

CURRENT DRUG TRENDS: THE ROLE OF PAYS & CTC

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Objectives:

- Examine the most commonly used/abused drugs
- Discuss prevention strategies and protective factors
- Explore state data for substance use, risk and protective factors
- List techniques for identifying risks and strengths
- Understand community action plan around prevention

Why teens use drugs?

- Low perceived risk of drug and alcohol use
- Relieve boredom
- Feel good
- Forget troubles and relax (PAYS)
- Satisfy their curiosity
- Ease their pain
- Feel grown up
- Show their independence
- Belong to a specific group

Alcohol and the developing brain:

- Interferes with and slows brain connections
- Affects memory
- May slow growth and maturation of brain regions
- May result in developmental delays
- Binge Drinking- 4 or more drinks for an adolescent male, 3 or more drinks for an adolescent female

Alcohol

- Depressant:
- Effecting the central nervous system by slowing things down including; breathing, heart rate, speech, coordination and movement

Alco-pops

- Clear malts, ready to drink
- Sweet, sugary alcoholic drinks
- Youthful, catchy names and colors
- Soft entry into hard alcohol



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Alcohol

- Children under the age of 21 consume 11% of the alcohol consumed in the U.S.
- Binge Drinking
- Drinking Games
- Pre-Gaming
- Alcohol and Energy Drinks
- Pocket Shots
- Boozie Bears
- Vaporizing

Alcohol Trends

- Smoking Alcohol
- Stash
- PALCOHOL – instant alcohol, snorting, easy to transport

What they are using

Energy Drinks:

- Starbucks for kids
- A \$3.4 billion a year industry with 500 new beverages launched worldwide
- Nationally 31% of youth use energy drinks (athletes and high performing youth amongst the highest consumers)
- Creates the unhealthy "Jolt and Crash" Cycle

Powdered Caffeine:

- 10 = 100,000 milligrams of caffeine
- 2 spoonful = 70 red bulls
- 1 teaspoon = 5,000 milligrams of caffeine
- Average adult – 10,000 milligrams of caffeine can be lethal



Alcohol and Energy Drinks

- Alcohol and energy drink: depressant and stimulant
- "Jagerbomb"
- ...Associated with decreased awareness of physical and mental impairment caused by alcohol without reducing the actual impairment. *David L. Whittle, MD, PhD, Journal of American Board of Family Medicine, Risks of Alcoholic Energy Drinks for Youth



Not an adolescent rite of passage

- Serving alcohol to minors can lead to criminal and civil consequences
- Financial responsibility of consequences caused by the minors
- Not just about drunk driving
 - fights
 - rape
 - assault
 - alcohol poisoning

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CANNABIS:

MARIJUANA, POT, WEED, TREES, GRASS, REEFER, GANJA,
SKUNK, HERB, SMOKE, DAGGA



Cannabis:

- Hinders short-term memory
- Effects perception and reaction time
- 30% of users may develop some degree of problem use
- Use before 18, 4-7 times more likely to develop problem use

Cannabis:

- Effects:
 - Euphoria
 - Altered perceptions
 - Hunger
 - Increase heart rate
 - Impaired judgment/memory
 - Red eyes
 - Paranoia

- Overdose:
 - Hallucinations
 - Panic
 - Agitation
 - Delirium



Marijuana Wax, Oil or Concentrates

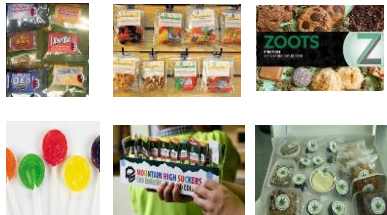
- THC level of 60-80%
- Higher concern when use occurs during adolescence
- Problems with brain function
- Changes in brain structure
- Cognitive deficiencies
- Dependence on cannabis and other drugs more likely
- May lead to long-term permanent brain changes
- Stroke, blood flow and heart concerns with regular use

Marijuana Wax, Oil or Concentrates

- Slang terms: dabs; marijuana wax, oil, concentrates, butter/budder, amber, honey, oil, BHO or shatter
- Clothing or literature with labeled "710" (oil- upside down)

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Marijuana Candy



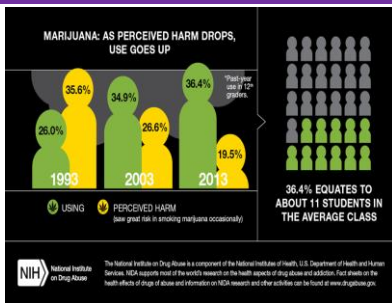
Marijuana Wax, Oil or Concentrates



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Synthetic Marijuana:

- Synthetic drug sprayed on dried plant material
 - K2, Spice
- Laced with other psychoactive compounds (stimulants)
- Negative Effects: Vomiting, heart palpitations, hallucinations, agitation, etc.



Protective Factors

- Assets and conditions that buffer youth from exposure to risk by either reducing the impact of the risks or changing the way youth respond to risks
- Protective factors emphasize the role of bonding with family, faith-based, school, and peers
- Internal Factors; personal characteristics
- Environmental/External Factor; family, school and community

Protective factors, also known as "assets," are conditions that buffer youth from risk by reducing the impact of the risk or changing the way they respond to risk.

	Family	School	Community	Individual
Characteristics				
• Organizational for Personal Involvement	✓			
• Research for Personal Involvement	✓			
Family Characteristics				
• Organizational for Personal Involvement	✓	✓		
• Research for Personal Involvement	✓			✓
School				
• Organizational for Personal Involvement	✓	✓		
• Research for Personal Involvement	✓			✓
Interaction with Personal Peers				
• Personal Involvement	✓	✓		✓
• Research for Personal Involvement	✓			✓
Belief in the Moral Code				
• Belief in the Moral Code	✓			
• Religious	✓			

PAYS data 2015

Alcohol, 30 day use:

- 6th grade: 3.3%
- 8th grade: 9.5%
- 10th grade: 22.3%
- 12th grade: 37.6%

Alcohol, binge drinking:

- 6th grade: 1.3%
- 8th grade: 3.2%
- 10th grade: 8.4%
- 12th grade: 18.0%

[http://www.paid.pa.gov/Content/DefaultPage/Personalities Youth Survey \(PAYS\) 2015.aspx](http://www.paid.pa.gov/Content/DefaultPage/Personalities Youth Survey (PAYS) 2015.aspx)

PAYS data 2015

Marijuana, 30 day use:

- 6th grade: .6%
- 8th grade: 3.8%
- 10th grade: 12%
- 12th grade: 20.8%

Marijuana, lifetime use:

- 6th grade: 1.2%
- 8th grade: 7.3%
- 10th grade: 22%
- 12th grade: 38.2%

[http://www.psd.pa.gov/Division/Statistics/Pages/Pennsylvania-Youth-Survey-\(PAYS\)-2015.aspx](http://www.psd.pa.gov/Division/Statistics/Pages/Pennsylvania-Youth-Survey-(PAYS)-2015.aspx)

Tobacco Trends

- Early smoking initiation is associated with an increased risk of binge drinking and marijuana use
- 46% of current illicit drug users are smokers
- Cigarette use has dropped 33% among youth from 2000-2011
- During the same time period, youth consumption on other types of tobacco products has increased 123%

Nicotine Delivery Products

Cigarettes



Flavored Cigars



Smokeless Tobacco



Vaping devices



Hookahs



Dissolvable Hookahs



PAYS data 2015

Vaping, 30 day

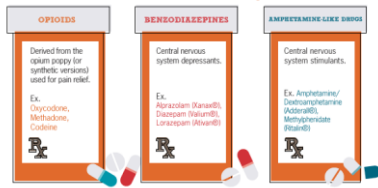
- 6th grade: 2.6%
- 8th grade: 11.7%
- 10th grade: 20.4%
- 12th grade: 27.0%

Cigarettes/Smokeless Tobacco, 30 day

- 6th grade: 8% .4%
- 8th grade: 1.8% 3.5%
- 10th grade: 4.9% 6.8%
- 12th grade: 9.2% 14.6%

Rx Drugs

Commonly Abused Medications



Prescription and OTC Drugs:

- **Narcotics (Pain Medication)**
 - effects: euphoric rush, pain relief, constricted pupils, sleepiness;
 - overdose: respiratory depression/arrest, coma, death
- **Stimulants:**
 - effects: alertness-concentration, excitation- euphoria, appetite loss, insomnia, grandiosity;
 - overdose: agitation, paranoia, panic, fever, hallucinations, seizures, heart attack, stroke, fatal heart rhythms, sudden death

Prescription and OTC Drugs:

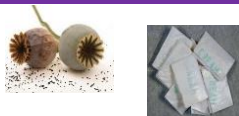
- Tranquilizers (Sedatives)
 - effects: relaxation, drowsiness, dizziness, lack of coordination, slurring words;
 - overdose: respirator depression, possible coma or death if combined with alcohol/opioids
- Over the Counter (OTC)
 - overdose: hallucination, nausea and vomiting, stomach pain, Confusion, dizziness, double or blurred vision, slurred speech, impaired physical coordination, rapid heart beat, drowsiness, numbness of fingers and toes, disorientation

Most commonly abused OTC drugs

- Cough Suppressants, cough syrups, motion sickness drugs, stimulants, laxatives
- Dextromethorphan (DXM) is the drug that causes the high, and the most widely abuse OTC drug
- Coricidin Cough and Cold, Triple c's second most abused



Heroin



- Illegal, highly addictive drug
- Opiate (narcotics, sedatives), processed from morphine
- Seedpod of poppy
- Usually white or brownish powder, or black and sticky, "black tar"

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What is Fentanyl?

- Most potent opiate for human use
- Highly addictive
- Small amounts can be lethal
- Binds to opiate receptors and impacts neurotransmitters

<http://www.nhahcenter.net/infantand-laced-heroin-abuse-addiction/>

What is Carfentanil?

- Anesthetic for large animals (elephants)
- 10,000 times more potent than morphine, 100 times more potent than fentanyl
- Often non responsive to first dose of naloxone (Narcan)

<http://www.nhahcenter.net/infantand-laced-heroin-abuse-addiction/>

Slang terms

- H, smack, Junk, Horse, China White, Black Tar, Fix, Dope, Nod
- Smoked, snorted or injected
- Injected:
 - Subcutaneous ("Skin Popping")
 - Intramuscular ("Muscle Popping")
 - Intravenous (IV, "Banging")
- A "Speedball" (injected heroin/cocaine combination) causes intense euphoria with the dreaminess of heroin & the stimulation of cocaine



Heroin "high"

- Opiates enter the bloodstream and activate neurotransmitter receptors in the brain's reward system
- Opiates reach the opiate receptors and release the hormone dopamine– produces feelings of pleasure and satisfaction.
- Heroin wears off and the user feels much worse than before having taken the drug.

Effects from heroin

- Warm flushing of the skin
- Severe itching
- Dry mouth
- Pin point pupils
- Nausea and vomiting
- Euphoria
-
- Decreased mental ability
- Insensitivity to pain
- Slows digestion
- Constipation
- Slowing of heart rate and breathing

Heroin withdrawal

- Withdrawal symptoms can be excruciating and include:
 - muscle aches
 - anxiety
 - sweating
 - insomnia

PAYS data 2015

Heroin: 30 day/lifetime use

- 6th grade: .1% .1%
- 8th grade: .1% .3%
- 10th grade: .2% .6%
- 12th grade: .3% 1.4%

Prescription narcotics: 30 day/lifetime use

- 6th grade: 1% 1.9%
- 8th grade: 1.6% 4.3%
- 10th grade: 2% 6.7%
- 12th grade: 3% 12.1%

[http://www.pdpc.pa.gov/online-bulletin/Pages/Pennsylvania-Youth-Survey-\(PAYS\)-2015.aspx](http://www.pdpc.pa.gov/online-bulletin/Pages/Pennsylvania-Youth-Survey-(PAYS)-2015.aspx)

PAYS data 2015

Tranquilizers: 30 day/lifetime use

- 6th grade: .1% .3%
- 8th grade: .3% .8%
- 10th grade: .8% 2.6%
- 12th grade: 1.4% 5.3%

Stimulants: 30 day/lifetime use

- 6th grade: .2% .6%
- 8th grade: .4% 1%
- 10th grade: 1.4% 3.3%
- 12th grade: 3.2% 9.7%

[http://www.pdpc.pa.gov/online-bulletin/Pages/Pennsylvania-Youth-Survey-\(PAYS\)-2015.aspx](http://www.pdpc.pa.gov/online-bulletin/Pages/Pennsylvania-Youth-Survey-(PAYS)-2015.aspx)

Subtle Symptoms of Chemical Abuse

- | | |
|--|--------------------------|
| 1. Change in friends | 6. Drop in grades |
| 2. Secrecy | 7. Staying out all night |
| 3. Change in dress and/or appearance | 8. Getting fired |
| 4. Change in activities and/or interests | 9. Change in behavior |
| 5. Possession of eye drops | 10. Drop out of sports |

Not-So Subtle Symptoms of Chemical Abuse

- | | |
|---------------------------------|----------------------------------|
| 1. Depression – sleeping a lot | 6. Unexplained absenteeism |
| 2. Money problems | 7. Acting disconnected or spacey |
| 3. Extreme isolation | 8. Weight gain/loss |
| 4. Older friends | 9. Argumentative |
| 5. Lots of time in the restroom | 10. Starting to smoke tobacco |

Indicators of Chemical Abuse

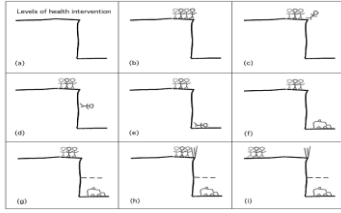
- | | |
|--|--|
| <ul style="list-style-type: none">• Paraphernalia• Things disappearing from the house• Medicine disappearing• Dilution of bottle medication• Defending peer's right to use drugs | <ul style="list-style-type: none">• Large amounts of money• Blood-shot eyes• Dilated/Constricted pupils• Mention of suicide• Spending time with known drug users |
|--|--|

Addiction and Adolescent Brain Development:

- "They get addicted stronger, deeper and faster than adults, and the effects last longer."
- "If they get high during the weekend, the brain is affected for days."

Francis James, neuroscientist at Boston Children's Hospital

Levels of Prevention The "Cliff Analogy"



Jones, C. P., Jones, C. Y., Perry, G. S., Barclay, G., Jones, C. A. (2008). Addressing the social determinants of children's health: A cliff analogy. *Journal of Health Care for the Poor and Underserved*, 19, 1-10.

Fear Tactics

- A scare tactic emphasizes the worst dangers of drug use in order to create fear, in hopes that this fear will stop or prevent risky behavior.
- Examples of Scare Tactics:
 - Graphic Warnings
 - Graphic Images
 - Scary stories told by someone in recovery
 - Tragedies told by families or others impacted by a loved one's use
 - Mock DUI crashes
 - Tours of jails or boot camps

Why Scare Tactics Don't Work

- Youth dismiss these messages
 - That will never happen to me
 - I know people who do what and they are fine
- Youth have a different filter than adults
 - Less life experiences
 - Brain development

Why Scare Tactics Don't Work

- High Risk Groups can be MORE attracted to the behavior
 - Sensation Seekers
 - Impulsive
 - Risk-takers
- Strong warnings can send unintended messages
 - Kids will think it is more common than it is—its normal
- Showing graphic images could bring up past trauma

Avoid fear tactics

- Fear may prompt denial
- High fear causes defensiveness which interferes with acceptance of a message (Just say No!)
- Low fear motivates precaution
- No action will be taken, if recommended actions are judged to be ineffective
- Efficacy determinations/SEL skills are stronger determinants than fear tactics
 - I can do this, here is how I will do it.

Protective factors which build resiliency

- Family support, caring adult that can be trusted
- Positive school and neighborhood environment
- Boundaries
- Activities outside of school
- Motivated to achieve, involved with school
- Values, responsibility, cultural competence
- Positive identity
- Socially competent

*Search Institute 2004

Communities That Care Model

CTC helps communities prevent problems before they develop.

The CTC process begins with a youth survey to identify a community's risks and strengths. Based on these data, CTC helps communities select and implement tested & effective prevention programs and policies. CTC also helps amplify programs already working.

Results

Youth in CTC communities are:

- 25% less likely to have initiated delinquent behavior
- 32% less likely to have initiated the use of alcohol
- 33% less likely to have initiated cigarette use than control community youths

Communities That Care empowers communities to use the advances of prevention science to achieve better behavioral health outcomes for young people.

Nora Volkow, Director
National Institute on Drug Abuse

Communities That Care Process

Communities That Care guides communities through a proven five-phase change process. Using prevention science as its base, CTC:

- promotes healthy youth development,
- improves youth outcomes,
- reduces problem behaviors



5 Phases of CTC

1. Get Started

Communities get ready to introduce CTC. They work behind the scenes to:

1. Activate a small group of catalysts.
2. Assess how ready the community is to begin the process.
3. Identify key community leaders to champion the process.
4. Invite diverse stakeholders to get involved.

2. Get Organized

Communities form a board or work within an existing coalition. After recruiting community board members, they:

1. Learn about prevention science.
2. Write a vision statement.
3. Organize workgroups.
4. Develop a timeline for installing CTC.

3. Develop a Community Profile

Communities assess community risks and strengths—and identify existing resources. The community board and workgroups:

1. Review data from the community's youth survey.
2. Identify priority risk and protective factors that predict targeted health and behavior problems.
3. Assess community resources that address these factors.
4. Identify gaps to be filled in existing resources.

4 Create a Community Action Plan

The community board creates a plan for prevention work in their community, to:

1. Reduce widespread risks and strengthen protection.
2. Define clear, measurable outcomes using assessment data.
3. Select and expand tested and effective policies and programs using the [Blueprints for Healthy Youth Development](#) website.

5. Implement and Evaluate

• In this final phase, communities:

1. Implement selected programs and policies.
2. Monitor and evaluate them.
3. Measure results and track progress to ensure improvements are achieved



Resources:

- Pennsylvania Commission on Crime and Delinquency
[http://www.pccd.pa.gov/Juvenile-Justice/Pages/Pennsylvania-Youth-Survey-\(PAYS\)-2015.aspx](http://www.pccd.pa.gov/Juvenile-Justice/Pages/Pennsylvania-Youth-Survey-(PAYS)-2015.aspx)
- Partnership for Drug Free Kids <http://www.drugfree.org/>
- National Institute on Drug Abuse
<https://www.drugabuse.gov/>
- Centers for Disease Control and Prevention
<http://www.cdc.gov/index.htm>
- Drug Free America Foundation, Inc.
<http://dfaf.org/>
- Communities That Care
<http://www.communitiesthatcare.net>

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Thank you!

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