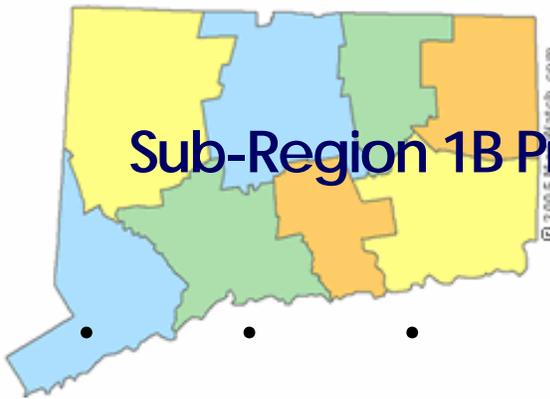


State of Connecticut
Department of Mental Health & Addiction Services
Prevention and Health Promotion Unit



Sub-Region 1B Prevention Priority Report

Prepared by
Mid-Fairfield Substance Abuse Council
October 2008

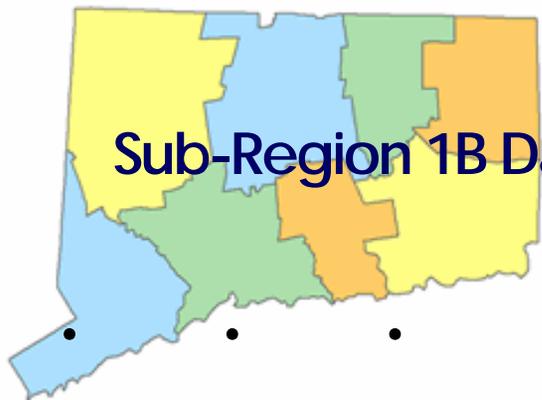
Thomas A. Kirk, Jr., Ph.D.
Commissioner



Dianne Harnad, MSW
Director of Prevention



Executive Summary



Sub-Region 1B Data and Information Tables

Prepared by
Mid-Fairfield Substance Abuse Council
October 2008

Table 1. Community Needs Assessment Workgroup

Member Name	Community Sector Represented	Contribution to Sub-Regional Prevention Priority Report
Carla Gisolfi	School Based Health Center	
Aurora Darrach	LPC, Westport's First Night	
Colleen Fawcett	LPC, Wilton Youth Council	
Celeste McGeehan	LPC, Alcohol & Drug Awareness Program of Weston (ADAP)	
Ella Dunlap	Tenant Association, Washington Village Housing Development	
Novelette Peterkin	Carver Community Center	
Tangula Dunbar	Midwestern Connecticut Council on Alcoholism (MCCA)	
Carolyn Fuller	System of Care	
Debbie Ross Williams	YMCA	
Lynette Gibson	City of Norwalk Health Dept.	
Chief Harry Rilling	Norwalk Police Dept.	

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	3,40,565	48.4	51.6	81.6	9.1	2.4	9.4	\$53,935	7.9
Region 1	661,163	48.0	51.9	76.1	8.1	3.0	13.3	\$91,340	4.6
Sub-Region 1B	136,370	48.5	51.5	90.0	4.4	2.2	5.25	116,959	6.9
Norwalk	82,951	49.0	51.0	73.9	15.2	3.2	15.6	59,839	7.2
Weston	10,037	49.0	51.0	95.7	.8	1.9	2.0	146,697	1.89
Wilton	17,633	48.0	52.0	95.5	2.0	2.0	1.5	141,428	2.90
Westport	25,749	48.0	52.0	95.1	2.0	2.0	2.0	119,872	2.57

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	Past 30 Day Alcohol Use %	Past 30 Days Alcohol Use %	School Incidents #
	GPIY, 2000		CT SHS, '05/YRBSS	CT SHS, '05/YRBSS	NSDUH, 2002-2004	NSDUH, 2002-2004	BRFSS, 2006	S.I. & MCSAAC 2006-08	S.I. & MCSAAC 2006-08	CT SDE 2006-07
	Grade 7-8	Grade 9-10	Grade 9-12	Grade 9-12	Ages 12 and older	Ages 12 and older	Ages 18 and older	Grade 7 - 8	Grade 9 - 12	Grade 7 - 12
United States	-	-	43.3	25.5	50.38	22.8	55.4	15.4		-
Connecticut	24.0	46.2	45.3	27.8	59.65	24.15	63.4	14.5	71.4	53.6
Region		57.0								
Eastern	-	-	-	-	59.72	25.82	-	-	-	-
North Central	-	-	-	-	58.71	24.49	-	-	-	-
Northwestern	-	-	-	-	63.27	24.49	-	-	-	-
South Central	-	-	-	-	58.18	24.02	-	-	-	-
South West	-	-	-	-	59.54	22.48	-	-	-	-
Sub-Region 1B										
Norwalk	21.6	42.1	-	-	-	-	-	-	-	-
Weston	23.3	53.8	-	-	-	-	-	-	-	-
Wilton	20.1	44.9	-	-	-	-	-	-	-	-
Westport	17.8	44.9	-	-	-	-	-	-	-	-

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

Table 4. Tobacco

Area	Recent Cigarette Use (%)		Past Month Tobacco Use (%)	Past Month Cigarette Use (%)	Past 30 Day Use Tobacco
	GPIY, 2000		CT SHS, '05/YRBSS	NSDUH, 2002-2004	BRFSS, 2006
	Grade 7-8	Grade 9-10	Grade 9-12	Ages 12 and older	Ages 18 and older
United States	-	-	23.0	25.46	20.1
Connecticut	12.1	23.5	18.1	23.95	17.0
Regions					
Eastern	-	-	-	25.02	-
North Central	-	-	-	24.50	-
Northwestern	-	-	-	26.27	-
South Central	-	-	-	23.51	-
South West	-	-	-	20.97	-
Sub-Region 1B					
Norwalk	9.3	19.0			
Weston	2.4	14.6			
Wilton	6.3	19.1			
Westport	7.2	20.1			

* 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 (%)	Past 30 Day Marijuana/Hashish Use (%)
	GPIY, 2000		CT SHS, '05/YRBSS	NSDUH, 2002-2004	CORE, 2006
	Grade 7-8	Grade 9-10	Grade 9-12	Ages 12 and older	College Students
United States	-	-	20.2	6.12	-
Connecticut	7.2	22.0	23.1	6.73	23.2
Regions					
Eastern	-	-	-	7.38	-
North Central	-	-	-	6.59	-
Northwestern	-	-	-	8.88	-
South Central	-	-	-	6.45	-
South West	-	-	-	4.96	-
Sub-Region 1B					
Norwalk	2.7	10.4	-	-	-
Weston	2.8	11.5	-	-	-
Wilton	2.7	17.9	-	-	-
Westport	2.1	13.6			

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

Table 6. Cocaine

Area	Recent Cocaine Use (%)		Past Month Cocaine Use (%)	Last Year Cocaine Use (%)	Past 30 Day Cocaine Use (%)
	GPIY, 2000		CT SHS, '05/YRBSS	NSDUH, 2002-2004	CORE, 2006
	Grade 7-8	Grade 9-10			Grade 9-12
United States	-	-	3.4	2.46	-
Connecticut	0.8	1.7	4.1	2.14	3.0
Regions					
Eastern	-	-	-	2.31	-
North Central	-	-	-	2.03	-
Northwestern	-	-	-	2.12	-
South Central	-	-	-	2.21	-
South West	-	-	-	2.10	-
Sub-Region 1B					
Norwalk		1.7	-	-	-
Weston	-	2.1	-	-	-
Wilton	-	-	-	-	-
Westport	-	-	-	-	-

* 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 (%) GPIY, 2000		Lifetime Heroin Use (%) CT SHS, '05/YRBSS
	Grade 7-8	Grade 9-10	Grade 9-12
United States	-	-	2.4
Connecticut	0.6	0.9	4.3
Sub-Region 1B			
Norwalk	-	-	-
Weston	-	2.1	-
Wilton	-	-	-
Westport	-	-	-

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

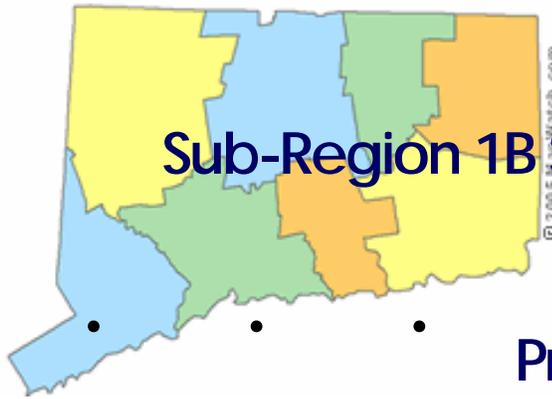
Table 8. Prescription Drug Misuse

Area	Past Year Non-medical Use of Pain Relievers (%) NSDUH, 2002-2004 Ages 12 and older
United States	4.76
Connecticut	4.13
Region	
Eastern	4.99
North Central	3.57
Northwestern	4.78
South Central	4.02
South West	3.98
Sub-Region 1B	
Norwalk	-
Weston	-
Wilton	-
Westport	-

Table 9. Other Illicit Drugs

Area	Recent Other Illicit Drug Use (%)		Past Month Other Illicit Drugs Excl Marijuana (%)
	GPIY, 2000		NSDUH, 2002-2004
	Grade 7-8	Grade 9-10	Grade 7 - 12
United States	-	-	3.64
Connecticut	3.0	7.0	3.33
Region			
Eastern	-	-	3.94
North Central	-	-	3.24
Northwestern	-	-	3.33
South Central	-	-	3.39
South West	-	-	2.98
Sub-Region 1B			
Norwalk	-	-	-
Weston	-	-	-
Wilton	-	-	-
Westport	-	-	-

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



Sub-Region 1B Substance Abuse Profiles

Prepared by
Mid-Fairfield Substance Abuse Council
October 2008

Sub-Region 1B Substance Abuse Profile

Alcohol

Consumption

Based on the GPIY report of 2000, the Sub-Region 1B saw a substantial amount of youth in grades 7th-8th drinking excessively at a 20.7% rate among youth. Norwalk and Weston were at the highest rate 23.3% and 21.6% while Wilton and Westport were 20.1% and 17.8% respectively. As youth progressed to the 9th and 10th grades the amount of youth drinking excessively increased significantly in Wilton, Weston, and Westport. The Norwalk youth excessive drinking population went from 21.6% to 42.1% in the same time period. Weston's rates increased from 21.6% to 53.8%. Wilton's number increased from 20.1% to 44.9% and Westport increased from 17.8% to 44.9%. Weston had the greatest increase from 7th to 10th grade in the sub-region reflecting 30.5%

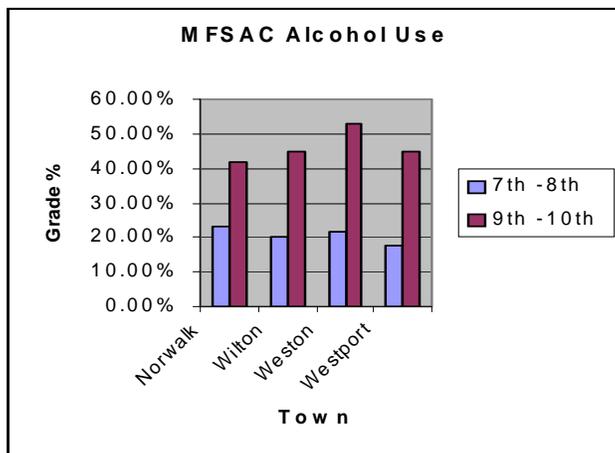
The most recent Strategic Prevention Survey (2007) conducted by Positive Directions' Center for Prevention and Recovery in partnership with the Wilton Youth Council revealed lower consumption trends among younger youth. Compared to National averages, both lifetime and recent drinking of alcoholic beverages were less prevalent among Wilton youth through 9th grade, equal in prevalence by 10th grade and exceeded State and National averages in grades 11th and 12th.

Prevalence of drinking within the previous 30 days by youth in grades 7th-8th were constant at 17%-20% in 2000, declined to 11% in 2002, and declined further to 7% in 2007. The decline among youth in grades 7th-8th appears to presage a subsequent decrease among youth in grades 9th-10th and in grades 11th-12th to a lesser degree. Despite decrease among younger youth the prevalence of drinking among youth over age 16 remains higher than State and National averages. These patterns are representative of findings for the towns of Weston, Wilton, and Westport within the sub-region that share similar demographics.

Consequences

The Southwest Region shows a significant higher rate of alcohol related suicides of 6.4 compared to the State rate of 1.50 based on a per 10,000 population. Based on a focus group among ADAP board members, parents participating have expressed a concern for their children putting too much pressure on themselves to be accepted among their peers and gaining acceptance into Ivy League institutions of higher learning.

The Regional Action Council of Mid-Fairfield had comparable rates of (5.3) of alcohol related accidents to the State (5.9) based on per 10,000 population. Norwalk had a slightly higher rate of 6.4 compared to the State of Connecticut. Weston and Wilton had rates of 3 and 1.7 which is considerably lower than the State



average. Westport's rate of 5.0 is comparable to the rates for the State of Connecticut.

Norwalk has exceeded the State average of 4.64 per 100,000 people with 4.82. Weston and Wilton had 0% fatalities while Westport had an even higher rate than the State of 7.27 or 2 fatalities for a population of 25,749.

Based on Connecticut's Info line 211 statistics of 2007, Statewide Alcohol Inpatient Detoxification and Alcohol Dependency support groups received 2,289 and 3,216 calls respectively. Calls for sober living homes were 1,731. Only residential substance abuse treatment and inpatient drug detoxification received more calls for assistance. Substance abuse treatment calls for Norwalk were 578 in 2006 (a rate of 68 per 10,000 persons) and 419 in 2007 (a rate of approximately 49 per 10,000 residents). This rate was the highest in Mid-Fairfield. Westport had the next highest rate of substance abuse request with 93 in 2006 (at a rate of 34 persons per 10,000 residents). In 2007, there was a decline to 55 requests for substance abuse support at a rate of 20 persons per 10,000 residents. Wilton and Westport each had rates under 20 persons per 10,000 residents. Localized data indicators of substance abuse request are not exclusive to alcohol and may represent other illicit drugs.

Readiness and Capacity

The key informants from the 2008 Readiness and Capacity Assessment in the Mid-Fairfield sub-region identified alcohol as the most significant substance used among youth and young adults ages 12-25 years old. Community members that were 26-65 years old and older perceived drinking as being a minor problem.

Throughout the sub-region, key informants identified that all youth regardless of socioeconomic status are at risk for substance abuse. Informants also identified that residents of the community somewhat agreed that the community as a whole is concerned with preventing alcohol abuse. When asked whether it was okay for adults to get drunk occasionally, most informants somewhat agreed that it was okay. Key informants unanimously identified that enforcement of liquor laws should be a priority for the community in the areas of sales to minors and drunken driving arrests.

Sub-Region 1B Substance Abuse Profile

Tobacco

Consumption

The SPF-SIG Wilton Youth Survey Report of 2007 represents similar demographics for the towns of Westport and Weston within Mid-Fairfield. For three of the four towns within Mid-Fairfield, 6.7% currently smoke cigarettes among 9th graders. This rate significantly declined to 12% cigarette use based on the GPIY Survey Report of 2000. The averages among 9th graders were significantly lower than State averages reflecting 23.5% for 9th and 10th graders. Norwalk, the largest town of the sub-region saw significant increased usage of 9th graders at 19% (GPIY, 2000). Each town within the region experienced significant increases in grades 10th-12th. Norwalk saw increases from 9.1% for 7th and 8th graders to 19% by 9th and 10th grade. Wilton saw increases from 6.7% in 9th grade to 12.1% in 10th grade, 38.7% in 11th grade and 58.4% by 12th grade. Tobacco use among 12th graders in Wilton exceeded the National YRBSS averages of 54.1% among high school seniors.

When ethnic groups were examined, usage among White, African Americans, and Hispanic were equally represented with initial use. White students had the lowest initial usage of 10.7% while Hispanics was the highest at 16.7%. African American students were 12.8% of initial users. By the 10th grade, White students were the highest with a 14% increase (24.9%), African American students rose 5% to 17.3% overall, and Hispanic students had the lowest increase of 3% (19.5%).

Primary sources of cigarettes among youth from 7th-10th grade were from friends. Students in 7th and 8th grade accessed friends 85.8% of the time while 9th and 10th graders obtained contraband (cigarettes) from friends 92.4% of the time. The second highest access to cigarettes was illegal purchases from stores. 7th and 8th graders purchased from stores at a rate of 29.5% and 54.7% for 9th and 10th graders. By 10th grade, 23.5% of youth in Connecticut had reported smoking cigarettes within the last 30 days. One universal trend nationally and throughout Connecticut is the significant increase in cigarette usage from middle school to the end of high school. Data depicting primary sources of cigarettes as well as ethnic groups represented in the consumption of cigarettes is the GPIY Report of 2000.

Consequences

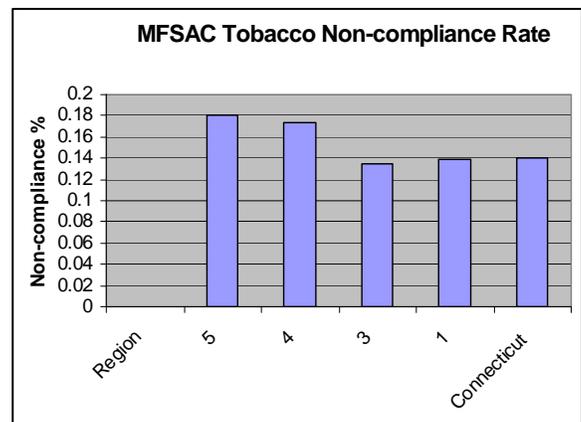
Consequences for cigarette based tobacco use have life threatening affects over the life span. For youth, immediate consequences appear to be low risk due to the long term affects however, cigarettes are the leading cause of death in the United States with approximately over 400,000 deaths per year caused by the adverse affects of smoking. In Connecticut, 4,900 adults die each year due to smoking while 76,000 youth will die prematurely from the affects of smoking. There are

currently 186,000 youth being affected by second hand smoke in the home and 250-700 non-smoking adults that die from second hand smoke exposure.

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. Thousands more die from other tobacco related causes such as fires caused by smoking (more than 1,000 deaths per year nationwide) and smokeless tobacco use. Inconclusive estimates are currently available for the number of Connecticut citizens who engage and die from these other tobacco related causes. In addition there are an increase number of citizens who suffer from tobacco related health problems each year without actually dying. The Department of Revenue Services in partnership with the Department of Mental Health and Addiction Services are responsible for enforcing the Federal Synar Amendment which enforces Connecticut's tobacco laws. This is a key environmental strategy that is implemented throughout the United States. Per Federal regulations, no State may have more than a 20% non-compliance rate. Connecticut's non-compliance rate for 2007 was 14%. Region 5 had the highest rate of non-compliance at 18.1% while South Central Connecticut had the lowest of 6.5%. Region 4, 3, and 1 had 17.3%, 13.5%, and 13.9% respectively.

Readiness and Capacity

The key informants from the 2008 Readiness and Capacity Assessment in the Mid-Fairfield sub-region identified tobacco as the 2nd most significant substance use among youth and young adults' ages 12-17 and 18-25 years old. Tobacco use among community members that were 26-65 years old were perceived as being a minor problem yet identified as a significant problem for



66 and older residents.

Tobacco was also identified with alcohol, prescription drugs, and marijuana as significant problems among youth 12-17 years of age in each of the four towns within the sub-region. Key informants identified a split among attitudes toward tobacco use among 18-65 year old residents. 40% of informants' perceived tobacco as a minor problem while 60% still saw it as a significant problem across the lifespan.

Members of the sub-region were able to identify local coalitions and/or councils that address substance abuse prevention resources in the community and believed that positive youth development programs such as after school programs, peer leader programs, youth community action groups, and structured development activities are being very effective. The two most needed strategies identified in the community was youth life skills training programs on communication, drug refusal, and problem solving along with recreation centers just for youth. Key informants have identified the communities' readiness as medium in the areas of developing a strategic plan, collecting data on the nature of local substance abuse problems, and utilizing needs assessment data to plan prevention programs and policies to initiate these activities. Areas that were low in readiness for the communities in Mid-Fairfield were seeking support for prevention from local policy makers and identifying available financial resources and qualified personnel for substance abuse prevention activities.

Sub-Region 1B Substance Abuse Profile

Marijuana

Consumption

Marijuana is the most commonly used illicit substance in Mid-Fairfield, Connecticut and Nationally. The National Survey of Drug Use and Health showed that the prevalence of current marijuana use has increased in Connecticut from 5.2% in 1999 to 6.2% in 2002.

Based on the GPIY Report of 2000 for Weston, 6.2% of students in 7th and 8th grade identified having lifetime use of marijuana. By 9th and 10th grade, the reported lifetime usage was 39%. Westport's lifetime usage for 7th and 8th grade was very similar with 39% and 59% respectively. Norwalk's lifetime usage for 7th and 8th grade was 10.8% which was the highest of each town in the sub-region. However, by 10th grade lifetime usage increased to 33.5%. Wilton's 7th and 8th grade youth had a lifetime usage of 4.8%.

The most recent survey for the region took place in 2007 for the Strategic Prevention Framework Wilton Youth Survey. The pattern of marijuana usage was similar to that of cigarette smoking; uncommon among younger youth and increasing significantly in grades 10th-12th. More than half of older youth who reported lifetime use of marijuana also claim to have used it within the past 30 days. Younger age youth were much less likely than their National age group to use marijuana, but prevalence among older age youth equaled or exceeded National averages. Over 50% of females and males reported lifetime abuse with marijuana. Marijuana use based on the 2005 YRBSS Report in the past month is 23.1% from 9th-12th graders in Connecticut. This is slightly higher than the National average of 20.1%.

The age of first use of marijuana was similar to cigarettes and most usage appeared to begin in high school. Marijuana was reported by high school youth to be easy to obtain. Among youth in grades 11th-12th, 20%-30% reported having bought drugs and 11%-14% admitted

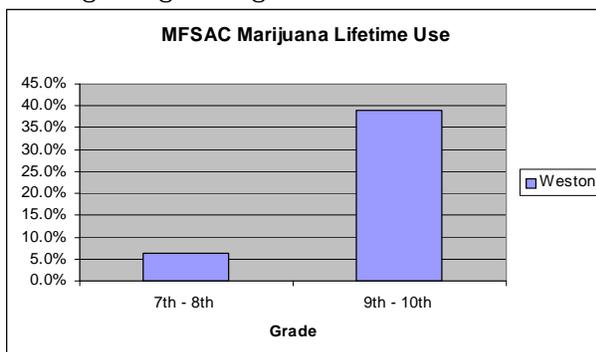
selling drugs during the past year. Perceived risk of harm from marijuana closely followed patterns of use; great risk perceived by younger youth and less perceived risk as youth became older. Based on the Connecticut Core Survey of 2004 and 2006, college students reported using marijuana 34.7% in the past year in 2004 and 37.6% in 2006. Past 30 day use revealed that 20.5% of collegiate students in 2004 consumed marijuana while 23.2% used marijuana in the past 30 days in 2006.

Students who felt that there was great risk with smoking marijuana once or twice were 6.8% in 2006 in comparison to 44.9% of students who perceived smoking marijuana regularly was indeed a great risk. In 2004, the Connecticut Core Survey results revealed that the perception of trying marijuana once or twice was 9% and 44.9% for students who smoked regularly perceived that marijuana was a great risk. This data suggests that the perception of marijuana being a great risk overall reduced from 2004 - 2006 which supports last year and last 30 day use increase over the same period.

Consequences

The implications of smoking marijuana results in impaired short term memory and learning capabilities decrease the loss of attention focus and coordination skills. It also increases heart rates, can harm lungs and cause psychosis in those at-risk. The risk of heart attack quadruples in the first hour after smoking marijuana. Smoking marijuana frequently has been associated with increased reported complaints of health problems and increased days away from work than that of non-smokers.

Longer term adverse health effects include respiratory illnesses, memory impairment, and weakening of the immune system. Long term marijuana use cause changes in the brain similar to those seen after long term use of other major drugs of abuse. Depression, anxiety, and personality disturbances have been associated with marijuana. Marijuana is also mixed with other illicit drugs when consumed which makes marijuana have a "gateway" effect for other drug experimentation. Initiation of marijuana related treatment admissions to publicly funded facilities in Connecticut has increased annually



since 1994. Connecticut is ranked 19th in the Nation for the rate of marijuana related treated admissions (134 per 100,000). The social costs of marijuana use were estimated at \$9.1 billion in 200. Potential short term effects of marijuana use are as follows; loss of coordination and poor sense of balance, decreased reaction time, difficulty in listening and speaking, impaired or reduced short term memory, poor judgment, paranoia and intense anxiety or panic attacks.

Sub-Region 1B Substance Abuse Profile Cocaine

Consumption

According to the National Office of Drug Control Policy, cocaine both powdered and crack is the second highest illicit drug threat after heroin. Based on data from the 1999 – 2001 NSDUH, it was estimated that 1.8% of Connecticut residents used cocaine during the past year. Past year cocaine use was highest among the State's 18-25 year olds at 4.8% and for 12-17 year olds 1.5%, although both rates were below those found nationally. However, the rate of cocaine use among adults age 26 and older in Connecticut was 25% higher than the nationwide rate. Among 9th and 10 graders, the rate of current cocaine use increased slightly from 1.4% in 1997 to 1.7% in 2000.

The Connecticut Household Survey found that lifetime rates for cocaine use increased from 8.6% in 1995 to 14.6% in 2003. Males and Caucasians had the highest rates of lifetime cocaine use. In contrast, data from the 2001 and 2003 Connecticut Core Survey of college students found that the prevalence of current cocaine use decreased from 2.7% to 2.3% in 2003 (CT SEW Substance Use profiles).

In the NSDUH, 2002 – 2004 last year use among youth ages 12 and older nationally was 2.46%. Last year use for the State of Connecticut for the same age group was 2.14% with a Southwest Region (Fairfield County) use of 2.10%. As evident by the data, last year use was consistent with National, State, and Regional consumption.

Based on the GPIY Report of 2000, Mid-Fairfield's towns of Norwalk and Weston had higher lifetime usage than State averages for 7th and 8th graders. Youth in 7th and 8th grade in Norwalk had a lifetime use of 1.7% while in Weston, lifetime use for 7th and 8th graders were 1.9%. Wilton and Westport each had less than 1% of students identifying that they had ever used cocaine. Last 30 day use among each town in the sub-region was less than 1%. By 9th and 10th grade, Norwalk had the highest percentage of lifetime use at 3.1% while Weston, Wilton and Westport had 2.8%, 2.4% and 2.9% respectively. Each town in the sub-region saw lower use compared to State average use among the same age group (3.6%).

The most recent Strategic Prevention Survey (2007) conducted by Positive Directions' Center for Prevention and Recovery in partnership with the Wilton Youth Council identified a significant number of youth reported lifetime use of illicit drugs but very few had used such substance in the past 30 days suggesting that experimentation generally has not led to habituation. This is consistent with the past 30 day use with the GPIY Report of 2000 for the sub-region. By 7th grade, 4.3% of students had used illicit drugs. By 8th, 9th and 10th grade, use of illicit drugs increased each year from 7.5% to 10% and 19.2% respectively. By 12th grade, 57% of youth had lifetime use of illicit drugs.

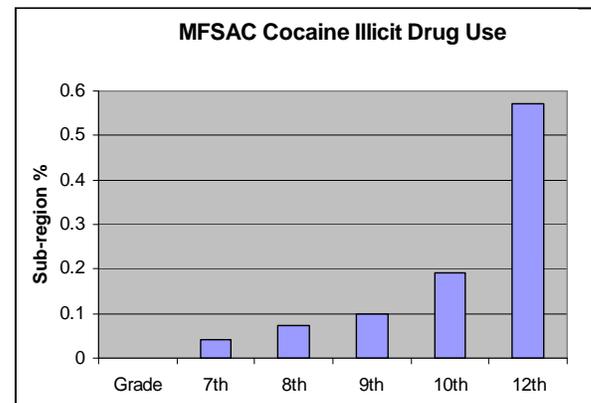
Consequences

There are significant physical, mental and social problems associated with cocaine use, abuse and addiction. In 2001, the social cost of cocaine consumption nationally was estimated to be \$62.6 billion, the 3rd largest cost for any drug after tobacco and alcohol. In 2001, data from the Connecticut Office of the Chief Medical Examiner indicated that cocaine was a factor 16.6% of all deaths statewide

involving drugs. In 2003, 12.6% of all treatment admissions in Connecticut were for cocaine abuse. Cocaine treatment had the 2nd highest treatment admission in the State of Connecticut other than heroin among illicit drugs. Cocaine use is associated with damaged family and social relationships, child abuse or neglect, lost jobs, accidents, prostitution and spread of infections, criminal behaviors, violence and homicide.

Based on the Connecticut Department of Public Health, there were 11,811 hospitalizations of "drug induced" principal diagnosis for the period 2000 – 2002. Almost four times as many hospitalizations (44,756) had drug induced as any (principal or secondary) diagnosis. Males accounted for 54.5% of hospitalizations with any drug induced diagnosis. About 80% of all cases with any drug induced diagnosis were aged 15-49 with the highest rates occurring among persons ages 35-44.

Based on the Connecticut Drug Threat Assessment, powdered cocaine and crack cocaine pose the greatest drug threat to Connecticut. Cocaine is readily available and its distribution and abuse are associated with more violent crime than any other drug. The number of deaths involving cocaine abuse has increased gradually in Connecticut since 1997. According to data from the Connecticut Office of the Chief Medical Examiner, cocaine was a factor in the deaths of 11 individuals in 1997, 12 in 1998, 18 in 1999, and 19 in 2000. Nine of the 19 deaths in which cocaine was a factor in 2000 also involved heroin and 12 involved methadone, morphine, codeine, or alcohol.



Readiness and Capacity

Key informants from the 2008 Readiness and Capacity Assessment in the Mid-Fairfield sub-region did not identify cocaine as the most significant substance used among youth and young adults of any age yet cocaine was seen as a minor problem within the 18-25 age groups and 26-65 age groups. Overall, key informants identified cocaine use as not being a problem among residents 66 years of age and older.

Neighboring towns within the sub-region were able to identify local coalitions and/or councils that address substance abuse prevention resources in the community and believed that positive youth development programs such as after school programs, peer leader programs, youth community action groups, and structured

development activities as being very effective. The two most needed strategies identified in the community was youth life skills training programs on communication, drug refusal and problem solving along with recreation centers for youth.

Key informants for the 2008 Readiness and Capacity Assessment identified the community readiness as medium in the areas of developing a strategic plan, collecting data on the nature of local substance abuse problems, and utilizing needs assessment data to plan prevention programs and policies to initiate these activities. Areas that were low in readiness for the communities in Mid-Fairfield were seeking support for prevention from local policy makers and identifying available financial resources and qualified personnel for substance abuse prevention activities.

Sub-Region 1B Substance Abuse Profile

Heroin

Consumption

Data from Connecticut's Adult Household Survey show that the lifetime prevalence of reported heroin use among adults 18 years old and older increased from 1.7% in 1995 to 2.2% (more than 56,000 persons in 2003). Connecticut's rate of heroin use among adults exceeds the National rate. The Connecticut Core Survey administered to University students in 2003 found rates of lifetime use ranging from 3.1% to 6.1% compared to 2.4% of their college students nationally. The GPIY Student Survey Report of 2000 found that 0.9% of 7th-8th graders and 1.8% of 9th-10th graders reported ever using heroin.

In Mid-Fairfield, lifetime heroin use among 7th and 8th graders was similar to State averages of less than 1%. Norwalk and Weston were the only towns in the sub-region that had 1.2% and 1.4% lifetime heroin use among this age group. Weston had the highest lifetime consumption use at 3.4%; almost double the State average. However, Norwalk and Wilton had 2.0% and 2.2% respectively for the same grade bracket. Westport still reported less than 1% lifetime heroin use among its grade groups 7th-10th grade.

Consequences

Heroin is a highly addictive drug and its abuse has repercussions that extend far beyond the individual user. The medical and social consequences of drug abuse, HIV/AIDS, tuberculosis, fetal effects, crime, violence, and disruptions in the family, workplace, and educational environments having a devastating impact on society resulting in billions of dollars each year. In the United States, the cost of heroin addiction including the treatment costs, economic and social costs (i.e. loss of productivity) is estimated at \$26.4 billion dollars.

In Connecticut the rate of primary heroin admissions per 100,000 populations age 12 and older increased 156% between 1992 and 2003. In 2003, 6% of all

heroin admissions nationwide occurred in Connecticut.

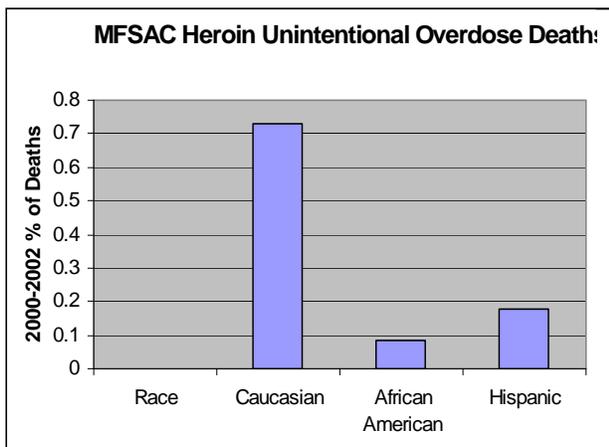
In 2002, half (49%) of law enforcement officials in Connecticut responding to the National Drug Threat Survey reported that heroin was a high threat in their jurisdiction. Long term effects of heroin use also can include arthritis and other rheumatologic problems and infection of blood borne pathogens. It is estimated that injection drug use has been a factor in one third of all HIV and more than half of all hepatitis C cases in the United States.

Based on the Connecticut Department of Health Report (from 2000-2002), total deaths from heroin were 114 (2000), 118 (2001), and 122 (2002). In 2000 - 2002, males comprised 83.5% and females 16.5% of all unintentional opiate overdose deaths. About 73% of decedents were White, 8.5% were African American, and almost 18% of decedents were Hispanic. The largest numbers of deaths and highest death rate occurred in the 40-44 year old age group. During this period, 41% of unintentional opiate and related narcotics poisoning deaths took place in the decedent's home. Symptoms of heroin use include withdrawal from situations once enjoyed, isolation, excessive sleeping, lack of appetite, paranoia, stealing, and dangerous withdrawal symptoms when heroin cannot be obtained such as nausea, vomiting, hyperventilation, chills, body aches, and extreme restlessness.

Readiness and Capacity

Key informants from the 2008 Readiness and Capacity Assessment in the Mid-Fairfield sub-region did not identify heroin as the most significant substance used among youth and young adults of any age yet cocaine was seen as a minor problem in relation to the other ATOD substances with the 18-25 age groups and 26-65 age groups. Overall, key information identified heroin use as not being a problem among residents 66 years of age and older.

Neighboring towns within the sub-region were able to identify local coalitions and/or councils that address substance abuse prevention resources in the community and believed that positive youth development programs such as after school programs, peer leader programs, youth community action groups, and structured development activities as being very effective. The two most needed strategies identified in the community was youth life skills training programs on communication, drug refusal, and problem solving along with recreation centers just for youth.



Key informants have identified the community readiness as medium in the areas of developing a strategic plan, collecting data on the nature of local substance abuse problems and utilizing needs assessment data to plan prevention programs and policies to initiate these activities. Areas that were low in readiness for the communities in Mid-Fairfield were seeking support for prevention from local policy makers and identifying available financial resources and qualified personnel for substance abuse prevention activities.

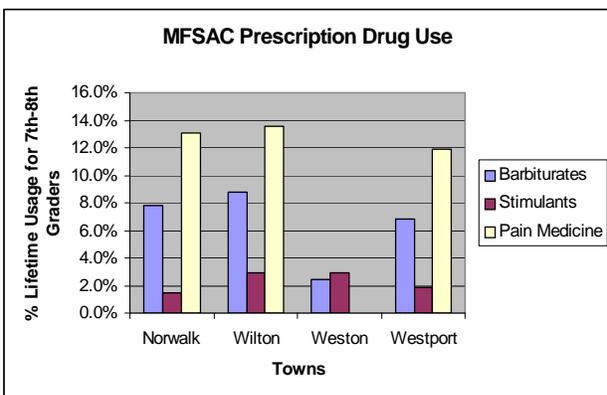
Sub-Region 1B Substance Abuse Profile

Misused Prescription Drugs

Consumption

Consistent with the National and State increase in prescription abuse, the GPIY Report of 2000 in the towns of Norwalk, Weston, Wilton and Westport saw staggering lifetime use of youth in 7th to 10th grade. Wilton had the highest usage among 7th and 8th graders with 8.8% usage of barbiturates, sleeping pills, and Quaaludes. 2.9% usage of stimulants and amphetamines while pain medicines such as codeine, Percodan, and Dilaudid had a staggering 13.6% lifetime usage rate. Liquid steroids, the lowest of the prescription drugs had a 1.9% usage in Westport; downers were also identified by 7th and 8th graders in lifetime usage with 6.8%. Pain medicines were 11.9% with no significant usage in tranquilizers and stimulants. Weston's 7th and 8th graders had the highest usage of tranquilizers (valium and Librium) and uppers (stimulants and amphetamines) at 2.4% and 2.9% respectively. Norwalk, the largest town of the sub-region, saw lifetime usage comparable but slightly lower than Wilton. 7.8% of the youth in Norwalk identified lifetime usage of barbiturates, sleeping pills and Quaaludes, while 1.2% and 1.5% had lifetime use of valium and Librium, stimulants and amphetamines. There were 13.1% of youth that had lifetime use in pain medicine for the same age group of 7th and 8th graders.

All non-medical drug lifetime use increased in the 9th and 10th grades in the towns of Norwalk, Weston, Wilton and Westport. The two areas of prescription drugs with significant increase from 8th to 10th grades were pain medication, downers, sleeping pills and barbiturates. Each town increased an average of 7% by 10th grade for pain medicines except Norwalk which had only a 3% increase. There was only a 1% increase with downers for Norwalk and Weston while Westport experienced a 7% increase by 10th grade. Weston experienced an 8.2% increase in lifetime usage for downers.



Prescription drug use in Mid-Fairfield is consistent with State average for 7th and 8th graders. For the State, 8.1% of the youth had lifetime usage of downers and

14.2% usage of pain medications. Tranquilizers and uppers (stimulants and amphetamines) had a 1.3% and 2.5% average respectively. These two areas are significantly lower in the sub-region of Mid-Fairfield. By 9th and 10th grade, each town in Mid-Fairfield with the exception of Norwalk had higher lifetime use percentages in pain medications; while Westport and Weston had slightly higher percentages of usage in comparison with the State and respective usage of prescription narcotics, barbiturates, sleeping pills, and Quaaludes.

Data from the Connecticut's Substance Abuse Treatment System show that there were 1,076 primary prescription drug abuse treatment admissions in 2003, representing 2.3% of all treatment admissions statewide. From 2001 to 2003, there was a 45% increase in synthetic opiate drug admissions.

Consequences

Prescription medications are increasingly being abused or used for non-medical purposes. This practice is not only being addictive, but in some cases also lethal. Commonly abused classes of prescription drugs include painkillers, sedatives, and stimulants. Among the most disturbing aspects of this emerging trend is its prevalence among teenagers and young adults and the common misperception that because these medications are prescribed by physicians, they are safe even when used illicitly. Prescription drugs can be constituted as pain relievers, sedatives, tranquilizers, stimulants, and controlled prescription drugs like OxyContin, Ritalin and Valium (National Institute on Drug Abuse). Negative health consequences include the potential for developing tolerance to the drug and physical dependence, severe respiratory depression, cardiovascular failure, seizures or death can follow a large single dose of a prescription drug.

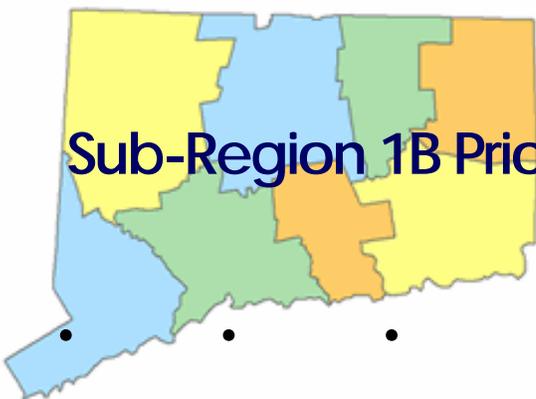
There has been a tremendous rise in the mentions of prescription drug misuse. Between 1994 and 2003 there was a 79% increase in incidents involving prescription drugs with prescription opiates demonstrating the sharpest increase of 168% during this period. In Connecticut during the period of 1992 - 2003, there has been a 285% increase in the percentage of other opiate (non-heroin) drug primary substance abuse treatment admissions. Nationally, the estimated cost of opiate analgesic abuse in the United States was \$9.2 billion.

Readiness and Capacity

Although key informants from the 2008 Readiness and Capacity Assessment in the Mid-Fairfield sub-region did not identify prescription drugs as the most significant substance use among youth and young adults of any age, the substance still was identified as a significant problem among youth and young adults' ages 12-25 and elderly residents 66 year old

and older. Overall, key informants identified prescription drugs as a minor problem for age group 26-65.

Neighboring towns within the sub-region were able to identify local coalitions and/or councils that address substance abuse prevention resources in the community and believed that positive youth development programs such as after school programs, peer leader programs, youth community action groups, and structured development activities as being very effective. The two most needed strategies identified in the community was youth life skills training programs on communications, drug refusal, and problem solving along with recreation centers just for youth.



Sub-Region 1B Priority Ranking Matrix

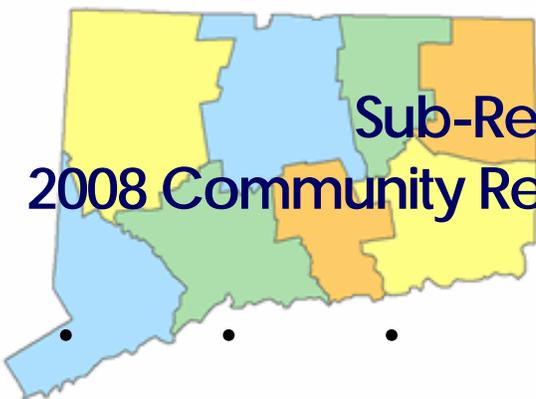
Sub-Region 1B Priority Ranking Matrix

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

After each CNAW member completed the matrix, ranking was determined by averaging scores of all individual responses.

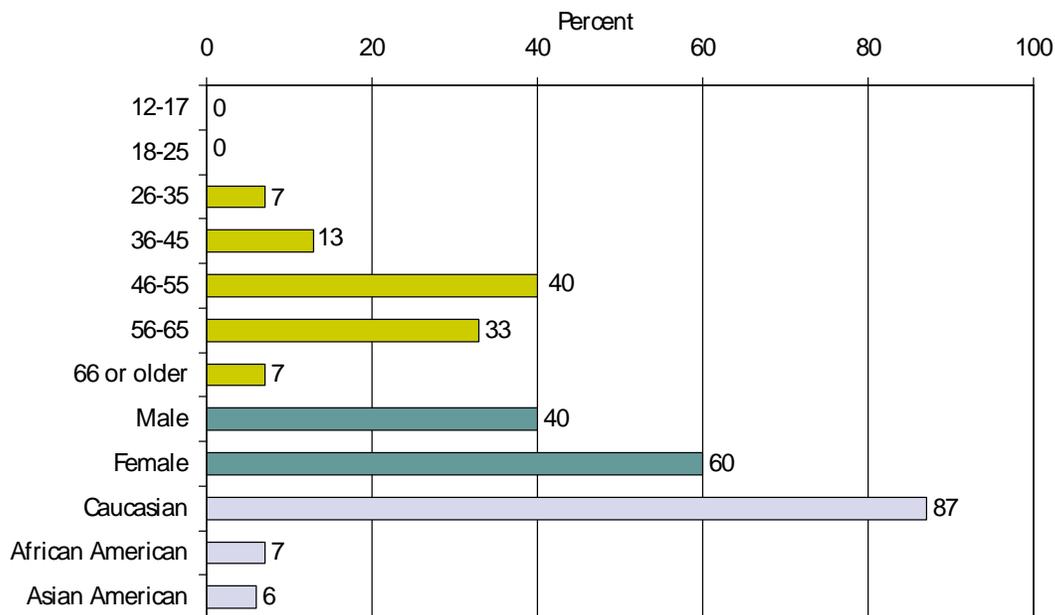
Substance	Magnitude	Impact	Changeability	Readiness/ Capacity	Priority Ranking
Alcohol	5	5	3	4	2
Tobacco	5	5	4	4	1
Marijuana	5	3	2	3	4
Cocaine	4	4	3	3	3
Heroin	3	4	3	3	4
Prescription drugs	4	4	4	2	3



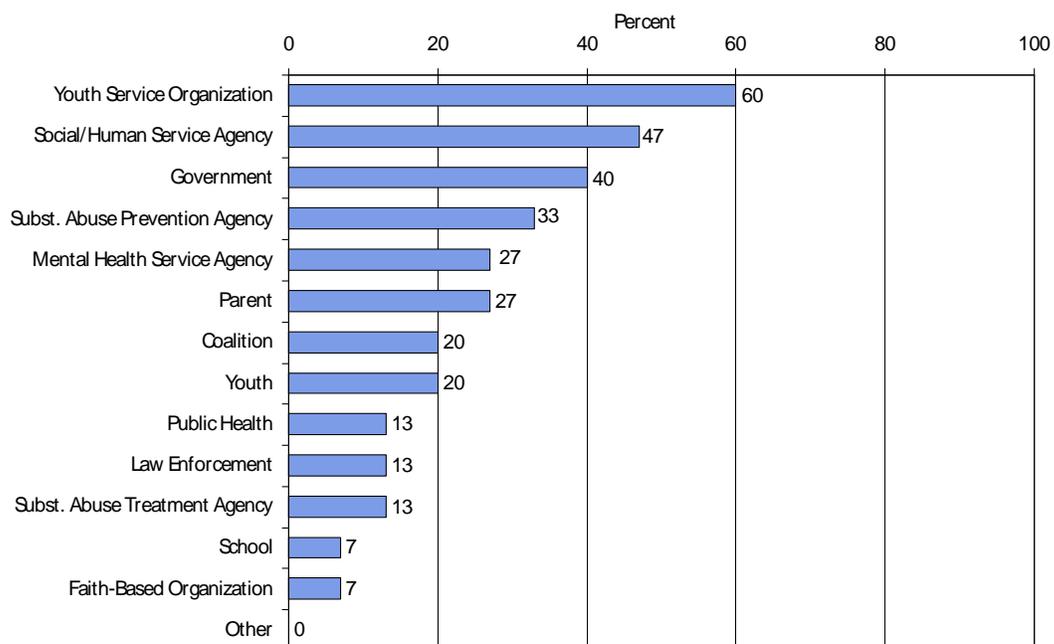
Sub-Region 1B 2008 Community Readiness Assessment



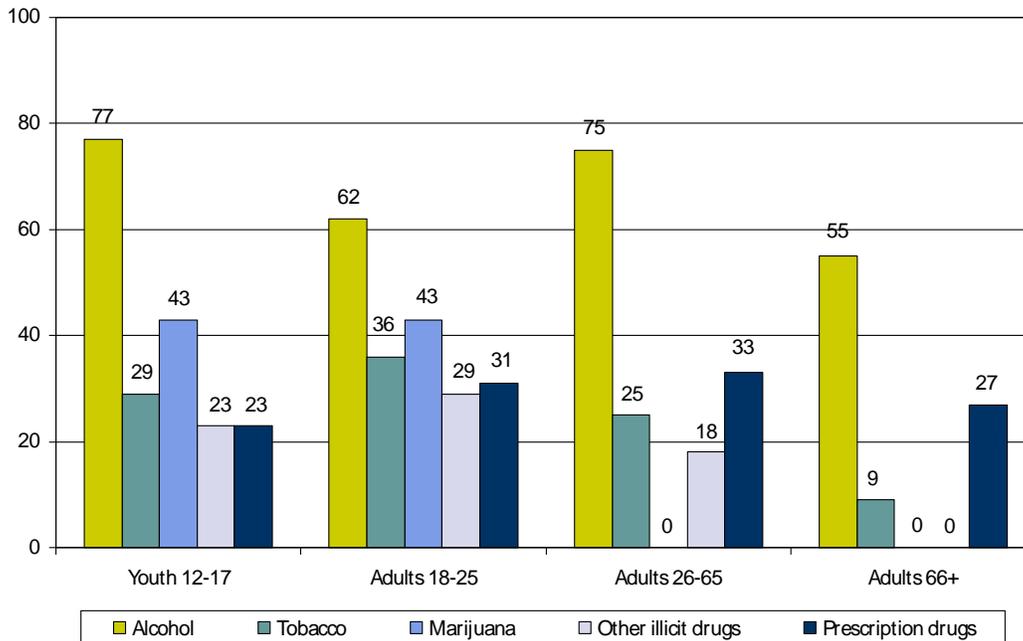
Key Informant Demographics



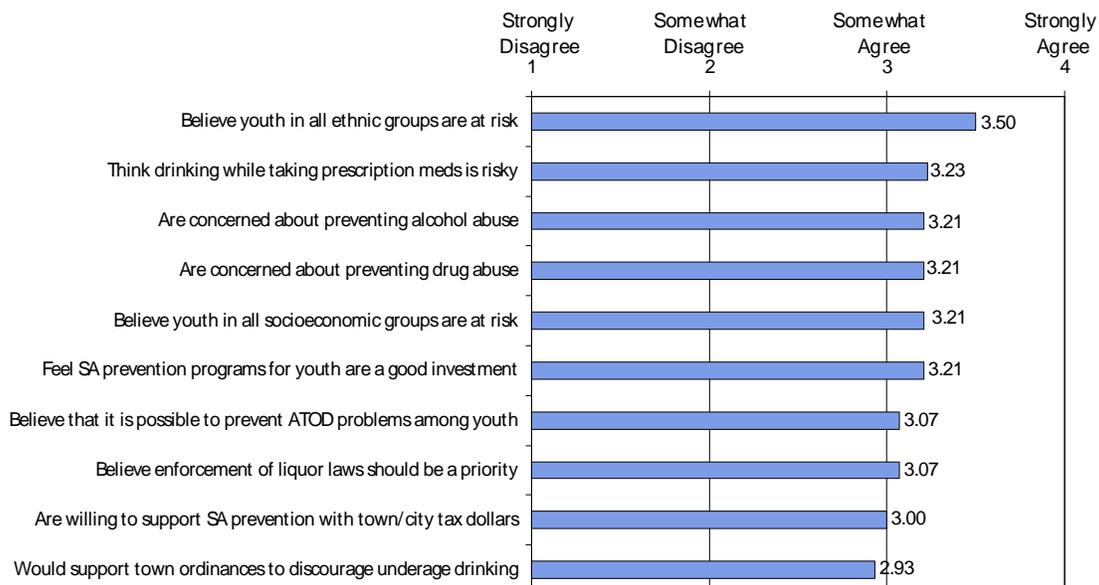
Key Informant Stakeholder Affiliation



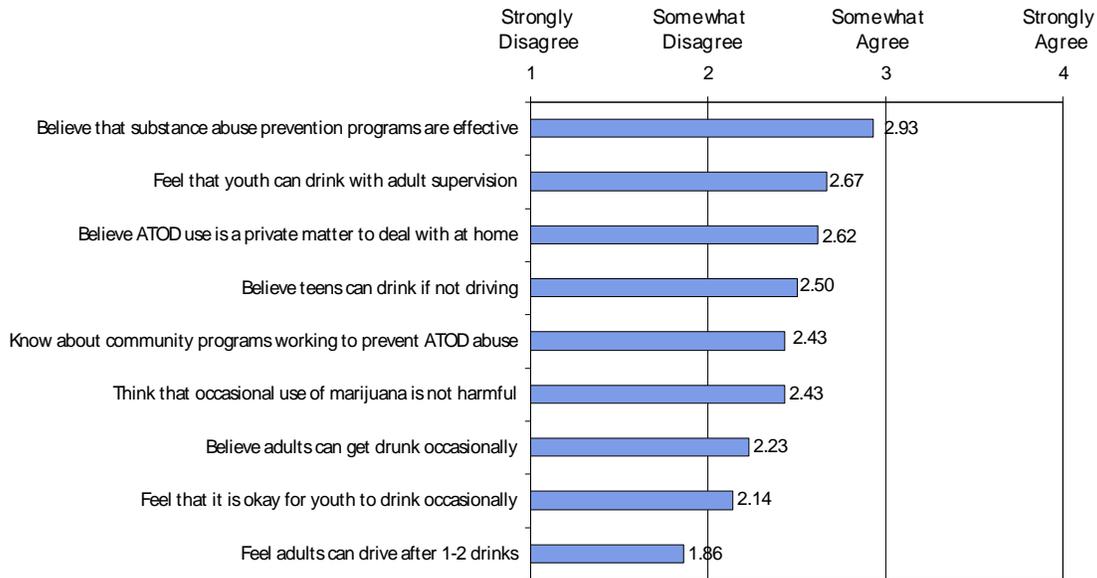
Perceived Community Attitude that a Substance is a “Significant Problem” in Different Various Age Groups



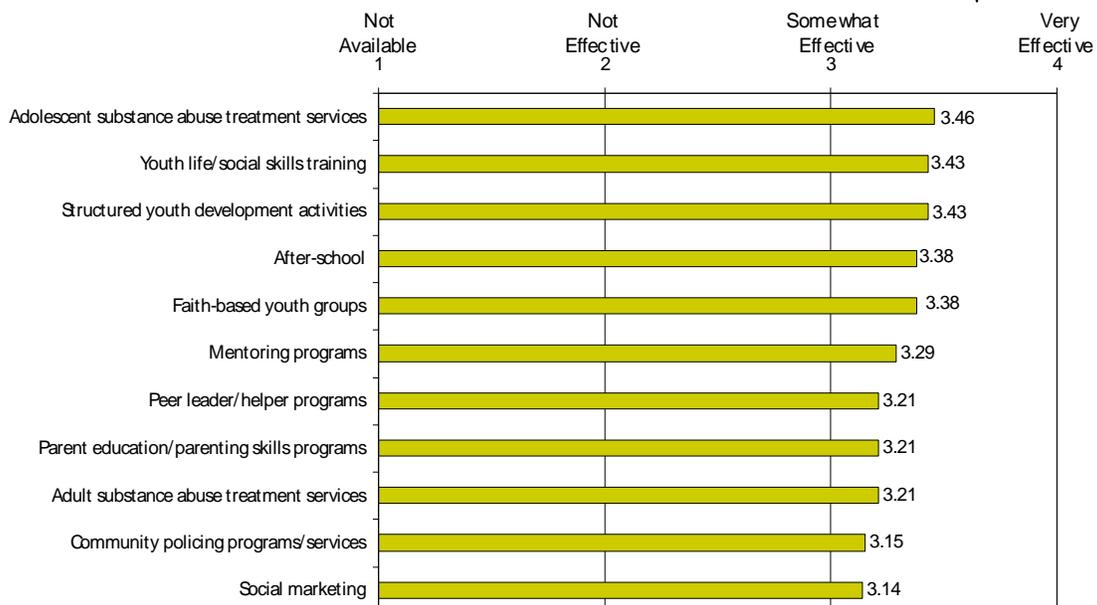
Key Informant Agreement that “Most” Community Residents:



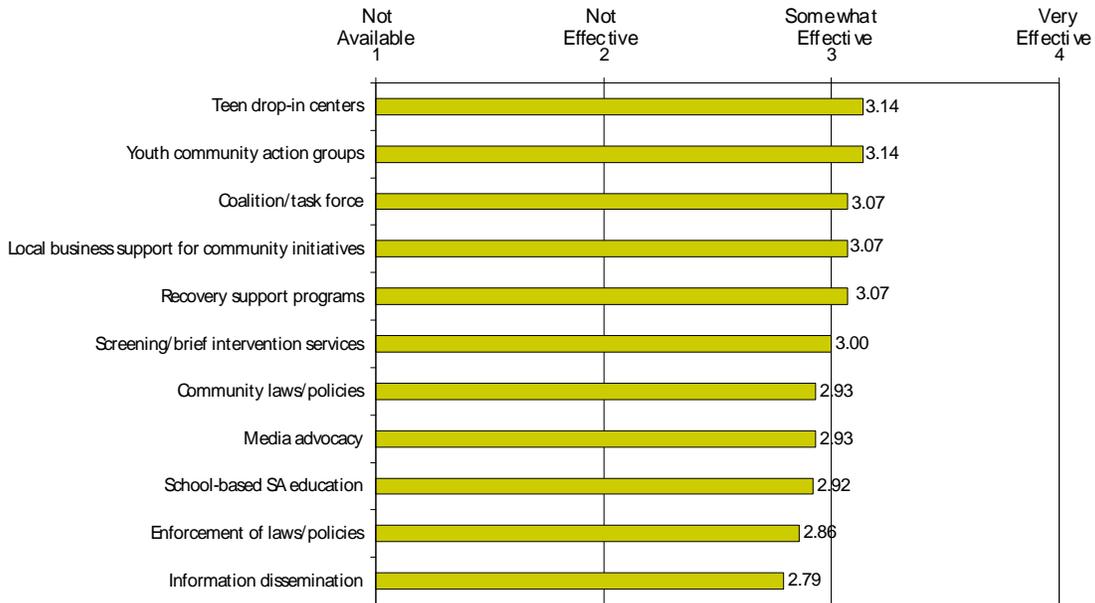
Key Informant Agreement that “Most” Community Residents:



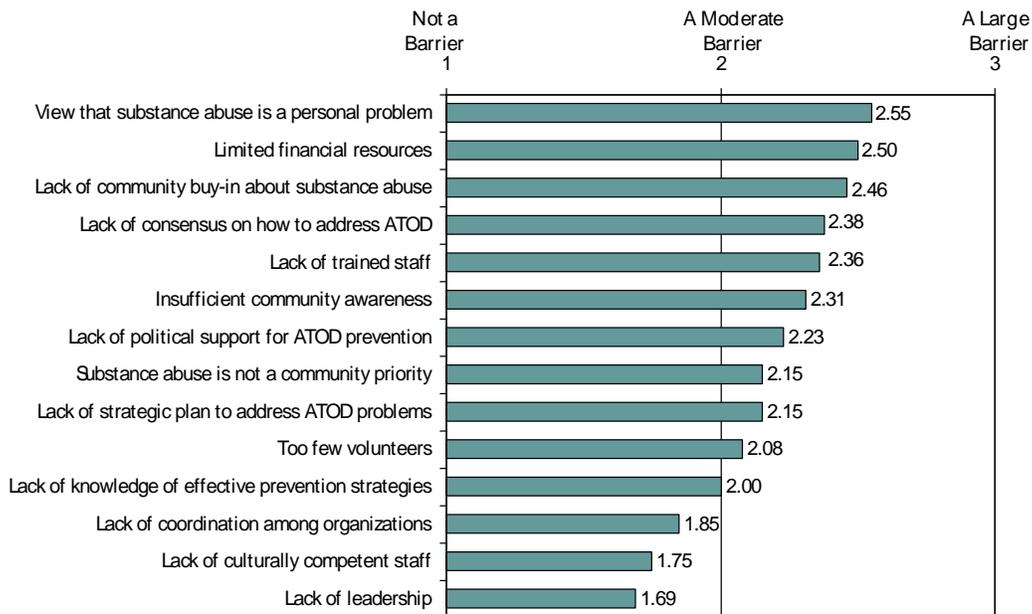
Key Informant Ratings of Substance Abuse Prevention Strategies in the Community



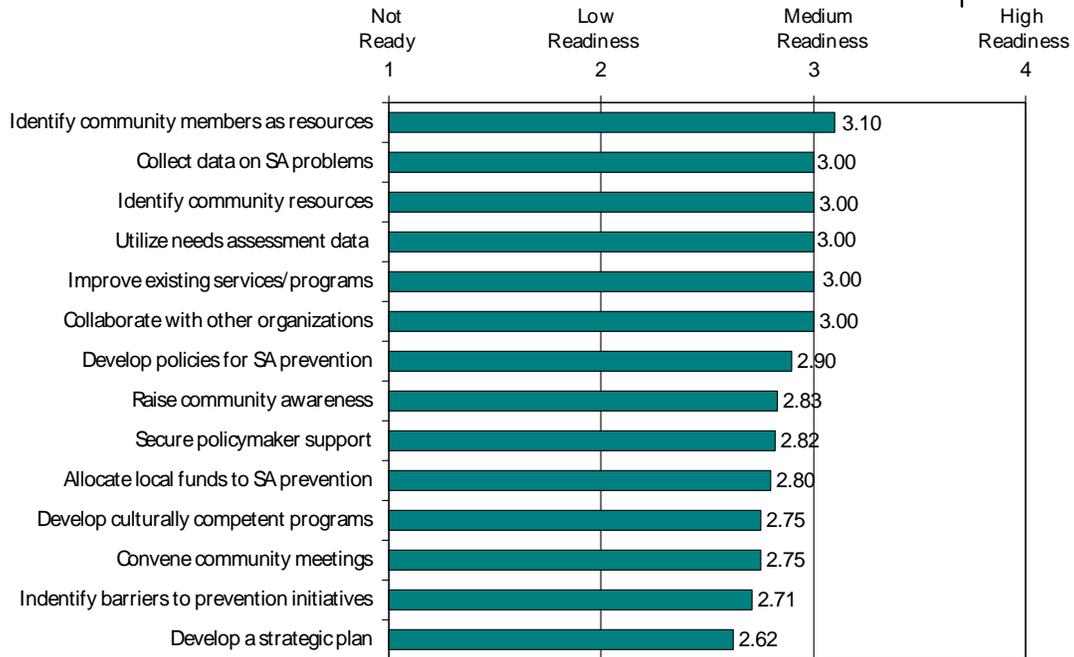
Key Informant Ratings of Substance Abuse Prevention Strategies in the Community



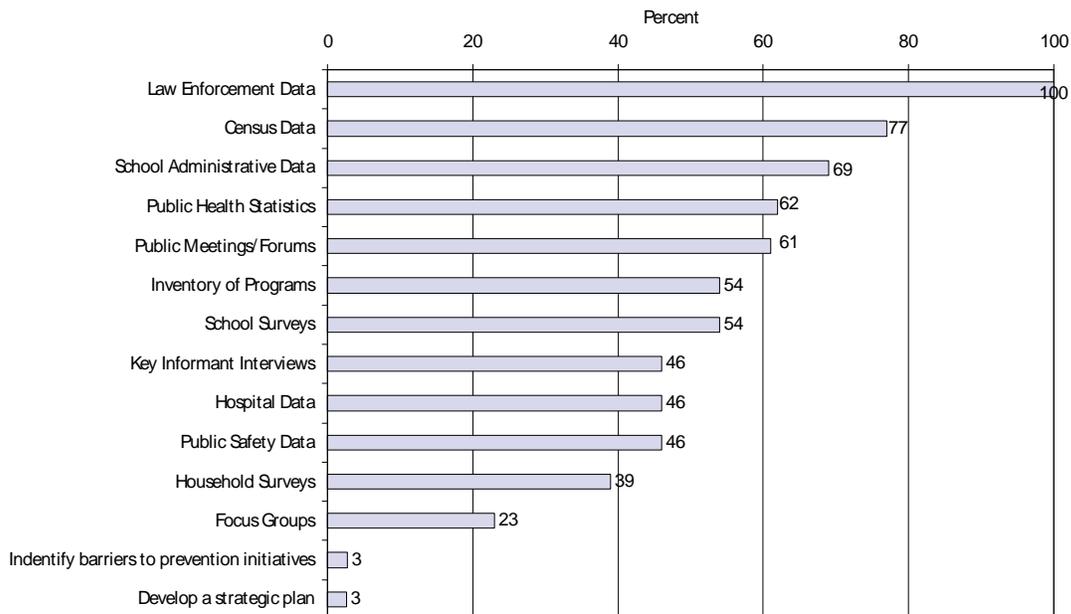
Perceived Barriers to Substance Abuse Prevention Activities in the Community



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

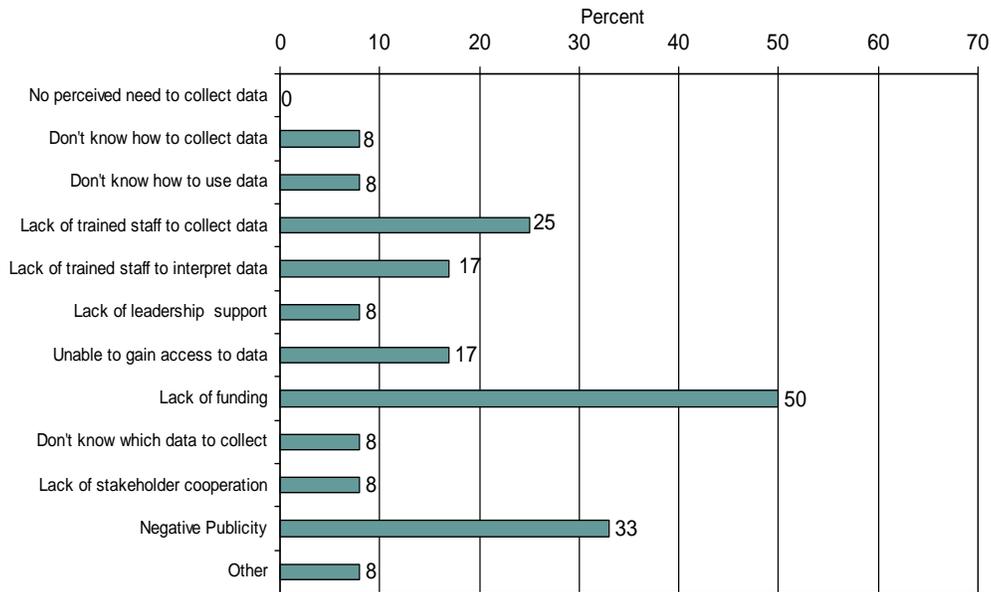


Availability of Substance Abuse Prevention Data

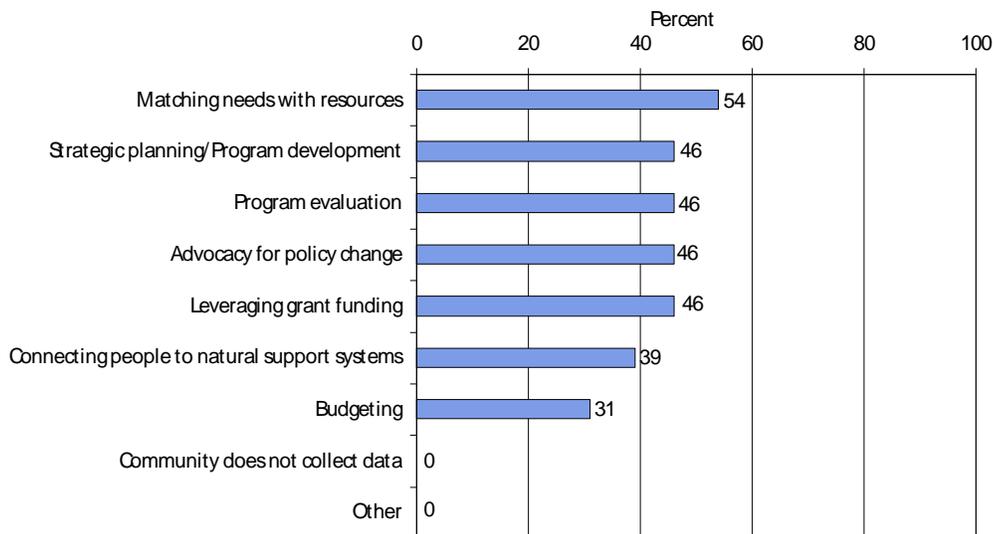


[Question 21]

Barriers to Collecting Data: MFSAC, 2008



Community Use of Data for Substance Abuse Prevention



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 1B Stage of Readiness (n=13)	5.62