

Connecticut Best Practices Initiative

Building Prevention Capacity to Address Prescription Drugs, Tobacco, and Marijuana

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Rocky Hill, CT
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Objectives for the Day

1. Learn effects and consequences of each substance.
2. Acquire state and regional data on each substance.
3. Identify risk factors associated with use of each substance that may be impacted using prevention strategies.

Objectives for the Day cont'd.

4. Attain information on effective prevention strategies to reduce/prevent use of each substance and related consequences and state and federal resources.
5. Review DMHAS Strategic Prevention Plan outline and instructions.

Prescription Drug Misuse/Abuse

- What drug(s)?
 - Pain relievers, stimulants, psychotherapeutics
- Non medical use or misuse (with prescription)
 - Different risk factors and strategies
- Poly-substance abusers
- Communities may not have resources to work with prescription monitoring programs
- Sources for young people are mostly social

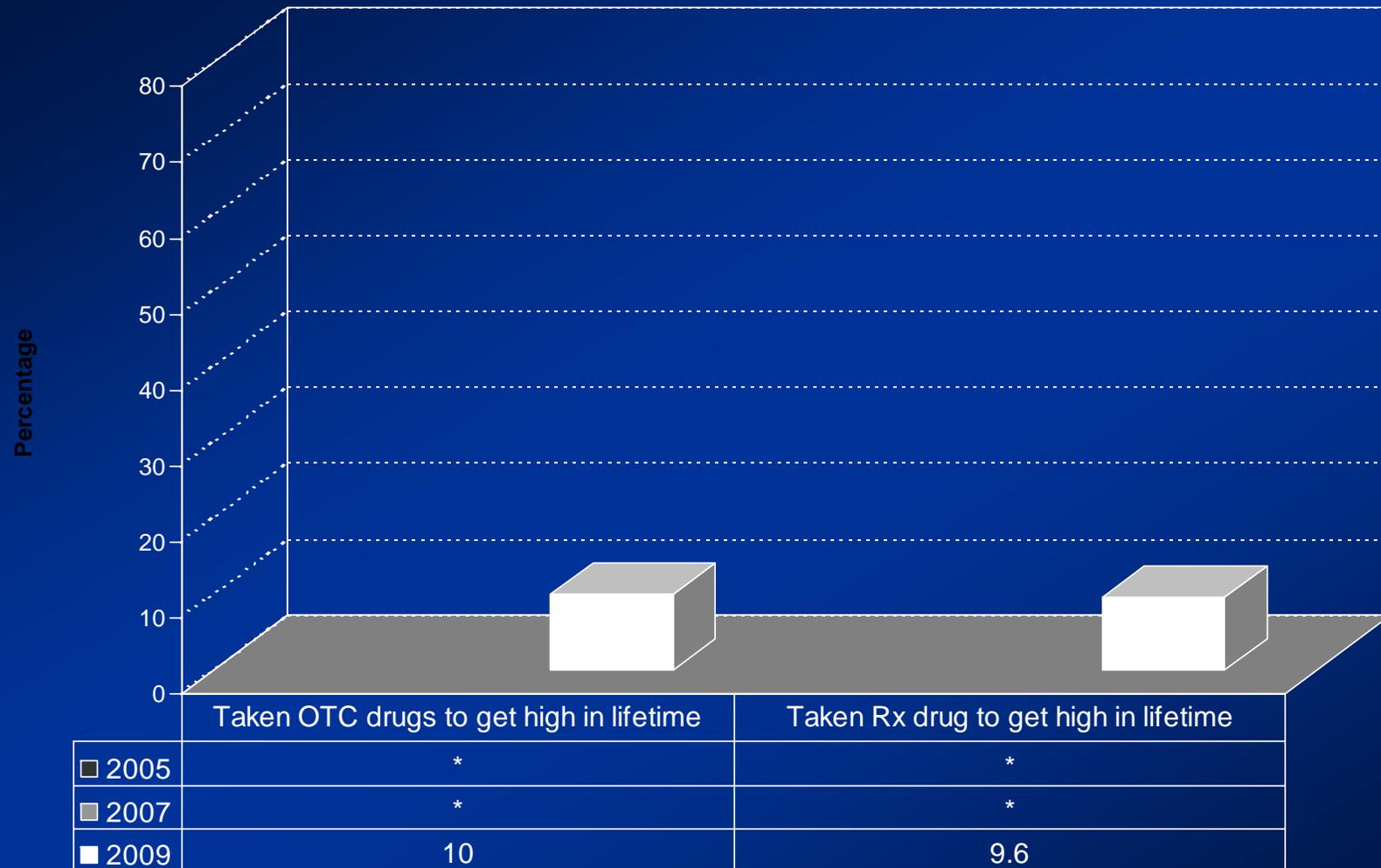
Prescription Drug Consequences

- CT is one of only 16 states in which mortality from overdose is more prevalent than vehicular accident death. It is also the primary method of intentional self-injury, and the third most common method of suicide.
- Opioids (OxyContin, Vicodin) depress the respiratory system and may be fatal if taken in large doses.
- Prolonged use of central nervous system depressants (Valium, Ambien) can lead to serious withdrawal symptoms, including seizures.

Prescription Drug Health Consequences

- High doses of stimulants (Adderall, Dexedrine) can cause irregular heartbeat, high body temperature, and cardiovascular failure.
- Excessive amounts of dextromethorphan can lead to vomiting, increased heart rate, high blood pressure, and impaired coordination.

CT School Health Survey (YRBS) Prescription/OTC Drug Use Trend Data



*Question not asked

Persons Age 12-17/18-25 Nonmedical Use of Pain Reliever Data

	Percentage by year		
Age	2004	2006	2008
12-17	5.8	6.5	4.9
18-25	12.4	14.8	11.3

Source: SAMHSA, Office of Applied Studies, National Surveys on Drug Use and Health 2002-2008

Prescription Drugs Risk Factors and Strategies

Risk Factor

Social Access

Low Perception of Harm

Low commitment to school

Low Enforcement of Rx Drugs

Sample Strategy

Take Back Program

Information Dissemination

Mentoring Program

Community Empowerment

Logic Model



Sample Community Logic Model

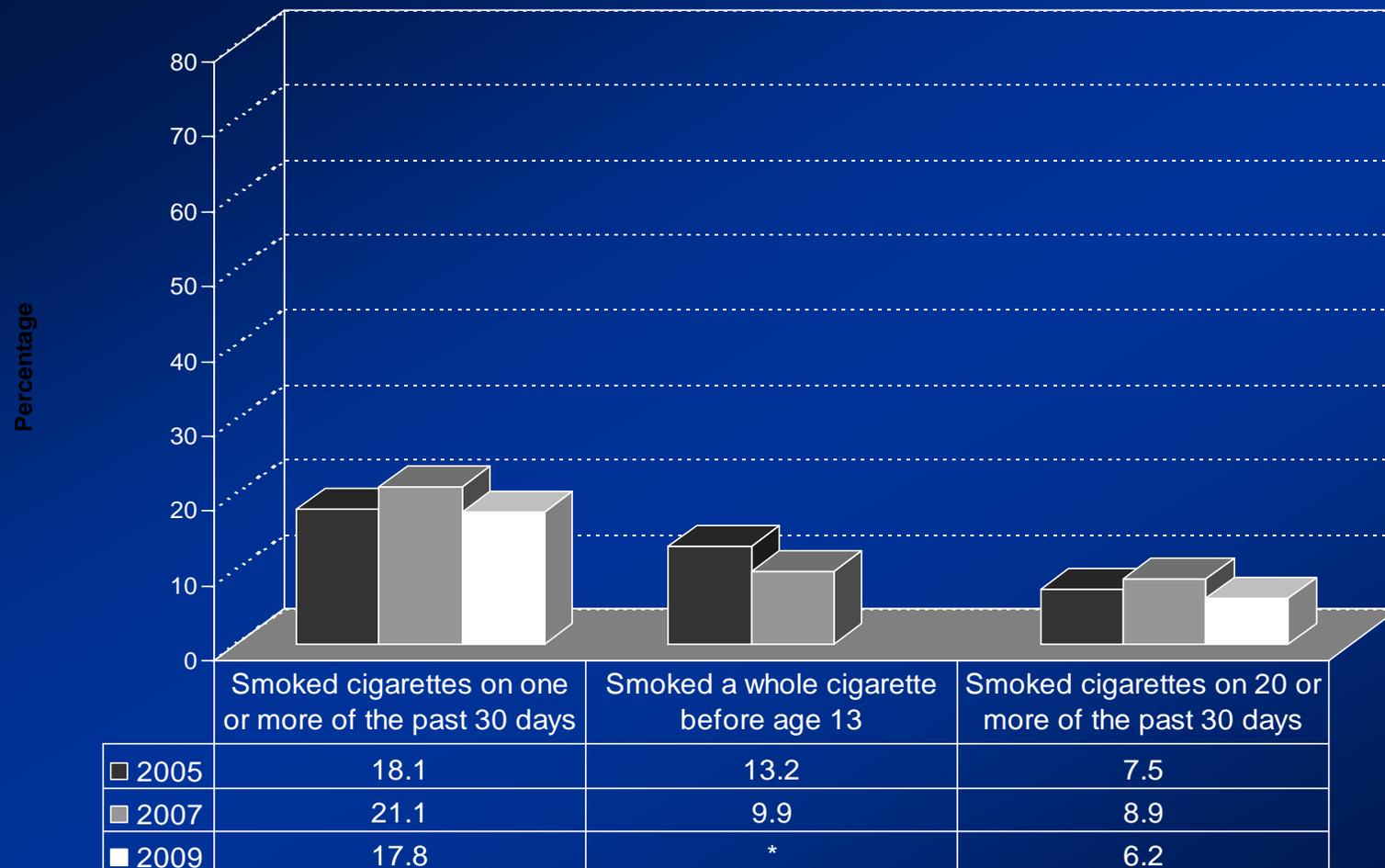
Problem: Prescription Drugs



Primary Health Care

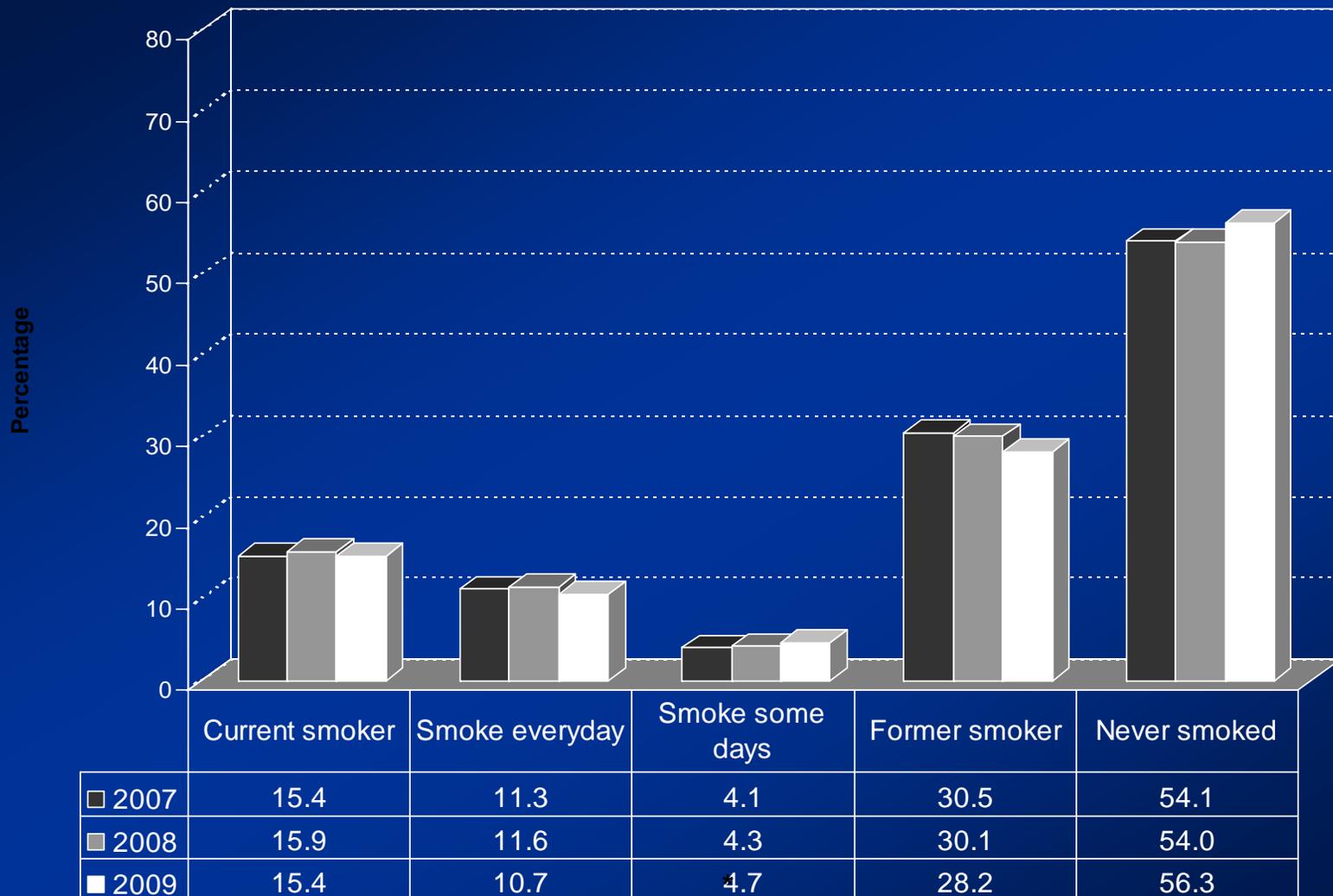
- Substance abuse, mental health and primary health care share risk factors
- Substance use and abuse contributes to physical and mental health conditions early on
- Access and poor utilization of primary care contributes to substance abuse
- Patients not diagnosed and often not treated

CT School Health Survey (YRBS) Tobacco Trend Data



*Question not asked

CT Behavioral Risk Factor Surveillance System Adult (18+) Tobacco Trend Data



CT - Persons Age 12-17/18-25 Tobacco Data 2008

■ Past month Cigarette Use

12-17 y.o. = 8.9%

18-25 y.o. = 38.3%

■ Past month Tobacco Product Use

12-17 y.o. = 11.6%

18-25 y.o. = 44.6%

■ Perceived Great Risk of Smoking one or more packs of Cigarette Per Day

12-17 y.o. = 71.8%

18-25 y.o. = 73.9%

Tobacco

- There are more than 4,000 known chemical compounds in cigarette smoke and 69 are known or probable carcinogens such as:
 - Arsenic
 - Lead
 - Formaldehyde

Tobacco Use Among Youth

- Cigarettes is the most commonly used form of tobacco among middle and high schools students in Connecticut.
- Each day nearly 4,000 kids under 18 try their first cigarette.
- CT students smoke their first whole cigarette before age 11.

Did You Know?

- Reducing youth access to tobacco can lead to a reduction in youth consumption of tobacco products.
- Almost 43,000 of CT middle and high school students use tobacco products.

Tobacco: Health Consequences

- Tobacco use is the leading preventable cause of disease, disability, and death in the United States.
- Heart disease is the # 1 cause of death in the US and in Connecticut, and the #1 cause of heart disease is smoking.
- Connecticut annual health care costs directly caused by smoking is over 1.6 billion dollars

Tobacco Risk Factors and Strategies

Risk Factor

Social Access

Availability

Low Enforcement

Prior AOD use

Family Norms

Sample Strategy

Vendor Education

Compliance Checks

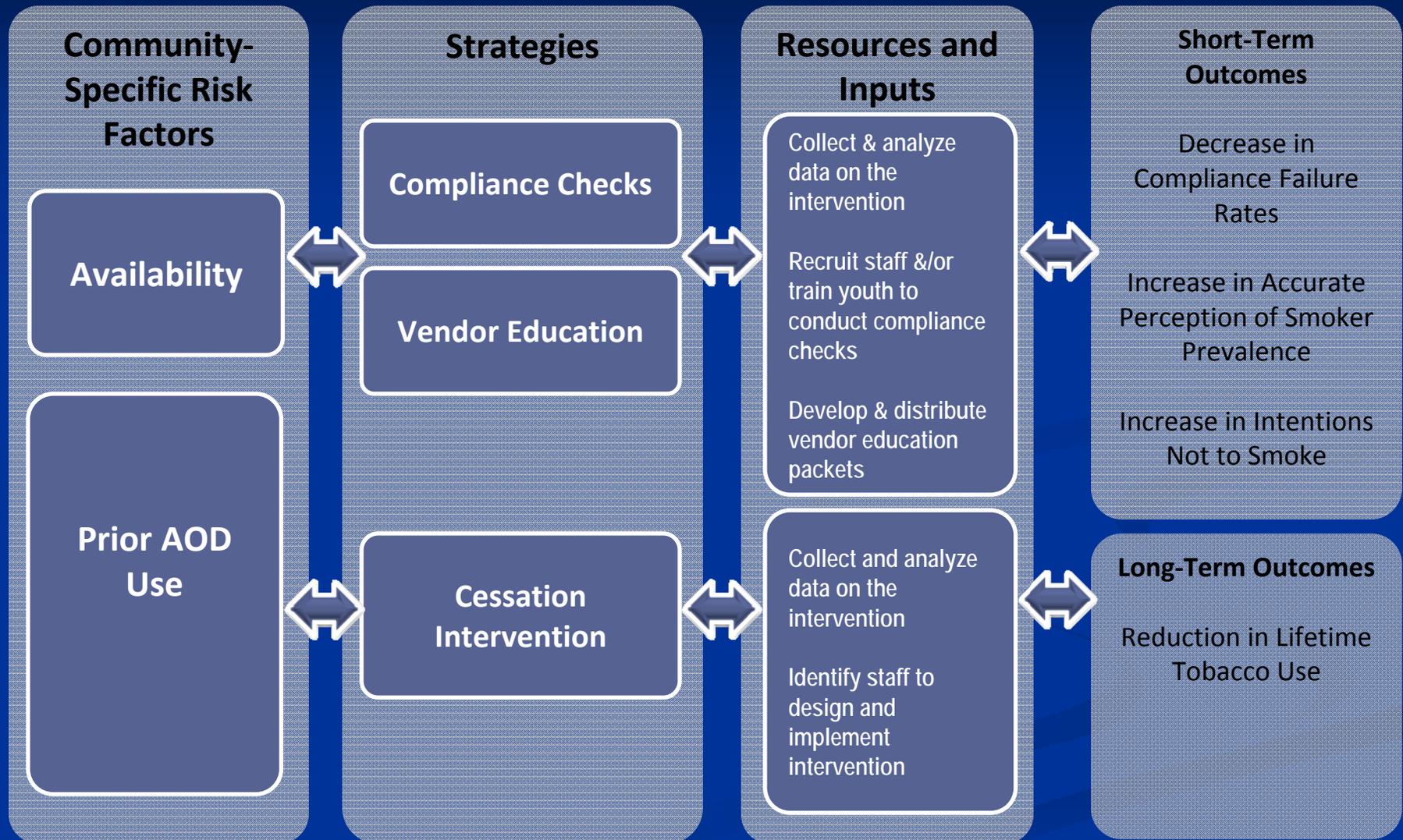
Coalition Development

Cessation Programs

Parenting Classes

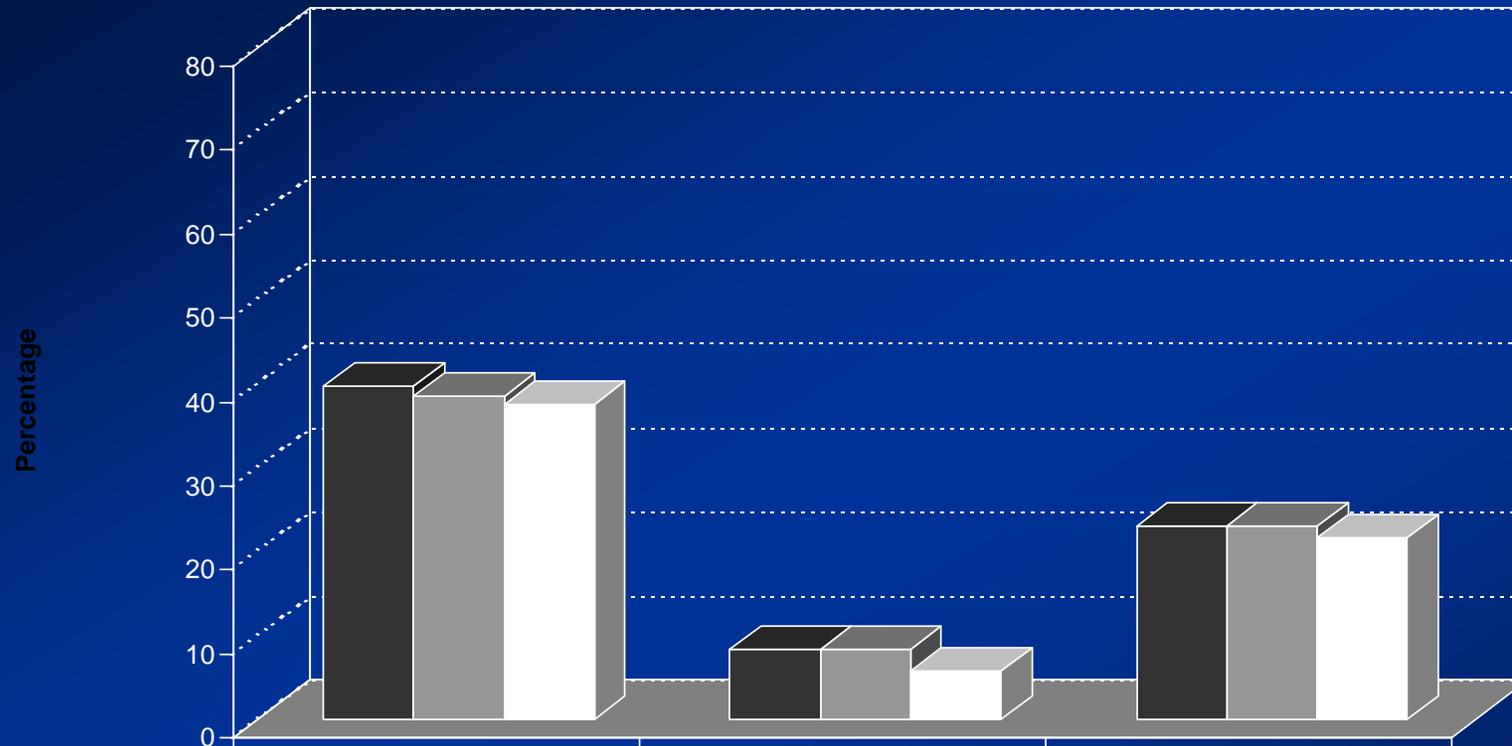
Sample Community Logic Model

Problem: Tobacco



CT School Health Survey (YRBS)

Marijuana Trend Data



	Used marijuana in lifetime	Tried marijuana for the first time before age 13 years	Used marijuana past 30 days
■ 2005	39.8	8.5	23.1
■ 2007	38.6	8.5	23.2
■ 2009	37.6	5.8	21.8

CT- Persons Age 12-17/ 18-25 Marijuana Data 2008

- **First Use of Marijuana**
12-17= 6.6% 18-25= 8.14%
- **Past Month Marijuana Use**
12-17= 7.6% 18-25= 20.23 %
- **Past Year Marijuana**
12-17 = 14.4% 18-25= 35.43 %
- **Perceived Great Risk of Smoking Marijuana Once a Month**
12-17 =30.0% 18-25= 20.05 %

Marijuana Consequences

- Of those individuals who initiate use during adolescence, one in six will go on to become marijuana dependent.
- Heavy adolescent users have shown deficits in learning, attention, and memory even after one month of abstinence.

Marijuana: Mental Health Consequences

- Marijuana users may have an increased risk of schizophrenia. In fact, researchers have estimated that 14% of schizophrenia diagnoses could be prevented if marijuana use was similarly prevented.
- Heavy marijuana use has also been linked to depression, suicide, and panic disorder.

Marijuana Risk Factors and Strategies

Risk Factor

Availability

Low Enforcement

Social Access

Peer Norms

Sample Strategy

Nuisance Abatement

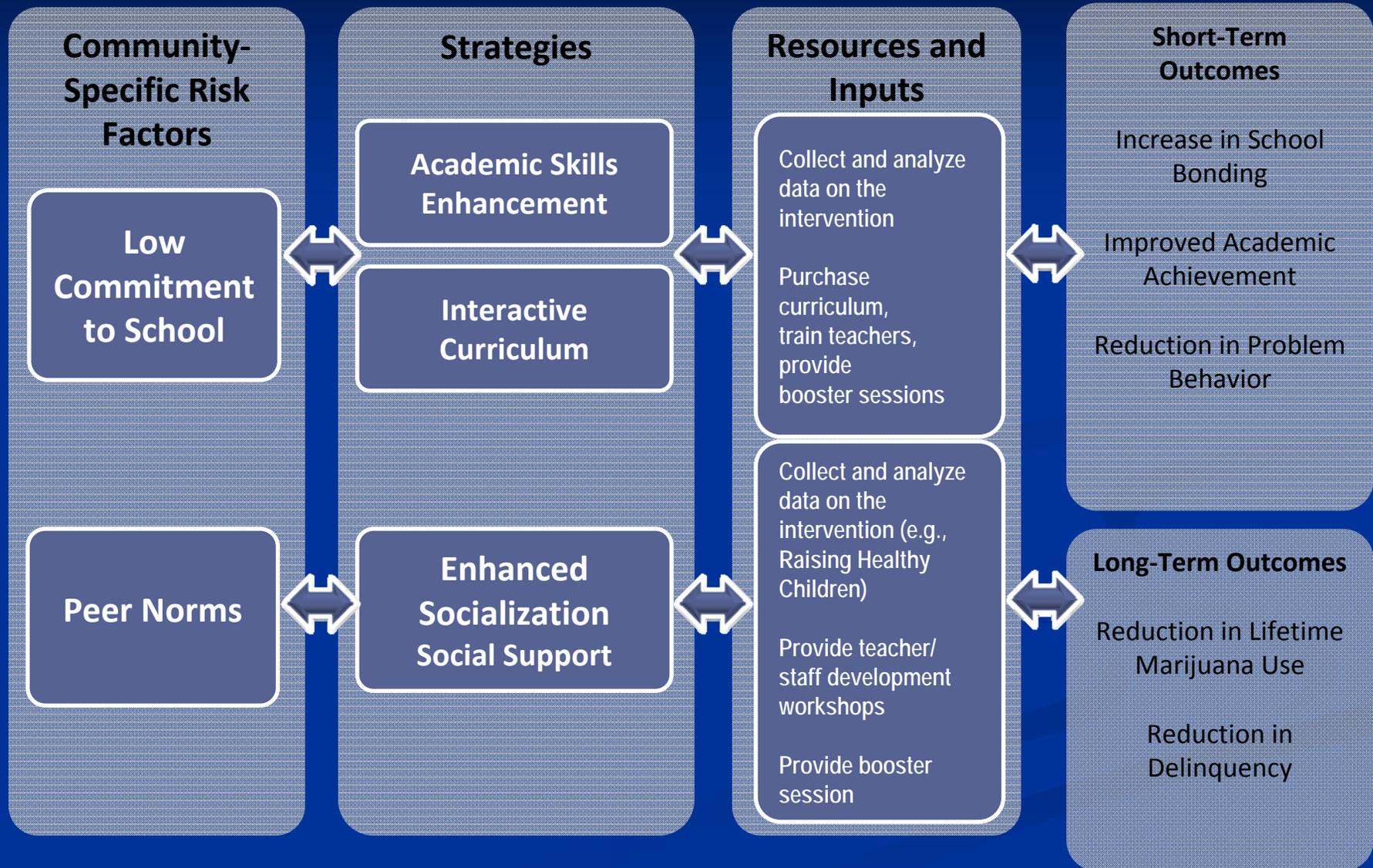
Community Empowerment

Community Mobilization

Leadership Development

Sample Community Logic Model

Problem: Marijuana



Marijuana Use

- Available literature is largely focused on illicit drug use
- The relationship between drugs and crime is key
- Perception of harm and social disapproval are influenced by the observance of peers using

Marijuana Use Cont'd.

- Reduced influence of parental attitudes from middle to high school
- Easy social access is a strong factor
- Environmental strategies are being studied
- Parental monitoring shows promise

Multicultural Considerations: Special Populations

Sexual Orientation

- Active Military and Veterans
- Homeless
- Older Adults
- Women
- Youth
- Religious Groups
- Race
- Ethnicity

Other Considerations

- Poverty
- Access to health care
- Individual and behavioral factors
- Educational inequalities
- Disability
- Geographic location: urban or city
- Mental Illness

The Prevention Plan

- **An abbreviated community strategic prevention plan**

- **Outline**

- I. Introduction (1 page)
- II. Summary of the problem substance and chosen risk factor(s) (no more than 2 risk factors) (1-2 pages)
- III. Logic Model and narrative, minimum of one environmental strategy (2 pages)
- IV. Workplan (1-2 pages)
- V. Addenda including coalition membership and sustainment and reference list (no limit)

- **Due Date 3/15/11**

Prevention Plan: Finding the Fit

The following are three criteria that determine the best fit to include in a comprehensive prevention plan:

- Conceptual fit: Is the intervention relevant?
- Practical fit: Is the intervention appropriate?
- Strength of evidence: Is the intervention evidence-based?

Resources

- CAPT series on Marijuana in February 3, 15 and March 1, 2011
- Web-based resources
 - DMHAS www.ct.gov/dmhas/bestpractices
 - SAMHSA-NREPP www.nrepp.samhsa.gov
 - CADCA www.cadca.org