

CULTIVATING SOLUTIONS

ADDRESSING NORTHWEST CONNECTICUT'S ADDICTION CRISIS

NOVEMBER 2017 ISSUE BRIEF



WHAT WE KNOW ABOUT NORTHWEST CONNECTICUT'S ADDICTION CRISIS & WHY IT MATTERS

Despite Northwest Connecticut's bucolic landscape, substance abuse is a growing problem with devastating impacts on those struggling with addiction, their families and the wider community.

The misuse of illicit and prescription drugs, and alcohol is not limited to urban areas. Addiction, a chronic illness that changes brain chemistry, disproportionately impacts rural communities, in part, due to insufficient: prevention outreach; addiction treatment and other health care resources; and law enforcement presence, according to *Beneath the Surface: The Opioid Epidemic in Northwest Connecticut*.¹ This comprehensive report was funded by the **Foundation for Community Health (FCH)**, the **Berkshire Taconic Community Foundation (BTCF)**, the **McCall Center for Behavioral Health** and the **Northwest Connecticut Community Foundation**.

Like the rest of the nation, Connecticut's substance abuse epidemic primarily revolves around the misuse of prescription "painkillers" and heroin. The explosive growth of opioid prescriptions over the past decade, coupled with easy access to cheap heroin, has led to a dramatic upsurge in drug-related treatment program admissions, criminal offenses and overdose death rates in northwestern Connecticut.

PEOPLE WHO ARE ADDICTED TO....



ALCOHOL
ARE
2x



MARIJUANA
ARE
3x



COCAINE
ARE
15x



OPIOID
PAINKILLERS ARE
40x

...MORE LIKELY TO BE ADDICTED TO HEROIN

Source: Centers for Disease Control and Prevention based on 2011-2013 National Survey on Drug Use and Health data

Addiction Treatment Admissions

Over a 5-year period, the number of state-operated drug treatment program admissions in the northwestern part of the state increased **110 percent** from 679 in 2012 to 1,425 in 2016. During the same timeframe, the number of “unduplicated” or “unique” treatment program clients* jumped 90 percent, from 387 in 2012 to 736 in 2016.²

Arrests

According to state crime report data, the number of drug abuse-related arrests declined 3.3 percent statewide between 2007 and 2010, but **increased by 23.5 percent** in Northwest Connecticut during the same 4-year period.³

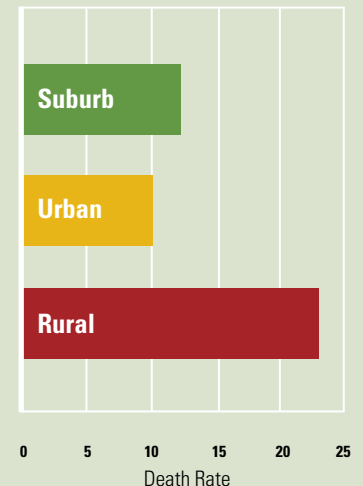
Overdose Deaths

The state’s Office of the Chief Medical Examiner (OCME) reported a staggering **38.9 percent increase** in accidental drug-related deaths between 2012 (357 deaths) and 2016 (917 deaths).⁴ Urban centers record the largest *number* of drug-related deaths, but *death rates* in rural areas have recently surpassed those reported in the state’s urban and suburban areas.⁵

Between 2012 and 2015, the drug overdose death rate per 10,000 in population increased dramatically in Salisbury (0 in 2012 to 5.37 in 2015) and Sharon (0 in 2012 to 7.22 in 2015), and incrementally in Winchester (1.79 in 2012 to 2.69 in 2015) and Torrington (1.94 in 2012 to 2.22 in 2015).⁶

OVERDOSE DEATH RATE IN CONNECTICUT

Between 2012 and September 2015



Source: Based on TrendCT.org graphic and OCME data

* The Connecticut Department of Mental Health and Addiction Services defines unduplicated or unique clients as an individual who receives or participates in one or more episodes of care (i.e., admission, various forms of care, and discharge).

Youth Alcohol and Drug Use

Numerous national studies have shown that alcohol, marijuana and prescription drug use at an early age can lead to future addiction.

Unfortunately, early first-time use of both alcohol and marijuana has been chronicled among children attending Regional School District 1 (serving Canaan, Cornwall, Kent, North Canaan, Salisbury and Sharon). According to a 2012 student survey, the average age of first alcohol use was 11.9 years and first marijuana use was 13.2 years.⁸

In 2014, Region 1 students (275 in grades 7, 9 and 11) reported using addictive substances within the 30 days prior to survey participation:

- **29.5 percent** drank alcohol
- **16.5 percent** ingested marijuana
- **8.8 percent** consumed “off-label” prescription drugs (medications not prescribed for them)⁹

Even more disconcerting are student attitudes about hazards associated with alcohol, marijuana and off-label prescription drug use.

Between 2012 and 2014, the percentage of students that perceived risks associated with alcohol use increased 7.6 percent, from 58.5 percent to 66.1 percent. During the same time period, **student perceptions of marijuana use risks decreased 13.8 percent**, from 77 percent to 63.2 percent, meaning a larger percentage of survey participants did not believe using pot was risky. Nearly 85 percent of students perceived risks with using off-label medications (the 2012 survey did not include questions about prescription drugs).¹⁰

The survey also found that students believed their parents would be less likely to disapprove of marijuana use than alcohol use.¹¹

WHAT IS BEING DONE IN NORTHWEST CONNECTICUT?

In response to the growing “collateral damage” of substance abuse, local organizations representing concerned residents and impacted families, government, law enforcement, education, health and human services, and philanthropy have joined forces to address the area’s drug and alcohol abuse dilemma. These coalitions use multipronged approaches to impact both the immediate concern of the opioid crisis and the long-term goal of changing social norms to effectively prevent substance use and abuse.

The **Litchfield County Opiate Task Force**, led by the McCall Center for Behavioral Health and **Charlotte Hungerford Hospital**, focuses on short-term strategies to address the opioid epidemic by:

- **Cultivating** critical relationships and networks necessary to shape state and local substance abuse policies.
- **Advocating** successfully for state aid to fund one community substance abuse case manager for two hospital emergency departments.¹²
- **Installing** prescription drug drop boxes at all state and local police departments.
- **Increasing** the availability of Narcan, an emergency opioid overdose treatment, and its proper administration through a “train-the-trainer” program at Campion Ambulance Service and the Torrington Area Health District’s Project Mitigate.
- **Raising** local awareness of the epidemic via meetings, forums, informational community fairs, and candle light vigils.
- **Educating** health care providers about the relationship between trauma and substance use and abuse; the benefits of medication-assisted treatment; and local addiction treatment resources.

At the same time, the **Northwest Corner Prevention Network (NCPN)** is focused on long-term strategies to prevent substance abuse among youth. NCPN, a coalition led by McCall and supported by FCH and **Northwest Corner Fund of BTCF**, has identified three prevention goals:

- 1. DELAY** the age of first marijuana, alcohol and off-label prescription drug use.
- 2. ESCALATE** parental disapproval of alcohol, marijuana and off-label prescription drug use.
- 3. INCREASE** youth risk perceptions of alcohol, marijuana and off-label prescription drug use.

To achieve these goals, the NCPN sponsored:

- Botvin, an evidence-based, nationally recognized life-skills curricula designed to reduce initial drug and alcohol use among elementary school students.
- A youth motivational speaker/comedian to discuss “How to Get High Naturally” with both parents and students.
- An annual wellness fair and local media campaign.
- Prescription drug take back events and a pharmacy sticker campaign about proper medication disposal.
- Monthly meetings rotating through six towns.

WHAT CAN WE DO IN NORTHWEST CONNECTICUT?



Individuals & Families

- Talk to youth about risks of early and long-term alcohol, marijuana, and drug use starting in elementary school.
- Learn to safely dispose of prescription drugs.
- Know how to recognize and respond to an opioid overdose.



Community

- Provide healthy, drug-free social activities for children and young adults.
- Support local evidence-based treatment, intervention and prevention programs by donating to Berkshire Taconic Community Foundation's **Northwest Corner Fund for Substance Abuse Prevention**, which is advised by FCH.
- Support the **Litchfield County Opiate Taskforce**.



Education

- Teach students about substance abuse through dynamic presentations, relevant curricula, and targeted social marketing campaigns.



Health & Medical

- Teach health care professionals about responsible opioid prescription protocols.
- Educate the health care community about the connection between trauma and addiction [see *Adverse Childhood Experiences (ACEs) Study at samhsa.gov*].
- Increase access to medication-assisted opioid addiction treatment.
- Integrate substance abuse treatment with primary health care through screenings and linking patients to early intervention and treatment resources.



Public Safety & Law Enforcement

- Ensure all personnel receive mental health and substance abuse training.
- Increase access to and effective administration of emergency overdose medications.
- Enforce existing drug and alcohol laws consistently.



Government

- Improve data sharing across relevant state and federal agencies, and non-governmental organizations.
- Create an easy-to-use prescription drug monitoring system.
- Fund evidence-based substance abuse treatment, intervention and prevention programs.

ENDNOTES

- Scharnberg, J. *Beneath the Surface: The Opioid Epidemic in Northwest Connecticut* (Northwest Connecticut Community Foundation, Foundation for Community Health, Berkshire Taconic Community Foundation and the McCall Center for Behavioral Health, 2017), 23-24.
- Scharnberg, 5.
- Ibid.
- Connecticut Office of the Chief Medical Examiner, Connecticut Accidental Drug Intoxication Deaths, March 21, 2017.
- Ba Tran, A. "Where Drug Abusers Overdose in Connecticut," www.TrendCT.org, March 2016.
- Ibid.
- Scharnberg, 35.
- Northwest Corner Prevention Coalition, "A Collaborative Approach to Address Youth Substance Abuse in the Northwest Corner," February 2016, 2.
- Northwest Corner Prevention Network Needs Assessment 2017, 5.
- Ibid., 12.
- Ibid., 9.
- Scharnberg, 3.

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The Foundation for Community Health is committed to cultivating solutions for our communities' complicated rural health issues in partnership with our neighbors, local organizations and government. I am pleased to announce *Cultivating Solutions*, a new publication series designed to share information, raise awareness and advocate for change. While the inaugural *Cultivating Solutions* tackles the addiction epidemic via an issue brief, future editions may vary in composition or format depending on the topic.

Nancy Heaton, *Chief Executive Officer*
Foundation for Community Health

The Foundation for Community Health (FCH) is a private, non-profit philanthropy dedicated to improving the health and well-being of people living in the northern Litchfield Hills of Connecticut and the greater Harlem Valley of New York, through grantmaking, technical assistance, capacity building, advocacy, and research. The foundation is a supporting organization of the following: Berkshire Taconic Community Foundation, Inc.; Community Foundations of the Hudson Valley, Inc.; and the Northwest Connecticut Community Foundation, Inc. FCH strives to improve access to quality rural health care services; build effective and innovative collaborations; and promote the implementation of prevention and early intervention strategies. Initially FCH was funded by assets from the 2003 sale of Sharon Hospital from a non-profit to a for-profit institution.



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