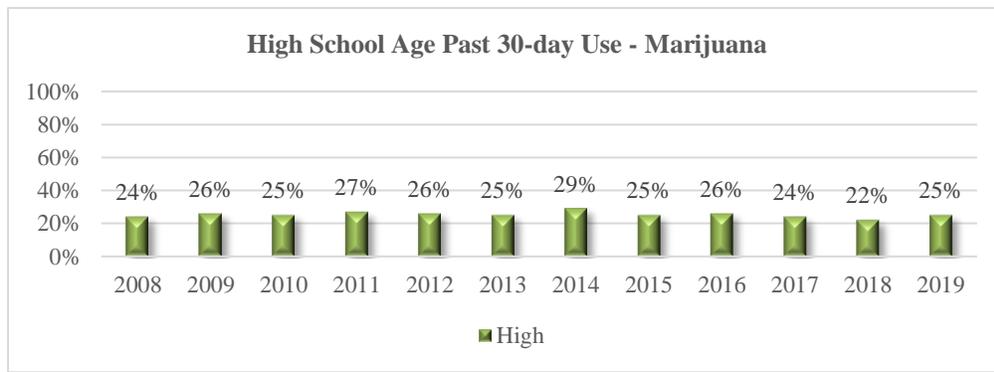


Figure 9: Past 30-day marijuana use - high school - TeeNS

Past 30-day use within middle school teens shows 92% did not use in the past 30-days, with 8% reporting use (2019 TeeNS). This represents a three (3) percentage point decrease since 2008. But, slightly higher than the 2013-15 surveys. The highest use reported was in 2008 for middle school, when 11% of middle school teens reported past 30-day use.

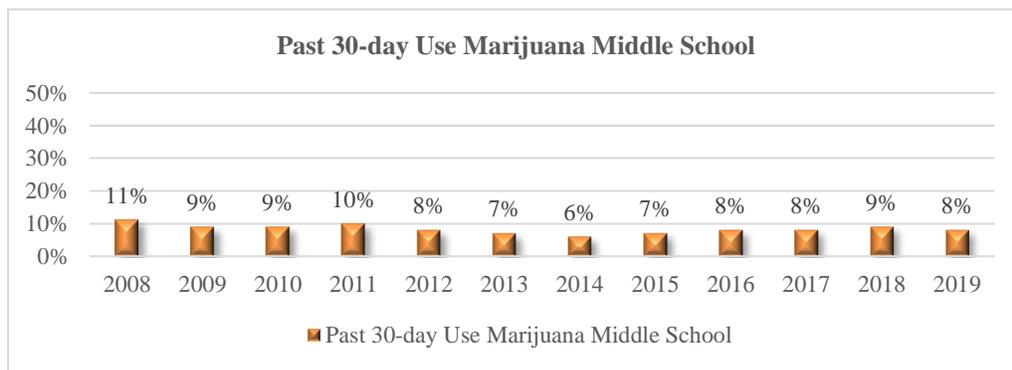


Figure 10: Past 30-day marijuana use - middle school - TeeNS

The table below provides three (3) year historical data on past 30-day use of marijuana in Charlotte County and statewide.

Past 30-day use FYSAS	Charlotte County- MS			Florida - MS		
	2014	2016	2018	2014	2016	2018
Marijuana	4.7%	3.6%	5.7%	4.2%	3.2%	3.7%
	Charlotte County - HS			Florida - HS		
	2014	2016	2018	2014	2016	2018
Marijuana	17.3%	20.6%	20.9%	18.6%	17.0%	16.3%

Table 11: Past 30-Day Use of Marijuana - FYSAS

### Perception of Harm or Risk - Marijuana

Research suggests perception of harm or risk of use of marijuana is a leading indicator of future use.<sup>18</sup> The higher one’s perception of harm or risk of use, the less likely it is that one will use marijuana. Figure 13 illustrates the perception of harm from use of marijuana held by sixth through twelfth grade teens in Charlotte County compared to reported past 30-day use of marijuana (FYSAS). These four (4) years do not necessarily follow the research, with 2014 having both a decrease in perception of harm, as well as use. However, that year was followed by a continued drop in harm perception as use rose. However, the FYSAS only reports “great risk of harm.” This does not include “moderate risk of harm.” The coalition will continue to monitor.

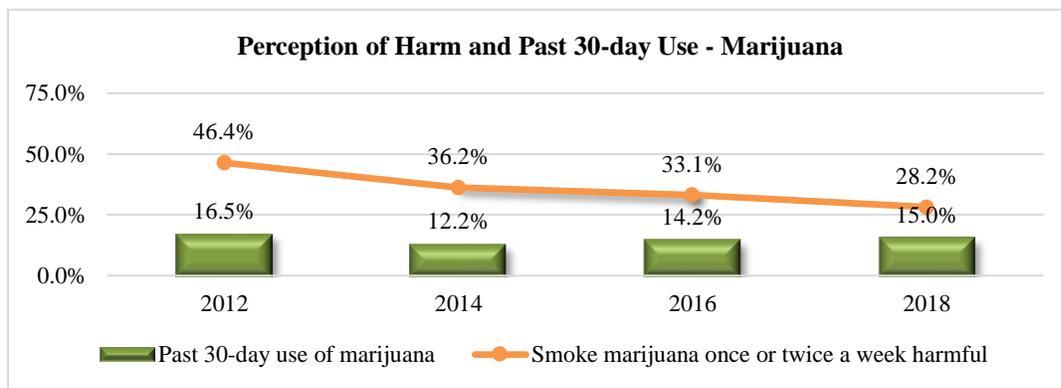


Figure 11: Perception of harm and past 30-day marijuana use - FYSAS

Perception of harm from use of marijuana can also be viewed from the perspective of how common is it for teens to engage in the risky behavior of either driving after using marijuana, or riding in a car with someone who used marijuana before driving. The 2018 FYSAS shows 25.9% of high school teens report riding with someone who had used marijuana, higher than the state at 22.8%. This rose from 22.1% in 2016, more steeply than the state (22.7% to 22.8%) or Suncoast Region (23.8% both years). The data also rose for teens in Charlotte County reporting riding in a car with someone who is using marijuana: 13.6% from 11.7% in 2016. Again, Charlotte County is higher than the state (9.2%) and Suncoast Region (10.3%).

Inaccurate perception of harm is also evident by the comments teens make to prevention staff in the schools. Comments include “Its natural” – “It’s legal as medicine” are examples of common comments made in both middle and high schools during 2018 and continue this school year.

<sup>18</sup> [https://www.samhsa.gov/data/sites/default/files/report\\_2404/ShortReport-2404.html](https://www.samhsa.gov/data/sites/default/files/report_2404/ShortReport-2404.html)

**Perception of Peer Use – Marijuana**

As detailed previously, research shows the importance of closing the gap between teens’ perceptions of peer use and the actual reported data. The theory is that promotion of positive norms – that most teens do not use – with the use of the actual data (92% of middle school teens do not use marijuana) will reinforce the healthy choices of our teens, and reduce the likelihood of teens choosing to use because “everyone is doing it.”

Figures 12 and 13 show the trends in actual use and perception of peer use of marijuana by Charlotte County middle and high school teens. Overall the trends in perception and use appear to follow similar trajectories, if not every year. The coalition uses this trend data to help identify how strongly prevention messaging related to positive norms, is able to counter other social messaging that promotes use as normal teen behavior.

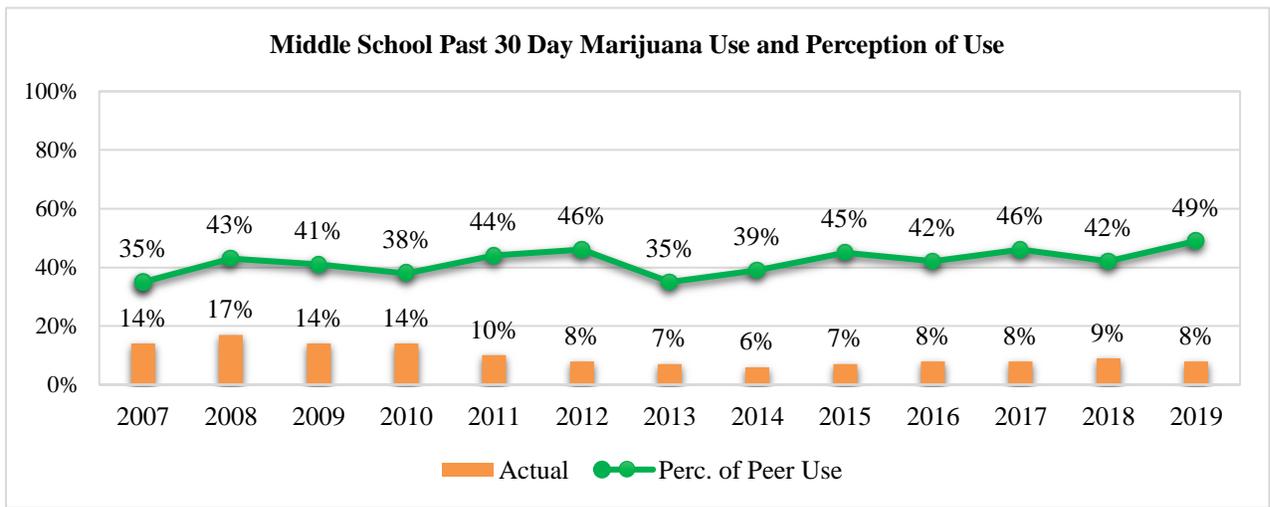


Figure 12: Actual and perceived use of marijuana - middle school - 2019 TeeNS

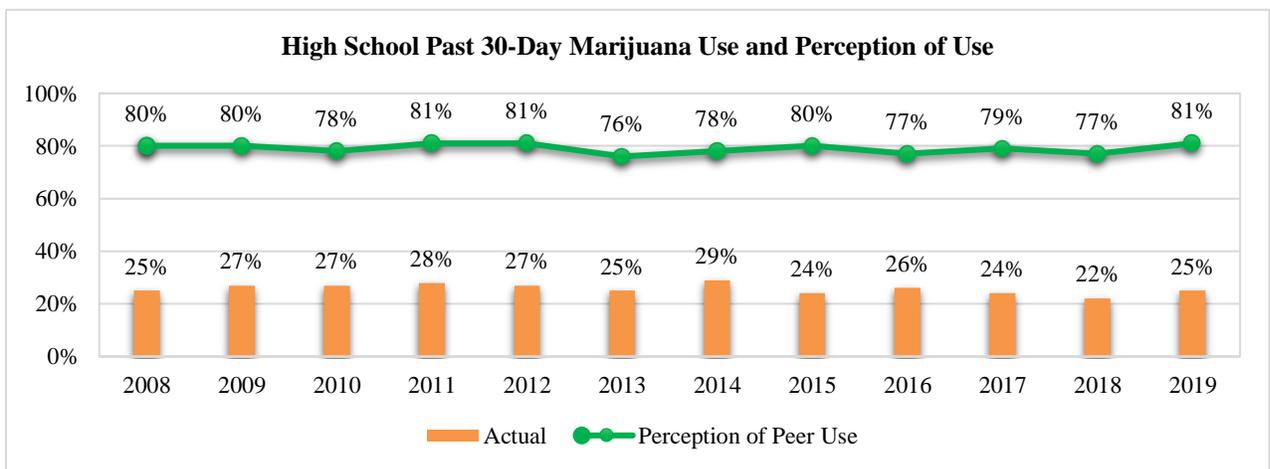


Figure 13: Actual and perceived use of marijuana -high school - 2019 TeeNS

Perception is also explored through intercept surveys given at the beginning of the school year and end, through the Prevention Partnership Program (PPG) grant staff. Intercept surveys are given to approximately 100 teens in each school. This provides an additional look at how teens perceive the use of alcohol by their peers by asking “What percentage of your peers do NOT use marijuana.” Data from the 2<sup>nd</sup> quarter intercept

survey shows that surveyed high school teens believe that 60.7% of their peers do NOT use marijuana. Surveyed middle school teens believe 79.1% of their peers do NOT use marijuana.

**Perception of Peer Disapproval – Marijuana**

Perception of peer disapproval of marijuana use dropped in Charlotte County middle school teens, after increasing in 2016. While decreased among middle school teens, it actually increased among Charlotte County high school teens according to the 2018 FYSAS.

	2014			2016			2018		
	Charlotte	CFBHN	State	Charlotte	CFBHN	State	Charlotte	CFBHN	State
Middle School	83.0%	87.2%	87.9%	85.5%	87.6%	88.6%	79.5%	88.0%	87.0%
High School	62.2%	57.8%	59.0%	53.4%	58.3%	59.9%	54.6%	70.9%	59.1%

Table 12: Perception of Peer Disapproval - Marijuana - FYSAS

**Perception of Parental Disapproval – Marijuana**

Parent disapproval for use of marijuana is below that of the state and region as reported by Charlotte County high school teens. However, it is higher than for middle school teens in the county. With parents being one of the main sources of “believable” information on alcohol and drugs (as reported in the 2018 Teen Norms Survey), it is concerning to see this drop for Charlotte County.

	2014			2016			2018		
	Charlotte	CFBHN	State	Charlotte	CFBHN	State	Charlotte	CFBHN	State
Middle School	95.7%	96.3%	96.9%	95.1%	96.7%	97.0%	97.0%	96.0%	96.4%
High School	88.2%	87.3%	88.9%	82.0%	87.2%	88.6%	83.6%	86.6%	89.7%

Table 13: Perception of Parental Disapproval - Marijuana - FYSAS

**Adult Use of Marijuana**

The 2016 Behavioral Risk Factor Surveillance System surveyed adults in Florida on past 30-day use of marijuana. Charlotte County data indicates that 8.1% of adults used marijuana. This percentage is above the state percentage of 7.4%. The county is 13<sup>th</sup> highest out of 67 counties for adult use of marijuana, ranking 4<sup>th</sup> highest for our region (Central Florida Behavioral Health Network). Figure #16 on the following page provides a visualization of all counties.

Data from Charlotte Behavioral Health Care indicates that marijuana is second as “drug of choice” for court-ordered substance abuse services in both FY 15-16 and FY 16-17. However, only 1% in FY 15-16 and no one in FY 16-17 report it as the “drug of choice” for detox services.

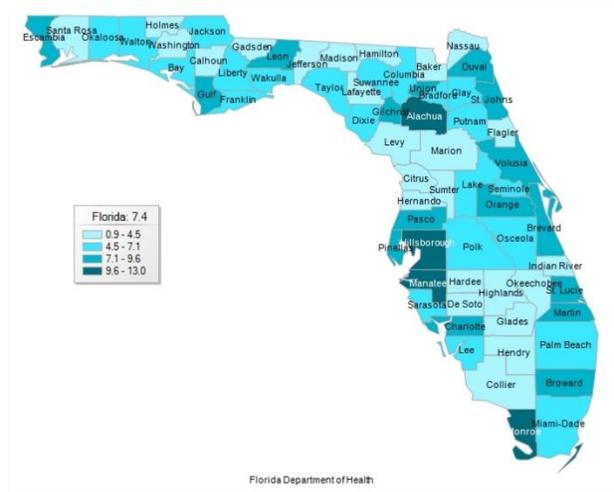


Figure 14: Past 30-day use of marijuana by adults - 2016 BRFSS, DOH

**Prescription Drug Abuse/Misuse**

**Past 30-Day Use – Prescription Drugs**

The Florida Youth Substance Abuse Survey indicates that over the counter medication is the most used medication by Charlotte County teens. Both middle and high school teens report less prescription drug use in 2018 than in 2016.

Past 30-day use by substance	Charlotte County						Florida Statewide					
	2016		2016		2018		2014		2016		2018	
	MS	HS	MS	HS	MS	HS	MS	HS	MS	HS	MS	HS
Depressants	0.5%	2.3%	0.3%	2.1%	1.4%	1.5%	0.8%	2.1%	0.8%	2.4%	0.9%	1.6%
Prescription Pain Relievers	2.0%	1.7%	2.4%	3.2%	0.8%	1.7%	1.4%	2.6%	1.6%	2.0%	1.0%	1.4%
Prescription Amphetamines	0.8%	1.7%	0.5%	2.5%	0.5%	0.6%	0.5%	1.7%	0.5%	1.6%	0.5%	1.0%
Steroids (without Rx)	0.0%	0.0%	0.0%	0.3%	0.5%	0.0%	0.2%	0.3%	0.2%	0.2%	0.2%	0.1%
Over the Counter Drugs	1.8%	2.1%	0.6%	3.3%	0.4%	1.8%	1.6%	2.4%	1.8%	2.1%	1.4%	1.8%

Table 14: Past 30-Day Use of Medications - FYSAS

The Teen Norms Survey also provides data on teen use of prescription drugs without a prescription. Figure 13 provides a look at the four years this question is asked in Charlotte County. High school use dropped since 2015, while middle school use fluctuates throughout the same period slightly.

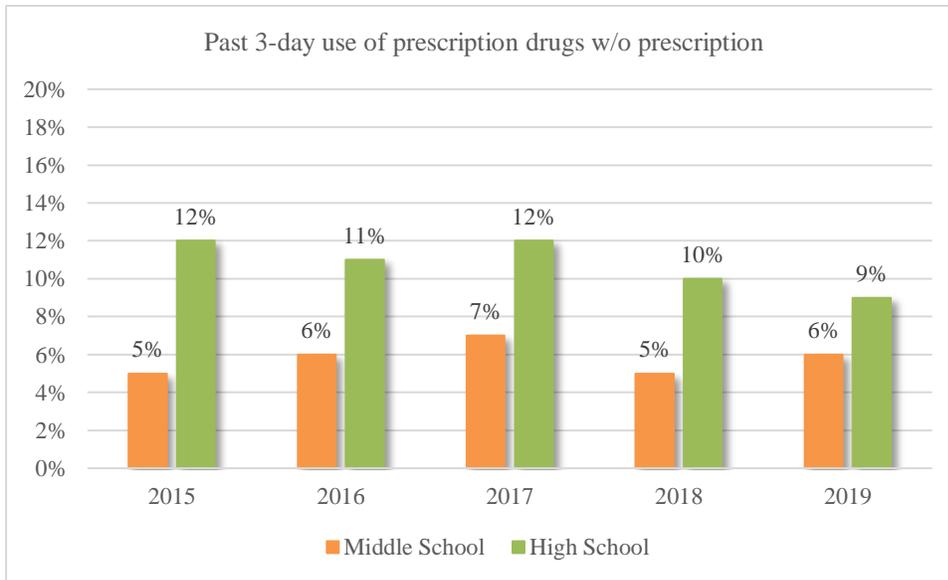


Figure 15: Past 30-Day Use of Prescription Drugs without a Prescription - TeeNS

**Perception of Great Harm or Risk – Prescription Drugs**

Perception of great harm or risk from use of prescription drugs is higher in Charlotte County than compared to the state.

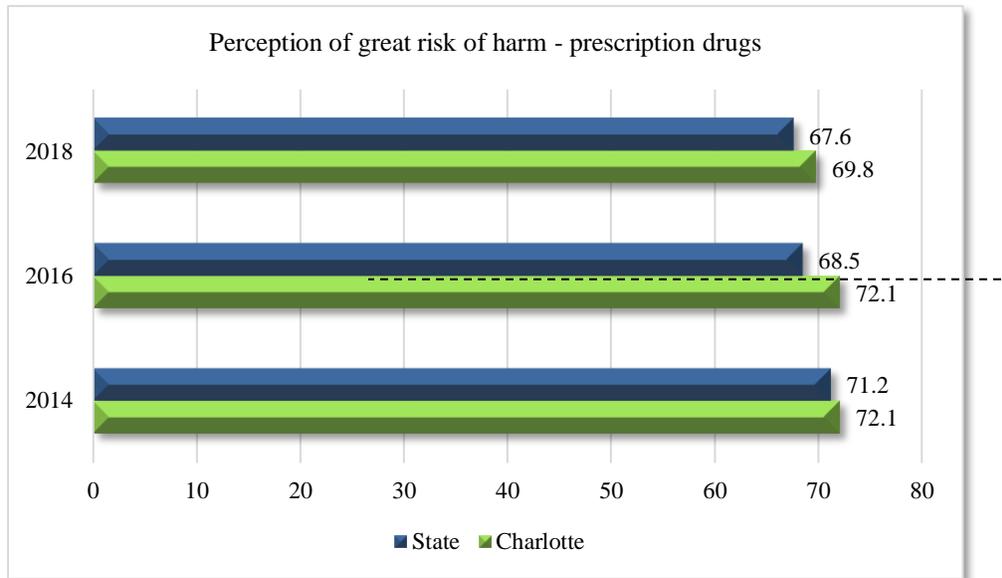


Figure 16: Perception of great risk of harm - Prescription Drugs, FYSAS

**Perception of Peer Disapproval - Prescription Drugs**

Perception of peer disapproval for prescription drug use (without prescription) fell among middle school teens in the county, region and state. While increasing among high school teens, according to the 2018 FYSAS. High school teens in Charlotte County are more likely to perceive their peers disapprove of use than regionally and equally to state. While it is just under the state and region percentages for our middle school age teens.

Perception of Peer Disapproval Use Prescription Meds	2016			2018		
	Charlotte	CFBHN	State	Charlotte	CFBHN	State
Middle School	97.8%	95.7%	95.7%	94.2%	95.0%	95.0%
High School	90.6%	90.4%	90.6%	91.8%	91.3%	91.8%

Table 15: Perception of Peer Disapproval - Prescription Drugs - FYSAS

**Perception of Parental Disapproval – Prescription Drugs**

Charlotte County high school teens are more likely to perceive their parents disapprove of use of prescription drugs (without a prescription) than both regionally and statewide, but this perception is less likely among middle school teens.

Perception of Parental Disapproval - Use Prescription Meds	2016			2018		
	Charlotte	CFBHN	State	Charlotte	CFBHN	State
Middle School	98.8%	98.4%	98.2%	99.6%	98.0%	98.1%
High School	98.5%	97.4%	97.3%	96.8%	97.6%	97.1%

Table 16: Perception of Parental Disapproval - Prescription Drugs – FYSAS

At school open houses in 2017, middle school parents were given a survey with regard to their awareness of safe storage and disposal of medications in the household. 31% of parents surveyed indicated they kept medications in a locked storage area. However, 55% indicated they stored medications in a medicine cabinet and 14% stored in a kitchen cabinet. A slight majority of responding parents (52%) indicate they use a safe disposal drop box to get rid of expired medications, followed by 26% who throw away and 22% who flush expired medications. While 38% were unaware of local safe disposal boxes, 58% were aware of at least one of the four boxes in Charlotte County. In 2019, a group of nine (9) parents were asked these same questions. While not a large group, their responses are similar to the findings in 2017. However, only about one-third are aware of take-back boxes.

Prescription Drug Abuse in the Community

The Tampa Regional Poison Control Center provides a good starting point for the coalition to examine prescription drug abuse and misuse in the community.

Tampa Regional Poison Control reports that in 2019, forty-three (43) calls related to prescription drugs were received as compared to three (3) for street drugs. This is a rather dramatic decrease from the previous year with sixty-nine (69) calls related to prescription drugs and eighteen (18) for street drugs. Calls related to suicide attempts are also down. However, still high as compared to 2014, when the coalition first used this data.

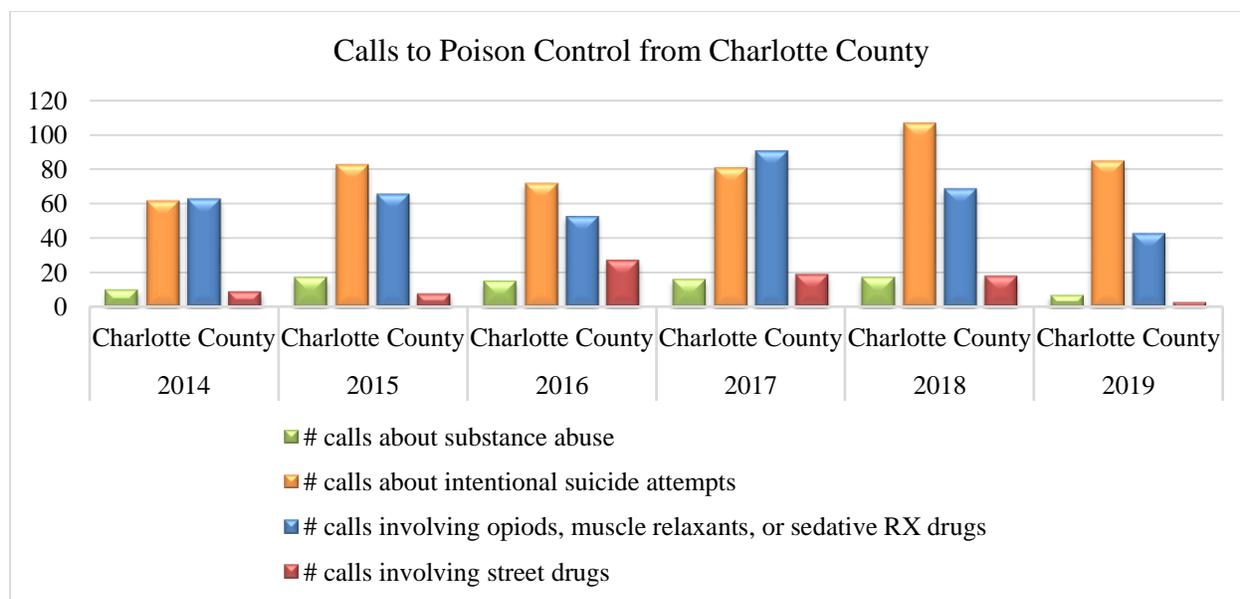


Figure 17: Poison Control calls from Charlotte County

We also collect data on the number of Narcan doses used by our emergency medical services (EMS) responders in the county. During 2019, 227 dose were administered by EMS. This is an increase for 168 in 2018 and 161 in 2017. It is important to note that EMS will use Narcan to rule out a possible overdose for a senior citizen, and as we collect this data, the coalition is reminded that narcan use does not necessary equate to actual overdoses.

Local and regional data was gathered for Central Florida Behavioral Health Network by Hal Johnson, MPH, in 2016 (no update at this time). This data indicates our region has a rate of 65.75 for emergency department visits for any opioid overdose in 2016. At that time, Charlotte County fell in the bottom quartile with a rate of 28.7, or 49 overdoses. Manatee County continued to lead the region with a rate of 396.8, followed by Sarasota County with a rate of 106.3. Figure 19 visualizes the regional data. Rates are based on incident/100,000 population.

Charlotte County data indicates seventeen (17) emergency room visits due to a heroin overdose in 2016, for a rate of 10, the fourth lowest in our fourteen (14) county region. The regional rate is 37.7. However, the regional data needs to be examined in the context of the very high rates for Manatee (310.6) and Sarasota (68.7) Counties. Figure 21 removes heroin as the source of overdose with emergency room visits. 2016 Charlotte County data indicates 32 emergency room overdoses related to an opioid other than heroin. This is a rate of 18.8 as compared to the regional rate of 28.73. Out of the fourteen counties, Charlotte has the fifth lowest rate

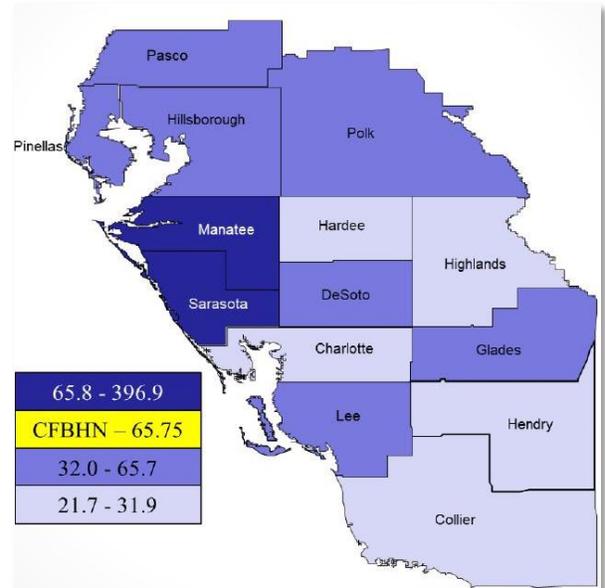


Figure 18: Emergency Room Visits for any Opioid OD, 2016, Credit: HJC-EPI

for emergency room visits for an overdose caused by opioid other than heroin. Collier, Hardee, Lee, and Polk rate/100,000 falls below Charlotte County.

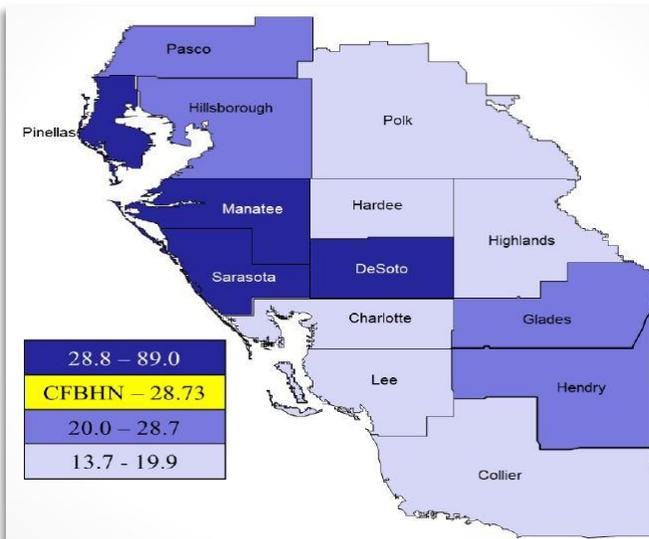


Figure 19: Emergency Dept Visits for Other Opioid OD, 2016, Credit: HJC-EPI

Local treatment data also provides insights into prescription and opioid addiction in Charlotte County. Charlotte Behavioral Health Care data from FY 16-17 shows that opioids were the drug of choice for 21.7% of court-ordered outpatient substance abuse service recipients and 59% of detox service recipients. This data is down from FY 15-16, in which opioids were the drug of choice for 24% of court ordered treatment and 66% of those in Adult Detox services. Opioids are the number one “drug of choice” in detox services and number three for court-ordered substance abuse services.

Stimulants are reported as “drug of choice” by 13% of persons court-ordered for substance abuse services, but only 3% in detox (FY 16-17). Benzodiazepine was reported as “drug of choice” by 1% of persons court-ordered for substance abuse services, but, rising to 3% in detox (FY 16-17).

Medical Examiner data<sup>19</sup> for Charlotte County shows Morphine, Methamphetamine and Fentanyl indicated as the most often (single) causes in overdose deaths during 2018, followed by cocaine. As in the 2017

<sup>19</sup> <https://www.fdle.state.fl.us/MEC/Publications-and-Forms>

Medical Examiner’s Report, Morphine was the most common drug present in deaths. Table 18 provides further detail on the drugs found in overdose death occurring in Charlotte County during 2017.

2018 ME Report	Total Deaths with Drug		
	total	cause	present
Alprazolam	14	1	13
Diazepam	5	1	4
Oxycodone	14	0	14
Hydrocodone	6	0	6
Methadone	4	0	4
Morphine	18	5	13
Cocaine	10	4	6
Heroin	3	3	0
Methamphetamine	11	5	6
Fentanyl	9	5	4
Fentanyl analog	0	0	0

Table 17: 2018 Medical Examiner Report

The Report indicates there is a nearly 27% decrease in total prescription drug related deaths for the county, along with a nearly 3% decrease in accidental deaths with prescription drugs as cause or present. However, there is decrease of nearly 22% in prescription drugs as the (single) cause of accidental deaths.

Prescription Drugs in Medical Examiner’s Deaths Charlotte County	2017	2018	% Change
Total Prescription Drugs in ME Deaths (Present and Cause)	60	78	26.70%
Total Prescription Drugs in ME Deaths (Present and Cause) Accidental Deaths	35	36	2.9%
Total Prescription Drugs in ME Deaths (Cause) Accidental Deaths	14	11	-21.4%

Table 18: Prescription Drugs in Medical Examiner’s Report - Charlotte County

Persons between 35-50 represent the largest age group of death by accidental overdose, followed by ages 35-50 (present or caused). No deaths from any of the included substances were reported in Charlotte County for under the age of eighteen. Ages 18-25 had three (3) reports of an accidental death in 2018 caused by accidental overdose.

### Substance Exposed Newborns

Since May of 2017, Drug Free Charlotte County is active in the Charlotte County Substance Exposed Newborn (SEN) Task Force. Currently, the group gathers data from BayFront Port Charlotte’s Neo-Natal Intensive Care Unit (NICU) and is working to expand it’s data resources.

The NICU began to collect in January 2017. As of the end 2019, the most common substance found in mothers who delivered at the hospital (hospital tests all pregnant women presenting for treatment and/or delivery) was THC, followed by amphetamines. Likewise, THC was the most common substance found in newborns testing positive for a substance at birth in the local hospital. However, Amphetamines and Methadone were the most common substances found in newborns entering the NICU. Approximately 21.2% of newborns in the NICU were positive from one or more substances identified through drug testing. Nearly 10% of mothers delivering at the hospital showed positive results for one or more substance(s) identified through drug testing. The hospital test any pregnant woman presenting for treatment, whether delivery or other reason. Of these women, 11% tested positive for one or more substance.

A key informant interview with Dr. J. Patel, a neonatologist from Johns Hopkins University working in the NICU in Charlotte County, was conducted in January 2019. Dr. Patel indicated one of the biggest challenges they see are with mothers on suboxone. According to many of these mothers, their prescribing physician indicated their child would not experience withdrawal if the mother used suboxone. Often, this creates

confusion and conflict at the child’s birth when the medical staff informed the parent that the child would need to be monitored for withdrawal for several days. He stated that they are seeing less of an issue with prescription drugs due to the more restrictive prescription drug laws now in place. However, there is still an issue during pregnancy and infant withdrawal. He reports that THC is more prevalent. According to him, this also creates an issue for breastfeeding, which the unit recommends and supports. However, with THC, this is not usually recommended. Dr. Patel also indicated that the presence of the Navigator-Advocate (Kids Thrive! Collaborative, which Drug Free Charlotte County is a partner) shows great promise for ongoing support to the infants after they are discharged. He also indicated strong support for the work of the Substance Exposed Newborn Task Force.

The good news is that the work of the SEN Task Force and Kids Thrive! Collaborative is having an impact locally. In 2019, eight (8) newborns who were born exposed (confirmed with testing), did not require NICU placement. This has never happened at the local hospital since it had a NICU. The parent(s) of these newborns practiced the non-medicinal interventions they learned through Kids Thrive! Collaborative that helped ease the symptoms of withdrawal for the newborn, and helped calm and ease his/her stress. T

***Other Substance Use***

Data from the 2018 FYSAS regarding past 30-day use of other substances by Charlotte County teens is shown in the table below. It shows the rise in vaping among high school teens, though data shows a slight decrease among middle schoolers. It should be noted, that the 2018 Teen Norms Survey, taken in August-September, shows a dramatic increase in both middle and high school use of vaping devices, which did not change in the 2019 Survey. This is supported by key informant and anecdotal data from school officials. The increase was noticed at the end of the 2017-18 school year – after the FYSAS was administered. Use of vaping devices may also play a part in the drop in use of cigarettes. It is also possible that the increase in use of these devices may also be associated with the rise in alcohol and marijuana rates for high school teens in 2019.

Synthetic marijuana use dropped in 2016, but rose slightly in 2018. In 2013, as part of a law enforcement crack down on synthetic drugs, the county developed and passed an ordinance banning their sale.

% Past 30-day use by substance	Charlotte County						Florida Statewide					
	2014		2016		2018		2014		2016		2018	
	MS	HS	MS	HS	MS	HS	MS	HS	MS	HS	MS	HS
<b>Cigarettes</b>	3.2	10.9	2.8	7.4	0.4	6.2	2.0	7.1	1.4	4.8	1.2	3.5
<b>Vape/E-Cig</b>	---	---	9.5	17.2	8.0	24.0	---	---	5.1	12.8	6.4	19.2
<b>Synthetic Marijuana</b>	---	1.3	---	1.0	---	1.6	---	1.4	---	1.0	---	1.1
<b>Inhalants</b>	2.5	1.6	2.6	1.2	1.2	1.8	3.1	1.3	2.2	1.2	2.8	1.1
<b>Flakka</b>	---	---	---	0.7	---	0.6	--	--	--	0.5	---	0.4
<b>Club Drugs</b>	0.5	1.5	0.5	1.9	0.1	0.4	0.3	1.0	0.3	0.8	0.2	0.5
<b>LSD, PCP, or Mushrooms</b>	0.8	1.1	0.6	1.1	1.1	1.0	0.6	1.4	0.3	1.4	0.4	1.1
<b>Meth</b>	0.9	0.3	0.8	0.3	0.3	1.3	0.4	0.5	0.3	0.4	0.4	0.4
<b>Cocaine or Crack Cocaine</b>	0.6	0.5	0.6	1.4	1.4	0.6	0.4	0.7	0.3	0.8	0.3	0.5
<b>Heroin</b>	0.4	0.0	0.7	0.4	0.1	0.0	0.3	0.3	0.1	0.2	0.1	0.1

Table 19: Past 30-Day Use of OtherSubstances - FYSAS

While cigarettes continue rank number one as the first substance used by Charlotte County teens<sup>20</sup>, it is ranked fourth as a substance used in the past 30-days.<sup>21</sup> Alarming, vaping and e-cigarette use is now the number one (1) substance use issue cited in both the FYSAS and TeeNS 2019 data for the county. Charlotte County rates for vaping is higher than statewide. Jumping to number one substance used by local teens.

Looking at data for e-cigarette use among Charlotte County adults is available only for 2016. The 2016 BRFSS indicates that 3.1% of adults in Charlotte County reported use of e-cigarettes, as compared to 4.7% statewide.

Vape stores are found close to most high schools in the area, and while local teens' perception of harm from use of these devices has increased since 2018, only 82% of teens see "any harm" from use of electronic devices (2019 TeeNS). Only marijuana use is seen as less harmful (as compared to alcohol, cigarettes, prescription drugs and vaping).

Pre and post interviews (2018) with several local community members indicated that prior to receiving information on vaping, they had very positive feelings about using such a device. From "...it helps people stop smoking..." to "...it smells good," their perception was that there is little harm in it. However, they did express their perception changed after receiving information from prevention provider and learning more about the risks of use. The challenge for the coalition is to reach more adults and community members with the information who do not usually frequent the coalition's social media or events. Presentations by the coalition to local civic groups have also revealed that many in the community are unaware of the use of vaping devices beyond a smoking cessation tool, and few were aware of "Juul" devices. While recent news coverage of incidences of severe lung illness tied to vaping has helped bring increased awareness and understanding of the harms for use, prevention staff still report youth and adults who are not aware of risks.

### ***Summary of Substance-Related Problems***

Vaping now exceeds both alcohol and marijuana use as the number one substance used by Charlotte County teens. This echoes the experiences of communities across the state and country. The coalition is working to add more education and awareness about this issue for both teens and adults. During the start of the 2019-20 school year, one school added vaping education as a requirement for any student found with a vaping device on campus. PPG staff conduct these educational sessions as part of the "Just the Fact" education campaign.

Underage alcohol use is the second most used substance among Charlotte County teens. It is also one of the first substances used by local children. Historically, Charlotte County has come far in reducing underage use. In 2000, over half of high school teens used alcohol, and in 2018, this had dropped to 22.5%. The Teen Norms Survey, conducted in all Charlotte County Public Middle and High Schools, reports similar use. However, from 2008 to 2018, this annual survey dropped fourteen (14) percentage points for past 30-day use of alcohol by high school teens. Likewise, there is a decrease in the heavy use of alcohol by adults in the community. The Behavioral Risk Factor Surveillance System conducted every three years in Florida, indicated adult binge or heavy drinking in Charlotte County was above the state percentage of use in 2002 at 18.4%, but in 2016, it not only had dropped, but at 16.1%, it is now lower than the state. Data from the 2018 FYSAS which shows an increase in binge drinking and will be monitored by the coalition. 2019 Teen Norms Survey data indicates that there has been an increase in past 3-day alcohol use by high school teens of two (2) percentage points from 2018, but, still one of the lowest rates since measured in the county.

While both the FYSAS and TeeNS survey show a decrease in marijuana use, it continues to decrease in perception of harm and perception of disapprovals among peers and parents. 2018 TeeNS data for some

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<sup>20</sup> 2018 Teen Norms Survey in Charlotte County

schools show that the drop in report use of marijuana was near that of the increase in vaping. The coalition considered that use of vaping devices for THC may be replacing “smoked” marijuana, and therefore not reported as such. While there is no method to test this theory with the survey data, it is something the coalition would like to explore further. The past 30 day use of marijuana rose among high school students by three (3) percentage points in 2019 from 2018. In key informant interviews, SRO (School resource officers) report use of vaping devices for smoking THC in the schools is an issue. Further, changing social norms throughout the country, as well as locally appear to impact marijuana use. In fact one youth interviewed stated that he/she believes peers who use marijuana are using it for medicinal purpose and that the main source for marijuana among peers is through a physician. While other teen key informants report the “usual” sources of “on the street” or from a “dealer”, this is the first time that a key informant has stated the perception that physicians are the source of marijuana used by teens. This may also be related to the steady decrease in perception of harm from use, as well as perception of parental and peer disapproval of use as more teens internalize changing social norms related to legalization and use for medicinal purposes. Equally troubling to the coalition, is the data which points to THC as being the number one (1) substance found in mothers, and their newborns, delivering at the local hospital.

The opioid epidemic, so well publicized nationally and locally, has not had the impact in Charlotte County as some of our sister counties in the state in region. However, its impact is seen in through the troubling number of newborns testing positive for substance exposure at birth. Additionally, as a community whose demographics and reputation point to its status as a retirement community, the rate of overdoses and deaths from prescription drugs in the 55 and older population, are of concern to the coalition.

## **Challenges and Obstacles to Addressing Problems**

Use of vaping, specifically use of “Juul” devices jumped significantly beginning the end of the 2017-18 school year. School citations for tobacco use are issued when a student is found with a vaping device. By far these are “Juuls.” Teens report, and scans confirm, that some retailers sell the replacement pods for as little as \$1. The flavors also attract young teens, per their own reports. However, school personnel report that teens indicate they do not believe there is harm in using the devices, as they are not cigarettes and just fruit flavors. The discreteness of a “Juul” makes it easy to conceal both possession as well as use. This poses difficulty for enforcement. The coalition is working to get information and education in the schools, but there is “catch-up” to do, given the speed at which the problem grew.

Legalization of marijuana, with the media attention and normalizing it within our cultural, as well as countering the perception of alcohol as a main part of “fun and being an adult” are major challenges for the coalition. Developing strategies and prevention messages to promote healthy choices are key for success. This must be done with input from our local teens, so that the messages and activities are not only accepted by teens, but successfully present the positive message of being alcohol and drug free.

Many of the families in our community are struggling economically. This added stress can impact children and teens as well as parents. Teens in an unstable family situation are at higher risk for use of substances. It also impacts the ability of the coalition to reach parents with information and education, who are often working split shifts and multiple jobs as they struggle to make ends meet. The coalition is able to bring more prevention services to at-risk teens, but the challenge is the need to reach children and teens at even earlier ages, including building parenting skills to parents of those younger children.

Even as teachers and school social workers acknowledge a need for more education on drugs and alcohol (Key Informant Surveys), it is more and more difficult to get the education into the classroom. Testing schedules and time required to provide the teaching necessary for the testing, make scheduling difficult. While conducting evidence based programs with 8-10 sessions was possible in the past, it is very difficult to bring them into the classroom now. The coalition is looking at innovative ways to work around this, including establishing partnerships with youth serving organizations through which services can be provided in the community and outside of the school day. As the 2019-20 school year began, the state issued a mandate for five (5) hours of mental health education in grades 6-12, followed by “some” in k-5 which includes substance use education. As a result, the coalition, provider and school staff developed a plan for substance use education to reach all students to meet this state mandate. This helps address the identified need for more education and the coalition will work with the provider and school staff to ensure that it is quality education, not just checking the box for the mandate.

## Coalition Membership Assessment

### *Membership by sector*

Last Name	First Name	Sector
Dunson	Kellie	Business – Law Firm
Hoy	Sandy	Business - Insurance
James	Bill	Civic/volunteer
Bouhebent	Ann	Education- Early
Desjardins	Mike	Education – K-12
Reynolds	Cara	Education – School Board
Armen	Brian	Faith
Austria	Ceres	Gov’t – County
Doolity	Shannon	Gov’t – State Attny
Detzel	Tracey	Gov’t – State Attny
Samples	Terry	Health - Hospital
Cooper	Magi	Health – Maternal/Child
Benjamin	Bonnie	Health- Social Services
Prummell	Bill	Law Enforcement
Davis	Pamela	Law Enforcement
Loukota	Jennifer	Media
Capeles	Thaddeus	Parent
Clark	Kim	Parent
Rogers	Derek	SA Provider
Bishop	Danielle	SA Provider
Babcock	Monica	Youth serving
Tvaroch	Kay	Youth serving
SWAT and Drug-Free Youth Club		Youth

*Table 20: Sectors*

### *Plans to maintain involvement of all 12 sectors*

This list does not represent all coalition members, rather it is a formal listing of key members who are identified as specific sector representatives. The Coalition coordinator reviews the list of sectors at least annually, and identifies those who are not currently active in meetings or coalition activities to determine status. If a sector is not actively represented, the coordinator can pull from other members who are active, but not “formally” identified as the specific sector representative. Some sector members are not active in meetings, due to their work schedules (or school), but instead, are active in activities and implementation of strategies. This is especially true of youth members. They help with school activities and help gather information from peers for evaluation and assessment purposes. They also serve as “sounding boards” for messaging and activity planning.

### *Activities to obtain/maintain funding and ensure sustainability*

As supported by the Strategic Prevention Framework (SPF), coalition leadership, membership and staff, view sustainability as not just funding, but also the creation of local capacity to instill prevention strategies and messaging through shared resources and “institutionalizing” prevention throughout the community.

The coalition leadership takes a lead in this area, using traditional and some, non-traditional, approaches. First and foremost, the coalition works to ensure compliance with all contracts and achieving positive outcomes to help maintain funding, and position itself for new sources. This includes contract work through the managing entity and local funders. This also includes some fund-raising through local “Giving Challenge” activities, and adding a mechanism to raise funds through a major prevention messaging event in the Spring of 2018. This event was repeated once, but an alternative event is being explored for the future that provides a platform for the message of prevention with less overhead cost and greater community reach.

The leadership also identified the need for Drug Free Charlotte County to add an additional role as that of a provider, expanding services to include both level 1 and level 2 programs. Part of this was the need to respond to funding opportunities for new services that would have been lost to other counties, as well as maintain long-term activities. This includes the Prevention Partnership Grant (PPG), Tobacco Grant from Florida Department of Health, and adding evidence-based programs for selective and indicated service provision.

The coalition benefits from in-kind partnerships. This includes meeting and office space provided in-kind by the school system and sheriff department. This keeps the funding focused on providing the support for the SPF, as well as prevention strategies and activities.

A non-traditional way the Drug Free Charlotte County helped to sustain prevention, is through the creation of two “sister” coalitions, which focus on specific areas in the county. This impacted prevention capacity building. It engaged approximately 50-75 additional community members working to prevention youth substance abuse than the members of Drug Free Charlotte County – as well as bringing an additional \$250,000/year for their efforts.

As indicated previously, sustainability is more than maintaining an organization. The true emphasis is on supporting prevention itself, not “who” does it. One of the positive developments over the last few years is the creation of several collaborative efforts within the community with which the coalition is involved. The main focus of these collaborative efforts is not related to funded activities, but for capacity building which provides new methods and avenues for sharing and reinforcing the mission of the participants. Naturally, for the coalition, this is prevention messaging and strategies. The goal for the coalition is to “institutionalize” prevention throughout the community, making it a natural part of the work of other organizations. From new sites to provide programs or activities to instilling prevention activities into the work of partner organizations, this is broadening the impact and reach of the coalition. It is not a quick process, nor is it one with specific funding attached. However, it raises both the visibility of Drug Free Charlotte County and reinforces the importance and value of prevention at all levels. This is a key strategy to achieve community transformation, not just short term change or a band-aid for the “problem.” A coalition leadership and community partner survey conducted in the first quarter of FY 19-20 revealed that the coalition is known, and valued, throughout the community for its collaborative approach and ability to build strong, effective partnerships.

### *Coalition’s relationship with prevention program providers*

Drug Free Charlotte County is the main prevention program provider in the county. However, Charlotte Behavioral Health Care offers some prevention, and a representative is part of coalition leadership, planning and activities. The coalition also works with local substance use providers who are not within the management entity contractors, usually private, for-profit. One, Southwest Florida Counseling Center, offers free or reduce cost group programs for teens and supports for parents, which the coalition does help share within the community.

### *Member perception of coalition organization and effectiveness*

In August 2019, the coalition utilized a new survey tool to help assess the perception of coalition leadership, prevention system and community partners.

When respondents were asked to share the competencies associated with the coalition, concepts around **collaboration** and **partnerships** were most frequently mentioned. This is also echoed through statements indicating a perception that Drug Free Charlotte County is a leader in building community partners. Additionally, **gathering data** and using **data driven strategies** were other common threads mentioned.

The survey also asked respondents to help prioritize the functions of the local prevention services system. This information will help the coalition strengthen its comprehensive community action plan (CCAP). This data also helps the coalition understand how the community frames the coalition’s role in the community.

Roles/Activities for Coalition	not important	neutral	important	very important	weighted average
Local substance use data gathering and assessment	0.00%	3.23%	19.35%	77.42%	4.52
Identifying and implementing proven strategies to reduce/prevent substance use	0.00%	0.00%	9.68%	90.32%	4.81
Providing evidence-based prevention programs for youth	0.00%	3.23%	3.23%	93.55%	4.84
Providing evidence-based prevention programs for at-risk families	0.00%	3.23%	12.90%	83.87%	4.65
Drug-Free activities for youth	0.00%	0.00%	38.71%	61.29%	4.23
Parent education and awareness	0.00%	0.00%	19.35%	80.65%	4.61
Media campaigns to build community awareness on substance use issues	0.00%	3.23%	38.71%	58.06%	4.13
Work with multiple community organizations to strengthen our community	0.00%	0.00%	16.13%	83.87%	4.68
Work with employers to implement tobacco free and/or drug free workplace policies	0.00%	19.35%	25.81%	54.84%	3.9
Build youth leadership skills	0.00%	6.45%	29.03%	64.52%	4.23
Working with families who have children born substance exposed	0.00%	6.45%	19.35%	74.19%	4.42
Engaging with community members, businesses and organizations to address specific substance use issues (for example, prescription drugs)	0.00%	0.00%	25.81%	74.19%	4.48

## **Problem Statements**

The coalition's problem statements were developed in 2016-17. These statements are the center of a multi-year workplan process. As such, they reflect data from 2016-17. These statements are reviewed annually as part of the assessment process, as well as throughout the year for evaluation purposes in conjunction with the logic model and workplan process in the Strategic Prevention Framework. In 2020, the coalition plans to do a problem statement related to vaping and electronic device use. This will coincide with the revision of all problem statements to align with the new 5-year planning period.

**Problem 1:** Alcohol – Underage: Too many Charlotte County teens are using alcohol. Alcohol is the most prevalent illicit substance used by middle and high school teens in Charlotte County. 2017 Teen Norms Survey (TeeNS) data indicates that 27% of high school teens and 10% of middle school teens in Charlotte County report past 30-day use of alcohol. 17.3% of teens (6-12th grade) reported they have used alcohol in the past 30 days (2016 FYSAS). 2016 FYSAS indicates the percentage of teens reporting use during lifetime for alcohol or any illicit drug is 44.4%, up from 2014 at 43.3%. 2017 TeeNS reports that the age of onset for alcohol use in Charlotte County is just over age 11, as reported by middle school teens.

**Problem 2:** Marijuana - Too many Charlotte County Teens are using Marijuana. Marijuana is second, below alcohol, as the substance of choice among Charlotte County high school teens at 24% – outranking regular tobacco use (12%) by 12 percentage points according to the 2017 TeeNS data for past 30-day use. According to 2016 FYSAS data, Charlotte now ranks third highest teen use of marijuana for the Suncoast Region and in the top quartile for the state.

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