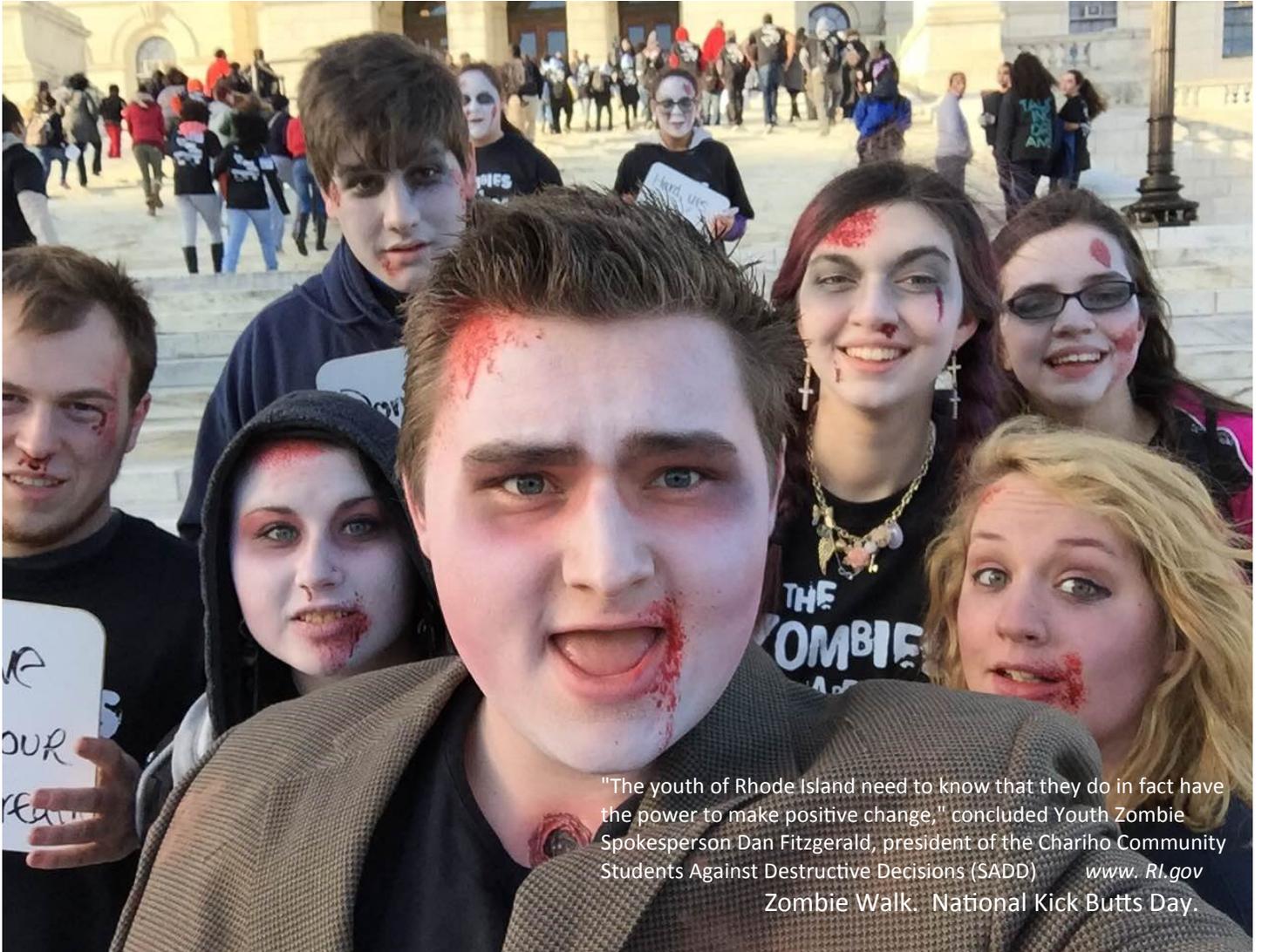


We are Chariho.



"The youth of Rhode Island need to know that they do in fact have the power to make positive change," concluded Youth Zombie Spokesperson Dan Fitzgerald, president of the Chariho Community Students Against Destructive Decisions (SADD) [www. RI.gov](http://www.RI.gov)
Zombie Walk. National Kick Butts Day.

Charlestown. Richmond. Hopkinton.

The Narragansett Tribe. **We take a stand**

Against marijuana, tobacco,

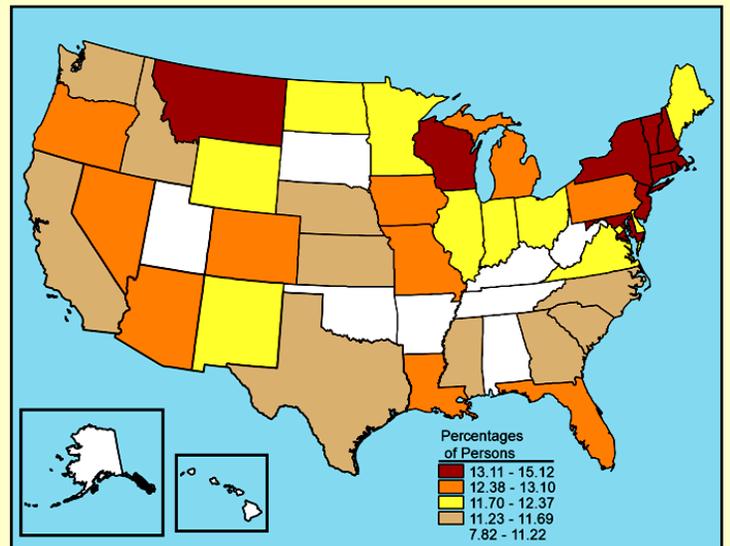
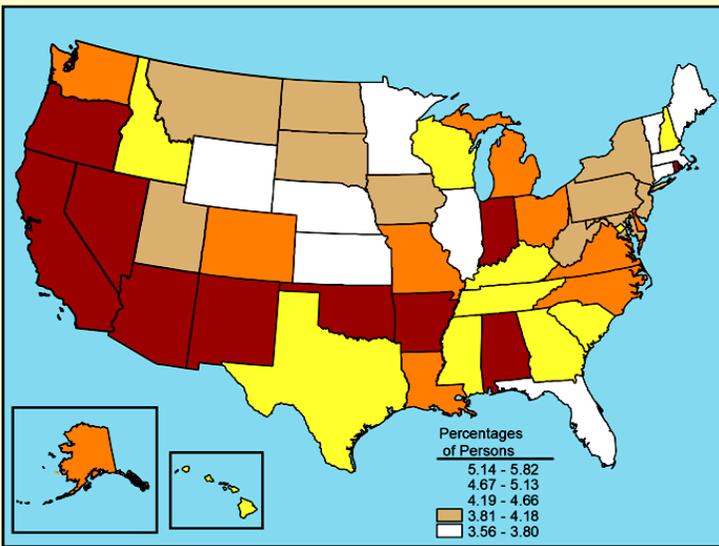
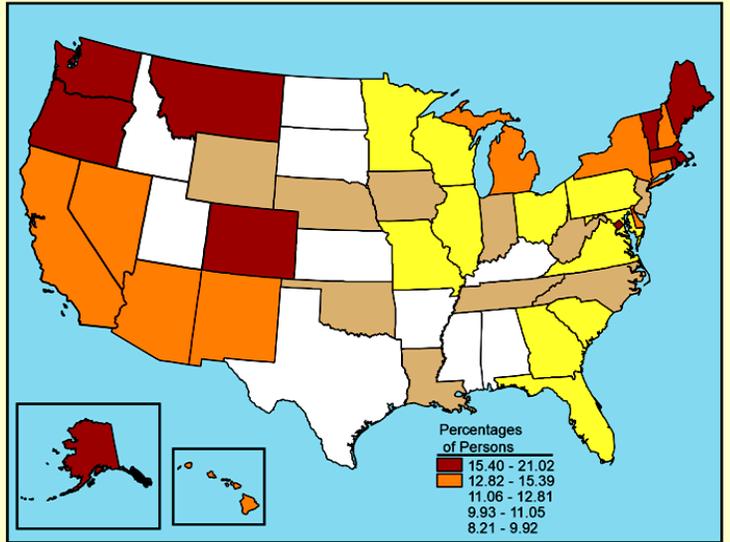
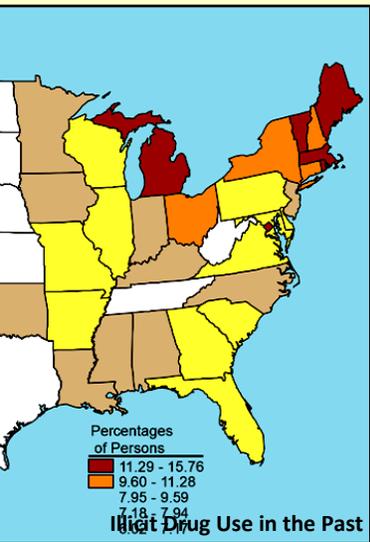
misuse of prescription drugs and alcohol.

Why do we keep vigilant about Substance Abuse in our Chariho communities?

Rhode Island consistently ranks among the HIGHEST states in drug and alcohol abuse.

National Maps of Prevalence Estimates, by State

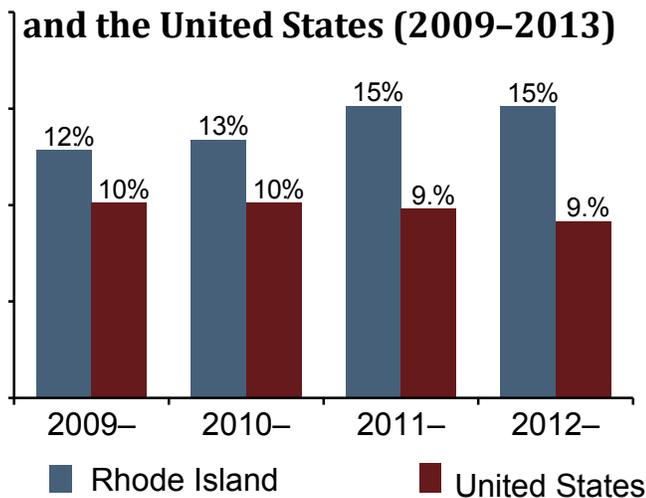
SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2012 and 2013.



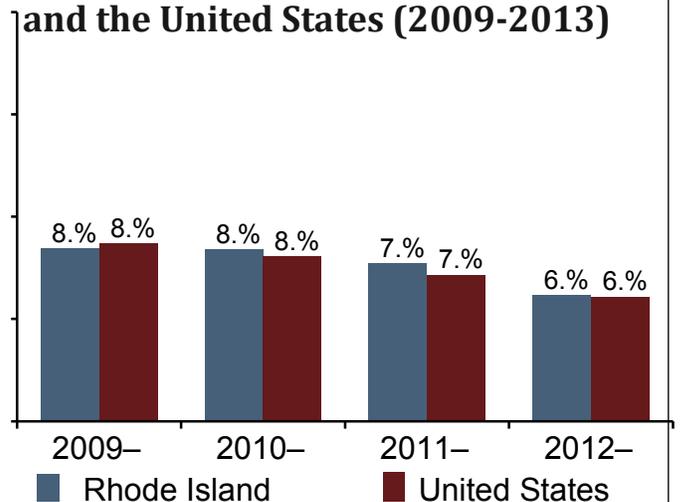
Why do we keep vigilant about Substance Abuse and our Chariho YOUTH?

Rhode Island substance use by our Youth is higher than National averages in all substances.

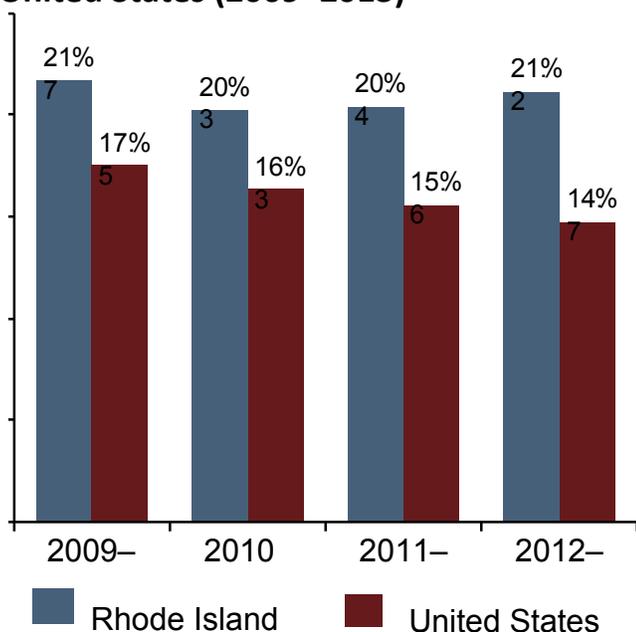
Past-Month Illicit Drug Use Among Adolescents Aged 12-17 in Rhode Island and the United States (2009-2013)



Past-Month Cigarette Use Among Adolescents Aged 12-17 in Rhode Island and the United States (2009-2013)



Past-Month Binge Alcohol Use Among People Aged 12-20 in Rhode Island and the United States (2009-2013)



What are we doing to reduce substance abuse here in Charlestown, Richmond, Hopkinton and the Narragansett Tribe?

In our schools



Prevention Counselors in High School and Middle School for prevention, intervention and referral services.

Peer Leadership Programs: High School and Middle school SADD, VAASA, peer mentors

Alateen

Classroom peer leadership presentations/campaigns

Substance Abuse curriculum

3rd Millennium curriculum for marijuana and alcohol

Positive Community Norms campaign FIT IN

Evaluations

Substance Abuse Prevention Assemblies

SADD leadership in community

Narragansett Indian Youth Ambassadors

Social Norms Media Campaign

Signage

Policy Change

Information Dissemination

Washington County Fair Booth

YMCA Healthy Kids Day

MADD team spirit

Free Detera Drug Disposal Bags

Free Prescription Drug Lock Bags

Party Patrols

Shoulder Taps at Liquor Stores

Drug Testing Kits

ID Scanners

Tobacco compliance checks

24/7 Prescription and OTC Drug Drop Off boxes



Most CHS students do NOT use marijuana. 2015 Chariho DFC Survey

In our community



In our Health Centers

Law Enforcement



Pick up yours today!



These are our partners in Chariho prevention efforts.



OCEAN STATE PREVENTION ALLIANCE

Positive community norms



HEALTH CENTER



Our student partners:



Varsity Athletes Against Substance Abuse

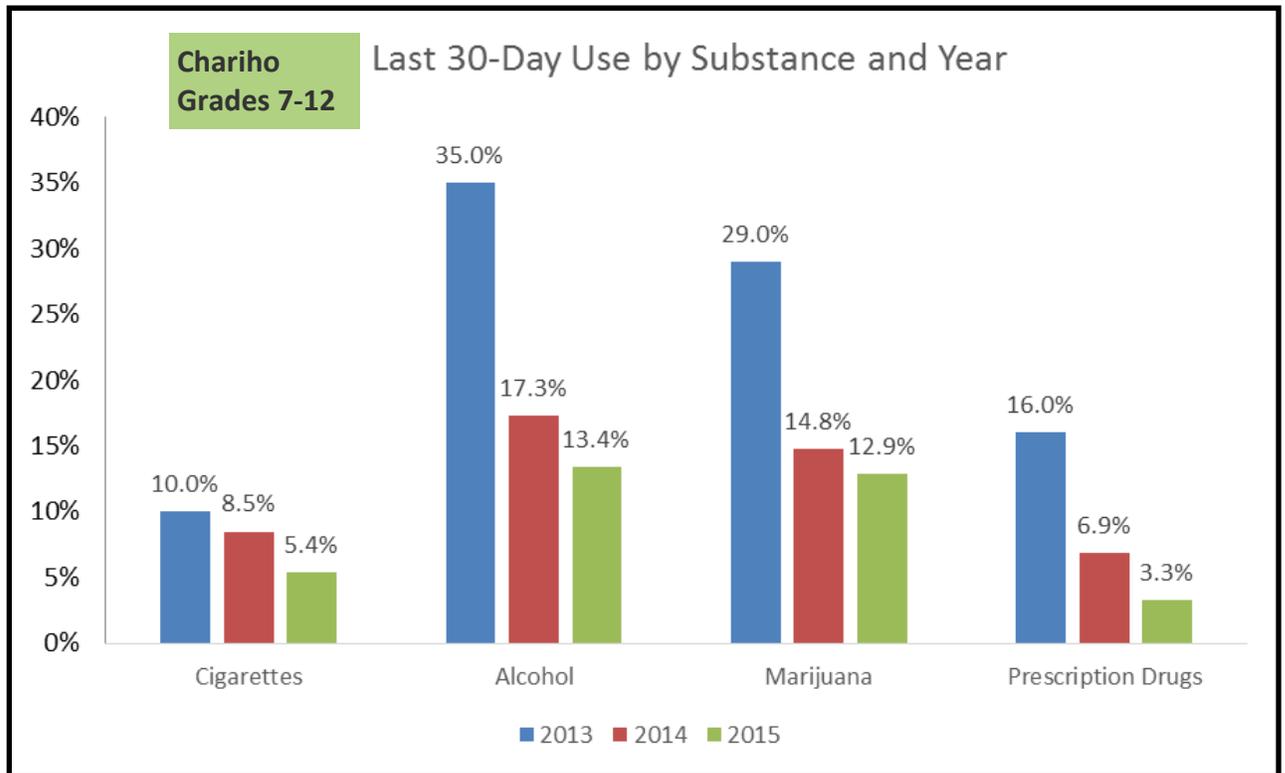


Narragansett Indian Youth Ambassadors



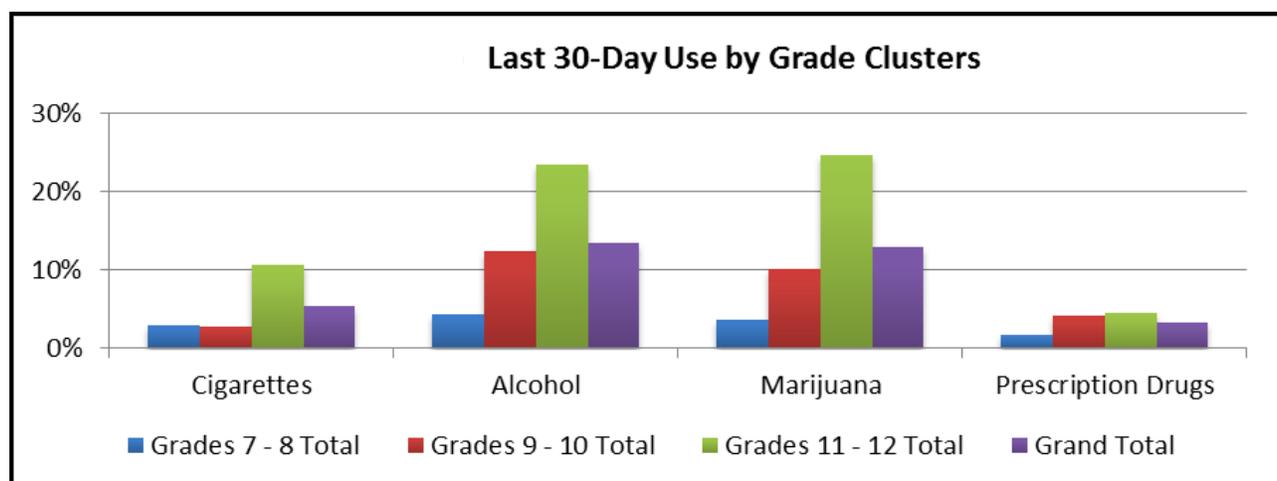
Are our Substance Abuse Prevention efforts working in Chariho?

YES.



Summary: There was a decline reported in overall student use for all four substances this past year. Strong two-year drops were reported for last 30-day use of cigarettes (-4.5%), alcohol (-21.6%), marijuana (-16.1%) and prescription drug use (-12.7%). Overall use rates for all four substances were at a three-year low.

*Health and Wellness Student Survey Results
School Year 2014-2015*



Want to Protect our Youth?

DO YOU FEAR WHAT WILL HAPPEN IF RHODE ISLAND'S ELECTED OFFICIALS VOTE TO LEGALIZE THE USE OF RECREATIONAL MARIJUANA?

ARE YOU TIRED OF CANDY- AND FRUIT-FLAVORED TOBACCO PRODUCTS DISPLAYED AND PROMOTED IN RETAIL STORES SO THAT KIDS AND TEENS CAN SEE THEM NEXT TO REAL CANDY AND ACCESS THEM WITH EASE?

Policies Protect Our Communities for Years to Come

The CHARIHO Task Force has a mission is to extinguish youth access to illicit and illegal drugs, alcohol and tobacco. One of the ways that we do this work is by implementing and enforcing policy change in our Chariho communities. If you'd like your community's leadership to propose and adopt local policies (or ordinances) that protect the public (children, youth and adults) from the harms of illegal drugs, tobacco/nicotine products, alcohol and marijuana products WE CAN PROVIDE ASSISTANCE.

We've had much success already: We assisted in establishing smoking bans at Charlestown's beautiful beaches, recreation areas and playgrounds. We assisted the Chief of Police in Richmond in establishing a local tobacco dealer license. We assisted the town of Hopkinton in establishing smoking bans at Crandall Field and Langworthy Field. We assisted the Chariho Athletic Association in banning smoking at James Dow Complex.

WANT TO MAKE CHANGE IN OUR COMMUNITY POLICIES?

We can mentor you through the entire process, from visioning to the Town Council vote! Just ask us for help! We can provide Education on the process of policy change. We have available Talking Points, Research, Data as well as Samples of Policies, Samples of Letters to the Editor, Letters of Support to be sent to Town Leadership and other Decision Makers.

We do not lobby decision makers, or propose local laws, because our funding precludes us from doing so. THEREFORE, You, (yes, you!) are needed to move from CARING in to ACTION. We can HELP you to create the kinds of policies that will protect your family's health for generations to come!

If you want to know more about how we can help you, please contact Astrid Meijer, Policy Advisor

astridmeijeruc@gmail.com



Chariho Task Force on Substance Abuse Prevention CONTACTS

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SCHOOLS

COMMUNITY

Drug Free Community Coordinator, CPS

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kgardner@charihotaskforce.com

PCN/Tribal Youth Coordinator

Sierra Spears

Spearsie@aol.com

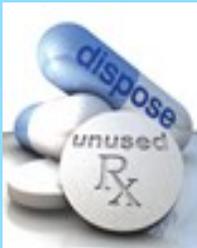
What are some of our biggest concerns?

Prescription Drugs

The US consumes 80% of the world's supply of painkillers, and overdoses from **prescription opioid drugs kills at least 16,000 Americans every year**— more than heroin and cocaine combined. *Health, Oct 7, 2015*



Prescription medicines are now the most commonly abused drugs among 12 to 13 year olds. *NSDUH 2012*



Minding your meds: If your doctor has prescribed a medication to you—especially if it is a stimulant (Adderall, Concerta, Ritalin), sedative (Xanax and Valium) or pain reliever (Percocet, Vicodin, Oxycontin)—you need to take steps to safeguard these medications and prevent them from falling into the wrong hands. That's because they have the potential to lead to addiction, abuse and even death if used by someone other than you. It's also illegal to share these medications.



Prescription Opioid Abuse: A First Step to Heroin Use?

Prescription opioid pain medications such as Oxycontin and Vicodin can have effects similar to heroin when taken in doses or in ways other than prescribed, and they are currently among the most commonly abused drugs in the United States. Research now suggests that abuse of these drugs may open the door to heroin abuse.

Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin. Some individuals reported taking up heroin because it is cheaper and easier to obtain than prescription opioids.

Many of these young people also report that crushing prescription opioid pills to snort or inject the powder provid-

2013 - Rhode Island has the 13th highest drug overdose mortality rate in the United States, with 15.5 per 100,000 people suffering drug overdose fatalities, according to a new report, *Prescription Drug Abuse: Strategies to Stop the Epidemic*

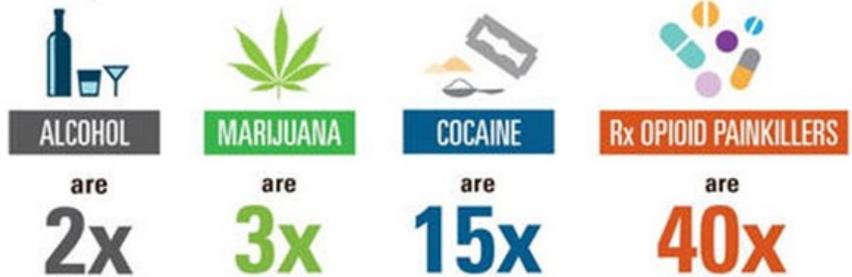
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



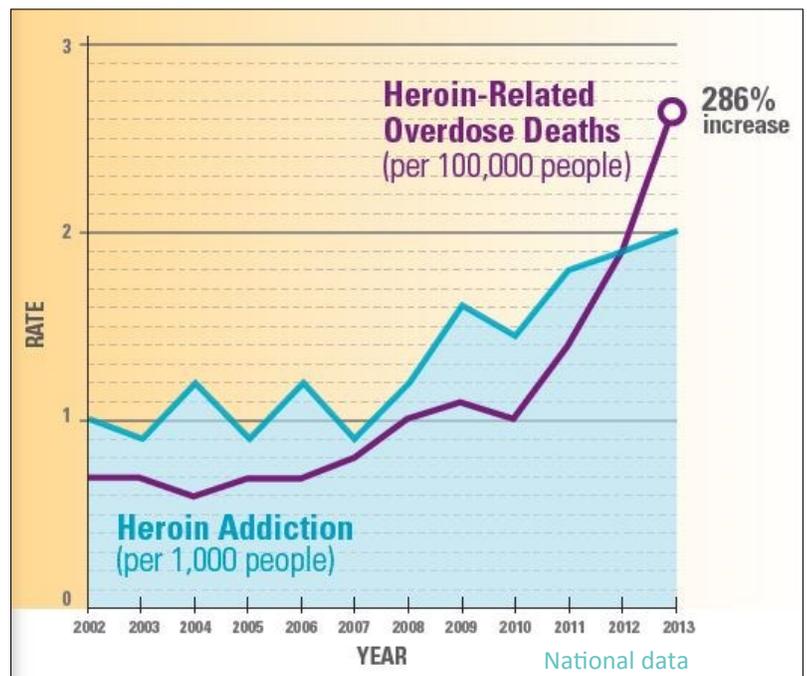
...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

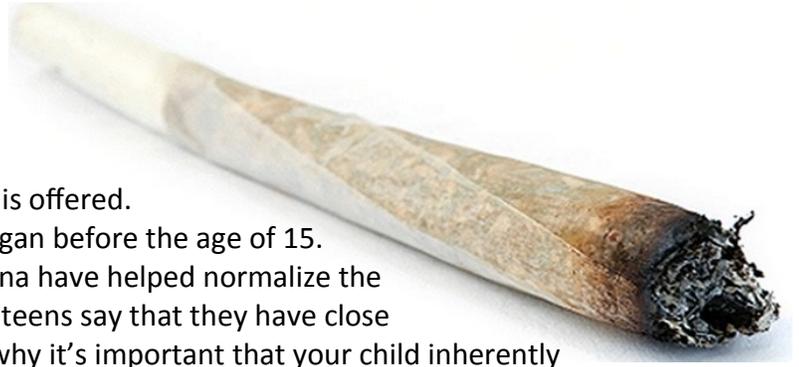
Heroin



3 out of 4 people With a heroin dependence began with prescription opioids (painkillers).



Marijuana.



The new marijuana landscape

Marijuana is often one of the first drugs a teen is offered.

In fact, 41 percent of teen smokers say they began before the age of 15.

National debates on the legalization of marijuana have helped normalize the behavior for many teens. In fact, 78 percent of teens say that they have close friends who use marijuana. *Drugfree.org* That's why it's important that your child inherently understands that you don't approve of his use of marijuana, in the same way that you don't want them to smoke cigarettes, drink alcohol or use other drugs.

How is it used?

Many users roll loose marijuana into a cigarette (called a "joint") or smoke it in a pipe or water pipe (called a "bong") or in a cigar (called a "blunt"). A single intake of smoke is called a "hit."

More and more marijuana "edibles" are now available including baked goods and candy that closely or even exactly resemble well-known foods (example: brownies, chocolate, cookies, pizza or gummy bears).

Marijuana can also be vaporized. In addition, there are marijuana concentrates such as hash, wax, tinctures and oil.

The new marijuana landscape doesn't change the fact that all mind-altering substances — including marijuana — are harmful for the still-developing teen brain.

Regular Marijuana Use Bad for Teens' Brains

Frequent marijuana use can have a significant negative effect on the brains of teenagers and young adults, including cognitive decline, poor attention and memory, and decreased IQ, according to psychologists discussing public health implications of marijuana legalization at the American Psychological Association's 122nd Annual Convention.

"It needs to be emphasized that regular cannabis use, which we consider once a week, is not safe and may result in addiction and neurocognitive damage, especially in youth," said Krista Lisdahl, PhD, director of the brain imaging and neuropsychology lab at University of Wisconsin-Milwaukee. *APA 2014*



The Teenage brain: Everyone knows the importance of guiding and nurturing toddlers, whose brains are developing at warp speed. But what about the development of the teen brain? We're now learning that adolescents go through a similar wave of major development. From ages 13 to about age 25, a **pruning and strengthening process** is happening in their brains. During that time, the brain cells and neural connections that get used the least get pruned away and die off; those that get used the most get stronger.

— when the brain is rapidly changing and most vulnerable to outside influences — is when teens are most likely to experiment with drugs and alcohol. Why? One reason may be because the brain region that's responsible for making complex judgments (the Prefrontal Cortex) isn't fully mature, and therefore is prone to being overpowered by the emotional or motivational regions that are more mature. Scientists believe this aspect of teenage brain development explains why young people sometimes use poor judgment and don't have good impulse control. Unfortunately, developing brains may be more prone to damage. This means that experimentation with drugs and alcohol can have lasting, harmful effects on your teen's health.

Myths About Marijuana and Your Health

I can't become addicted to marijuana. Marijuana is about as addictive as alcohol. 1 in every 6 teens (and 1 in every 11 adults) who ever try marijuana will become addicted to it. Teens are particularly vulnerable to addiction, since their brains are being primed and are under rapid development until age 25. So it's no surprise that more youth are in treatment for marijuana dependence than for alcohol or any other drug combined.

Smoking marijuana once in a while won't harm me as a teen. Regular marijuana use can have serious consequences on adolescents. Research shows that teens who smoke marijuana once a week over a two-year period are almost six times more likely than nonsmokers to drop out of school and over three times less likely to enter college. Even more seriously, marijuana use is strongly associated with stunted emotional development. In particular, females who smoke marijuana show a great vulnerability to heightened risk of anxiety attacks and depression. According to a study published in the British Medical Journal, daily use among adolescent girls is associated with a fivefold increase in the risk of depression and anxiety. Moreover, youth who begin smoking marijuana at an earlier age are more likely to have an impaired ability to experience normal emotional responses. The link between marijuana use and mental health extends beyond anxiety and depression. Marijuana users have a six times higher risk of schizophrenia, are significantly more likely to develop other psychotic illnesses.

Marijuana is not tobacco – it won't harm my lungs. For most people, common sense would suggest that drawing smoke into the lungs isn't natural, and whether it's tobacco smoke or marijuana smoke, there are bound to be some health consequences. The fact is, according to the American Lung Association, marijuana smoke contains 50-70% more carcinogenic smoke than tobacco. In addition, marijuana users often inhale more deeply and hold their breath longer than tobacco smokers do, further extending the lungs' exposure to

What about Medical Marijuana? Don't we care about the terminally ill and those with chronic pain?

What is medical marijuana?

The term *medical marijuana* refers to using the whole unprocessed marijuana plant or its basic extracts to treat a disease or symptom. The U.S. Food and Drug Administration (FDA) has not recognized or approved the marijuana plant as medicine. However, scientific study of the chemicals in marijuana, called *cannabinoids*, has led to two FDA-approved medications that contain cannabinoid chemicals in **pill form**. Continued research may lead to more medications. There is growing interest in the marijuana chemical *cannabidiol* (CBD) to treat certain conditions such as childhood epilepsy. Therefore, scientists have been specially breeding marijuana plants and making CBD in oil form for treatment purposes. **These drugs may be less desirable to recreational users because they are not intoxicating.** *NIDA, 2015* The FDA requires carefully conducted studies (clinical trials) in hundreds to thousands of human subjects to determine the benefits and risks of a possible medication. So far, researchers have not conducted enough large-scale clinical trials that show that the benefits of the marijuana plant (as opposed to its cannabinoid ingredients) outweigh its risks in patients it is meant to treat. Read more about the various physical, mental, and behavioral effects of marijuana in *Drug Facts: Marijuana* at www.drugabuse.gov/publications/drugfacts/marijuana.

Marijuana as medicine

Many plants, including marijuana, have medicinal properties. But that doesn't mean that in order to derive those medicinal benefits, we should smoke or ingest its raw, crude form. After all, we don't smoke opium to get the benefits of morphine. A distinction must be made between raw, crude marijuana and marijuana's components. But 'medical' marijuana, as it stands today, has turned into a sad joke.

The average medical marijuana 'patient' in California is a 32-year old white male, with a history of substance abuse, and no history of life-threatening illness. Of all these patients, 88% had tried marijuana before age 19, and 75% and 50% had used cocaine and methamphetamine, respectively, in their lifetime. In Colorado and Oregon, less than 4% reported using medical marijuana to treat cancer, HIV/AIDS, or glaucoma. Furthermore, the proportion of patients in these states using medical marijuana to treat 'chronic pain' are 96% and 91%, respectively. These statistics are consistent throughout the country.

The expansion of medical marijuana laws throughout the US in the last few decades has borne with it damaging consequences. Research shows that residents of states with medical marijuana laws have abuse and dependence rates almost twice as high as states with no such laws, and teen use rates are significantly higher in states with medical marijuana laws compared to other states. Moreover, youth perception rates of the harmful effects of marijuana have significantly decreased in states that have legalized medical marijuana. But who can blame them? The current system of medical marijuana in the United States is sending out the message to teens that 'if smoked pot is medicine and sanctioned by the state, then it must be safe to use.' *Sabat, 2014*

OTC (over the counter) Drugs

Each generation of kids looks for new ways to get high. Recent trends indicate they are increasingly turning to prescription (Rx) or over-the-counter (OTC) medicines. Teens report getting many of these medicines from home medicine cabinets and mistakenly believe that abusing them is “safer” than other drugs. A problem that often flies under the radar is the abuse of OTC cough medicines containing dextromethorphan (DXM).

According to the 2013 Monitoring the Future Survey, about 4 percent of teens report abusing OTC cough medicine to get high. In addition, according to the 2012 Partnership Attitude Tracking Study, one out of three teens knows someone who has abused OTC cough medicine to get high.

While millions of Americans safely rely on OTC cough medicine to temporarily relieve their cough, some teens intentionally take large amounts – sometimes more than 25 times the recommended dose of these medicines – to get high. This means some teens ingest multiple packages or bottles of OTC cough medicines that contain dextromethorphan (DXM).

- DXM is the active ingredient in most OTC cough medicines and the most widely used cough suppressant ingredient in the United States.
- Teens may mistakenly believe that because DXM is usually found in OTC cough medicines then it must be harmless and is an easy and safe way to get high. But it's not. When taken in excessive amounts DXM can cause serious side effects including rapid heartbeat, high blood pressure, memory problems, nausea and vomiting.

What OTC cough medicines are teens abusing?

More than 100 OTC medicines containing DXM are on the market today. These medicines come in the form of liquids, capsules, gels, lozenges, and tablets. Common DXM-containing cough medicines include many forms of Coricidin™, Delsym™, Dimetapp™, Mucinex DM™, Robitussin™, Triaminic™, Tylenol Cough & Cold™, Vicks DayQuil™/NyQuil™, Vicks Formula 44™ and more, including store brand and generic versions of these products.

What are the warning signs of OTC cough medicine?

- Empty cough medicine boxes/bottles in trash of child's room or in child's backpack or school locker;
- Purchase or use of large amounts of cough medicine when not ill;
- Missing boxes or bottles of medicine from home medicine cabinets;
- Hearing your child use certain slang terms for DXM abuse, such as skittles, skittling, tussin, robo-tripping, robo, CCC, triple Cs, dexing, and DXM



Alcohol

MORE THAN 4 IN 10 PEOPLE WHO START DRINKING BEFORE AGE 15 BECOME ALCOHOLICS.

National Institute on Drug Abuse , July 2013

The Science: Because of how your brain matures, it’s not always in your complete control. Your limbic system (the center for emotions and risk-taking) matures before your frontal cortex (the center for judgment and impulse control).

That leads to impulsive actions, emotional outbursts and behavior that sometimes “isn’t you.” It opens the door for alcohol and drugs, too, causing you to indulge more and be at a higher risk for addiction. Binge drinking in particular can permanently damage your frontal cortex and lead to alcohol dependence.

WHEN DRINKING BECOMES BINGE DRINKING



Studies show that it takes even less for people who are underage: for girls 9–17 and guys 9–13 it’s 3 drinks. For guys 14–15 it’s 4 drinks.

In America, one in six teens binge drinks, yet only 1 in 100 parents believe his or her teen binge drinks.

Institute of Medicine National Research Council

Problems and Costs Associated with Underage Drinking in Rhode Island: The Facts

In 2013, underage drinking cost the citizens of Rhode Island \$159.9 Million. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth.

This translates to \$1,492 per year for each youth in the state or \$3.52 per drink consumed underage. Excluding pain and suffering from these costs, tangible costs of underage drinking including medical care, criminal justice, property damage, and loss of work in Rhode Island totaled \$60.38 million each year or \$1.33 per drink. In contrast, a drink in Rhode Island retails for \$1.07.

Youth violence (homicide, suicide, aggravated assault) and traffic crashes attributable to alcohol use by underage youth in Rhode Island represent the largest costs for the state. However, a host of other problems contribute substantially to the overall cost. Among teen mothers, fetal alcohol syndrome alone cost Rhode Island \$3 million.

Pire (Pacific Institute for Research and Evaluation), 2015

| PROBLEM | Cost in Millions |
|--|------------------------|
| Youth Violence | \$87 Million |
| Youth Traffic Crashes | \$28.6 Million |
| High-Risk Sex (Ages 14-20) | \$7.9 Million |
| Property and public order crime | \$0.7Million |
| Youth injury | \$5.8 Million |
| Poisonings and Psychoses | \$2.2 Million |
| Fetal Alcohol Syndrome among mothers aged 15-20) | \$3.5 Million |
| Youth Alcohol Treatment | \$8.5 Million |
| TOTAL | \$159.9 Million |

Underage drinking is not just a youth problem.

It is also very much an adult problem. With adults who purchase alcohol for those under age 21; look the other way when teens talk about their drinking exploits; and host teenage drinking parties in their homes, many communities struggle to prevent underage drinking. Madd.org

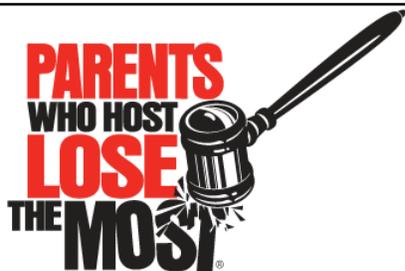
Law enforcement has a secret weapon in the War on Underage Drinking:

Arrest the Parents

Once upon a time, crimes required passion, desperation or recklessness. Not any more. Now, your “crime” could be going out for dinner with your spouse and coming home a half hour earlier than your teen expected...or permitting your child to have three friends sleep over...or agreeing to help celebrate the varsity team’s big win. Today, being called a Social Host means you’ve been charged with an unintended crime of *allowing* teens to drink in your home. It doesn’t necessarily mean you *bought* the alcohol for teens or *served* alcohol to teens; you can be arrested for not doing enough to prevent them from drinking in your home.

Social host refers to adults who host parties where alcohol is served on property they control. Through social host liability laws, adults can be held responsible for these parties if underage people are served, regardless of who furnishes the alcohol.

Remember to call parents of any teen who arrives at your home in possession of alcohol or under the influence. If you can’t get in touch with the parents, keep the teen there or call the police if necessary. You can be civilly liable if you know they have been drinking and you let them leave.



Drinking and Drugging and Driving



Why is drugged driving a problem in teens and young adults?

Motor vehicle crashes are the leading cause of death among young people aged 16 to 19 (Teen Drivers, 2014). Teens are more likely than older drivers to underestimate or not recognize dangerous situations. They are also more likely to speed and allow less distance between vehicles (Teen Drivers, 2014). When lack of driving experience is combined with drug use, the results can be tragic.

Drugged driving is a problem for all.

The effects of specific drugs differ depending on how they act in the brain. For example, marijuana can slow reaction time, impair judgment of time and distance, and decrease motor coordination. Drivers who have used cocaine or methamphetamine can be aggressive and reckless when driving. Certain kinds of sedatives, called benzodiazepines, can cause dizziness and drowsiness, which can lead to accidents.

Research studies have shown negative effects of marijuana on drivers, including an increase in lane weaving and poor reaction time and attention to the road. Use of alcohol with marijuana made drivers more impaired, causing even more lane weaving (Hartman, 2013).

WARNING



Marijuana use can impair driving by affecting critical thinking and motor skill*-

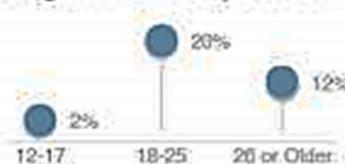
recall
memory
alertness
brake delay
motor control
reaction time
decision-making
eye-hand coordination
perception of speed & time
divided attention
tracking



In 2009, of those tested, **1 in 3** drivers killed in car crashes tested positive for drugs.

More than 31,000,000 people drove after drug or alcohol use in 2013

The highest rate was among 18- to 25-year-olds



National Statistics

