

DFS LCC Meeting

Thursday 8 July 2010

Held at Carnegie Library in Angola

Participants: *Grant Recipients:* Rita Lechleidner [CCC & Cahoots], Anne LaDue-Satek [CAVA], Suzie Tyler [PHHS], Brett Hays [SCCC], Marty McNeal [DTF], Carma Reeves [YIP], Sunshine Heinze [WIT], Pam Feller [SCPD]; *Other Members:* Lisa Lysaght [DFS & St. Anthony], Debby Pontecorvo [VOICE], Kelly Sickafoose [Gov's Commission for DF Indiana], Whitney _____ & Amy_____.

Co-chair:

- Anne called meeting to order at 9:34AM.
- **Welcome and Introductions** were made.
- **2010 Grant Recipient Verbal Reports:** PHS & HHS After Proms.
 - Suzie reported for PHHS After Prom and Senior Special.
 - HHS didn't report.

Regular Business:

- Co-Chair Report
 - **Minutes:** Corrections: Need to change to June report for Gov's Commission. Under Rita's report: we try to get them to pay for the evaluation, not something towards the evaluation. Marty motioned to approve minutes as corrected. Pam Feller seconded. Minutes approved as corrected.
 - **Refreshments:** Thanks Kelly for the refreshments; Pam Feller volunteered for August.
 - **Mid-year Reports:** Due between 8 July & 5 Aug. [May turn in hard copy or email to Lisa]
 - **Welcome new Co-chair, Brett Hays:** Brett, Anne, and Lisa will schedule to meet to bring Brett up to speed and discuss his hopes as a leader of DFS.
- Treasurer Report
 - **Interdiction Fund:** last month: \$750 came in & YTD: we have \$3234.
 - **Community Drug Fund:** last month: \$1603.75 came in & YTD: we have \$16,893.75.
 - **NE RAB Scholarship:** "Pass the Cup": we have about \$90. Application for our nomination is due Aug 1. Next time the scholarships will be announced in the Spring, so we will continue to pass the cup.
 - **Other:** Budget has been turned into the county. Hopefully, it will be approved by late fall.
- Coordinator Report
 - **Sign In Please:**
 - **Community Comprehensive Plan:** is due by end of month. Please cooperate fully and quickly if information is requested from you to complete our update.
 - **Other:**
- Committee Reports:
 - **Tobacco Report:**
 - **Tobacco Free Steuben Committee:** Went to Partner Exchange. It was really good. We are going to Village Kitchen for lunch today to present them with a Certificate of Recognition. They are a "Preferred Eatery" for going smoke free. Will contact other eateries to present with the same recognition.
 - **VOICE:** Both FHS and AHS are gearing up for summer activities. Teens participated in Healthy Kids' Day at the YMCA. Other summer events include the 4th of July Parade, Music Fest Parade, ITI conference, 4-H Fair State Fair, and VOICE Retreat. DFS members suggested that VOICE youth pick up "butts" at 4-H grounds and up town from new planters. .
 - **Other:** Role models from schools: Liz Carlson from FHS: Emily Watkins and not sure from AHS
 - **DFS Intern:** finished assessments. Next intern starts this fall when Trine is back in session.
 - **Party Safe Homes:** No Report
 - **Other:** August 26th Trine Expo from 5-7PM. The entire campus of Trine is going smoke-free. Marty needs their policy.

Other Business:

- Gov's Commission Report:
 - Performance measures:

- Increase in the proven effective programs
- Increase in the # of members to LCC.
- Increase in the local comm. Drug fund.

Governor's Commission for a Drug-Free Indiana

July 2010 Announcements

Upcoming Awareness Campaigns

- August is National Medicine Abuse Awareness Month.
- September is National Alcohol and Drug Addiction Recovery Month. The region will hold the Ride for Recovery on Saturday, September 18 beginning at 11:00 a.m. The Ride will begin and end in Auburn. Drinks, snacks, and lunch will be available along the way. A hog roast, speaker meeting, and dance will culminate the day. The pre-registration cost is only \$20 per rider, \$25 per couple, or \$10 general public meal/meeting/dance ticket. Please see me for a ticket.

Training Opportunities

- Wednesday, October 13: Regional Training will be held from approximately 9:00 a.m. – 3:00 p.m. at the Public Safety Academy in Fort Wayne. As in years past, the sessions will include areas of interest for each discipline. Further information will be forthcoming.

Did You Know...

- Nonmedical use of prescription pain relievers rose 111 percent between 2004 and 2008, according to a new study by the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) and the Centers for Disease Control and Prevention ([CDC](#)). The study showed that emergency-room visits increased from 144,644 in 2004 to 305,885 in 2008; the trend cut across age and gender lines. Oxycodone, hydrocodone, and methadone were the three most-abused drugs, rising 152 percent, 123 percent, and 73 percent, respectively, during the study timeframe. ER visits for less-prescribed drugs, such as morphine, fentanyl, and hydromorphone were lower, according to [SAMHSA](#), but still rose significantly. Treatment for hydromorphone abuse, for instance, rose 259 percent from 2004 to 2008. "We urgently need to take action," said CDC director Thomas Frieden. "Emergency-department visits involving non-medical use of these prescription drugs are now as common as emergency-department visits for use of illicit drugs." More than 13,000 deaths involving opioids occur in the U.S. each year.
- A can of Four Loko, the latest craze in energy drinks, is twice the size of a can of soda, and packed with even more caffeine and sugar to counteract its astonishing alcohol content, of 12%. "The kids have a nickname for it, they're basically calling it coke in a can," said White Plains Public Safety Commissioner, David Chong. They don't mean Coke-a-Cola. With its very fine print, it looks like any other energy drink. White Plains Public Safety Commissioner, David Chong says the price is right for cash-strapped teens. "This is 24 ounces and you can get this for under three dollars, so it's cheaper than a beer," Chong said. Managers say they empty three cases on an average Friday night, though only to people with proper ID. Still, cops say its minors who are getting sick. Recently, at least four White Plains teenagers landed in the hospital. Now, police are planning a retail crackdown, as they warn parents about these tantalizing beverages that pack quite a punch.
- The Centers for Disease Control (CDC) released findings from the National Youth Risk Behavior Survey (YRBS). Categories in which Indiana students are at a higher risk than their peers nationally are huffing and accessing drugs at school:

	Indiana		National
	2007	2009	2009
Sniffed glue, breathed aerosol, or inhaled paint to get high	15.8%	16.0%	11.7%
Offered, sold, or given an illegal drug on school property	20.5%	25.5%	22.7%

- Although inhalant abuse has become less prevalent since the early 1990s in all age groups, it remains a source

of injury and death. "Huffers" can become addicted, suffer brain damage or worse. The highest rate of abuse was among children ages 12 to 17. 10% to 15% of all U.S. teens are estimated to use inhalants at some point. Of the cases for which a definitive outcome could be determined, 0.9% died, 4.5% had a life-threatening or disabling outcome, 30.7% had a moderate outcome, 38.4% had a minor outcome, and 25.4% were not affected. More than 200 inhalant product categories were implicated, with propellants such as aerosol dusters (15.6%), gasoline (13.1%), and paint (10.4%) being the most frequently abused inhalants. The overall rate of death from inhalant abuse was 5.5 per 1,000 exposures, which was much higher than for exposures from pharmaceuticals (0.4) and nonpharmaceuticals (0.14). The deadliest substance was butane (58.1 deaths per 1,000), followed by propane (25.9), air fresheners (21.8), and nitrous oxide (13.7). Abuse of inhalants early in life has been found to be a fast track to serious psychiatric problems and anti-sociality later on in adulthood. Early abusers of inhalants are more likely to become dependent on nicotine, develop alcohol abuse disorders, or become addicted to methamphetamine. One of the most effective tools to combat abuse is community awareness. One study concluded, "Focusing inhalant prevention efforts on the most hazardous products and most seriously affected users may improve and facilitate strategic prevention, enabling interventions such as targeted education, product reformulation, repackaging, relabeling, or prohibition of sales of especially hazardous inhalant products to youth."

Governor's Commission for a Drug-Free Indiana

June 2010 Announcements

Upcoming Awareness Campaigns

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- September is National Alcohol and Drug Addiction Recovery Month. The region will hold the Ride for Recovery on Saturday, September 18 beginning at 11:00 a.m. The Ride will begin and end in Auburn. Drinks, snacks, and lunch will be available along the way. A hog roast, speaker meeting, and dance will culminate the day. The pre-registration cost is only \$20 per rider, \$25 per couple, or \$10 general public meal/meeting/dance ticket. Please see me for a ticket.

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Did You Know...

1. From Join Together: **Future of Prevention Funding Lies in Broad, Public- Health Approach**

Fueled in part by national healthcare reform, a quiet revolution is taking place in how the federal government conceives of prevention and funds preventive services, and the upshot could mean more money for programs that take a public-health approach to addiction and mental health problems and less for standalone programs that focus solely on alcohol and other drugs. The healthcare reform bill passed by Congress includes a plan to spend \$15 billion on disease prevention, and while many advocacy groups want that money to be spent on disease-specific interventions targeting problems like smoking and diabetes, others have called for using the money on broader community health initiatives. The report identified five proven approaches to prevention, including:

- Strengthening families by targeting problems such as substance use or aggressive behavior; teaching effective parenting skills; improving communication; and helping families deal with disruptions (such as divorce) or adversities (such as parental mental illness or poverty).
- Strengthening individuals by building resilience and skills and improving cognitive processes and behaviors.
- Preventing specific disorders, such as anxiety or depression, by screening individuals at risk and offering cognitive training or other preventive interventions.
- Promoting mental health in schools by offering support to children encountering serious stresses; modifying the school environment to promote prosocial behavior; developing students' skills at decision making, self-awareness, and conducting relationships; and targeting violence, aggressive behavior, and substance use.
- Promoting mental health through health care and community programs by promoting and supporting prosocial behavior, teaching coping skills, and targeting modifiable life-style factors that can affect behavior and emotional health, such as sleep, diet, activity and physical fitness, sunshine and light, and television viewing.

2. Marijuana is the most frequently used illicit drug worldwide. A 2005 National Survey on Drug Use and Health (NS-DUH) reported that over 70% of 19.7 million illicit drug users abuse marijuana. The incidence of new marijuana use in 2005 was 2.1 million, a number that is constant year to year. This means that there are over 6,000 marijuana initiates every day. Marijuana abuse typically starts in adolescence. Well-regarded studies put the peak initiation of marijuana use at age 18. Within 10 years of that mark, 8% of that group will become marijuana dependent. About 1 in 10 new cannabis users will become marijuana dependent. A substantial number of teens and adults use marijuana regularly. Marijuana is the most commonly cited drug by those who admit to illicit drug use in the past month.

Despite the claims of the marijuana decriminalization crowds, marijuana abuse does have immediate, sometimes significant, medical consequences. Past Drug Abuse Warning Network (DAWN) reports have chronicled marijuana use in more than 20% of emergency room drug abuse visits; the numbers are greater still for drug users under the age of 20. Admissions to treatment programs for marijuana dependency now rival the rates for cocaine and heroin.

Of concern to most persons working in the field of marijuana abuse and addiction treatment are the long-term effects of marijuana smoking on its users. A long-term investigation of marijuana users showed that in the non-cannabis using control group, 80% achieved a college degree of some type. Less than half of the cannabis users reported achievement of a college degree. And although parents of subjects of both groups reported similar levels of income, the marijuana using subjects reported low-income levels that were twice as low as that of the control group. Motivation, achievement, and educational attainment appear to be significantly reduced in association with marijuana use.

The impacts of marijuana abuse extend beyond those effects on the individual abuser. One study indicated that ninety seven percent of heavy abusers reported that they regularly drove while intoxicated. Fifty five percent of the heavy users have children. It's not a stretch to assume that some of these heavy users drove while intoxicated with children in the car. It is also likely the negative cognitive effects factored into the overall levels of supervision and parenting rendered by heavy marijuana users.

Behaviorally based outpatient treatments have demonstrated efficacy for both adolescent and adult marijuana abusers. Cognitive behavioral therapy (CBT) and motivational enhancement (MET) interventions are both effective for reducing marijuana consumption and creating a regimen of abstinence and sobriety. Many of these techniques are adapted from alcohol treatment protocols.

Voucher programs and escalating compensation systems that pay for clean drug tests have also proven themselves to be effective in treating cannabis abuse.

Marijuana dependence is not easy to overcome. The rate to relapse for marijuana is similar to that of other drugs such as cocaine, opiates, and alcohol. Programs designed to attack marijuana abuse should be strongly supported. (Medtox Journal, May 2010)

Contact Kelly Sickafoose, your Community Consultant, at 260-486-9954 or kelly.sickafoose@comcast.net for more information, or if you have any questions.

- Other "Brief" Reports:
 - Suzie: PH Schools: DF and Safe schools grant: using funds for smoke free school signs.
 - Anne: Fliers with tear offs with phone number. Support group meets the 15th of this month.
 - Pam: Spice [K2] is getting to be a real issue in the area. Effects are like a combination of cocaine and acid.
 - Rita: 15th at 8:30AM in the Jail: SCCADV.
 - Deb: **Steuben County Wellness Initiative** is continuing to meet monthly with the goal of bringing awareness and availability of wellness to residents. Representation at meetings includes: Trine University, CMCH, MSD, Chamber of Commerce, YMCA, City of Angola, and Pokagon State Park. Please join us at the next meeting: Thursday 29 July at 11AM at Pokagon. **Women's Business** Forum was successful with approximately 200 in attendance. A follow up meeting will be held later this month.

MeetingAdjourn: 10:18AM.

Next LCC Meeting:

Thursday 5 August 2010 at 9:30 AM at Carnegie Public Library in Angola

- 2010 Grant Recipient Presentations from: SCCC & YIP

Reminders:

Mid-Year Written Reports for 2009 Grant Recipients: are due between 9 July & 5 August