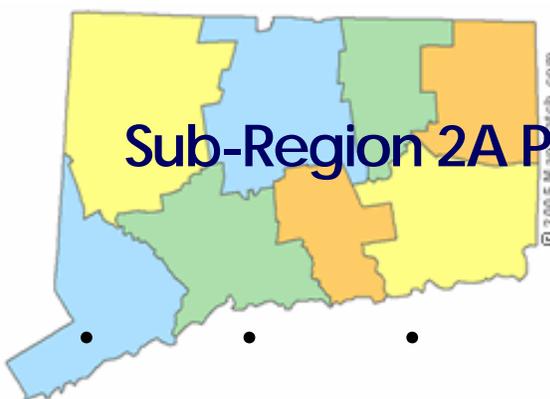


State of Connecticut
Department of Mental Health & Addiction Services
Prevention and Health Promotion Unit



Sub-Region 2A Prevention Priority Report

Prepared by
Meriden and Wallingford Substance Abuse
Council
October 2008

Thomas A. Kirk, Jr., Ph.D.
Commissioner



Dianne Harnad, MSW
Director of Prevention

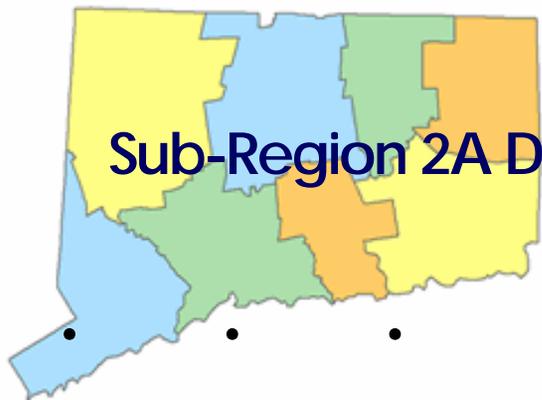


Executive Summary

Purpose

Background

Priority Needs



Sub-Region 2A Data and Information Tables

Prepared by
Meriden and Wallingford Substance Abuse Council
October 2008

Table 1. Community Needs Assessment Workgroup

Member Name	Community Sector Represented	Contribution to Sub-Regional Prevention Priority Report
Eloise Hazelwood	Director, Wallingford Health Dept.	Active participation in CNAW meeting, discussion and ranking
Sheryl Sprague	Prevention Director, Rushford Center	Active participation in CNAW meeting, discussion and ranking
Palma Vacarro	Director of Pupil Personnel, Meriden Board of Education	Active participation in CNAW meeting, discussion and ranking
Irene O'Brien	Caseworker, Wallingford VNA	Active participation in CNAW meeting, discussion and ranking
Donn Friedman	Director of Adult Education Services, Meriden Board of Education	Active participation in CNAW meeting, discussion and ranking
David Radcliffe	Director, Meriden Children's First initiative	Active participation in CNAW meeting, discussion and ranking
Denise Keating	Program Director, Meriden Youth Services Bureau	Active participation in CNAW meeting, discussion and ranking
Craig Turner	Director, Wallingford Youth and Social Services Dept., Wallingford LPC	Active participation in CNAW meeting, discussion and ranking
Laurie Gonzalez	Director of Special Educ. Services, Meriden Board of Education	Active participation in CNAW meeting, discussion and ranking
Christelle Aubé	Prevention Coordinator, MAWSAC	Active participation in CNAW meeting, discussion and ranking
Kathy Ulm	Vice President of Clinical Services, Rushford Center	Active participation in CNAW meeting, discussion and ranking
Officer Janice Hankey	School Resource Officer, Meriden Police Department	Active participation in CNAW meeting, discussion and ranking
Lynn Faria	Director of Communications and Community Wellness, MidState Medical Center	Active participation in CNAW meeting, discussion and ranking
Kathy Neelon	Coordinator of School Nurses, Wallingford Board of Education	Active participation in CNAW meeting, discussion and ranking
Marlene F. McGann	Executive Director, MAWSAC	Active participation in CNAW meeting, discussion and ranking

Table 2. Sociodemographic Characteristics

Area	Population Size	Gender (%)		Race (%)			Ethnicity: Hispanic or Latino (%)	Median Household Income (\$)	Individuals Below the Poverty Line (%)
		Male	Female	White	African American	Asian			
Connecticut	3,405,565	48.4	51.6	81.6	9.1	2.4	9.4	\$53,935	7.9
Region 2	894,567	-	-	-	-	-	-	-	-
Sub-Region 2A	101,270	48.0	52.0	86.0	4.0	2.0	14.0	\$53,090	7.3
Meriden	58,244	48.4	51.6	80.2	6.5	1.4	21.1	\$43,237	11.0
Wallingford	45,779	48.2	51.8	94.8	1.2	.81	8.0	\$62,543	3.6

Table 3. Alcohol

Area	Recent Alcohol Use (%)		Past Month Alcohol Use (%)	Past Month Binge Alcohol Use (%)	Past Month Alcohol Use (%)	Past Month Binge Alcohol Use (%)	Past 30 Day Use Alcohol	Binge Drinkers	Liquor Permits	Other Alcohol Use (%)
	GPIY, 2000		CT SHS, '05/YRBSS	CT SHS, '05/ YRBSS	NSDUH, 2002-2004	NSDUH, 2002-2004	BRFSS, 2006	BRFSS, 2006	DCP Liquor Control 2008	CTC School Survey Wallingford, 2003
	Grade 7-8	Grade 9-10	Grade 9-12	Grade 9-12	Ages 12 and older	Ages 12 and older	Ages 18 and older	Ages 18 and older		Grades 6-8-10
United States	-	-	43.3	25.5	50.38	22.81	55.4	15.4		-
Connecticut	24.0	46.2	45.3	27.8	59.65	24.15	63.4	14.5		-
Regions										
Eastern	-	-	-	-	59.72	25.82	-	-	-	-
North Central	-	-	-	-	58.71	24.49	-	-	-	-
Northwestern	-	-	-	-	63.27	24.49	-	-	-	-
South Central 2	-	-	-	-	58.18	24.02	-	-	-	-
South West	-	-	-	-	59.54	22.48	-	-	-	-
Sub-Region 2A	-	-	-	-	-	-	-	-	182	-
Meriden	24.5	47.7	-	-	-	-	-	-	88	-
Wallingford	25.8	50.1							94	Past 30 day alcohol use 1.3% - 6 th grade 14.8% -8 th grade 33.3% - 10 th grade Lifetime use of alcohol 14.4% - 6 th grade 44.7% -8 th grade 69.7% -10 th grade Binge drinking past 2 wks 0.0% - 6 th grade 6.8% -8 th grade 22.4% -10 th grade

* Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days.

Table 3.1. Alcohol

Area	Alcohol involved Substance Abuse treatment admissions Ages 12-20		Liquor Law Violations Adult		Liquor Law Violations Juvenile <18		Driving Under the Influence Offenses Adult		Driving Under the Influence Offenses Juvenile < 18		Alcohol Use/ Possession Incidents Resulting in Disciplinary Action All Grades	Alcohol Involved Accidents		Alcohol Permits
	SEW/UCONN SFY 2005		DPS 2004		DPS 2004		DPS 2004		DPS 2004		SDE 2006-07	DPS 2006		DCP 2008
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000		Number	Rate per 10,000	
United States	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Connecticut	1,221	30.6	1,109	43	350	4.2	10,550	41.1	152	1.8	-	1775	5.21	-
South Central Region 2	245	26.1	194	3.2	63	3.3	1928	24.2	26	1.4	-	411	5.16	-
Sub-Region 2A	24	21.3					2,149	70.4	6	2.4	22	73	7.21	182
Meriden	17	25.6	5	1.2	1	.08	132	30.5	3	2.0	6	36	6.18	88
Wallingford	7	15.2	7	2.1	0	0	215	65.7	3	2.9	16	37	8.6	94

Table 4. Tobacco

Area	Recent Cigarette Use (%)		Past Month Tobacco Use (%)	Past Month Cigarette Use (%)	Past 30 Day Use Tobacco	Tobacco Use/Possession Incidents Resulting in Disciplinary Action	Other Tobacco Use (%)	Smoking during Pregnancy	
	GPIY, 2000		CT SHS, '05/YRBSS	NSDUH, 2002-2004	BRFSS, 2006	SDE, 2006-07	CT Synar Retailer Violation Rate 1-11-07 to 8-2-07	DPH, 1998	
	Grade 7-8	Grade 9-10	Grade 9-12	Ages 12 and older	Ages 18 and older	Grade K-12		Number	Rate
United States	-	-	23.0	25.46	20.1	-	-	-	
Connecticut	12.1	23.5	18.1	23.95	17.0		-	3,787	9.4
Regions									
Eastern	-	-	-	25.02	-	-	-	-	-
North Central	-	-	-	24.50	-	-	-	-	-
Northwestern	-	-	-	26.27	-	-	-	-	-
South Central	-	-	-	23.51	-	-	6.5%	-	-
South West	-	-	-	20.97	-	-	-	-	-
Sub-Region 2A	-	-	-	-	-	49	-	-	-
Meriden	-	-	-	-	-	38	-	136	16.7
Wallingford	-	-	-	-	-	11	-	-	-

* Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days.

Table 5. Marijuana

Area	Recent Marijuana Use (%)		Past Month* Marijuana Use (%)	Past Month* Marijuana Use (%)	Drug Related Arrests				High School Dropout Rate	Illegal Drug Related Suspension/Expulsion
	GPIY, 2000		CT SHS, '05/YRBSS	NSDUH, 2002-2004	DPS 2004				SDE 2004	SDE 2005-06
	Grade 7-8	Grade 9-10	Grade 9-12	Ages 12 and older	Adult		Juvenile (ages 10-17)		Cumulative Rate All Ages	Grades 6-12
					Number	Rate**	Number	Rate**		
United States	-	-	20.2	6.12	-				-	-
Connecticut	7.2	22.0	23.1	6.73	19,241	56.5	2,358	28.0	8.8	1.32
Regions										
Eastern	-	-	-	7.38	-	-	-	-	-	-
North Central	-	-	-	6.59	-	-	-	-	-	-
Northwestern	-	-	-	8.88	-	-	-	-	-	-
South Central	-	-	-	6.45	3,291	41.36	415	21.97	5.8	13.1
South West	-	-	-	4.96	-	-	-	-	-	-
Sub-Region 2A	-	-	-	-	338	33.38	51	20.16	-	-
Meriden	-	-	-	-	286	49.1	48	32.07	11.1	14.8
Wallingford	-	-	-	-	52	12.09	3	2.91	4.5	6.2

*Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days.

** Rates per 100,000

Table 6. Cocaine

Area	Recent Cocaine Use (%)		Past Month Cocaine Use (%)	Last Year Cocaine Use (%)	Past month Cocaine Use (%)	Violent Crime	Cocaine/Crack as Primary Drug at Admission DMHAS	
	GPIY, 2000		CT SHS, '05/YRBSS	NSDUH, 2002-2004	NSDUH 2006	DPS 2004	DMHAS 2007	
	Grade 7-8	Grade 9-10	Grade 9-12	Ages 12 and older	Ages 12 - 17	All Ages	Number	% of all admissions
United States	-	-	3.4	2.46	0.4	-	-	-
Connecticut	0.8	1.7	4.1	2.14	0.3	30.1	5,853	14.0
Regions								
Eastern	-	-	-	2.31	-	-	-	-
North Central	-	-	-	2.03	-	-	-	-
Northwestern	-	-	-	2.12	-	-	-	-
South Central	-	-	-	2.21	-	38.3	-	-
South West	-	-	-	2.10	-	-	-	-
Sub-Region 2A								
Meriden	-	-	-	-	-	35.4	165	16.8
Wallingford	-	-	-	-	-	4.0	28	9.8

* Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days.

Table 7. Heroin

Area	Recent Heroin Use (%)		Lifetime Heroin Use (%) CT SHS, '05/YRBSS	Heroin as Primary Drug at Admission		Living with HIV /AIDS DPH, 2008	Property Crime DPS 2002	Illicit Drug Use Deaths DPH 1999-2001
	GPIY, 2000			DMHAS 2007				
	Grade 7-8	Grade 9-10	Grade 9-12	Number	% of all admissions	Number	Rate per 100,000	All Ages
United States	-	-	2.4					
Connecticut	0.6	0.9	4.3	14540	34.88	10,693	275.26	980
Region								
Eastern	-	-	-	-	-	-	-	-
North Central	-	-	-	-	-	-	-	-
Northwestern	-	-	-	-	-	-	-	-
South Central	-	-	-	-	-	-	-	-
South West	-	-	-	-	-	-	-	-
Sub-Region 2A	-	-	-	271	350.94	209	427.34	-
Meriden	-	-	-	365	37.3	-	-	-
Wallingford	-	-	-	125	44.0	62	247.52	-

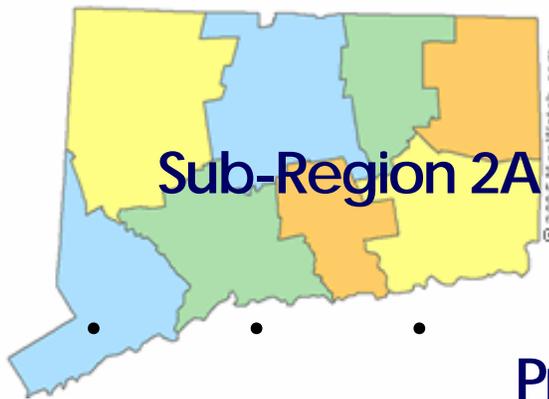
* Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days.

Table 8. Prescription Drug Misuse

Area	Past Year Non-medical Use of Pain Relievers (%) NSDUH, 2002-2004 Ages 12 and older	Drug Related School Suspension/Expulsions SDE 2006-07 All (Includes in/out of school suspensions for all causes)
United States	4.76	-
Connecticut Region	4.13	-
Eastern	4.99	-
North Central	3.57	-
Northwestern	4.78	-
South Central	4.02	-
South West	3.98	-
Sub-Region 2A		5,787
Meriden	-	4,824
Wallingford	-	963

Table 9. Other Illicit Drugs

Area	Recent Other Illicit Drug Use (%)		Past Month Other Illicit Drugs Excl Marijuana (%)	SA Treatment Demand
	GPIY, 2000		NSDUH, 2002-2004	DMHAS 2005
	Grade 7-8	Grade 9-10	Ages 12 and older	Per 100,000
United States	-	-	3.64	
Connecticut	3.0	7.0	3.33	152.3
Region				
Eastern	-	-	3.94	
North Central	-	-	3.24	
Northwestern	-	-	3.33	184.3
South Central	-	-	3.39	
South West	-	-	2.98	
Sub-Region 2A	-	-	-	183.1
Meriden			-	239.6
Wallingford			-	108.3



Sub-Region 2A Substance Abuse Profiles

Prepared by
Meriden and Wallingford
Substance Abuse Council
October 2008

DATA SOURCES:

DPS, 2004 Adult DUI Offenses

DPS, 2004, Juvenile DUI Offenses

SEW, UCONN, 2005 Alcohol Involved SA Treatment Admissions Ages 12-20

DMHAS, 2005, Underage Alcohol Involved Treatment Admissions

Wallingford Youth Services CTC School Survey, 2003

SDE, 2006-07. Alcohol Use/Possession Incidents Resulting in Disciplinary Action

GPIY. 2000 Recent Alcohol Use

DPS, 2004 Liquor Law Violations

Rushford Center 2008, Treatment data and SPG SIG Assessment document

NSDUH 2002-2004

SDE 2006-07 Tobacco Use/Possession Incidents Resulting in Disciplinary Action

Sub-Region 2A Substance Abuse Profile

Alcohol

Consumption

Alcohol is the most commonly used substance nationally and statewide. According to DMHAS 2007 data on the primary drug of abuse reported at admission to treatment in CT, 34.63% of patients list alcohol as their primary substance of abuse. In Meriden alcohol abuse is reported for 35.28% of admissions, and Wallingford is reported at 27.82% of admissions for alcohol abuse.

Data from the statewide GPIY from 2000 on recent alcohol use by students would indicate that a significant increase in the percentage of students who have consumed alcohol in the past 30 days occurs between 8th and 10th grade.

Both towns rank higher than state averages for all ages.

Area	Grades 7-8	Grades 9-10
CT	24.0	46.2
Meriden	24.5	47.7
Wallingford	25.8	50.1

Anecdotal data indicates that alcohol use is commonplace in the teen population and a topic of discussion particularly with the high school population in Wallingford. Common perception is that house parties with alcohol are more common in Wallingford than Meriden, however both communities have small groups of students who drink together or bring alcohol to school.

There are 182 liquor permit teens in the sub-region with 94 in Wallingford and 88 in Meriden. In a 2006 compliance check in Meriden, two out of 10 off premise outlets sold to minors. This failure rate is higher than the statewide average.

A focus group of Meriden parents conducted in Feb. 2007, according to SPF SIG data from Rushford Center, indicated that parents do not feel it is wrong for their children to drink alcohol and most are unaware of the consequences of the house party law. Many of these parents feel that since they consumed alcohol during their teen years, it is an expected rite-of-passage for youth."

Consequences

Driving Under the Influence and Alcohol Involved Accidents rates for the sub-region indicate are nearly all higher than comparable regional and state rates. These data indicate that both towns rank higher than the regional rate for adult DUI. In 2004 the DUI rate for adults in Meriden was 30.5, with Wallingford at 65.7. This compares with the South Central region rate of 24.2 and the state rate of 41.1

Likewise DUI rates for juveniles for the same time period place Meriden at 2.0, Wallingford at 2.9. This compares to the South Central regional rate of 1.4 and the state rate of 1.8.

Alcohol involved accidents in 2006 place both towns over the regional and state rates.

Area	Rate
CT	5.21
South Central Region	5.16
Sub-region 2A	7.21
Meriden	6.18
Wallingford	8.6

Availability and driving under the influence are major areas of concern for the sub region.

Underage alcohol involved treatment admissions in 2005 place Meriden (30.2) close to the state rate of 30.6 and Wallingford with a lower rate (15.2). Overall the South Central regional rate is 26.1. The overall assessment of the intake data at Rushford Center (the largest treatment center in the region) points to alcohol usage as a primary substance of abuse at intake.

Alcohol use/possession incidents that have resulted in disciplinary action in 2006-07 indicate that 6 such incidents occurred in the Meriden schools and 16 occurred in the Wallingford schools. Anecdotal information from high school students includes students drinking alcohol during school hours from "water" bottles.

Liquor law violations in 2004 data indicate that both adult and juvenile rates are lower than both the regional and state rates.

The local VNA reports that alcohol plays a large part in the lives of the families that are referred to them for services by the CT Department of Children and Families.

Readiness and Capacity

With respect to teen alcohol consumption, local collaborations do address the issue particularly in Wallingford. School chapters of SADD and the Youth Service Bureau Peer Advocates work with teens on a variety of issues, which recently have included driving and alcohol use. The Local Prevention Council and the Wallingford Board for Youth have also implemented programs for teens and community awareness.

TIPS (Training Intervention Procedures) classes for alcohol permit teens are held once a year by the RAC and the Wallingford Police Dept. is also active in working with retail establishments.

The sub-region has a SPF SIG grantee, Rushford Center that is currently addressing local underage alcohol use.

Meriden and Wallingford Police Departments conduct regular compliance checks. A large number of positive youth development programs are conducted in both communities.

According to the Priority Ranking Matrix completed by CNAW participants in Sept. 2008, the Magnitude of the problem is high-highest, the Impact is high-highest, the Changeability is medium-high, and the Readiness is high.

Data Limitations:

Data for Sub-Region 2A is limited by a lack of student survey data. The sub-region does not have a college/university and is served by a community college site without student housing. School survey data is available from 2003 from Wallingford only.

The 2A Sub-Region is within the South Central CT region, which includes all of Middlesex County, five towns in the Ansonia valley, and 15 towns in Greater New Haven. Any comparisons within this grouping must note the diversity of population demographics.

Sub-Region 2A Substance Abuse Profile

Tobacco

Consumption

The 2003 CT Adult Household Survey found that 21% of the state's population age 18 or older was currently using tobacco. The 2003 National Survey of Drug Use and Health (NSDUH) reported a slightly lower prevalence of cigarette smoking in CT compared to the nation (18.6% vs. 22.2%). Data over time from the survey shows that cigarette smoking in Ct has been falling since 1999.

Tobacco use in the schools results in suspension and follow up tobacco education classes conducted by the RAC and the Wallingford Youth Services Bureau. In the 2006-07 school year 38 students in Meriden and 11 students in Wallingford were seen by these programs.

Consequences

In CT, more than 5,400 people annually die from smoking-related diseases. Smoking increases the risk of heart disease, cancer, stroke and chronic lung disease. Heart disease is the leading cause of death in the US and in CT, and the leading cause of heart disease is smoking.

Readiness and Capacity

For the past several years the schools in both towns have actively responded to student's caught smoking on school grounds. In addition to any school suspension, students participate in tobacco/smoking education programs provided by the RAC or YSB.

Smoking cessations programs are limited, however the Meriden Health Dept. and the Wallingford VNA do conduct classes.

According to the Priority Ranking Matrix completed by CNAW participants in Sept. 2008, the Magnitude of the problem is medium-high, the Impact is medium-high, the Changeability is medium-high, and the Readiness is high.

Data Limitations:

The results of the DMHAS administered online survey of readiness/capacity will be added to this report when the data becomes available.

Data for Sub-Region 2A is limited by a lack of student survey data. The sub-region does not have a college/university and is served by a community college site without student housing.

The 2A Sub-Region is within the South Central CT region, which includes all of Middlesex County, five towns in the Ansonia valley, and 15 towns in Greater New Haven. Any comparisons within this grouping must note the diversity of population demographics.

Sub-Region 2A Substance Abuse Profile

Marijuana

Consumption

Marijuana is the Nation's most commonly used illicit drug and is the illicit drug of choice in CT.

According to data from DMHAS for 2007, marijuana (hashish, THC) was listed as the Primary Drug at Admission for Treatment for 8.6% of patients in the state who entered any type of drug treatment program. In Meriden this rate was 4.60% and Wallingford was at 3.87%.

According to school personnel in both towns, the use of marijuana is a major concern with the student population. Several cases have involved the sale of marijuana by students whose families know of the activity and are active participants in the sales. Anecdotal data included the sale of marijuana by students on campus.

The general consensus of the CNAW was that marijuana is prevalent in the teen population and not seen by students as a very risky behavior.

Consequences

Although not all drug related arrests are directly related to marijuana, for purposes of this analysis the DPS 2004 drug related rates will be used as indicators.

Adult Drug Related Arrests	Percent
CT	56.5 %
South Central Region	41.36%
Sub-region 2A	33.38%
Meriden	49.10%
Wallingford	12.09%

Juvenile Drug Related Arrests	Percent
CT	28.0%
South Central Region	21.97%
Sub-region 2A	20.16%
Meriden	32.07%
Wallingford	2.91%

The data indicate that for both adults and juveniles, the drug related arrests in Meriden are significantly higher than those in the Wallingford community.

Marijuana has been shown to compromise the ability to learn and remember information, often leading to adverse behavioral changes and lowered school performance. School attendance and completion is influenced by a variety of factors including drug and alcohol use. The CT State Epidemiological Workgroup (SEW) uses the high school drop out rate and drug related suspension rates as Indicators for Consideration for marijuana use.

Area	HS Dropout Rate in 2004	Illegal Drug Related Suspension / Expulsion in 2005-06
CT	8.8	1.32
South Central Region	5.8	13.1
Meriden	11.1	14.8
Wallingford	4.5	6.2

Readiness and Capacity

According to the Priority Ranking Matrix completed by CNAW participants in Sept. 2008, the Magnitude of the problem is high, the Impact is medium/high, the Changeability is medium, and the readiness is high.

Data Limitations:

The results of the DMHAS administered online survey of readiness/capacity will be added to this report when the data becomes available.

Data for Sub-Region 2A is limited by a lack of student survey data. The sub-region does not have a college/university and is served by a community college site without student housing.

The 2A Sub-Region is within the South Central CT region, which includes all of Middlesex County, five towns in the Ansonia valley, and 15 towns in Greater New Haven. Any comparisons within this grouping must note the diversity of population demographics.

DATA SOURCES:

DPS Drug Related Arrests 2004
CT SDE 2004 High School Drop Out Rate
CT SDE 2005-06 Illegal Drug Related Suspension/Expulsion
DMHAS 2007 Primary Drugs Reported at Admission

Sub-Region 2A Substance Abuse Profile

Cocaine

Consumption

According to the National Office of Drug Control Policy, cocaine (powdered and crack) is the second highest illicit drug threat after heroin. The average age of cocaine initiation was 21 years in 2001.

According to DMHAS 2007 treatment admission data, 14.0% of statewide admissions identify Cocaine/Crack as their primary drug of abuse. This compares to 16.8% of Meriden drug treatment admissions and 9.85% of Wallingford resident admissions.

Law enforcement members of the CNAW note cocaine as a drug of concern, particularly in Meriden.

Consequences

Violent Crime in CT 2004	Percent
CT	30.1%
Region 2	38.3%
Meriden	35.4%
Wallingford	4.0%

Consideration of cocaine use.

Negative physical consequences of cocaine use include heart disease, lung damage, renal failure and infections, including HIV and hepatitis B or C. Persons listed in the HIV/AIDS case data in the heroin usage section of the report may have been at risk due to cocaine use.

Readiness and Capacity

According to the Priority Ranking Matrix completed by CNAW participants in Sept. 2008, the Magnitude of the problem is low-medium, the Impact is medium, the Changeability is low-medium, and the Readiness is medium.

Data Limitations:

The results of the DMHAS administered online survey of readiness/capacity will be added to this report when the data becomes available.

Data for Sub-Region 2A is limited by a lack of student survey data. The sub-region does not have a college/university and is served by a

community college site without student housing.

The 2A Sub-Region is within the South Central CT region, which includes all of Middlesex County, five towns in the Ansonia valley, and 15 towns in Greater New Haven. Any comparisons within this grouping must note the diversity of population demographics.

DATA SOURCES:

DPS 2004 Crime Statistics
DMHAS 2007 Treatment Admission Data

Sub-Region 2A Substance Abuse Profile

Heroin

Consumption

The limited student survey data within the Sub-Region 2A does not include data on cocaine, heroin or prescription drug use. Therefore, we have no local data to present on sub-regional cocaine use. Even the NSDUH sub-state data that has been provided uses illicit drug use broadly for anyone 12 and older. This data is not very helpful in determining 12-20 use for specific drugs.

CNAW members have been becoming a little more concerned with heroin. There is the consistent and dangerous threat related to dealing heroin in some of the more urban communities. Gang violence related to more hard core drug dealing (cocaine and heroin), has been devastating in the Hartford community. The mix of gangs and drug dealing has resulted in guns and death in the community.

In addition, some of the more suburban towns have started to hear and see more heroin use. This is a growing concern.

While CNAW members overall rated heroin #4 in the priority ranking matrix, urban CNAW members rated the heroin problem on par with alcohol, but felt the potential for change and readiness levels were lower than the higher ranked substances..

Consequences

There is only little anecdotal heroin related consequence data available in the Sub-Region 2A, and as such is a weakness of the data presented here. Even the school survey data that has been collected regarding substance use consequences is mostly related to alcohol use, and therefore not applicable for the most part to heroin use.

Sub-Region 2A Substance Abuse Profile

Misused Prescription Drugs

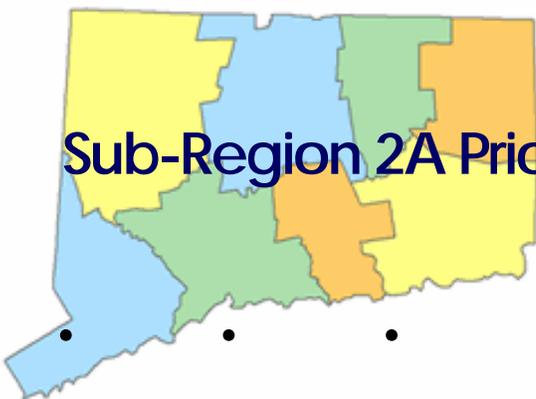
Consumption

The limited student survey data within the Sub-Region 2A does not include data on cocaine, heroin or prescription drug use. Therefore, we have no local data to present on sub-regional cocaine use. Even the NSDUH sub-state data that has been provided uses illicit drug use broadly for anyone 12 and older. This data is not very helpful in determining 12-20 use for specific drugs.

CNAW members reported that prescription drug misuse in the Sub-Region 2A has not risen to the level of concern seen elsewhere. This is an issue to watch closely, as some CNAW members are hearing about and seeing more use of oxycontin. In some cases, use of oxycontin has led to the use of cocaine among youth in the sub-region. Our CNAW rated prescription drug misuse as the lowest priority of the six substances.

Consequences

There is only little anecdotal misuse of prescription drug use related consequence data available in the Sub-Region 2A, and as such is a weakness of the data presented here. Even the school survey data that has been collected regarding substance use consequences is mostly related to alcohol use, and therefore not applicable for the most part to prescription drug misuse.



Sub-Region 2A Priority Ranking Matrix

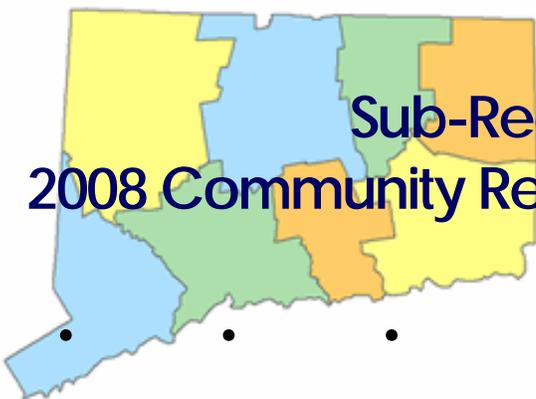
Sub-Region 2A Priority Ranking Matrix

Based upon the community data on the prevalence, short- and long-term consequences, and the CNAW member knowledge of how likely the use, misuse or abuse of a substance is amenable to change (through prevention strategies including changes in societal norms) and on readiness/capacity survey findings, each CNAW member should rate each category with the following scale:

Rating Scale: 1=Lowest 2=Low 3=Medium 4=High 5=Highest

The values in the table below represent the arithmetic mean on the scores provided by the individual CNAW members.

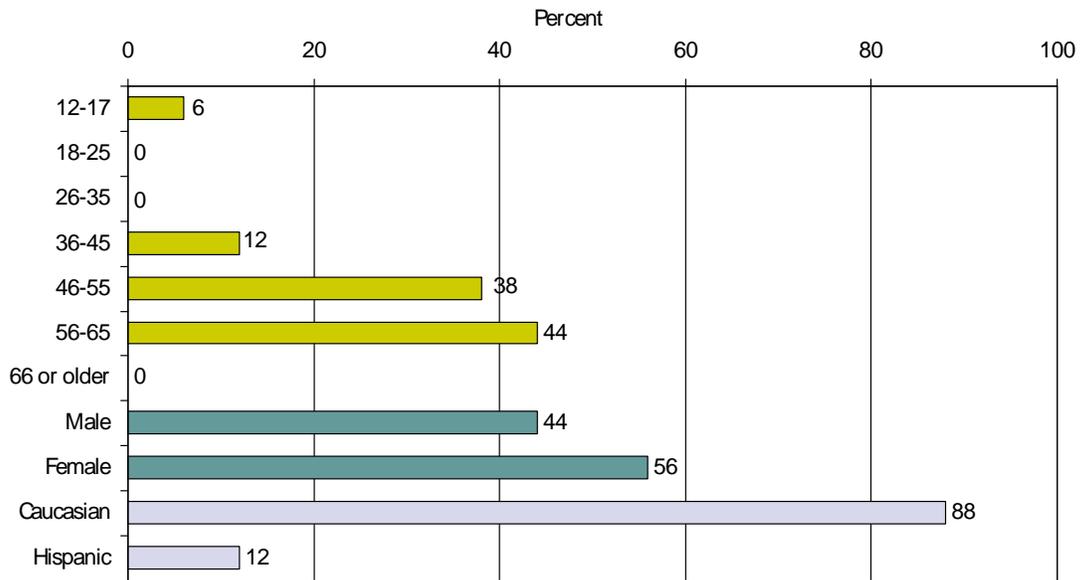
Substance	Magnitude	Impact	Changeability	Readiness/ Capacity	Priority Ranking
Alcohol	4.23	4.38	3.61	4.07	16.29
Tobacco	3.38	3.53	3.53	4.3	14.74
Marijuana	3.76	3.53	3.0	3.53	13.82
Cocaine	2.69	3.3	2.38	2.84	11.21
Heroin	2.69	3.3	2.69	3.15	11.83
Prescription drugs	3.25	3.58	3.16	3.25	13.24



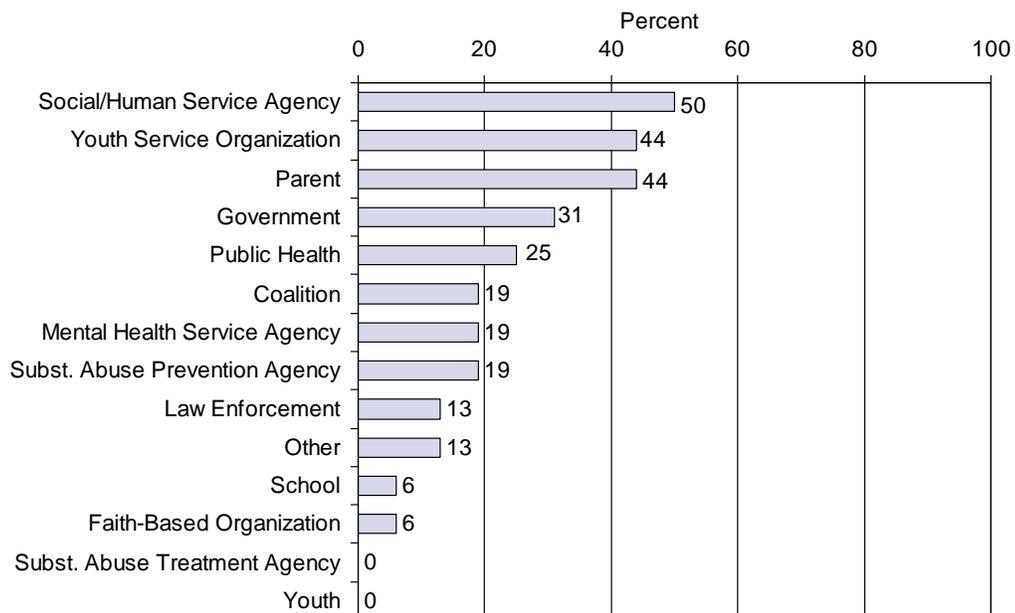
Sub-Region 2A 2008 Community Readiness Assessment



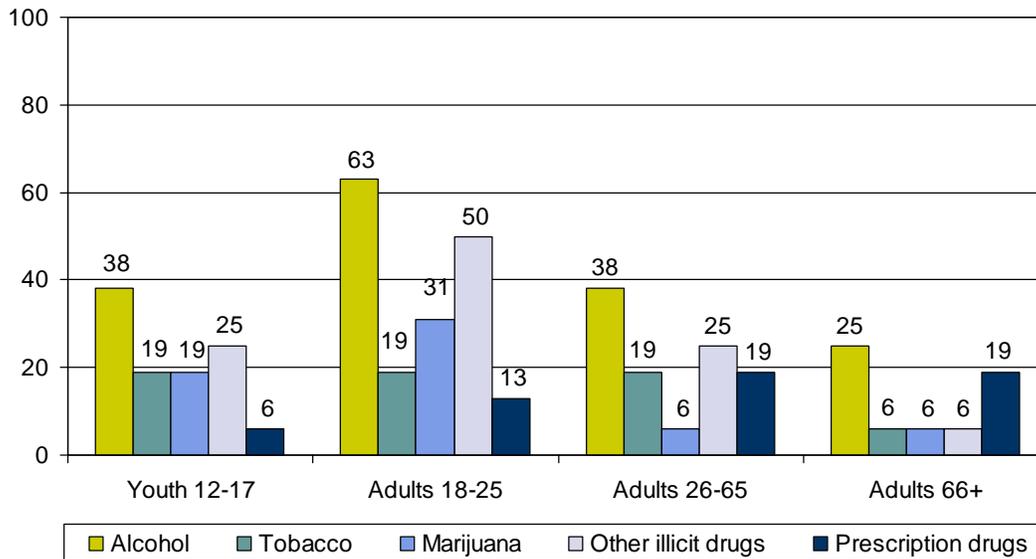
Key Informant Demographics



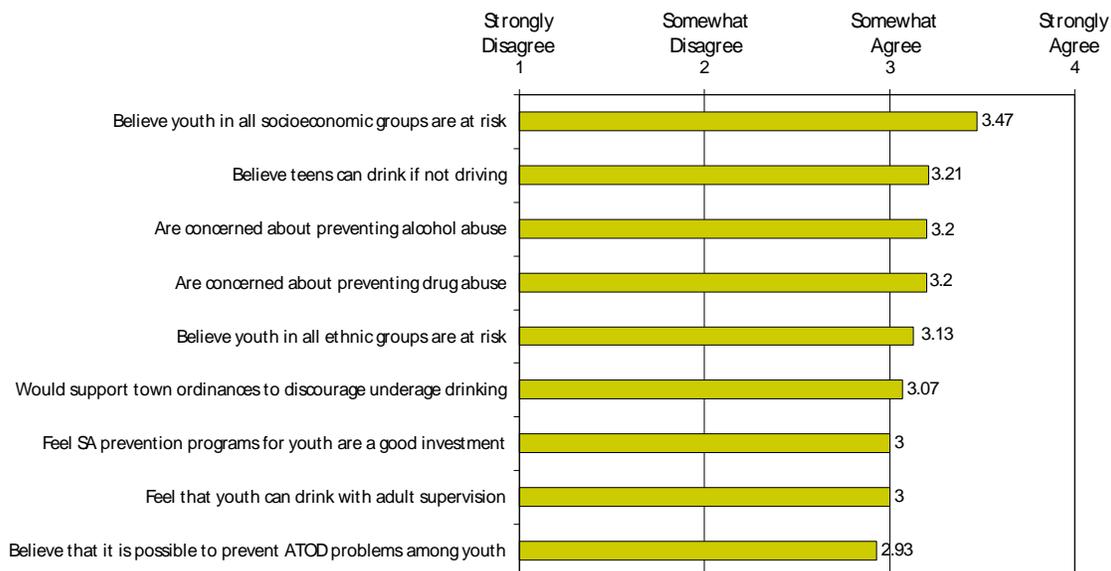
Key Informant Stakeholder Affiliation



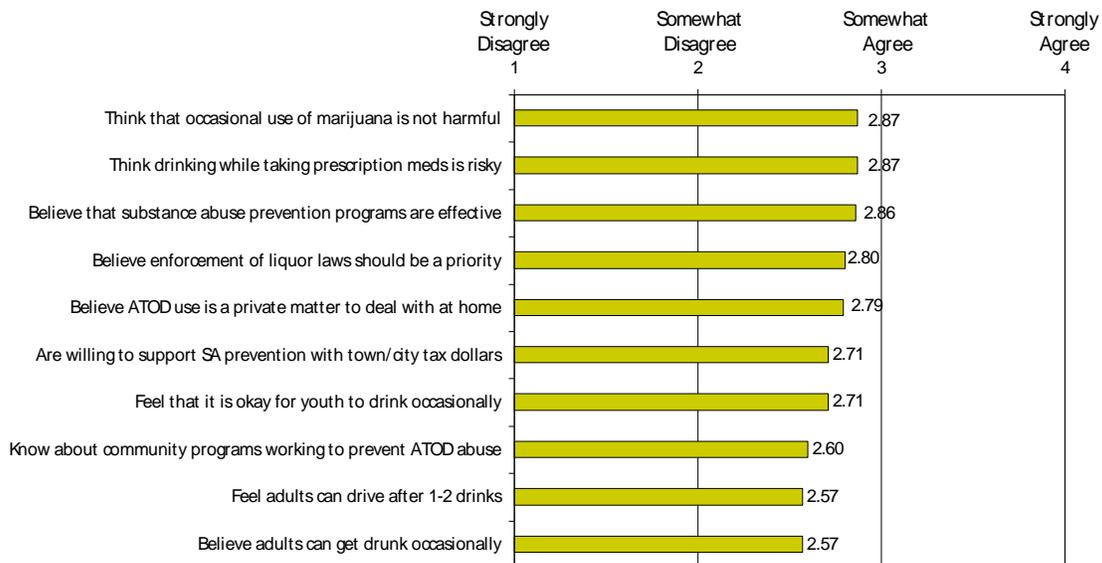
Perceived Community Attitude that a Substance is a “Significant Problem” in Different Age Groups in the Community



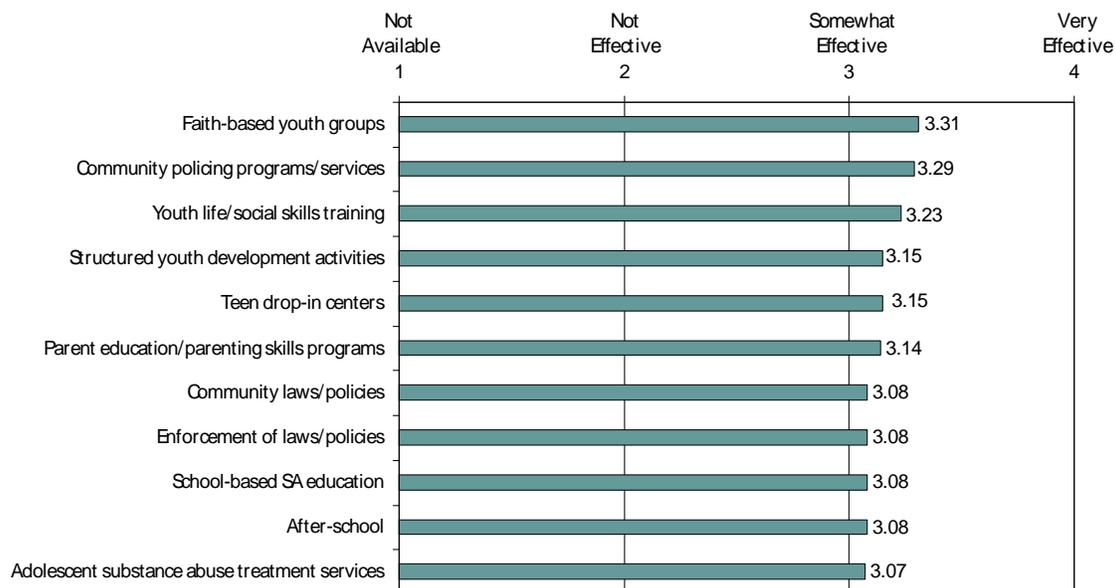
Key Informant Agreement that “Most” Community Residents:



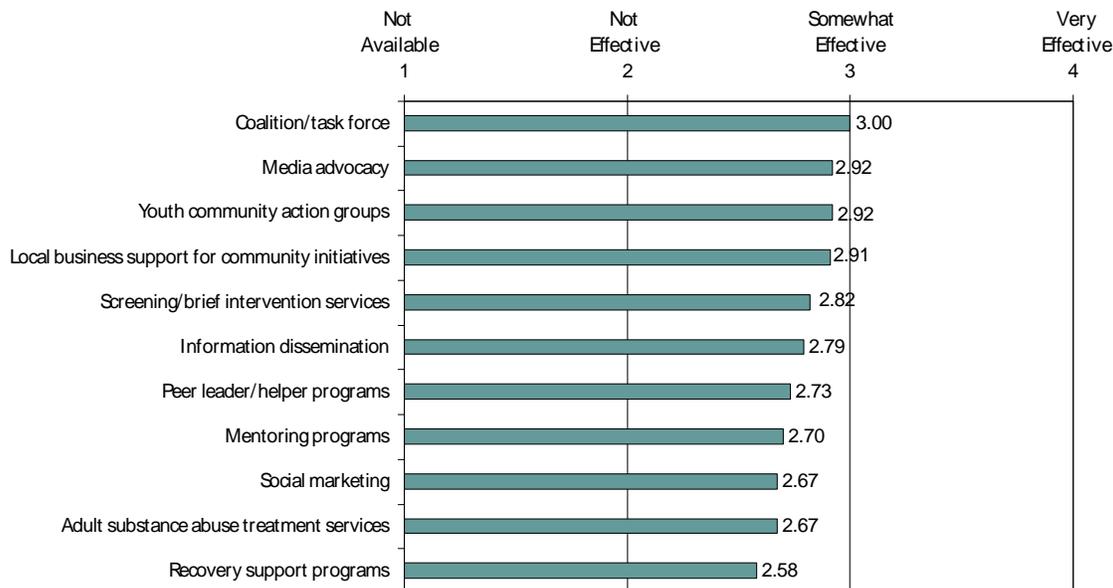
Key Informant Agreement that “Most” Community Residents:



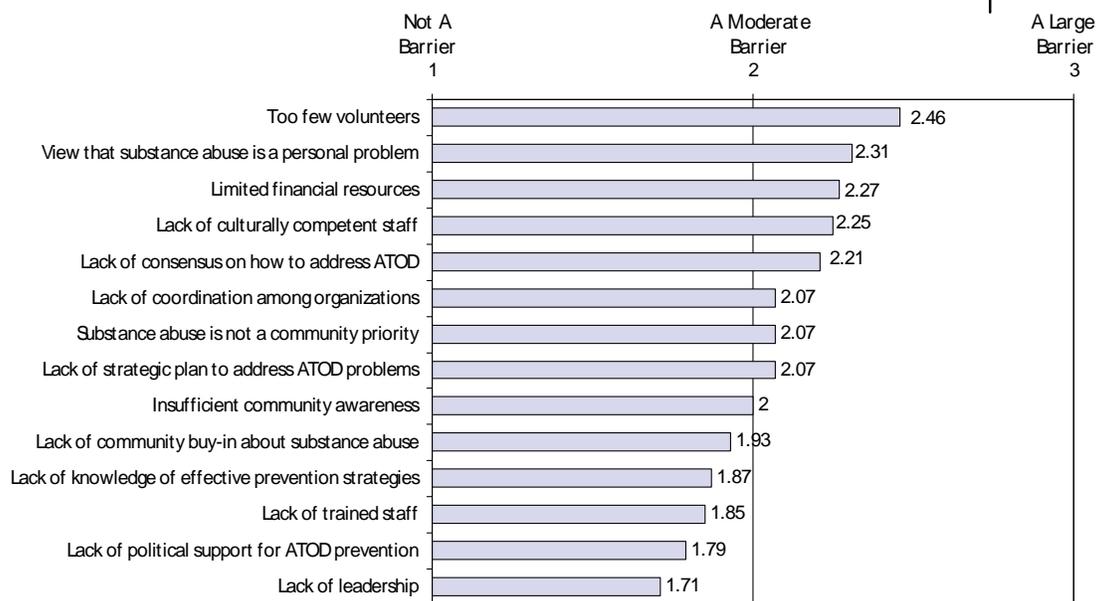
Key Informant Ratings of Substance Abuse Prevention Strategies in the Community



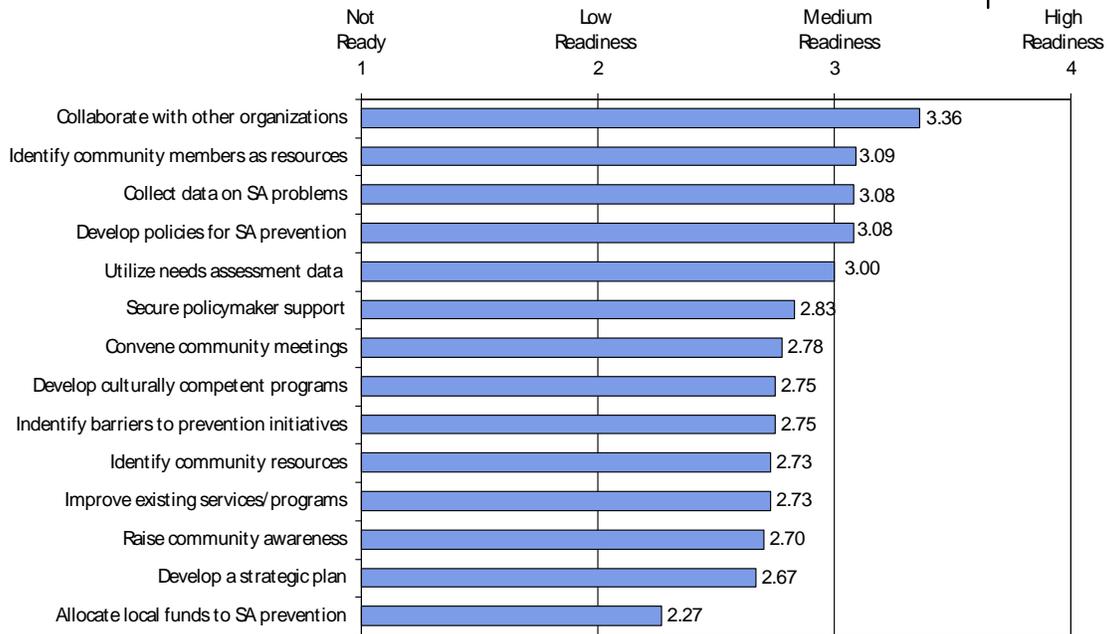
Key Informant Ratings of Substance Abuse Prevention Strategies in the Community



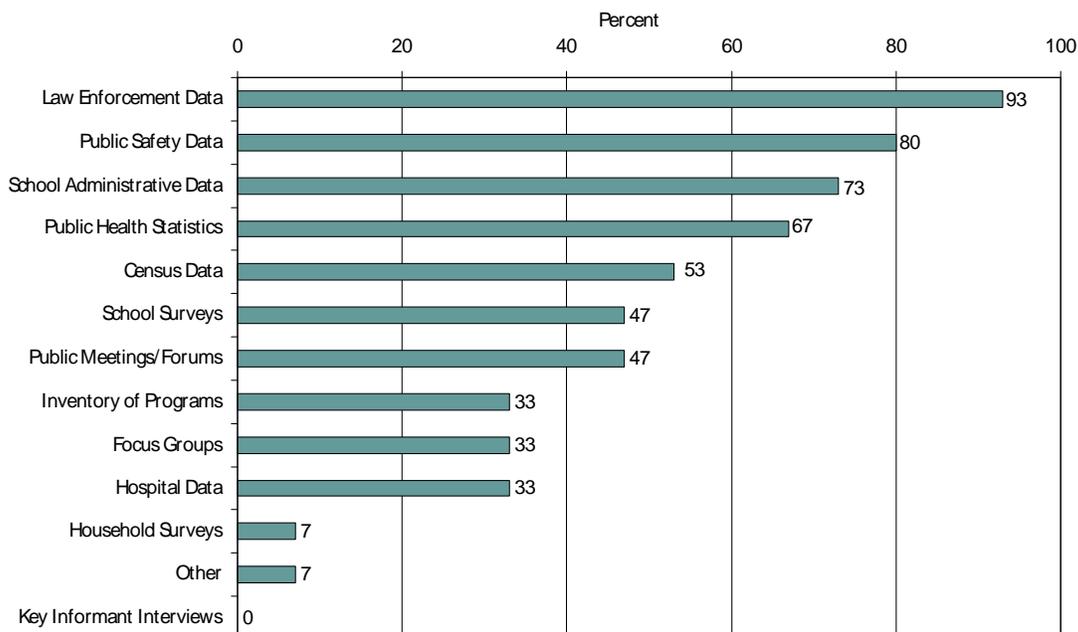
Perceived Barriers to Substance Abuse Prevention Activities in the Community



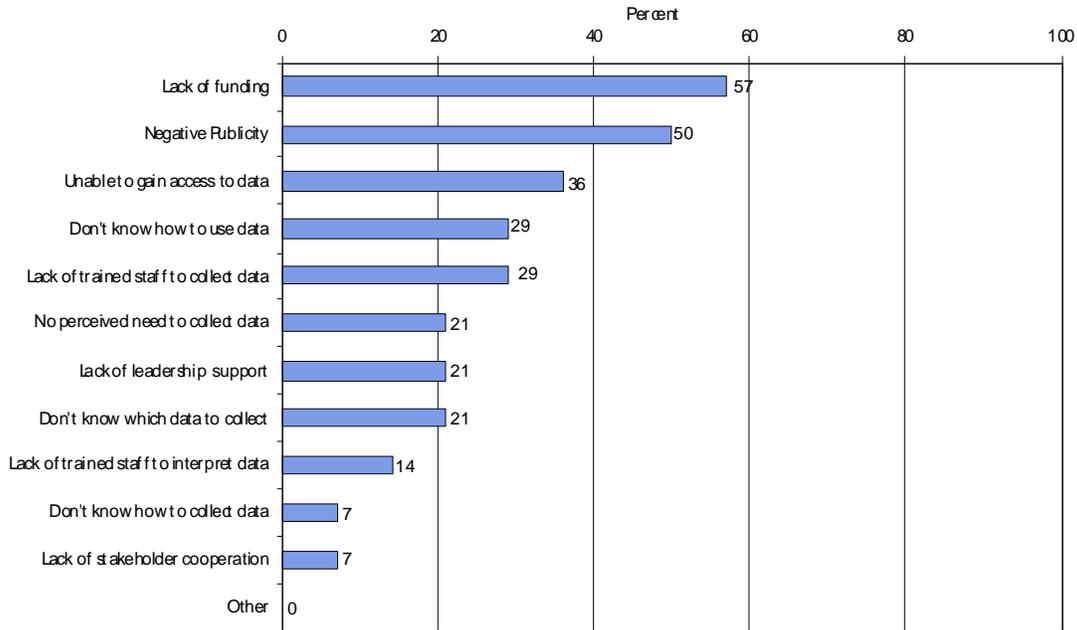
Key Informant Ratings of Community Readiness for Substance Abuse Prevention Planning Activities



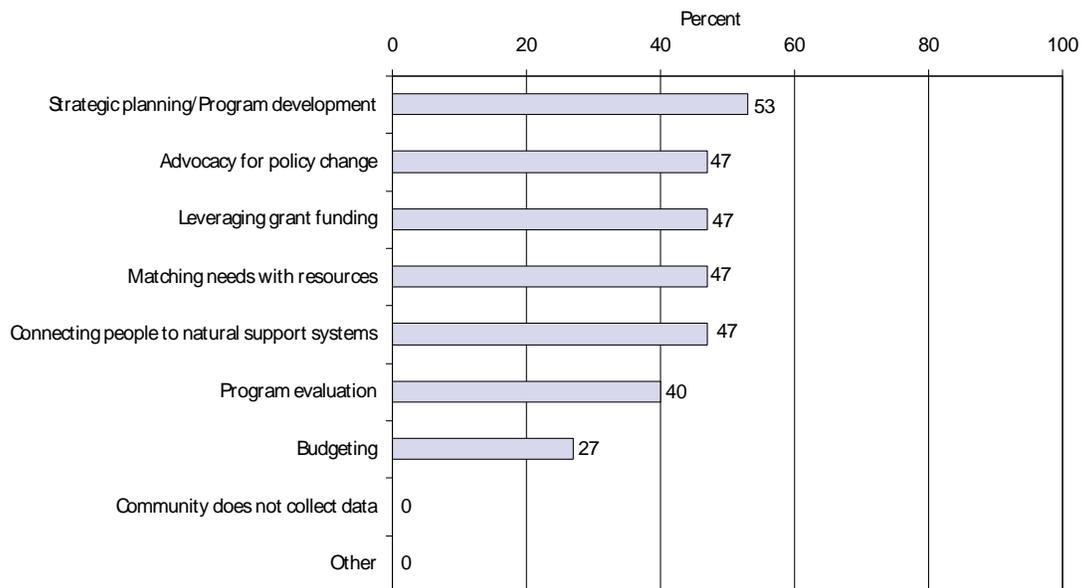
Availability of Substance Abuse Prevention Data



Barriers to Collecting Data



Community Use of Substance Abuse Prevention Data



Key Informant Ratings of the Community Stage of Readiness for Substance Abuse Prevention



Community Stage of Readiness for Substance Abuse Prevention	STATE Score
1. Tolerates or encourages substance abuse	1%
2. Has little or no recognition of substance abuse problems	12%
3. Believes a substance abuse problem exists, but awareness is only linked to one or two incidents involving substance abuse	17%
4. Recognizes a substance abuse problem and leaders on the issue are identifiable, but little planning has been done to address problems and risk factors	24%
5. Is planning for substance abuse prevention is focused on practical details, including seeking funds for prevention	17%
6. Has enough information to justify a substance abuse prevention program and has great enthusiasm for the initiative	5%
7. Has created policies and/or more than one substance abuse prevention program is running with financial support and trained staff	13%
8. Views standard substance abuse programs as valuable, new programs are being developed for at-risk populations, and there is ongoing evaluation	7%
9. Has detailed and sophisticated knowledge of prevalence, risk factors and program effectiveness, and programming is tailored by trained staff to address community risk factors	4%
Mean State Stage of Readiness (n=414)	4.73
Mean Sub-Region 2A Stage of Readiness (n=15)	5.8