

The Exchange

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A Publication of the Chester County Department of Drug and Alcohol Services



Message From the Director

The results are in! The Chester County Youth Survey was conducted in school year 2001/2002 in grades 6, 8, 10, and 12 in all Chester County School Districts and the two (2) technical schools. The complete report is available in our office.

The survey provides important information about the prevalence of alcohol, tobacco, and other drug use, violence and other anti-social behaviors, as well as the level of risk and protective factors our kids experience. The same survey was conducted in school year 1999/2000, enabling us to identify changes over the two years. It was also conducted statewide during the same time periods, providing us the opportunity to view the Chester County results in comparison to statewide data.

The survey report contains both good news and some areas of concern. The good news includes scores in the Risk and Protective Factor scales, as well as, some changes in reported use of alcohol, tobacco, and other drugs that have occurred since our last survey. However, these changes must be viewed very cautiously as this is a very short comparison period. Until we have longer-term data, no trends can be assumed.

A positive finding from the survey is that the majority of the Chester County scores for protective factors continue to exceed 50, the national average. Protective factors are characteristics that are known to decrease the likelihood that youth will engage in problem behaviors; the higher the protective factor scores the better. All of the protective factors for Chester County surveyed youth scored above the national average of 50, with the exception of *school rewards for prosocial involvement* with a score of 49.

Also positive are the 2001/2002 results for risk factors. Risk factors are characteristics in the community, family, school, and individual's environments that are known to increase the likelihood that a student will engage in one or more problem behaviors. Lower scores are better. Twenty-one of twenty-three risk factors had scores below the national average of 50. Scores below 40 include: *Perceived Availability of Drugs and Firearms, Family History of Antisocial Behavior, Low Perceived Risks of Drug Use, and Early Initiation of Drug Use and Antisocial Behaviors.*

There are other positives as well—decreases in cigarette smoking, marijuana use, and binge drinking in most grades surveyed. And, Chester County youth continue to report relatively low levels of use of inhalants, methamphetamine, cocaine, crack, heroin, and steroids.

There are, however, areas of concern. Past 30-day use is a good indicator of current use of a substance. Almost a quarter (23.9%) of Chester County youth surveyed reported alcohol use in the 30 days preceding the survey. While there was a decrease in binge drinking, 13.7% of the youth surveyed reported binge drinking at least once in the two weeks before the survey. Results for 12th grade past 30-day use and binge drinking are 51.7% and 33.9%, respectively. Both of these results, for Chester County 12th graders, are slightly higher than the statewide results.

Although use of marijuana seems to have decreased, it continues to be a concern. Overall, 20.5% of the youth surveyed reported having tried marijuana, and 11.7% reported use in the 30 days preceding the survey. Past 30-day use by Chester County 12th graders is 30.9%, compared to the statewide results of 25.6%.

The report reinforces the importance of prevention messages and programming. For our youth to develop into healthy adults, it is important that at the community, family, and individual level we give our kids consistent messages about the dangers of alcohol, tobacco, and other drug use as well as the tools needed to avoid them. **Kim P. Bowman**

Director, Chester County Department of Drug and Alcohol Services

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Chester County Coroner Rodger Rothenberger, M.D. Releases the Coroner's Statistical Report for 2001

The report included data on Drug Overdoses in the county. Here are some of the key findings from that report.

- *During 2001, there were 21 deaths from Accidental Drug Overdoses. This represents 20% of all accidental deaths and is the highest rate since 1994. Over the last 15 years, there has been a dramatic increase in the number of deaths attributable to drug overdoses. From 1985 to 1995, the rate increased by 283% (from 6 deaths in 1985 to 17 deaths in 1995). Our local rate was fairly stable until the increase in 2001.*
- *The National Health Objective is to reduce the Drug Related Death Rate to no more than 1 per 100,000. Chester County's rate remains significantly above this target—4.84 per 100,000 in 2001.*
- *"Heroin remains a significant and deadly threat to our citizens....Cocaine made a comeback in popularity and lethality during 2001 and 2002, accounting for 29% of the drug overdoses in the County."*
- *The population group with the highest rate of drug related deaths can be described as:
White (81%)
Male (76%)
Aged 20-29*
- *Deaths occurred primarily in the more urbanized cities and towns in the County - with West Chester, Coatesville and Downingtown having the largest clusters of drug related deaths.*

The complete report is available from the Chester County Coroners Office

In Drug Abuse, Gender Matters

Adapted from an article written by NIDA's Acting Director, Glen R. Hanson, Ph.D., D.D.S. appearing in NIDA Notes, Volume 17, Number 2—May 2002

In the complex field of drug abuse research, scientists have helped us understand that there are genetic, physiological, psychosocial, and environmental dimensions to drug abuse and addiction. Biological differences between the genders can give rise to differences in the causes, effects, and consequences of drug abuse. Researchers and clinicians have developed a repertoire of effective treatment and prevention principles that can be adapted for the differing needs of males and females.

Response to drugs: The neurobiological basis of drug abuse and addiction is essentially the same, regardless of the drug taken or the person taking it. Preliminary results from studies of human drug abusers appear to be consistent with the findings from animal studies. For example, women typically progress from first use of cocaine, heroin, or marijuana to dependence more quickly than men. Also, cocaine-induced cognitive impairments and risk for stroke have been found to be more severe in men than in women.

Risk for drug abuse: While risk factors largely overlap, again, differences exist. Depression is much more common among women than men in the general public. This gender difference is much less pronounced among drug abusers. Possible explanations are that depression is a more potent risk factor for drug abuse among men than among women, or that drug abuse itself is more likely to cause depression among men than among women. Other risk factors that appear to be stronger for one gender than the other include conduct disorders, which correlate more with drug abuse by adolescent females, and aggression, which correlates with drug abuse by adolescent males. Along with the differences, studies have revealed unexpected and important similarities between males and females. Most experts had thought that females were less attracted to or were more wary of drug abuse than were males. That seemed a straightforward conclusion based on the fact that the percentage of women who abuse drugs is lower than the percentage of men. However, it turns out to be not true. A recent study found that the lower rate of drug abuse for females is largely a matter of opportunity. During youth, when most drug abuse initiation occurs, more boys than girls receive offers of drug, but when drug offers are made, both genders are equally likely to accept. Once having tried drugs, males and females generally are equally likely to become dependent. This underscores the importance of drug refusal skills in prevention efforts with both genders.

Response to treatment: Success in drug treatment is directly associated with the length of time spent in treatment: The more time in treatment, the better the outcome. Drug treatment appears to be equally effective for men and women, but women often spend less time than men in treatment. In part, this could reflect differences in social

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This is the fifth in our series of sharing information on various types of treatment services that are available through the Chester County Department of Drug & Alcohol Services.

STUDENT ASSISTANCE PROGRAM

The Commonwealth's **Student Assistance Program (SAP)**, is administered by the Department of Education in collaboration with the Departments of Health and Public Welfare. The Student Assistance Program is intended to assist school personnel in identifying issues, such as use of alcohol and/or drugs and other behavioral risk factors. The issues may pose a barrier to a student's learning and school success. SAP Teams don't diagnose or offer formal treatment; they use professional techniques to mobilize school resources to remove the barriers to learning. They also provide informational brochures or other resource materials to students/families. The use and abuse of alcohol and other drugs and other issues impact upon a child's performance in school; however, it is neither the mission nor the responsibility of the school to resolve all problems which have an impact upon school performance.

When the problem is beyond the scope of the school's responsibility, SAP team members help students and parents by providing information on community resources for assessment. Parents have the right to be involved in the process and to have full access to school records. Involvement of parents in all phases of the Student Assistance Program is important — parents have responsibility for making decisions about their children's education and they are the key to the successful resolution of problems.

For youngsters receiving treatment through a community agency, the team, in collaboration with the parent and the agency, plans in-school support services during and after treatment. The team's effectiveness in helping the student depends on many factors including level of administrative commitment and board support, active parent and student involvement and the available resources both in the school and the community. In Chester County, the Student Assistance Program is coordinated by The Coad Group. For more information on Student Assistance Programs in Chester County, contact Ms. Susan Billy c/o The Coad Group at 610-363-6164.

You may also wish to visit the Commonwealth's SAP website at www.sap.state.pa.us

(Gender Matters Continued from page 2)

and economic circumstances. Women entering treatment are more likely than men to be custodial parents and to have fewer economic resources; they are less likely than men to have graduated from high school, to be employed, or to have sufficient supportive social networks. Studies also indicate that males and females tend to relapse to drug use for different reasons. For example, among men, relapse is more likely to be associated with anxiety and positive feelings, while among women, depression and negative feelings appear to be more common triggers.

Our understanding of **Nicotine Addiction** is relatively advanced, though still far from complete. Research has shown that different aspects of smoking more strongly influence addiction to nicotine in men and women. For men, the compulsion to smoke is driven more strongly by nicotine's pharmacological effects on the brain, while women's addiction owes more to the visual, tactile, taste, and olfactory sensations involved in smoking. Because of these differences, men tend to get more relief overall from nicotine replacement therapy, and women who use nicotine replacement do better with nicotine inhalers than the nicotine patch. Recent NIDA research suggests that women can increase their chances for quitting by timing their attempt with the first half of their menstrual cycles, since nicotine

Although the focus on gender is relatively new in drug abuse science, we already know that gender's impact is far reaching and complex. A comprehensive and detailed picture of gender-related effects can lead to improvements in treatment and prevention efforts that bring us closer to the goal of individualized interventions that best meet the distinct needs of each patient. When it comes to reducing the tremendous burden of drug abuse and addiction, gender most certainly matters.

Bits and Pieces



Communities That Care Corner

Congratulations to the Octorara Area Communities That Care for receiving the Implementation Grant from PCCD. These funds will be used to implement a program called "Across Ages", an intergenerational mentoring program with opportunities for relationship building, community service, family activities and life skills.

Recruiting Youths for Tobacco Compliance Checks

The Chester County Health Department will be recruiting youths to participate in Tobacco Retailer Compliance Checks beginning in the fall of 2002. Candidates must be between the ages of 14 to 16, a non-smoker, good moral character and complete a mandatory Student Consultant training program through the Chester County Health Department. For more information please contact Scott Viola (Tobacco Enforcement Officer) at 610-344-6905.

Video Review

Statistics show that our youth are being exposed to drugs and alcohol earlier than ever. Often, they first come across illicit substances in elementary school. These children are at an impressionable age when they long for peer approval. Fortunately, drug education and prevention programs can help steer youth away from such dangerous activities. By teaching children the harmful effects of drugs when they're young, they are better able to make informed decisions when peer pressure increases in middle and high school.

With this in mind, The Coad Group has recently expanded their resources to include more materials geared toward the elementary school population. One of our latest additions to the lending library is entitled: **Student Workshop: All About Drugs**. This 16-minute video gives the youngest students (K-2) the facts about drugs and medicines they need to know. Four age-appropriate vignettes illustrate drug basics: the dangers of non-prescription medications; why drugs should never be taken without a parent's or doctor's permission; and drugs that are addictive or illegal, with emphasis on tobacco and alcohol.

The video is designed to be used over several sessions, with a built-in pause after each vignette for reinforcement activities: role-plays, handouts, games and activity sheets (master copies are included for all activities).






If you are interested in this video, or other resources for elementary level students, please feel free to contact the Community Prevention Department at The Coad Group 610-363-6164.



Red Ribbon Week: Action starts with the smallest gesture: a child pinning a red ribbon to his shirt, a girl wearing a red ribbon wristband, a classroom planting red tulips, a business displaying a red ribbon banner, a community hosting a red ribbon family event. Though simple, their significance is tremendous. Each red ribbon has the potential to reach a boy, a girl, a caring adult or a family in a profound way. The red ribbon is a symbol for millions of Americans who show that ribbon by ribbon, neighbor by neighbor, they are united for drug-free youth.

Since its beginning in 1986, the Red Ribbon Celebration has touched the lives of more and more people each year. It all began with the brutal murder of Enrique "Kiki" Camarena, a Drug Enforcement Agent assigned to a case in Mexico. Enrique was shockingly close to uncovering the identities of key members of a Mexican drug cartel. He was kidnapped, brutally tortured and killed just days before he was to identify kingpins of the illegal business in Mexico. Angered by Kiki's death and the destruction caused by drug and alcohol use in America, the young people of Kiki's hometown in Calexico, California began wearing Red Ribbons in honor of the fallen hero. The National Family Partnership and its affiliated organizations soon began to wear Red Ribbons as a symbol of their commitment to fight the illegal use of drugs. Today, the Red Ribbon is the symbol for drug, alcohol and tobacco prevention across America. The Theme for Red Ribbon Week 2002 is "Freedom is Drug-Free, Plant the Promise". Annually, every October 23rd - 31st, more than 80 million young people and adults show their commitment to a healthy, drug-free life by wearing or displaying the Red Ribbon. Since 1988, The National Family Partnership has provided national leadership for this exciting event. This nationwide celebration has become a major force for raising public awareness and mobilizing communities to combat alcohol, drug and tobacco use among youth. For more information or campaign materials, go to www.nfp.org. Please contact Ms. Robin Fetter at The Coad Group (610-363-6164) for information on local activities or ideas for hosting your own Red Ribbon Week activities.

Mark Your Calendar...

-  **Confidentiality Law Training:** October 28th, 2002; 9 am to 4 pm at The Coad Group office. Call for more information.
-  **Unleashing the Power of Youth and Community Potential**, October 14-15, 2002 in Allentown, PA. For more information call (215)-538-47-96 or www.justcommunity.com
-  **Youth Tobacco Leadership Institute** to take place in the area: Delaware County Location October 30th, Montgomery County Location November 14th. Call Ms. Karen Curtis at the American Cancer Society, 610-565-1009 for further details.
-  **Red Ribbon Week: October 23-31, 2002**
-  **The Great American Smoke Out—November 21st 2002**



Kid's Corner A regular feature of The Exchange...



The ***I Agree to be Drug Free*** program avoids the problems of substance abuse by helping to raise the emotional competency of children so that they can live happily Drug Free. . It is important to recognize feelings and how you handle your feelings. See how you do in writing down what you do with feelings. Some common answers are already included. Are you handling your feelings without using drugs or alcohol?

I recognize my feelings

1. When I'm glad, I... laugh, smile, help or _____
2. When I'm sad, I ... eat, go alone, cry or _____
3. When I'm mad, I... pout, hit, yell or _____

I know what causes my feelings

4. When I'm hurt, I get...mad, sad, whiney or _____
5. I get sad when I...fall, lie, am sick or _____
6. I get mad when I... get hit, yelled at, teased or _____

I can handle my feelings without drugs

7. While I wait to get glad, I... play, help, read or _____
8. Kids do drugs to... rebel, experiment, have fun or _____
9. Drugs would make me... weird, ill, crazy or _____

I agree to be...Drug Free _____(signed)

For more information go to www.learnwell.org/iagree. You can join the growing number of kids who have signed the pledge or get great information about the campaign. There are also links to web pages that kids, parents, teachers or other professionals may want to check out. A poster is available for schools. Other information can be obtained from the [Join Together](#) and [For Kids Only](#) websites. This pledge is one of the tools that is part of that project.

Parenting Tips from The Anti-Drug Newsletter

Do you know the type of websites that your kids like to visit? There are hundreds of sites that have information about drugs, from marijuana to Club Drugs such as Ecstasy. While they seem to be full of facts, some include information such as recommended dosage, how the drug makes people feel and what kids can do if they get caught while high on a particular drug.

Here are some suggestions for what parents can do:

- Talk with your kids about the websites they visit.
- If they are searching online for information about drugs, point them to sites that are run by credible organizations and that don't glamorize drug use.
- Help your child become media literate by watching and listening to the messages they receive. Discuss messages about drugs—are the facts accurate? Do they show drugs in a positive way? Point out the disadvantages of using drugs, like school failure, and losing the trust of family.

A new study published in *Pediatrics*, by Dr. Paul M. Wax of the Department of Medical Toxicology at Good Samaritan Regional Medical Center in Phoenix, Arizona, speculates that the rise of websites and online forums may be partly to blame for the growing acceptance of Club Drugs by young people.

You may subscribe to the Anti-Drug Parenting Newsletter by visiting TheAntiDrug.com and entering an email address on the home page.

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This newsletter is sponsored by: The Chester County Department of Drug and Alcohol Services, P.O. Box 2747, 601 Westtown Road Suite 325, West Chester, PA 19380-0990.

For more information or to be on the mailing list for this newsletter, contact the Community Prevention staff at: The COAD Group, 930 East Lancaster Avenue Exton, PA 19341.

610.363.6164 or
1.800.917.1117

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Join Together (617) 437-1500
www.jointogether.org

National Institute on Drug Abuse
www.nida.nih.gov or clubdrugs.org

**National Center for Chronic Disease
Prevention and Health**
www.cdc.gov/tobacco

**National Clearinghouse for Alcohol & Drug
Information** 1-800-729-6686
www.health.org

Partnership for a Drug-Free America
(212) 922-1560 www.drugfreeamerica.org

**PA Dept. of Health, Research & Info.
Clearinghouse** www.padohric.org

Al-Anon Family Group Headquarters.
(800) 344-2666 or (800) 356-9996.
www.al-anon.alateen.org

For information on local AA meetings,
www.aachesco.org

Toll Free Line for D&A information and assistance
in Chester County
1-866-ATOD SOS (286-3767)