



**MADISON
CHATHAM
COALITION**

ENGAGE | EMPOWER | PREVENT

Primary prevention

ACES **Opioids** **CDC**

Co-occurring disorders

Medication non-adherence

Substance Use Disorder **SBIRT**

Suicide

Primary prevention

ACES **CDC**

Opioids

Co-occurring disorders

Medication non-adherence

Suicide

SBIRT

Outline



- ✓ **National Leadership Forum**
- ✓ **Updated DATA from SAMHSA**
- ✓ **Cannabis Changes**
- ✓ **SBIRT, ACES**
- ✓ **Changes to DFC Program**

CADCA NATIONAL LEADERSHIP FORUM

February 3-6; National Harbor, MD

- Over 2,300 community preventionists from all 50 states in attendance
- Day 1- SAMHSA Prevention Day
- Day 3- Capitol Hill Day
- 15-20 options per breakout
- Topics include marijuana, vaping, alcohol, suicide



KEY TAKEAWAYS 2018 National Survey on Drug Use and Health (SAMHSA)

- Significant **increase** (15%) in marijuana use from 2017-2018
- Significant **decrease** (6.6%) in psychotherapeutic drugs (Xanax, Ativan)
- In 2018, 29.7 percent of 12th grade students (**31.3% C/M**), 24.7 percent of 10th grade students(**19.3% C/M**), and 10.9 percent of 8th grade students (**1.0% M/C**) said they had vaped nicotine in the past year. (**past 30 days M/C**)
- Only 18 percent of 12th graders (**55.4% M/C**) thought that using e-cigarettes regularly could harm them physically or in other ways, while 30.3 percent felt that way about regular marijuana use.
- Important to note the risk measurement is slightly different for M/C survey



CANNABIS UPDATES

- More widely available in the U.S. now than ever before (33 states allow medicinal use, 14 states/territories allow recreational use)
- Increase in THC content over time has led to higher potency intoxicant
- 10-20% of users will develop substance use disorder (Volkow et al. 2016)
- Still a struggle to receive information about health risks associated with marijuana use
- Lowest perceived risk of any substance by youth and adults
- Significant increase in marijuana use among adults 26+ (16.8m to 18.5m)



SBIRT

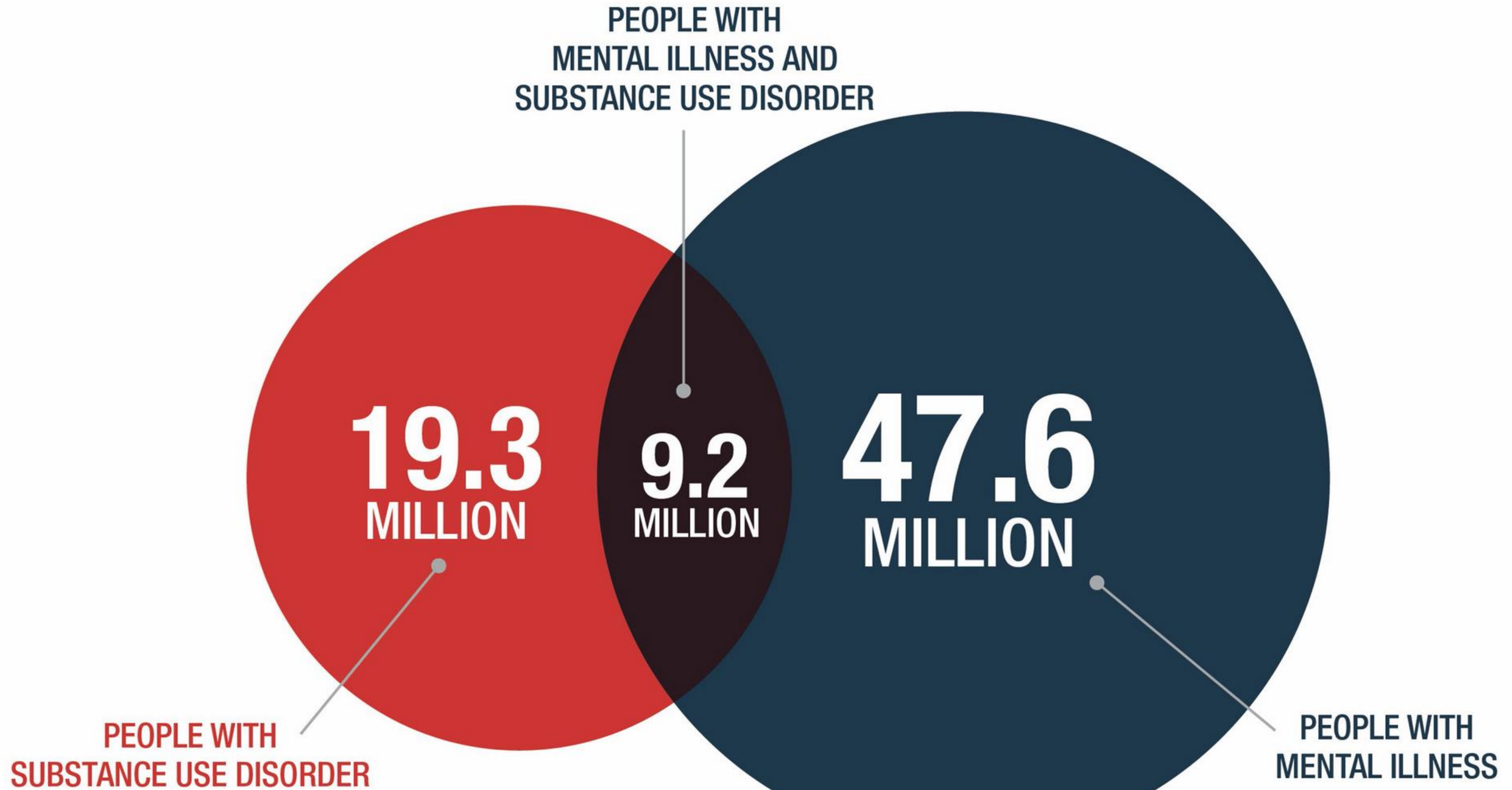
- **S**creening, **B**rief **I**ntervention, **R**eferral to **T**reatment
- Typically conducted in medical settings (e.g. primary care offices, emergency departments)
- Preventative health screening, similar to mental health and diabetes screening
- Goal is reduced underage substance use
- Incorporates 2 types of prevention: abstinence and harm reduction
- SBIRT works but who is being screened?
- Barriers in public schools in NJ



ACES- ADVERSE CHILDHOOD EXPERIENCES

- Stressful or traumatic events including abuse and neglect, domestic violence
- Linked with future violence victimization and perpetration
- Trauma affects brain development/lack of healthy coping skills
- ACEs linked to substance related behaviors such as early initiation of alcohol use, tobacco use suicide attempts
- Data is key in preventing ACEs related substance misuse





CHANGES TO DFC PROGRAM

- Announced on 2/19/20 that the Centers for Disease Control's (CDC) National Center for Injury Prevention and Control (NCIPC) is the new federal partner for the DFC program
- Other areas of focus include suicide prevention, opioid overdose prevention
- DFC program will remain with SAMHSA through FY2020
- Notice of Funding Opportunity announced: \$25 million for 200 new coalitions in FY2021
- Funding for the DFC program has increased by \$90 million since the program's inception in 1997

