



# NH's DRUG EPIDEMIC

Presented By: Mary Drew, MS, MEd, CPS

# Addiction

- Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. *(National Institute on Drug Abuse)*

# Addiction

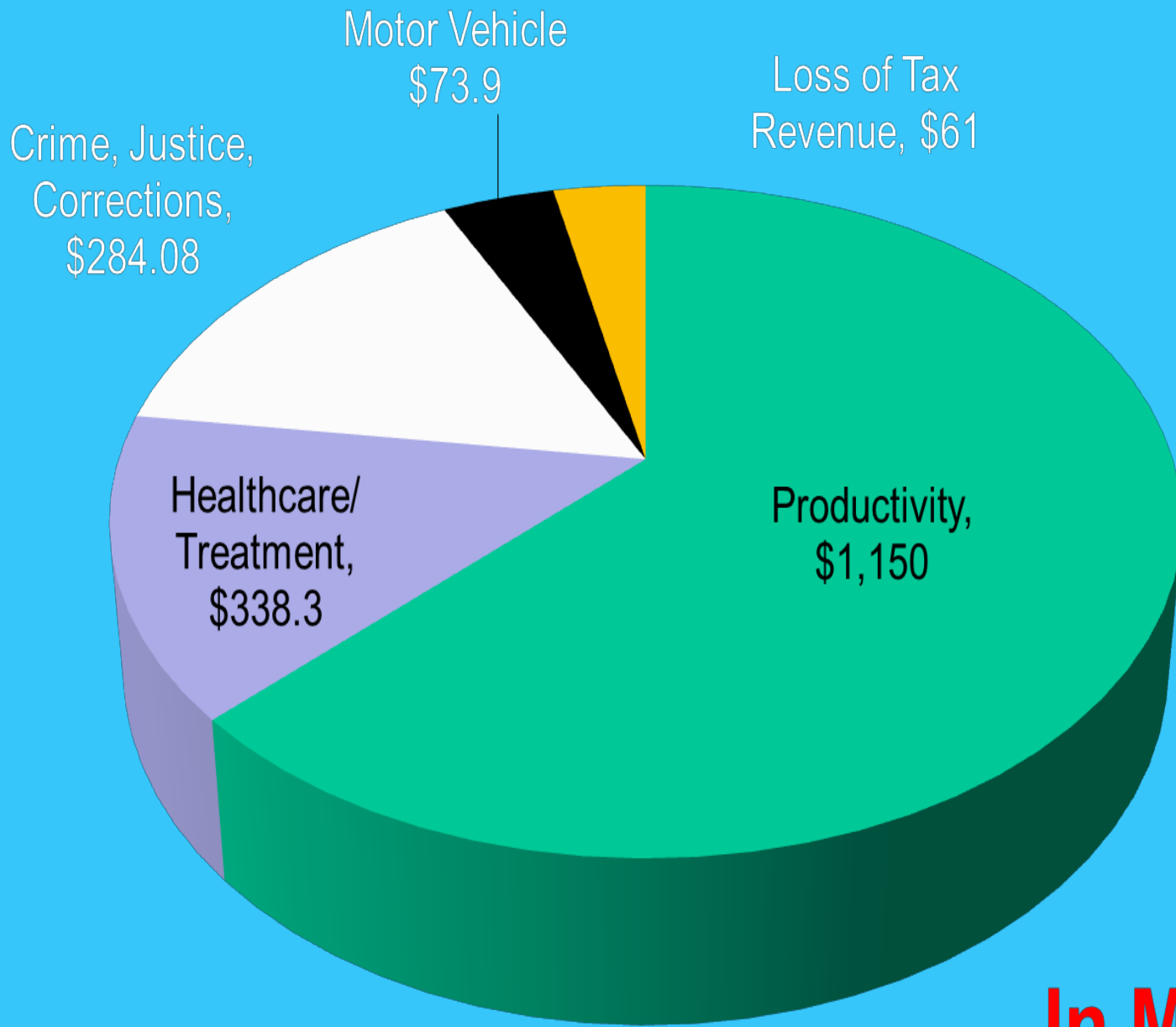
- Carries stigma; still a 'dirty secret'
- Can affect anyone at any time
- Is not a moral failing
- High co-occurring (MHSA)
- Is a brain disease
- Is not a choice



# NH OVERDOSE RATES – more than 1 a day

2012	48	overdoses
2013	193	overdoses
2014	328	overdoses
2015	438	overdoses
2016	485	overdoses
2017	488	overdoses
2018	410	overdoses, 54 bodies pending

*as of February 20, 2019*



**In Millions**

# Why some people use...

- Feel alone, doesn't belong (#1)
- Bored / Curious (#2)
- Friends use or Parents use
- Conflict / stress in the home / family
- No parental consequences / oversight
- Culturally embedded in NH

# PRESCRIPTION DRUGS

- “Pharming” – taking a variety of meds
- “Rainbow parties” – bowls of different pills taking handfuls at parties (HS / college)



# “Crystal Meth”

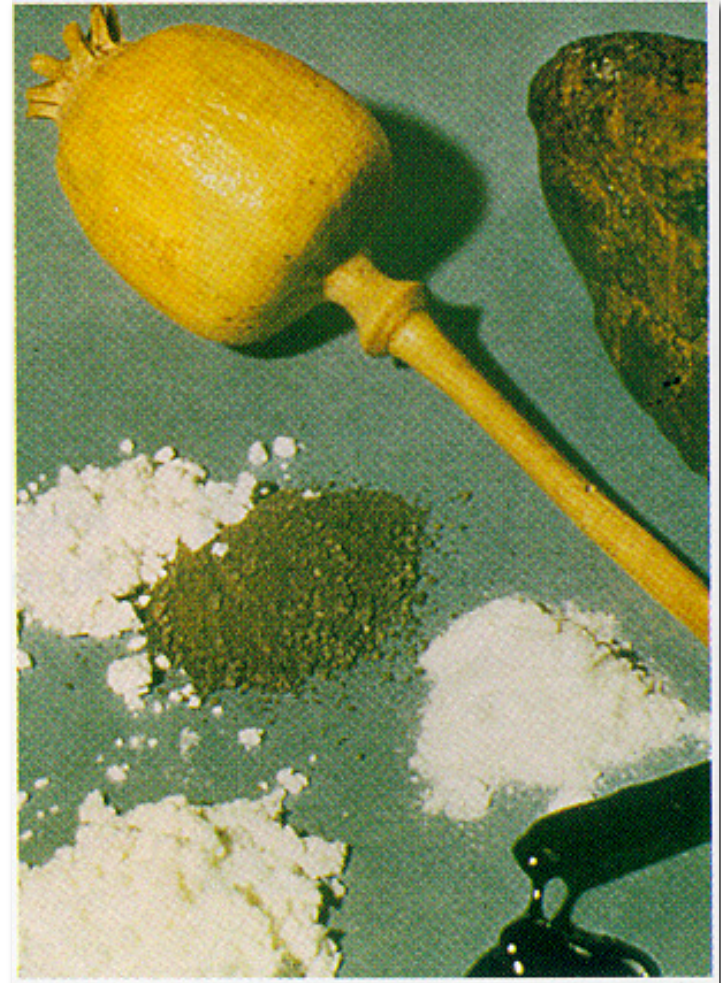
- Cheaper and longer lasting than other stimulants (6-12hrs)
- Extremely dangerous, extremely addictive
- HIDA reports seeing more and more in New England Region





# Heroin

- Top priority nationally and is considered a public health epidemic.
- *High purity is what kills*
- *Skyrocketing profits*
- *Cheaper than Rx's*
- *Easy to access (supply)*
- *Cut with fentanyl = death*
- *Sniffed, smoked, injected*




# SIGNS & SYMPTOMS OF USE

- Attitude - argue, rage, disrespectful (out of character),
- Isolates / changes friends altogether
- Grades go down / poor hygiene / lies
- Unusual breath odor / odor or stains on clothing
- Headache, nausea, no appetite, cough, drowsy
- Nose, eyes, mouth – red, runny, irritated, sore
- Looks dazed, slurred speech, no coordination
- Empty spray cans, cleaners, chemical-soaked rags

# SIGNS & SYMPTOMS OF USE

- Not interested in sports / hobbies
- Changes in weight, eating, sleeping
- Depression, fatigue, anxious, outbursts
- Missing household money or meds
- Bloodshot eyes, runny nose, cough
- Burns Incense, has lots of eye drops, clothes/hair/bedroom smells
- “Fall asleep” sitting up, nods in and out



DOI

SNOOP

# What you can do....

- *Parents still #1 role model*
- *Own use increases risk of kids using*
- *If you think you have a problem, ask for help*
- *Reinforce healthy behaviors*
- *Be sure kids have an adult they trust to talk to*
- *Help kids develop critical thinking skills*
- *Build a sense of belonging / they matter*
- *Try low stress / sleep / exercise / bonding*

# Talk About Consequences

- Diving drunk/drugged
- Sexual behavior / prostituting
- Health problems - STDS
- Suspension, no license, no car
- Jail, fines, felony = no job = \$0
- Homeless
- Hospitalized / permanently altered
- Overdose
- DEAD

# WHAT SCHOOLS ARE DOING...



- Making ID & referrals to treatment  
Online and in-person assessments
- Prevention curriculum K-12 year round
- Parent messages ie proper Rx disposal
- Updating policies and procedures to be less punitive and more supportive

# WHAT SCHOOLS ARE DOING...

- Post laws, consequences, risks, costs of impaired driving on websites
- Staff training (MHFA, Trauma, Critical Incidents)
- Create comprehensive Prevention Plans
- Hold community forums
- Recovery support post-tx reintegration
- Money in budget PITR



# What you can do for kids -

- Work together on school work
- Set realistic goals & expectations
- Guide / monitor free time
- Check out friends activities
- Build self-esteem whenever you can
- Give clear messages about not using
- Make conversations age appropriate
- Start early & keep talking – don't judge

# IT TAKES A VILLAGE

- *Start a Neighborhood Watch – Create a TO-CALL list and include PDs, churches, parents, civic agencies, libraries, and business owners*
- *Call to make sure kids are safe*
  - *Where kids are*
  - *For how long*
  - *Going anywhere else*
  - *Getting back when*
- *Work with school to implement prevention year-round.*

# COMMUNITY & BUSINESS

- Advocate for alcohol-free community events
- Get involved with local prevention efforts
- Make part culture at work & partner with locals
- HR policies include screening, intervention, treatment
- Make less punitive / more supportive & offer EAPs
- Alcohol-free business events / staff days

# HEALTH & MEDICAL

- Use screening tools (SBIRT) for urgent / ER admits alcohol/drug related, and in primary care
- Expand treatment services for SUD's
- Update policies to be more supportive / less punitive
- Provide \$ in budget for staff prevention education / tx
- Distribute proper Rx disposal information to patients who are prescribed medications

# HELPING SOMEONE



If you know someone who needs help – offer it.  
Stay with them or find someone who can.

If you need help – ask for it, don't wait.

If you are helping someone with addiction –  
remember to take care of yourself too.  
You can't give what you don't have.

# GETTING HELP

REALITYCHECKNOW.ORG/FINDHELP

Alcohol: [naaa.net/find-a-meeting/](http://naaa.net/find-a-meeting/)

Drugs: [gsana.org/meeting-list/](http://gsana.org/meeting-list/)

NH Treatment: <http://nhtreatment.org>

Treatment outside NH: [findtreatment.samhsa.gov/](http://findtreatment.samhsa.gov/)

Mary Drew, MS, Med, CPS

[Mary@RealityCheckNow.org](mailto:Mary@RealityCheckNow.org) \* 603.532.9888