



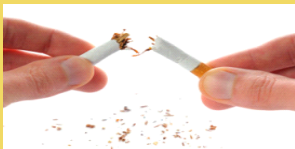
What's SA Ppening

Brought to you by the Center For Humanistic Change Student Assistance Program Liaisons

March 2018

March is:

- Gender Equality Month
- National Nutrition Month
- Women's History Month
- Problem Gambling Awareness Month
- National School Breakfast Week (Mar. 5-9)
- National Poison Prevention Week (Mar. 18-24)
- National Youth Violence Prevention Week (Mar. 19-23)
- Self-Injury Awareness Day (Mar. 1)
- Read Across America Day (Mar. 2)
- Kick Butts Day (Mar. 19)
- International Day for the Elimination of Racial Discrimination (Mar. 21)



Promises Go Up in Smoke

When states resolved their lawsuits against major tobacco companies 10 years ago, they promised to use a significant portion of the settlement funds and tobacco taxes on prevention and cessation programs. Have they kept their promises? A recent report* found that states will collect \$27.5 billion in 2018 but spend less than 3% of it on programs to reduce tobacco use. This is a small fraction of the amount recommended by the Centers for Disease Control and Prevention (CDC). Not a single state currently funds tobacco prevention programs at that level. Pennsylvania ranks 26th in subsidizing programs (\$15.8 million); 11.3% of the total advocated by the CDC. Meanwhile, tobacco companies continue to market their product to Pennsylvanians, spending \$415.8 million annually.

Every day, about 2,300 children under 18 try smoking for the first time (peak years are ages 11-13), with a considerable number starting even earlier. In 2015, 3.8% of eighth graders tried their first cigarette by the age of 10 or 11. More than 13% had tried smoking by the end of eighth grade. A 2015 nationwide survey discovered that 6.6 % of high school students had smoked at least one whole cigarette before the age of 13. The US Surgeon General found that early exposure and addiction to nicotine can negatively effect brain development and have huge implications for future tobacco use and smoking-related issues.

Schools play a powerful role in reducing smoking and other tobacco use. Youth spend almost a third of their waking hours in school, where they frequently are pressured by peers about using tobacco. To prevent consumption, these institutions need to create an environment that encourages anti-tobacco principles and behaviors. Need ideas to get started? Click on the link below to find activities for all ages: <https://www.kickbuttsday.org/search-activities/>

*This report was issued by the Campaign for Tobacco-Free Kids, American Heart Association, American Cancer Society Cancer Action Network, American Lung Association, Robert Wood Johnson Foundation, Americans for Nonsmokers' Rights and Truth Initiative.

(Sources: Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2016 National Survey on Drug Use and Health, NSDUH: Detailed Tables*, 2017. Miech, RA, et al., *Monitoring the Future National Survey Results on Drug Use, 1975-2015: Vol. 1, Secondary School Students*, Ann Arbor, Institute for Social Research, The University of Michigan, 2016. CDC, "Youth Risk Behavior Surveillance—United States, 2015," *MMWR*, 65(6), June 10, 2016. HHS, *The Health Consequences of Smoking—50 Years of Progress, A Report of the Surgeon General*, 2014. Jackson C, "Initial and experimental stages of tobacco and alcohol use during late childhood: relation to peer, parent, and personal risk factors," *Addictive Behaviors* 22(5):685-98, Sept-Oct 1997. Banks, M, et al., "Adolescent attitudes to smoking: their influence on behavior," *Int'l Jnl of Health Education* 24(1):39-44, 1981)

Naloxone Complications

Hospitals are seeing a rise in the number of patients developing fluid on the lungs after receiving Naloxone, the opioid overdose antidote. Doctors are unsure of the reason. One explanation may be the increase in overdoses, states Dr. Nicholas Nacca of the University of Rochester Medical Center. "We are just seeing it more often because we have the ability to save patients using an antidote," He further clarifies that "when we wake people with Naloxone, they try to take a deep breath against a closed airway," which causes injuries from increased air or water pressure. Another source could be the amount of Naloxone administered. Intranasal dosages are now available in 4-milligram quantities, which is double the volume in the past. Dr. Nacca also notes that first responders who dispense the preloaded nasal spray, which takes slightly longer to work, may be giving a second dose hurriedly if the person does not start breathing right away. He believes that first responders and health care providers need more training on the correct way to use the antidote.

PASAP Award Winner

Kudos to Salisbury High School on winning the Pennsylvania Association of Student Assistance Professionals (PASAP) Distinguished Visionary Award! The members of this team go above and beyond to identify barriers to learning. They support research-based prevention programs and foster positive connections with students, parents, and the community. This award will be presented at the PASAP Conference at the end of February in State College. On behalf of the staff of CHC, "Congratulations, Salisbury High School!"



Meth Makes a Comeback

While the country focuses on the opioid crisis, methamphetamine is sneaking back into the picture. Thirteen years ago, Congress curtailed access to the decongestant pseudoephedrine (used to make crystal meth). With limited access, the number of meth labs in the United States declined, so Mexico stepped up production and flooded new markets, with the highest availability in the West and Midwest. US border agents are confiscating 10 to 20 times more meth than they did 10 years ago. Today's drug is purer, cheaper, and deadlier. The Centers for Disease Control reported in 2015 that there were 5,716 psychostimulant drug deaths in the US, representing a 255 percent increase since 2005. Unlike opioids, there isn't an antidote for meth.

(Sources: [2017 National Drug Threat Assessment](#). October 2017. Robles, Frances. "Meth, the Forgotten Killer, Is Back. And It's Everywhere. *The New York Times*. February 13, 2018)

Problem Gambling

As the observance of Problem Awareness Gambling month approaches, it's important to understand that gambling is not just an adult issue. It's on the rise for young people. Youth are exposed to gambling images almost daily—from the local store that sells lottery tickets to TV ads for casinos to a parents' weekly card game. Some youngsters may even experience the thrilling opportunity of scratching off mom's lottery ticket. Then there are video games. While many don't think of them as addictive, young people experience the same emotions and excitement as gamblers when playing these games on their parents' phones, and eventually their own devices. Children experience the ups and downs as they try to beat levels or earn/lose fake coins or prizes. Many of these entertainment apps are marketed toward 2- to 17-year-olds, who are then vulnerable to gambling addiction and its lifelong consequences. There are thousands of online gaming websites that are accessible—any time, day, or night. Moreover, thanks to smartphones and Facebook apps, adolescents can take risks without spending money.

As students mature, plenty of opportunities exist to continue their gambling interests offline. With more access to money (allowances or jobs), teens can place informal bets on sports games, purchase lottery tickets, or play card games with friends. While these activities might seem "harmless," they may lead to "pay for play," which is a subtle shift into more serious types of gambling.

Studies conducted worldwide have found the average problem gambler started gaming/betting at age 10. Other research shows that children who are introduced to and begin gambling by age 12 are **four times more likely** to become problem gamblers. Most youth have gambled by the age of 15. This is not without consequences. Problem gambling may result in:

- ◆ a loss of interest in school, work, friends, family
- ◆ a false sense that it's a quick and easy way to get rich
- ◆ anti-social behavior
- ◆ school truancy or poorer school achievement
- ◆ smoking, binge-drinking and drug use
- ◆ depression and anxiety, and
- ◆ thoughts of suicide or depression.



Parents, teachers, and community members can keep young people safe by talking about gambling and its risks. Teach them about the extremely low odds of winning. Speak to them about the possibilities of addiction the same way when talking about the dangers of drugs and alcohol. Help them understand the enjoyment of the Super Bowl without gambling. Ask them to think about what they could do with their saved money instead of betting it away. Explain that gambling is an addiction and that counseling and support groups are available.

(Sources: <https://www.playnow.com/gamesense/kids-and-gambling.html>; raisingchildren.net.au; http://knowtheodds.org/wp-content/uploads/2013/05/NYCPG_ebook_YouthGambling_052114.pdf)

Laundry is the only thing that should be separated by color.
~Anonymous~

Parent Resource Corner

Dangerous apps/sites that connect kids with strangers:

- *Whisper *YikYak *Kik
- *Vine *ChatRoulette *Omegle
- *Ask.FM *Talkwithstranger.com

Center For Humanistic Change Student Assistance Program Team:

Stephanie Dorney, Liaison: sdorney@thehc.org
Sarah Fields, Liaison: sfields@thehc.org
Katie (Gross) Burns, Liaison: kgross@thehc.org
Sariann Knerr, Liaison: sknerr@thehc.org
Kristen Hettrick, Director: khетtrick@thehc.org
www.thehc.org • 610-443-1595

Thank you to our newsletter sponsor—the Litch County Department of Human Services, Drug and Alcohol Division!